



FAST TRACK CITIES

USING LOCAL EVIDENCE TO INFORM PROGRAMS FOR KEY POPULATION

Thailand has long been acknowledged as a pioneering leader in Asia in the response to HIV and has effectively eliminated mother-to-child transmission in the country. The capital, Bangkok has 10% of the total population, but almost a third of Thais living with HIV are in Bangkok. A Strategic Plan for Ending AIDS in Bangkok, 2017-2030 clearly lays out the existing situation, population estimates and projections, vision, goals, strategies and targets, indicators, and M & E mechanisms. The Plan emphasizes public-private (CSOs and the private sector) partnership as the core of success and is guided by the “RRTR” (Reach-Recruit-Test-Treat-Retain) Framework, a useful catchword

that captures the full range of what “90-90-90” is all about.

Since joining the Fast Track Cities initiative in 2014 the percentage of PLHIV in Bangkok who know their status has increased, from 66% to 79% in 2016. For the Bangkok Metropolitan Administration (BMA), the priorities have moved to the “second 90” (where Bangkok is two thirds of the way, at 60%) and the “third 90” where Bangkok currently stands at 70%. These people are already “in” the health system – and should be relatively easier to treat and retain on ART. It is clear that if Bangkok does not achieve its 90-90-90 targets, neither will Thailand.



fast track consortiums as partnership platforms to develop, implement and monitor Fast Track Interventions, as follows:

- Targeted combination

prevention (this includes HIV health risk reduction, condom promotion, Pre-Exposure Prophylaxis (PrEP), testing and treatment of sexually transmitted infections (STI), Drug user health, and harm reduction;

- Early diagnosis, HIV testing innovations and self-testing, rapid start up on treatment, treatment as prevention (TASP), anti-retroviral therapy (ART) and linkages to retention, prevention with positive people; and,
- Stigma reduction in health care settings.

CSOs are the most effectively bridge in reaching people as early as possible, to access HIV services. Evidence shows that the average CD4 counts of those reached via CSOs is 394, while those reached through other means is 250. Though these have also improved, relatively late diagnosis is a big

BMA's analysis of the data, using the Asian Epidemic Model (AEM), has led to more precise estimates of the number of people who need to be put on treatment, and how many of those on treatment need to have suppressed viral loads, in order to achieve the targets. Putting specific numbers, apart from % figures, clearly identifies critical gaps, makes targets more concrete, and adds faces to the figures.

Almost 7 in 10 of new HIV infections in Bangkok are in young people, specifically younger men who have sex with men (MSM). One in five MSMs is HIV positive. Other populations in Bangkok whose HIV rates remain high include people who inject drugs (PWID) -17.5%, Male Sex Workers -13.3%, Transgender females -12%, and non-venue based Female sex workers - 2.9%. To quickly and effectively address this, BMA set up three

concern. In the general population, despite long-term awareness raising initiatives, free HIV testing, and ARVs covered by various health insurance schemes, 46% of new cases have CD4 counts of less than 200, indicating a long period of time before being diagnosed.

Furthermore, BMA's analysis shows some reasons for delays in notification and starting treatment. These include, among others, the different types of hospitals where people are diagnosed, the knowledge of doctors in the private sector, familiarity with the changing or updated guidelines on initiating ART, and reporting and reimbursement requirements for different types of health insurance. Bangkok is different from the rest of the country in that 65% of hospitals are private –compared to 25% for the country as a whole (2010). Almost 49% of PLHIV in Bangkok seek treatment and care services from the private hospital sector. Thus, initiatives to start treatment as early as possible include working with private hospitals and medical providers to keep them updated about treatment guidelines, protocols and policies, tapping well known AIDS medical experts from the Thai AIDS society, providing free support services for

those Thai who are not Bangkok residents until health insurance schemes are settled, and improving completeness of reporting.

BMA has also started HIV services for migrants, ensuring that they can start treatment as soon as possible and continue at their hometowns or at other provinces. Transgender specific health services are also provided at model clinics, which build on extensive community engagement and integrated health and HIV services. Bangkok is the first (and currently, the only) city in Asia and the Pacific to provide pre-exposure prophylaxis (PrEP) in municipal health clinics.

Through strong partnerships with UNAIDS, the Thailand MOPH-US CDC Collaboration (TUC) and USAID, under the United States President's Emergency Plan for AIDS Relief (PEPFAR), civil society and other partners, the BMA is adapting the very latest science to reach the 90-90-90 targets. Even with “combination prevention” packages- (consisting of condoms, lube, PrEP, clean needles, STI, ART), different types of outreach and peer-driven strategies are needed for sub-sets of key population groups. For example, young MSM who might be trying “chemsex” and meeting through dating applications need a different approach. Outreach is increasingly

using peer-driven interventions to mobilize peers in specific key population networks (both in physical spaces or on-line virtual spaces) and to make outreach more cost-efficient. Using social media, APCOM (the Asia-Pacific Coalition on Male Sexual Health) has developed the TestBKK website which complements other interventions on various social media apps popular with MSM and TG for seeking social or sexual contacts. All social media interventions promote HIV testing services through interactive chats, on-line videos, and edu-tainment (education and entertainment) approaches. These interventions have decreased loss-to-follow-up, increased access to HIV testing, PrEP, and, for those who are diagnosed HIV+, access to early ARV treatment between MSM and TG. Thus, carefully listening to the key populations and getting

them involved is essential to design interventions with them and for them. For, in the words of the Bangkok Governor, Pol Gen Aswin Kwanmuang: "Bangkok lies at the heart of Thailand's AIDS epidemic. I strongly believe we must reach people being left behind. As part of our commitment, we expand HIV services and improve access to testing and treatment, through decentralized health units and community-based organizations. Catalyzing innovation for people who need it most, pursuing integration and strong partnerships are at the heart of the Bangkok's achievements."



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