

Policy Initiatives and Proposed Action for HIV/AIDS and Mobility : Thailand experiences

Pairoj Saonuam, MD PhD

National AIDS Management Center (NAMc), MOPH, Thailand

11 July, 2012

Outline

- **Situation of Migrants Workers in Thailand**
- **Policies, laws and practices related to HIV/AIDS of migrant workers**
- **Future Challenges**
- **Existed Activities**
- **Proposed Actions**

Migrants Workers in Thailand

- **Acknowledging that migrant workers are a necessary component of the workforce**
- **There were 1,482,258 migrants in Feb, 2011**
 - They are mainly considered as undocumented migrants
 - Host countries are mostly on Myanmar, Cambodia and Loa PDR
 - Unskilled, and work in variety jobs
 - Daily Laborers, Factory workers, Fishermen and Seafood Processors, farm workers, Sex Worker, and Domestic Workers

Number of migrant workers in Thailand from Myanmar, Lao PDR and Cambodia

1,482,258 (100%)

Myanmar

1,165,732 (78.6%)

Laos

156,221 (10.5%)

Cambodia

160,305 (10.9%)

Data as of February 2011

Situation of HIV among migrants

- The trends of HIV prevalence, represented by HIV sero-surveillance, indicated the continuous declination among fishing boat crew including Thais and migrants since 1997
- HIV prevalence is higher among migrants than Thais in many locations
- HIV prevalence among migrant FSW is higher than for Thai FSW

HIV prevalence by nationality

Nationality	HIV+	%
Burmese	12/1795	0.67
Cambodian	15/591	2.53
Laos	3/600	0.5
Total	30/2986	1.0

Source : IBBS among migrants in 10 provinces,Thailand , July-August ,2010

HIV prevalence by stay duration in Thailand

Duration	%
1-3	1.26
4-6	1.45
7-9	1.44
10+	1.92

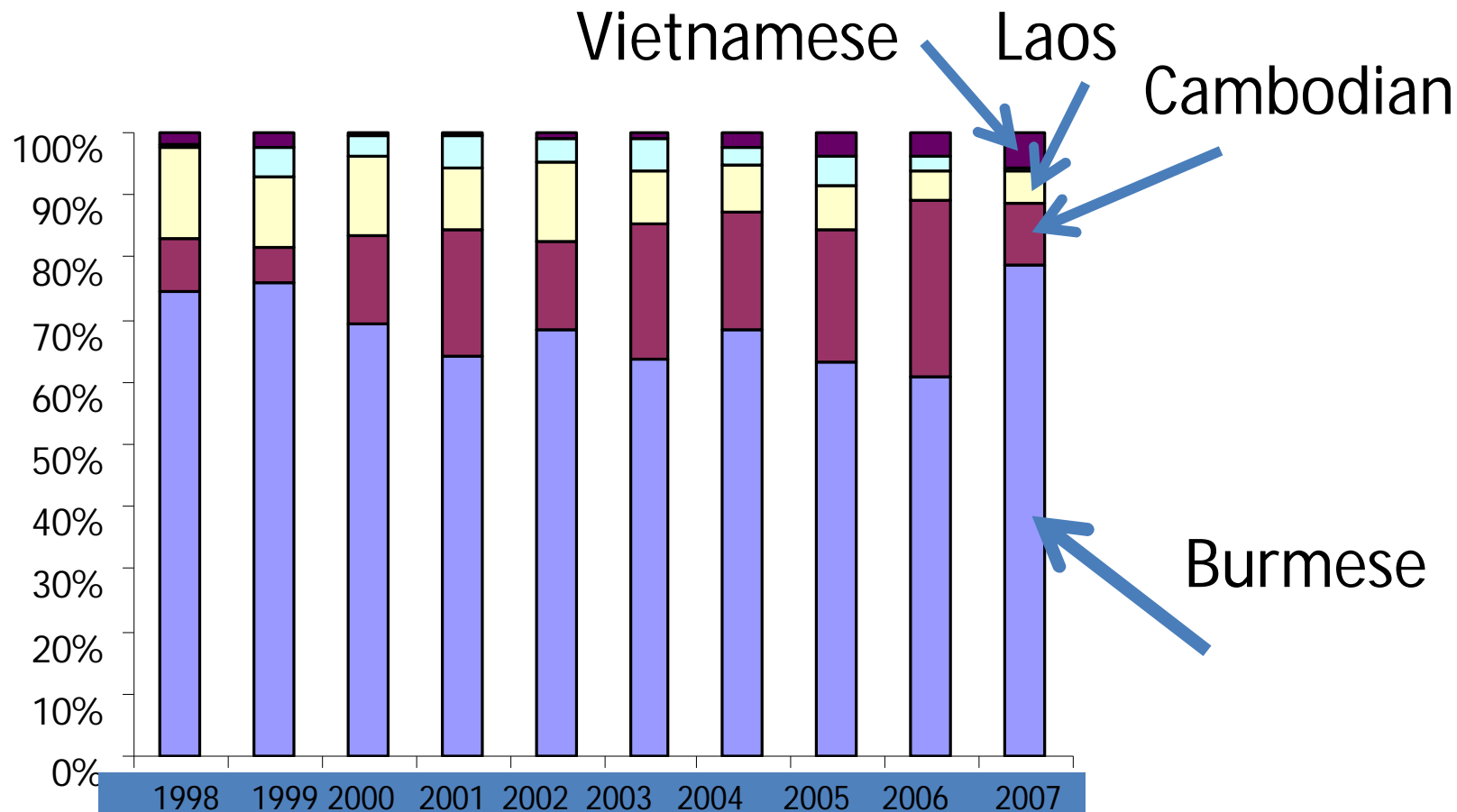
HIV prevalence by occupation

Occupation	%
Employee	0.72
Fisherman	1.96
Fishery workers	2.34
Factory workers	1.08
Farm workers	0.74
Others	3.12

Condom use rate at the last sex

HIV+ migrants who have sex with	%
Wife	6.79
Sex worker	79.13
Lover	37.5
Non-regular partner	50.0
Total	13.33

Percentage of Non-Thai AIDS cases by nationality



Source: Bureau of Epidemiology ,2009

AIDS cases in the border areas

as of December, 2009

Border Area	District	Province	Non-Thai
Thai-Laos	48	11	729 (19.0%)
Thai-Myanmar	41	10	2915 (76.1%)
Thai-Cambodia	21	7	113 (2.95%)
Thai-Malaysia	14	4	70 (1.82%)
Total	124	32	3827 (100%)

Source: Bureau of Epidemiology ,2009

**Policies, laws and practices related to HIV
specific restrictions on entry, stay and
residence of migrant workers**

Migrant Policy in Thailand (1)

- **Laws : Alien Working Act, 2008**
- **Government Policy on Registration**
 - Cabinet Resolutions
 - Registration of migrant workers and dependents
 - Registration of employers stating their needs for migrant workers

Migrant Policy in Thailand (2)

- **Migrant Healthcare Financing System**

- Compulsory medical examination

- Fee USD 17 USD
- Permitted to work if treated are: 1) tuberculosis; 2) leprosy; 3) filariasis; 4) syphilis; 5) malaria; and 6) intestinal parasites
- Unfit to work are: 1) mental disorder/retardation; 2) drug addiction; 3) alcoholism; and the contagious stage of: 4) tuberculosis; 5) leprosy; 6) filariasis; and 7) syphilis

Migrant Policy in Thailand (3)

- **Migrant Healthcare Financing System (con't)**
 - health insurance premiums were 35 USD
 - similar benefit package as Thai citizens enrolling in the National Universal Health Coverage Scheme
 - Medical services provide in the same health facility at which they had their initial medical examination.
 - exception of migrant fishermen who can access emergency services in the 22 coastal provinces
 - ART limited only migrants in project “NAPHA-EXTENSION”. However, Opportunistic Infection been included.

Future Challenges

Future Challenges (1)

- **UNAIDS Strategy 2011-2015**
 - “3 Zero” : Zero new infection, Zero AIDS related Deaths, and Zero discrimination
 - “3 Zero” emphasize on an effort, not on a actual goal
- **Migrant workers are enrolled by formal channels**
- **Health Financing System**
 - **ART**
 - Improve Adherence of First Lined ARV
 - Monitoring and Surveillance of HIV drug resistance
- **Encourage Effective HIV prevention**
 - Resource Allocation for HIV Prevention requires Political Support and long-term policy

Future Challenges (2)

- **Coordination among government agencies/CSOs**
- **Decentralization:**
 - Area based problem solving
- **Improve Monitoring and Evaluation System**

Existing Activities

- Capacity building for the health staffs along the border
- Promotion of STIs Clinic Services
- Develop practical guideline on HIV/AIDS surveillance and prevention for population along the border
- Develop the model of HIV/AIDS prevention for sex worker along the border

Proposed actions

- Strengthening Information sharing system and network
- Capacity building: human resources (health staff/community and people) and health facilities)
- Strengthening of health service system in order to increase access to health services among migrants and cross-border population
- Strengthening collaborative mechanisms for border health collaboration, e.g. meetings of cross-border working group

Thank You, and SAWADEE