LATEST UPDATES ON THE HIV RESPONSE IN THE SOUTHEAST ASIA AND THE PACIFIC REGIONS

Webinar series

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Advocacy for changes in policy and legal frameworks that enables CBOs to implement HIV/AIDS services

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Outline

• The issue
• The situation – CBOs and HIV services
• Why do we need advocacy?
• Increased PrEP uptake through community response
• Evolution of PrEP in Thailand
• Self testing policy development
• Examples of advocacy activities and results
• Conclusions
In order to reach 90/90/90 targets and achieve full PrEP access to the highest risk key populations (KP) by 2020, countries need to:

- Expand KP networks and KP- and community-led approaches
- Strengthen KP organizations, participation and leadership at local and regional levels to sustain epidemic control
- Transition to self-reliance: increase and optimize domestic investments for KP programming as well as innovate financing mechanisms
- **WE NEED CONTINUED ADVOCACY**

Source: Mplus Foundation, Chiang Mai, Thailand
CBOs and PrEP services

6,000 to 118,000 leap to reach national target

- PrEP implementation is at an early stage in Asia and the Pacific region
- Thailand roll out of PrEP is at an advanced stage:
  - included in universal health coverage
  - diverse service options are offered and at affordable rates for key populations
  - data show increasing rates of uptake, particularly among highest risk populations
  - National guidelines and targets in place

Source: Thai Red Cross AIDS Research Centre
Thailand PrEP uptake in public and community (KP-led) sites

Initial PrEP uptake much higher in community sites

Public sector PrEP new cases FY 17-FY19 Q1*

- 4% TGW
- 96% MSM

KPLHS PrEP new cases FY 16 Q2-FY19 Q1

- 15% TGW
- 85% MSM

*Other PrEP users (discordant & other KPs) excluded

Source: Thailand-US Collaboration and Thai Red Cross AIDS Research Centre
Evolution of PrEP in Thailand: the journey towards domestic financing

Thailand provided sites for early PrEP clinical trials, i.e. iPrEX

- Nov. 2010: Thailand
- Jul. 2011: HPTN 052, 96% prevention efficacy with immediate ART
- Dec. 2012: The 1st Test & Treat project in MSM and TGW in 4 provinces
- May 2015: Implementation science in community and government clinics

USAID LINKAGES and Thai Princess support PrEP scale-up through key population-led health services in 2015 (free PrEP)
Advocacy and self-testing policy

- 2016: WHO published its *Guidelines on HIV Self-Testing and Partner Notification* with recommendations for global scale-up
- 2016-2018: USAID LINKAGES Program started with research to inform policy development in HIV testing policy and guidelines
- **In April 2019**, the MoPH officially approved HIVST for use in the country.

**How?**

Through **partnerships** - national government officials, CBOs and the Global Fund to improve enabling environment, particularly in terms of policy elaboration and legal frameworks for community HIV self testing

- Community capacity building for accreditation
- Dialogues and advocacy with Medical Health Professionals and FDA
Advocacy for domestic financing commitment

1. MOPH's regulation has been revised and endorsed by the Minister of Public Health on June 6, 2019 to allow trained KP lay providers to perform HIV counseling, specimen collections for HIV/STIs rapid/point-of-care tests, and ART and PrEP dispensing.

2. The national quality HIV/STI standards for KP lay providers and certification steps are in the process for endorsement by the National AIDS Committee and the MOPH.

3. The competency-based training is being considered as "certified training curricula".

4. National Health Security Office (NHSO) will support direct reimbursement to CBOs that have met HIV/STI quality service standards and whose lay providers have been trained.
Domestic financing results

Public sector expenditures for KP HIV prevention have increased significantly since 2016

- Improved systems and legal frameworks for enhancing contributions of KP community-based organizations
- Accreditation and reimbursement processes and standards for CBOs and private clinics
- Management of CBO contracts through provincial sub-grants
- Inclusion of PrEP in Universal Coverage
Barriers and bottlenecks

Countries are at different places when it comes to HIV scale-up, task-shifting and sustainability:

- Transitioning from external to domestic financing has been constrained by lack of political will, stigma and discrimination and competing priorities
- Private sector engagement is limited/emerging
- Data are limited on how money is being spent
- Resistance from medical health professionals
- Traditional government health budgets are often not well adapted to provide funding to CBOs that support health service provision for key populations

- Absence of **enabling laws and policies**
- Government attitudes toward CSOs may include lack of trust, concerns of financial management and governance and **lack of ownership**
- Stringent **registration** criteria
- **CSO accreditation**
- **CSO technical capacity/reputation**
Advocacy approaches

- Multiple activities
  - Research publications and data
  - Policy dialogues with high-level government officials
  - Use of media
  - Use of social media
  - Events such as national and international conferences
  - Use of local champions
  - Voice of CBO and KP

- Tailored strategic approach to address identified barriers and bottlenecks
Conclusions - Key factors for impactful advocacy

Advocacy is an on-going process

- KP engagement and leadership to express their views and concerns
- Partnerships
- Identification of and support for the active engagement of local champions
- Research and use of data for influencing
- Capacity building among CBO leadership
- Creative use of media/social media by CBO themselves
Acknowledgments