Differentiated HIV Service Delivery through Key Population-Led Health Services for men who have sex with men and transgender women, Thailand

Reshmie Ramautarsing, PREVENTION - Thai Red Cross AIDS Research Centre, reshmie@trcarc.org
Thitiyanun Doi Nakpor, SISTERS Foundation Thailand, thitiyanun.sisters@gmail.com

OVERVIEW

Differentiated service delivery in Thailand is integrated within the Key Population-led Health Services (KP-LHS) model. This is a health service delivery model designed to improve HIV service uptake among men who have sex with men (MSM) and transgender women (TGW) and to address two specific challenges in providing ART services: low linkage to ART and loss to follow-up. Services offered by KP-community health workers (KP-CHW) include fingerpick blood-based and oral fluid based HIV testing, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), counselling on gender affirmative hormone treatment in community-based organizations (CBOs) with a large proportion of TGW clients and ART maintenance for stable clients. Clients eligible for ART maintenance through KP-LHS are clinically stable members of two main key populations with a concentrated epidemic in Thailand (i.e. MSM and TGW), in an urban context.

There are three models that have been implemented with support from (CBOs), including Rainbow Sky Association Thailand (RSAT) in Bangkok and Songkhla, Service Workers IN Group Foundation (SWING) in Bangkok and Chonburi, SISTERS in Chonburi and Caremat and M-plus in Chiang Mai. RSAT works for people with sexual diversity, and has specific programs for MSM, transgender and lesbian health. SWING promotes HIV prevention among male sex workers (MSW) and female sex workers (FSW) and provides both community outreach activities as well as clinical services in Bangkok and Pattaya. The SISTERS Foundation was established in 2004 as the first transgender-led organization in Thailand and provides services in Pattaya for TGW sex workers (TGSWs) mainly, but also for TGW and MSM. Finally, Caremat and M-plus in Chiang Mai both offer HIV services for MSM and TGW. All CBOs have integrated the KP-LHS model into their services in 2015.

KEY POPULATION-LED DIFFERENTIATED SERVICE DELIVERY

There are three adaptations to this model that are supported by various CBOs in Thailand to reach MSM and TGW in different contexts. The location of ART initiation varies by model, but the building blocks for ART maintenance are similar for all models.

1. ONE-STOP SHOP CBO MODEL – BANGKOK

Doctors go to community based KP-led clinics to initiate ART at the community-based organizations (CBOs). Follow-up support for stable ART clients is task-shifted to KP-CHWs for ART adherence and maintenance.

2. HOSPITAL TO CBO MODEL – CHIANG MAI AND PATTAYA

ART is initiated at local hospitals. CBO-staff accompany clients to their provincial ART network hospitals. ART initiation happens at first visit and doctors refer clients who are identified as stable to KP-led clinics for adherence and ART maintenance.

3. COMBINED HOSPITAL AND CBO MODEL – SONGKHLA

Treatment initiation occurs at the hospitals as well as at the KP-led clinic. The model provides greater flexibility because it provides more options depending upon clients' preferences.

BUILDING BLOCKS – SIMILAR FOR ALL MODELS

All stable clients have four visits per year (apart from Pattaya, see above), alternately HCW-led (in the CBO for model 1 and in the hospital for models 2 and 3) and KP-led. During all visits, ART refills and a clinical consultation are performed, as well as psychosocial support. The table below shows the building blocks for the KP-led visits.

Table 1: The building blocks of the OUT Wellbeing MSM/PWID Programme

	ART refills	Clinical consultations	Psychosocial support
WHEN	Every one (*)-six months	Every six months	Every three months, or as needed
WHERE	KP-led clinics	KP-led clinics	KP-led clinics
WHO	KP-CHW	KP-CHWs	CSOs
WHAT	KP-CHWs: ART refills, comprehensive health check, adherence check and counselling, and referral to doctor as needed.	KP-CHWs: comprehensive health check using a clinical checklist, adherence check and counselling, and referral to a doctor as needed	CSOs: psychosocial support, safe sex counselling and referral for additional counselling

**Monthly refills happen at SISTERS and SWING Pattaya due to concerns about retention among MSW and TGSW*

IMPLEMENTING THE INTERVENTION

We started with consultations with CBOs working with MSM/TGW to solicit their interest and recruitment of dedicated staff to become CHWs. These models are currently in four provinces with support from seven CBOs. There are plans to scale-up to 13 provinces. Training is centrally coordinated with the Thai Red Cross (TRC) as the technical partner and includes three modules (psychosocial, medical and laboratory), as well as comprehensive good clinical practice (GCP) and good participatory practice (GPP) training, in order to provide guidance on the conduct of clinical research with human subjects, and on the engagement with stakeholders regarding HIV prevention research. Data on retention, virological outcomes as well as client and staff preferences are being collected. The KP-LHS model is funded by USAID/PEPFAR through the LINKAGES Program implemented by FHI 360.

DATA

During May 2015 – October 2016, 400 individuals had HIV-positive status diagnosed through this KPLHS model and 85.0% successfully started ART with a median (interquartile range, IQR) duration from HIV diagnosis to ART initiation of 15 (8-23.5) days. Median (IQR) CD4 count at HIV diagnosis was 368 (265.5-503.5) cell/mm^3. HIV RNA suppression to the level of <40 copies/mL was achieved by 87.0% and to <1,000 copies/mL by 94.3% by month 6.

CHALLENGES AND SUCCESS

Key factors for success include: KP-led, informed by community and HCW consultations, dedicated KP-health workers, hands-on training, site operation preparation including GCP and GPP training, stakeholder meetings and strong partnerships with the health sector. Our challenges are a lack of policy or regulatory approval for health services delivered by lay providers and ensuring sustainable financing for KP-LHS.