





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



The need for a community response to HIV

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**

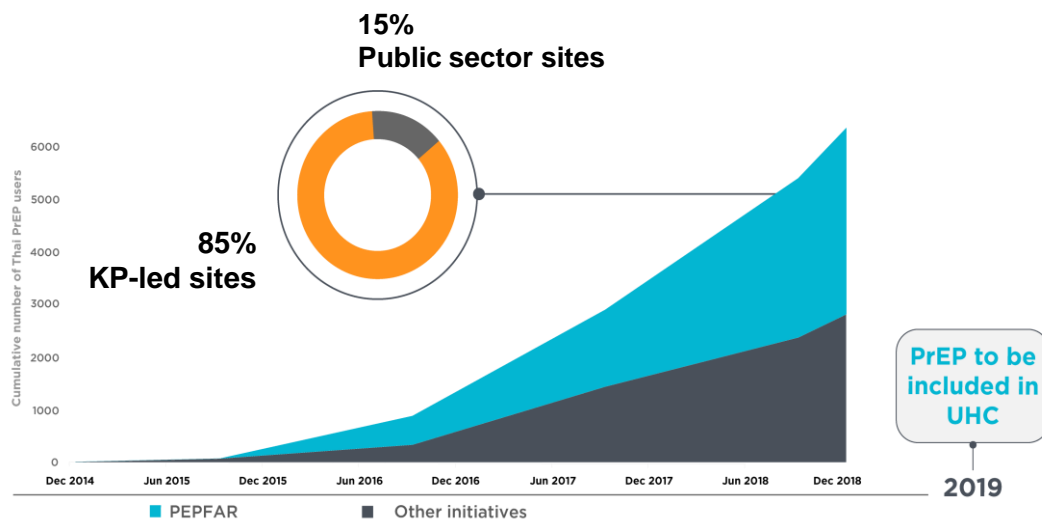
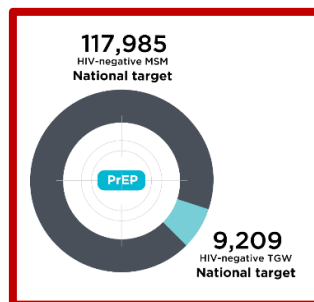


Source: Mplus Foundation, Chiang Mai, Thailand



CBOs and PrEP services

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



Source: Thai Red Cross AIDS Research Centre

- 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



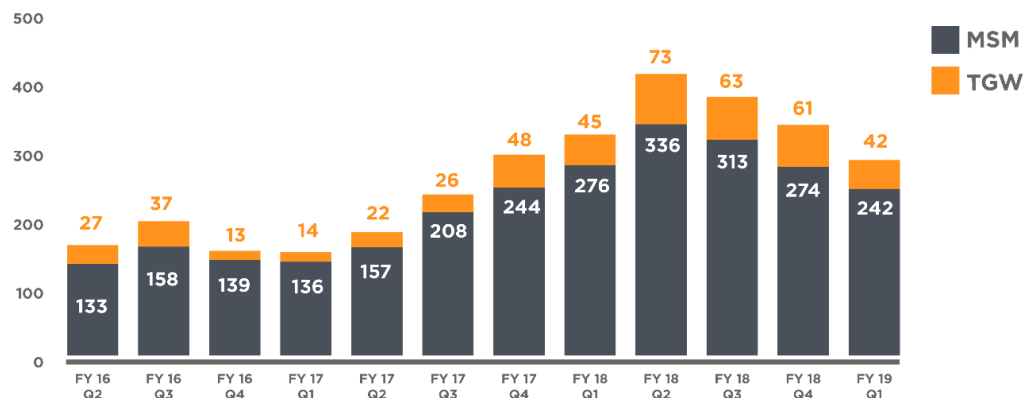
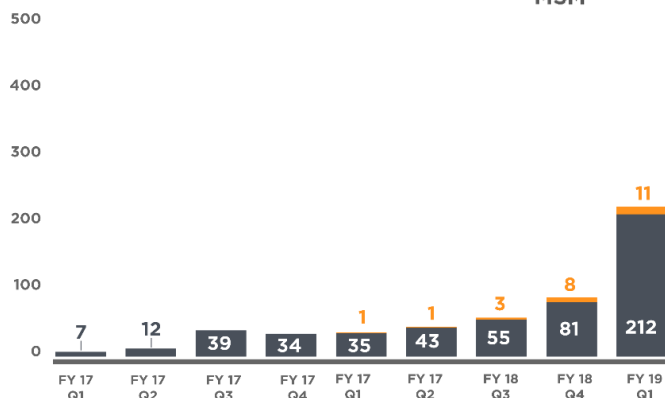
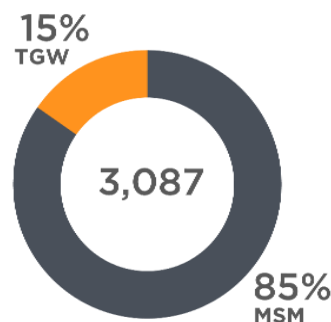
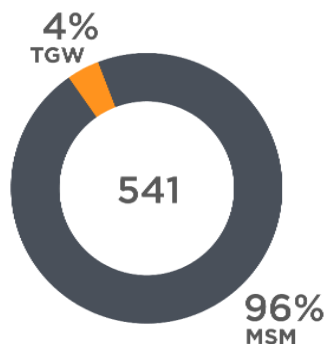
Thailand PrEP uptake in public and community (KP-led) sites

Initial PrEP uptake much higher in community sites

Public sector PrEP new cases
FY 17-FY19 Q1*



KPLHS PrEP new cases
FY 16 Q2-FY19 Q1

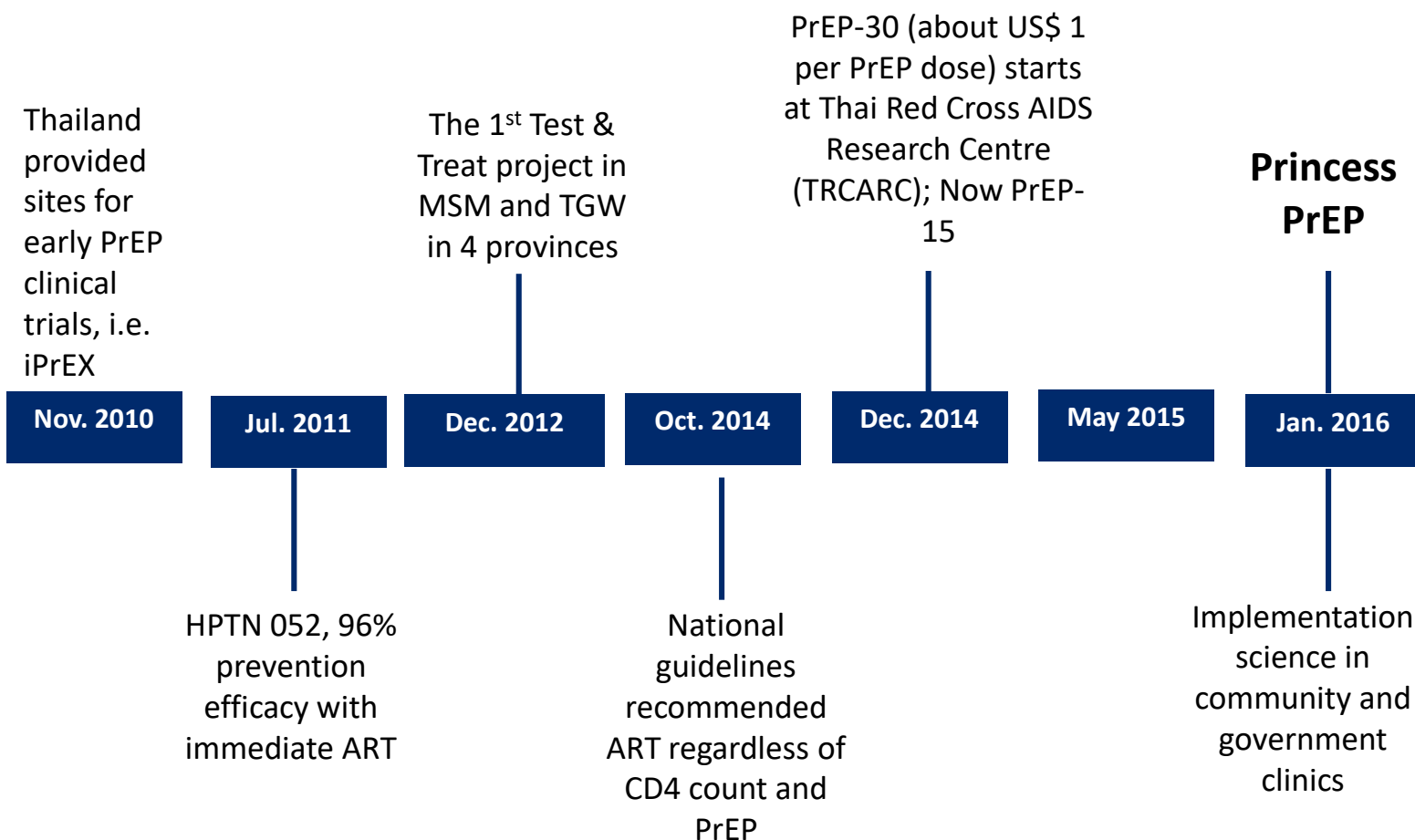


*Other PrEP users (discordant & other KPs) excluded

Source: Thailand-US Collaboration and Thai Red Cross AIDS Research Centre



Evolution of PrEP in Thailand: the journey towards domestic financing



The Princess PrEP

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.



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



3

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

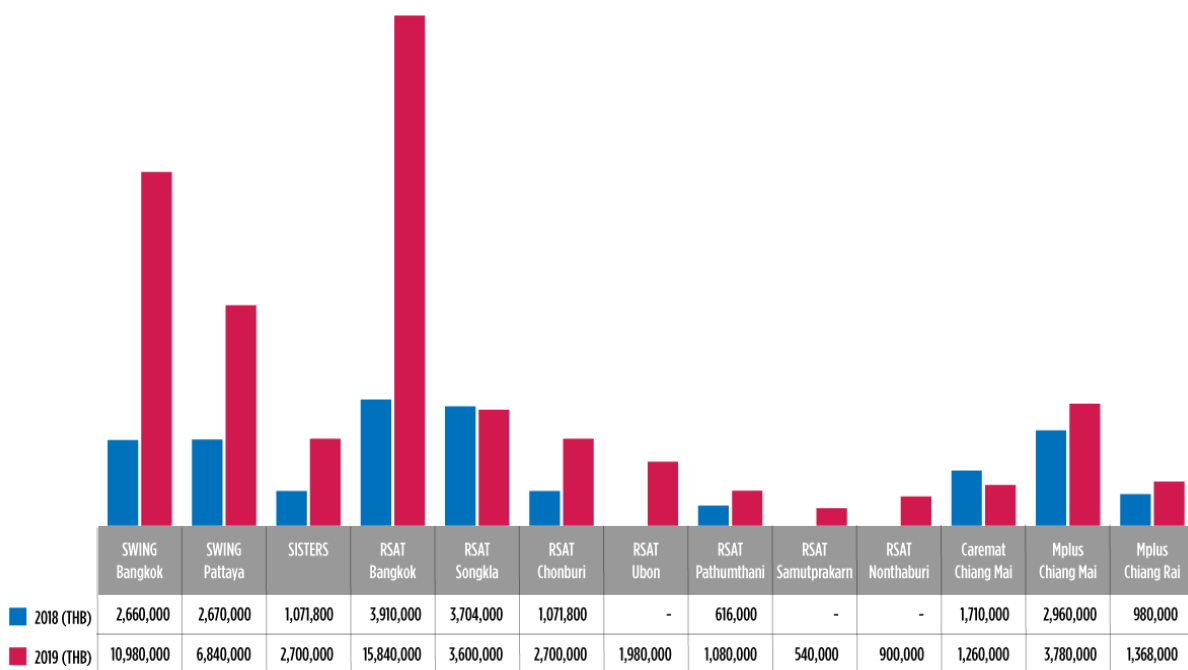




Domestic financing results



funding trends from 2018 to 2019



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



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