



**Nittaya Phanuphak**  
*Thailand*

Dr Phanuphak finished her medical degree from Chulalongkorn University in Bangkok in 1996 and received her PhD in Medicine from the University of Amsterdam in 2013. She joined the Thai Red Cross AIDS Research Centre (TRCARC) in Bangkok, Thailand, in 2002 to lead a country-wide prevention of mother to child transmission (PMTCT) operational study of almost 8,000 HIV-infected pregnant women. Data generated were used to successfully change Thailand's guidelines to recommend three-drug PMTCT regimens in 2010.

Dr Phanuphak has developed deep interest around the use of key populations (KP)-centered approaches to enhance access to HIV testing, prevention and treatment. Since 2008, she established an anal neoplasia screening service to bring men who have sex with men (MSM) into HIV services at TRCARC and the model was then replicated in Bali, Jakarta and Kuala Lumpur to form the IeDEA-funded Anal Neoplasia Study in Asia and the Pacific (ANSAP). In 2015, she supported the establishment of the Tangerine Community Health Center at TRCARC using an integrated hormone therapy and sexual health service approach to effectively bring almost 3,000 transgender women (TGW) and transgender men into services over a 3-year period. The model is currently being expanded to community-based organizations (CBOs), as well as public and private clinics, working with transgender people in the region.

The high uptake of immediate antiretroviral therapy (ART) among Thai MSM and TGW, together with high HIV prevalence and incidence, demonstrated in Thailand's first Test and Treat study led by her team in 2012, pushed national HIV guidelines to recommend ART regardless of CD4 count and PrEP for individuals at high risk for HIV since 2014. In 2015, she started to explore the use of Key Population-Led Health Services (KPLHS) approach to enhance HIV cascades, with PEPFAR/USAID support. In the KPLHS model, mutual partnership between CBOs and government/public health facilities allows capacity building for lay providers, who are members of KPs, to perform HIV testing, link HIV-positive clients to ART, dispense PrEP/PEP, and retain both HIV-positive and HIV-negative clients in the programs. She is working intensively with community and government partners to establish a national technical assistance platform to support KPLHS certification and legalization to ensure its sustainability through domestic financing mechanism.

Through KPLHS, KP lay providers in Thailand have successfully dispensed PrEP to more than half of PrEP users in the country. To push forward PrEP implementation and scale-up in the region, Dr Phanuphak has facilitated the conduct of the Annual Asia-Pacific Regional Consultation on PrEP Implementation since 2017, as a regional platform for countries to regularly share experiences and inspire each other. She strongly believes that PrEP needs to be demedicalized and requires differentiated service delivery models to rapidly reach high coverage in order to see its impact on the reduction of new HIV infections.