



TUPED687

Transitioning from International Funding to Domestic Health Financing to Support Key Population-Led Health Services in Thailand: The Songkhla Model

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Political buy-in from national and local public health agencies enables Songkhla to have domestic health financing mechanism to sustain the Key Population-Led Health Services in Thailand.



Background

The key population-led health services (KPLHS) model has proven to be one key strategy for ending HIV in Thailand. The USAID- and PEPFAR-funded Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Thailand project has built the capacity of members of key populations (KPs) to provide HIV-related services as part of KPLHS in Bangkok, Chonburi, Chiang Mai, and Songkhla since 2015. During the same period, it has also financially supported the delivery of these services by KP lay providers to men who have sex with men and transgender women. Further, the World Bank upgraded Thailand from a lower middle-income economy to an upper middle-income economy in 2011 due to its remarkable progress in social and economic development.

The consequence of rising from a lower middle-income economy to an upper middle-income economy is a significant decrease in international HIV funding to Thailand, which will soon be unavoidable. It is, therefore, critical for the country to seriously prepare for the transition from international aid to full domestic funding to support KPLHS.

Methods

KPLHS operates the reach-recruit-test-treat-prevent-retain cascade according to national strategies for ending HIV. In 2017, the National Health Security Office (NHSO) allocated 200 million Thai Baht to directly fund community-based organizations (CBOs) who performed reach-recruit-retain. However, this funding did not cover these CBOs' test-treat-prevent activities. In 2017–2018, advocacy meetings were conducted among central and regional NHSO and Department of Disease Control offices, government hospitals, academia, and CBOs. These meetings sought to create mutual understanding of the need for KPLHS to end HIV, ensure KPLHS quality, and establish formal professional relationships between CBOs and government hospitals at the provincial level.

Results

The Thai Red Cross AIDS Research Centre, funded by LINKAGES Thailand, facilitated a series of meetings between local government hospitals and CBOs. In May 2018, Hat Yai Hospital signed a memorandum of understanding with the Rainbow Sky Association of Thailand (RSAT) in Songkhla, witnessed by the deputy general-secretary of the NHSO and the director of the Thai Red Cross AIDS Research Centre, to allow RSAT to deliver HIV testing to populations the hospital considered hard to reach. In addition, the NHSO reimbursed RSAT's HIV testing costs through Hat Yai Hospital. From 2018 to 2019, the amount of the NHSO funding commitment to RSAT Songkhla increased significantly from US\$80,700 (in fiscal year 2018) to US\$130,900 (in fiscal year 2019).



Conclusions

The Songkhla model successfully established a domestic financing mechanism to cover the testing component of the reach-recruit-test-treat-prevent-retain cascade that could be replicated. Efforts are ongoing to identify additional financing mechanisms and address regulatory barriers to allow domestic funding of the treat-prevent components of the cascade to fully and sustainably finance KPLHS in Thailand.

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