

Role of the Continuum of Care Center, CCC and TNP+ in the Response to the Covid-19 Pandemic

Prepared by Thai Network of Positive People (TNP+), June 2020

During Covid-19 pandemic, the Thai government has implemented various measures to contain the spread of the virus, such as closing entertainment establishments, prohibiting activities which bring together large groups of people, halting travel by air/train/tour bus, and imposing nighttime curfews, among many others. This has had the indirect effect of shutting down countless small businesses and disrupting public services due to staff shortages. What is more, international flights from/to Thailand have ground virtually to a halt, thus stranding Thais abroad.

The harsh response to the threat of an epidemic of Covid-19 in Thailand has had a profound impact on the socio-economic life of many PLHIV. They are particularly vulnerable to disruptions of health services since they must maintain a daily supply of ARV drugs. According to current guidelines in the National Health Security System, people are assigned to hospitals and health facilities in proximity to their home. If they are in a different province (i.e., outside their insurance Catchment area), the guidelines discourage them from going for treatment at a facility outside their home province – unless it is an emergency. This presents a problem for PLHIV who need to get a refill of ARV drugs on a regular basis but have restricted travel. This problem is even more serious for Thai PLHIV stranded outside of Thailand and cannot get a flight or transport back into the country. Both these groups of Thai PLHIV are at risk of running out of ARV drugs. In theory, hospital could send ARV drugs by mail, but this could result in delays in delivery, or inability to send the drugs to a foreign country.

1. Policy or guidelines to improve access to treatment during the COVID-19

TNP+ has summarized a system for ensuring continuous treatment for PLHIV during this Covid-19 pandemic period as follows:

1. PLHIV whose HIV infection is stable and have no need to be seen by a doctor should not have to travel to a hospital to refill ARV drug. Instead, the hospital can send the drugs to the PLHIV's home by mail or by volunteer from the local CCC. Only those PLHIV who need to be seen by a doctor or have their blood viral load tested need go to the hospital. The home delivery service would help reduce crowding and service burden at the hospital.
2. The Thai AIDS Society, Ministry of Public Health (MOPH), National Health Security Office (NHSO), and Social Security Office (SSO) all support the concept of providing a three- to six-month supply of ARV drugs to eligible PLHIV (Multi-month Dispensing, or MMD) to reduce unnecessary crowding and service burden at the hospital, and reduce potential exposure of PLHIV to Covid-19.
3. The NHSO also supports the idea of delivering ARVs to eligible PLHIV in collaboration with the postal service to reduce unnecessary crowding at hospitals.
4. The NHSO's guideline allow flexibility for those PLHIV who need to visit a hospital and have lab work to go to any participating hospital (i.e., not just their assigned facility). The PLHIV should be able to have the equivalent service as if they were attending their routine treatment facility.
5. The Social Security System (SSS) has a policy to allow members to visit the nearest clinical facility in case of emergency, which also includes refill of ARVs, even though the facility is not their

assigned outlet, during this time. In this situation, the SSO reimburses the cost of clinical service to the insured person or the clinical facility providing the service.

2. Status and problems of access to treatment

The above measures should, in theory, reduce the problem of PLHIV in Thailand from obtaining refill of ARVs, and enable access to essential drugs in the most convenient and safe way possible during this period of response to Covid-19. However, inevitably, things do not always turn out as planned. The following are some obstacles to the proposed system:

1. As noted, due to travel restrictions, some PLHIV are stuck outside their home province or district and have to go for ARV refill outside their assigned catchment area when their supply runs low. However, not all clinical facilities recognize the right of PLHIV and policy to come for refill any facility. This is more of a problem with the Social Security Health Insurance (SSS) in which some facilities ask to be paid in cash up-front for service, which is contrary to the reimbursement policy of the SSS in cases of emergency need.
2. Due to being denied service outside their catchment area, some PLHIV have run out of ARVs, and were not able to make alternative arrangements.
3. Some hospitals have a policy not to send ARV drugs to the PLHIV by post, but instead tell the PLHIV to have a relative/friend come to pick up the refill and post it to wherever the PLHIV is temporarily residing. However, this is problematic if the PLHIV has not yet disclosed their HIV+ status to those relatives or close acquaintances.
4. A number of PLHIV travelled to a neighboring country (e.g., Cambodia, Lao PDR, Malaysia) before Thailand suddenly imposed the lock-down due to Covid-19. Some of those PLHIV were not able to return for their appointment for ARV refill and had to go without ART for as long as one month. Those individuals contacted TNP+ for advice.
5. When posting ARVs abroad, some countries require the PLHIV to have a physician's prescription (from a local physician) to receive the drugs. That requirement complicates delivery of the ARVs or makes it impossible if a medical prescription cannot be obtained.
6. Some foreigners who have enrolled in special ART programs in Thailand cannot continue to receive ARVs when they travel to their country of origin, or cannot travel back to Thailand to get refill of ARVs.
7. If a foreigner tries to receive ARVs posted to Thailand from their home country, some have to pay customs tax on the drugs (as if they were an importer) even though the drugs are for personal consumption.

3. Role of the CCC in providing services during the Covid-19 pandemic

1. The PLHIV peer leaders from the CCC are working with the host hospital to monitor the health and accessibility of Center members to ARV refill. They are considering needs on a case-by-case basis. Once the optimal method is agreed upon, the PLHIV educators work with the hospital to adjust procedures to minimize disruptions in treatment due to restrictions imposed by the response to Covid-19. The following are some of those adaptations.
 - a. **Conduct home visits:** Originally, these outreach visits to the home of the CCC members was to help those PLHIV who were not yet fully self-reliant and deliver a refill of ARVs. This also helped reduce crowding at the hospital.

- b. Facilitate drug disbursement at the hospital by mailing refill packets or arranging delivery with a private messenger service if the member is in a different province or the peer volunteer is not available to make a home delivery.
- c. **Provide counseling to members of the CCC:** At that point, distance counseling can be provided if necessary, in accordance with hospital standards.
- d. **Convene peer group meetings:** Since the Covid-19 pandemic, the number of group meetings of PLHIV has dwindled or stopped. The CCCs are trying to maintain this peer support function but with smaller groups of, say, 4 to 5 persons.
- e. **Provide HIV test counseling, and integrated prevention with the ANC and TB clinics in the hospital:** This service has been disrupted due to Covid-19, and peer leaders are not able to provide prevention services in those clinics.

With the spread of Covid-19, both service providers and clients are taking extra precautions. There is frequent temperature-taking, wearing of face masks/shields, provision of alcohol gel at various stations, installation of plastic partitions, enforcement of social distancing in waiting areas, and creating a separate zone for drug dispensing from general-population clients.

2. PLHIV peer leaders from the CCC disseminate the SSS announcement widely to participating hospitals outside a client's catchment area, and confer with staff about ensuring uninterrupted ART for PLHIV members during Covid-19. This refers to the cases cited above where a PLHIV is trapped in another province due to travel restrictions and needs to get ARV refill at the nearest participating facility in the SSS. In theory, the out-of-zone hospital can still get reimbursed by the SSO for dispensing ARVs on an emergency basis to prevent ART interruption. However, some hospitals have demanded cash payment up-front before dispensing ARVs. This problem is being resolved by reassuring the hospitals of guaranteed reimbursement.
3. Assistance and welfare for the CCC members who encounter problems of loss of employment or reduced income (due to the closure or slow-down of many places of work in the wake of the Covid-19 response).
 - a. There is a government relief payment of 5,000 baht to affected persons, but many people cannot access this subsidy either due to inconvenience, lack of internet access to register, or lack of skill in registering online.
 - b. PLHIV volunteers from the CCC are coordinating with the provincial office of Social Development and Human Security to help Center members who are in difficult circumstances. The provincial office can issue an immediate payment of 2,000 baht for dire cases (which is already part of the social welfare system). However, during the Covid-19 pandemic, the number of people in financial difficulty is considerably more than usual.
 - c. Juvenile shelters are providing one month room and board for Center members who have been laid off work and have no residence (in Bangkok).
 - d. PLHIV volunteers have been coordinating with NGOs to obtain survival kits to help the CCC members who are in difficult circumstances (every district in Lampang Province).
4. Procurement of personal protective equipment (PPE) to prevent Covid-19
 - a. A proposal has been drafted to request funds from the local Health Fund (in Pitsanuloke Province) to procure PPE, such as face masks. The plan is to use the funds to contract

with the CCC members to manufacture masks to distribute to other members and the general public in the sub-district.

- b. In some locations, the public has donated raw material to make the sanitary mask to the local temple, and the CCC members can work there to make the masks for general distribution.
5. Conduct educational campaigns on prevention of Covid-19, and distribute PPE, such as masks and gel, in collaboration with teams from the hospital and community.
 - a. This includes providing prevention education for the CCC members and hospital clients.
 - b. The campaign is also conducted for the general population in the community.

4. Role of TNP+

1. TNP+ has requested supply of ARVs from the Thai Government Pharmaceutical Organization (GPO) to provide emergency refill ARV drugs to PLHIV who cannot go to their normal source of supply or are in risk of running out of drugs and are remote from a viable source. TNP+ is able to provide one to two bottles of ARVs per person from the GPO, and has pooled this supply with ARVs donated by members of the TNP+ network (which have unopened surplus bottles of ARVs). This is seen as just a temporary, emergency measure to prevent stock-outs for those with legitimate claims for help. For example, TNP+ confirms that the PLHIV is at risk of a drug shortage by examining their appointment documentation. TNP+ also confirms the type of the ART regimen for each eligible PLHIV. TNP+ then interviews the PLHIV about their history of ART to confirm that it will be supplying the correct formulation.

2. TNP+ conducts public information dissemination through its Facebook page

<https://www.facebook.com/TNPplus>

to help those having problems with treatment refill. PLHIV can request and receive online counseling for these issues. As appropriate, TNP+ will coordinate with the relevant Holistic Center to arrange for sending the ARVs to the person in need or, in urgent cases, TNP+ will advance drugs from its own supply.

2.1 If a PLHIV has travelled to another province outside their catchment area and cannot easily return to refill ARV at their assigned outlet, if the nearest hospital has a CCC, then staff of TNP+ will coordinate with PLHIV peer leaders to help facilitate refill by the host hospital for that PLHIV, and arrange for sending the drugs by post. If the PLHIV is in urgent need of refill and cannot wait for a mailed package, TNP+ will coordinate with the local Holistic Center to help the PLHIV get supply directly from the host hospital.

Note: In these cases of cross-provincial collaboration, the presence of a Holistic Center greatly speeds the process. However, if there is no Holistic Center, the coordination process is more difficult and, in urgent cases, TNP+ may step in to provide an advance supply of ARVs to ensure the PLHIV does not run out.

2.2 If the PLHIV is stranded abroad (e.g., in Lao PDR, Cambodia, or Malaysia) and their regular Thai hospital does not have the ability to mail ARVs internationally, TNP+ will confer with the NHSO (in cases where the PLHIV is covered by the Gold Card scheme), and NHSO will then contact the hospital directly to confirm the PLHIV's eligibility and history of ART. Then, the NHSO will contact the GPO to arrange mailing. In some cases, TNP+ can contact its counterpart network in the country where the PLHIV is stranded to see if there is an NGO which can help obtain a stop-gap supply of

ARVs to ensure the PLHIV does not run out before the mailed supply arrives. In cases of PLHIV not covered by the Gold Card scheme and who have been paying out-of-pocket throughout their course of treatment, TNP+ can act as a go-between with the hospital to arrange refill ARV for the PLHIV who is stuck outside of Thailand.

3. TNP+ coordinates with the Director of the Bureau of Medical Service Systems of the SSO to issue a letter to participating health outlets to assure them that SSO will reimburse them for providing emergency refill of ARVs to PLHIV who are outside their catchment area. This is to prevent those facilities from requiring cash payment up-front from the PLHIV for any ARVs that are dispensed, even though the PLHIV is entitled to subsidized service under the SSS. The SSO did issue such a letter which explained that the travel restrictions imposed by the response to Covid-19 meant that flexibility was needed in accommodate SSS members who were stuck outside their catchment area. TNP+ also posted that letter on its Facebook page and forwarded a copy to the peer leaders at all CCCs for them to know about this and inform their host hospital staff.
4. TNP+ has coordinated with the NHSO Board to urge the NHSO to conduct public information dissemination to explain that Gold Card members can receive ARV drugs at any participating outlet – there is no need to go to one’s assigned hospital if traveling in a different province. Dr. Sakchai Kanjanawatana, Secretary General of the NHSO, issued an announcement affirming that PLHIV with Gold Card membership could refill ARV and other clinical services at any participating outlet or clinical facility, and that the NHSO would provide compensation to those hospitals who receive PLHIV clients. TNP+ sent copies of this announcement to all CCCs through its network to ensure that their host hospitals were aware of this policy.

5. Recommendations for improving the service system and policy

TNP+ intends to submit the following recommendations to the relevant policy makers and agencies:

1. MOPH and NHSO: These two agencies helped spearhead towards a unified of standard of care for PLHIV under the three main public health insurance schemes in Thailand; National Health Security scheme, the SSS, and the Civil Servants health insurance scheme. Under the unified policy, all three health insurance schemes must provide the same standard of service in order to reduce inequality and disparity of services. This helps ensure that all members enjoy the same benefits, and reduces the management burden of health service outlets in dealing with different insurance schemes. This is a client-centered policy. In the case of crisis, such as an epidemic, flooding, etc., the unified of these schemes means that there will not be gaps in services for members, there will not be drug stock-outs, and there will not be any deviation from the standard treatment guidelines.
2. There are guidelines or clear standards for care and treatment of PLHIV and other cases with chronic illness during a crisis. For example, this includes dispensing medicines to the client directly so that they do not have to travel to a hospital to get the drugs, providing MMD to reduce travel cost, providing refill to persons outside the Catchment area, and monitoring all cases to ensure there is no interruption of essential therapy.
 - We should not have to wait for the next crisis to ensure that all participating service outlets understand and apply these guidelines. The experience with Covid-19 has exposed gaps in the system, in that a number of service outlets denied service to clients who had right to service under the NHSO or SSS schemes.

- There is a system of reimbursement for participating hospitals so that they can procure an amount of drugs in excess of routine amounts, and a system for sending drug refill outside their normal Catchment area and in a greater amount than usual.
 - There is a coordination focal point in each health administration zone who can link with participating service outlets and clients in cases who are at risk of missing treatment, and when the usual emergency contact systems are too slow to respond, such as the 1330 Hotline, the SSS Hotline, etc.
3. In the case that a PLHIV or person with other chronic condition is stranded abroad, the MOPH should have a mechanism to coordinate with the Thai embassy or related agency in that country to arrange for emergency refill of drugs or provide an advance supply to Thai citizens who are not able to return to Thailand. This is especially important for Thailand's ¹neighbors who are host to a large number of Thai migrant workers.
- Inform the Thai citizen in that country that the Thai embassy has a role and guidelines for assisting PLHIV and cases of chronic illness so that they do not have an interruption in essential therapy.
 - The Thai embassy coordinates to receive a shipment of drugs or treatment for Thai citizens, especially in cases of PLHIV and persons with other chronic illness.
 - Importantly, these emergency services should be provided on a voluntary basis for the client, with assurances that their confidentiality will be protected, and that their treatment remains private in all cases and conditions. To make this an orderly process, there should be a form or guidelines which are developed by the relevant agencies, with input from Civil Society, TNP+, and networks of persons with other chronic illnesses.
4. The government must provide comprehensive relief for the population during a crisis. This must be provided without requiring proof a person's vulnerable situation, and the assistance must be immediate. This is being required today because of the strong response of the government which has caused many members of the population to fall into difficult circumstances, and that could adversely impact their access to uninterrupted treatment going forward.
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