

ASSA Recognition Award

CATEGORY	:	Insurance Coverage Recognition Award
ORGANISATION	:	National Health Security Office (NHSO), Thailand.
CONTACT PERSON	:	Wilailuk Wisasa, Manager, National Health Security Office
NAME OF PROJECT	:	Integrating HIV/AIDS services and antiretroviral therapy (ART) into national health schemes
OBJECTIVE AND NATURE OF PROJECT	:	The National Health Security Office (NHSO) together with Ministry of Public Health, networks of academicians, people living with HIV (PLHIV) and civil society organisations (CSO) have consistently worked together on the policy mobilisation for the health security of people living with HIV and AIDS and to assure that everybody in Thailand has equitable access to the quality HIV services and antiretroviral therapy (ART) services since 2006.
WHY IT SHOULD BE RECOGNISED	:	HIV services and especially antiretroviral therapy (ART) services brought back healthy, meaningful and productive lives to PLHIV and AIDS patients who had lived without hopes in the past. It energises HIV positive people with confidence, pride and dignity. Trials and errors experienced by PLHIV has turned into the key advocacy strategy and leaped forward the Universal Access to ART programme in Thailand (2006 – present) Lastly, in June 2016, Thailand received validation from World Health Organization (WHO) for having eliminated mother-to-child transmission of HIV, becoming the first country in Asia and the Pacific region and also the first with a large HIV epidemic to ensure an AIDS-free generation.
SUMMARY OF THE PROJECT	:	In 2002, Government of Thailand declared a National Health Security Act to ensure health security for all Thai citizens by Universal Coverage Scheme in accessing the essential health care in 4 health aspects: Promotion, Prevention, Care, and Rehabilitation. However, due to inadequate economic fluidity and public health capacity in the early stages, Universal Coverage Scheme in the initial period could not cover antiretroviral therapy (ART) and some high-cost operations such as treatment of chronic renal failure, organ transplants, etc. But the ART covered HIV pregnancy to prevent mother-to-child transmission of HIV as one program in prevention health benefit package. Until 2006, the government added ART for PLHIV and AIDS patients as part of the benefit package of the Universal Coverage Scheme, resulting in universal access to ART as the health right for every Thai citizen. It took Thailand 4 years since the declaration of the National Health Security Act and 14 years after the introduction of ARV treatment in 1992 to fully integrate the ART Programme into the Universal Coverage Scheme.

	NHSO manages the HIV/AIDS care budget which was designed as an additional payment to service providers on top of the capitation payment. The vertical programme with this centralised HIV/AIDS care budget and management system allows people to access to care and treatment services from anywhere in the country. The Universal Access to ART Programme is also supported by the quality improvement and assurance of both laboratories and treatment services. The laboratory quality consists of (1) the basic test and anti-HIV laboratory and (2) the HIV laboratory which performs specific HIV tests such as measure the number of CD4 T Lymphocytes (CD4 cells) in a sample of blood in HIV people (CD4 counts), viral load test and monitoring of drug resistance. All laboratories must be registered and accredited by NHSO with consideration for personnel, venue, facilities and equipment, quality assurance and continuous capacity building. In terms of treatment services, HIV Qual-T (Quality Control Program) has been applied to ensure coverage and quality improvement on key treatment services such as drug adherence, laboratory test, disease screening, etc. It was well accepted and also integrated into the hospital accreditation system. The National AIDS Program (NAP system) is the information system for the Universal Access to ART Programme and has been developed to support the record of patient benefits, laboratory test results and ART access data from the beginning of counselling and testing until death, the concept of which is similar to the M&E framework. The so-called NAP (or NAP-Plus) application is an on-line, real-time information system connecting with health service units across the country. The services provided include registration, HCT, PMTCT, laboratory testing, and M&E. The system is also linked automatically to other key database related to the UCS such as reimbursement system, vendor managed inventory (VMI) of drugs, condom distribution, and civil registration which sends the updated information immediately when there is a notification of death. The unique feature of NAP is the protection of confidentiality through encrypted identification (ID) numbers and restriction in the level of data access based on the key roles and responsibilities of the users. NAP also harmonises the demand and supply of the data which is acquired for service improvement by health service providers, programme monitoring by programme manager, and reimbursement management, supply-chain and inventory management by the system manager. Monitoring and evaluation (M&E) are important tools in the development of the programme and services with evidence-based information. The monitoring system in the program covers three components: input factors, service processes and results. The system applies important tools and data from the 4 different databases which are the ART facility survey, National AIDS Program (NAP system), HIVQUAL-T system and the epidemiological surveillance. To obtain key information, the monitoring system follows the cascade of services from the start of registration, HIV counselling and
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	testing (HCT), report of HIV positive results, ART access, laboratory tests, the detection of any complications to loss of life. Evaluation is performed periodically to assess the outcomes both in terms of efficiency and effectiveness. The results can be leveraged for improvement of services at the programme level as well as the health care service level. NHSO includes the systematic development of ART programme, the Universal Health Coverage Policy (UHC) policy, the strong capacity and infrastructure of public health system, well-designed financing system, ability to domestically manufacture low-cost ARV drugs and compulsory licensing, multi-stakeholders participation, and resource mobilisation from both international and domestic sources. Most importantly, PLHIV and AIDS patients have been involved in the programme. The Universal Access to ART Programme has brought several positive changes to the Thai public health system. For example, the cutting-edge online information system, more efficient inventory management and drug procurement system through Vendor Managed Inventory which ensure adequate supply of medicines available at health care units nationwide, task shifting and participation of multi-disciplinary groups as the solutions to health workforce shortage, and discovery of innovations for quality control and effective health service outcomes. Challenges still remain in Thailand UHC, which include the access and coverage of ART for non-Thai-citizens, ARV drug resistance, shortage of health workforce, and a few misconceptions relating to ART. In 2014, Thailand reached a new milestone, becoming the first country in ASEAN to offer free HIV treatment to people living with HIV regardless of their CD4 count, the measurement used to indicate how significantly the immune system has been affected by HIV. Previously, people who tested positive could only access antiretroviral medicines after their CD4 count had decreased to 350 cells/mm³. The result of the project is on track to meet the HIV/AIDS targets for access to life saving ART, both in terms of the coverage of ARV and the quality of ART services. It ensures universal access to ART and quality treatment for the HIV/AIDS targets. And Thailand succeeded in reducing HIV transmission from mother to child, rates fell to 2.1 % in 2014, and is below 2% in 2016, and the progress in eliminating new HIV infections among children has been dramatic in Thailand.
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