

A Budget Impact Analysis of Key Population Interventions to Fast Track the End of AIDS in Thailand

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1. Introduction

Thailand's HIV/AIDS Operational Plan sets out a framework for delivery of integrated HIV prevention and treatment services to key populations (KPs) including men who have sex with men (MSM), male and female sex workers (MSWs and FSWs), transgender women, (TGW), people who inject drugs (PWID), and others. More recently this approach has been refined to underline ongoing prevention efforts among KPs who are HIV negative. The 'reach', 'recruit', 'test', 'treat', 'prevent', and 'retain' (RRTTPR) framework focuses on reaching KPs, recruiting those at highest risk into prevention, care, and treatment services, testing those at risk, treating all those found positive regardless of CD4 level, preventing HIV infection among those found negative, and retaining both HIV-negative and HIV-positive KPs in the prevention, care, and treatment continuum.

The Operational Plan underscores the central role of community-based organizations (CBO) in the effective implementation of KP services along the RRTTPR cascade in Thailand, and various service delivery models are currently applied with differing levels of KP engagement along the cascade. In some cases, KPs focus only on conducting community outreach ('reach'). In other instances, KPs conduct community outreach and they also refer clients to HIV testing services with referral letters, coupons, or clinic registration support ('reach' and 'recruit'). In other cases, KPs conduct community outreach, refer clients to HIV testing services, are involved in HIV testing together with health care professionals, and they may collaborate with health care professionals to retain clients in services ('reach', 'recruit', 'test', and 'retain'). In a few instances, KPs are involved in the provision of services at each step of the cascade with services provided in CBO establishments with support and oversight from health care professionals ('reach', 'recruit', 'test', 'treat', 'prevent', 'retain'). The latter is known as the key population-led health services (KPLHS) model of service delivery. Recently remarkable progress has been made. Through the collaborative effort from LINKAGE/USAID/FHI360 and the World Bank, a study was commissioned to generate accurate information on the cost of KP service delivery along with the RRTTPR cascade in Thailand. Three service delivery models for reaching key populations with HIV services were studied, including: 1) Government facility-led HIV services, 2) Community linked to government facility HIV services, and 3) Key population-led HIV services. Preliminary data from that study is available and will be presented to policymakers and implementers by early August 2019.

This TOR focuses on translating local evidence on costing for RRTTPR to inform policy decisions in order to channel funding support to CSO/CBO under Universal Health Coverage reimbursement or requirements. This ultimate goal is to operationalize and institutionalize these advancements in the appropriate health systems to support sustainability and an effective transition to domestic funding.

2. Propose of Assignment

Objectives

- 2.1** To operationalize unit-cost calculations of the RRTTPR cascade for NHSO reimbursements to community and KP-Led HIV services (KPLHS).
- 2.2** To estimate resource needs based on new unit cost for key population interventions: 2020-22.

3. Expected Deliverables and Result(s)

- 3.1** A4-5 page brief synthesis cost analysis study of KP intervention to fast track the end of AIDS (in Thai and English).
- 3.2** A report (in Thai and English) containing the breakdown of reimbursement payment for each KP (MSM, TG, MSW, FSW and PWID) and activity along the RRTTPR cascade, including capacity building recommended for NHSO and MOPH and resource needs for KP services for 2020-2022.

4. Approach and Methodology for Implementing the Assignment

- 4.1** To operationalize unit cost of the RRTTPR cascade for NHSO reimbursement payment to KPLHS providers, and estimate resource needs to support CSO during 2020-22.

Based on the cost analysis from the “Study of Key Population Intervention to Fast-Track the end AIDS in Thailand” conducted by the Health Intervention and Technology Assessment Program (HITAP) (supported by the World Bank, UNAIDS and USAID/LINKAGES/FHI360), further analysis and synthesis will be undertaken in consultation with NHSO, the Bureau of AIDS and STI (BATS) and HITAP to come up with recommended unit costs that are aligned with NHSO requirements. To further improve health financing and related mechanisms, this TOR will explore appropriate reimbursement arrangements (e.g., new, or revised unit-cost categories) along the RRTTPR cascade for effective implementation of KPLHS. Lastly, based on unit cost, this TOR will estimate resource needs for CSO in 2020-22 toward ending AIDS. Specific questions include, but are not limited to, the following:

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1. How does the NHSO determine reimbursement payment to KPLHS along the RRTTPR cascade?
2. What is an appropriate NHSO/MOPH reimbursement arrangement (unit cost for KPLHS) for cost-effective delivery for each KP?
3. What are resource needs for KPLHS in 2020-22?

Activities include the following:

1. Document review: To review the procurement procedures of NHSO used for funding allocation.
2. Secondary data analysis: To review and further analyze the unit cost study of KP interventions to fast-track the end of HIV in Thailand and determine the unit cost of services along the RRTTPR cascade at site-level.

3. Apply unit costs to estimate resource needs for KP services: 2020-2022
4. Consultative meetings with relevant stakeholders.
5. Data analysis and writing the report.