

EMPOWERING MIGRANTS

TO REACH MIGRANTS IN THE FIGHT AGAINST TUBERCULOSIS:

Investing in community systems strengthening for improved health outcomes for hard-to-reach population in Thailand



During her course of tuberculosis (TB) treatment, 25-year-old Ma Kaykhine, an unregistered migrant worker in a wool factory, suffered the side effects of the TB drugs. She always felt dizzy, which made taking her daily medicines difficult. Ma Kaykhine attended a monthly meeting where migrants with TB shared their difficulties and solutions with each other. This helped Ma Kaykhine to endure the long TB treatment. She completed treatment and is now cured of TB.

THAILAND, TUBERCULOSIS, AND MIGRATION

TB is the most common public health disease concern amongst migrants in Thailand.¹ With the country's strategic location enabling easy cross-border migration and its booming economy leading to increasing demand for unskilled labour, Thailand is an attractive destination for migrants from neighbouring countries seeking a better life.² There are more than 3.5 million persons without Thai nationality living in the country, including many long-term residents and children of migrants born in Thailand. More than 3.0 million of them are working in the country. Most of its low-skilled labour live in low-income areas and are continuously moving.³

An estimated 1.3 million of these migrants are unregistered,⁴ which means they have restricted movement and no access to free basic health services or to legal and social protection. Fear of arrest and deportation, combined with the high cost of TB treatment, prevents unregistered migrants from seeking TB care in public health facilities, even if TB treatment is available to them. Working mainly in low-skilled and low-paying jobs in poor working and living conditions has put migrants at particular risk of getting sick and dying of TB. Since migrant workers are constantly on the move, it is difficult for them to complete the minimum six-month TB treatment regimen, which makes them susceptible to drug-resistant strains of TB.

CIVIL SOCIETY RESPONSE

World Vision Foundation of Thailand (WVFT), in partnership with the American Refugee Committee and Kwai River Christian Hospital, led the implementation of TB Reduction Among Non-Thai Migrants (TB-RAM) Project. Funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the project's goal was to reduce TB morbidity among the migrant population in six provinces of Thailand – Ranong, Phang Nga, Phuket, Chumporn, Kanchanaburi and Tak. The five-year project, which was implemented between 2007-2012, covered approximately 271,000 people in the six provinces and was able to identify and refer 27,037 non-Thai migrants (presumed to have TB) for diagnosis and treatment of confirmed cases. The project aimed to increase case detection, referral and treatment outcomes through community-based programme delivery models. Project activities included community sensitisation, mobilisation and systems strengthening and were carried out by migrant health volunteers and other community volunteers using community-based health posts among other structures as a point of interface with migrants. The project also included elements of advocacy led by Thai staff who worked to strengthen linkages with the formal health system, local immigration department, police department, community leaders and business owners to raise awareness and support for migrant TB patients. At the end of the project, the following results were achieved:

TB-RAM Project Indicators	Target	Achievement	% Achievement
No. of migrants with presumptive TB referred for diagnosis	27,486	27,037	98%
No. of New Smear Positive (NSP) detected	1,599	1,555	97%
No. of NSP enrolled under Directly-Observed Treatment Short-Course (DOTS)	1,411	1,398	99%
Treatment success rate of NSP	80%	84%	106%
No. of other forms of TB detected	1,163	941	81%
No. of other forms of TB enrolled under DOTS	1,014	926	91%
Treatment success rate of other forms of TB	80%	87%	108%
No. of community health posts established	276	224	78%
No. of migrant health volunteers (MHVs) trained/retrained as DOTS partners, in TB/HIV counselling and referral, and community-based interventions.	10,690	12,617	118%

Table 1. The TB-RAM Project Key Indicators and Achievements for the past 5 years, Source: Final Project Report, WVFT, 2013.

¹ Press B. Migrants' Health and Vulnerability to HIV/AIDS in Thailand. PHAMIT, Bangkok; 2009. HIV and Migration, Asia Regional Profile 2009.pdf | <http://goo.gl/BG1cGh>

² World Vision Foundation of Thailand, Annual Reports (Years 1-4 and Final), TB Reduction among Non-Thai Migrants Project, 2009-2012. <http://wvi.org/publications/1411>

³ International Office of Migration (IOM), Thailand Migration Report 2011. Bangkok: IOM, Thailand Migration Report 2011 | <http://www.un.or.th/documents/tmr-2011.pdf>

⁴ Sciortino, R. & Punpuing, S. (2009). International Migration in Thailand 2009. Bangkok: International Organization for Migration. IOM, International Migration in Thailand, 2009 <http://www.migrationcenter.mahidol.ac.th/download/264-Internation-Migration-Thailand.pdf>

COMMUNITY-BASED AND COMMUNITY-DRIVEN APPROACHES

The rise of the health posts: Engaging migrant communities in finding TB cases

Before the project began, the lack of epidemiological and social data on TB among migrants at both the local and national level made it difficult to gauge the actual TB burden among migrants in Thailand. The project established health posts among migrant communities, which enabled the first proper referral and diagnosis of migrants who may have TB in target communities. The health posts have become the primary access points for migrants to access TB education and services, and have been instrumental in finding TB cases among migrants.

Health posts are housed in structures provided by the community's initiative and include homes (both Thai and migrant community members) and available spaces provided by employers of migrant workers. Though diverse in size and support available, the health posts have provided substantial benefits to the migrant community, providing a vital link between the government health system which conducts the TB treatment and the community of migrants who need the treatment. Health posts provide services including health education, as well as identifying, screening, referring, and supporting access and follow up of TB treatment. Due to their proximity, easy

access and holistic services, the health posts have become an attractive first point of entry for counselling and related services, and it is often where a migrant health volunteer (MHV) interfaces with a migrant who might have TB. Once a migrant is presumed to have TB through the TB screening process, the MHV collects the migrant's sputum⁵ and refers him or her to the nearest TB clinic using the project's referral form. If the client is an unregistered migrant, the MHV contacts the Frontline Social Networker (FSN) – a paid project staff who is also a migrant - to either accompany the migrant to the TB clinic or to personally bring the sputum sample to the public TB clinic for diagnosis. When the FSN delivers the test results and TB drugs on behalf of the TB patients, the risk of arrest and deportation of unregistered migrant TB patients is minimised. FSNs also provide pre-treatment counselling to referred TB patients and act as translator between the health facility and the migrant TB patient. Once the TB clinic confirms the diagnosis, the treatment starts with support and follow up from community volunteers (mostly comprised of MHVs) associated with the health posts.

The health posts have also become a community resource to conduct health education and provide a meeting venue for MHVs, TB network groups⁶ (composed of MHVs, treatment partners and TB patients), and self-help groups (SHGs). Some health posts have even become a recreational area for the community - especially those health posts that have a library.

Since the location of the health post is provided for free by a community member or local employer, establishing a health post requires only minimal cost. The project only assisted in buying simple shelves, small tables and chairs, a water cooler, bulletin boards, and trash cans.

In Ranong Province, the migrant community established the Thai U Dawn health post inside a concrete mixing plant. Most of its MHVs are women who manage the health post and handle the daily activities including giving TB information to the community and helping people with TB symptoms access a nearby TB clinic or health centre. Ma Nge's story (below) demonstrates the impact of community mobilization on finding lasting solutions to community health problems.



MA NGE: A HEALTH RESOURCE FOR MIGRANTS

Ma Nge has lived in Ranong province for more than 10 years, beginning her life in Thailand as a migrant worker. Being able to save money, she is now a housewife and lives a better life than her former life in Myanmar. With spare time and the desire to help her fellow migrants, she decided to become a migrant health volunteer.

For the past two years, Ma Nge has received training on TB and HIV from the TB RAM Project. To be able to help more migrants, she transformed her room into a health post to offer community health services and provide information or help on health. She even collected donations from neighbours to help poor migrants with ill-health.

She is currently a treatment partner to an 18-year-old fisherman residing near her room. Since the patient has to go early for work, Ma Nge visits the patient at 5:00 am to ensure he takes his medicine.

Ma Nge is not only educating the community on TB and HIV (as supported by the TB-RAM project), but also on reproductive health issues, including family planning and ante-natal care. She has also started organising a community savings scheme for the community to have funds for any emergency.

With volunteers like Ma Nge, TB and HIV care can indeed be brought closer to vulnerable groups such as the migrant communities.

⁵ Sputum is a matter coughed up and usually ejected from the mouth, including saliva, foreign material, and substances such as mucus or phlegm, from the respiratory tract (2009, *The American Heritage Dictionary of the English Language*, 4th Ed.)

⁶ TB network groups operate within a sub-district level composed of MHVs, treatment partners, and TB patients in the community. They are an informal group that regularly meets to discuss the status of TB patients under their care and to find ways to support TB patients who are in need of shelter, financial or nutritional support, and those who cannot find a treatment partner.

MIGRANT HEALTH VOLUNTEERS: GUARDIANS OF THE HEALTH POSTS AND NUCLEUS OF SUPPORT FOR TB PATIENTS

MHV are the guardians of the health posts – managing the activities and operations. The project has mobilised and trained 12,617 MHVs on TB screening, sputum collection, referral of TB patients, recognising side effects, reducing stigma, doing household contact tracing, and counselling. MHVs also act as treatment partners to migrant TB patients. To ensure quality work, the FSNs regularly supervise the MHVs in doing these activities effectively. Some of the MHVs are also members of SHGs, a group composed of TB patients and MHV that operate out of the migrant health posts. SHGs proved to be helpful in encouraging migrant TB patients to adhere to the treatment. World Vision’s 2012 operations research on the TB-RAM Project found that the monthly meeting of the patient SHGs provided the psychosocial and emotional support to patients needed to successfully complete treatment. Through SHGs, patients share their experiences in TB treatment, enabling them to understand and cope with side effects and eventually complete treatment. TB patients acknowledged that SHGs are a good place to learn more about TB, to reduce their stress as a TB patient, and to create a sense of belonging and acceptance.

RESULTS

At the end of the five-year TB RAM Project, 216 of the 224 established health posts (96%) are still in operation. A functioning health post is defined as having referred at least one migrant who may have TB during the life of the project, has TB education materials in place, and has records of activities and services provided. Of the total 27,037 migrant patients referred for diagnosis under the TB-RAM project, 16,025 (94%) were referred as a result of World Vision community-based project delivery models. About 44 per cent of these were referred by the health posts. The rest were referred by the MHVs, FSNs and other community members, while some were walk-in patients. The health post is a testimony of how engaging communities can boost TB case finding even in hard-to-reach populations such as migrants.

Meanwhile, from year one through year four, MHVs provided Directly Observed Treatment Short-Course (DOTS) to 626 TB cases out of the 897 (69.7%) reported new smear positive TB cases.⁷ Also, the MHVs provided DOTS to 1,094 (69.7%) out of the 1,568 TB cases of all forms of TB.⁸ Overall, MHVs are responsible for 705 of 1,094 (64%) of all forms of reported TB cases who either completed treatment or were diagnosed as cured. The constant visits of MHVs and project staff to TB patients, complemented with monetary support, were key motivators for patients to complete treatment.

The project achieved an 86 per cent treatment success rate for this mobile migrant population for the past five years (see Table 1). This is on track to reach the 2015 global target of 90 per cent set by the WHO in the Global Plan to Stop TB 2011-2015.⁹ Further, it has achieved a higher treatment success rate for all forms of TB when compared to Thailand’s TB data.¹⁰

	COUNTRY TREATMENT SUCCESS RATE	TB-RAM PROJECT'S TREATMENT SUCCESS RATE
Smear-Positive TB	85%	84%
All Forms of TB	79%	86%

Table 2. Comparison of TB Treatment Success Rate between TB-RAM Project and Thailand.



TB PATIENTS SPEAK UP ON SELF-HELP GROUPS

“I had to take medicine correctly to be able to join the SHG. I’ve learned a lot about TB. It [the group] is fun and they also provide us lunch and snacks. Sometimes, they also give us some gifts. The staff make me feel like a family. I’m so thankful to them. Even [though] I’m not on a treatment now, I still look forward to joining the group. I don’t want to get TB again, but I’ll continue to join the group if I’m still here. I can meet new friends. The staff said that anybody could get TB if they are weak so we shouldn’t feel bad or sad. They also told us that if we found someone with TB symptoms, we should advise them to get tested.”
– 21-year-old female, former patient.

“It makes me happy and forget about the tiredness and the fatigue [since] it’s fun and we also receive some nice lunch and snacks. I can laugh. A friend who is nearly cured told me that he also got the same side effects but got better after a couple of months. The doctor also said the same. So I think I’ll get over it [side effects] after a while.”
– 52-year-old male, current patient.

“My favourite part is when we talk about TB. We share experiences on our symptoms and treatment. I learn more about TB this way. I joined them since the first time I got TB but stopped when I finished the treatment. I want to go back to join them again.” - 58-year-old female, current patient.

Source: Jitthai, N. (2012). TB RAM Operations Research Report. Unpublished report to the TB Reduction Among Non-Thai Migrants Project (TB-RAM). Bangkok: World Vision Foundation of Thailand.

⁷ Smear positive TB cases refers to those TB patients who tested positive for TB after their sputum sample is spread on a glass slide and stained for cytological examination and diagnosis under a microscope.

⁸ This number refers only to the year-4 cohorts, while Table 1 above demonstrates five-year data. The TB RAM’s Final Report is available for review here <http://wvi.org/publications/141>

⁹ “Global Plan to Stop TB 2011-2015, WHO” / http://www.stoptb.org/assets/documents/globalplan/TB_GlobalPlanToStopTB2011-2015.pdf

¹⁰ WHO, Tuberculosis Profile: Thailand TB Records, 2012, WHO / <http://go.g/1U3A80b>



KEY LESSONS LEARNED

1. Building the capacity of MHVs to properly identify, screen, and refer TB patients for diagnosis and treatment has been a crucial factor in making the health post a credible access point and referral hub for migrants seeking TB care. Highly committed MHVs and the effective follow-up and supervision of the project's Frontline Social Networkers (FSN) enabled the 216 out of 224 health posts established to remain functional over the years (96% success rate).
2. The health post's proximity, easy access and provision of recreation and other holistic services made it an attractive first point of entry for migrants to access TB care.
3. Flexibility and agility is required in providing health services for a highly mobile population such as migrant workers. Some types of migrant work involve more frequent movements of workers. Consequently, the project relocated some health posts in order to follow workers as they moved from one work area to another.
4. Self Help Groups (SHG) for TB patients are an effective peer-support strategy and should be expanded to all health posts in all project sites employing well-organised approaches, standard tools and materials, defined schedules, and skilled facilitators.
5. With TB screening and sputum collection being done at the health post and with the FSN delivering the sputum to the health facility and getting the results and TB drugs on behalf of the TB patients, the key barriers preventing unregistered migrants from accessing TB support are minimised

CONCLUSION

Mobilising and building the capacity of MHVs make TB case finding and TB treatment compliance possible among mobile and hard-to-reach migrant populations. The health posts established by communities referred almost half of TB cases referred by World Vision during the life of the project. The health post acted as the bridge between migrant communities and the government health facility in TB prevention, treatment and control. Meanwhile, the MHVs have supervised the treatment of more than half of the TB patients who were either cured or have completed TB treatment. The community based programming models require a concerted effort on the part of the implementer, service provider, the patient and the community at large to be successful. Above all, it is the will of the community and its members that made this project especially successful among the migrant populations, The results documented by World Vision as a Principal Recipient of the TB-RAM project over the life of the Global Fund grant attests to the widely acknowledged need to invest in community systems and their linkages with the health system to bring about health outcomes.

FOR MORE INFORMATION:

To learn more about World Vision's TB-RAM Project and how to implement a TB programme within a migrant context.

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