

# THE AVAILABILITY AND USE OF A MINIMUM PACKAGE OF HIV-PREVENTION SERVICES:

**Injection Drug Users & Men Who Have Sex with Men** 

Bangkok, Thailand

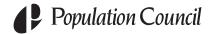
**April 2007** 

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#### The Minimum Package Approach



The minimum package is a strategic approach to programming HIV-prevention, -care, and -treatment interventions. It aims to ensure that a package of essential services is available to those most at risk and at sites where these populations are concentrated.

The minimum package in the Mekong Region is targeted toward men who have sex with men (MSM), female sex workers (FSW) and their clients, and injection drug users (IDU).

The core services within the minimum package are designed to support the adoption of HIV-prevention practices, including the reduction of unprotected sex and unsafe injection practices. Supportive interventions facilitate the successful implementation of these services.

## Minimum Package of Services Targeted Toward Most-At-Risk

- PopulationsPeer and outreach education
- HIV voluntary counseling and testing (VCT)
- · Targeted media
- Condom promotion
- Sexually Transmitted Infection (STI) services
- Substitution therapy and safer injection practices for IDU
- Linkages with care and treatment

### Supportive Interventions for the Minimum Package of Services

- Strategic information
- Capacity building
- · Community mobilization
- Policy
- Stigma and discrimination

#### Coverage-Plus: Bangkok



#### **Background**

The Coverage-Plus Study aims to assess the availability of a minimum package of HIV-prevention services for most-at-risk populations in the Mekong Region. Among users of these service, it also assesses service use patterns, including intensity of service use and barriers to accessing additional services. Thailand is one of four sites included in the study to assess service availability and use for MSM and IDU

#### Methods

All organizations that targeted MSM and IDU with HIV-related services in Bangkok between June and August 2005 were identified. Project managers were interviewed to obtain information about types of services provided and linkages with other service providers.

A sample of persons who had received services from these organizations was identified, including IDU and MSM who had contact with outreach workers, attended community events, received condoms from the organization, or visited drop-in centers, STI clinics, methadone clinics, or VCT clinics.

The size of the sample drawn from each organization was proportional to the number of persons reached by the organization. A structured questionnaire was used to obtain information about use of services from project clients. In Bangkok, the survey included 152 MSM and 191 IDU.

#### **Study Participants**

The MSM project clients are young: half are 24 years of age or younger. They are an educated group and almost one in three have a post-secondary education. This is a mobile population and 40 percent have lived in Bangkok for less than five years.

The IDU project clients are older and more than half are 35 years or older. This group is predominantly male (90%) and few have a post-secondary education. Almost all have lived in Bangkok for five years or more.



# Availability and Use of Services for MSM

#### Findings for MSM: Availability of Services



At the time of the study, four organizations were implementing eight projects in Bangkok that targeted MSM with HIV-prevention interventions. Four of the projects were supported by the Ministry of Public Health, two by USAID, and two by the Global Fund.

Two of the organizations provided the majority of the services that reached MSM through their drop-in centers and outreach activities in public parks, bars, second-class theatres, streets, and other locations. These two organizations also used HIV Web sites, hotlines, and print media to provide their target population with HIV information. The third organization provided limited outreach services through community events. The fourth organization offered clinical services such as STI and VCT.

At the time of the study, none of the organizations providing services to MSM offered medical care for people living with HIV (PLHIV), rather they referred them to health facilities in the area. No written procedures were in place on how to refer clients to other services nor was there follow-up to ensure the client actually received the referred service.

Availability of the Minimum Package in Bangkok				
Component	Number of Organizations			
Outreach and Peer Education	111			
Targeted Media	111			
VCT	<b>√</b>			
Condom Promotion	1111			
STI Services	<b>√</b>			
Linkages with Care, Support, and Treatment for PLHIV	111			

#### Findings for MSM: Knowledge of Services



Most of the MSM project clients interviewed were only recently introduced to the organization and the services that it provides. In fact, more than half had known about the organization for less than one year and one-quarter for three months or less.

The most common way MSM project clients were introduced to the organization was through condom distribution, followed by contact with outreach workers in bars, parks, and other venues.

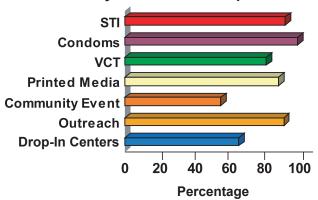
Almost all of the MSM clients interviewed were aware of outreach services, printed material, condom promotion, VCT, and STI services. Much more than half of the MSM clients were aware of other services such as drop-in centers and community events.

During the last contact with the organization, more than half of the MSM project clients surveyed were told of other services offered by the organization, while less than half were told about services offered by other projects. As the organizations targeting this population do not offer all components of the minimum package, informing their clients about where services can be accessed is particularly important.

#### An Example of Linkages

The two organizations providing outreach services to MSM had informal linkages with the organization providing VCT and STI services and would refer clients to this organization. Clients who are male sex workers also received VCT free of charge when referred to the clinic.

#### Percentage of MSM project clients who are aware of the availability of individual HIV-prevention services



#### Findings for MSM: Use of Services

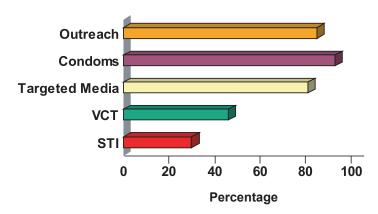


Of the MSM project clients interviewed, 72 percent had received outreach services and 95 percent had received condoms in the past year, which is not surprising as these services often go hand in hand. Less than half, however, had received VCT and even fewer had sought STI screening or treatment in the past year. The low level of VCT use among clients of MSM projects is particularly troubling given the prevalence of HIV in this population.

Most of the outreach services that the MSM clients received involved peer educators. Many of the contacts involved building relations and the distribution of condoms and there was often little discussion of or information provided about the prevention of HIV.

MSM project clients indicated that service quality, lack of confidentiality, and inconvenient hours were major barriers to use of VCT and STI services. Many also mentioned that "not wanting to know the results" was a reason for not using available VCT services.

## Use of Individual components of the minimum package by MSM clients in the last year



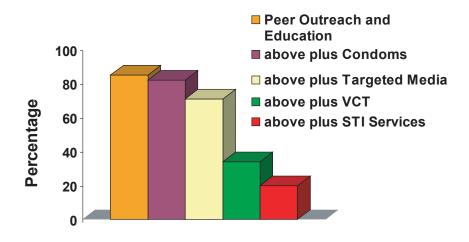
## Findings for MSM: Use of Multiple Components of the Package



For maximum effect, MSM project clients should be exposed to all components of the minimum package. Study results show that the majority of MSM project clients received three components of the minimum package during the past year: peer outreach and education, condoms, and targeted media. Outreach activities are the gateway that leads to other HIV-related services for MSM. Peer outreach and education is often accompanied by the distribution of condoms and media such as pamphlets, magazines, or videos. While most MSM project clients have received all three of these services in the past year, far fewer also received VCT and STI services.

At the time of this study, only one organization was offering VCT and STI services specifically for MSM. This, in addition to issues related to service quality, may account for these low levels of service use.

## Percentage of MSM project clients who receive more than one component of the minimum package



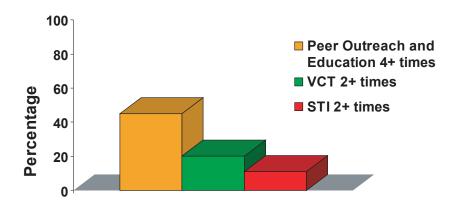
#### Findings for MSM: Intensity of Service Use



Multiple contacts with HIV-prevention services are needed for effective behavior change. While the frequency of use during a given time period that indicates the "right" or "optimum" intensity is still not known, multiple contacts are desirable.

Almost half of MSM project clients received four or more peer outreach education contacts in the past year. This might include contact with outreach staff in community settings, visits to drop-in centers, or attendance at community events. Multiple service contacts with VCT and STI services were much less common.

## Percentage of MSM project clients with multiple contacts in the past year





# Availability and Use of Services for IDU

#### Findings for IDU: Availability of Services



At the time of the study, three organizations were providing HIV-related services for IDU in Bangkok. The largest organization operates 18 drug treatment centers, of which, seven provide HIV-prevention services. Funding for this organization comes from the Bangkok Metropolitan Authority with support from the U.S. Centers for Disease Control and Prevention. The two other organizations' projects have a more limited geographic and population range and receive funding from the Global Fund and USAID.

All parts of the minimum package of services were offered to IDU in Bangkok. IDU-specific HIV-prevention services were provided at drug treatment centers and in gathering places or homes of IDU. Methadone treatment and VCT were offered at the drug treatment centers and there was a nongovernmental organization that provided needle exchange services.<sup>1</sup>

None of the organizations provided antiretroviral therapy (ART) at the time of the study, but they did say that they referred clients to other facilities for ART. There were no formal referral processes in place for other services, and clients were usually provided with directions to the other service delivery facility.

Availability of the Minimum Package in Bangkok				
Component	Number of Organizations			
Outreach and Peer Education	111			
Targeted Media	111			
VCT	√			
Condom Promotion	111			
STI Services	√			
Drug Treatment/Safer Injection Practices	<b>V V</b>			
Linkages with Care, Support, and Treatment for PLHIV	<b>\  \  \  \  \  \  \  \  \  \  \  \  \  \</b>			

<sup>&</sup>lt;sup>1</sup> Though non-U.S. government stakeholders provide needle exchange as part of the minimum package of services for IDU, USAID does not support nor promote needle exchange programs. Information on needle exchange is included in this report as it is a service provided in local communities for IDU.

#### Findings for IDU: Knowledge of Services

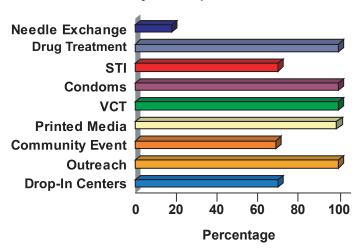


A mong the IDU project clients, there was a high level of awareness about the availability of HIV-prevention services, needle exchange being the exception. The lack of knowledge about needle exchange is understandable though, as there is only one needle exchange project in the area and it started only recently. Almost all of the IDU clients interviewed are aware of outreach services, printed materials, and condom distribution. Less well known IDU HIV-prevention activities include interactive media, community events, and drop-in centers.

About half of the IDU clients interviewed had known about the organization from which they receive treatment for seven years. Most were introduced to HIV-prevention services through drug treatment centers (one in three). Other methods include recommendations from peers, community volunteers, visits to drop-in centers, and participation in an HIV-drug trial.

During the current contact with a service, more than half of IDU project clients were told about other services offered by the project, and one in ten were informed about services offered by other projects. As the largest organization reaching this population provides the full complement of HIV-prevention services, the low level of referrals to other projects is not surprising.

## Percentage of IDU project clients who are aware of the availability of HIV-prevention services



#### Findings for IDU: Use of Services

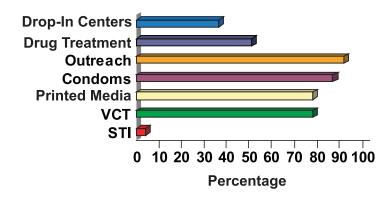


Study results show that about half of the IDU project clients accessed multiple services during the last month and year. A large portion of the IDU accessed drug treatment. The prevention services least commonly used by IDU are VCT and STI.

Outreach services were received by almost all IDU project clients and almost all received HIV information during the contact. In terms of multiple episodes of use, IDU accessed drug treatment the most, with many clients accessing the service each day.

IDU interviewed stated few barriers to accessing HIV-prevention services. Their main reasons for not accessing them are that they did not have a need for them or they had a lack of symptoms (in reference to STI services).

## Use of individual services by IDU project clients in the last year



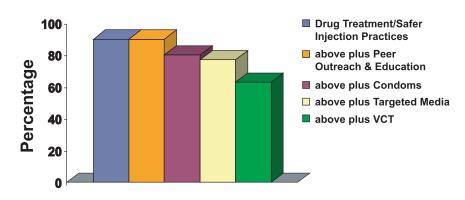
## Findings for IDU: Use of Multiple Components of the Package and Intensity of Use



or maximum effect, IDU project clients should be exposed to all components of the minimum package. Study results showed that the majority of IDU project clients accessed multiple components of the minimum package during the past year.

Drug treatment programs are the gateway that leads to other HIV-related services for IDU. The main organization providing services to IDU provides drug treatment services. It also provides all components of the minimum package of HIV-prevention services on site.

## Percentage of IDU project clients who receive most components of the minimum package



#### Findings for IDU: Intensity of Service Use

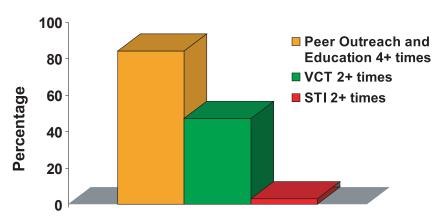


Multiple contacts with HIV-prevention services are needed for effective behavior change. While the frequency of use and diversity of services used in a given time period that indicate the "right" or "optimum" intensity is still not known, multiple contacts are desirable.

Most IDU project clients in drug treatment reported using this service daily.

Most IDU project clients received four or more peer outreach education contacts in the past year. This might include contact with outreach staff in community settings, visits to drop-in centers, or attendance at community events. Nearly half received two or more VCT service visits, but very few received STI services on more than one occasion (in fact, few received STI services at all).

## Percentage of IDU project clients with multiple contacts with services



## Recommendations for Improving the Functioning of the Minimum Package in Bangkok



#### **MSM**

- While all components of the minimum package for MSM are available in Bangkok, additional efforts are needed to expand the availability and reach of HIV-prevention services.
- Efforts are also needed to strengthen service provision and ensure that appropriate HIV/AIDS-related information is provided.
- Use of VCT and STI services is particularly low, indicating that additional efforts are needed to increase access to quality services.
- Improved linkages between organizations targeting similar populations might help ensure that more prevention needs of the target population are met.

#### IDU

 While all components of the minimum package for IDU are available in Bangkok, efforts need to be made to strengthen the referral system for ART and to ensure that the clients actually receive this service when referred.

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