

How AIDS Advocacy Supports Universal Health Coverage

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1984
First 10 years
of HIV/AIDS epidemic
1995 ▶

- The beginning of the AIDS epidemic in Thailand, First AIDS patient found.
- HIV prevalence phenomenon comes with the phenomenon fear of AIDS.
- The spread of the phenomenon of fear of AIDS expands to stigma and HIV discrimination.
- AIDS patients were neglected by their family.
- There are many NGOs start to work on AIDS issue and various ways of work created; self-support group, home base care, telephone counseling, herbal medicine treatment etc."
- The first group of PLHIV was set and expanded to all over the country. There were more than 200 NGOs who work on HIV/AIDS.



1996
2001 ▶

- AIDS ACCESS Foundation MSF-Belgium and Thai Network of People Living with HIV/AIDS (TNP+) start an initiative campaign on "100% PCP".
- To empower PLHIV to request for access to PCP prophylactic medication while there was no antiretroviral treatment available in the hospital.
- Questioning when antiretroviral therapy is available. Why does Thailand have no medicine? Because of expensive medicine.
- Access to Medicines campaign started with the cooperation of academic and layers network. The first biggest demonstrate of PLHIV urge the government to use compulsory license for ddl.

2001
2004 ▶

- TNP+, AIDS ACCESS, Foundation of Consumers, Council of Lawyers Academic Group filed a lawsuit against BMS drug company; patent infringement case which led to the withdrawal of the anti-retroviral drug ddl.
- TNP+ AIDS ACCESS and MSF-Belgium developed a new initiative model of patient participation call "Comprehensive Continuum CareCentres" (CCC)
- Promote the pharmaceutical organization to produce antiretroviral drugs.
- **In collaboration with other peoples' networks, the 50,000 signatures to promote the National Health Security law campaign has started.**
- **Thai government first launched the National Health Security system but not included of Antiretroviral drugs.**
- On November 30, 2002, 1,200 PLHIV from all parts of the country demonstrated in front of parliament and met with the Minister of Public Health to demands the government to include ARV in the benefits package of National Health Security system.

2005 ▼

- Due to continued pressure and advocacy by TNP+ and its supporters, the National Health Security Office (NHSO) finally announced that it would include ARV in the National Health Security's benefits package on October 1, 2005.



2006 ▶

- Due to continued pressure and advocacy of TNP+, AIDS ACCESS and NGOs finally the government announce to use compulsory license for ARV drug
- First ARV was issued for lopinavir/ritonavir on January 2007. Abbot holds this patent and reacted for this announcement by withdraw all their current medicines awaiting registration in Thailand.
- Called for global boycott Abbot Products took place around the world at least in 16 countries.



2012 ▼

- Co-founder of "Group of National Health Lover" along with another civil network in 2012



2018 ▶

- Recently continue to work on access to medicine by implementation and monitoring Patent Examination and patent opposition.
- Corporate with others civil network to expand the experience on HIV/AIDS access to medicines to support the National Health Security which move forward to Social welfare state campaign.

Description ▼

In the beginning of the Thai epidemic, PLHIV were severely marginalized individuals and, thus, had to form self-help groups with assistance from health NGOs. That network of support helped pressure the government to expand access to treatment as it became available. Despite the advent of effective ART, negative attitudes by health providers and cost of treatment still impeded access for PLHIV.

Accordingly, in 2002, the NGO network and PLHIV campaigned for a universal health care system absent of discrimination against anyone for any reason. This advocacy was successful and, in 2004, the National Health Security System offered subsidized care to any Thai citizen, including treatment for HIV infection. However, this equitable service is under threat from Big Pharma and hospitals who are losing income from formerly-lucrative drugs sales, and are pressuring the government to return to a less subsidized approach.

Background ▼

Thailand has battled the HIV epidemic for over three decades and has given priority to treating PLHIV with the latest drugs at affordable prices. However, ARV drugs alone are not enough to ensure quality standard care. Thus, Thai AIDS activities mobilized an advocacy effort for a national health insurance program which covers every individual and every condition.

Lessons Learned ▼

- Creating a sense of the people's ownership of the national health insurance program was part of the reason that HIV/AIDS was included in Thailand's universal health care benefits package.
- Such an advocacy effort requires systematic participation and unified objectives. The network needs to spearhead mobilization with the message that broader health coverage serves all Thais.
- A diverse network which represents multiple populations and patient groups is more effective for public advocacy than a single-issue-defined group.

Conclusions / Next steps ▼

Progress in the AIDS agenda requires participation of the broader Civil Society - not just those working with PLHIV. AIDS advocacy must be seen as the responsibility of everyone, and universal health coverage is a viable strategy to begin with. That said, advocacy networks need to guard against powerful special interests which threaten to undermine a people's movement for equitable and affordable health care for all.