Thailand

Liver Care Foundation*

Private foundation
Khon Kaen, Thailand

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Thailand reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

*The government information was thought to be accurate for **96.0%** of items.*

Survey points marked "accurate": 1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

*The respondent took no position on the government information for **4.0%** of items.*

Survey points marked "take no position": 3.4.

Survey comments from the Liver Care Foundation:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**1.1** There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.	*We have had universal vaccine since 1994 in newborn but we lack evaluation.*
	1.2 There is no designated governmental unit/ department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are no people working full-time on hepatitis-related activities in any government agency/body.	*Last year the infectious control department had a committee about this but up to now there is no progression. There is no action.*
	1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers, including health-care waste handlers.	*This policy was individual for each hospital with regards to health care workers. Further, the vaccine costs could not be reimbursed.*
	2.1 The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.	*They have not any campaign and no budget for this event.*
	2.2 The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.	*They are only planning.*

* World Hepatitis Alliance member.

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**3.2** There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 25% are reported as "undifferentiated" or "unclassified" hepatitis.	*We do not have a standard form for reported deaths from hepatitis. In Thailand not only hepatitis A, B and C infection we have toxic hepatitis from herbal medicine so when the patient died from hepatitis we couldn't differentiate the definite course of hepatitis.*
	3.5 There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly. The most recent serosurvey, which targeted the general population, was carried out in 2004.	*Up to now they did not.*
	4.1 There is no national policy on hepatitis A vaccination.	*They have no policy and vaccine is not reimbursed.*
	4.2 The government has not established the goal of eliminating hepatitis B.	*They have universal vaccination for newborns since 1994 but we lack the education for preventing transmission to a hepatitis B-infected person's contacts.*
	4.3 Nationally, 99% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 98% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.	*In theory it should be 99% but in real life it is not, it depends on each area such as university hospital and local hospital. Universal coverage plan for all newborns but we lack the knowledge of natural history of HBV for medical personnel and the people so the percentage was low in some areas. In the Northeast of Thailand, the prevalence of the people around 20 years old is more than 3% (Liver Care Foundation 2010).*
	4.4 There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).	*We have no national policy, only vaccination after birth, HBIG is not universally used, depends on the knowledge of medical personnel and budget of the mother.*
	4.5 There is a specific national strategy and/or policy for preventing hepatitis B and hepatitis C infection in health-care settings, but it addresses only vaccination for healthcare workers. Health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.	*The prevention was done by each hospital and commonly was done after starting work so put them to contaminate before vaccination.*

Thailand

Liver Care Foundation continued

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**4.6** There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.	*Up to now we used disposable syringe and needle. The cannula is reused.*
	4.8 There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.	*We have had a national policy for screening for more than 20 years.*
	5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and technical seminars. There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.	*They did not obtain the skills or knowledge. We have only guidelines from liver society of Thailand.*
	5.2 The government has national policies relating to screening and referral to care for hepatitis B, but not for hepatitis C.	*They do not have this policy.*
	5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are for pregnant women, blood donors and civil servants. Hepatitis C tests are free of charge for blood donors. Hepatitis B and hepatitis C tests are compulsory for blood donors.	*The government does not have the data for these patients and the screening was free of charge for few persons and hepatitis B and hepatitis C are screened free for blood donors.*
	5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. Patients under the universal coverage scheme are eligible. However, only lamivudine and tenofovir are included in the universal coverage package for hepatitis B, and major drugs for treating hepatitis C are not included. The amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C is not known.	*Up to now lamivudine and tenofovir are the only essential drugs for chronic hepatitis B treatment and chronic hepatitis C treatment was immediately available in all genotypes and HIV coinfection HCV. The criteria are active HCV infection with significant fibrosis.*

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**5.5** The following drugs for treating hepatitis B are on the national essential medicines list: lamivudine and tenofovir. No drug for treating hepatitis C is on the national essential medicines list.	***Drugs for HCV treatment in all genotypes and coinfection HIV&HCV is immediately available in soon.***
We take no position regarding this statement.	**3.4** Hepatitis outbreaks are reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.	***We have not both of medical personnel and laboratory test for evaluation especially if we have severe outbreak.***

Statement from the Liver Care Foundation regarding key hepatitis policy issues in Thailand:

According to our work about five years ago we gave the education for awareness of chronic hepatitis infection in each province of Northeast Thailand we found that they have high prevalence rate of hepatitis B and hepatitis C infection. The average HBV was 8% and HCV was 4 % so we are faced with high rates of complications such as cirrhosis and liver cancer average 1-2:500 in each event of tour. Our plan in next year will be screen, give the education, find the new case, prevention in the family and assess the treatment in this area that cover the people more than 22.5 million. Our problem was we lack the funds and implement from the government. So our plan will do as much as our fund we can.

Thailand

Thai Association for the Study of the Liver (THASL)

Medical society
Bangkok, Thailand
www.thasi.org

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Thailand reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

*The government information was thought to be accurate for **84.0%** of items.*

Survey points marked "accurate": 1.1, 1.2, 1.3, 2.1, 2.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1, 5.3 and 5.4.

*The government information was thought to not be accurate for **12.0%** of items.*

Survey points marked "not accurate": 3.1, 5.2 and 5.5.

*The respondent took no position on the government information for **4.0%** of items.*

Survey points marked "take no position": 3.2.

Survey comments from the Thai Association for the Study of the Liver:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**3.3** Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports weekly and annually.	*The report is only annually and usually of 4–5 years ago, not up to date.*
	3.5 There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly. The most recent serosurvey, which targeted the general population, was carried out in 2004.	*We are not aware of 2004 survey.*
	5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. Patients under the universal coverage scheme are eligible. However, only lamivudine and tenofovir are included in the universal coverage package for hepatitis B, and major drugs for treating hepatitis C are not included. The amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C is not known.	*Chronic hepatitis C genotypes 2 and 3 are funded for 24 weeks of peginterferon + ribavirin combination treatment.*
To our knowledge, this information is not accurate.	**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: *A, B, C, D and E*, but not for any type of chronic hepatitis.	*There is no routine surveillance programme yet.*

Statement from the Thai Association for the Study of the Liver regarding key hepatitis policy issues in Thailand:

In Thailand, we are currently funding treatment of chronic hepatitis C genotypes 2 and 3. However, only 900 patients are treated in the first year as compare to our estimation of 2,000. This emphasises the need for an awareness campaign. In 2015 the treatment will extend to all genotypes and HIV/hepatitis C coinfection as well. We really do need a good awareness programme throughout the next few years to reach patients who need the treatment. For chronic hepatitis B, there is no good policy yet, and it may come out rather late. So we need both awareness and the establishment of a national policy.