

Climate Change, Migration and Thailand's National TB, HIV and Malaria Response

A review to inform future program implications and priorities in the fight to end TB, HIV and Malaria in Thailand

Background

World Vision Foundation Thailand (WVFT) has been implementing integrated and multi-sectoral programs in health, education, social development, and social protection in Thailand for 50 years. WVFT relies on sustainable approaches and evidence-based models to foster sustainable responses that meet the needs of our communities.

WVFT is one of the CSO Principal Recipients on the Global Fund to Fight AIDS, TB, and Malaria GC7 HIV/TB country grant in Thailand, *Stop TB and AIDS using RRTTPR (STAR 4)* program, alongside Raks Thai Foundation and the Department of Disease Control. WVFT is responsible for leading on the migrant, community systems strengthening and human rights and gender programs for 2024-2026.

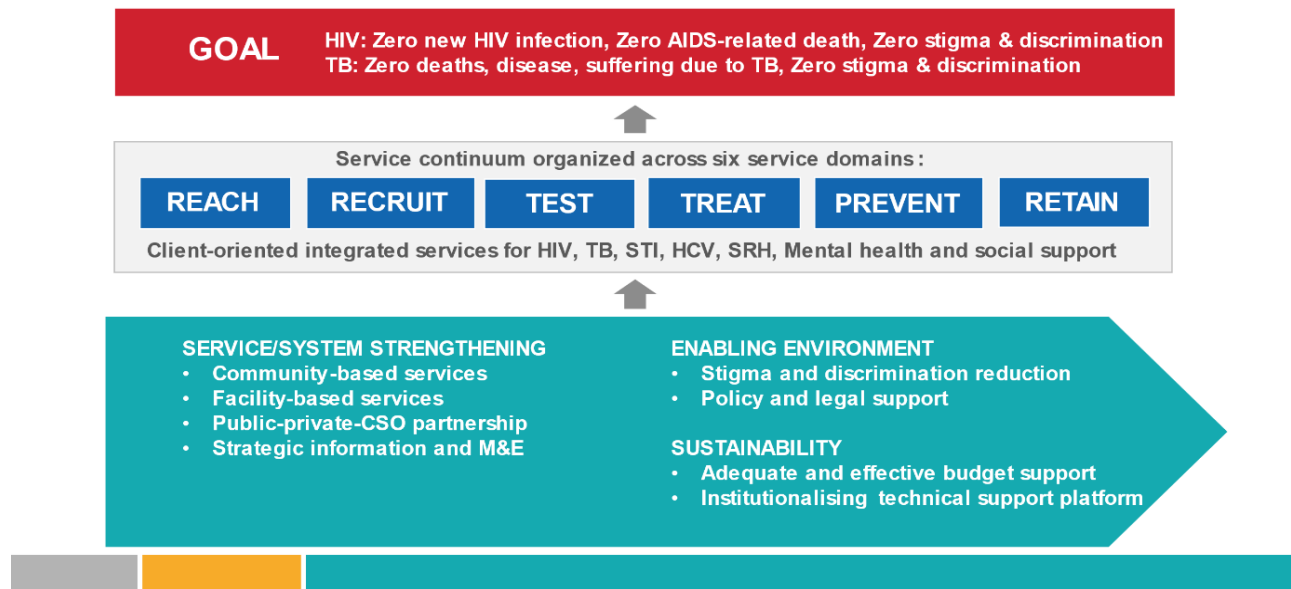
The GC7 grants build on recent successes in Thailand's efforts to end TB and HIV in Thailand. Thailand has an extensive and sophisticated system of surveillance of HIV and TB. Its efforts in disease control and prevention over the past two decades have provided it with a clear picture of which efforts have been successful and where gaps remain. The grants have identified five key populations and three program areas that merit increased attention and focus. The five key populations are: men who have sex with men, transgender people, sex workers (MSM/TG/SW); prisoners; migrants; people who use drugs (including people who inject drugs) (PWUD/PWID); and vulnerable young and elderly populations.

The broad themes for the GC7 grants, informed through country dialogues and previous assessments touching on Thailand's self-identified needs and gaps include "community-led", "integrated", "catalytic", "value for money" and "human rights and gender". In addition to this, Thailand's allocation letter for GC7 specified that 50% of the HIV allocation should be dedicated to services for people who inject drugs, a substantial investment in the health of migrants and a continued or increased investment in resilient and strengthened systems for health.

The HIV and TB programs have proposed further integration of their efforts. Ending AIDS and eliminating TB are the overarching goals of this integration. The specified integrated activities are designed to ensure early HIV diagnosis, rapid initiation of ART, high levels of adherence for those living with HIV and acceptance and use of PrEP for those not infected, and early TB/DR-TB diagnosis and successful treatment for all individuals. Coupled with scaled up treatment of TB infection, this further integration should result in improved dual outcomes for the two diseases.

The programs are being implemented following national strategies, and what Thailand calls the R-R-T-T-P-R approach, a heuristic to guide its actions to control both HIV and TB. This approach guides the next three years of Thailand's disease control efforts. WVFT's strategy is built around integrated service delivery along the RRTTPR cascade of services, with additional attention placed on strengthening community based services through increased prioritization of CLM/CBM, and building an enabling environment through an integrated human rights and gender program.

Thailand 2024-26 Funding Request's Strategic Framework towards Ending AIDS and TB



Climate change, migration, HIV, TB and Malaria

Climate change represents a profound threat to achieving the goals laid out in the grants of zero HIV infections, zero AIDS related deaths, zero TB related deaths or suffering and zero stigma and discrimination. Some of the most significant and early impacts of climate change are on human health, with death and morbidity caused by increasing infectious diseases, food insecurity and disasters, compounded by economic disruption and migration which will most affect those that have contributed the least to carbon emissions.¹ Climate change poses the greatest threat to ending Malaria and to building resilient and sustainable systems for health, but also significantly complicates the fight against HIV and TB.² Thailand's National Adaptation Plan identifies the impacts climate change is having on public health systems, including the impact on vector-borne diseases, respiratory diseases and the potential increase in already high levels of public health expenditure.

Risk of infectious disease will increase due to climate change either directly (e.g vector-borne) or indirectly (e.g. through disruption of services). Of the three diseases, malaria is the most affected by climate change, as malaria transmission is intricately connected with temperature and precipitation patterns. Variation in climatic conditions, such as temperature, rainfall patterns, and humidity, has a profound effect on the longevity of the mosquito and on the development of malaria parasites in the mosquito and subsequently, on malaria transmission.³ Climate change, migration and political

¹ [The Global Fund, Thematic Update on Climate & Health, 14-16 November, 2023.](#)

² [The Global Fund, Thematic Update on Climate & Health, 14-16 November, 2023.](#)

³ M.B. Hoshen, A.P. Morse. A weather driven model of malaria transmission, Malaria Journal (2014).

instability also impact malaria transmission and service delivery as had been evidenced in the recent outbreak of Malaria in the Thai-Myanmar border areas, especially those affected by conflict.

HIV is also impacted by climate change, as climate migration may impact service continuity and changing temperatures may change distribution of infectious diseases of concern. For TB, climate changes impact affects vulnerability to TB, through air pollution, increasing the risk of contracting the infection and from climate migration affecting continuity of care for migrant and other mobile populations. Most importantly for this research, climate change is having a significant impact on health systems, including on the capacity and ability of health care systems to manage and protect populations, on the accessibility and continuity of services interrupted by climate disasters, disruption of global, regional and national supply chains for essential health products and increased pressure on health budgets and out-of-pocket expenditure for poor households. With migrant, mobile and refugee populations in Thailand already identified as a vulnerable population for TB, Malaria and HIV, increased climate induced migration will exacerbate these existing vulnerabilities and accessibility to diagnostic and treatment services.

Purpose of the review

The GC7 grants did not clearly articulate how climate change will impact the national HIV, TB and/or Malaria responses or impacts on RSSH in Thailand. The review will respond to, but not be limited by the following recommendations:

- Applicants should explicitly identify threats to their HIV, TB and RSSH operations related to climate change, based on their contexts. Depending on the extent and degree of these threats, they should plan and allocate budgets in their funding requests for targeted interventions to enhance the resilient and sustainable systems for health to mitigate the negative impacts of climate change on HIV and TB with a stronger focus on EHRG that may be made worse by climate change.
- Within the Global Fund applications, applicants should explicitly outline the identified threats and its mitigation/adaptations measures, as well as synergies with support from other funding agencies and international technical partners in synergy with broader climate action of the country beyond the health sector.
- Applicants should consider further potential areas linked to climate change as part of strengthening resilience and adaptation of the Global Fund-supported programs. Strengthen surveillance systems to monitor both disease- and climate-related situations caused by climate change and obtain regular information on climate-related events that are likely to lead to malaria outbreaks/epidemics as early warnings, capture the changes in HIV and TB epidemiology (e.g., changes in geographic distribution, disease severity, occurrence co-infections, drug resistance, etc.) and identify climate-vulnerable risk groups (e.g., IDPs).
- Drive positive health and environmental outcomes through innovative interventions for HIV programs in climatic situations such as extreme weather (to set up one-stop-shop models for service delivery, including flexible service hours); variability in precipitation (to integrate Water, Sanitation and Hygiene (WASH) in community programming); during

drought (to implement household economic strengthening, and onsite mobile HIV prevention services) and during heat stress (to conduct monthly home visits, referrals and linkages).

- Ensure NSPs include considerations for climate-related emergencies and increased risk of TB and other infections, including partnering with the International Organization for Migration (IOM).
- Assess and address the specific risk factors that expose certain populations, age and gender subgroups to further health stress and difficulties in access to and affordability of health services due to climate change and refine their definition of key and vulnerable population accordingly to better respond to their needs (floods and draught for instance).
- Review and define key and vulnerable populations based on assessments of differences in vulnerability to climate change disruptions, including gender and age, and ensure their access to and retention in health services.
- Engage communities in disease control efforts and encourage their participation and ownership in prevention, mitigation, and adaptation measures to climate change-related health threats (such as Community Based Climate and Health Vulnerability Assessment to inform the development of Plans and Strategies to improve Health Resilience of Communities to Climate Crisis; ii) conduct rapid assessments post-cyclone or extreme climate events to implement immediate response / decision to provincial health authorities in responding to these situations).
- Empower key and vulnerable populations, including marginalized communities and those living in high-risk areas, through targeted interventions and support programs tailored to their needs.
- Prevent any kind of sexual misconduct and related abuse of power during/after climate-related events. For example, health workers may face increased risks of sexual exploitation, abuse, and harassment while providing services during/after climate-related events, especially in the provision of irregular mobile services. Disaster victims may face increased risks of gender-based violence in stressful condition such as evacuation and relocation.
- Consider further mitigation measures to counter the negative impacts of climate change on health, including waste management, clean energy, and supply chain efficiency.
- Applicants should be encouraged to ensure synergy across interventions and investments by clarifying the landscape of interventions and investments related to climate change and Health to facilitate effective resource mobilization and maximize their impact.

Objectives

Based on these recommendations and the need to better consider the implications of climate change on public health and migration in Thailand, WVFT is seeking a consultant(s) to conduct a review of the migrant populations program on the STAR 4 program; review the impacts of climate change on migrant populations access to health services in Thailand, with a particular focus on HIV, TB and Malaria; and to provide a suite of programmatic recommendations, including: low-cost, 'quick-win' adaptations to existing interventions that can be adapted into current programs, changes to programmatic design and interventions for future programs (e.g. GC8 and/or other public health and migration related programs); and policy recommendations for strengthening of migrant inclusive resilient and sustainable health systems.

Tasks

The review is envisioned to take a phased approach, based on the following:

1. Conduct a desk/literature review on the impact of climate change on migration and mobile populations access to health services in Thailand, with a focus on Malaria, HIV and TB and review of the current STAR 4 migrant populations program.
2. Identify gaps in knowledge and in current program approach based on these reviews and propose a) initial recommendations to improve program approach and b) additional research to fill existing data/research gaps in an inception report.
3. Conduct data collection, including but not limited to KII and/or FGD with affected migrant key and vulnerable populations (the consultant(s) will develop and oversee the data collection tools and methodology, enumerators for the data collection and associated costs will be provided by WVFT).
4. Synthesize research findings into a draft report and executive summary with 3 sets of draft recommendations based on the findings: 'low-cost, quick wins'; programmatic recommendations for future programming; policy recommendations for migrant inclusive resilient and sustainable health systems.
5. Finalize report, executive summary and recommendations based on feedback from WVFT and partners.

Deliverables/Outputs

Deliverable	Due date for completion
Inception report, including development of data collection tools	May 30, 2025
Data collection	June-July, 2025
First draft of report and recommendations	October 1, 2025
Final report (full package - English and Thai)	December 1, 2025

Accountability

The service provider/contractor will commence the assignment in overall supervision and will report directly to the Grant Acquisition and Management Director, World Vision Foundation of Thailand.

WVFT will have the following responsibilities:

- (i) Provide relevant documents;
- (ii) Manage all enumerator selection and associated data collection costs in country;
- (iii) Discuss and agree on the methodologies of the assignment; and
- (iv) Monitor and evaluate the progress of the assignment.

Location and official travel involved

The consultant(s) will be home based, with the option to work from WVFT office if requested. The consultant(s) will be provided with a workspace and internet access while at the WVFT office. As per need, there is an expectation that there will be travel to several provinces/districts in Thailand in order to oversee the data collection. However, enumerators and associated data collection costs for enumerators will be paid for by WVFT using staff and community volunteers and do not need to be budgeted for by the service provider, only travel costs for the consultant(s) themselves should be budgeted for in the budget proposal.

Key competencies, technical background, and experience of the consultant(s)

- Minimum of Master's degree in International Development, social sciences, law, or other related discipline;
- At least 5 years of experience working in development organization, development firm, or with INGOs, or academic sector;
- At least 3 years of experience working on human mobility, i.e., migration and displacement, human trafficking, or migrant exploitation;
- Proven knowledge and experience in research and analysis, including in analysing and synthesising quantitative and qualitative data.
- Previous experience developing learning and/or knowledge products for institutional audiences
- In depth understanding of the impacts of climate change on health systems and public health with past experience of programmatic and/or research work on the same.
- Capacity to formulate recommendations for program implementation that can be quickly implemented for quick-wins
- Operating language: English/Thai

Payment

The Service provider/consultant(s) must send a financial proposal based on lump sum amount. The total amount quoted shall be all-inclusive and include all costs components required to perform the deliverables identified in the TOR and any applicable taxes. Payments will be done upon completion of the deliverables/outputs and as per below percentages:

Deliverable	Payment amount
Inception Report	25% for first deliverable
Data collection/research	25% for second deliverable
Draft report	25% for third deliverable
Final report	25% for fourth deliverable

How to apply:

Proposal Submission Guideline/Required Documents:

- Budget proposal with breakdown of costs for each deliverable
- Short (no more than 2 page) narrative of how each deliverable will be carried out
- CV(s) of the proposed consultant(s) including previous publications in relevant field/sector
- For organizations: organizational capacity statement and copies of registration certificate

Proposals should be submitted via email to Harley Hamilton Harley_hamilton@wvi.org

Deadline for proposals is April 4, 2025