Songklanagarind Medical Journal

Past, Present of the HIV Prevention in Thailand

Verapol Chandeying, M.D.

Medical Center and Hospital, University of Phayao, Mueang, Phayao 56000, Thailand.

*E-mail: verapol.ch@up.ac.th

Songkla Med J 2016;34(5):223-225

The first case of AIDS (acquired immune deficiency syndrome) in Thailand was reported in September 1984, and followed by sporadic cases until 1987. Early cases were generally confined to homosexual males. This was followed by an outbreak of human immunodeficiency virus (HIV) infection among injecting drug users (IDUs) in Bangkok in late 1987. The first wave of HIV infection among IDUs was followed by the detection of high prevalence of HIV infection among female sex workers in Chiangmai, a northern province of Thailand, in 1989. The virus then spread to sex workers and their clients in 1989 to 1990 with the result that heterosexual transmission became increasingly important, the second and third waves of the epidemic.

Between 1990 to 1991, many provinces reported HIV infection among pregnant women at antenatal clinics followed by cases of mother-to-child transmission with increasing numbers of infected newborns reported in the following years, the fourth and fifth waves of the HIV epidemic.

There are now four major systems of HIV/AIDS and STI (sexually transmitted infection) surveillance in Thailand:

1. the AIDS cases reporting system;
2. the sentinel seroprevalence surveillance system;
3. the STI reporting system;
4. the behavior surveillance system.

The key factors that have contributed to the success of the HIV/AIDS programs include:

1. effective intervention. It works and requires national leadership, political and financial commitment at the highest level;
2. multisectoral involvement has made the main contribution towards raising knowledge of the HIV/AIDS problem across the society as a national priority;
3. systematic epidemiological surveillance-social and behavioral research is a critical tool to ensure that political commitment and effective intervention are sustained;
4. early and pragmatic action is needed, especially when there is a substantial economic, social or cultural barrier;

In addition, the '100% condom program', as it has come to be called, has been an important and innovative component of Thai National HIV/AIDS efforts. The program seeks to promote condom use in all commercial sex

รับต้นฉบับวันที่ 10 สิงหาคม 2559 รับลงตีพิมพ์วันที่ 11 สิงหาคม 2559

establishments, 100% of the time. It was piloted in 1989 by Dr Wiwat Rojanapithayakom and adopted as a nation-wide program in 1992. The annual rate of new cases of HIV infection has steadily declined. After 1992, condom use among female commercial sex workers increased from nearly 50% to 90 to 95% at the present time. This dramatic decline is largely attributed to a change in sexual behavior, a substantial increase in condom use during commercial sex encounters and expanded STI treatment and counseling services in the community.

Prior to the HIV epidemic in Thailand, the STI control program had been built largely around case finding, treatment and follow up, contact tracing, health education, and control of STI among sex workers. However, in response to the HIV epidemic the country has strengthened and improved the STI program with a number of additional strategies that include:

1. extensive health promotion of safer sexual behavior and condom use;

2. the '100% condom program' with distribution of sufficient free, good quality condoms for commercial sex workers;

3. prevention programs among populations at high risk for STI and HIV including education programs for military recruits, information, education and communi-cation, and peer education programs for sex workers, migrant workers, fishermen, factory workers and so on;

4. comprehensive STI case management aimed at accessibility of services for vulnerable populations, effective treatment, and counseling for reduction of risk behavior, partner notification, and increased condom use. The reach of these services has been expanded through integration of STI services at the community and primary health care levels and through promotion of the role of the private sector (pharmacies and private clinics) as partners of government agencies;

5. mass media campaigns and a national STI campaign aimed at improving safe sex practices;

6. enhanced screening for detection of asymptomatic STI cases.

As STI rates are an accurate co-indicator of HIV transmission, a rapid expansion of STI services, especially those accessible by rural populations, was initiated in 1991. The dramatic decrease since 1992 has been due to the massive safer sex campaigns, massive promotion of condoms, and the nationwide program of 100% condom usage in sex on premises establishments.

An AIDS case reporting system and national sentinel surveillance system to monitor HIV infection were introduced under the responsibility of the Ministry of Public Health. In 1988, a short-term HIV/AIDS plan was developed by the newly established national advisory committee on AIDS with coordination from other sectors, such as non-government organizations (NGO). The plan emphasized risk group education programs, systemic surveillance, safe blood screening and capacity building for health workers. The median term plan (1989 to 1991) expanded the program on human rights and reducing discrimination. The Prime Minister also announced the control of HIV/AIDS as one agenda of national policy in January 1990. Active participation from multi-sectoral organizations such as private sector, community NGO, and community-based organizations, including the people living with HIV/AIDS (PLWHA) society, was significant.

Prevention and alleviation of the AIDS problem in the period 2002 to 2006 was planned on the conceptual framework that all members of society should have the capacity to protect themselves from HIV/AIDS with the cooperation and support of the community, and those who were infected with HIV/AIDS should have the right of access to treatment and social care. The strategies of the plan were:

1. to develop the potential of individuals, families, communities and the broader social environment to prevent and alleviate the HIV/AIDS problem;

2. to establish health and social welfare services for the prevention and alleviation of HIV/AIDS;

3. to develop knowledge and research for the prevention and alleviation of HIV/AIDS;

4. to facilitate international cooperation for the prevention and alleviation of HIV/AIDS;

5. to develop a holistic program management system to integrate the tasks of HIV AIDS prevention and alleviation.

A holistic approach of management was utilized, requiring private and public collaboration aimed at achieving the following:

1. a reduction in the HIV prevalence among Thais of reproductive age to less than I % by 2006.

2. at least 80% of PWLHA having access to quality health, socio-econormic and education support from the community and;

3. local administrations and community organizations throughout the country will efficiently and continuously planing and carrying out the work of HIV/AIDS prevention and alleviation.

In conclusion, from 1991 to 2004, Thailand registered a drop in annual new infections from an estimated 142,819 cases in 1991 to 25,790 in 2001, which decreased to 17,677 cases in 2004. Currently the new cases of HIV have decreased to less than 10,000 per year. This is an achievement that can be credited to a combination of political leadership, increased funding, public awareness campaigns and a pragmatic effort to work with prostitutes to promote condom use. It offers an outstanding example of how to slow down the spread of HIV by enabling people to adopt safer behavior. The number of STD patients is one-tenth of its peak level. Never the less present, an estimated half a million people are currently living with HIV/AIDS. It is far too early to declare an emphatic victory against HIV/AIDS in Thailand. A new phase of the epidemic, requiring a rethink of current prevention efforts, is a frightening reality. The epidemic is now the leading cause of death among young adults and the condom use rate in casual sex is low, only one-third of young people are using condoms consistently.

Reference

1. Chandeying V. Epidemiology of HIV and sexually transmitted infections in Thailand. Sex Health 2004; 1: 209 - 16.