

Ending AIDS in Thailand

Background:

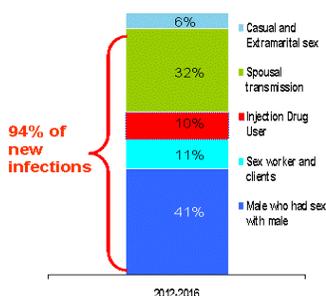
Thailand has committed to the targets of the 2011 High Level Meeting on AIDS and has a prioritized National Strategy which pledges a two-thirds reduction in incidence in sexual transmission, and through injecting drug use, by 2016.

The Thai epidemic is a very mature one; at its peak in the mid-1990's Thailand had around 160,000 new HIV infections per year. It's well known 100% condom programme addressing the client-sex worker relationship brought a dramatic change in incidence reduction. Thailand managed to reduce the incidence to less than 10,000 new HIV infections per year (2012) – this means more than 90% from its peak 20 years ago. In 2010, there was an estimated 500,000 people living with HIV in Thailand.

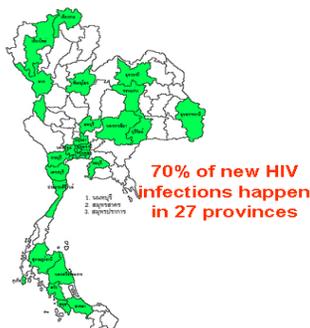
However, data consistently show high prevalence among injecting drug users (IDU over 20%), and MSM men who have sex with men (MSM - 8%-25%) during the last 5 years. Because of the large size of the MSM population, MSM will contribute around 40% of new infections in then next 5 years.

Population Groups:

(Mode of Transmission)



Geographic Focus:



94% of new infections between 2010 and 2016 are estimated to come from MSM (41%), sex worker and clients (11%), injecting drug users (10%), and from members of key populations to their respective spouses (31%). Only 6% of new infections will occur through casual sex in the general population.

Moreover, Thailand's epidemic is also concentrated around "hot spots" in certain provinces and districts.

Thailand has virtually eliminated mother-to-child transmission of HIV, and currently has around 250,000 people on treatment.

Current Response:

The current response is characterized by peer-led behaviour change interventions for MSM, SW and IDU ("key populations"), and includes a range of prevention and care activities also for labour migrants, Young people, and the private sector. Despite this investment, behavioural variables (condom use and needle sharing behaviour) have remained stable over several years and uptake of HIV testing and counseling is limited. At the same time, treatment initiation with ARVs is late (median CD4 cell count at treatment initiation is reported to be 77 cubic mm). These factors together suggest that with the current response Thailand will not reach the High Level Meeting targets, and may fail to achieve its goal of reducing the number of new infections by two-thirds.

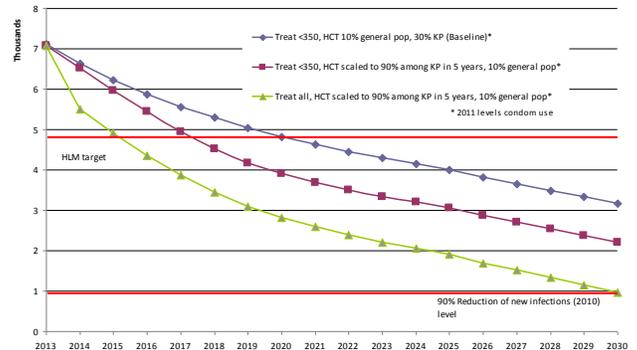
Strategic Options:

Thailand has the potential to be one of the first countries in Asia to ‘End AIDS’ and reach the first milestone on the road to end AIDS by meeting the 2015 HLM targets.

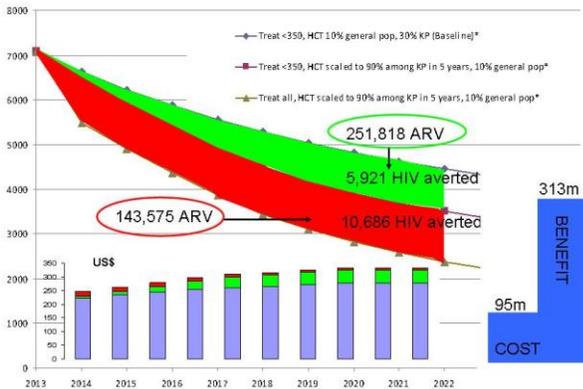
The end of AIDS can become a reality if Thailand is able to effectively utilize the preventive effects of antiretroviral treatment. Thailand as has already shown this is possible through the virtual elimination of HIV infections from mother to child.

Sustaining current positive behaviour change among key populations, making use of alternative service delivery models for HIV testing, early treatment and adherence support, adequate monitoring, quality assurance, and positioning AIDS as a chronic and treatable medical condition, are critical components of Thailand’s investment to end AIDS.

This new model of combination prevention, which includes the strategic use of ARVs, needs to be focused on regions and ‘hot spots’ with the highest number of new infections. This will ensure better coverage and optimal use of resources.



A re-focused response will avert 20,000 new HIV infections and 22,000 deaths by 2022.



Initial marginal cost-benefit analysis suggest that a **modest investment of US\$ 100 million over the next decade** into HIV testing, early treatment (independent of CD4 cell count), and adherence support **can translate into potential benefits of more than US\$ 300 million** in saved hospitalization and treatment costs, and productivity gains.

The yearly additional marginal costs of around **5%** of present expenditures can be further reduced by focusing financial and human resources on globally accepted high impact interventions.

Action now will pay off in the future

Every baht spent now can generate a return of 3 Baht. The critical action includes: scaling-up behaviour change interventions and HIV counseling and testing focusing on key populations, early treatment for people found to be HIV positive, community adherence support, and a new generation of data management and reporting.