



**THE HISTORY,
CURRENT AND
FUTURE STATUS OF
HIV/AIDS IN THAILAND
AND ROLES OF
PUBLIC AND PRIVATE
SECTOR**

Eamonn Murphy
Regional Director
UNAIDS
Asia and the Pacific
March 25, 2019

Journey of AIDS by the numbers

Since the beginning of the epidemic -

Globally...

77 million people have become infected with HIV
population size of Turkey

35 million people have died from AIDS-related illnesses
population size of Canada

In Asia and the Pacific...

12 million people have become infected with HIV
Almost twice the population size of Lao PDR

6 million people have died from AIDS-related illnesses
population size of Singapore



Fast-Track and Ending AIDS Targets: Asia and the Pacific

by 2020

90-90-90

HIV treatment

90 000 (75% reduction from 2010)

New HIV infections or
fewer

ZERO

Discrimination

by 2030

95-95-95

HIV treatment

53 000 (90% reduction from 2010)

New HIV infections or
fewer

ZERO

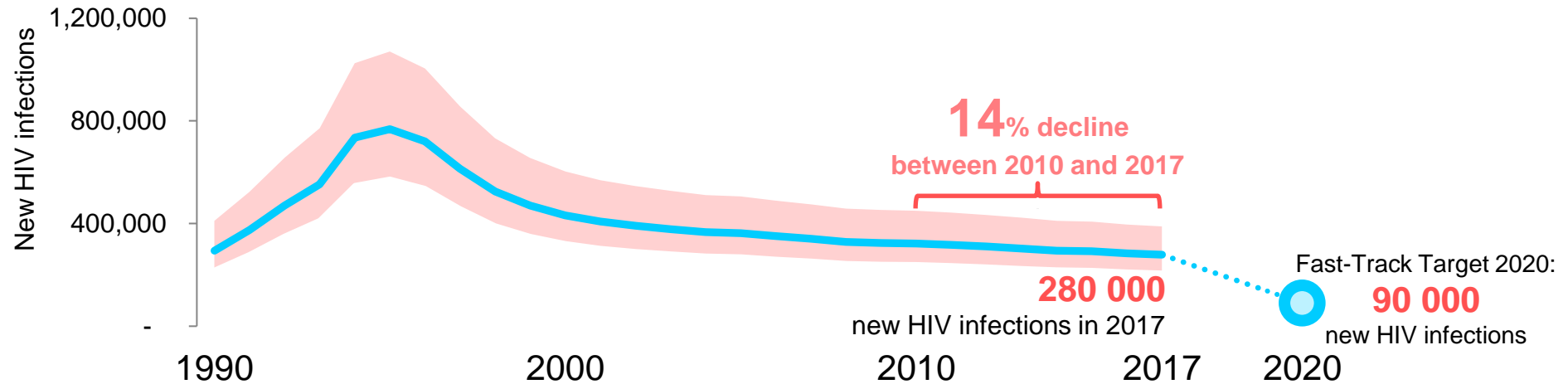
Discrimination

Despite earlier achievements, the decline in new HIV infections has stalled during the past 7 years.

Global



Asia and the Pacific



— New HIV infections ● 2020 Fast-Track target*

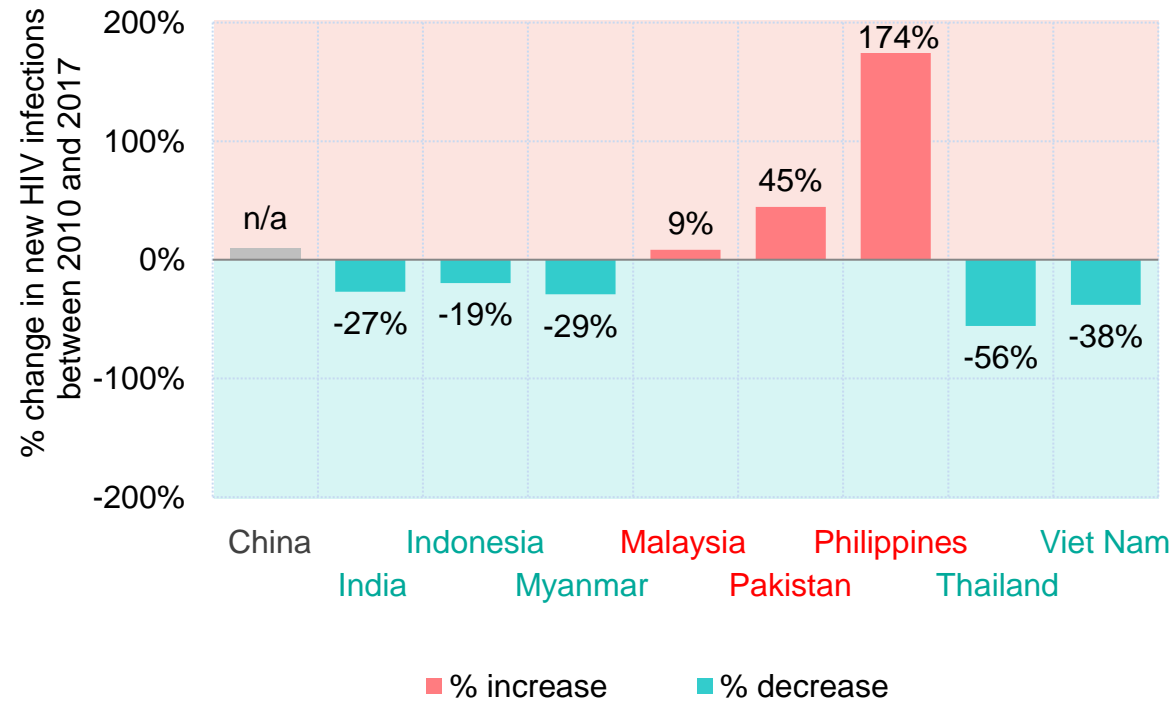
*The 2020 target is equivalent to a 75% reduction since 2010.



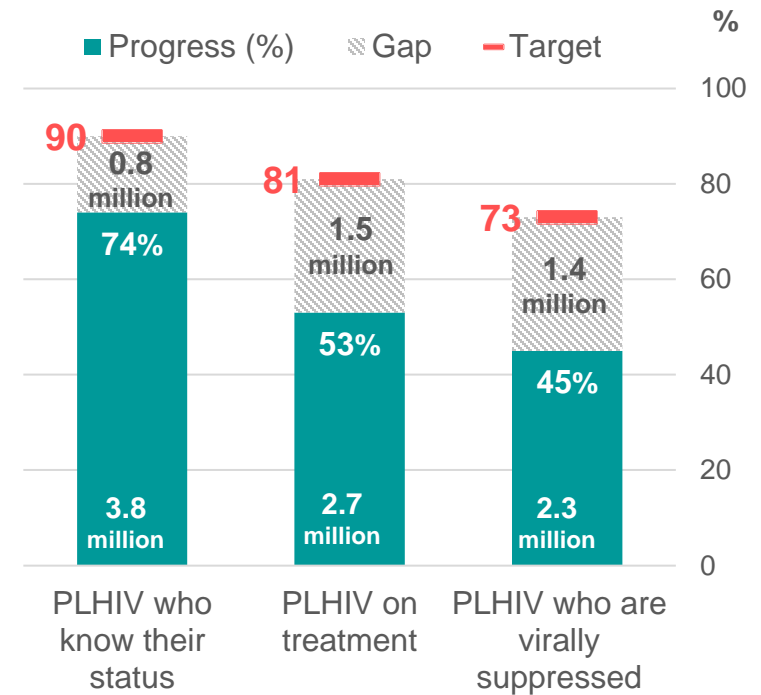
HIV is not over yet!

Miles to go and gaps to address

Percent change in new HIV infections between 2010 and 2017

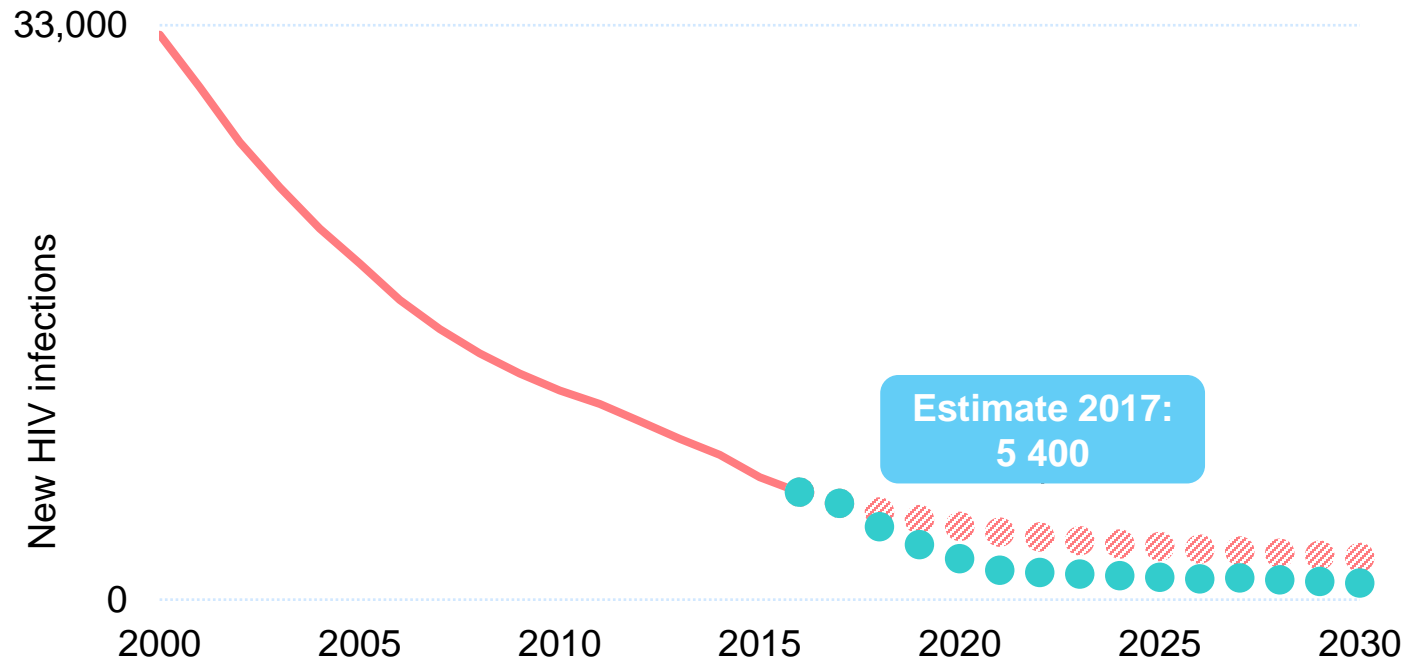


HIV testing and treatment cascade, 2017



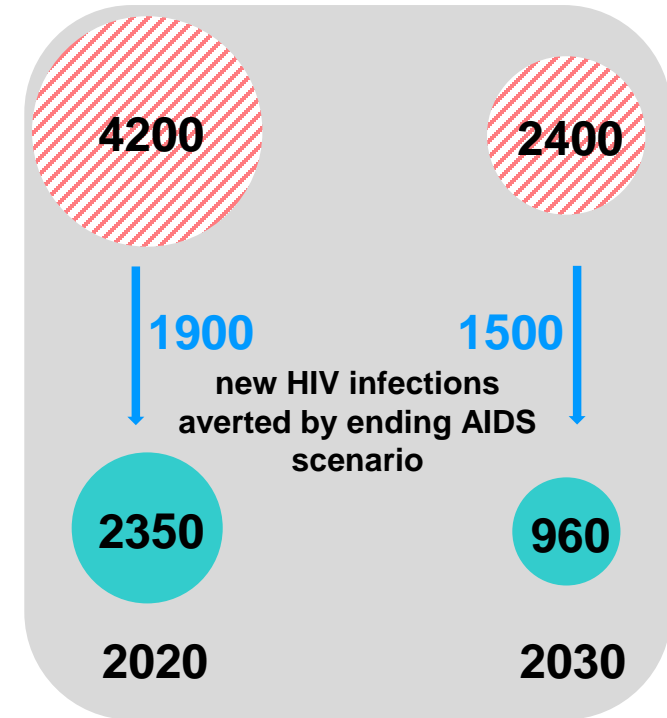
Ending AIDS in Thailand

Estimated new HIV infections in Thailand



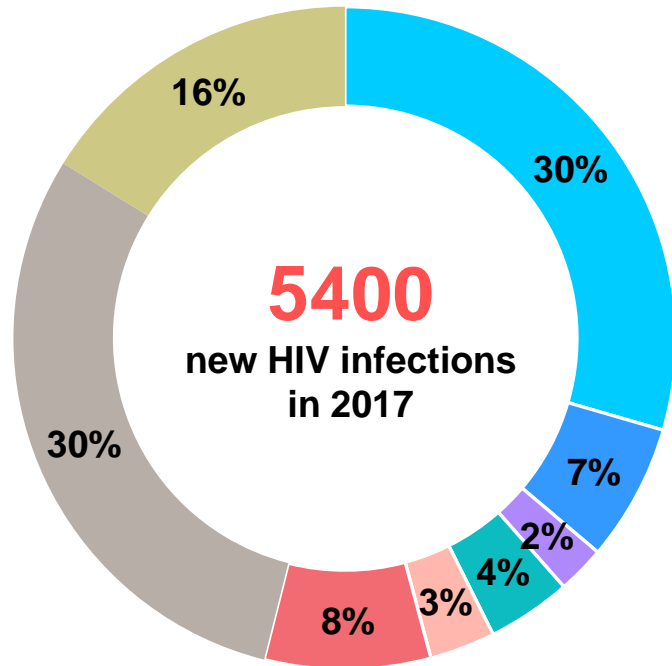
- New HIV infections
- ▨ Current trend (business as usual scenario)
- Ending AIDS scenario

2020 and 2030 zoom-in

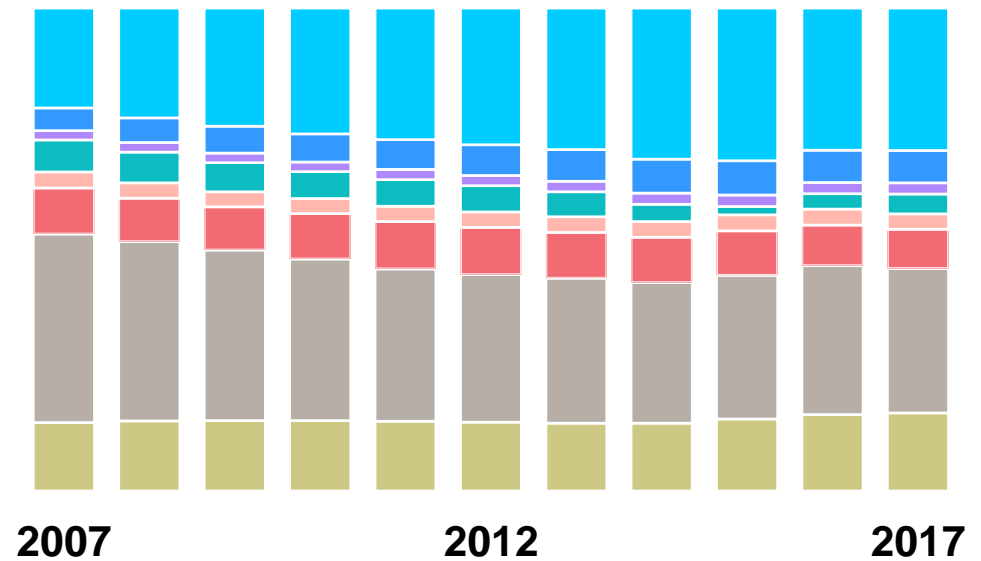


Epidemic landscape in Thailand

Distribution of new HIV infections by risk group, 2017



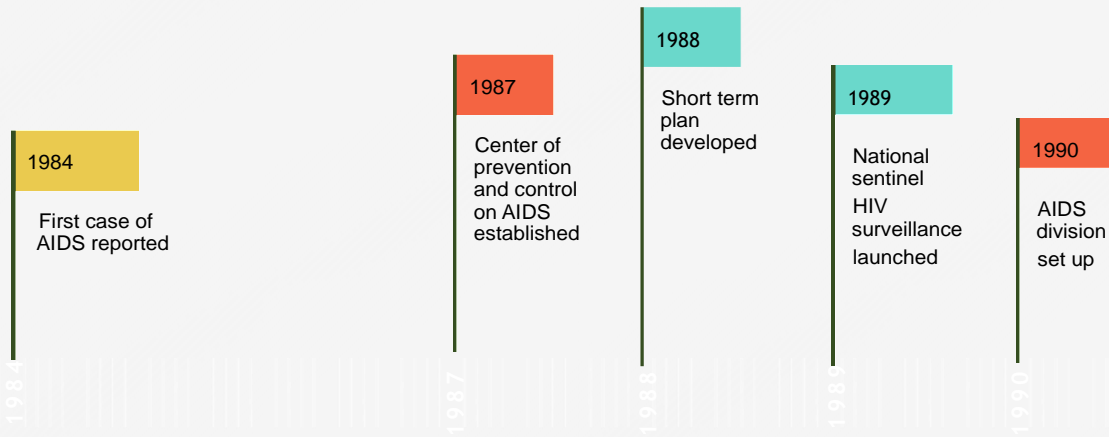
Trend in new HIV infections between 2007 and 2017 by risk group



- MSM
- MSW
- Transgender
- Male PWID
- Female sex workers
- Clients of sex workers
- Currently low-risk females
- Currently low-risk males

A chronology of key milestones in Thailand's AIDS response

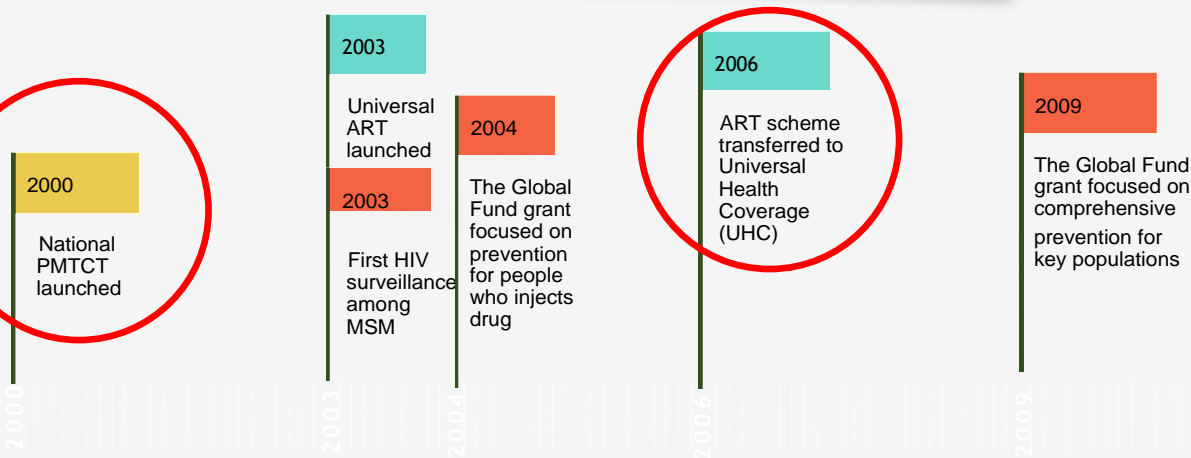
Emerging of epidemic



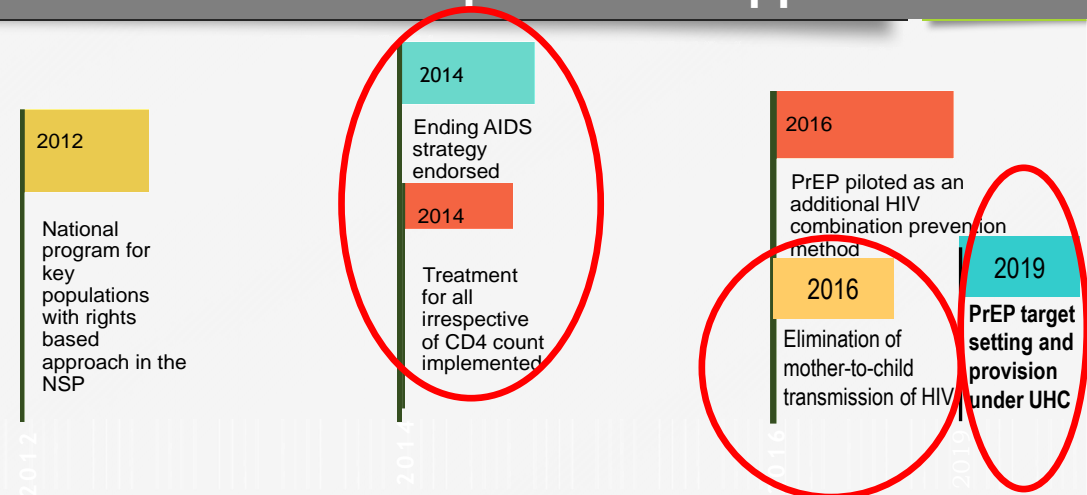
Strong national leadership made the difference



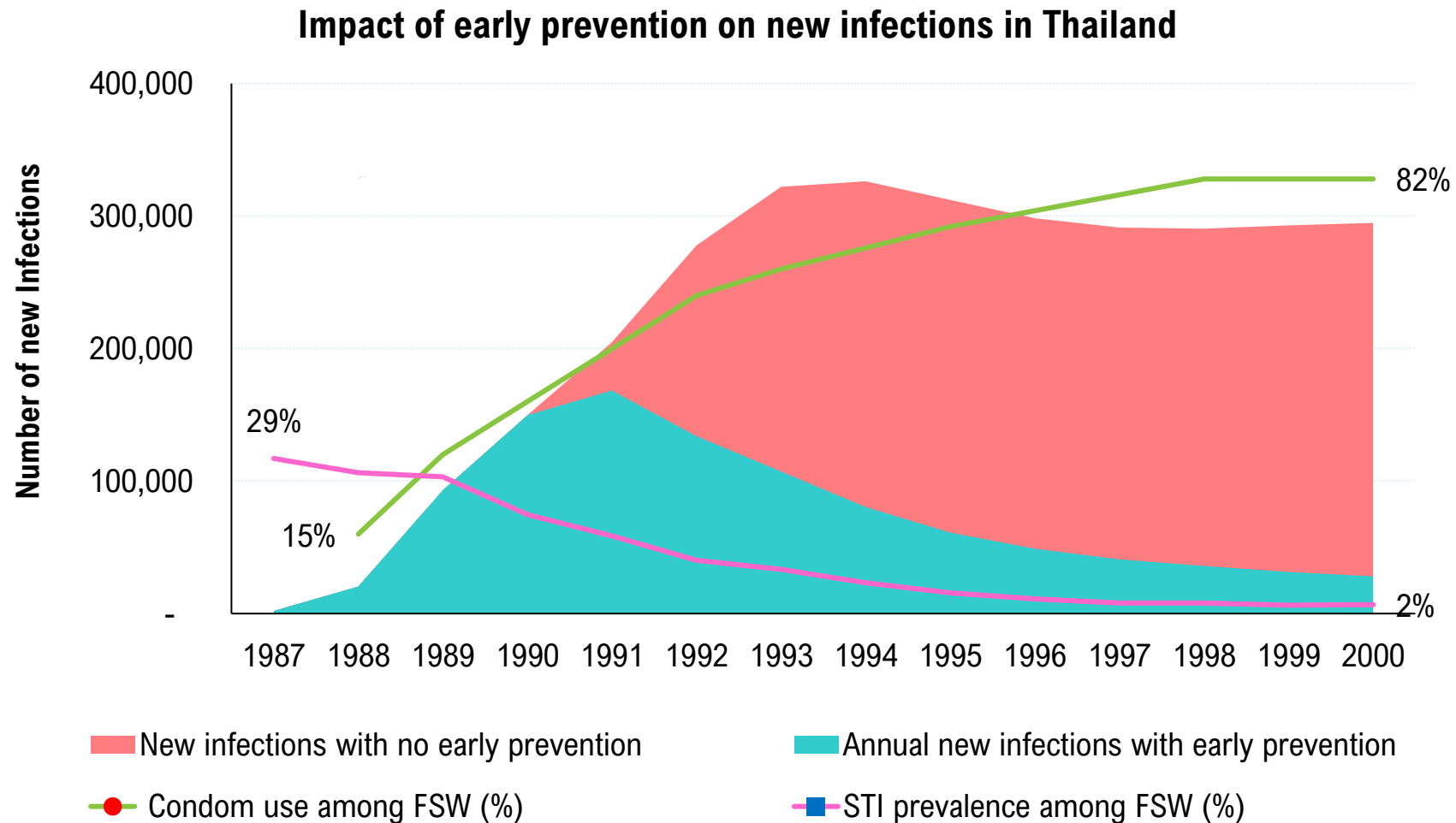
Policy shift towards supporting universal ART, MSM epidemic emerged



National programme targeting key populations, Shift to combination prevention approach

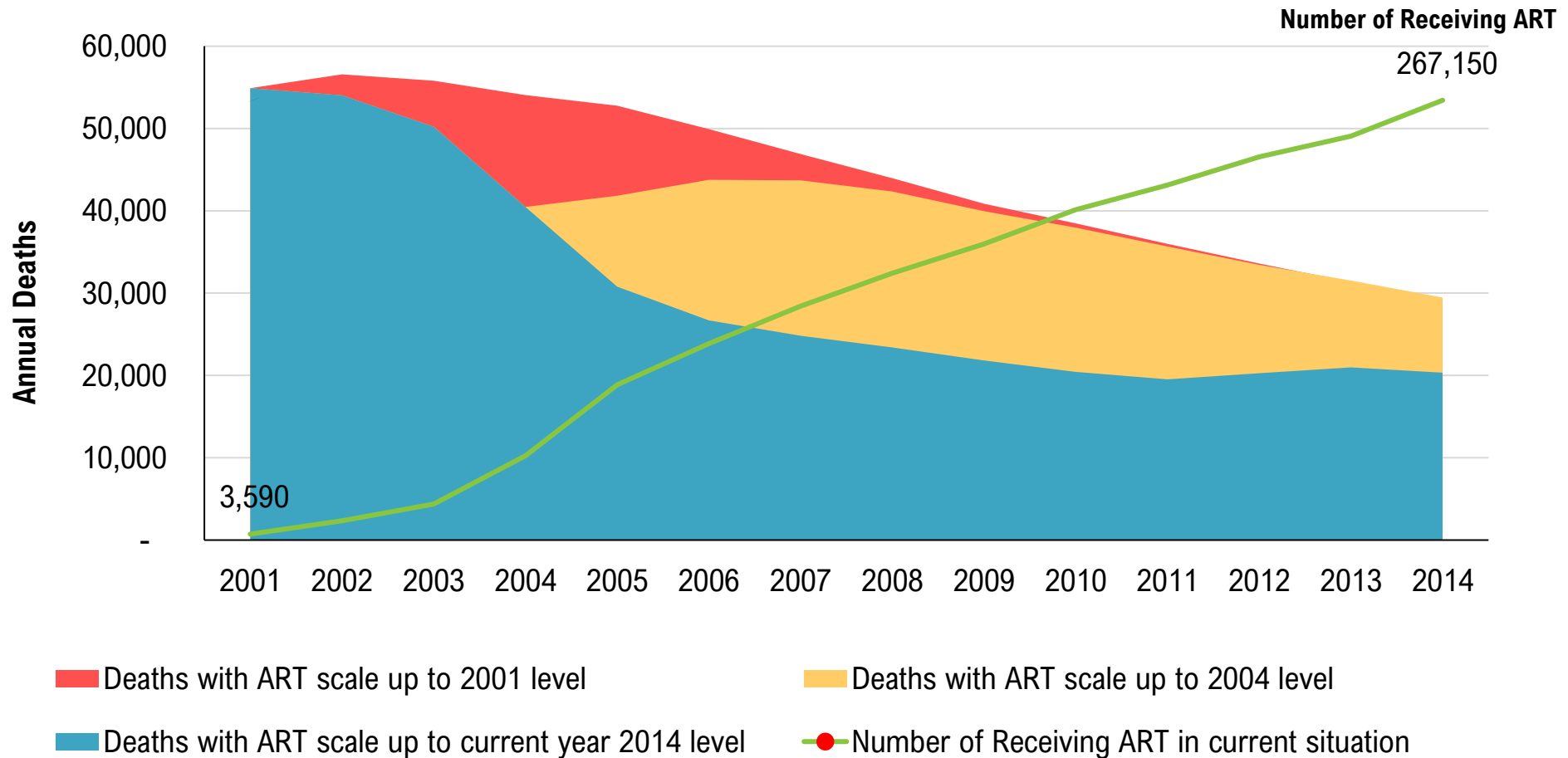


Early HIV prevention averted 6 million new HIV infections



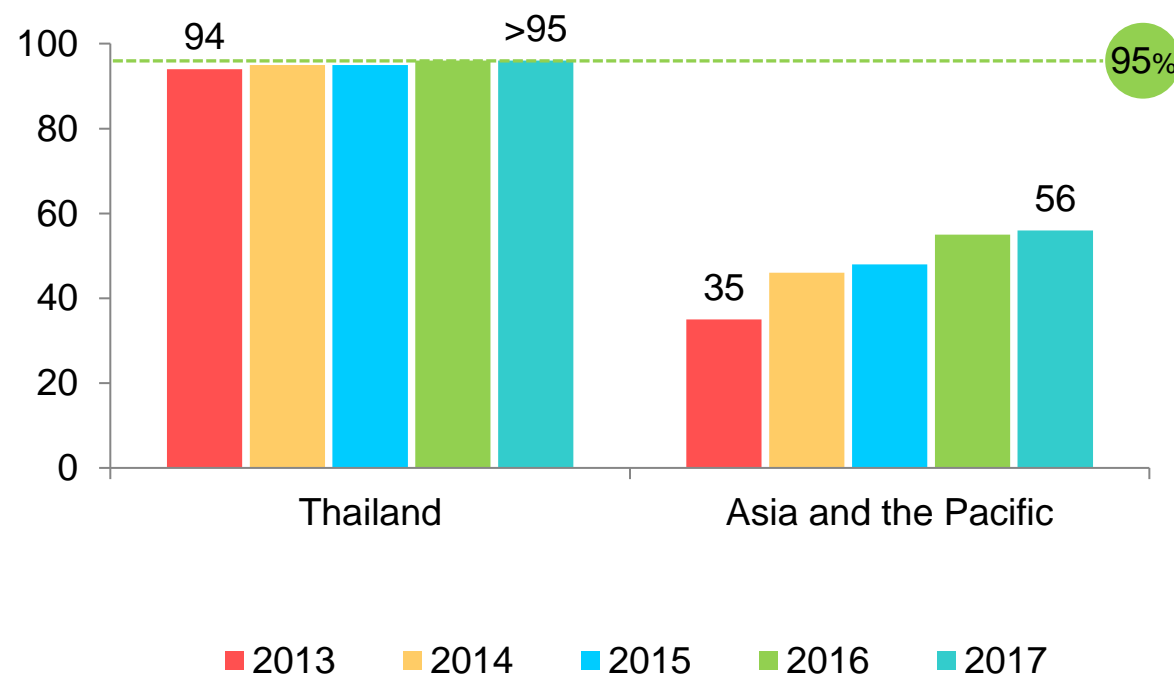
Large scale provision of ART averted 196,000 deaths

Impact of ART scale up on deaths in Thailand from 2001-2014



The first country in Asia and the Pacific to eliminate MTCT of HIV and syphilis: Prevented 17,000 new HIV infections in infants

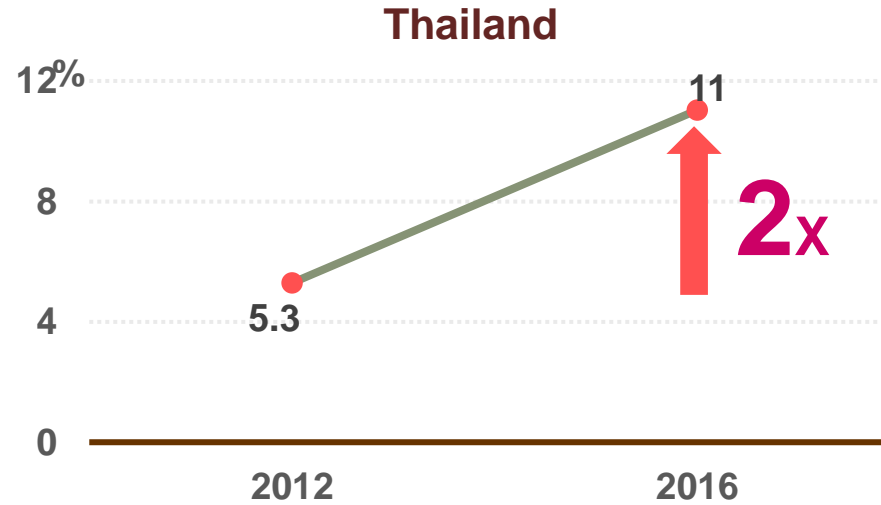
Prevention of mother-to-child transmission, Thailand versus Asia and the Pacific, 2013-2017



**Last mile is the hardest and
challenges ahead to address**

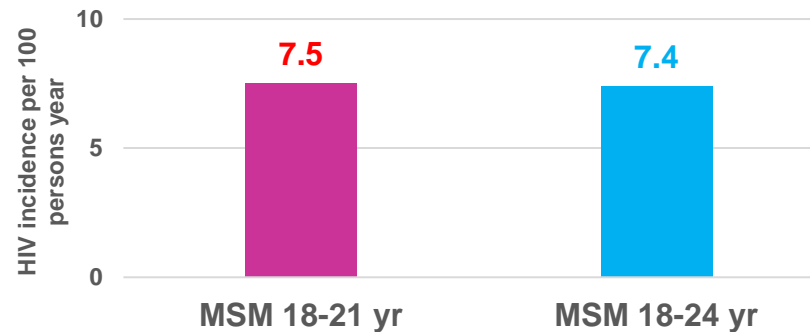
Rising HIV infections among young MSM: a worrisome issue that deter the progress/effort made in declining new HIV infections

HIV prevalence of young MSM (15-24 years) in the last two round of survey

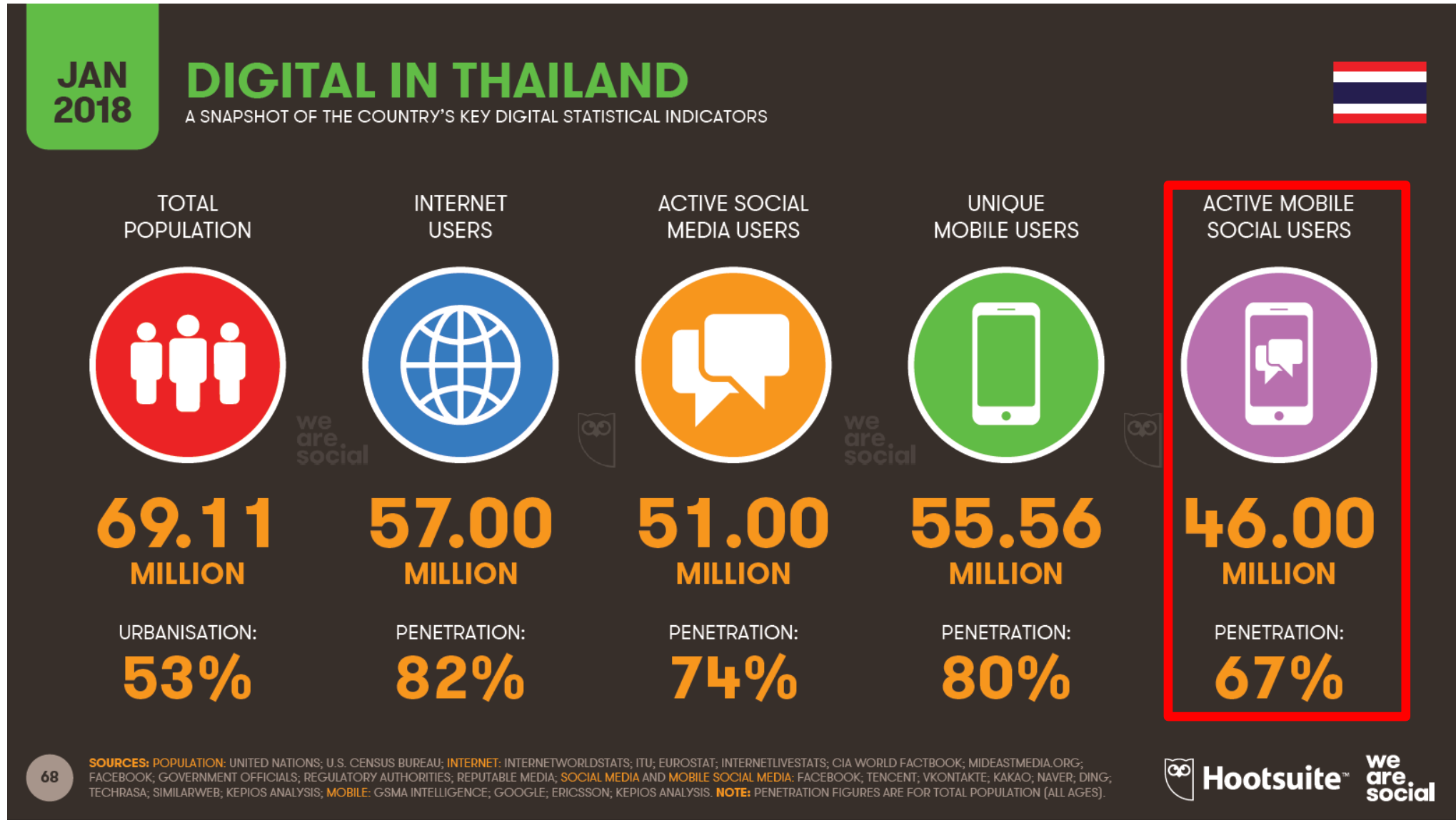


HIV incidence of young MSM (<25 years), cohort studies

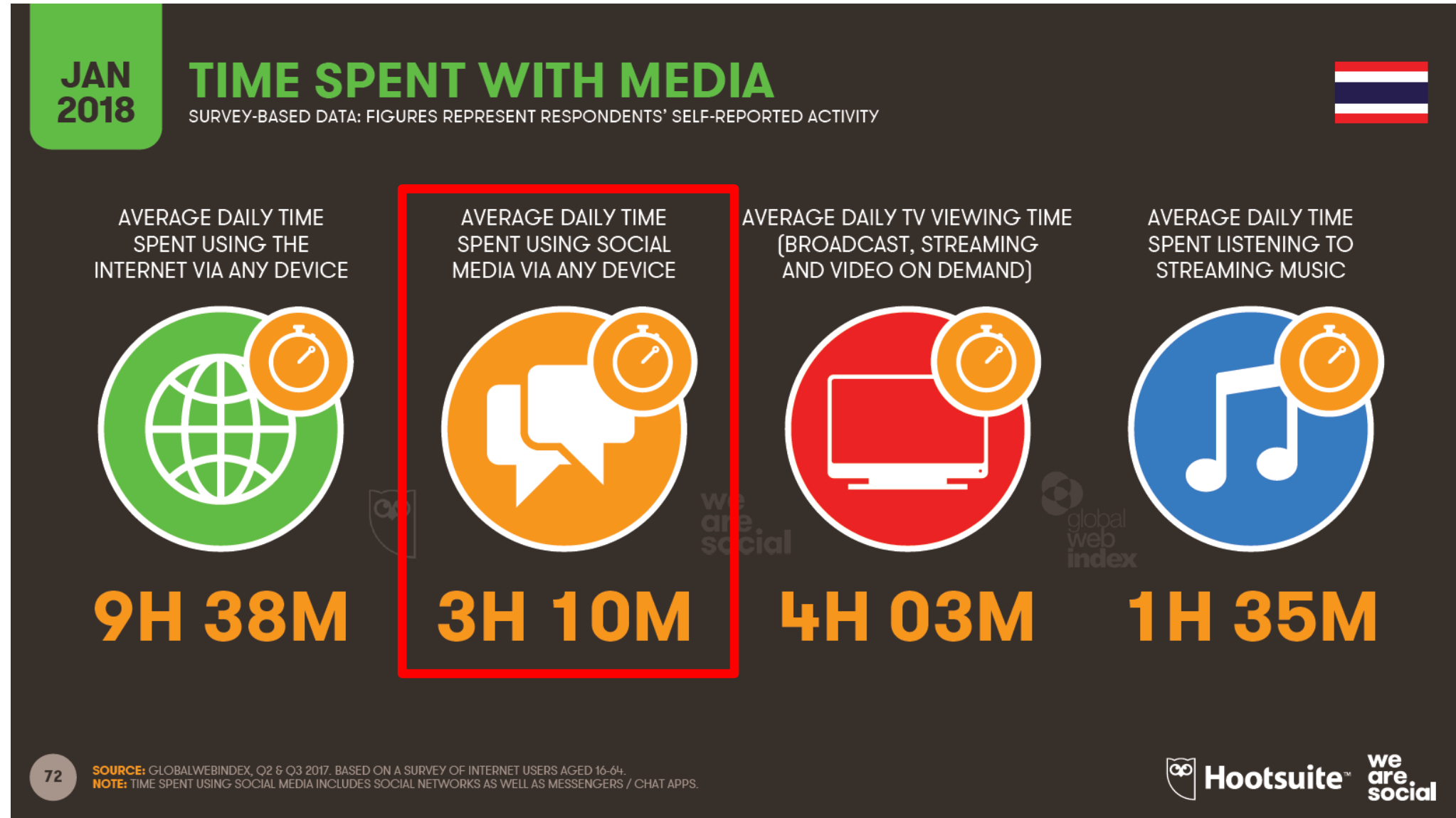
Serologically determined HIV incidence among young MSM, Bangkok MSM cohort study, 2006-2014



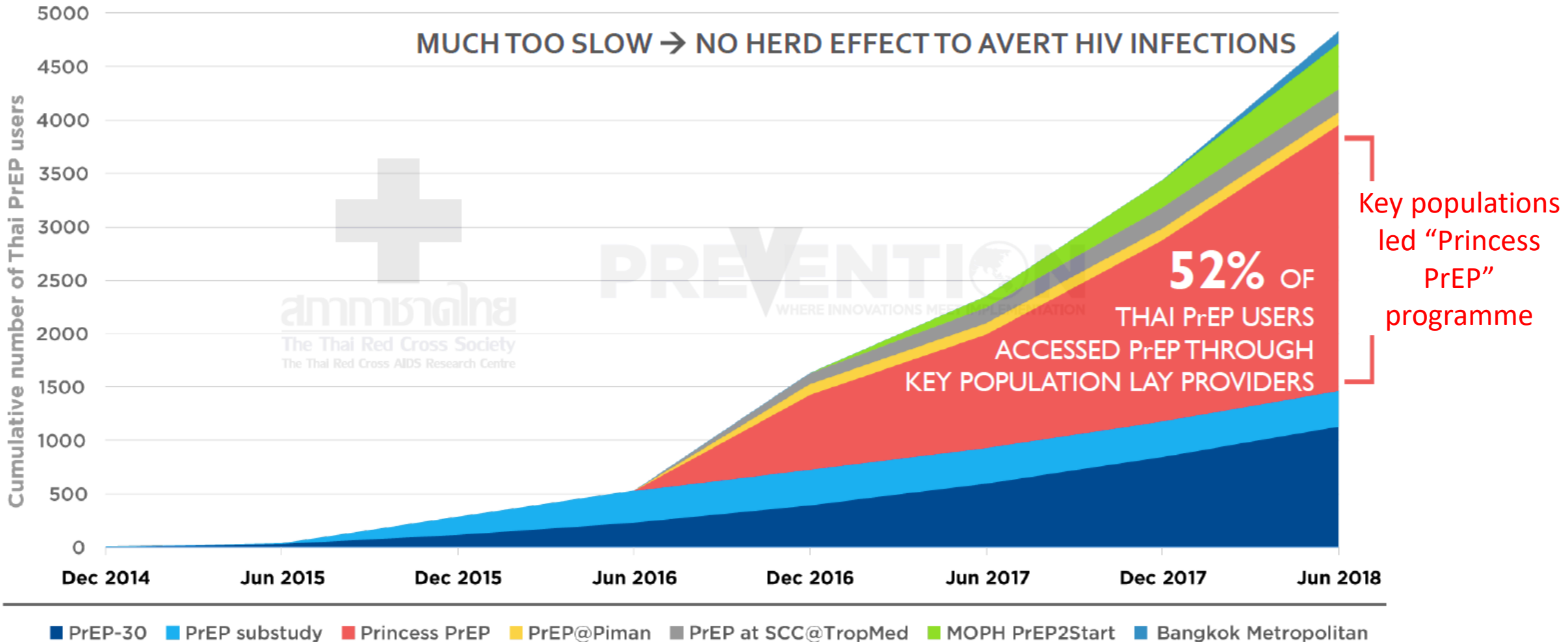
2 in 3 Thais are active social media users on mobile devices



About 20% of waking moment of Thai people are spent on social media

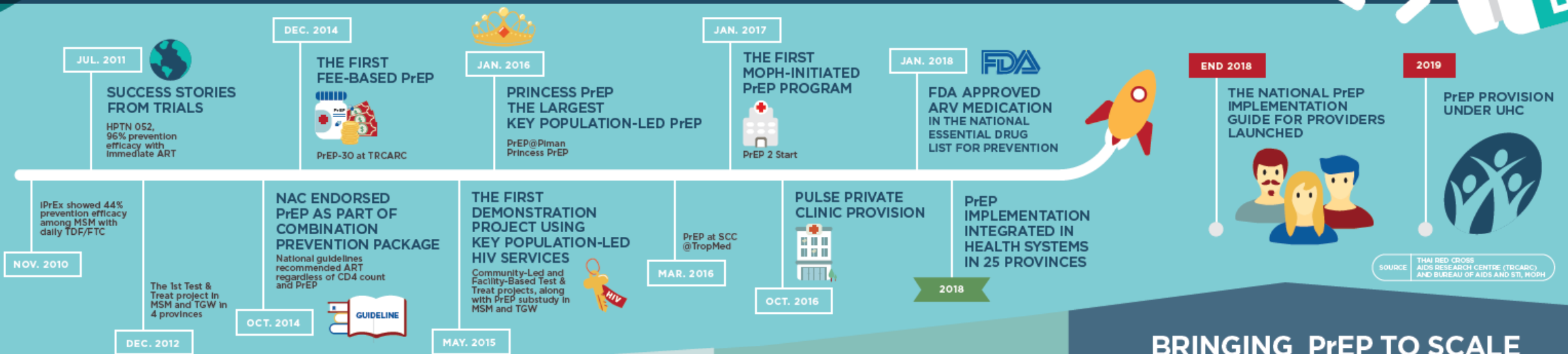


Thailand's PrEP programme is one of the pioneers in the region, however rapid scale-up is necessary to maximize the impact



Source: Thai Red Cross AIDS Research Centre, Bangkok, Thailand (2018). KP-Led PrEP provision in Thailand: the Princess PrEP program, power point presentation presented at Regional workshop on building capacity for the rollout of PrEP and HIV testing innovations in Asia and the Pacific

THAILAND'S PRE - EXPOSURE PROPHYLAXIS (PrEP) IMPLEMENTATION: MOVING FROM TRIALS TO POLICY AND PRACTICE



SOURCE: THAI RED CROSS AIDS RESEARCH CENTRE (TRCARC) AND BUREAU OF AIDS AND STI, MOPH

GAME CHANGERS



POLICY MAKERS

- PrEP as a core of the combination prevention
- Promote evidence to political influencers
- Ensure equitable access by lower-drug cost
- PrEP in UHC

PrEP USERS

- A client-centered approach
- Demand creation through targeted approaches
- Innovatives approaches; online, social media
- Empower population with substantive risk

PROVIDERS

- Increase awareness and knowledge
- Integration in existing services
- Promote key population-led service provision
- Partnership with private sector

PrEP IMPLEMENTATION IN HIGH BURDEN PROVINCES, JULY 2018

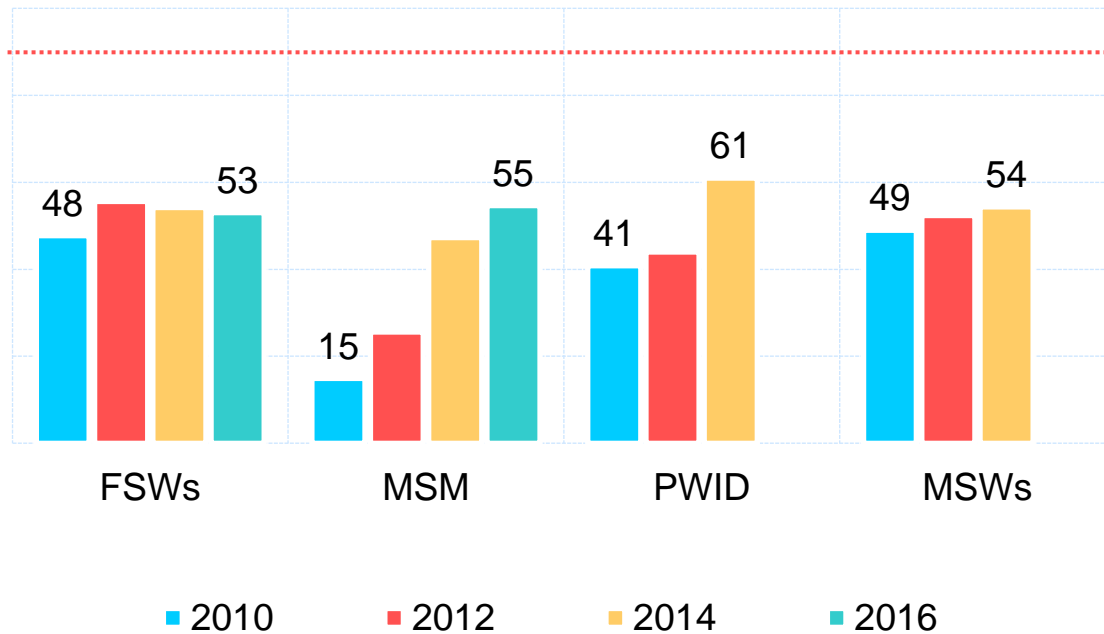


BRINGING PrEP TO SCALE

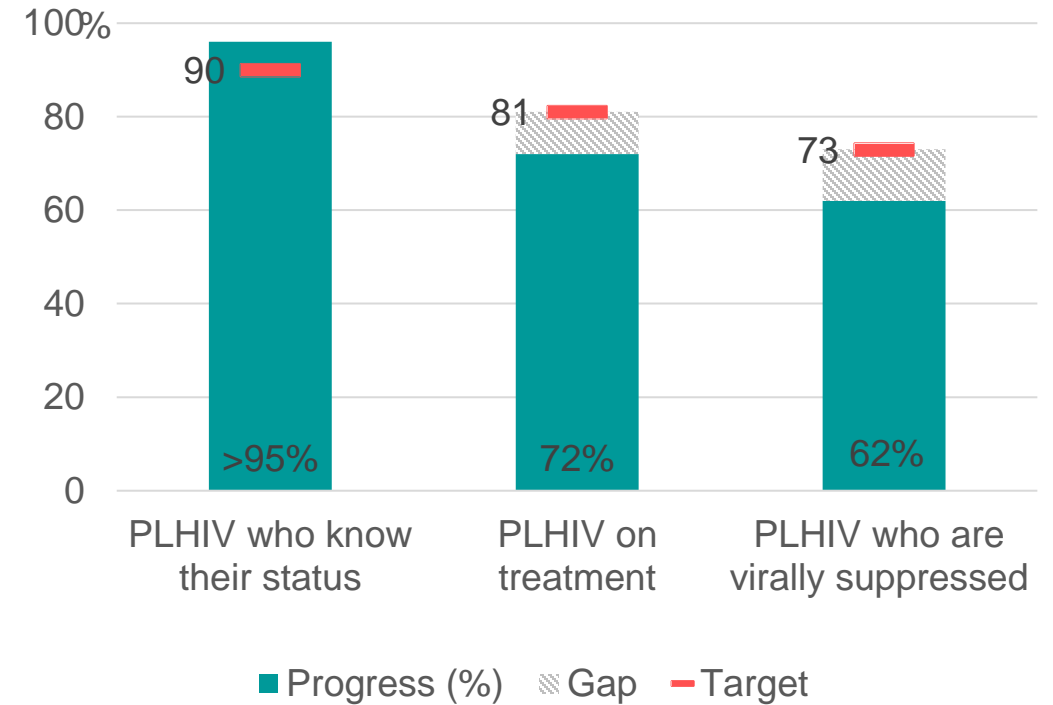


Close the gaps of 90-90-90 targets

Proportion of key populations who received an HIV test in the last 12 months and knew their results, 2010-2016



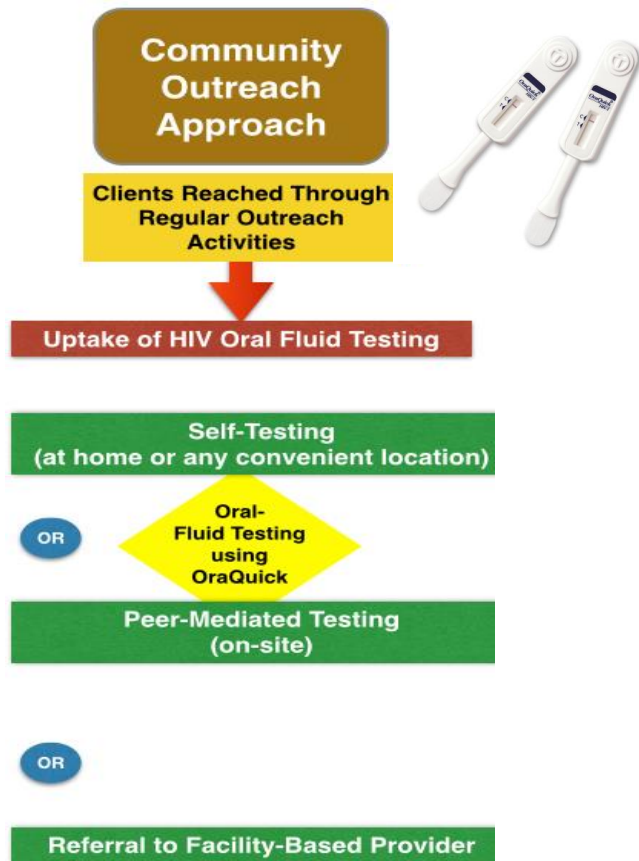
HIV testing and treatment cascade, 2017





Innovation in HIV self-testing

LINKAGES/Thai MOPH Oral fluid screening

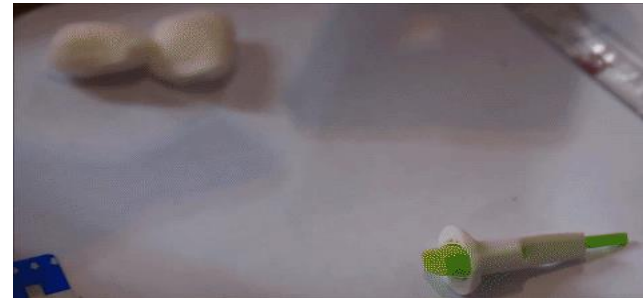


TRCARC/CBOs Online-supervised, HIV self-screening

วิธีการตรวจเอชไอวีด้วยตัวเอง Adam's Love HIV Self-Testing Video

<http://www.adamslove.org>
<https://www.facebook.com/adamslovethailand/> วิธีการตรวจเอชไอวีด้วยตัวเอง Adam's Love HIV Self-Testing...

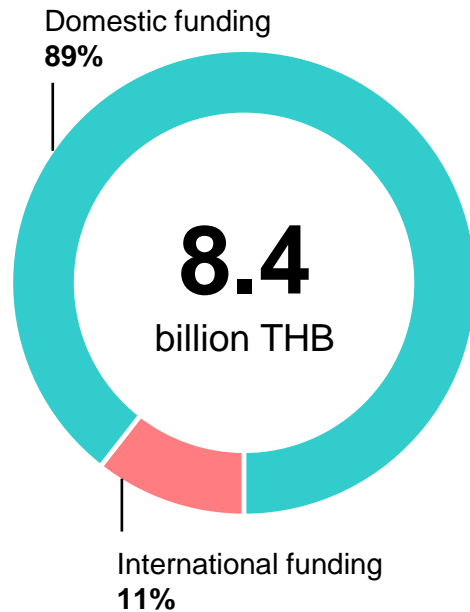
YOUTUBE.COM



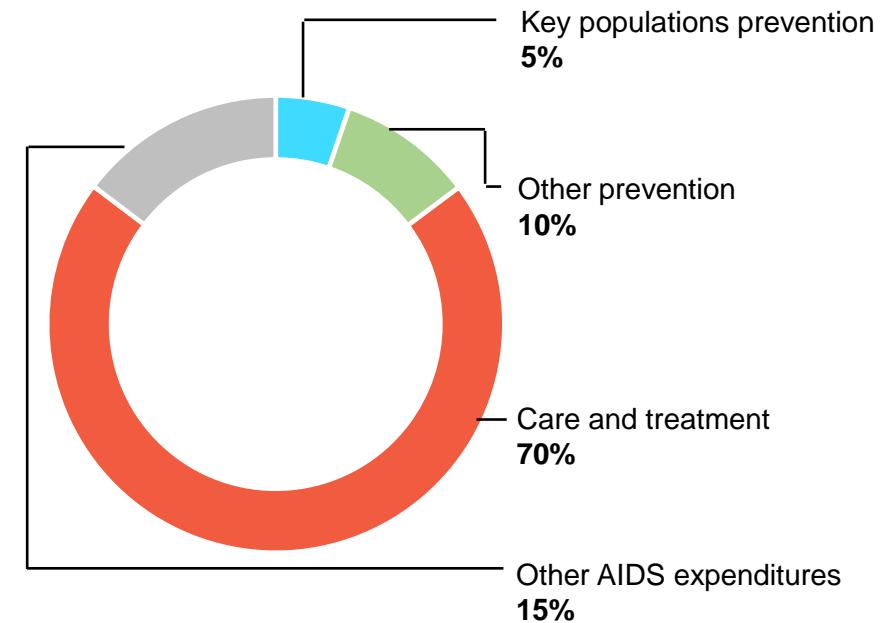
Characteristics	Conventional HIV testing	Online, supervised, HIV self-testing
		By community staff
First time testers (%)	27.8%	35.3%
HIV prevalence (%)	5.1%	41.7%

Significant domestic investments for HIV control in Thailand, however only 5% of total HIV expenditure was spent for key populations HIV prevention programmes

AIDS spending by financing source, 2017

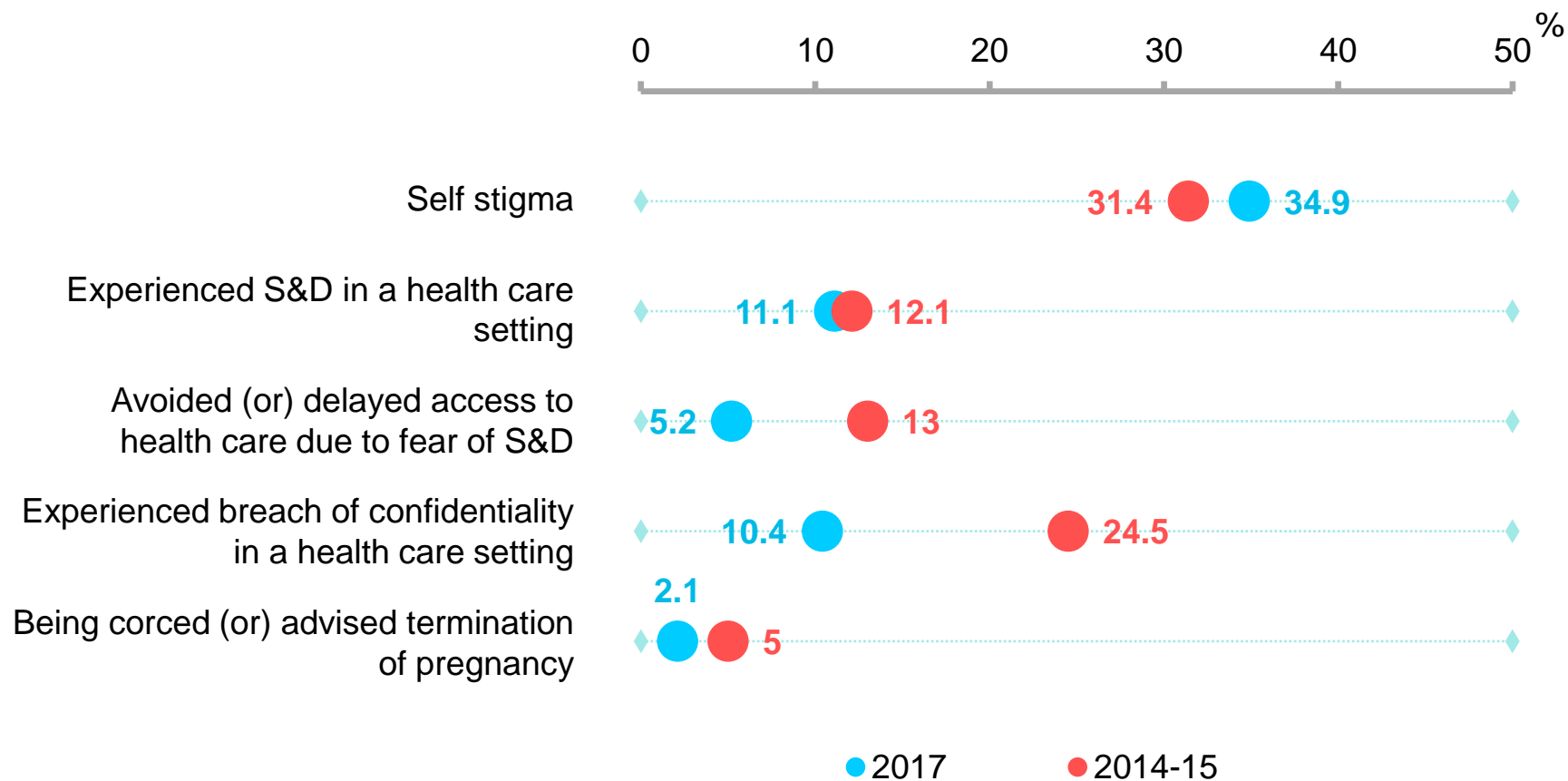


AIDS spending by service category, 2017



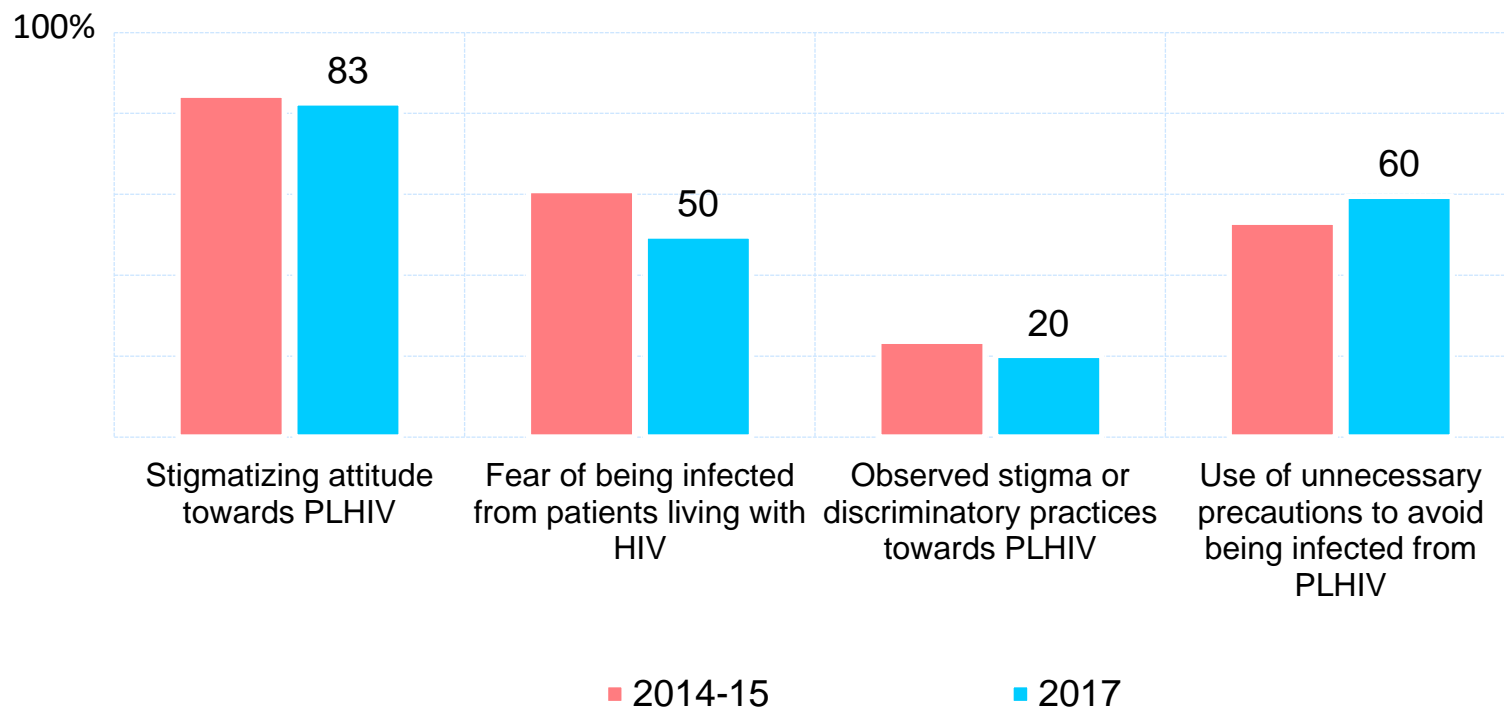
Some progress made on stigma reduction in health care settings in Thailand

Stigma and discrimination in health care settings experienced by people living with HIV, 2014-15 and 2017



Significant stigma issues still persist among health care workers in Thailand

Stigma and discrimination against patients living with HIV by health care workers, 2014-15 and 2017



**The last mile of the journey
to End AIDS : a call for multisectoral
and integrated response with multi-
dimensional partnership**

Sustainable
Development
Goals

Private-Public
Partnership

Health

HIV

Universal health
coverage

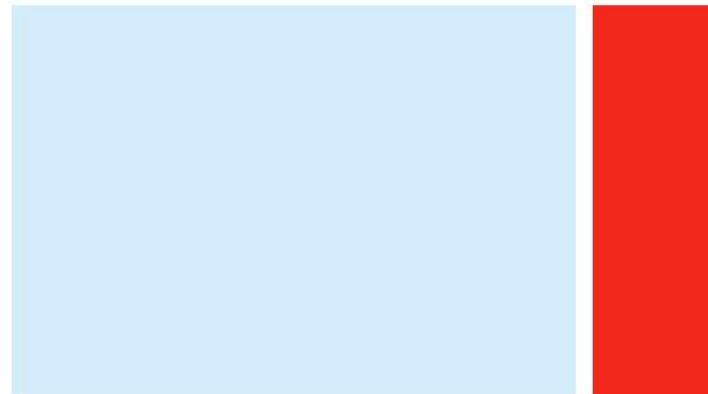
Lessons learned and experiences in HIV-related private-public partnership



THE BUSINESS RESPONSE TO HIV/AIDS:
Impact and lessons learned

2000

HIV-related Public-Private Partnerships and Health Systems Strengthening



2009

HIV-related public-private partnerships and their contribution to the six building blocks of health systems

1. effective, accessible service delivery
2. responsive, competent and satisfied health work force
3. well-functioning health information system
4. equitable access to essential medical products, vaccines and technologies
5. sustainable health financing
6. good governance and competent leadership

UN Global Compact's General Assembly mandate: promote responsible business practices and UN values among the global business community and the UN System

Global signatories

13,500⁺ Companies, enterprises and non-business participants

160⁺ Countries

Asia and the Pacific signatories

1,900⁺ Companies, enterprises and non-business participants

24 Countries

“The United Nations and business need each other. We need your innovation, your initiative, your technological prowess. But business also needs the United Nations. In a very real sense, the work of the United Nations can be viewed as seeking to create the ideal enabling environment within which business can thrive.”

H.E. Mr. Ban Ki-moon, United Nations Secretary-General



Global Compact Local Networks and Sustainable Development Goals (SDGs)

Global Compact Local Networks in Asia and the Pacific



■ Countries with local networks

The Asia and the Pacific region has more than **16 Local Networks** helping companies to identify sustainability challenges and opportunities; provide practical guidance for action; and promote action in support of broader UN goals.

Responsible business is expected to play a key role implementing the Sustainable Development Goals (SDGs).

Local Networks and their participants can contribute by:

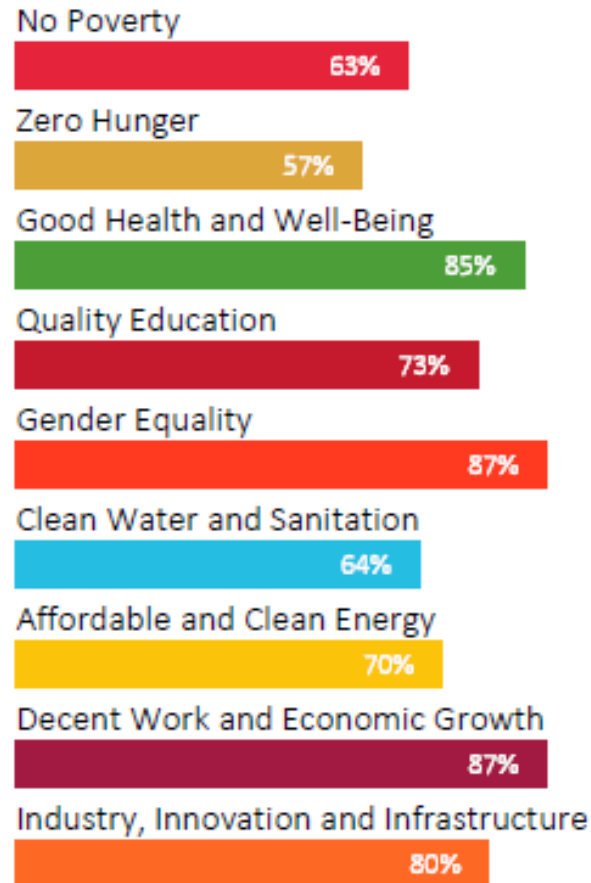
1. Providing a business perspective as countries identify local priorities and national action plans for the SDGs.
2. Facilitating partnerships and other collective action projects to implement the SDGs.
3. Promoting accountability measures to report on progress made towards implementing the SDGs.

Companies and cooperates in Asia-Pacific countries taking actions to advance the Sustainable Development Goals

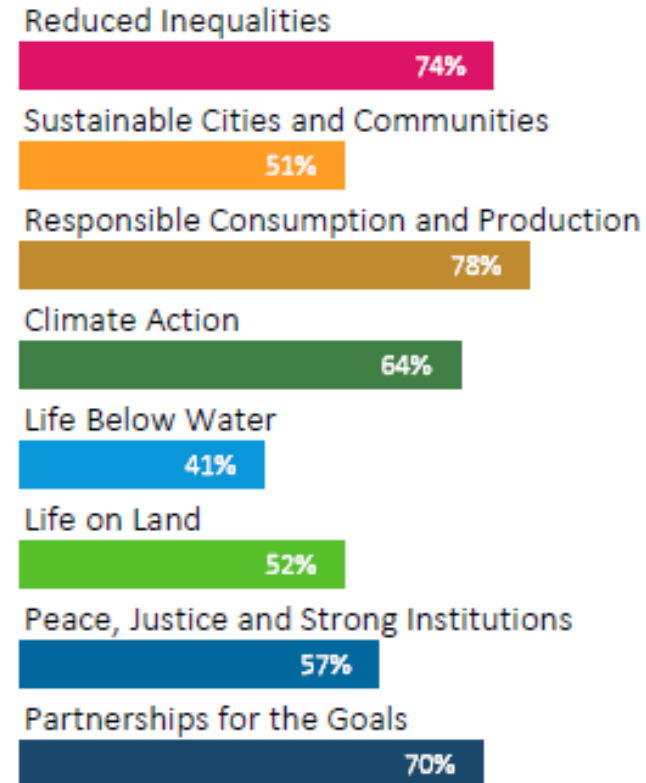
Companies reporting to have a positive impact on the Global Goals



Asia Pacific companies report to take specific actions to advance the Global Goals



Top Goals Targeted



Thai Health Promotion Foundation – a Model of Innovative Public-Private Partnership for Health Promotion

- “**ThaiHealth**” is an autonomous government agency outside the system of the Ministry of Public Health.
 - annual revenue derived from the additional 2% of excise taxes on tobacco and alcohol products.
 - acts as an innovative enabler, whose mission is to inspire, motivate, coordinate and empower individuals and organizations in all sectors for the enhancement of health promotive capability as well as healthy society and environment.
 - its tri-power strategy: knowledge creation, social mobilization and policy advocacy.
 - multisectoral approach at the core of its working scheme.
 - working beyond its borders, Thai Health supports the development of health promotion mechanisms in other countries, that are embarking on health promotion initiatives.
 - plays a crucial role in Universal Health Coverage (UHC) policy.

HIV prevention efforts and partnerships in the corporate world - Chevron example



Chevron promotes healthy communities by improving access to health care and by helping to fight against infectious diseases, particularly HIV/AIDS. Prevention of HIV/AIDS is a major focus of our efforts, as some of our largest operations are located in countries where its grip is the strongest.

what we're doing is partnering to eliminate HIV and AIDS

Country	Partner agency	Success story
Thailand (Ubonratchathani and Udonthani)	Path2Health Foundation	Strengthened PLHIV networks and PLHIV groups became community leaders
Indonesia (East Kalimantan and Riau)	Jhpiego and local government	Improved MCH services
Myanmar (13 townships)	Pact	Empowered community to adopt behaviors to improve their health status and increases access to livelihood opportunities

Stigma reduction, partnerships, and successful workplace programme in the corporate world – Levi's example



We believe that the HIV and AIDS epidemic is more than a medical condition. It's also a matter of eliminating the stigmatization and discrimination of people living and affected by HIV/AIDS

LEVI STRAUSS FOUNDATION

Creating an online support network for HIV-positive gay men in Asia

Organization: Fridae Limited
Website: <http://www.fridae.com/>
<http://www.positivevoices.net/>
Grant amount: \$100,000

WORKPLACE/WORKFORCE ENGAGEMENT: SPECIAL FOCUS ON AIDS, TUBERCULOSIS OR MALARIA



LEVI STRAUSS & CO.

> WINNER: Levi Strauss & Co.

Levi Strauss & Co. (LS&Co.) is one of the world's largest brand-name apparel companies and a global leader in jeanswear. Headquartered in San Francisco, California, it has approximately 17,000 employees worldwide. Its products are sold in over 55,000 retail locations in more than 110 countries.

LS&Co. has also shared its program with the non-profit sector, business partners, suppliers and the Washington, D.C. hospitality industry, demonstrating scalability beyond LS&Co.'s employee population and multiplying the program's impact.



AIDS Care China, founded and led by Thomas Cai, works with the Chinese public health system to address stigma and discrimination against people affected with HIV/AIDS. The Levi Strauss Foundation funds organizations like AIDS Care China, which promote the health and rights of disadvantaged populations who are disproportionately affected by the HIV/AIDS epidemic.

Corporates stand united with global community to make an HIV-free world a reality – exemplary commitment by Johnson & Johnson



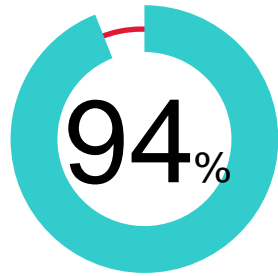
- Our goal is to **ensure every child is born HIV-free, adolescent girls and young women have the tools they need to stay HIV-free, and people living with HIV have access to the medicines** they need.
- Despite significant progress, HIV/AIDS continues to take lives and devastate communities, especially the most vulnerable. To help create an HIV/AIDS-free generation, we are investing in research and development for new treatments and fostering partnerships to increase access to medicines and quality care, and provide educational tools to empower communities severely impacted by HIV.

5 ways Johnson & Johnson is on the Fast-Track to helping end AIDS

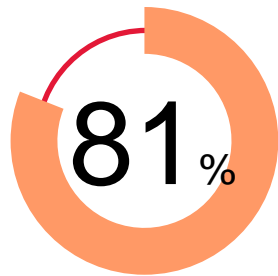
- **To create a world in which every baby is born HIV-free.**
- **To help ensure that everyone with HIV has access to medication.**
- **To simplify treatment regimens for patients.**
- **To empower women and girls to protect themselves against HIV.**
- **Working with partners on developing HIV vaccine.**

Evidence of HIV treatment and good business

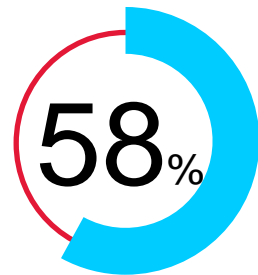
Anti retroviral therapy provision at an electric company in Côte d'Ivoire



decrease in HIV-related absenteeism



decrease in HIV-related hospitalisations



decrease in HIV-related mortality.

Saved **1/2 million US\$**
(including 287,000 US\$ due to reduced absenteeism)

Work **absenteeism decreased significantly** over a worker's first year on treatment and that ART use improved productivity (Beard and Feeley, 2009).

Research from South Africa has shown that workplace ART provision **can achieve HIV viral suppression comparable to levels reported in developed countries** (Charalambous, et al., 2007).

Public-private partnership models demonstrate increased HIV and STI service utilization among key populations

INVOLVEMENT OF PRIVATE SECTOR IN HIV/AIDS PREVENTION IN VIETNAM – A PUBLIC-PRIVATE PARTNERSHIP (PPP) MODEL: INCREASE ACCESS TO STI SERVICES OF THE MOST AT RISK POPULATION (MARPS)

Pham Duc Minh, Nguyen Chien Thang, Ton van der Velden, Le Ngoc Bao
Pathfinder International Viet Nam
Mai Hoang Anh
Prevention of AIDS and TB Centre

SUMMARY

Introduction: Having sexual transmitted infection (STI) increases the risk of HIV infection. The MARPs identified as female sex workers (FSWs) and intravenous drug users (IDUs) have limited access to STI services; lack of knowledge and awareness on need for STI/HIV related services, financial difficulties, and more importantly fear of stigma or even legal sanction are main barriers. Literature suggested that MARPs preferred STI services provided at private sector in order to secure privacy and confidentiality. **Methodology:** The intervention project developed and piloted a voucher scheme for the MARPs to use STI services at 9 assigned private clinics in 4 districts of An Giang province. The Provincial Center for AIDS and TB Control (PATC), through peer educator network, provided vouchers for MARPs for free STI (examination and treatment) and HIV counseling services. District health centers managed the operation of voucher scheme, made payment to private providers and reported to PATC. **Results:** Over 9 months of piloting, a total of 1,806 vouchers were used and proportion of return vouchers increased over months: from 27% in the first to 72% in the last. Voucher users reported satisfaction with quality of services, improved knowledge on STI/HIV and awareness on need for services. **Conclusions:** To increase accessibility of MARPs to HIV prevention programs, involvement of the private health sector is indispensable; voucher scheme is an appropriate approach which can be replicated. Implications of the pilot's results on a PPP model to provide health services to hard-to-reach population will be further explored and discussed.

STI service utilization among female sex workers increased from **27%** to **72%** over 9 months

APAIDSON program evaluation of the largest private public partnership consortium for HIV/AIDS care and treatment in India



R.R. Allam^{1,*}, G. Oruganti², C. Uthappa³, N. Simhachalam³, J. Rajesh³, V. Yeldandi⁴

¹ SHARE India, Hyderabad, Telangana State, India

² SHARE India, Hyderabad, India

³ SHARE India, Hyderabad, India

⁴ University of Illinois Medical Center at Chicago, Chicago, USA

Background: In India, private institutions were not involved in the activities of National AIDS Control Program (NACP). Andhra Pradesh AIDS Consortium (APAIDSON) the largest public health partnership a network of 20 medical colleges established to address HIV/AIDS in India was spearheaded by SHARE India and funded in part by United States Centers for Disease Control & Prevention Cooperative agreement # U62/CCU025160-02. 2005–2010. A program evaluation based on CDC Project Evaluation protocols was undertaken in 2013–14 to evaluate APAIDSON results.

Methods & Materials: To evaluate HIV/AIDS services 115 patients accessing HIV testing and counselling services and 115 PLHIV from inpatient wards were selected at random from 4 randomly selected partnering institutes. Structured questionnaires and in-depth interviews (IDI) and FGDs were used.

Results: 47,260 clients availed HIV testing services from evaluation sites during April 2008 – March 2011. There was a significant increase in proportions of High Risk Groups getting tested (Z score 10.68; p < 0.01). There was a significant increase in proportion of PLHIV Outpatients (Z score 2.29; p < 0.02) as well as inpatients (Z score 3.41; p < 0.01). During April 2008 to March 2011, 90% of eligible PLHIV identified at ICTC were initiated on ART. 118 positive pregnant women had institutional deliveries and 93.3% (110) of the women and 95% (112) of children received nevirapine for prevention of parent to child transmission. 65 infants born to HIV

A significant increase in proportion of key populations getting tested for HIV

90% of eligible PLHIV identified at integrated counseling and testing centres (ICTC) were initiated on ART

Solutions to overcome hurdles of the last mile

- **Prevent** HIV among key populations and stop onward transmissions
- **Find** people living with HIV who are not aware of their HIV status and treat them immediately
- **Treat** people living with HIV who know their HIV status but are not yet on ART
- **Scale up** viral load testing to maximize the benefits of U = U
- **Eliminate** stigma and discrimination towards PLHIV and key populations in all settings and
- **Ensure** human rights standards for HIV, health and development
- **Partnership** – drug companies, pricing and UNAIDS – not just HIV

Private-Public Partnership plays a critical role in saving lives of people living with HIV..... so does for people infected with HCV and other communicable diseases

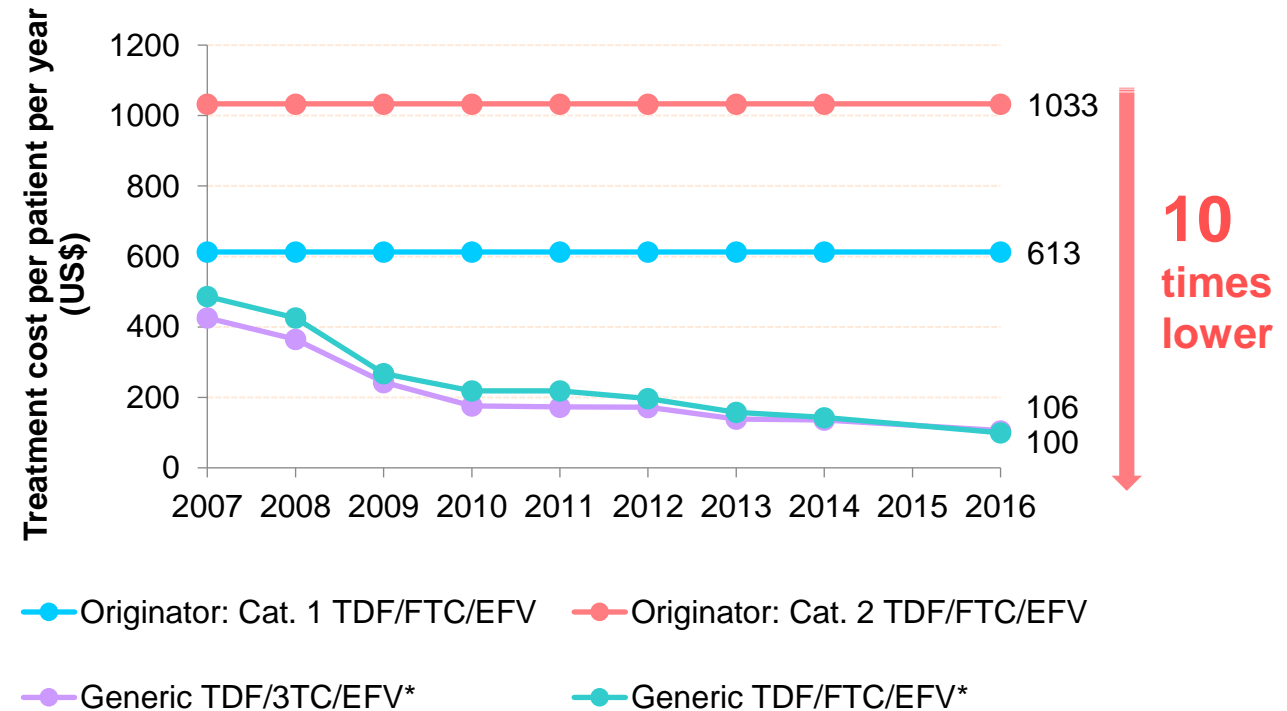
A key moment in the history of HIV

“My generics company can manufacture HIV antiretrovirals for a dollar per day”

Dr Yussef Hamied
Cipla,
G8 summit,
2000



Generic competition lowers live-saving ART prices



Way forward- innovations, improved policies, integrated services and strengthened partnerships

PEOPLE



- ✓ People centered and integrated public health approaches
- ✓ Working to end marginalization and HIV-related stigma and discrimination

PARTNERSHIPS



- ✓ National and local governments
- ✓ Public and private sector
- ✓ Academics and researchers
- ✓ Civil society organizations

POLICIES AND PLANS



- ✓ Policies that allow cross-collaboration/coordination to address structural barriers

INNOVATIONS



- ✓ Contextualized to local and population context
- ✓ Learn, adapt and invent
- ✓ Differentiated approach and risk stratification

THANK YOU

www.aidsdatahub.org