

HIV/AIDS Control in the Republic of Korea

2011

**Division of HIV and Tuberculosis Control
Korea Centers for Disease Control and Prevention**

Introduction

The Republic of Korea (ROK) has an area of 99 km² with a population of 49 million (as of 2011). The number of medical facilities is 81,681 in 2010 and the number of medical manpower is 870 persons per 100,000 populations (The number of medical doctors: 208 persons per 100,000 populations).

For HIV/AIDS, the first HIV infected cases detected and reported in 1985 and then the number of reported HIV infections steadily increased afterward to date. To cope with this newly emerging disease burden, the ROK established the advisory committee on HIV/AIDS Prevention Programs and enacted Korea HIV/AIDS Prevention Act in 1987. Since then the ROK has committed to developing a National HIV/AIDS Strategy with two primary goals below:

- 1) To protect nationals from HIV/AIDS epidemic through reducing new HIV infections and minimizing the spread of HIV infections.
- 2) To improve the quality of life of people living with HIV by increasing access to care, optimizing health outcomes and reducing HIV-related health disparities, stigma and discrimination against people living with HIV.

To accomplish these goals effectively, the ROK has been implementing coordinated national responses with several strategies.

- 1) Increasing the awareness and knowledge on HIV/AIDS prevention through continuous public relations
- 2) Detecting HIV infections early through anonymous free HIV testing and counseling services
- 3) Providing early treatment services at no cost and at no access barriers
- 4) Providing necessary care and support services to those who are in need (care-giver service, hospice service, long-term care service etc)
- 5) Enhancing bio-hazard safety
- 6) Promoting the human rights and dignity of people living with HIV

National HIV/AIDS Control Network

The Korea Ministry of Health and Welfares and the Korea Centers for Disease Control and Prevention (KCDC) at the central level take control of national HIV/AIDS control activities. At the provincial level, 16 Provincial Health Departments are doing their jurisdictional HIV-related works and at the county/district level, 253 Public Health Centers are doing the HIV-related works in their local areas. Meanwhile as technical arms of National HIV/AIDS Control Program in private sector, non-governmental organizations such as Korea Federation for HIV/AIDS Prevention and Korean Alliance to Defeat AIDS take actively part in National HIV/AIDS responses (see figure 1).

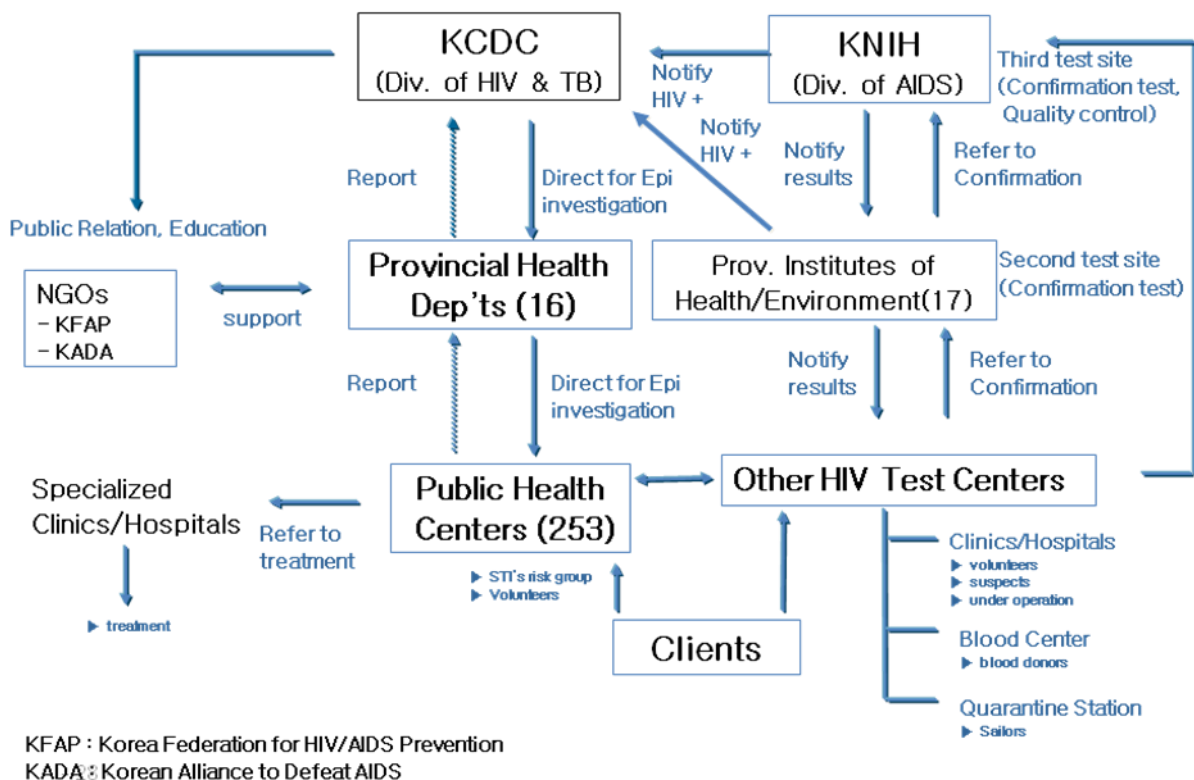


Figure 1. Network of HIV/AIDS Control in Korea

National HIV/AIDS Surveillance System

To monitor the size and trend of HIV/AIDS epidemic effectively, the Web-based National HIV/AIDS Surveillance System titled HIV/AIDS Supporting Network (HASNet) has been established and operating nationwide since 2004.

It is promptly collecting data of HIV/AIDS incidence and mortality on the real time basis.

According to the Korea HIV/AIDS Prevention Act, all the doctors for infectious diseases have obligation to immediately report HIV/AIDS cases to their jurisdictional public health centers. The notified data on HIV/AIDS incidence and mortality at the local public health centers are electronically transmitted to the HIV/AIDS Surveillance Center within Korea Centers for Disease Control and Prevention at the central level.

All the collected data is analyzed by epidemiological variable such as person (sex, age), time (week, month, quarterly, yearly) and place (county/district, province, nationwide). The analyzed results of HIV/AIDS surveillance through the Public Health Weekly Report (PHWR) are feed backed to HIV/AIDS control workers and doctors who are diagnosing and treating HIV-related cases at each level.

Epidemiological situation of HIV/AIDS

1) New HIV infections

Since the first HIV-infected cases in 1985, the number of notified new HIV infection cases has increased a little sharply until 2007 with the temporal recession in 2009 and again increased to 888 cases (new HIV infection rate was 1.8 per 100,000 populations) in 2011(see figure 2).

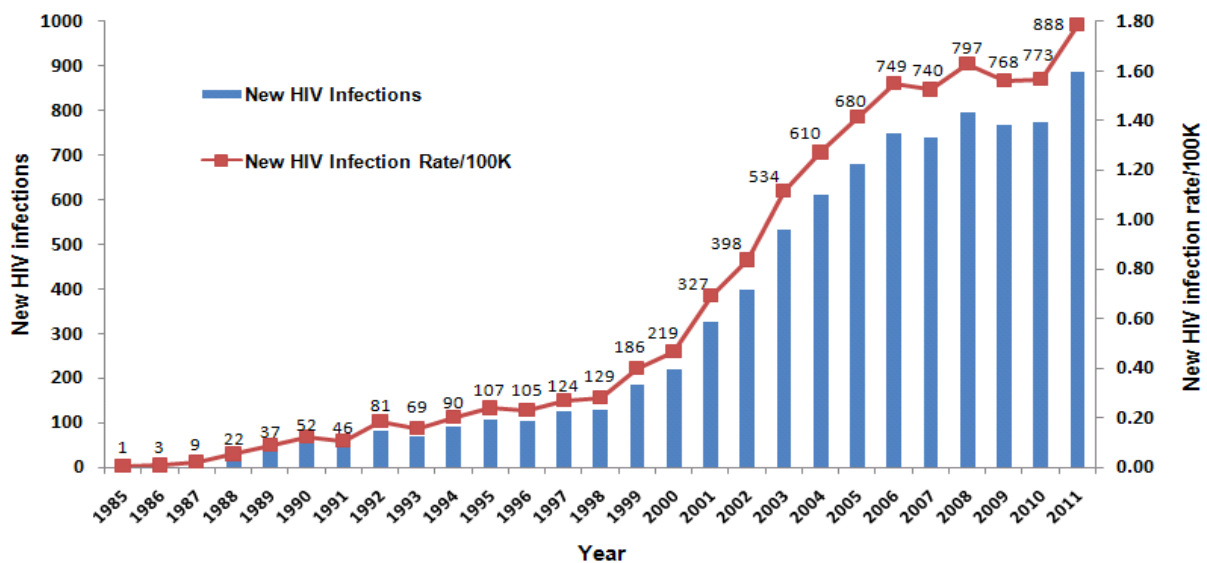


Figure 2. New HIV infections, 1985-2011

During 1985-2011, male' HIV infections (7,760 cases, 92.0%) was 11times higher that female's (684 cases, 8.0%). The highest rate of HIV infections was observed in the age group of 30-39(see figure 3).

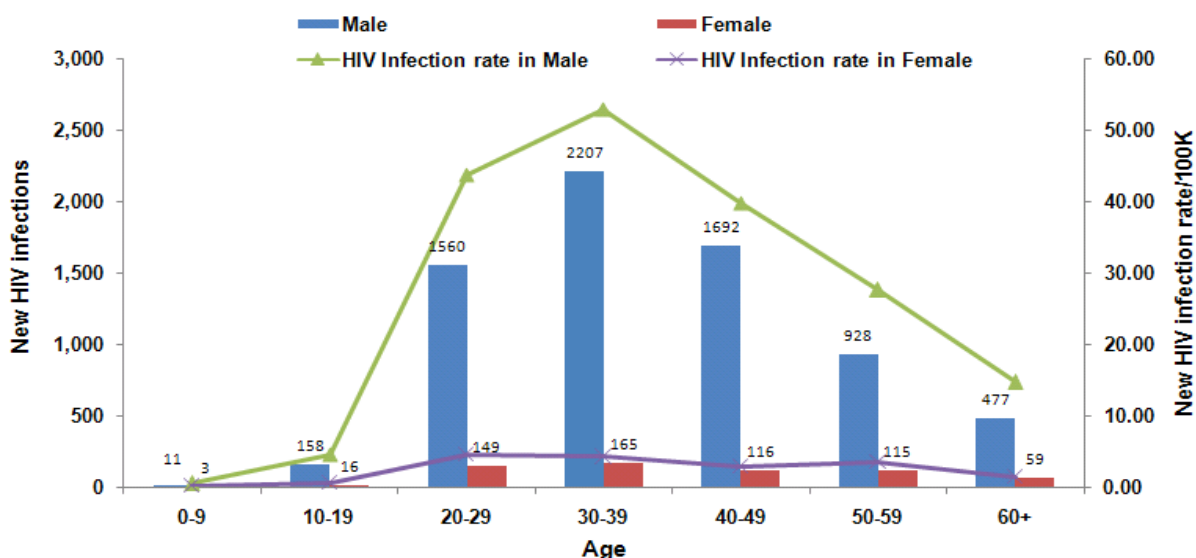


Figure 3. HIV Infections by sex and age group during 1985-2011

2) Mortality of HIV/AIDS

Out of 8,544 cumulative reported cases during 1985-2011, 512 cases (17.7%) died recently until the end of 2011, recently showing 148 deaths (HIV mortality rate was 0.3 per 100,000 populations) in 2011(see figure 4).

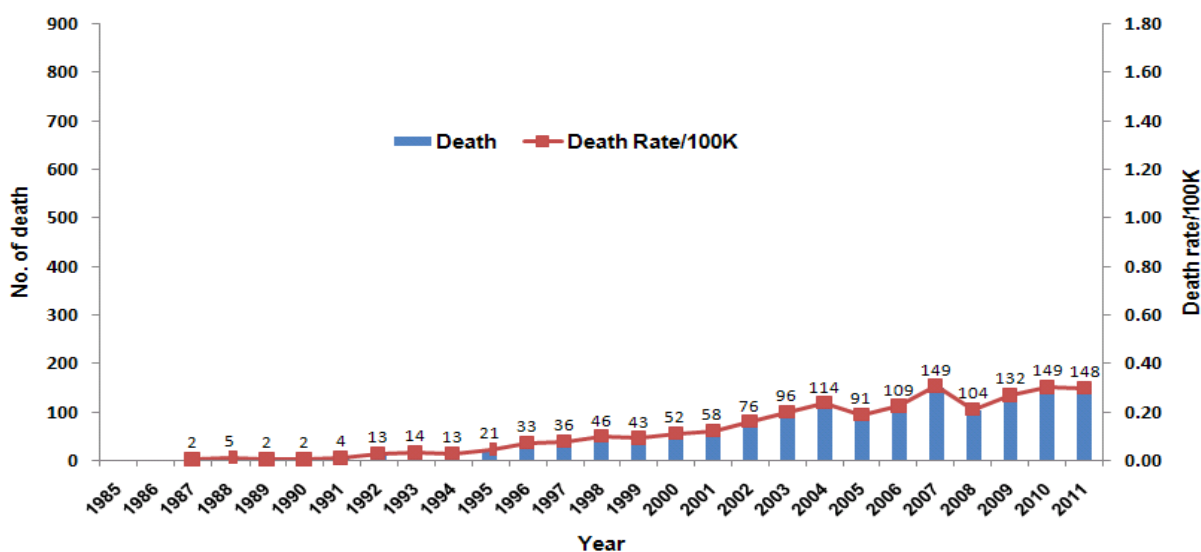


Figure 4. Mortality of HIV/AIDS

3) HIV Prevalence

As of the end of 2011, the number of cumulative HIV survivors is 7,032 cases (HIV prevalence rate was 14.1 per 100,000 populations). With the more improved survival rate, the number of HIV survivors is estimated to continuously increase (see figure 5).

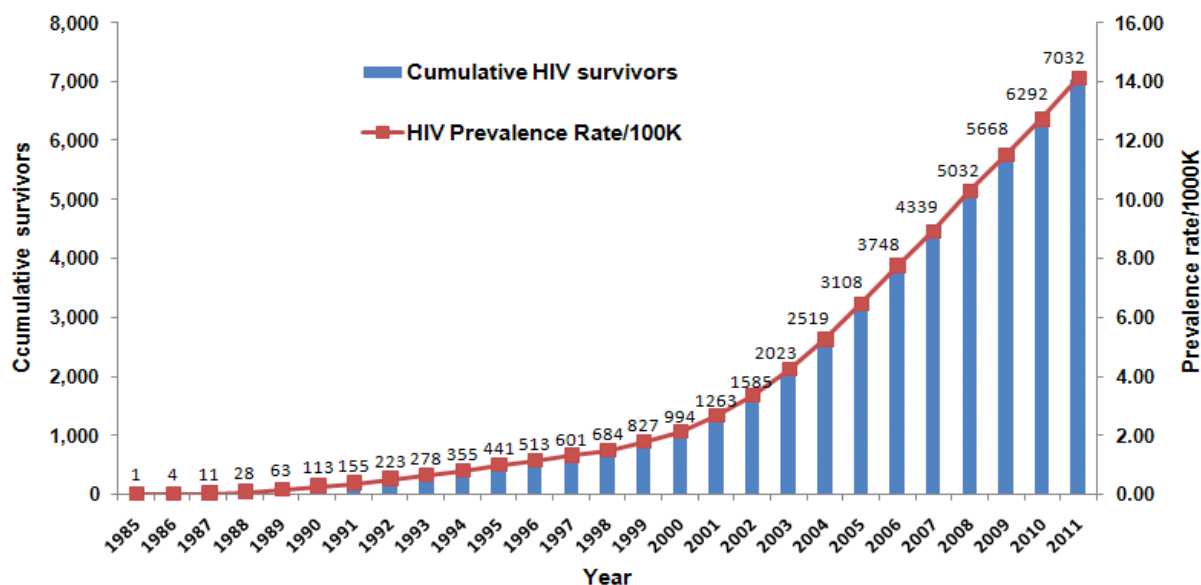


Figure 5. HIV prevalence

Major Activities for HIV control

To achieve the goals effectively, the ROK has been implementing these activities below.

1) Public Relations

- Upgrading the awareness and knowledge on HIV and enhancing HIV prevention by using TV, advertisement on subways, internet, entertaining events
- Operating the HIV/AIDS Information center

- Dissemination of web magazine (Living together world) to mass media, political leaders, opinion leaders, health-related professionals.
- Campaign (World AIDS Day)

2) Health Education

- Strengthening the health education to diminish the risk behavior targeted workers at high risk, youngster, teenager, young adult, and elderly.

3) Promoting Condom Use

- Distribution of condoms including love gels for peoples at high risk, MSM, soldier, foreigner and general people for free of charge.

4) HIV Testing and Counseling Services

- HIV testing and counseling to general public, MSM, and foreigners

5) Free HIV Treatment Services

- Free high-quality treatment by specialized doctors at the government-designated hospitals(14 general hospitals) and counseling services for improving adherence and health outcomes by qualified nurses
- Free HIV-related treatment at no cost and at no access barrier which is supported 100% by the government (90% by national medical insurance and 10% by government's budget)

6) Home-based and hospital-based Care and Support Services

- Providing the basic living commodities for people living with HIV in need.
- Providing care-giver service to hospitalized patients to help their rehabilitation
- Operating shelters (2 areas) for PLHIV's temporal stay and care

7) Long-term care and Hospice Services

- Government-designated hospital for PLHIV who require long term care and

support including hospice services

8) Monitoring and Evaluation (M&E)

- Monitoring and evaluation of the performances of National HIV/AIDS Control
- Development of HIV strategies and responses

9) Research and Development (R&D)

- Behavioral surveys for MSM
- Surveys on the level of awareness and knowledge on HIV/AIDS