
This report was commissioned by the World Bank Thailand Office in Bangkok to address two issues of interest to both internal and external audiences concerned with the global AIDS epidemic: (1) What are the lessons learned from Thailand’s response to the AIDS epidemic for other countries in the region and the world? (2) What are the highest priority activities for improving the effectiveness of the response to AIDS in Thailand? The report team consulted widely with key informants in Thailand (Annex 1) and drew on current literature and their own areas of expertise to answer these questions.

Thailand has demonstrated to the world the enormous scope for slowing an AIDS epidemic fuelled by commercial sex, but there are still cost-effective investments that government can make to have a large impact on the epidemic. While demand for treatment must be urgently addressed with cost-effective and equitable solutions, it is essential for government to maintain and expand its focus on prevention if future generations are to be spared the threat of HIV/AIDS.

**The Evolution of the AIDS Epidemic in Thailand**

AIDS arrived in Thailand by 1984, but the initial policy response was muted. The prevailing view was that this was an epidemic brought from abroad that would be confined to a few individuals in high-risk groups, like gay men and injecting drug users, and would not spread more widely. In 1988-89 that view was challenged. In the first major wave of the epidemic, HIV infection exploded among injecting drug users, rising from almost nil to 40% in a single year. At nearly the same time, a second wave of infection spread among sex workers. In 1989, the first national epidemiological surveillance found that 44% of sex workers in Chiang Mai, in the north, were infected with HIV and 1-5% of brothel-based sex workers were infected in all but one of the 14 provinces sampled. The rising infection levels among sex workers, which reached 31% nationally by 1994, launched subsequent waves of the epidemic in the male clients of sex workers, their wives and partners, and their children. In 1993, infection rates among 21-year old army conscripts reached 4% nationally.

**The National Response**

In 1990-91, the government acted decisively, launching a nationwide campaign to reduce HIV transmission. The key elements of the program were a massive public information campaign launched through the media, government, and NGOs and a program to promote universal and consistent condom use in commercial sex. The response was lead by a multi-sectoral National AIDS Prevention and Control Committee, chaired by the Prime Minister that actively engaged NGOs and civil society. The results were dramatic. Fewer men went to brothels, condom use in brothels rose to more than 90%, the number of consultations at sexually transmitted disease (STD) clinics was reduced by 90%, and infection rates among army conscripts dropped by half in only a few years. The most recent epidemiological model by the Thai Working Group on HIV/AIDS Projections suggests that the annual number of new HIV infections peaked in the early 1990s and has declined by more than 80%. Since 1993, an estimated 200,000 fewer people have been infected with HIV than would otherwise have been. This is an accomplishment that few other countries, if any, have been able to replicate. It is a result both of sound policy and the determination of the Thai people. Thailand’s response is widely cited as one of the few examples of an effective national AIDS prevention program anywhere in the world.

**Lessons Learned**

The Thai experience shows that a national response that mobilized government, the private sector, and NGO partners and that targeted the highest-risk transmission can be effective in reducing the scope of the epidemic, even when action is delayed. The response was able to draw on strong institutions and traditions: an extensive network of STD services; a successful family planning program that had promoted condoms before the AIDS epidemic; a cadre of trained epidemiologists; health infrastructure with qualified staff; a
tradition of evidence-based policy decisions; strong civil society with a tradition of volunteerism; and a pre-existing network of national development NGOs. A number of factors contributed to the success that may have broader applicability to other countries in the region: national leadership and political commitment at the highest levels of government; strong epidemiological surveillance that served as a critical tool for generating public awareness and political commitment; effective pilot projects that led policy to the right outcomes; the NGO role in ensuring non-discrimination, respect for human rights and a broad political dialogue on AIDS; the contribution of STD services to raising condom use in commercial sex; and multi-sectoral implementation of AIDS programs at a local level, coupled with multi-sectoral dialogue and consensus-building at the national level.

The Current Status of the AIDS Epidemic in Thailand
Thailand’s successful efforts to reduce transmission of HIV by commercial sex have had an enormous impact on the course of the epidemic. Nevertheless, there is no room for complacency. At the turn of the millennium, there is still no cure for AIDS and no preventive vaccine. Despite the success at lowering new infections, HIV managed to gain a foothold in the population before policy was enacted and the consequences are apparent: Nearly 300,000 people have died of AIDS and 700,000 people are living with HIV/AIDS, the result of past infection rates and the long incubation period of HIV. Models suggest that in 2000, 55,000 people will develop AIDS and roughly the same number will die from it. Nearly 1 million people have been infected with HIV in Thailand since the beginning of the epidemic and this number continues to grow, albeit at a slower rate. The composition of new infections has changed. A decade ago, virtually all infections were among adults and more than 80% were among sex workers and their clients. In contrast, of the estimated 29,000 people will become infected in 2000, 4,000 will be children. About half of new adult infections will be women infected by their husbands or sex partners, a quarter will be due to injecting drug use, and one in five among sex workers and their clients. HIV prevalence is stable or rising among pregnant women in all regions. The prevalence of HIV in high-risk groups like sex workers, though reduced, is still high. Condom use among indirect sex workers low and there is evidence that HIV-prevalence is on the rise among sex workers in some parts of the country, particularly in Bangkok. Infection rates among injecting drug users have continued to rise to over 40% nationally. Some of the riskiest behaviours in Thailand have not been addressed and now stand out as major causes of continued HIV transmission.

The Rising Demand for Treatment and Weakening Prevention Response
As those infected in the past fall ill, the demand for treatment is transforming the policy dialogue. The demand for AIDS-related medical care—palliative care, prevention and treatment of opportunistic infections, anti-retroviral therapies, and end of life care—is rising. At the same time, the sustained response on prevention appears to be in jeopardy. Overall public expenditure on the national AIDS program has declined by 28% since 1997 and the prevention budget has declined by half. Prevention now accounts for only 8% of the national AIDS program budget, at 2 baht per capita (5 US cents).

Strategic Priorities for Improving the Response
The National Plan for Prevention and Alleviation of HIV/AIDS sets forth two key objectives—to prevent the spread of HIV in the general public and to reduce the impact of the AIDS epidemic on the population. Success in overcoming the epidemic will require the joint effort of many partners in government, the private sector, and civil society. Each partner brings a comparative advantage in addressing different aspects of the problem. Given the current stage of the epidemic and competing demands from other important development programs, the report team set out to identify the two or three priority activities or objectives for government that would have the largest impact on the epidemic in the whole population if additional resources were made available. These priorities are based on extensive consultation with key informants in Thailand as well as the team’s own expertise. This short list is not meant to suggest that other activities should not be undertaken, but rather to draw attention to a smaller set of priority activities that will have the largest impact if undertaken immediately and in addition to ongoing efforts.
1. **A renewed effort to sustain condom use in commercial sex and to raise condom use, encourage safer sexual behaviour, and behaviour change among other groups at high risk and more widely in all relationships.** As Thailand recovers from the economic crisis, rising incomes are likely to lead to renewed demand for commercial sex. With 17% of brothel-based sex workers already infected, any lapse in condom use could have an explosive impact on the epidemic, allowing it to regain its initial trajectory. Condom use has never been universal among ‘indirect’ sex workers, and sex workers who have been trafficked to Thailand from neighbouring countries are a potential gap in the 100% condom program. Behaviour change and condom use among other high-risk groups like men who have sex with men, male sex workers, prisoners, fishermen, and others at high occupational risk would have a relatively large impact on the epidemic relative to their cost. Action to promote condom use more widely in all relationships, especially among youth, would be highly complementary to this objective.

2. **A major new initiative to prevent transmission by injecting drug use.** HIV prevalence has been high and rising among injecting drug users (IDU), now well above 40%. Projections now attribute a quarter of all new adult infections to transmission by injecting drug use. HIV spreads not only among addicts but to their partners and wives, and then to their children. Left unchecked, the high infection rate among IDU will continue to be a reservoir for HIV transmission to the rest of the population. However, HIV prevention for IDU and their sex partners has not been a priority in Thailand or in the region, even though IDU transmission is an important feature of the AIDS epidemic in almost all countries. To have a major impact on the epidemic, the same pragmatic policy toward prevention of HIV among sex workers needs to be extended to drug injectors. There are many international success stories to build on as models for a Thai response. However, it is unlikely that the IDU transmission cycle can be broken unless there is simultaneously a serious effort to prevent HIV in prisons and to improve the legal environment for behaviour change among IDU.

3. **Ensuring access for people with HIV/AIDS to cost-effective prevention and treatment of opportunistic infections.** People with HIV/AIDS can fall seriously ill and die from curable infections that people with normal immune systems can resist or fight back. The most important of these in Thailand is tuberculosis (TB), but there are many others, including *pneumocystis carinii* pneumonia (PCP), cryptococcal meningitis and other cryptococcal infections, and various other fungal infections. All of these infections are treatable and many are preventable in people with AIDS, and at relatively low cost. Yet it appears that many people with HIV/AIDS in Thailand lack information and access to prevention and treatment. Ensuring access by people living with HIV/AIDS to prevention and treatment of the major opportunistic infections is inexpensive, cost-effective, prevents life-threatening infections, will extend life and improve its quality, and will benefit in particular poor AIDS patients who otherwise might have gone untreated.

4. **Implications for Public Finance**
   The programmatic implications of this strategic agenda and their costs have yet to be worked out. However, pursuing the agenda will require first and foremost increased public spending on prevention in general and greater targeting of subsidies to NGOs for prevention among hard-to-reach marginalized groups at high risk of contracting HIV and spreading it further. The public finance implications of wider access to prevention and treatment of opportunistic infections are difficult to pinpoint, as there is still uncertainty about the existing level of access, use, and finance. However, given the relatively low costs of most of these measures and the many different sources of finance, the cost is not expected to be insurmountable. Newer treatments for HIV/AIDS—combination antiretroviral therapy (ART)—have had dramatic impacts on lowering AIDS mortality in high-income countries. They are not a cure and must be taken for life. At present, the drugs remain very expensive, at over $8,100/year, and there are many other costs involved beyond the drug costs. Even were drug prices to decline by two-thirds, the therapies are unaffordable for use on a wide scale. Problems noted internationally with patient adherence, side effects, viral resistance, and the need for a high level of proficiency of health care providers can compromise their...
effectiveness. Decisions regarding public subsidies for funding of anti-retroviral therapies or any other AIDS treatment should be subjected to the same criteria as treatments for other medical conditions. Therefore, Thailand urgently needs a thorough, objective and ongoing review of the costs, effectiveness, benefits, affordability, and equity implications of anti-retroviral therapies, as the basis for rational and fair decision-making on the allocation of public resources in this rapidly evolving area of AIDS treatment. As background for assessing the equity and finance implications, better information is needed about the distribution of AIDS patients by economic status, particularly the share that are poor, and the extent to which the poor can benefit from these and other therapies. In the meantime, there are many actions that could be taken to achieve further reductions in drug costs, provide information about the costs and benefits of anti-retroviral therapy, and improve its affordability to patients who wish to purchase it privately.