

Thailand Monitor

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Epidemiology of HIV/AIDS in Thailand: From Success to a New Risk

UNICEF maintains that Thailand has the most mature HIV/AIDS epidemic in the East Asia and Pacific region. [1](#) A review of available literature suggests that the HIV/AIDS epidemic in Thailand can be divided into seven stages, so far:

Stage I : The epidemic in Thailand began with HIV/AIDS transmission from males having sex with males (MSM). This can be traced back to 1984 when the first case of acquired immunodeficiency syndrome (AIDS) was diagnosed. [2](#) Within a year, heterosexual transmission of HIV was detected. [3](#) AIDS cases were mostly homosexual and bisexual men. [4](#)

Stage II: The spread into injecting drug users (IDUs). MoPH surveys suggest an increase of HIV/AIDS infected IDUs from 1-2 per cent in 1987 to 15.6 per cent of those surveyed. [5](#) The newly infected IDUs were estimated to reach 35,000 cases, or about 60 per cent of all new infections in 1988. [6](#)

Stage III: The spread of HIV/AIDS into the sex worker population. By the end of 1989, HIV prevalence in sex workers were approaching a 50 per cent level in certain areas. This was particularly true in the North. [7](#) Between 1988 and 1989, the HIV prevalence among injecting drug users also rose dramatically, from virtually zero to 40%. [8](#)

Stage IV: The spread into the promiscuous male partners of sex workers. A large number of clients and a low level of condom use in commercial sex were the explanations to the third phase of the epidemic. [9](#)

Stage V: The spread into people considered to be at relatively low risk of infection: married and unmarried women. The former were probably infected by their spouses. Extramarital sex might explain the latter. This is probably the case for those partners of men using commercial sex services. By 1994, the infection level of women at antenatal clinics increased to 2.06 per cent nationwide. [10](#)

Stage VI: The spread into the newborns of infected mothers. 7.6 per cent of reported AIDS cases nationwide were children infected by their mothers in 1995. [11](#)

Stage VII: Thailand has lately generalized epidemics that are affecting specific groups of high-risk behaviours and spreading to the population at-large. [12](#)

According to UNAIDS, Thailand is a good example of prevention needs and of success in meeting those needs. This is reflected in the link of policy intervention on HIV/AIDS to behavioral changes and declining infection rates over the course of the epidemic. [13](#)

In less than a decade from the first case of acquired immunodeficiency syndrome in 1984, the HIV/AIDS epidemic in Thailand quietly grew to become a major public health threat with wide ranging medical, social, and economic consequences there.

After the rise in prevalence among IDUs, Thailand quickly set up a national sentinel system. In addition to the research for monitoring the

epidemic, three rounds of national survey on sexual risk behaviours using a similar methodology were conducted. The preliminary results of the first national survey were presented quickly to policy makers, community leaders and the mass media. This helped open their eyes to the HIV situation while reinforcing a push for intensive and extensive prevention efforts in multi-sectors. [14](#)

It was not until 1991 that AIDS prevention and control became a national priority at the highest level. Some key government officials, politicians, academics and AIDS activists managed to increase government commitment.

In 2003 the government made an official commitment to ensuring adequate treatment for all people living with HIV, and set targets to improve treatment access. This was based on the intensive and extensive prevention programme for rapid nationwide implementation. It relied on the combined actions of the mass media and the community, as well as on some of the guiding principles for the programme implementation and the lessons learned during the 1980s. [15](#)

The Ninth National Economic and Social Development Plan (2002-2006) stressed the adoption of a holistic, human-centered approach. It has led to the improvement of standards in the public service and health care. The Third National Plan for the Prevention and Alleviation of HIV/AIDS Plan (2002-2006) aimed at encouraging individuals, families, and communities to take responsibility and to act together in a sustained fashion to prevent and alleviate the HIV/AIDS problem, while strengthening the foundations of society in order to facilitate the process. The following targets were outlined:

- The reduction of the HIV prevalence in the reproductive age population to less than one per cent.
- At least 80 per cent of the PLWHA and affected individuals would be receiving and/or having equal access to proper care and support from public, private and community providers of social, economic, educational, and primary health care services.
- Local administrations and community-based organisations throughout the nation would efficiently and continuously develop work plan and carry out the work on HIV/AIDS prevention and alleviation.

The National Committee on AIDS Prevention and Alleviation was in charge of the management of HIV/AIDS at the national level and the formulation of the national plan as well as strategic measures.

Based on the National AIDS Plan (NAP) 2002-2006, the national programmes for HIV/AIDS prevention and alleviation were implemented throughout the country for all people who were HIV-infected and not HIV-infected, men and women in every stage of life, even the babies. They included the following: [16](#)

Treatment and care:

1. Antiretroviral drugs accessibility

One of the strategies in NAP 2002-2006 aimed to provide health services and social welfare for AIDS prevention and alleviation by encouraging the HIV-infected people, those who affected by AIDS, and vulnerable people to have equal access to health services which have good standard and are thorough and fair. In this regard, the treatment and care programmes are provided to all the eligible HIV-infected people and AIDS patients. All Thai citizens, men and women, have the rights to have access to Antiretroviral treatment and social welfare.

2. Social support

After more than two decades, Thailand is still facing with the AIDS

epidemic and its impact. There must be a continuous qualitative process in following-up and supporting the children affected by AIDS, including how to enable them to continue study without discrimination. In this regard, in 2005 the government initiated a supporting program by providing scholarships, 128 USD each, for 1,010 children who were affected by AIDS. The program will be expanded to 8,000 affected children in 2006.

Prevention:

1. Prevention has been recognized as one of the most essential strategies in national AIDS Plan since the very beginning of the epidemic. The core issues of prevention strategy are widely referred to all vulnerable populations as well as the general population.

2. Prevention of Mother to Child Transmission Programme has been developed to mitigate the problem in families with HIV particularly pregnant women, mothers and their babies. The programme provides voluntary counseling and testing, short courses on ARV regimen, along with AZT syrup and substitute feeding for their babies.

According to the Asian Epidemic Model, the estimated rate of HIV infection in Thailand is continuously decreasing. However, serosurveillance reports of HIV infection rates indicate increasing levels of infection in groups presumed not to have significant risk behaviour (such as female spouses) as well as in those more likely to be exposed to HIV (e.g. men who have sex with men; sex workers; and military recruits). Experiences of stigmatization and discrimination continue to be reported by up to 40% of people living with HIV, and economic livelihoods for people living with HIV are still severely restricted due to social stigma and ostracism.

The exact number of HIV infections and AIDS cases is still unknown. UNAIDS (2003) suggests that these seven reasons may explain the under- or non-reported cases:¹⁷ (1) Limited access to testing and other health care services; (2) Inadequate training of health care providers; (3) Reluctance of people to seek testing due to the perceived stigma and discrimination that may follow a positive result, as well as lack of access to affordable treatment; (4) Reluctance of physicians and nurses to record a diagnosis because of stigma; (5) Due to the absence of noticeable symptoms, many people do not know they are infected; (6) Lack of clear policies and standards to guide recording and reporting procedures; (7) Given the nature of the disease, which suppresses the immune system, people who have developed AIDS generally die from secondary infections, such as tuberculosis or pneumonia, and those infections are often recorded as the case of death.

Tim Brown and Wiwat Peerapatanapokin of the East-West Center in Bangkok developed the so-called baseline scenario under the Asian Epidemic Model relying on available data. It points out that Thailand will continue to experience a decreasing prevalence trend of people living with HIV and AIDS after a peak in the late-1990s. The number of new HIV cases declined after its peak around 1991 and is expected to remain stable to almost non-existence from the mid-2000s to 2020. Nevertheless, the number of cumulative HIV is projected to continue rising dramatically doubling the mid-1990s number by 2020.

By the early 2000s, 951,000 adults and 33,000 children had been infected since the start of the epidemic. 289,000 of these people had subsequently died of AIDS, which means that there were 695,000 people living with HIV and AIDS (PLWHA).¹⁸ In 2005, the number of PLWHA was estimated to decline to 580 000 [330 000 – 920 000]. 560,000 [320,000 – 900,000] of them were 15 years old and above with a prevalence rate of 1.4 [0.7 – 2.1] per cent. Children aged 0 to 14 living with HIV was estimated at around 16,000 [5400 – 38,000] cases. Deaths due to AIDS among those 15 years old and above were estimated to be 21,000 [14,000 – 42,000] cases.

By August 2007, 319,949 AIDS cases have been identified. The annual new AIDS cases in Thailand are decreasing from 202,347 cases during 1984-2001 to 113,469 cases during 2002-2007. The majority of AIDS cases are those between 20 to 39 years old. This is particularly true for male, and those after 25 years of age. The second largest group of AIDS cases is those over 40 years old, again, with a much higher proportion of male than female, and those in the early 40s. There is also an increasing trend of women over 40 years old being infected with AIDS, while the number of those between 20 to 39 years remains relatively stable compared to a declining trend of male AIDS cases in all age groups. There is also an increasing trend of 10-14 years old children infected with AIDS, compared to a sharp decline of those 0-4 years old, followed by those 15-19 and 5-9 years old, respectively.

The cumulative HIV and AIDS in children will be a major problem of Thailand in more than a decade from now. Despite the estimated decline in the number of pediatric annual new HIV and AIDS, the number of pediatric cumulative HIV is expected to rise from 32,961 cases in 2000 to 70,210 cases in 2020. The number of pediatric cumulative AIDS is also expected to increase from 13,026 to 58,562 cases during the same period. In 2020, when there will be 11,759 children still living with HIV and AIDS.

Realizing that the success so far must not lead to complacency, the Royal Thai Government announced in June 2006 its renewed commitment to universal access to HIV prevention, treatment, care and support to reach the ambitious goal of decreasing by 50 per cent the annual number of new HIV infections in Thailand by 2010.

The new National Strategic Plan on AIDS 2007-2011 has been developed through a broadly consultative and inclusive national process to scale up HIV prevention efforts. This is particularly for people most likely to be exposed to HIV and the difficult to reach populations. It focuses on scaling up HIV prevention efforts, particularly for people most likely to be exposed to HIV and the difficult to reach populations. It is accompanied by a detailed implementation plan that reflects the Thai road map to universal access, as well as an additional civil society plan that highlights the detailed action civil society partners in Thailand have selected as priority needs.

According to the National Strategic Plan from 2007 to 2011, the following situation can be expected:

1. People are able to prevent themselves from HIV infection through specific approach for each target group under the responsibility of each relevant agency,
2. People living with HIV infection and AIDS have good quality of life and are able to live normally within the community, and,
3. The community has values and enabling environment for safe sex, and accepts people living with HIV infection and AIDS to live normally together as a part of the community.

The national plan comprises of four main strategies. Management, implementation, human rights protection, and monitoring, evaluation and research, are incorporated into all relevant partners at the national, provincial, and community levels. Human rights protection in the aspect of HIV and AIDS strategy will be a crucial means to study and review the practice, policy and law that still violate or discriminate the infected/AIDS patients or those affected from AIDS every year, to promote the knowledge and understanding of human rights, building the network of rights protection and mechanisms in every level, promote access to ART, encourage and promote gender equality and empowerment, and rights protection.

The following government agencies are involved in the HIV/AIDS Prevention and Alleviation Plan:

- Office of the Prime Minister
- Ministry of Defense

- Ministry of Interior
- Ministry of Justice
- Ministry of Education
- Ministry of Tourism and Sports
- Ministry of Culture
- Ministry of Public Health
- Ministry of Labour
- Ministry of Social Development and Human Security
- Bureau of University Affairs
- Office of the Attorney General
- Office of the Royal Thai Police

Each of the above-mentioned government agencies will continue working within its framework and target group. The National Centre for the Management of AIDS Prevention and Alleviation is the centre for the coordination of work plan, budget plan, and follow-ups. At the provincial level, the Sub-Committee to Prevent and Alleviate HIV/AIDS in the Province is in charge of setting direction and policy, keeping track, coordinating, and carrying out the prevention and alleviation activities. NGOs Coalition on AIDS will continue to play a major role in the implementation at the grassroots level, particularly to reach out to the high risk groups, the underprivileged, and those who are difficult to reach, i.e. hill tribe groups, fishermen, migrant workers. Among others, the people-living-with-HIV/AIDS, which have grown to more than 700 groups in 2004 ¹⁹ will be a strong network at the provincial, regional, and national levels.

Note:

¹ UNICEF (n.d.). "Thailand, The Epidemic." The Mekong Partnership & Beyond, UNICEF and HIV/AIDS in East Asia and the Pacific. Available online from http://www.unicef.org/eapro-hiv aids/countries/Thailand_epi.htm. (retrieved on 10/18/2007).

² Bureau of Epidemiology, Ministry of Public Health (1984). *Weekly Epidemiological Surveillance Report* 15 (39): 509-512; Phanuphak P, Locharenkul C, Panmuong W., Wilde H. (1985) 'A report of three cases of AIDS in Thailand', *Asian Pacific Journal* 3:195-199

³ USAID (2003). *HIV/AIDS in the Mekong Region, Cambodia, Lao PDR, Thailand, & Vietnam: Current Situation, Future Projections, Socio-economic Impacts, and Recommendations*, POLICY Project, Bureau for Asia and the Near East, U.S. Agency for International Development June.

⁴ Weniger B. et al. (1991). *Ibid.*

⁵ Bureau of Epidemiology, Ministry of Public Health (1987-1988). *Weekly Epidemiological Surveillance Report*, various issues from 1987 to 1988.

⁶ Bureau of AIDS, TB and STIs, Department of Disease Control, Ministry of Public Health.

⁷ Brown, T. et al. (1995). *The Impact of HIV on Children in Thailand*. Program on AIDS, Thai Red Cross Society Research Report No. 16, June.

⁸ Between 1988 and 1989, the HIV prevalence among injecting drug users rose dramatically, from virtually zero to 40%. The prevalence among sex workers also increased, with studies in Chang Mai, northern Thailand, suggesting that 44% of sex workers were infected with HIV. (See, Weniger B.G. et al (1991) 'The epidemiology of HIV infection and AIDS in Thailand', *AIDS*, 5 (suppl 2): S71-S85).

⁹ Brown, T. et al. (1995). *Ibid.*

¹⁰ Brown, T. et al. (1995). *Ibid.*

¹¹ Brown, T. et al. (1995). *Ibid.*

¹² USAID (2003). *Ibid.*; World Bank (2000). "Thailand's Response to AIDS: Building on Success, Confronting the Future." Bangkok.

¹³ UNAIDS (2001). *HIV Prevention Needs and Successes: A Tale of Three Countries*. An Update on HIV Prevention Success in Senegal, Thailand and Uganda. UNAIDS

Best Practice Collection, Key Material. Geneva, Switzerland: UNAIDS, April.

[14](#) UNAIDS (2001). *Ibid.* p. 9.

[15](#) UNAIDS (2001). *Ibid.* p. 9.

[16](#) Bureau of AIDS, TB and STIs (2006). "Protection of Human Rights in the context of HIV and AIDS in Thailand (Women and Children)." Report to Office of the High Commissioner for Human Rights (OHCHR). Department of Disease Control, Ministry of Public Health.

[17](#) USAID (2003). *Ibid.*, p. 14.

[18](#) "Current and Future State of the Thai Epidemic." Available online from http://164.115.5.20/ihpp/ppt-journal2003/64-AIDS_suthida.htm. (retrieved on 10/18/2007).

[19](#) UNGASS (2004). *Follow-up to The Declaration of Commitment on HIV/AIDS.*

Keywords : Thailand, HIV/AIDS, Policy Measures, Patcharawalai Wongboonsin



Dec 14, 07

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