Thailand: Addressing HIV/AIDS—Proven Solutions and New Problems

The East Asia and Pacific region of the World Bank has an estimated 2.3 million adults and children living with HIV/AIDS, out of the global total of 42 million. In such a large and diverse area, the HIV/AIDS epidemic is as varied as the countries—from 12 fishermen with HIV in Tuvalu, with potentially devastating consequences for the country's fishing-based economy, to an estimated 1 million people infected in China at the end of 2002, with profound implications for the health system there. HIV threatens progress towards achieving the Millennium Development Goals and related poverty targets in the region and around the world. Although the situation varies greatly from country to country and even among provinces within countries, the situation is urgent.

Thailand has acted decisively in the face of this challenge, leading the way in prevention programs, mobilizing civil society and building political commitment. At the beginning of the AIDS epidemic, the initial standard public health approach did not discover many cases, leaving Thai officials with the perception that HIV affected only marginal groups. In 1989 HIV testing of injecting drug users revealed the explosive spread of infection. By 1992, 31 percent of commercial sex workers were HIV-positive, and there were signs of HIV spreading to the heterosexual population. Thailand implemented good serological surveillance of the general population, sentinel surveillance of groups whose member practice high-risk behavior, and surveillance of risky behavior. The national response to the crisis was strong, swift, and comprehensive, thanks to strong political commitment from the King and Prime Minister.

Strong leadership provided high-level support for HIV-prevention programs among commercial sex workers and their clients. AIDS policy was run from the Prime Minister’s Office. A massive public information campaign emphasizing prevention, behavior change, and condom use was launched. Private initiatives, focusing on education and prevention in the workplace, complemented the government efforts. A 100 percent condom program to promote universal and consistent use of condoms in commercial sex was adopted nationwide, including regular screening for sexually transmitted diseases (STDS) and free condoms. Public spending on AIDS prevention and control increased greatly from 1987 to 1997, when it totaled $82 million a year. The result: a profound decline in high-risk behavior, reducing new cases of HIV and eventually decreasing the level of HIV in the population. (HIV prevalence in 21-year-old army conscripts declined nationally from 4 percent in 1993 to 1.9 percent in 1999.)

Around the world the international AIDS community is scaling up interventions that have been tried in other countries or in a randomized controlled trial. Both Thailand and Cambodia have excelled in systematically launching local pilot projects, including 100 percent condom programs and treatment or home-care programs, before applying them nationally. In addition, Thailand has encouraged large international research projects that measured HIV incidence, and participated in the first large-scale trial of an HIV/AIDS vaccine.
A regional approach is needed to address external catalysts such as migration and mobility, which have a complex impact on the spread of HIV/AIDS. There are also regional networks trafficking in women and illicit drugs. These regional factors create the preconditions of high-risk behavior, behavior that can ignite an HIV/AIDS epidemic. International assistance has also played and will continue to play a major role in local responses in countries throughout the region.

A major reminder from each of the countries experiencing the epidemic is that inaction can be more costly than action. This need for action is illustrated in the Millennium Development Goal (MDG) of reducing HIV prevalence in persons aged 15-24 by 25 percent by 2010. If countries are not successful in achieving this goal, other MDGs could also be compromised. Similarly, AIDS can destroy human capital and can weaken mechanisms that generate human capital formation. Through this long-term process, the disease could lead to severe economic consequences. For example, some studies show that in Thailand farm output and income fell between 52 and 67 percent in households affected by AIDS.

In order to lessen the economic and social costs of HIV—and continue the fight against poverty—we must learn from the lessons of countries already deeply involved in the struggle:

- Political commitment is imperative to tackle and mobilize resources around difficult social issues, such as sexual behavior and commercial sex work.
- Institutional innovation within governments, the health system, social services, and other sectors must be encouraged.
- Systematic learning and experimentation, based on strong pilot tests and evaluation, can enhance national programming.
- Interactions with external catalysts, including international donor assistance, must be managed well.

“Government reluctance to address AIDS has something to do with sex.” That’s the view of Mechai Viravaidya, founder of Thailand’s Population and Community Development Association. He has successfully put AIDS and condoms in the public eye and kept them there using humor and flair. Mechai says, “Humor has kept the issue alive. And in areas where there is possible embarrassment, it has helped tremendously.”

The way these and other lessons are adopted and adapted within the East Asian region will determine the future of the epidemic and the social and economic landscape of Asian society. As Jemal ud-din Kassum, the regional vice president for the East Asia and Pacific Region at the World Bank, says: “Political leaders and the public have to acknowledge that it’s a problem. Then they have to move swiftly and deeply on prevention for all risk groups, build capacity, and address health system issues. They also need to prepare for treatment and support. And in doing all of this, we need to continue to keep the focus on achieving results.”