EAST-WEST CENTER
POPULATION AND HEALTH STUDIES

July 1999
Number 50

ASIA-PACIFIC POPULATION & POLICY

Thailand Copes with HIV/AIDS

Over the past 15 years, Thailand has experienced the worst HIV/AIDS epidemic in Asia. Starting in the late 1980s, the government and other sectors of Thai society gradually realized the seriousness of the crisis and began to mount a vigorous, broad-reaching response.

After more than a decade of prevention campaigns, the number of new infections dropped substantially, and current infection levels have declined in some population groups. Yet, with more than 1 in 60 Thais already infected, care for those living with HIV and AIDS has assumed critical importance.

This issue of *Asia-Pacific Population & Policy* describes important features of Thailand's evolving response to the HIV/AIDS epidemic, particularly in the northern region. The emphasis is on problems encountered over the past 10 years and solutions developed that might be applied in other countries.

OBTAINING GOOD INFORMATION

When the first AIDS case was diagnosed in 1984, Thailand's Ministry of Public Health began requiring all health facilities to report possible cases. During the next six years, fewer than 200 AIDS and AIDS-related cases were reported. Yet subsequent reconstruction of the history of the epidemic has shown that more than 100,000 Thais became infected with HIV during this period. Clearly, the early case-based monitoring system failed to document the spread of the epidemic.

In the mid-1980s, various universities and other groups began limited HIV testing among sex workers and injecting drug users. This work showed an explosive rise in infection rates among drug users in the Bangkok area—from 1 percent in early 1988 to 43 percent just nine months later.

In June 1989, the Ministry of Public Health initiated an HIV sentinel surveillance system in 14 cities around the country. Populations tested included injecting drug users, female sex workers in brothels and other establishments, men attending STD clinics, pregnant women, and blood donors.

The first round of testing revealed that nearly half (44 percent) of brothel-based sex workers in the northern province of Chiangmai were HIV positive. At

WISUT JAIJAGCOME

In villages throughout northern Thailand, grandparents well past retirement age are struggling to support their grandchildren.

Asia-Pacific Population & Policy *summarizes research on population and reproductive health for policymakers and others concerned with the Asia-Pacific region. In November 1998,* Asia-Pacific Population & Policy *received the Global Award for Media Excellence from The Population Institute.*

This publication was made possible through support from the David and Lucille Packard Foundation.The opinions expressed do not necessarily reflect the views of the East-West Center or of its supporters.

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ISSN 0891-6683

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about the same time, the first national survey on sexual risk behavior showed that more than one-fifth of all Thai men (22 percent) had visited a sex worker in the previous year, and only about one-third of these (36 percent) had consistently used condoms during commercial sex.

Subsequent rounds of sentinel surveillance showed steadily rising infection rates among men attending STD clinics, reaching more than 8 percent by mid-1992. As these men brought the infection home to their wives, increasing numbers of pregnant women began to test positive for HIV. By 1995, more than 5,000 HIV-infected children were being born every year. Clearly, the HIV/AIDS epidemic would not be limited to a few isolated "risk groups."

STRESSING PREVENTION

Information about the growing epidemic eventually made HIV/AIDS a top priority among national and provincial leaders and the general public. Beginning in the early 1990s, the government mounted a broad-reaching HIV prevention campaign. The Prime Minister himself assumed chairmanship of the National AIDS Committee, and the highest planning body in the country—the National Economic and Social Development Board—helped develop an AIDS control plan that involved virtually every sector of Thai society.

Efforts focused on condom promotion and public awareness campaigns to reduce risk behavior. In addition to government efforts, television and radio stations aired HIV/AIDS education spots every hour, and nongovernmental organizations (NGOs) pioneered village and community-based prevention activities.

The "100 Percent Condom Program," launched nationally in 1991, enlisted the cooperation of sex establishment owners and sex workers to make it difficult for clients to obtain sex without a condom. In support of this effort, the government supplied almost 60 million free condoms a year.

Behavioral studies showed that this broad-based approach was highly successful. Between 1990 and 1993, the proportion of men reporting any premarital or extramarital sex in the previous year fell from 28 to 15 percent. The proportion reporting a visit to a sex worker fell from 22 to 10 percent, and the proportion reporting condom use in commercial sex increased from 36 to 71 percent.

Such behavioral changes have had an impact on infection rates. By 1996, there were promising indications that HIV prevalence was leveling off, or even declining, in all population groups covered by sentinel surveillance except injecting drug users. Thai army data show drops in infection levels among 21-year-old military conscripts beginning around 1993. Among pregnant women attending antenatal clinics, HIV prevalence peaked in 1995 and has been declining ever since.

BALANCING PREVENTION WITH CARE

Despite successful prevention efforts, close to 1.2 million people in Thailand will have been infected with HIV by the year 2000, and more than 400,000 will have died of AIDS. Many of those who die leave behind young children and aging parents without financial support.

One serious side effect of Thailand's early prevention campaigns has been a negative impact on people who are infected with HIV and on their families. Publicity campaigns featured "scare tactics," and many infected people lost their jobs and suffered social ostracism. Children of HIV-positive parents were often asked to leave school, even when the children themselves were not infected.

Community response in northern Thailand. Thailand's upper northern region, with its particularly high HIV infection rates, has become a leader in community care for those affected by the epidemic. In 1991, one of the first clinics in the country to offer anonymous HIV testing and counseling services opened in Chiangmai. In 1993 and 1994, two umbrella associations were established to coordinate the activities of government agencies and NGOs and to encourage a positive community response. These were the Northern AIDS Prevention and Care Center (NAPAC), funded by the Australian government, and the Northern AIDS Coordination Center (NACC), initiated by the government of Thailand.

With support from the Royal Thai government, national and international NGOs operating in many sectors shifted their priorities to include an emphasis on HIV prevention and care. A number of local community groups sprang up focusing specifically on problems related to the epidemic. Today, more than 100 NGOs and community groups are conducting HIV/AIDS activities in the region. In 1997, a new coordinating body, the AIDS Network Development Foundation (AIDSNet) assumed many of NAPAC's functions, with support from the European Union.

The Royal Thai government increased its annual budget for HIV/AIDS prevention and care steadily for 10 years—from US$184,000 in 1988 to $90 million in 1997. Then the Asian economic crisis hit Thailand. The total HIV/AIDS budget dropped to $30 million in 1998, climbing back to $40 million in 1999. At the same time, international support has been limited, no doubt in part because of Thailand's status (at least until the recent crisis) as an emerging economy.

Government health services in northern Thailand have felt the crunch. Government hospitals and clinics treat opportunistic infections associated with

HIV/AIDS, but the only antiretroviral treatment offered is AZT therapy for pregnant women to help prevent HIV transmission to their children. The government is trying to cover all pregnant women who are HIV-positive. Results of this effort have been encouraging, but the cost is a major burden on the health system, particularly the cost of providing infant formula as a substitute for breastmilk.

With limited government funding and little international support, the emphasis, by necessity, has been on self-help. Here the results have been impressive.

Emergence of PWH groups. In the early 1990s, a new type of organization emerged in Thailand—the PWH (People Living with HIV) groups. According to Dr. Chawalit Natpratan, Director of the Regional Office of Communicable Disease Control in Chiangmai, the phenomenal growth of PWH groups in the northern region started when a traditional healer began selling an herbal tea that he claimed cured HIV. In 1994, the Provincial Health Office ordered his arrest on charges of deceiving the public. The healer had already attracted a considerable following, however, and his arrest sparked a public protest.

The protest gathering offered an opportunity for the healer's clients to share their problems and experiences. They formed the first PWH group in Chiangmai, the New Life Friends Center.

Provincial health authorities quickly realized the potential value of such groups. With assistance from government agencies and from NAPAC, the New Life Friends Center helped other PWH groups start up in the region. Today there are about 200 active PWH groups scattered in urban and rural areas across the six provinces of northern Thailand. Most PWH groups are active in the following five areas:

1. Health care. PWH groups discuss health-care options, seek information from health specialists, and share medications. Herbal remedies are popular to relieve some AIDS symptoms, and many groups practice Buddhist meditation. When group members die, any unused medicines may be distributed to other members of the group.

2. Counseling. In addition to group support during regular meetings, many PWH groups provide individual sessions with trained counselors. This service, often lacking in the past, is particularly important for people who have recently learned that they are infected with HIV.

3. Vocational training and marketing assistance. Since people with HIV often lose their jobs, the search for alternative income-earning opportunities is an important feature of many PWH groups. Many groups make and sell handicrafts.

4. Home visits. As individuals become ill, group members bring them food and essential supplies and provide personal care. Home visits also serve as a referral system: when patients are identified who become seriously ill, they may be transferred to a government hospital or obtain other types of government or NGO assistance.

5. Community education. Members of PWH groups participate in regional and national networks and help new groups get started. They also provide health education to the general public, contribute to AIDS prevention efforts, and teach people how to live with family and community members who have AIDS.

Although financial resources for medical treatment are extremely limited, PWH groups—and, increasingly, the general community—are providing practical and emotional support to people who live with HIV. Dr. Chawalit stresses the importance of this "supporting environment in the community."

The people left behind: Children and the elderly. Thailand's Department of Public Welfare estimates that by the year 2000 there will be as many as 150,000 children in Thailand whose parents have died of AIDS. Women Against AIDS is one of several NGOs based in the north that help parents infected with HIV plan for their deaths and for the long-term care of their children. "Most people in our AIDS groups can come to terms with their own deaths," says Coordinator, Ben Svasti, "it's just the fear for their children and to a lesser extent for their parents."

Although the Royal Thai government has allocated funds to four government orphanages to care for infants and children who are HIV positive, Mrs. Mayuree Yoktree, Superintendent of the Vienping Children's Home in Chiangmai, explains that very little government support is available for orphans whose parents have died of AIDS but who are not infected themselves. Community workers agree that it is best if these children can stay with relatives, preferably with their grandparents.

Many grandparents were already retired from agriculture or construction work when their sons or daughters became ill with AIDS and died. With no government-sponsored social security system, they were typically dependent on their children for financial support. When their children became ill, the family's savings were used up paying for health care and eventually for funerals.

NGOs and community groups try to provide at least modest financial assistance. Mrs. Yoktree calculates that it costs nearly US$800 (30,000 Thai baht) a year to look after a child in a Thai orphanage, while about $160 a year (500 baht a month) provides modest, but adequate support for a child living with a grandparent.

Innovative programs in northern Thailand are focusing on helping those grandparents with good health to generate an income. Women Against AIDS has created revolving funds for village-based elderly associations to start up

home agriculture and handicraft projects, such as raising ducks, hand-grinding rice, and making artificial flowers. Mr. Svasti reports that such projects have been "surprisingly successful…because the elderly are conservative, practical. None of these wild schemes to get rich quick." When loans are repaid, the modest interest rates obtained go to the elderly who cannot work to support themselves and their grandchildren.

Apart from financial problems, there is a double generation gap between children and their grandparents. Groups in northern Thailand are beginning to consider training programs for grandparents and camps where children and their grandparents can express their tensions and frustrations and learn how to live with each other. If the generation gap is not addressed, children are likely to leave school, run away from home, and turn to life on the streets where they, in turn, face a high risk of HIV infection.

SUSTAINING THE EFFORT

Although current evidence suggests that the HIV/AIDS situation has stabilized and even slightly improved, changes in Thai society may make it more difficult to prevent new infections in the future. Ben Svasti describes the situation: "There is concern that Thailand is relaxing its guard against HIV/AIDS prematurely based simply on data that the number of new infections has dropped slightly over the past couple of years. HIV/AIDS campaigns by the media are tailing off and being replaced by drug prevention campaigns. Recent HIV/AIDS prevention efforts…have met with responses from the community such as 'Why are you still doing HIV/AIDS programs? AIDS is no longer a problem.'"

Recent surveys on trends in sexual risk-taking behavior have yielded conflicting results, but all agree that condom use between noncommercial sexual partners outside of marriage remains alarmingly low—in the 15- to 20-percent range. Current information on army recruits indicates that young men who have initiated sexual activity are still becoming infected at a rate of 0.3 to 0.4 percent a year. Given almost 2.5 percent HIV prevalence among the general adult population, casual, noncommercial sex could become a major avenue for the spread of HIV.

According to Mr. Svasti, the highly effective outreach program to brothel-based sex workers has been undermined in recent years by law enforcement agencies that have decided to repress sex workers, "pushing them underground into situations where working conditions, human rights, and outreach by public health agencies have worsened. Sex workers no longer come for weekly health check ups at hospital clinics, they no longer receive counseling on STDs or on alternative employment opportunities, and—worst of all—they no longer come forward to receive free condoms."

While Thai men in all age groups are making fewer visits to brothel-based sex workers than in the past, there is evidence that they are more likely to visit "indirect" sex workers, based in bars, massage parlors, or restaurants. Condom use in these settings is much lower than levels reported in brothels, and "indirect" sex workers, such as waitresses, shop assistants, and students, receive very little attention from public health officials.

Dr. Usa Duongsaa, Secretary of AIDS-Net, stresses the need to rethink prevention efforts: "In our prevention programs, we have to be more specific about approaches for different target groups such as indigenous people, drug users, migrant workers, and youth."

Like others in the community, she is concerned that young people are at particularly high risk from a resurgence of new infections. The Ministry of Education has developed a curriculum for training the teachers and community workers responsible for sexuality education, but "teachers, parents, and community workers have very different ideas about what the kids should learn and how to talk to kids about sex."

Dr. Duongsaa stresses three important aspects of the Thai response that might usefully be applied in other countries:

1. Strong, sustained government commitment—the Prime Minister chairs the National AIDS Committee, and the highest planning body develops national AIDS plans
2. Numerous, active NGOs and community groups organized in networks
3. Close cooperation between NGOs, community groups, and government agencies—government AIDS budgets specifically allocate resources to NGOs and community groups

Thailand has shown the world that an effective response to HIV/AIDS requires the joint efforts of all sectors of society. This society-wide response has substantially reduced the incidence of HIV and has mobilized a wide range of resources to care for individuals and families affected by the epidemic. Will this success story continue, particularly in light of current financial constraints? Other countries in the Asia-Pacific region can learn much from studying the Thai experience and adapting components of the Thai approach to their own needs.

FURTHER READING

Wiput Phoolcharoen, Kumnuan Ungchusak, Werasit Sittitrai, and Tim Brown. 1998. Thailand: Lessons from a strong national response to HIV/AIDS. *AIDS* 12(suppl. B): S123-35.

Printed on recycled paper with soy-based ink.