

# AIDS in Thailand

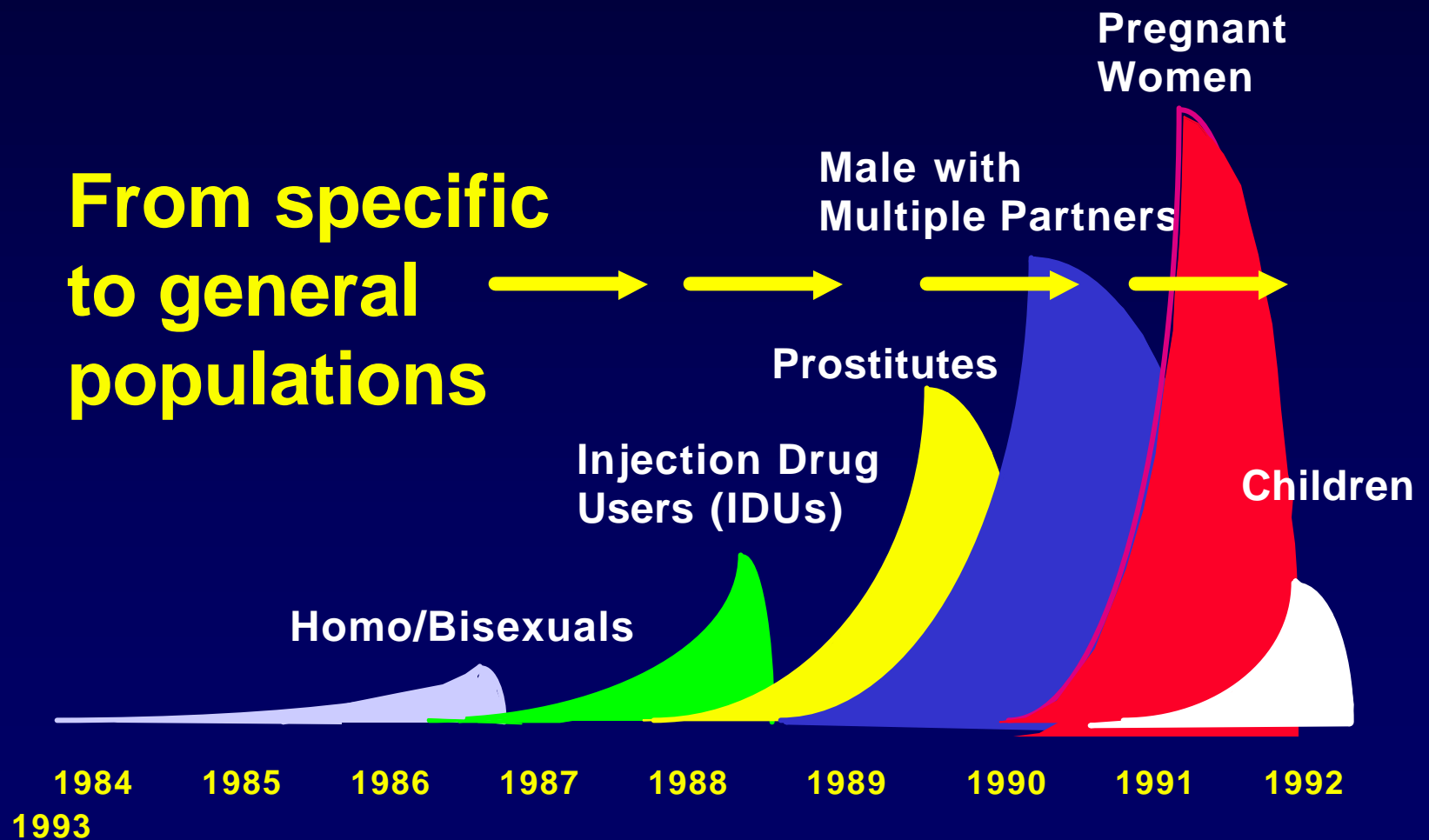
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# Five Waves of HIV Epidemic in Thailand

- **1984:** Male homosexuals and bisexuals
- **1988:** Injecting drug users
- **1989:** Female sex workers
- **1990:** Male clients of FSW (STD patients)
- **1991:** General females (pregnant women) & their newborns

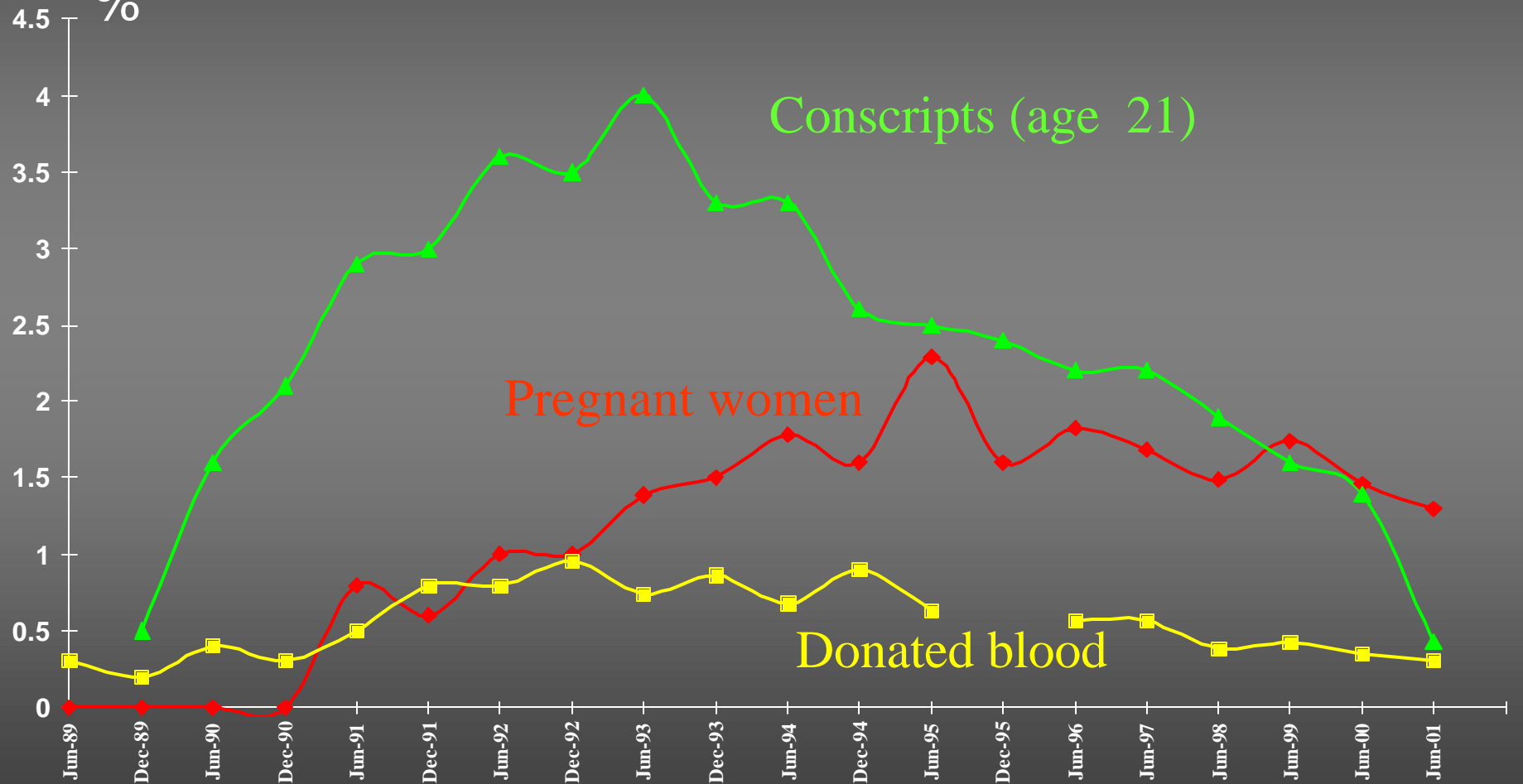
# Thailand HIV/AIDS Epidemics



# HIV Prevalence Among Pregnant Women, Male Conscripts, Donated Blood: Thailand



## 1989-2001

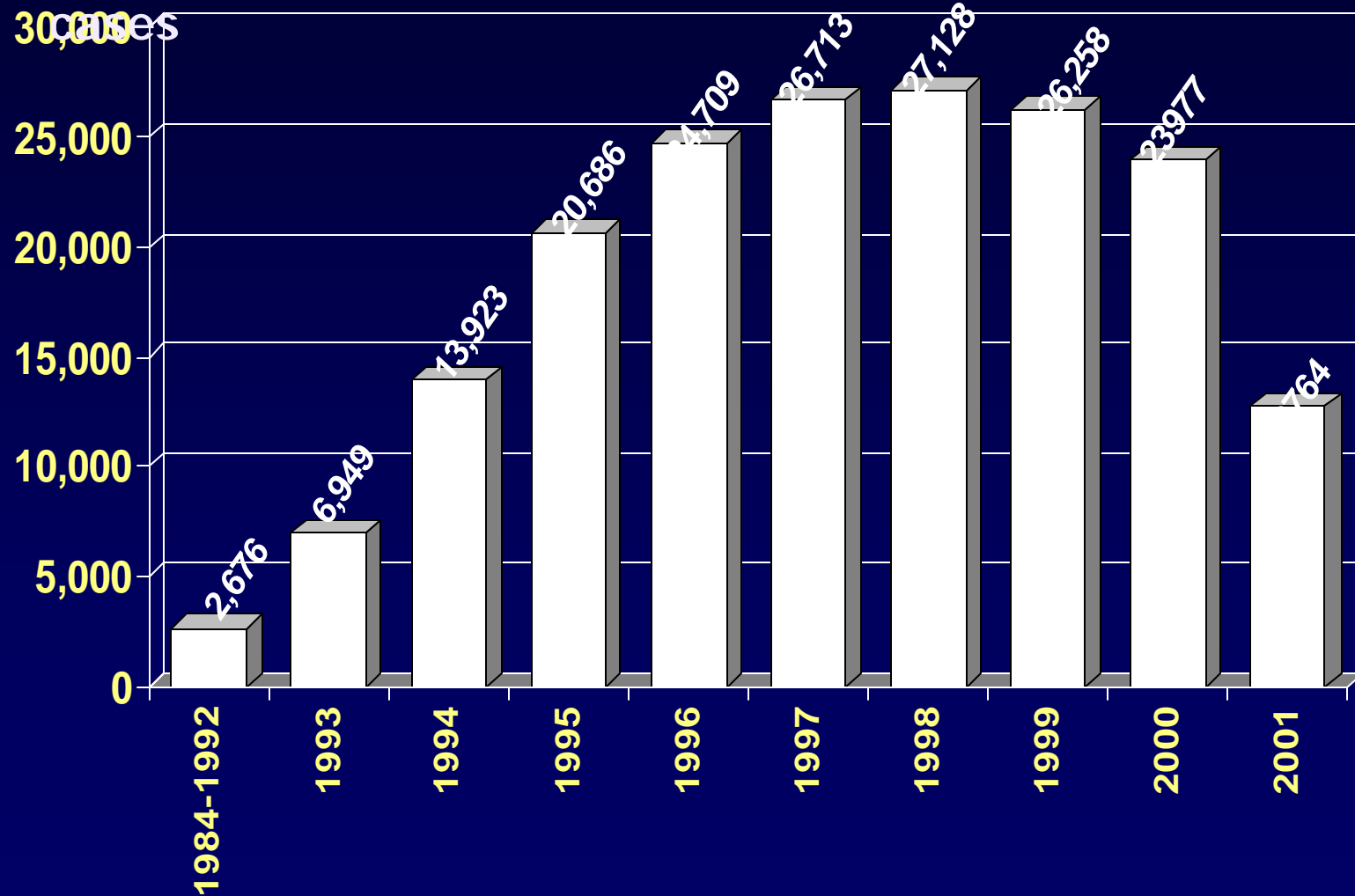


Month/Year

# Reported AIDS Cases by year, Thailand 1984-2001



Number of



Delay e

# HIV/AIDS Situation in Thailand at the end 2001



<b>People living with HIV/AIDS</b>	<b>665,000</b>
<b>New AIDS in 2001</b>	<b>53,000</b>
<b>New HIV infections in 2001</b>	<b>25,000</b>
<b>Deaths due to HIV/AIDS in 2001</b>	<b>55,000</b>

# Examples of the response

- Prime Minister chairs the National AIDS Committee
- 100% condom campaign
- The Anonymous Clinic and nationwide VCT
- Wednesday Friends' Club and nationwide PWA groups
- Budget for ARV & ARV price reduction through generics
- Clinical trials of drugs and vaccines (HIV-NAT & others)
- PMTCT and MTCT-Plus programs

# 100 % condom use program

- Agreement among owners of sex establishment, sex workers, MOPH and police men for 100% condom use in commercial sex
- Condom is provided free of charge
- No customer is allowed without condom use
- Every case of STD will be traced back to the sex establishment with probation and potential of closing if non-complied
- Spot check by spying

# Anonymous Clinic



# The Thai Red Cross Anonymous Clinic

- Asia's first voluntary counseling & testing center
- A model and training site for other VCT centers in the region
- 50-70 new clients per day, each identified by a serial number
- Also offering VCT for CD4, viral load and resistance testing
- Offer free supply of cotrimoxazole and fluconazole for low CD4
- Source of recruitment for clinical trials volunteers

# The Wednesday Friends' Club

- Thailand's first HIV self-help group (PWA), attached to TRCS
- The parent organization of over 500 PWA groups throughout Thailand
- Participate in counseling, home care, advocacy, policy making, training
- Able to appear in public, accessible by public, thus, ease the issue of living with PWA

# HAART: Affordability

*The Gap is Getting Closer*



<u>HAART</u>	<u>Year</u>	<u>Cost</u>
		Baht/month
2NRTIs+PI	Before 2000	>25,000
2NRTIs+boosted PIs	2001	13,000
	2002	6,000
2NRTIs+NNRTI	Before 2000	15,000
	Early 2001	13,000
	Mid 2001	<6,000
	Late 2001	2,300
	2002	1,200 (<\$US

# Price of ARV purchased by MOPH, Thailand (April 2002)

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• AZT ( GPO)	840	Baht (20\$)
• d4T (GPO)	210	Baht (5\$)
• 3TC (GPO)	600	Baht (14.3\$)
• Nevirapine (GPO)	900	Baht (21.4\$)
• Efavirenz(200) (MSD)	2,125	Baht (50.6\$)
• Indinavir (400)(120 tab) (MSD)	1,716	Baht (40.9\$)
• Ritonavir (100)(60 tab)(Abbot)	2,736	Baht (65.1\$)
• GPO Vir (GPO)	1,200	Baht (28.6\$)

# Ministry of Public Health ARV Program

- Annual budget of 250 million Baht (6 million US\$)
- Was able to provide ARV to 2,000 patients
- In 2002 with lower ARV price and additional 50 Million Baht, 10,000 patients can have ARV
- In 2003 with Global Fund, 20,000 patients can have ARV
- It is estimated that 200,000 patients are in need

# Access to ARV in Thailand

- Self-pay
- Third party (government and private employees)
- MOPH “clinical network” for free ARV & co-payment scheme
- Donation
- Clinical trials
- Compassionate release

# Thai Red Cross AZT Donation for PMTCT

- Public donation to provide free AZT to poor pregnant women to prevent mother-to-child transmission
- Thai Red Cross operates under the patronage of HRH Princess Soamsawali
- Over 5,000 women have received AZT during last 6 years with transmission rate around 5%
- UNAIDS Best Practice series showing public mobilization
- Extension into MTCT-Plus

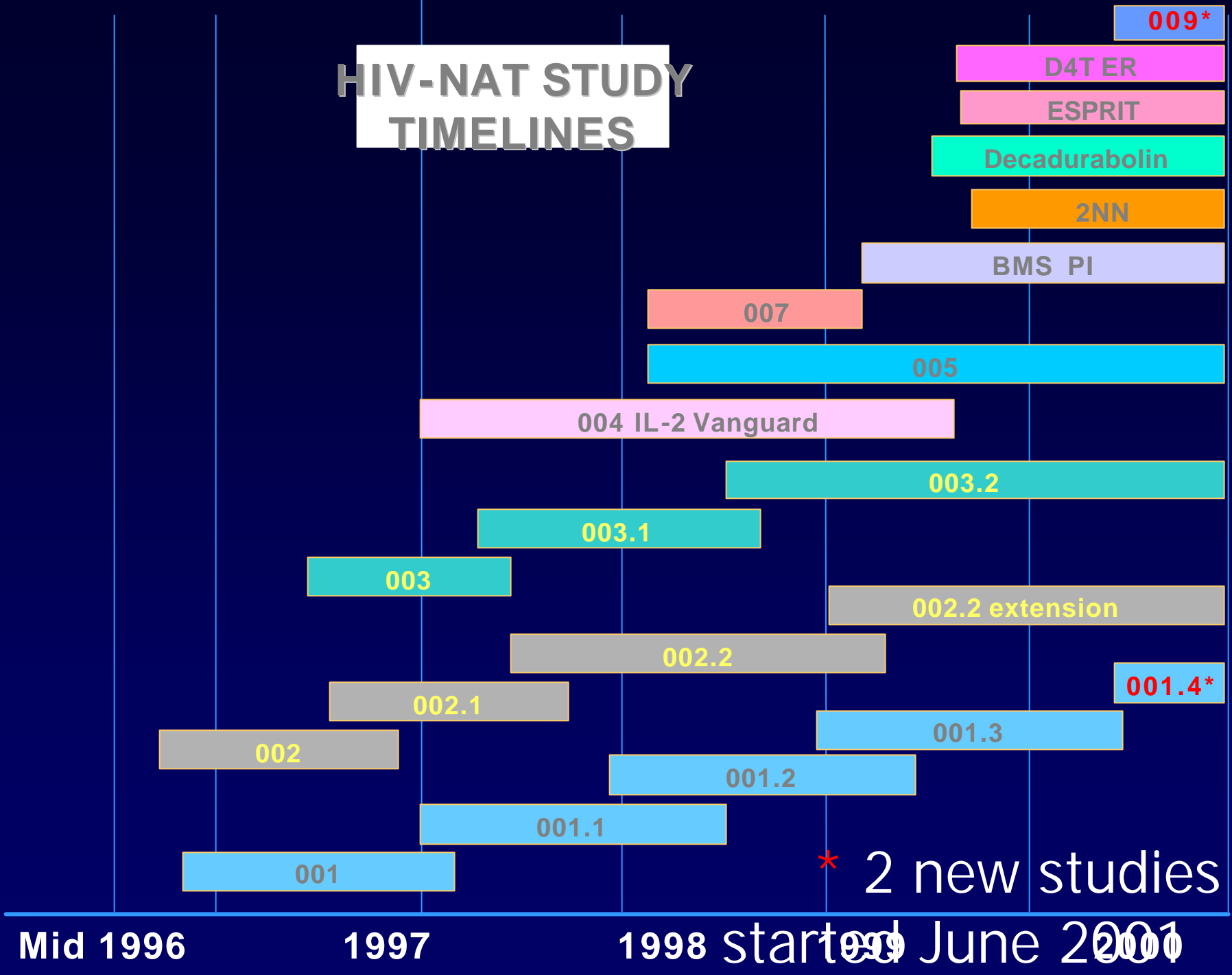
# MTCT Plus in Thailand

- Extension of TRCS AZT donation project to infected parents & children (N=250) using d4T/3TC/NVP
- Supplemented by Columbia University MTCT Plus Initiative (N=250) using AZT/3TC/NVP
- Five hospitals participate, both NEW & OLD mothers
- To start in February 2003
- MOPH also plans to start MTCT Plus in selected provinces

# The HIV Netherlands Australia Thailand Research Collaboration (HIV-NAT)

- A tricontinental collaboration: the Netherlands (IATEC, Prof. Joep Lang), Australia (NCHECR, Prof. David Cooper) and Thailand (TRC-ARC, Prof. Praphan Phanuphak)
- Perform multicenter and international HIV clinical trials of GCP standards and provide HIV medicine and clinical trials training
- Started 1996 and over 1400 patients have received ARV for as long as 6 years The first HIV clinical trials center in Asia, located in Bangkok

# HIV-NAT STUDY TIMELINES



\* 2 new studies

Mid 1996      1997      1998 started on June 20, 1999      2000

# HIV-NAT 001 series

- 001 : Half-dose vs. full-dose ZDV/ddC
- 001.1: d4T/ddI/SQV-SGC vs. ZDV/3TC/SQV-SGC (1400 mg bid)
- 001.2: 001.1 +/- itraconazole 100 or 200 mg OD to look for SQV plasma level
- 001.3: SQV-SGC 1600 mg + RTV 100 mg OD (for undetectable VL) vs. SQV-SGC 1400 mg bid (for detectable VL)
- 001.4: Continuous OD SQV/RTV vs. week on-week off vs. CD4-guided (STI)

# Problems still facing

- Lower government commitment
- High cost of laboratory monitoring and of salvage regimens after d4T/3TC/NVP failure or intolerance
- Knowledge, commitment & critical mass of treating physicians
- Stigma which results in discrimination & denial for care
- Commitment, understanding & attitude of PWA towards care
- Scaling up of ART is slow and unpredictable

# Needs

- **Heighten government commitment through NGO/PWA, academicians, politicians from opposite parties, foreign governments (developed & developing), foreign NGO and international agencies**
- **Simplified and cheaper monitoring tools and guidelines for most cost-effective use (which one, when & how often)**
- **Marked price reduction of all ARV through competitive price negotiation including generic drugs**

# Needs (II)

- Large-scale training of healthcare workers
- Destigmatization and public acceptance of PWA
- Patient education with balanced information of conventional and alternate cares.

*AIDS can be treated although cannot be cured*

# International collaboration on HIV/AIDS

- **Partners:** Government, university, private sector, NGO, PWA & international agencies to work with their respective counterparts & cross-counterparts
- **Needs:** Money, technology, expertise & advice (blessing & pledging)
- **Activities:** Policy planning & implementation, research, education & training, prevention, treatment & care, advocacy