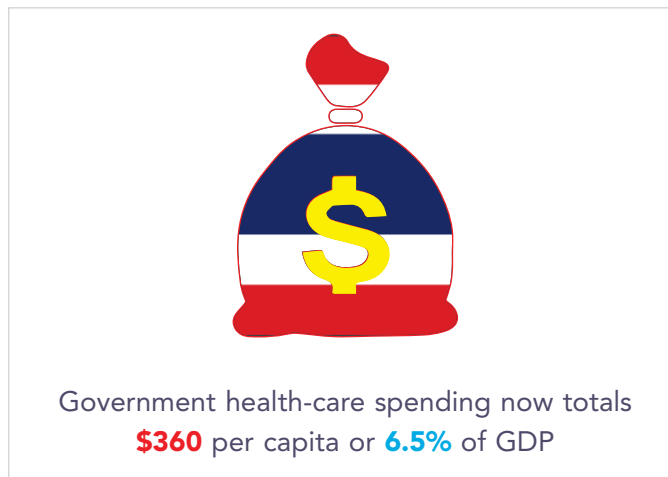
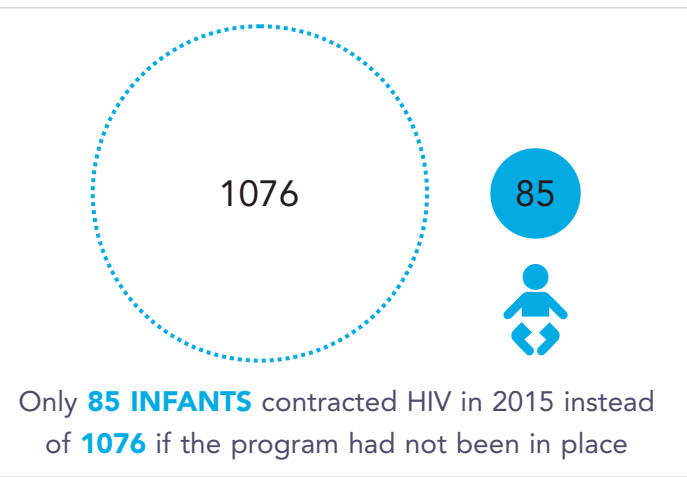
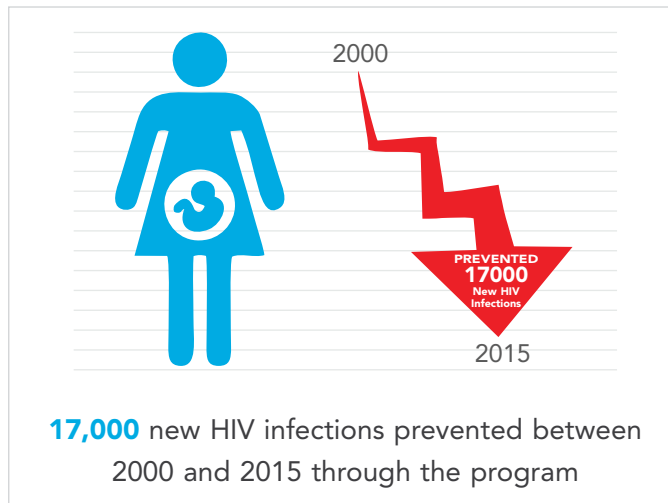
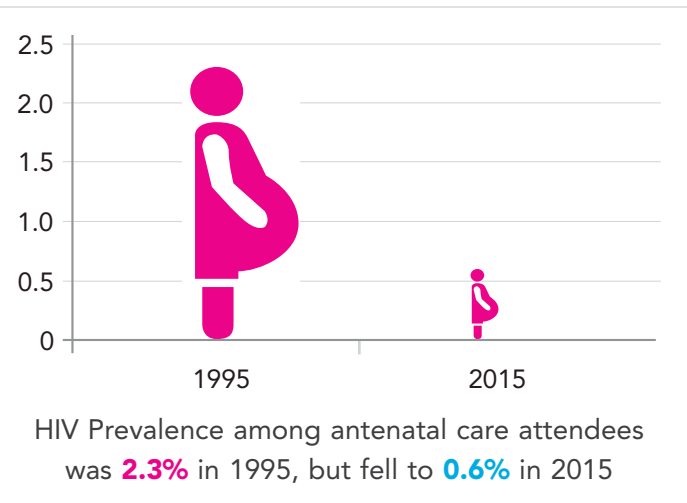
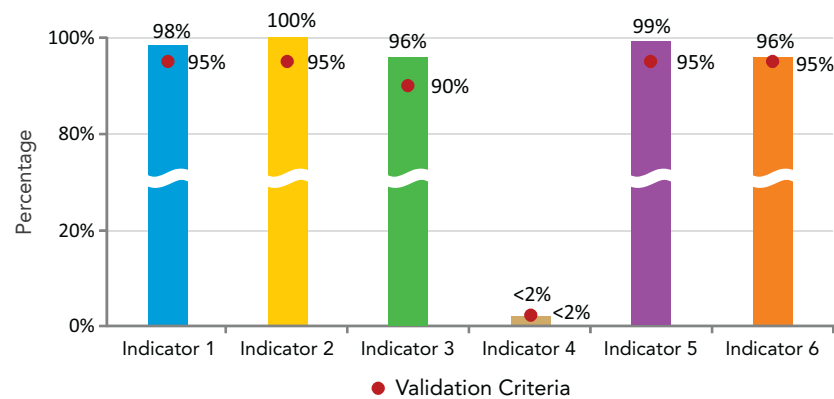


Thailand's bold policies deliver exceptional results



EMTCT of HIV and Syphilis - Indicators for Thailand 2015 & WHO validation Criteria



- Indicators**
- 1- ANC coverage - 1 or more visits
 - 2- Coverage of HIV testing in HIV+ pregnant mothers (ANC, Labor/Delivery, Postpartum)
 - 3 -ARV coverage for PMTCT, excluding nevirapine
 - 4- Estimated MTCT rate of HIV
 - 5- Coverage of syphilis testing at 1st ANC visit
 - 6- Treatment coverage of syphilis+ pregnant women

"Thailand has proven itself a world leader when it comes to tackling HIV. Thailand's unwavering commitment to core public health principles has allowed it to eliminate mother-to-child transmission, which is critical to rolling back the country's ongoing epidemic. Thailand's achievement provides an example of how the world can eliminate HIV once and for all."

- Dr. Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region

With Thailand's new generation born free of HIV, the country is poised to make further progress to end AIDS.



Photo: WHO

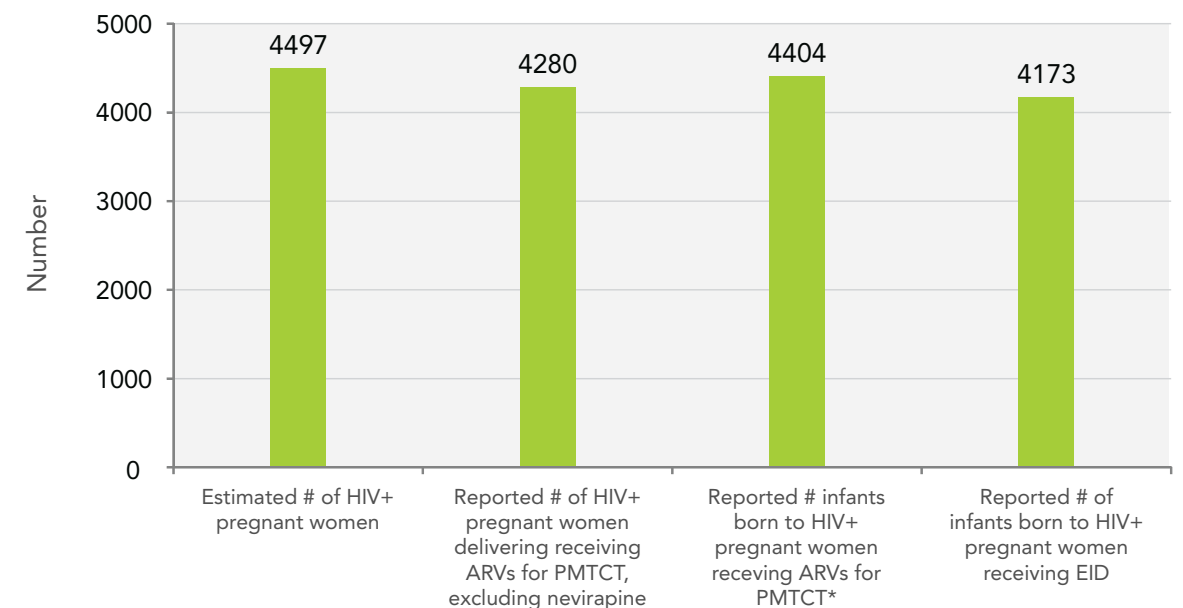
Catalyzing the **HIV** ENDGAME

A generation born free of **HIV**

Elimination of Mother-to-Child Transmission (MTCT) in Thailand

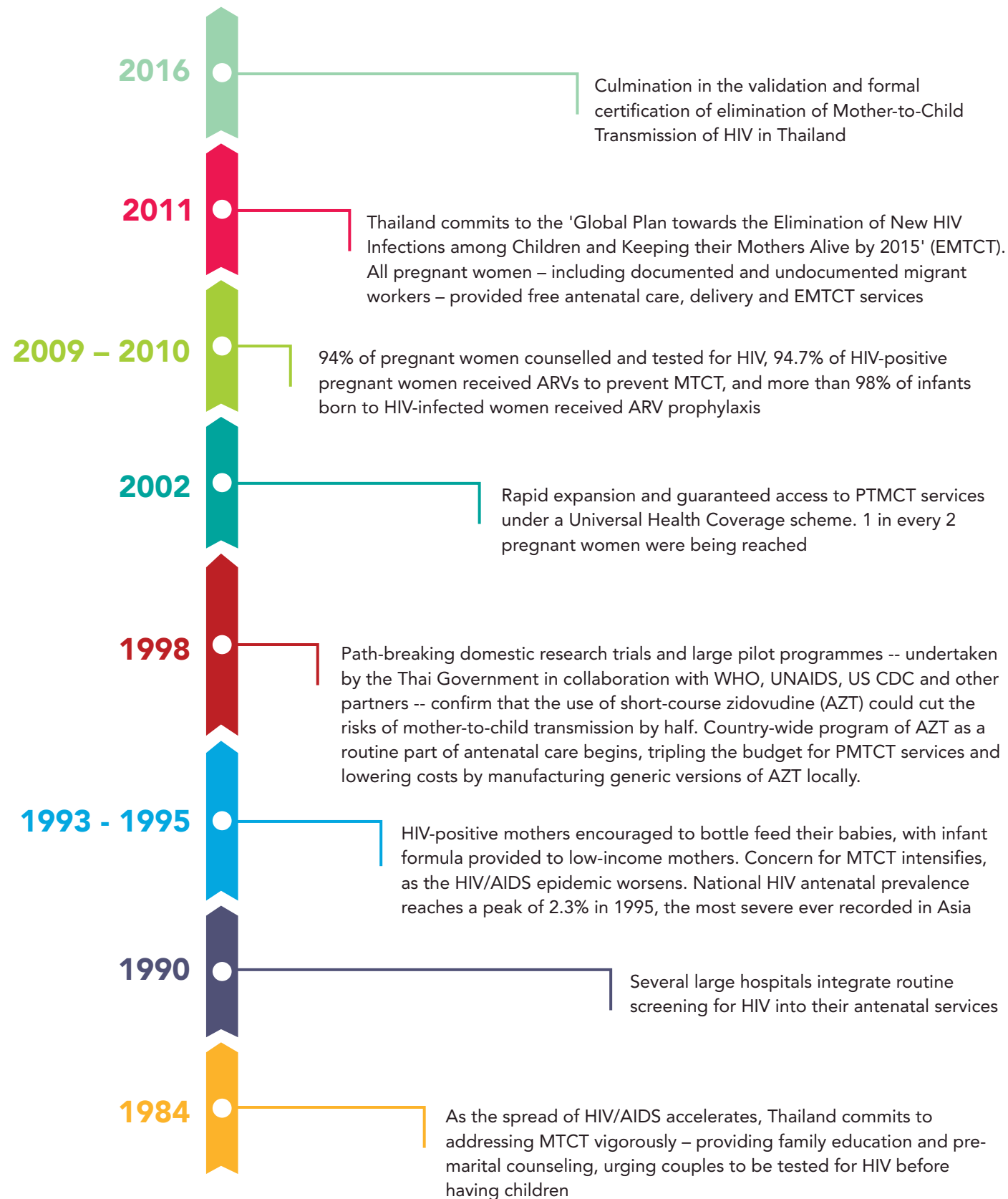
June 2016 marks the elimination of Mother-to-Child Transmission (MTCT) of HIV in Thailand. The certification and announcement of this remarkable achievement makes Thailand the second country in the world and the first large epidemic to reach this milestone. Thailand's success demonstrates what commitment it takes to reach public health goals, the wisdom of enhancing quality health care, equitable access and the determination to ensure no one is left behind.

Cascade of Services for Prevention of Mother to Child Transmission of HIV, Thailand 2015



Source: GARPR data, 2015

THE PATHWAY TO ELIMINATION



Key Challenges for Eliminating MTCT in Thailand

- The vast majority of new perinatal HIV cases were related to late presentation of HIV-positive pregnant women for ANC services or poor ART adherence.
- Previously tested HIV-negative pregnant women were acquiring HIV closer to delivery or in the post-partum period.
- Initiation of ART in HIV-positive infants was often delayed.

The Game Changers

- An unswerving commitment to preventing all new HIV infections.
- A robust framework for Universal Health Coverage with quality-assured services for all.
- A visionary commitment to equitable access – for Thai citizens and immigrants alike.

The Gameplan for Success

The Political: Unprecedented leadership and commitment of the Ministry of Public Health (MOPH) and key partners such as the Thai Red Cross, the Thai AIDS Society, CDC, UNAIDS, UNICEF, WHO, and a network of university hospitals generated and drove a game-changing agenda, including: a national policy in 2000 for the rapid scale-up of PMTCT in all 77 provinces; changing national PMTCT guidelines from WHO Option A to Option B in 2010; and use of data from program evaluations for continuous quality improvement.

The Technical: The strategic integration of PMTCT into Mother and Child Health (MCH) services combined with a nationally integrated, decentralized, near real-time PMTCT M&E system to ensure continuous improvement and fine-tuning of services.

The Social: Wide-scale participation and close engagement with PLHIV, especially women, to drive a bottom-up approach to programming, which was based on respect.

The Financial: A bold and visionary policy to include PMTCT services and HIV treatment in the benefits package of the Thai Universal Health Coverage initiative, enabling all HIV-positive pregnant women to have easy and equitable access to diagnosis, ART, and infant formula to prevent MTCT of HIV.

The Research: A network of academic and research institutions, both private and public, to conduct robust research and generate evidence for enhancing efficiency and effectiveness in the technical, social, and operational domains, including the conduct of landmark clinical trials, the adjustment of PMTCT regimens, and the adoption of the WHO Option B policy.

Sustaining the Elimination of Mother-to-Child Transmission of HIV

While Thailand has achieved the elimination of MTCT, sustaining it will require continued effort at the sub-national levels to ensure responsiveness, ownership, and commitment towards maintaining a high level of coverage and quality of services. Indeed, the validation of EMTCT should be assessed at periodic intervals.

Increased mobility due to advancement of the Asian Economic Community will likely increase inflow of HIV-positive pregnant migrants to Thailand for health

services. Health insurance and social security for these migrants will have to be further expanded to ensure universal access to HIV services.

Furthermore, focused attention will need to be maintained on partners of key populations from where new infections tend to emerge (including MSM, sex workers, and PWID).

The participation of civil society will have to remain central to the HIV response, to ensure outreach, quality, efficiency, and effectiveness of HIV and PMTCT services.