Thailand’s bold policies deliver exceptional results

HIV Prevalence among antenatal care attendees was 2.3% in 1995, but fell to 0.6% in 2015

17,000 new HIV infections prevented between 2000 and 2015 through the program

Only 85 INFANTS contracted HIV in 2015 instead of 1076 if the program had not been in place

Government health-care spending now totals $360 per capita or 6.5% of GDP

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

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

Catalyzing the HIV ENDGAME

A generation born free of HIV

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

June 2016 marks the elimination of Mother-to-Child Transmission (MTC) 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.
THE PATHWAY TO ELIMINATION

2016
Culmination in the validation and formal certification of elimination of Mother-to-Child Transmission of HIV in Thailand

2011
Thailand commits to the ‘Global Plan towards the Elimination of New HIV Infections among Children and Keeping their Mothers Alive by 2015’ (EMTCT). All pregnant women – including documented and undocumented migrant workers – provided free antenatal care, delivery and EMTCT services

2009 – 2010
94% of pregnant women counselled and tested for HIV, 94.7% of HIV-positive pregnant women received ARVs to prevent MTCT, and more than 98% of infants born to HIV-infected women received ARV prophylaxis

2002
Rapid expansion and guaranteed access to PMTCT services under a Universal Health Coverage scheme. In every 2 pregnant women were being reached

1998
Path-breaking domestic research trials and large pilot programmes – undertaken by the Thai Government in collaboration with WHO, UNAIDS, US CDC and other partners – confirm that the use of short-course zidovudine (AZT) could cut the risks of mother-to-child transmission by half. Country-wide program of AZT as a routine part of antenatal care begins, tripling the budget for PMTCT services and lowering costs by manufacturing generic versions of AZT locally.

1993 – 1995
HIV-positive mothers encouraged to bottle feed their babies, with infant formula provided to low-income mothers. Concern for MTCT intensifies, as the HIV/AIDS epidemic worsens. National HIV antenatal prevalence reaches a peak of 2.3% in 1995, the most severe ever recorded in Asia

1990
Several large hospitals integrate routine screening for HIV into their antenatal services

1984
As the spread of HIV/AIDS accelerates, Thailand commits to addressing MTCT vigorously – providing family education and pre-marital counseling, urging couples to be tested for HIV before having children

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.