Thailand eliminates mother-to-child transmission of HIV and syphilis

On June 7, 2016, WHO certified that Thailand had eliminated mother-to-child transmission of HIV and syphilis, becoming only the second non-Organisation for Economic Co-operation and Development country after Cuba to achieve these goals.1–3 WHO also validated Belarus for eliminating mother-to-child transmission of both HIV and syphilis on June 8.4 This is not only a public health success story for Thailand, but also an affirmation of how internationally agreed aspirational goals—from WHO’s Health for All by 2000 campaign and the UN’s 2001 Declaration of Commitment on HIV/AIDS to the Millennium Development Goals and the Sustainable Development Goals—can help health ministries to mobilise political will, public funds, and committed implementation.

Thailand’s commitment to address mother-to-child transmission of HIV started in the 1980s, when the spread of AIDS began to accelerate. The country’s first steps were to provide family education and premarital counselling, encouraging couples to be tested for HIV before having children. In 1990–91, some large hospitals started routine screening for HIV in antenatal clinics to protect health workers in the absence of effective interventions.1

The Government of Thailand’s concern about mother-to-child transmission intensified as the epidemic worsened. By 1995, national HIV antenatal prevalence had peaked at 2·3%, the highest ever recorded in Asia.5 However, at that time the high cost of antiretroviral treatment with zidovudine and technical capacity constraints prevented large-scale provision of zidovudine within the national programme. But by 1998, domestic research trials and pilot programmes undertaken by the government in collaboration with WHO, UNAIDS, the US Centers for Disease Control and Prevention, and other partners confirmed that the use of short-course zidovudine could cut the risks of mother-to-child transmission by half.2 Thailand then began a countrywide programme that provided short-course zidovudine as a routine part of antenatal care, tripled the budget for prevention of mother-to-child transmission (PMTCT) services, and lowered costs by manufacturing generic versions of zidovudine locally.

Coverage expanded rapidly, so much so that by 2001, two in three pregnant women were covered by PMTCT services.4 In that year, the government guaranteed universal access to PMTCT services, integrating these into the new universal health coverage scheme.6 Consequently, by 2009, 94% of pregnant women were counselled and tested for HIV, 94% of HIV-positive pregnant women received antiretrovirals, and an estimated 62% to more than 95% of infants born to HIV-infected women received antiretroviral prophylaxis for PMTCT.7 In 2015, 99·6% of infants born to HIV-positive mothers in Thailand received antiretroviral prophylaxis.1 In 2011, Thailand committed itself to the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive.8 The government’s decision to provide all pregnant women—including migrant workers, in whom substantially higher antenatal rates of HIV have been recorded9—free antenatal care, delivery, and PMTCT services for HIV and syphilis pushed coverage rates higher. This concerted action culminated in Thailand’s certification of elimination on June 7.

WHO and UNAIDS estimate that Thailand’s efforts on PMTCT prevented nearly 17 000 new HIV infections in infants between 2000 and 2015.5 In 2015, for instance, 85 infants contracted HIV rather than the 1076 who
would have been expected to contract HIV if the comprehensive PMTCT programme were not in place.\(^1\) Thailand's successful elimination of mother-to-child transmission of HIV and syphilis was possible because of its larger achievements in reversing its severe HIV epidemic and in providing universal health coverage.

If Thailand's AIDS epidemic were as severe today as it was in the 1990s—or had substantially worsened, as once seemed likely\(^5\)—the challenge of eliminating mother-to-child transmission would have been immeasurably greater. It is because of the far-reaching preventive efforts sustained by the Government of Thailand from the early 1990s onwards that millions of HIV infections have been prevented and millions of lives have been saved—and elimination of mother-to-child transmission made possible. What has been achieved in Thailand is relevant for other countries and for health challenges beyond mother-to-child transmission of HIV. Investments in the response to AIDS must be increased to reduce new HIV infections among women and girls, young people, and key populations so that we do not pay a far higher price in the future—investing US$26 billion per year by 2020 will generate innumerable returns for the coming generations.\(^10\)

The Government of Thailand's commitment to radically improve overall health conditions has played a crucial part in the elimination of mother-to-child transmission of HIV and syphilis. Universal health care began in 2001 and was made free in 2007. The public health system reaches even the most remote areas. Government health-care spending in Thailand now totals $360 per person or 6.5% of gross domestic product.\(^1\) Nearly 99.9% of Thai citizens are covered under government-supported health insurance schemes. In 2013, government-funded insurance schemes were extended to non-Thai residents, including undocumented migrant workers; in 2015, 1.45 million migrants had health insurance due to this policy.\(^2\)

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2 Regional Validation Committee. Elimination of mother-to-child transmission of HIV and congenital syphilis, Thailand validation. New Delhi: WHO Regional Office for South-East Asia, 2016.


