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Map 2.1 Prevalence of HIV/AIDS in Thailand by Province

Cumulative AIDS cases, 1986–2003

Reported symptomatic HIV cases, March 2004

Source: Data from Bureau of Epidemiology, MOPH.
Map 2.2  Prevalence of HIV/AIDS in Thailand by District

Cumulative AIDS cases, 1986–2003

Reported symptomatic HIV cases, March 2004

Source: Data from HIV/AIDS and Trafficking Project, United Nations Educational, Scientific, and Cultural Organization, Bangkok; MOPH.
Map 2.3  Coverage of ART Programs for Symptomatic HIV by Province, March 2004

Number of symptomatic AIDS cases

Percentage of ART coverage

Source: Data from Bureau of Epidemiology, MOPH.
Map 2.4  Symptomatic HIV by District- and Province-Level ART Coverage

Reported symptomatic HIV cases, March 2004

ART coverage at the provincial level

Source: Data from HIV/AIDS and Trafficking Project, United Nations Educational, Scientific, and Cultural Organization, Bangkok; MOPH. Same as above.
Map 2.5  Expansion of NAPHA, 2001–03

Source: Data from MOPH.
Note: No new hospitals joined NAPHA in 2004.
Map 2.6  Rate of ART Use at NAPHA Hospitals

NAPHA hospitals in 2003

ART participants per hospital

Source: Data from MOPH.
Map 2.7  NAPHA Hospitals and Presence of Patient Support Groups by District, 2004

Source: Data from HIV/AIDS and Trafficking Project, United Nations Educational, Scientific, and Cultural Organization, Bangkok; MOPH.
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HIV is the leading cause of premature death in Thailand. Since the first case of AIDS was reported in 1984, more than one million Thais have become infected. The social, human, and economic costs of this burden are enormous. This book presents the results of a joint study between the World Bank and the Ministry of Health of the Royal Thai Government (RTG) to assess the likely benefits, costs, and consequences of the government’s 2003 initiative to expand public provision of antiretroviral therapy (ART).

Using an innovative combination of economic and epidemiologic modeling, the authors evaluate the impact of alternative policies on relevant health and policy indicators. They estimate that ART will save years of healthy life at a cost of between $700 and $2,400 per life-year, depending on program choices.

Successful AIDS treatment accumulates ever-increasing numbers of patients who need subsidized ART. Despite the magnitude of the resulting fiscal burden, the authors judge this expenditure to be a worthwhile public health investment. However, they show that the sustainability of the program will hinge critically on the effectiveness of the government’s policies in three key areas: the reinforcement of past successes in HIV prevention, the quality of ART service delivery, and the success of negotiations with multinational pharmaceutical manufacturers on the prices of new AIDS drugs.

The study highlights issues common to all countries that follow the ambitious course set by Thailand and serves as a model for similar analyses of publicly provided AIDS care in other countries. Intended primarily to inform national and international discussions of AIDS treatment policy in developing countries, the book and associated computer files will also be useful to students and practitioners of health policy analysis.

Front cover note: Twelve-year-old girls in Pang Lao school in Thailand’s Chiang Rai Province learn about social groups most at risk from HIV infection.