HIV in Thai men who have sex with men: a sustained emergency

In *The Lancet HIV*, Frits van Griensven and colleagues[1] report high HIV incidence in men who have sex with men (MSM) in Bangkok, Thailand, in two different cohort settings: an MSM-friendly clinic, at which testing and counselling services and other sexual health services were provided on request and a closed prospective cohort of MSM testing at routine intervals. The HIV incidence of 5·5 per 100 person years in both groups is alarmingly high, but unsurprising because high and sustained transmission is being noted across the region in young homosexual, bisexual, and other MSM. Indeed, alarmingly high rates of HIV incidence in MSM have become the norm worldwide,[2] and programmatic responses continue to fail in controlling ongoing transmissions.

Data from van Griensven and colleagues' study allow for some insights into what actions are needed to enhance responses. Incidences of HIV in both cohorts were similar, even though men in the closed cohort received regularly scheduled HIV screening several times a year. Men in the Silom Community Clinic population received culturally competent care and integrated screening and services for sexually transmitted sexual infections. Also, overall, self-reported consistent condom use increased over the period of high HIV incidence. Such a high HIV incidence despite the provision of the services for counselling and testing reinforces our understanding that frequent testing, culturally competent care, and promotion of condom use are necessary, but are insufficient to prevent high HIV incidence in MSM. Together, the high per act risk of HIV transmission through anal sex,[3] role versatility,[2] high proportion of recent and acute infection, and high prevalence of HIV infection in MSM[2] are overwhelming basic prevention efforts.

Comprehensive prevention packages that integrate biomedical components, including pre-exposure prophylaxis (PrEP), will be needed to reduce HIV incidence,[4] and from recent modelling evidence these packages will need to be provided at high coverage—perhaps as high as 40–60% of eligible MSM, with increased HIV testing and promotion of condom use—for moderate reductions in HIV incidence.[4,5] Higher effective treatment coverage and adherence for MSM already living with HIV will also be an important part of a strategy to reduce HIV incidence.[5]

However, policy is needed to achieve high coverage of integrated packages for biomedical and behavioural interventions. Thailand, the setting of this report, has a history of global leadership in population implementation of HIV prevention, having been at the vanguard of universal treatment access, broad condom use promotion, and HIV vaccine development. Men in Bangkok and Chiang Mai also participated in the Global iPrEX study,[6] the results of which showed the efficacy of PrEP in MSM. Thai MSM seem willing to use PrEP.[7] Yet, in Thailand, as in some other countries in the Global iPrEX study, PrEP is not meaningfully available to homosexual and bisexual men who would almost certainly benefit from it. Recent efforts by the Thai Government to allow access to PrEP if paid for out of pocket are helpful, but not sufficient to achieve the scale of PrEP uptake that we know will be needed to address the alarmingly high incidence reported by van Griensven and colleagues.

The Thai Government has an opportunity to lead the world again through policy and programmes in response to the important data reported by van Griensven and colleagues. Support for HIV testing programmes and condom distribution must be sustained, but new efforts are needed to make PrEP meaningfully and broadly available to MSM, and to liberalise policies and support modern treatment combinations that allow safe and early access to treatment with antiretroviral therapies.

High HIV incidence in MSM might be unsurprising, but we must not lose our sense of urgency. Make no mistake, the investigators' findings represent a sustained public health emergency. What is needed to change this picture is political will and decisive action to scale up the existing means of prevention. Thailand has shown such leadership before during the HIV epidemic. We look to the Thai people once again to provide a model of comprehensive national action in the face of a public health emergency.

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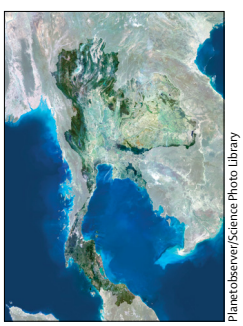

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