

EDITORIAL

CAN EDUCATION CONTAIN AIDS?

A decade into the global AIDS pandemic, continuing evaluation of containment measures is essential to objective planning for the decade ahead. For it is evident that the epidemic will continue, rising during the next few years in some countries, reaching a plateau in others, although it is not an easy matter to delineate the plateau accurately (Anonymous, 1991). Despite optimistic recent developments in that sphere, it appears that it will be quite some time before there is a marketable vaccine available, so strategies must take heed of existing technology for control.

The pace of advance of knowledge about AIDS has been prodigious. There are few if any other examples in medical history in which definition of a new infectious disease, discovery of the causal organism, total structural description of that organism, unravelling of the peculiarities of the immune response, delineation of global epidemiology and concerted efforts towards therapeutic solution have occurred in so short a time frame. In part this pace is a reflection of the technological tools new available to the sleuths, in part to the nature of the disease and its modes of transmission, in part to societal behavioral modes.

While Africa, the Americas and Europe were in turn the initial foci, Asia's epidemiologic patterns foretell serious times ahead, particularly in Thailand. It is appropriate, therefore, that the Ministry of Public Health of that country should review constantly the progress being made in the AIDS control program. The Special Report by Dr Teera Ramasoota in this issue contains both discouraging and encouraging information brought out by a four year review of the disease in Thailand.

It has been known for some time that AIDS and other sexually transmitted diseases (STD) occur in higher frequency in the north than in other regions of Thailand. In the review this is reflected by an increase in overall incidence of STD and in the number of sex workers in the north but a small decrease in the center and in the south. It is interesting that he records that the cooperation re-

ceived improved after the formation of provincial AIDS prevention and control committees chaired by the provincial governors, emphasising the need for involvement of non-technical leadership in the program.

The reduction in STD attendants is encouraging if, as suggested, it reflects a true reduction in STD incidence during the four year period. The south was exceptional in this regard. The question, too, is whether the observed reduction in attendants really resulted from the education campaign on AIDS and other STDs. If so, it is a positive sign of the effectiveness of the educational approach. What is remarkable is the reported reduction in genital ulcers: 59% reduction in chancroid, 27% reduction in syphilis, 59% reduction in gonorrhoea, which are attributed to greater condom use. Because of their shorter incubation periods these STDs can be indicators of the possible effects of increased condom use on AIDS transmission also. More than half of this reduction of STDs was in the north and in Bangkok, the areas with the highest incidences previously. That the figures indicate reductions in STDs in some key high risk groups is particularly encouraging.

The question that must be asked is how accurately the data reflect the true situation, at a time when HIV positive cases are increasing rapidly and the number of AIDS cases is predicted to be rising alarmingly. The delayed time frame makes it possible that the STD rate analysis can reflect a more optimistic view if it is indeed a true indicator of the effects of the education program. A continuing follow up should give more confidence.

What is important is the recognition of the need that the education program be a community wide one and that it be very vigorous (Techawongtham, 1991). It is aimed at all sections of the country and the community. A major plank is the promotion of condom use, based on the early encouraging data suggesting reduced STD transmission. The program is an ambitious and costly one, its success will be dependent upon continuing compliance in all sections of the community. Given

the predictions for the rise in AIDS in the next several years in Thailand, based on presumed existing but not yet manifest infections, a critical challenge will be the program's ability to maintain enthusiasm for the protective measures in spite of this increase, which hopefully will be transitory if the program is successful.

It is salutary that belated global efforts are now concentrating on education in the AIDS story and on old methods of transmission reduction. The dependence on technology which underscores modern medicine is clearly highly vulnerable in the face of the onslaught of diseases caused by lentiviruses. Indeed, education and community mobilization have been successful in the control of a number of infectious diseases where technology is more useful, as is illustrated by the review

in this issue of malaria control in China over the past forty years. Education has always been a great asset to public health policy if properly applied and it is harkening to see its skillful use in the AIDS pandemic.

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REFERENCES

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