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MEMORANDUM FOR KATY BUTTON, FIRST LADY'S OFFICE

FROM: LaHoma Smith Romocki, Office of National AIDS Policy

RE: U.S. Government HIV/AIDS Programs in Thailand

DATE: November 14, 1996

Attached please find a compilation of documents representing the array of U.S. Government sponsored HIV/AIDS programs and activities in Thailand.

The first page briefly describes the activities of CDC, NIH, USAID, and DOD. It is followed by the DOS cable from Bangkok that I mentioned to you and a more detailed report or summary of each agency's activities.

If you have any questions, please contact me at 202-632-1090.

A handwritten signature in black ink, appearing to be 'LH Smith Romocki', written in a cursive style.

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TO: **LaHoma Romockl**
AIDSCAP/The White House

cc: Neil Brenden

FAX: 202-632-1096

FROM: Tony Bennett
Senior Program Officer

DATE: 14 November 1996

Total pages: 1
(Including this page)

SUBJECT: HC Visit

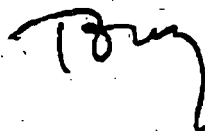
Greetings LaHoma!

Neil Brenden asked that I fax you recommended contacts for the First Lady's visit. I was at the US Embassy about 10 days ago and the subject of the visit came up. All other USG agencies were at the meeting including CDC, AFRIMS, Peace Corps. The Embassy staff are arranging the site visits and said they would call if any assistance was needed. The plan is to take her North and see activities with the Lanna people of the Golden Triangle.

I think that we should be low profile on this. Now that USAID has terminated assistance to Thailand and AIDSCAP no longer has a Thailand program, we should not be involved in official briefings -- otherwise there could be unpleasant political misinterpretations (e.g., "Why is USAID still funding programs in Thailand?" Obe/Wisconsin, etc.)

Now, if YOU came to visit us, that's an entirely different matter...

Best regards,



While Thailand's medical research capability is limited, the Royal Thai Government (RTG) has devoted significant resources to HIV/AIDS research, and has joined with US medical researchers to more fully understand and intervene the severe epidemic in Thailand. Thailand's research policies and efforts are coordinated under the National AIDS Prevention and Control Committee, chaired by the Prime Minister, and implemented through the Ministry of Public Health (MOPH).

In 1990, the US Centers for Disease Control and Prevention (CDC) established the "HIV/AIDS Collaboration" with the MOPH to conduct research leading to improved prevention strategies. CDC research focuses on HIV-related tuberculosis, HIV transmission among heterosexuals and injecting drug users, and a clinical trial of short course AZT to prevent mother to infant HIV transmission.

The US National Institutes of Health (NIH) sponsors US and Thai academic researchers, focusing on preparations for the advanced development (field efficacy trials) of drugs and vaccines for the prevention of HIV infection and AIDS. NIH-sponsored research conducted by Chiang Mai University and the Harvard School of Public Health is also evaluating the efficacy of AZT for prevention of mother to infant HIV transmission in northern Thailand.

The Agency for International Development (AID) is sponsoring HIV prevention demonstration projects through non-government organizations and the Bangkok city government.

The US Department of Defense, through the Walter Reed Army Institute of Research (WRAIR), and its affiliate laboratory - The Armed Forces Research Institute of Medical Sciences (AFRIMS), located in Bangkok, develops and evaluates preventive HIV vaccines in partnership with the RTG, private industry and academic collaborators throughout Thailand. WRAIR/AFRIMS also supports a national surveillance of HIV in Royal Thai Army, and collaborates with the US NIH and the RTG to prepare for future field trials of HIV vaccines.

All US-Thai collaborative efforts are coordinated within Thailand by the US Embassy through formal monthly meetings chaired by the Ambassador or the Deputy Chief of Mission

DRAFT: White House Brief: Armed Forces Research Institute of Medical Sciences (AFRIMS)
Contact: Dr. John McNeil, WRAIR - (301) 294-1888, x1108

Armed Forces Research Institute of Medical Sciences (AFRIMS), Bangkok, Thailand

The United States Component of AFRIMS is one of four Special Foreign Activities of the Walter Reed Army Institute of Research (WRAIR), which is, in turn, a subordinate laboratory of the US Army Medical Research and Materiel Command (USAMRMC). Initially created in 1960 under the auspices of the Southeast Asia Treaty Organization (SEATO), AFRIMS subsequently was formally established as a joint project between the Royal Thai Government (RTG) and the office of the US Army Surgeon General. In 1988, RTG jurisdiction for AFRIMS transferred to the office of the Supreme Commander of the Medical Department of the Royal Thai Army.

AFRIMS consists of Royal Thai and US Army components, and is directed by Major General Chu Chat Khamboo Na Ayuthaya. The US component is under the command of Colonel Thomas G. Brewer. The US component of AFRIMS is staffed by 24 US Army medical officers and enlisted personnel, and 139 Thai foreign national employees.

AFRIMS has historically focused on research of tropical infectious diseases of mutual relevance to the people of Thailand and the US military. Applied research conducted at AFRIMS has resulted in the development, evaluation and licensure of a number of therapeutic and preventive drugs and vaccines. Most recently, pivotal field efficacy trials conducted by AFRIMS staff and Thai collaborators have resulted in the licensing and marketing of vaccines for the prevention of Japanese B encephalitis and Hepatitis A viruses.

Currently, AFRIMS supports research, development, testing and evaluation of drugs and vaccines for the treatment and prevention of enteric (diarrheal) diseases, malaria, hepatitis viruses, and HIV/AIDS. Numerous drugs and some new vaccines for the prevention of malaria are being evaluated in field trials in rural Thailand.

A significant investment has been made by both Royal Thai and US governments to determine the characteristics of the HIV epidemic in Thailand, and to intensively cooperate on the development and evaluation of candidate vaccines for the prevention of HIV/AIDS. Study sites in Bangkok, Chiang Mai, Lamphang, Prachup Khiri Khan and Chon Buri Provinces are under evaluation.



The HIV/AIDS Collaboration Thailand



*A joint activity of the
Ministry of Public Health of Thailand & the
U.S. Centers for Disease Control and Prevention*

1995 Annual Report

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EXECUTIVE SUMMARY
ANNUAL REPORT FOR CALENDAR YEAR 1995

In 1995, the HIV/AIDS Collaboration, a joint activity of the Ministry of Public Health of Thailand (MOPH) and the U.S. Centers for Disease Control and Prevention, Atlanta (CDC) completed its fifth year of operation in Thailand. The first five years witnessed steady growth in the size of the Collaboration and the complexity of activities to address the demands of Thailand's rapidly growing epidemic of HIV infection and AIDS.

The objective of the HIV/AIDS Collaboration is to conduct research and related activities on HIV infection and AIDS in Thailand, in order to improve understanding of the disease and the dynamics of its spread in Thailand, and to provide a scientific basis for the development, planning, and monitoring of intervention programs to prevent and control HIV infection and AIDS. During 1995, a new MOPH *Executive Committee for the HIV/AIDS Collaboration* was formed to provide overall supervisory policy review and guidance on the Thai side; Dr. Wichai Chokewiwat replaced Dr. Prayura Kunasol, following his retirement, as the Thai Senior Investigator. On the U.S. side, this function is provided by the International Activity, Division of HIV/AIDS Prevention, National Center of HIV, STD, and TB Prevention, CDC; Dr. Timothy J. Dondero served as the American Senior Investigator. Both the Thai National Committee for Ethical Review of Studies Involving Human Subjects, MOPH and the Institutional Review Board, CDC review all proposed studies requiring such approval.

In September 1995, Thailand hosted the *Third International Conference on AIDS in Asia and the Pacific* in Chiang Mai. The work of the HIV/AIDS Collaboration was well represented in Chiang Mai, with 11 oral presentations and 5 poster presentations. This Annual Report summarizes the activities and accomplishments of the HIV/AIDS Collaboration during 1995. These activities provide the foundation for important intervention-related work to be continued in 1996. In particular:

The success of the *Bangkok Collaborative Perinatal HIV Transmission Study* has created a strong infrastructure for the evaluation of an intervention designed to prevent maternal-infant HIV transmission. By the end of 1995, necessary institutional and ethical approvals were obtained to begin a randomized, double-blind, placebo-controlled evaluation of a short, oral, antenatal course of zidovudine (ZDV or AZT) in pregnant HIV-infected women at Rajvithi/Children's and Siriraj Hospitals in Bangkok. This study is designed to determine if this regimen is safe and effective in reducing maternal-infant HIV transmission. The study is scheduled to start in the first half of 1996, with results to be available in 12-18 months.

In Chiang Rai, Thailand's northernmost province, follow up was continued in the HIV/AIDS Collaboration's *Chiang Rai Health Club* long-term study of HIV infection and AIDS among 500 female sex workers. Although HIV rates remain high and some young women have progressed to AIDS and death, monitoring of sexually transmitted diseases (STDs) in women enrolling in this cohort over four years has identified a decrease in STDs, resulting from the successful implementation of the "100% Condom Campaign" by the Chiang Rai Provincial Health Office. Plans are being made for special surveillance surveys for STDs and HIV among women in the general population and the evaluation of interventions, including vaginal microbicides, to prevent STDs and sexual HIV transmission.

In 1995, a collaborative team consisting of the Bangkok Metropolitan Administration, Mahidol University, the World Health Organization (UNAIDS), the MOPIH, and the HIV/AIDS Collaboration began a prospective cohort study of injecting drug users (IDUs) in Bangkok to learn if this population could be considered for efficacy trials of candidate HIV vaccines. Five hundred IDUs were enrolled in 1995; cohort expansion is planned for 1996. This study will determine rates of successful follow up and HIV incidence, and will identify newly infected persons from whom HIV strains will be obtained for genetic and virologic characterization.

Data from Chiang Rai and Bangkok indicate a growing epidemic of tuberculosis (TB) related to HIV infection in Thailand. In Nonthaburi, a study was initiated at Central Chest Hospital to examine TB in HIV-infected persons. At Bamrasnaradura Infectious Disease Hospital, a data management system continued to identify TB as the most common condition among Thai AIDS patients. At Chiang Rai Hospital, a pilot study was conducted to aid in the planning of an investigation of TB transmission risk to health care workers. These studies will lead to improved understanding of TB-HIV interactions and better means of preventing TB.

In early 1995, the HIV/AIDS Collaboration offices moved into larger space provided by the Department of Medical Services in the MOPH compound. Later in the year, the laboratory moved into larger, new space in Department of Medical Sciences Building #2. Following five years of steady growth, it is expected that the Collaboration will maintain its current size for some time. The new office and laboratory space provide essential space for staff and equipment to sustain the important work of the Collaboration.

HIV/AIDS in Thailand and within the Asia Region

There are two main messages:

1. The HIV/AIDS Epidemic in Thailand and US Government Assistance to Stem Its Spread:

The most critical health issue in Thailand is the advanced HIV/AIDS epidemic, which first swept into the country in 1988, its transmission made easy and rapid by the availability of commercial sex. Today, UNAIDS estimates that over 700,000 adults are infected with HIV, and over 22,000 cumulative cases of AIDS have occurred. It is estimated that 2% of all Thais, aged 15-49 are already infected. At the rate the infection is currently growing, there could be 1.6 to 1.8 million HIV infections by the year 2000.

However, Thailand has confronted the crisis squarely, with Asia's most effective AIDS prevention and surveillance program, resulting in drops of new HIV cases beginning in 1991. A comprehensive program of prevention activities was introduced including interventions to increase condom use with commercial sex workers and more accessible, effective management of other sexually transmitted diseases, such as syphilis and gonorrhea. The impact of these programs is just now being measured. Between 1989 and 1993, the number of male cases of the five classic sexually transmitted diseases declined 79%. From 1992 to 1995, the prevalence of HIV in 21 year old Thai military recruits has fallen from a high point of 4% to 2.5%. However, we still see a slow, steady increase of HIV prevalence in young pregnant women, from nearly no measurable HIV infection in 1990 to over 2% in 1995. While these results are encouraging, this information does point to the inadequacy of prevention efforts for young women.

The U. S. Government has contributed to these partial successes through USAID assisted programs.

- The USAID AIDSCAP Program focuses almost exclusively on Bangkok, with a population of 6-8 million. AIDSCAP worked closely with the Bangkok Metropolitan authority to target lower income groups, aged 15-29, totaling 1.5 million people, in workplaces, health service facilities and households. The project began in early 1992 and was completed in August 1996.
- During the past four years, there have been numerous successes: the number of men engaging in commercial sex has dropped from 21% to 13% for blue collar workers and from 13% to 4% for vocational students; the percent of men using a condom in commercial sex has increased.
- In September of this year, a Bangkok AIDS Forum was convened during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented through an equally diverse network of NGOs, government and university agencies. This is a striking example of how fast and how far the government and people of Thailand have come and how ably they have taken on a sustainable response

to this epidemic. This is an admirable achievement.

- However, the vulnerability of women, both single and married is still a cause for major concern. The percent of married women who used a condom during the last sex episode increased only slightly from 5-8% between 1993 to 1996. There is an increasing danger of complacency and decreasing interest which must be constantly battled against.

2. The Regional Epidemic in Asia and the Role that Thailand Can Play:

Asia, home to more than 60% of the world's adult population, is now the focus of the most severe HIV/AIDS epidemic in the world. In 1996, more individuals will become infected by HIV per year in Asia than in Africa. Asia will surpass Africa in cumulative infections by the end of the decade. India already has more HIV infected people than any other country in the world.

Thailand can now play a critical role in this region, by sharing its expertise and experience in dealing with the epidemic. The skills and resources are present throughout Thailand and these must be shared with the neighboring countries in the region.

Already, Thailand has begun to play this leadership role within the region, with USAID assistance:

- In order to understand Thailand's highly publicized proactive response to the HIV epidemic, AIDSCAP commissioned and published a study by Mahidol University which investigated the "triggers which promoted a positive policy response towards HIV prevention. The study illustrated what factors moved the Thai Government from denial to implementation of effective prevention policies. This analysis is now being applied in other countries in Asia.
- AIDSCAP sponsored five waves of behavioral surveillance surveys as part of the Bangkok Fights AIDS Project. Through this experience, behavioral surveillance, rather than just biologic surveillance, has attracted international attention as a means to gauge behavioral change over time.
- USAID has sponsored study tours to Thailand of key government policy makers and community opinion leaders from Indonesia, Philippines, and soon from Morocco and Egypt to learn from the Thailand experience.
- With USAID support, the Asia-Pacific Development Communication Center of Dhurakijpundit University in Bangkok has become a recognized world resource of communication and training skills. They have trained key staff and developed curriculum that has now been used in Laos, India, Indonesia, and Cambodia.

DRAFT

THAILAND PROGRAM DESCRIPTION

The AIDSCAP Thailand program focuses almost exclusively on Bangkok, the capital of Thailand with a population of 6-8 million. The Bangkok comprehensive program, "Bangkok Fights AIDS" (BFA), targeted the lower income groups, aged 15-29, totaling 1.5 million people, in work places, health service facilities and households. The project began in early 1992, with some city-wide activities and intensive activities in six target districts of Bangkok's 38 districts. The BFA Program is conducted in collaboration with over 20 agencies, from both governmental and non-governmental organizations (NGOs).

As part of AIDSCAP's global strategy, the BFA aims to slow the spread of HIV through reducing sexually transmitted disease (STD) infections, increasing the use of condoms and reducing the number of sex partners through interactive interpersonal communication and mass media. These initiatives seek to reduce risk of HIV infection and create an atmosphere that is conducive to changes of social norms among the target populations. In addition to providing services, the BFA supports capacity building and strengthening the infrastructure that can sustain the efforts in the long run with increasing resources mobilized locally from all potential sectors.

USAID ended its bilateral support to Thailand at the end of FY95. However, a Thailand Transition Plan was approved by USAID/Washington following continuation of the AIDSCAP program through FY96. The Transition Plan permitted AIDSCAP to continue prevention programming in the four areas: (1) technical assistance to the Bangkok Metropolitan Administration (BMA) -- the caretaker of the BFA after AIDSCAP concludes; (2) continued support for Bangkok NGOs implementing outreach interventions; (3) two survey rounds of the behavioral surveillance; and (4) maintenance of an AIDSCAP country office.

COUNTRY PROGRAM ACCOMPLISHMENTS

The BMA is the ultimate stakeholder in the continuing success of the Bangkok Fights AIDS model, therefore, in its final year, AIDSCAP paid particular attention to strengthening the personnel and systems within the BMA AIDS Division. In particular, the Faculty of Public Health, Mahidol, intensified "coaching" sessions for 38 district AIDS committees throughout Bangkok. These committees are the locus of coordination for the prevention activities designed according to the AIDSCAP comprehensive program approach. In addition, a variety of staff strengthening workshops were held to build planning skills, evaluation, data base management and coordination of government and non-government agencies.

A Bangkok AIDS Forum was convened in September. The forum was the final event of AIDSCAP's efforts with the BMA during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented through and equally diverse network of NGOs, government and university agencies which characterized the comprehensive Bangkok Fights AIDS programs. The event lasted three days and brought together 800 people representing a broad spectrum of participants from the public and private sectors collaborating

in the fight against AIDS in Bangkok. The event exceeded most participants' expectations and follow-up meetings are planned, independent of AIDSCAP, to build on the momentum that was generated by the Forum.

The Service Worker Outreach Project (SWOP II) was completed through the efforts of four indigenous NGOs with communication support from PATH/Thailand. This consortium of NGOs was able to reach factory workers, waitresses, motorcycle taxi drivers and many other types of low-income laborers in Bangkok. Over the five years of AIDSCAP, these NGOs have refined their outreach techniques and have distilled lessons of the field into a concise training curriculum. These lessons are being shared with other provinces of Thailand through a mobile, "lessons learned circuit show" whereby members of the SWOP II outreach teams conduct two to three day training workshops for provincial staff.

In the final year, the AIDSCAP Thailand office shifted from a focus on coordination to a distilling of lessons learned. Very early in the fiscal year, the office commissioned an external assessment of the BFA program after four years. This assessment will inform the process evaluation of the BFA. Throughout the year, the Thailand office, brought together local resource persons to help analyze and assess the experience of the BFA. For example, a mass communication expert was contracted to assess this component of the BFA. Another consultant was hired to write about the outreach efforts of the NGOs supported by AIDSCAP. Others assisted in synthesizing the progress and outcome of STD strengthening activities over the five years of the program.

The results from the behavioral surveillance surveys (BSS) in Bangkok provide an aggregate view of trends in the target population of the AIDSCAP/Thailand country program. The BSS was conducted over five rounds during 1993 to 1996 and involved over 20,000 interviews with lower income women and men aged 15-29. The following presents highlights of the BSS by comparing Round 1 data (1993) to Round 5 data (mid-1996). All responses are based on self-reports during personal interviews and from self-administered questionnaires.

Single and Married Men:

The percent of men who had commercial sex in the past year decreased from 21% to 13% for blue collar workers and from 13% to 4% for vocational students.

The percent of men who used a condom in their last commercial sex episode increased from 89% to 94% among blue collar workers and from 92% to 94% among vocational students.

The percent of men who had sex with commercial and non-commercial sex partners in the past year declined from 12% to 7% for blue collar workers and from 9% to 3% for vocational students.

The percent of men who had more than one non-commercial sex partner in the past year declined for blue collar men but remained the same for vocational students: 15% to 11% and 13% to 13%

respectively.

Female Commercial Sex Workers:

The percent of CSWs who used condoms with every paying client increased from 87% to 97% for brothel CSWs and from 56% to 89% for indirect CSWs (i.e., the latter work out of cocktail lounges, night clubs, etc.).

The percent of CSWs who had sex with non-paying partners increased for brothel workers and remained the same for indirect CSWs: from 38% to 42% and from 51% to 51% respectively.

The percent of CSWs who used condoms with non-paying partners is low, but increased from 20% to 32% for brothel CSWs and from 23% to 28% for indirect CSWs over the project period.

The percent of CSWs who seek medical treatment for STDs remained high at 94% for brothel CSWs and an increase from 91% to 96% for indirect CSWs.

Single and Married Women (non-CSWs):

The percent of single women who had sex in the past year declined slightly between 1993 and 1996: from 8% to 6% for blue collar workers and from 4% to 2% among vocational students.

The percent of sexually active single women who used a condom during the last sex episode remained low and constant at 19% between 1993 and 1996.

The percent of married women who used a condom during the last sex episode increased slightly from 5% to 8% between 1993 and 1996.

As the BSS survey teams complete their work they are beginning to sense a complacency among members of the target audience. By the Round 5 survey conducted in mid-1996 among 5,000 men and women, the percentage of respondents who said they had discussed HIV/AIDS or HIV prevention with their partners had declined precipitously. Although respondents believed the epidemic was "closer to them than ever," they also said that the issue of AIDS was commonplace--nothing to get excited over anymore.

CURRENT PROGRAM STATUS

As the program closes, many products of the AIDSCAP Thailand program will be disseminated over the final months of 1996. These reports and media comprise an important collection of the experience and lessons learned that will be valuable to other prevention programs worldwide.

Thailand
Process Indicator Data* xx

	FY96	Cumulative
Total People Educated:	32093	258968
Males	15679	42377
Females	11263	56704
No Gender Specified	5151	159887
Total People Trained:	3185	7961
Males	1521	2393
Females	1402	2447
No Gender Specified	262	3121
Total Condoms Distributed:	51806	1393162
Free	51806	1393162
Sold	0	0
Total Materials Distributed:	111917	458814

- * PIF data totals reflect the most up to date information available for Asia. Figures reflect data through August 1996.
- XX Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* include: behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters and comic books.

REGIONAL ACTIVITIES

The AIDSCAP Asia Regional Office manages a number of regional activities funded by the Asia Near East Bureau (ANE) and USAID, including policy analysis and advocacy, epidemiologic modeling and research, the development of country-specific STD protocols, a regional resource center, and support for Asian participants to attend conferences and regional workshops on HIV/AIDS and other STDs. Additional regional activities, such as the AIDSCAP women's initiative ad capacity building, are funded through core funding.

POLICY AND EPIDEMIOLOGY

AIDSCAP sponsored several activities and consultancies in FY96 to promote more adequate policy responses to the HIV epidemic in Asia as well as to better understand epidemiologic trends in the region.

In order to understand Thailand's highly publicized proactive response to the HIV epidemic, AIDSCAP commissioned and published a study by Mahidol University which investigated the "triggers" which promoted a positive policy response towards HIV prevention. The study illustrated what factors moved the Thai government from denial to implementation of effective prevention policies.

A consultant was hired by AIDSCAP in the first quarter of FY96 to review available HIV/STD data in Cambodia in order to estimate the number of HIV infections in-country for the Ministry of Health.

In India, inadequate HIV surveillance has caused widespread disagreement over the extent and spread of the epidemic. In collaboration with UNAIDS and the National AIDS Control Organization (NACO), AIDSCAP sponsored a three-day HIV Epidemiologic Roundtable in August 1996 which brought together national-level epidemiologists to discuss the status of HIV surveillance in the country. The participants formulated recommendations to improve training, implementation, and management of NACO's HIV surveillance system so that it can effectively generate and communicate HIV estimates.

Effective and frequent reporting about HIV in the media has long been established as a means to increase policy-maker and public response to the HIV epidemic. Continuing its series of trainings for journalists, AIDSCAP hosted a HIV/AIDS Workshop for 20 media personnel from Laos in Nong Khai province, Thailand near the Lao border in August 1996. AIDSCAP also assisted the AIDS Prevention and Control Project (APAC) with a similarly-designed workshop for journalists in India in January 1996.

Epidemiologic studies on risk behaviors which can influence policy-makers have been few in the region. AIDSCAP sponsored five waves of behavioral surveillance surveys in Bangkok during its implementation of the Bangkok Fights AIDS project to evaluate and monitor behavioral effects. Through this experience, behavioral surveillance has attracted international attention as a means to gauge behavioral change over time. In order to validate and publish the trends from the Bangkok study, AIDSCAP contracted with the Center for AIDS Prevention Studies, University of California, San Francisco, to assist in statistical analysis and data interpretation. At the end of the fiscal year, a draft of the major findings of the five waves of data was completed.

Finally, at the end of FY96, preparation was under way for a study tour for Moroccan and Egyptian policy-makers in Thailand, scheduled for October 1996. This study tour will introduce participants to Thai interventions and policies which have been effective in combatting HIV.

REGIONAL AIDS TRAINING AND EDUCATION (RATE) PROGRAM

The development of human resources to undertake HIV/STD prevention efforts is a logical approach to strengthening available structures in combatting the rapid spread of HIV/STD. Key players in governmental and non-governmental organizations require academically rigorous training in all aspects of HIV/STD prevention and control. In response to this training need, the Asia Near East Bureau allocated funds to provide training opportunities for participants from government and non-governmental agencies. The Regional AIDS Training and Education Program (RATE) was established in 1993. RATE aims to collaborate with several institutions with experience in international training in public health and to provide training courses in HIV/STD. RATE's principles emphasize institutional capacity building and sustainability.

The Asia-Pacific Development Communication Center (ADCC) of Dhurakijpundit University in Bangkok, Thailand serves as the Center of Excellence in Communication (with emphasis on behavior change communication), and Training Skills Development. With technical assistance from the AIDSCAP Asia Regional Office and the Program of Appropriate Technology for Health (PATH), in FY96, ADCC conducted the following activities:

Training of Trainers (TOT) for HIV/AIDS Communication Program II (February 19 - March 8, 1996). ADCC used the original curriculum for this course which was developed with AIDSCAP's assistance, and further fine-tuned it according to the feedback from the last course's participants. There were 10 participants.

Workshop on *IEC Messages and Materials Development for HIV/AIDS Communication Program* (March 25 - April 5, 1996). PATH took leadership in developing the curriculum for this course. The course was jointly conducted by ADCC and PATH staff, with facilitation from AIDSCAP technical staff in some sessions. There were 13 participants attending this course.

HIV/AIDS Workshop for Media Personnel in Lao PDR. (August 14-16, 1996) in Nong Khai province, Thailand. This workshop followed the regional workshop for journalists, *Reporting on HIV/AIDS in Asia : Facing the Facts* which was conducted in March 1994. The workshop aimed to enhance the quality and increase the frequency of good reporting on HIV/AIDS in Lao PDR, thereby assisting organizations and agencies in their efforts to inform the public and decision-makers about pressing HIV/AIDS problems and issues.

In addition to the three workshops, AIDSCAP is conducting a follow-up evaluation of all RATE activities since 1993. The purpose of this follow-up evaluation was to assess the impact of the RATE program in terms of increased capacity of the participants' performance in HIV/STD back on the job after their participation in a course or workshop, and to identify the lessons learned from its implementation.

As a result of the in-country follow-up workshops, an AIDSCAP trainers' network was set up by AIDSCAP alumni in each country. At present, there are AIDSCAP trainer's networks in India,

Indonesia, Lao PDR, Thailand, and Cambodia. AIDSCAP has supported these networks by sending them HIV/STD training materials, related research studies in HIV/STD intervention, and training/intervention manuals. Members of the trainer's networks have become invaluable resources for AIDSCAP country projects.

In FY97, AIDSCAP plans to develop a report on lessons learned in behavior change communication; and to conduct a regional workshop to develop a model for HIV/AIDS care management through inter-generational collaboration.

RESOURCE CENTER

With support from the Asia Near East Bureau, AIDSCAP developed a subproject to establish an Asian regional AIDS Control and Prevention Resource Material Collection Center with Population and Community Development Association (PDA), a non-profit, non-governmental organization in 1995. The PDA continued the following activities this year:

PDA has set up facilities and equipment for establishing the Resource Center at its office in Bangkok. At least 2000 AIDS information sources on behavior change communication (BCC) materials such as communication tools, pamphlets, posters, announcements, brochures, cassettes and video tapes have been collected from government agencies, NGOs and international organizations in the Asia region. Selected portions of the messages were translated into English and catalogued. Some selected samples in the collection were copied and distributed to AIDSCAP country offices and implementing agencies, as requested. PDA continues to provide services to walk-in users, as well as those who correspond through regular mail and the internet. A computerized database system for electronic cataloguing and retrieval was designed, and has been in use this fiscal year.

In December 1995, PDA organized an IEC Evaluation Methods and Techniques Workshop. It was attended by 20 participants from Thai governmental and non-governmental organizations. The workshop was well received and requests were made for future workshops on this topic.

In April 1996, PDA organized a Workshop *Introduction to PDA Asian IEC Resource Collection Center*. It was attended by 30 participants from national and international organizations which work in HIV/AIDS prevention.

The subproject agreement with PDA to maintain the services as a central regional location for accumulating and disseminating effective IEC materials for HIV/AIDS prevention programs has been extended until April 30, 1997. In FY97, PDA will continue to upgrade its ability to reach more users. New marketing techniques will be explored. An IEC Resource Center Home Page will be established on the World Wide Web. The 500 copies of catalogue of BCC materials in the Resource Material Collection Project which were printed in 1995 were distributed. New catalogues will be developed and printed in 1997.

WOMEN'S INITIATIVES IN ASIA

Working collaboratively with the AIDSCAP Women's Initiative (AWI) staff at AIDSCAP headquarters and with resident advisors, the Asia Regional Office has developed program objectives to bring special attention to the concerns of women in the AIDS epidemic. These objectives include the development of gender analysis guidelines for HIV programming, the promotion of women and AIDS networks, the funding of women-focused projects, and the capacity building of institutions in incorporating an integrated, gender sensitive HIV prevention strategy.

A number of activities and projects highlight the fiscal year:

Through USAID/WID funds, an HIV/AIDS prevention and care project was initiated in Thailand. This project conducted outreach and support activities to women's groups and youth in schools and was implemented by HIV positive women and men from the Life and Hope group in collaboration with the Association for the Promotion of the Status of Women. This project ended in June although activities have continued with other donor support.

An ARO AWI rapid response grant was given to World Vision in India for a research study and pilot project to conduct a study on sexual networking among the tribal population of Navapur in Maharastra state with a particular focus on women. The final objective of the research is to determine potential interventions for bringing about effective behavior change communication programming.

In May, an ARO AWI rapid response grant was given to a nascent NGO in Pondicherry, India to conduct a mapping of the city for brothels theater districts and other locations of risk-taking behaviors. They are in the process of completing a draft KAP survey.

In the Philippines, an AWI/WID-funded research proposal to work with women and their husbands were developed. The research will investigate the dynamics of couples in relationship and their communication on sexual issues, especially related to HIV/STD prevention.

The AIDSCAP/ARO point person for AWI conducted an in-service training to APAC/India staff on incorporating gender analysis into project design implementation and evaluation.

The ARO staff attended the XI International Conference on AIDS in Vancouver where a number of AWI/Asia activities were highlighted. A pre-conference workshop entitled "Men, Women, and AIDS Prevention: A Dialogue between the Sexes" included a number of Asian AIDSCAP colleagues from across the region. Presented at the main conference were two AIDSCAP/ARO posters including the "Women & HIV Prevention and Living with AIDS" project which presented the role of women with HIV in community HIV/AIDS education, prevention and care and the project on "Creating an Asian Network on Women and AIDS." In addition, a number of journalists in the Asia region received AIDSCAP/UNAIDS Awards for Excellence in Writing on Women and AIDS. Of 117 submissions, 10 journalists were awarded prizes including the contest winner from Indonesia, first runner up from the Philippines and two finalists from Sri Lanka and Thailand.

During the next fiscal year, the ARO will continue to support on-going AWI projects as well as look for increased opportunities to reach women at secondary risk for HIV, such as wives of men with multiple partners.

CAPACITY BUILDING

One of AIDSCAP's project-wide objectives is to promote the capacity of the local institutions to implement and sustain HIV/AIDS Programs. The following are highlights of capacity building efforts during the year:

Technical Skill Building

Participants from past regional training courses have begun to adapt and translate course materials into local languages. Examples come from Nepal, India, Mongolia, and Indonesia.

An in-service training for APAC/India staff was conducted on incorporating gender analysis into the design of HIV/AIDS prevention projects.

At the request of the Foundation for Advanced Studies in International Development (FASID), the ARO Director gave a presentation in Bangkok on "Designing HIV/AIDS Projects -- USAID/AIDSCAP Project."

A two-day LogFRAME workshop was conducted in Jakarta, Indonesia for 26 participants from 5 organizations.

ARO staff served as resource persons for 20 Lao journalists at a workshop in Nong Khai, Thailand in August.

Networks and Global Learning Enhancement

Organized and co-hosted with the USAID RSM/EA an HIV/AIDS Lessons Learned Seminar, January in Bangkok.

The ARO and Thailand country staff worked with the Bangkok Metropolitan Administration, Mahidol University and PATH in launching the first Bangkok AIDS Forum. More than 800 people attended this 3-day event in August. The Forum resulted in a solidification of networks for sustainability of relationships between the NGO, government and private sectors which AIDSCAP forged during the Bangkok Fights AIDS (BFA) program. There was a commitment form participant to report to the Forum on an annual basis.

AIDSCAP assisted in the design and implementation of an Epidemiology and Policy Roundtable in Delhi, India in August. Epidemiologists from Kenya and Thailand shared their experiences during the roundtable. Representatives from USAID, UNAIDS, NACO and other governmental agencies also participated.

The AIDSCAP ARO initiated the formation of country specific trainer's networks, based on past participants to AIDSCAP sponsored training events in the areas of epidemiology, communication, IEC materials development and journalism.

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ACTION DRL-09

INFO	LOG-00	INLB-01	AID-00	AMAD-01	ARA-01	CIAE-00	COME-00
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WHITE HOUSE FOR NSC - A.SENS, S. KRISTOFF

LABOR FOR ILAB

E.O. 12958: N/A
 TAGS: ELAB, TH, SOCI, OVIP
 SUBJECT: SOCIAL ISSUES: CHILD PROSTITUTION AND THE HIV/AIDS
 EPIDEMIC

BANGKOK 01 OF 03 47881

NOTE: THIS IS ONE OF A SERIES OF BACKGROUND REPORTS THAT
 THE EMBASSY IS PREPARING FOR THE VISIT OF PRESIDENT CLINTON
 TO THAILAND IN NOVEMBER 1996.

1. SUMMARY: CHILD LABOR IN THAILAND, SPECIFICALLY CHILD PROSTITUTION, HAS BEEN THE FOCUS OF WIDESPREAD INTERNATIONAL AS WELL AS U.S. CONGRESSIONAL ATTENTION. ALTHOUGH PROSTITUTION IS TECHNICALLY ILLEGAL, THE SOCIAL ACCEPTANCE OF THE COMMERCIAL SEX INDUSTRY IN THAILAND HAS LED TO AN ALARMING RISE IN HETEROSEXUAL TRANSMISSION OF THE HIV/AIDS VIRUS AND AN INCREASE IN CHILD PROSTITUTION. ATTITUDES TOWARD THE ROLE OF WOMEN IN TRADITIONAL SOCIETY AND ACCEPTANCE OF PROSTITUTION AS A WAY OUT OF POVERTY HAVE COMBINED TO ENDANGER THE LIVES OF MANY WOMEN WHO LIVE IN UNSTABLE FAMILY ENVIRONMENTS AND EXTREME POVERTY. IN RESPONSE TO A RISING CHORUS OF CRITICISM FROM DOMESTIC NGOS AND THE INTERNATIONAL PRESS, THE RTG RECENTLY PASSED A NEW ANTI-PROSTITUTION LAW PROVIDING FOR SERIOUS JAIL TERMS FOR CLIENTS, PROCURERS AND FAMILIES THAT SELL THEIR CHILDREN INTO PROSTITUTION. A NEW GOVERNMENT-WIDE ACTION PLAN SEEKS TO ADDRESS THE PROBLEM BY MARSHALING INTER-MINISTRY COOPERATION IN PREVENTION, SUPPRESSION, REHABILITATION AND CONTINUOUS MONITORING OF THE SEX INDUSTRY. HOWEVER, REALISTIC PROSPECTS FOR PUTTING A DENT IN THE SEX INDUSTRY REMAIN DIM. NGOS AND OTHER OBSERVERS DOUBT THE GOVERNMENT'S RESOLVE TO ENFORCE THE LAWS AND SEE LITTLE EFFORT TO PROVIDE REASONABLE ECONOMIC ALTERNATIVES TO THE SEX TRADE FOR POOR FAMILIES.

2. THE HIV/AIDS EPIDEMIC, WHICH EXPLODED IN THAILAND IN THE LATE 1980S, HAS BEEN SUCCESSFULLY ADDRESSED BY A PUBLIC CAMPAIGN PROMOTING AWARENESS OF THE DISEASE AND CONDOM USE. RATES OF INFECTION HAVE STEADILY DECLINED IN THAILAND, BUT EVEN WITH THE PRESENT TWO PERCENT INFECTION RATE IN THE GENERAL POPULATION, THAILAND WILL FACE A DAUNTING PUBLIC HEALTH PROBLEM. CURRENTLY, AT LEAST ONE MILLION PEOPLE OUT OF A POPULATION OF SIXTY MILLION ARE INFECTED WITH THE DISEASE, A PER CAPITA RATE FIVE TIMES THAT OF THE U.S. THE U.S. IS ACTIVELY AIDING THE FIGHT AGAINST THE DISEASE IN

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THAILAND THROUGH SEVERAL JOINT RESEARCH PROJECTS WITH THE THAI GOVERNMENT. AMONG THE U.S. ORGANIZATIONS WITH A ACTIVE PROGRAMS ARE THE CDC, AFRIMS, NIH, AND JOHNS HOPKINS UNIVERSITY. THE FACT THAT THE HIV/AIDS EPIDEMIC IN THAILAND IS PRIMARILY SPREAD THROUGH THE HETEROSEXUAL COMMUNITY VIA THE SEX INDUSTRY HAS EXACERBATED THE PROBLEM OF CHILD PROSTITUTION. IN THE NEAR-TERM, THESE INTER-RELATED SOCIAL PROBLEMS WILL CONTINUE TO IMPACT ON THE ECONOMY AND INTERNATIONAL IMAGE OF THAILAND. END SUMMARY.

CHILD PROSTITUTION

3. PROSTITUTION WAS WIDESPREAD IN TRADITIONAL THAI CULTURE. AN INDIGENOUS THAI SEX INDUSTRY DEVELOPED OVER THE SPAN OF THE LAST CENTURY AND EXPANDED TO ITS PRESENT SIZE AFTER THE INFLUX OF MILITARY FORCES DURING THE VIETNAM WAR. THE SEX INDUSTRY HAS BEEN ACTIVELY PROMOTED AS A KEY ELEMENT OF THE TOURISM SECTOR SINCE THE 1970'S AND REMAINS A SUBSTANTIAL SOURCE OF FOREIGN CURRENCY TO THIS DAY. A RECENT REPORT BY THE POLITICAL ECONOMICS STUDY CENTER OF CHULALONGKORN UNIVERSITY ESTIMATES THAT THIS UNDERGROUND ECONOMIC ACTIVITY GENERATES ALMOST USD 12 BILLION PER YEAR, EQUALING 14 PERCENT OF THAILAND'S 1995 GDP. THE ACTUAL NUMBER OF PROSTITUTES IN THAILAND IS DIFFICULT TO DETERMINE. BEST ESTIMATES FROM RELIABLE NGOS ARE THAT 200,000 WOMEN ENGAGE IN THE SEX INDUSTRY, WITH 40,000 OF THAT NUMBER UNDER THE AGE OF EIGHTEEN. MOST WOMEN ARE LURED INTO PROSTITUTION FROM THE NORTHERN AND NORTHEASTERN AGRICULTURAL AREAS OF THAILAND WHERE INCOMES ARE LOW AND JOBS ARE FEW. INCREASINGLY, WOMEN FROM CHINESE, BURMESE AND CAMBODIAN BORDER REGIONS HAVE BEEN RECRUITED OR KIDNAPPED BY INTERNATIONAL CRIMINAL GANGS TO FULFILL DEMAND FOR WOMEN FROM OTHER ASIAN COUNTRIES, PRINCIPALLY JAPAN AND TAIWAN. THE DEMAND FOR CHILD PROSTITUTES HAS RISEN IN RECENT YEARS DUE TO THE MISGUIDED BELIEF THAT THE CLIENTS OF YOUNG GIRLS CAN AVOID CATCHING AIDS.

4. INCREASING DEMAND, CHANGING SOCIAL ATTITUDES AND EXPECTATIONS, AND POVERTY HAVE COMBINED TO INCREASE THE ENTRY OF UNDERAGE GIRLS INTO THE SEX INDUSTRY. THAILAND HAS BECOME THE HUB FOR A RISE IN THE TRAFFICKING OF THESE YOUNG WOMEN TO OTHER ASIAN COUNTRIES. IN SOME CASES, YOUNG WOMEN SOLD INTO PROSTITUTION FROM HILL TRIBE COMMUNITIES IN THE NORTH FIND IT DIFFICULT TO FLEE THE COERCIVE ATMOSPHERE OF THE SEX ESTABLISHMENTS BECAUSE THEY FEEL DUTY BOUND TO FULFILL THE CONTRACTS MADE BY THEIR FAMILIES WITH THE PROCURERS. IGNORANCE OF THE CONDITIONS THESE YOUNG WOMEN

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FACE AND THE APPARENT WEALTH OF THE FEW PROSTITUTES LUCKY ENOUGH TO SURVIVE AND RETURN TO THEIR VILLAGES HAS SOFTENED SOCIAL ATTITUDES AGAINST WORKING IN PROSTITUTION. FREQUENTLY, WOMEN RETURNING FROM OVERSEAS BECOME AGENTS THEMSELVES AND HELP RECRUIT NEW CANDIDATES. EFFORTS TO CHANGE THIS PATTERN OF SOCIAL BEHAVIOR ARE THWARTED BY CORRUPT LOCAL POLICE AND GOVERNMENT AUTHORITIES WHO ARE THEMSELVES ENGAGED IN THE SEX TRADE AND DO LITTLE TO ENFORCE THE LAWS AGAINST IT.

RTE EFFORTS TO COMBAT CHILD PROSTITUTION

5. AT THE RECENT ILO SPONSORED WORLD CONFERENCE AGAINST COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN IN STOCKHOLM, THAILAND WAS THE ONLY COUNTRY TO PRESENT A MASTER PLAN TO ATTACK THE CHILD PROSTITUTION PROBLEM. THE THAI MASTER PLAN

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ENCOMPASSES A NINE YEAR PERIOD, FROM 1997 TO 2006, AND CONCENTRATES ON PREVENTION, THROUGH EDUCATION AND VOCATIONAL TRAINING, SUPPRESSION THROUGH STEPPED UP LAW ENFORCEMENT, REHABILITATION THROUGH JOB TRAINING AND MONITORING, AND SURVEILLANCE ACTIVITIES THROUGH A MONITORING NETWORK OF GOVERNMENT AND COMMUNITY GROUPS. A BUDGET FOR IMPLEMENTATION OF THE MASTER PLAN IN THE SUM OF USD170 MILLION WAS RECENTLY ALLOCATED BY THE PARLIAMENT FOR USE BY THE MINISTRIES OF EDUCATION, LABOR AND SOCIAL WELFARE.

6. THE RTG ALSO RECENTLY PASSED A PROSTITUTION SUPPRESSION ACT WHICH PROVIDES FOR SIGNIFICANT JAIL TERMS AND FINES TO PEOPLE ENGAGED IN THE SEX INDUSTRY BUT NOT PREVIOUSLY TARGETED BY THE CRIMINAL LAW. SIGNIFICANTLY, THE BILL CRIMINALIZED THE BEHAVIOR OF PROCURERS, PROPRIETORS OF PROSTITUTION ESTABLISHMENTS, CLIENTS AND FAMILIES WHICH SELL THEIR CHILDREN INTO PROSTITUTION. WOMEN'S GROUPS AND PROMINENT NGOS WORKING TO HELP WOMEN IN THE SEX INDUSTRY LOBBIED HARD FOR THE BILL AND CONSIDERED PASSAGE A GREAT SUCCESS. HOWEVER, THEY ARE UNIVERSALLY OF THE BELIEF THAT THE CRIMINAL PROVISIONS OF THE BILL WILL NOT BE ENFORCED. NEVERTHELESS, THEY ARE CHEERED BY PROVISIONS IN THE BILL WHICH WILL ALLOW WOMEN CONVICTED OF PROSTITUTION TO AVOID JAIL AND SEEK REHABILITATION IN SHELTERS RUN BY THE NGOS.

U.S. CONTRIBUTIONS TO ILO INTERNATIONAL PROGRAM FOR THE ELIMINATION OF CHILD LABOR (IPEC) SHOW RESULTS

7. THE USG CONTRIBUTES APPROXIMATELY USD485,000 FOR PROGRAMS TO ATTACK CHILD PROSTITUTION AT ITS ROOTS IN THE THAI COUNTRYSIDE. THESE PROGRAMS, ADMINISTERED THROUGH THE ILO'S IPEC PROGRAMS, ARE TARGETED AT THE CHILDREN MOST VULNERABLE TO BEING LURED BY TRAFFICKERS. THE IPEC PROGRAM MAKES SMALL GRANTS TO VARIOUS NGOS TO HELP THEM CARRYOUT EDUCATIONAL PROGRAMS WHILE AT THE SAME TIME FORCING THE NGOS TO FIND ALTERNATIVE METHODS TO SUSTAIN THEIR PROGRAMS. ONE OF THE MOST SERIOUS IMPEDIMENTS TO KEEPING YOUNG CHILDREN OUT OF THE HANDS OF PROCURERS IS THE LACK OF FREE COMPULSORY EDUCATION IN THAILAND. FOR POOR FAMILIES, THE COST OF PURSUING STUDIES AFTER ELEMENTARY SCHOOL CAN BE PROHIBITIVE. COMPULSORY EDUCATION ONLY LASTS THROUGH THE U.S. EQUIVALENT OF MIDDLE SCHOOL, UNTIL CHILDREN ARE TWELVE. THAILAND WAS CONSIDERING EXPANDING COMPULSORY EDUCATION TO THE LOWER HIGH SCHOOL LEVEL, UNTIL THE CHILDREN REACHED AGE FIFTEEN, BUT THE PROPOSED BILL DID NOT PASS PARLIAMENT PRIOR TO THE RECENT DISSOLUTION OF THE GOVERNMENT.

8. WITH THE ACTIVE INTERVENTION OF VOLUNTEER TEACHERS, THE CHILDREN IN THE IPEC PROGRAMS ARE PROVIDED WITH TUITION AND COUNSELING. MANY ARE TAKEN OUT OF HARM'S WAY AND TAKEN OUT OF MOUNTAIN VILLAGES TO BE PLACED IN BOARDING SCHOOLS. IPEC ALSO FUNDS VOCATIONAL TRAINING, PUBLIC AWARENESS CAMPAIGNS AND A PROJECT TO NETWORK NGOS AND PROVIDE THEM WITH THE ORGANIZATIONAL TOOLS TO FIGHT THE TRAFFICKERS. ALTHOUGH THE PROGRAM IS HIGHLY SUCCESSFUL THE NGOS ADMIT THEY ARE ONLY SAVING TWENTY PERCENT OF THE CHILDREN AT RISK.

THE BATTLE AGAINST HIV/AIDS: BACKGROUND

9. THE AIDS EPIDEMIC TOOK OFF IN THAILAND IN 1988 SPURRED BY THE HIGH RATE OF YOUNG THAI MEN ENGAGING IN HIGH RISK SEXUAL RELATIONS WITH SEX WORKERS. INFECTION IN INTRAVENOUS DRUG USERS IS COMPARATIVELY QUITE LOW IN THAILAND. BY 1989 THE THAI GOVERNMENT BEGAN TO RESPOND TO THE EPIDEMIC BY RUNNING AN AGGRESSIVE EDUCATIONAL PROGRAM AND BEGINNING THE

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YEARLY DISTRIBUTION OF SIXTY TO SEVENTY MILLION CONDOMS. IN 1995 THE RTG SPENT USD60 MILLION TO COMBAT AIDS. THE RTG

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ALSO ESTABLISHED LABORATORY TESTING FOR HIV/AIDS OF THAI CITIZENS AND THE BLOOD SUPPLY AT ALL GOVERNMENT HOSPITALS AND INITIATED 220 COUNSELING CENTERS NATIONWIDE. SEVERAL SURVEYS OF MEN WHO VISIT PROSTITUTES SHOW THAT CONDOM USAGE BY THESE CLIENTS INCREASED FROM A LOW OF TWENTY-FIVE PERCENT IN 1989 TO NINETY PERCENT BY LATE 1995. ACCORDING TO A JOHNS HOPKINS UNIVERSITY STUDY OF TWENTY-ONE YEAR OLD ARMY RECRUITS IN NORTHERN THAILAND BEGUN IN 1991 THE RATE OF INFECTION HAS CONTINUOUSLY DECREASED. RECRUITS TESTED IN 1991 SHOWED AN HIV INFECTION RATE OF 12.5 PERCENT. BY MAY 1995 THIS INFECTION RATE HAD DROPPED TO 6.7 PERCENT OF INCOMING RECRUITS. THIS DRAMATIC DROP IN RATES OF INFECTION HAS BEEN ATTRIBUTED TO THE CHANGING BEHAVIOR OF YOUNG PEOPLE RESULTANT FROM THE GOVERNMENT'S PUBLIC AWARENESS CAMPAIGN ON HIV/AIDS.

FUTURE PROSPECTS

10. NOTWITHSTANDING THE STRIDES MADE AGAINST THE SPREAD OF HIV/AIDS IN THAILAND, THE LONG-TERM OUTLOOK IS STILL QUITE BLEAK. ACCORDING TO WHO ESTIMATES AT LEAST 750,000 TO ONE MILLION THAIS, OR TWO PERCENT OF THE POPULATION, IS INFECTED WITH HIV. THIS MAKES THAILAND'S BURDEN FOR TREATMENT AND CARE OF HIV PATIENTS AT LEAST FIVE TIMES GREATER THAN THAT OF THE U.S. BY THE END OF THE CENTURY MORTALITY DUE TO AIDS COULD BECOME THE LEADING CAUSE OF DEATH IN THAILAND. ESTIMATES OF THE DIRECT AND INDIRECT MEDICAL COSTS OF CARING FOR A LARGE INFECTED POPULATION ARE AS HIGH AS EIGHT TO NINE BILLION U.S. DOLLARS OVER THE NEXT TEN YEARS. THOUGH RATES OF INFECTION HAVE SEEN A DECLINE, A NUMBER OF FACTORS ARE WORKING TO SET BACK THE FIGHT AGAINST THE DISEASE. SOCIAL TRENDS, SUCH AS AN INCREASE IN THE NUMBER OF SEX WORKERS FOREGOING TRADITIONAL ESTABLISHMENTS WHICH TEST FOR HIV/AIDS AND A HIGHER INCIDENCE OF NON-COMMERCIAL RECREATIONAL SEX AMONG THAIS MAY CUT INTO THE STRIDES MADE IN PROMOTING PROTECTED SEXUAL ACTIVITY. PRESENTLY, AS THE DISEASE PROGRESSES, IT IS SPREADING MORE RAPIDLY AMONG WOMEN AND CHILDREN THAN MEN.

11. WHILE THE THAI MEDICAL RESEARCH INFRASTRUCTURE IS LIMITED, THE GOVERNMENT HAS DEVOTED SIGNIFICANT RESOURCES TO RESEARCH AND HAS JOINED WITH U.S. MEDICAL RESEARCHERS IN SEVERAL KEY STUDIES. IN 1990, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ESTABLISHED THE "HIV/AIDS COLLABORATION" WITH THE MINISTRY OF PUBLIC HEALTH TO CONDUCT RESEARCH LEADING TO IMPROVED PREVENTION STRATEGIES. AREAS OF INVESTIGATION INCLUDE CLINICAL AIDS AND HIV-RELATED TUBERCULOSIS, HIV TRANSMISSION AMONG METEORSEXUALS AND INJECTING DRUG USERS, AND A TRIAL OF A SHORT COURSE OF THE ANTI-HIV DRUG AZT TO PREVENT MOTHER-INFANT HIV TRANSMISSION. IN 1991, THE U.S. ARMY MEDICAL RESEARCH LABORATORY IN BANGKOK (AFRIMS) ESTABLISHED A DEPARTMENT OF RETROVIRUSOLOGY TO WORK WITH BOTH THAI MILITARY AND ACADEMIC GROUPS ON EPIDEMIC SURVEILLANCE AND THE DEVELOPMENT OF EFFECTIVE HIV VACCINES. THE JOHNS HOPKINS UNIVERSITY (WITH NIH FUNDING) IS PLANNING TO CONDUCT A SECOND AZT TRIAL FOR THE PREVENTION OF MOTHER-INFANT HIV TRANSMISSION IN NORTHERN THAILAND. THE ORGANIZATION AIDSCAP (WITH USAID FUNDING) IS WORKING WITH NGOs AND THE BANGKOK CITY GOVERNMENT ON HIV PREVENTION STRATEGIES. THESE U.S.-THAI COLLABORATIVE EFFORTS ARE COORDINATED WITHIN THAILAND BY THE U.S. EMBASSY.

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ASIA REGIONAL OVERVIEW

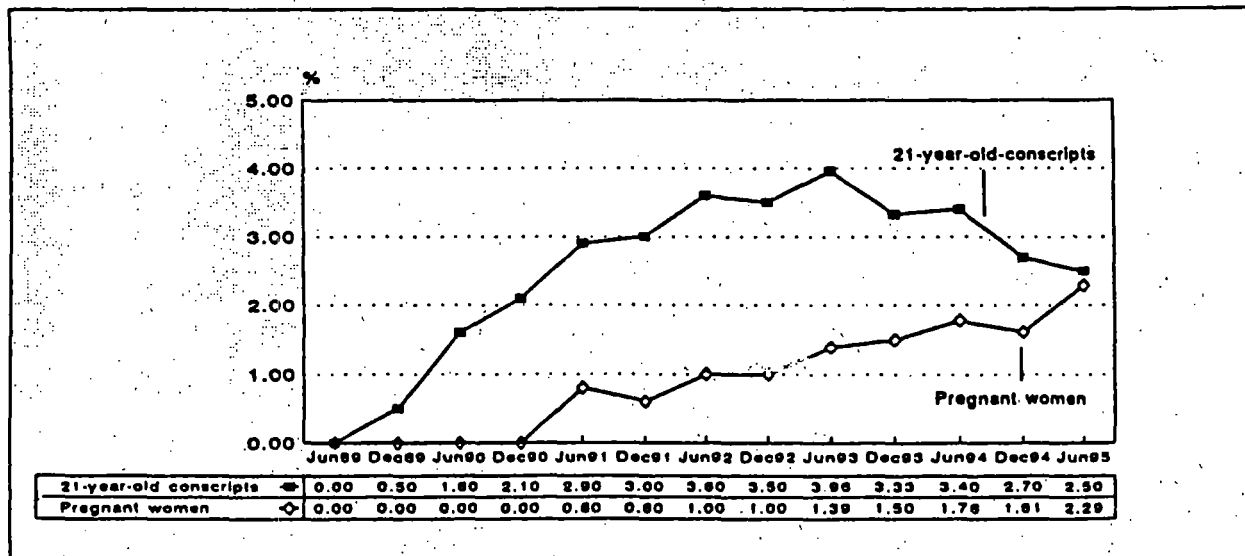
As noted in previous quarterly reports, there is now a consensus among epidemiologists and other observers of the HIV/AIDS pandemic that Asia will be the region most severely impacted by new infections in the very near future. It is anticipated that within a year or two more individuals will be infected by HIV per year in Asia than in Africa. The same projections indicate that Asia will surpass Africa in cumulative number of infections by the end of the decade. India already has more infected people than any other country in the world.

In the face of such dismal projections and realities, it is heartening to realize that we do know how to control the spread of this virus in specific populations. We do have the technology and the knowledge to slow, if not stop, the pace at which HIV moves in targeted groups with our current armamentarium of interventions.

Thailand has served as laboratory and model for Asia, and the rest of world, for a national response to the challenges of HIV/AIDS on both the intervention and public policy fronts. Recent statistics from Thailand reflect both the encouraging results of focused interventions with young men; and the inadequacy of prevention efforts for young women.

THAILAND

HIV prevalence among pregnant women and 21-year-old conscripts (1989-1995)



Source: Division of Epidemiology Public Health and Army Institute of Pathology, Royal Thai Army

AIDS Graphs

USAID REPORT 1994

groups in the national effort to prevent and control the spread of HIV.

Support for an All-Voluntary Blood Banking Program

As a result of a USAID-funded field survey undertaken from September 1993 to January 1994, which confirmed that potentially infected blood was circulating within the national blood supply system, USAID is supporting DOH efforts to develop and implement a safe blood banking program.

Remedios AIDS Information Center

USAID continues to support the Manila Remedios AIDS Information Center (RAIC), which serves as a grassroots, drop-in information and counseling center. The center serves the greater Manila community, presenting lectures and films and operating a telephone hot line. RAIC is collaborating with the DOH to produce and distribute a quarterly AIDS periodical for health workers and NGOs, which encourages them to use RAIC facilities for their own HIV/AIDS prevention initiatives.

SRI LANKA

SITUATION ANALYSIS

Sri Lanka has been classified as a low-prevalence country for HIV/AIDS. However, the potential for an explosive epidemic exists because it has many of the risk factors associated with high prevalence countries in the region, including high levels of cross-border migration with high-prevalence neighboring countries; large populations of commercial sex workers, sailors, transport and port workers, youth, soldiers, people involved in sex tourism and casual labor-

ers; and a high incidence of sexually transmitted diseases (STDs). The government of Sri Lanka has developed a medium-term plan to address HIV/AIDS that focuses on diagnosis, testing and treatment at government facilities. The plan recognizes the importance of nongovernmental institutions in controlling the epidemic through education, prevention and treatment.

Reported AIDS cases:* 41

Date of last report: 1/1/94

Increase over 1993 report:**
Not Available

Total population: 17,000,000

Cumulative incidence:***
2.4 per million

HIV-1 seroprevalence
in urban areas:
Population at high risk:****
Not Available
Population at low risk:
Not Available

USAID STRATEGY

USAID provides support to four international and local private voluntary organizations for programs that create awareness of HIV/AIDS among vulnerable groups. USAID is also considering supporting the establishment of a local office for the International HIV/AIDS Alliance.

USAID-SUPPORTED COUNTRY PROGRAMS PVO Grants

Through a grant to the Sri Lanka Association for Voluntary Surgical Contraception, USAID is helping to establish training programs for voluntary health workers and counselors in HIV/AIDS and other STDs and to set

up centers for counseling of high-risk groups in selected districts.

USAID has given a grant to the Community Front for Prevention of AIDS to establish an outreach health education program targeting high-risk groups with HIV/AIDS information and education.

Community Development Services (CDS) and the Adventist Development and Relief Agency are both being funded to establish education and awareness projects. Both projects will address the nature and significance of HIV/AIDS, how it is spread and how to prevent it. CDS will also set up a blood collection center in Colombo for voluntary HIV testing.

THAILAND

SITUATION ANALYSIS

The HIV/AIDS epidemic in Thailand has continued to spread, primarily through heterosexual transmission, and will increasingly affect the young working population. The thriving commercial sex industry is a significant contributing factor to the rapid spread of the virus. High levels of infection are found particularly in northern and central Thailand. Bangkok, with a large low-income population in the 15-to-29-year age

group, has the potential for an explosive HIV/AIDS epidemic in the 1990s. The Royal Thai Government (RTG) is strongly committed, both financially and politically, to HIV/AIDS control. Although seroprevalence data continue to show an increase in HIV infection levels, there are encouraging reports of increased condom use and a decline in sexually transmitted diseases (STDs). With the increasing rate of condom use and the extensive information, education and communication (IEC) programs mounted by both the public and private sectors, it may not be too late to control the epidemic in Thailand.

Reported AIDS cases:* 18,132

Increase over 1993 report:**
Not Available

Total population: 59 million

Cumulative incidence:
307.3 per million

HIV-1 seroprevalence
in urban areas:***
Population at high risk:****
27.0%
Population at low risk: 1.8%

* AIDS cases reported to the World Health Organization.

** The increase in AIDS cases reported to the World Health Organization could be due to improvements in diagnosis and reporting of existing AIDS cases as well as to an increase in the spread of HIV.

*** HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available.

**** Population at high risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors. Population at low risk: pregnant women attending antenatal clinics, blood donors, general population samples or others with no known risk factors.

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Khun Sujira Jalanchavanapate

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Dr. Prayuk Srisathien (Dept. of Mental Health)	Member
Ms. Siriphan Iamrungraj (Office of the FDA)	Member
Dr. Timothy D. Mastro (HIV/AIDS Collaboration)	Member
Dr. Khanchit Limpakarnjanarat (HIV/AIDS Collaboration)	Secretary

International Consultants to the HIV/AIDS Collaboration

National Center for HIV, STD, and TB Prevention, CDC

Division of HIV/AIDS Prevention

Dr. Harold Jaffe, Director
 Mr. Harold Van Patten, Asst. Director for Operations
 Dr. Timothy Dondero, Chief, International Activity
 Mr. Michael Melneck, Asst. Chief for Operations, International Activity
 Dr. Dale Hu, International Activity
 Ms. Linda Carr, International Activity
 Ms. Veronique Batter, International Activity
 Mr. Steven Sloane, International Activity
 Dr. Martha Rogers, Chief, Epidemiology Branch
 Dr. R.J. Simonds, Chief, Pediatric and Family Studies Section, Epidemiology Branch
 Dr. Robert Bailey, Epidemiology Branch
 Mr. Tom Hutton, Statistics and Data Management Branch
 Mr. Sloane Thrasher, Statistics and Data Management Branch

Division of STD Prevention

Dr. Mike St. Louis, Chief, Epidemiology and Surveillance Branch
 Dr. Peter Kilmarx, Epidemiology and Surveillance Branch

Division of Tuberculosis Elimination

Dr. Nancy Binkin, Associate Director for International Activities

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National Center for Infectious Diseases, CDC**Division of AIDS, STD, and TB Laboratory Research****Dr. Gerald Schochetman, Chief, AIDS Laboratory Research Branch****Dr. Marcia Kalish, Chief, Molecular Biology Section, AIDS Lab. Research Branch****Dr. Mark Rayfield, Chief, Cell Biology Section, AIDS Lab. Research Branch****Hospital Infections Program****Dr. William Jarvis, Chief, Investigation and Prevention Branch****Dr. Ann Do, Investigation and Prevention Branch****Division of Vector-Borne Infectious Diseases****Dr. Ted Tsai, Asst. Director for Medical Science****Graduate Department of Anthropology, Rutgers University, New Brunswick, NJ, USA****Khun Warance Pokapanichwong****London School of Hygiene and Tropical Medicine, London, UK****Dr. Kevin De Cock****AIDSCAP, Arlington, VA, USA****Dr. Mike Sweat****HIV/AIDS Collaboration Representation on Thai Scientific Committees****Thai National AIDS Committee, Technical Subcommittee. Khanchit Limpakarnjanarat****Thailand Health Research Institute, Communicable Disease Committee. Khanchit****Limpakarnjanarat****Third International Conference on AIDS in Asia and the Pacific/V National AIDS Seminar,****September 1995. Technical Subcommittee: Khanchit Limpakarnjanarat; Scientific****Subcommittee: Dr. Dwip Kitayaporn & Dr. Timothy Mastro****XIII National Epidemiology Seminar, August 1995. Technical Subcommittee: Khanchit****Limpakarnjanarat & Amphorn Ittiravivongs****Awards Received****Centers for Disease Control and Prevention. 1995 Charles C. Shepard Science Award****Nomination and James H. Nakano Citation, National Center for Infectious Disease:****Mastro TD, Satten GA, Nopkesorn T, Sangkharomya S, Longini IM.****Probability of female-to-male transmission of HIV-1 in Thailand. Lancet.****1994;343:204-207.****Centers for Disease Control and Prevention. 1995 Statistical Science Award Applied Paper****Finalist:****Satten GA, Mastro TD, Longini IM.****Modelling the female-to-male per-act HIV transmission probability in an****emerging epidemic in Asia. Statistics in Medicine. 1994;13:2097-2106.**

LABORATORY SECTION

In 1995, the laboratory moved from Department of Medical Sciences Building #3 to Building #2. This move involved the design and renovation of the new, larger space and the physical relocation of all laboratory equipment and supplies to the new building. Rooms were renovated to provide special space for HIV PCR testing. Laboratory staff were involved in the development and evaluation of the modified Roche Amplicor™ PCR testing assay, as well as the implementation of the final modified protocol to test > 500 stored baby samples for which previous characterization had been done by established CDC PCR testing; there was 99% concordance between the two PCR tests. This study resulted in an abstract for the 1996 Vancouver XI International Conference on AIDS; these data will also be published in the international literature. The laboratory also initiated the implementation of 3-color immunofluorescence staining for lymphocyte subset analysis using both manual and automatic acquisition and analysis techniques.

The laboratory expanded its external proficiency survey testing to cover flow cytometry through the Thai national proficiency pilot program, and enrolled in the USA CD-CHFX STATS flow-cytometry QC statistical analysis program for results of commercial QC cell testing; to date, 100% of survey results have been "acceptable." The laboratory also continued its other ongoing external QC proficiency programs for EIA and WB testing (CDC and American Proficiency Institute [API] QC proficiency programs); RPR/TPHA testing (CDC Proficiency QC program), and for QBC (semi-automated CBC) and manual hematology testing (API QC proficiency program), with 100% for proficiency testing results again in 1995 for all programs.

Laboratory personnel participated in the WHO Workshop on Advanced Techniques in Screening of HIV-1 Genetic Variability in Thailand in February; Nancy Young gave a talk on "HIV-1 Peptide Serology," and Thongpoon Chaowanachan participated in the 5-day lab workshop on the heteroduplex mobility assay (HMA). The work of the laboratory was also represented at the September 1995 3rd International Conference on AIDS in Asia and the Pacific in Chiang Mai with an oral presentation by Nancy Young on the FACSCount™ system for enumeration of absolute CD4+, CD8+ and CD3+ T-lymphocytes in whole blood.

Additional laboratory activities included an ongoing comparison of FACScan (reference method) vs. FACSCount lymphocyte subset systems; implementation of the modified Roche Amplicor™ PCR assay in conjunction with Roche Molecular Systems, Inc.; attendance by Thongpoon Chaowanachan at the CDC STD and virology labs in Atlanta for 3 weeks in July; attendance by Nancy Young at the 2nd National Conference on CD4+ T-Lymphocyte Immunophenotyping in Atlanta in December; and continued review and editing assistance of papers and documents prepared by our collaborators (and neighbors) at the Thai National Institute of Health (NIH).

Other major laboratory responsibilities included ongoing clinical testing/processing for all 30 HIV/AIDS Collaboration projects (ongoing or completed - Table); preventive maintenance and repair for all laboratory equipment; maintenance and updating the NCCLS/CDC recommended biosafety and quality assurance programs; quarterly lab statistical reports on all ongoing projects and related testing results; management and maintenance of a large liquid nitrogen and -70° C frozen long-term storage and retrieval system for > 30,000 project specimens; management and maintenance of a laboratory computerized central supply ordering and storage system for over 500 items; organization and tracking of regular frozen sample shipments into and out of Thailand; and maintenance and updating of project lab-related protocols for the main lab and all collaborating sites.

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TABLE

Test Group/Name	# Tests ¹	
IMMUNOLOGY/HEMATOLOGY		
CD4/CD8 ²	1,625	
QBC ³	1,509	
Manual WBC	172	
Subtotal:	3,306	
SPECIMEN PROCESSING		
PBMC Separation	161	
DNA Extraction	1,751	
Subtotal:	1,912	
HIV TESTING		
EIA ⁵	8,810	
WB ⁶	891	
Rapid ⁷	83	
Peptide	16,616	
PCR tests ⁴	996	
Subtotal:	27,396	
STD TESTING		
RPR/RPR titer ⁹	724	
TPHA ¹⁰	228	
C. trachomatis ¹¹	1,388	
N. gonorrhea ¹¹	1,388	
Genital Ulcer Slides ¹²	130	
Gram Stain for Yeast	333	
Subtotal:	4,191	
SPECIMEN STORAGE		
BKK Serum Bank ¹³	5,244	(Total stored vials = 31,799)
ATL Specimens ¹⁴	4,427	(Total shipped/stored vials = 33,273)
Subtotal:	9,671	
TOTAL:	46,476	

¹Includes total sample testing + total controls/stds, retests/replicates, proficiency testing & in-house lab studies

²Analysis by FACSCAN™ (Becton Dickinson) Flow-Cytometry testing.

³8-hematologic parameter analysis by QBC™ (Becton Dickinson) testing.

⁴Testing with Roche Amplicor™ HIV-1 PCR kit

⁵Analysis by HIV-1/HIV-2™ (Genetic Systems) testing.

⁶Analysis by NOVOPAT™ HIV-1 IMMUNOBLOT (BioRad)

⁷Rapid (synthetic peptide gp41) HIV screening by GENIE™ HIV-1/2 (Genetic Systems) and SIMPLIRE™ HIV-1 (AGEN). [Note: If Genie HIV-2 positive, DIAGNOSTICS PASTEUR HIV2-WB is performed]

⁸Analysis by EIA synthetic peptide Thai E, Thai BQ, Thai BR, MN testing.

⁹Analysis by MACRO-VUE™ (Becton Dickinson) RPR Card testing.

¹⁰Analysis by TPHA REAGENTS (Fujirebio) hemagglutination testing.

¹¹Analysis by PACE™2 (Gen-Probe) DNA-probe/chemiluminescent testing.

¹²Analysis by DFA (CDC) testing.

¹³One Paradox ID-location# per cryovial stored.

¹⁴Number of specimen vials sent to Atlanta for testing and/or storage.

MAJOR AREAS OF INVESTIGATION: CURRENT RESEARCH STUDIES AND RELATED ACTIVITIES

A. MATERNAL-INFANT HIV TRANSMISSION

• *Bangkok Collaborative Perinatal HIV Transmission Study*

Type of study: Prospective cohort

Date study began: November 1992

Duration of study: Enrollment was completed in March 1994 and all babies were born by September 1994. All children remaining in the cohort will be followed at least until 18 months of age (March 1996). All HIV-infected children will be followed for as long as possible; a sample of HIV-uninfected children will be followed through 36 months of age.

Number of subjects: 342 HIV-positive mothers (longitudinal follow up); 344 HIV-negative pregnant women (cross-sectional follow up); there were 295 live births to HIV-positive women

Location: Bangkok: Rajvithi & Children's Hospitals and Siriraj Hospital

Collaborators: Rajvithi Hospital, Ministry of Public Health

Dept. of OB/GYN

Children's Hospital, Ministry of Public Health

Infectious Disease Unit

Neonatology Unit

Faculty of Medicine Siriraj Hospital, Mahidol University

Dept. of OB/GYN

Dept. of Pediatrics

Dept. of Pathology

Dept. of Microbiology, Division of Virology

Major research issues:

- Mother-child HIV transmission rate
- Risk factors for transmission
- Viral characteristics related to transmission
- Timing of transmission
- Early pediatric diagnosis of HIV infection
- Strengthening pre- and post-test HIV counselling
- Infrastructure development for a new intervention study to evaluate short-course zidovudine (ZDV or AZT) to prevent maternal-infant HIV transmission

Highlights:

The perinatal study is the largest single activity of the HIV/AIDS Collaboration. Rates of successful follow up have been remarkably high. Of 342 HIV-infected pregnant women enrolled, only 9% were lost to follow up before delivery; and 5% had abortion (4), miscarriage (11), or stillbirth (1). Of 295 live births, 95% were successfully followed

through 6 months and an estimated 85% - 90% will be followed through 18 months. A definitive HIV infection status could be determined for 281 (95.3%) infants in the cohort. The perinatal HIV transmission rate was 24.2% (95% C.I. 19-29%). Plans are ongoing for a study to evaluate the safety and efficacy of short course oral antenatal zidovudine (ZDV or AZT) to reduce maternal-infant HIV transmission within this collaborative infrastructure. This study protocol has been approved by the Thai National Committee for Ethical Review of Studies Involving Human Subjects, MOPH, Bangkok, and the Institutional Review Board, CDC, Atlanta.

Major sub-studies, described below, have investigated husbands of HIV-infected women, the prevalence of STDs (gonorrhea and chlamydia) during pregnancy, and placental pathology related to perinatal HIV transmission.

The following abstracts describe some key scientific findings from the main study:

1996 Vancouver XI International Conference on AIDS Abstract
HIGH VIRAL LOAD PREDICTS PERINATAL HIV-1 SUBTYPE E TRANSMISSION, BANGKOK, THAILAND Shaffer, Nathan,^{1,2} Bhiraleus P,³ Chinayon P,⁴ Kalish M,² Roongpisuthipong A,³ Siriwasin W,⁴ Chearskul S,³ Chotpitayasunondh T,⁵ Sangkarat S,³ Young N,^{1,2} Brown T,⁷ Baller V,² Mastro TD,^{1,2} ¹HIV/AIDS Collaboration, Nonthaburi, Thailand; ²CDC, Atlanta, USA; ³Siriraj Hospital, Mahidol University, Bangkok; ⁴Rajvithi Hospital, MOPH, Bangkok; ⁵Children's Hospital, MOPH, Bangkok, Thailand.

Objectives: It has been proposed that subtype E may be more transmissible heterosexually than other HIV-1 subtypes. We investigated the rate of and risk factors for perinatal HIV-1 subtype E transmission.

Methods: At 2 large hospitals in Bangkok, HIV-infected (HIV+) pregnant women and their bottlefed newborn children were enrolled and followed prospectively. HIV infection status of the children was determined based on PCR testing and serology at 15 months. HIV-1 subtype was determined by specific V3 loop peptide EIAs. Quantitative HIV RNA testing (NASBA, Organon Teknika) was performed on maternal delivery specimens. Histology for chorioamnionitis was evaluated on a sample of placentas.

Results: From Nov '92 through Mar '94, 342 HIV+ women were enrolled from antenatal clinics with a background HIV-1 seroprevalence of 2%. Enrolled mothers tended to be young (median age 22 yrs), primipara (57%) and asymptomatic (95%). Most (93%) were seroreactive to HIV-1 subtype E. Infection status could be determined for 281 (95%) infants of 295 mothers who remained in the study. The transmission rate was 24.2% (95% CI 19-29%); 26% for subtype E and 14% for subtype B (RR 1.8; p=0.5). Transmission was associated with: low maternal CD4 count (RR 2.6; p=0.03); vaginal delivery (RR 2.4; p=0.07); prematurity (RR 2.4; p=0.02) and high (>8,000 copies/ml) viral load (RR 2.2; p=0.004). Chorioamnionitis was more common in HIV+ than HIV- control women, but was inversely associated with transmission (p<0.01). On multivariate analysis, prematurity (OR 4.2; p=0.03) and high viral load (OR 3.0; p=0.007) remained independently associated with transmission.

Conclusions: The perinatal HIV-1 transmission rate in Bangkok where subtype E predominates is 24%, comparable to rates reported worldwide for other HIV-1 subtypes. Higher maternal viral load at delivery is strongly associated with increased transmission risk, but the risk appears to be multifactorial.

1996 Vancouver XI International Conference on AIDS Abstract
PERINATAL HIV-1 TRANSMISSION AMONG WOMEN SEROCONVERTING DURING PREGNANCY, BANGKOK, THAILAND Roongpisuthipong, Anuvat,² Siriwasin W,¹ Shaffer N,^{3,4} Chaisilwattana P,¹ Young N,^{3,4} Wasi C,¹ Kaewchaiyo G,² Kalish M,⁴ Bhiraleus P,¹ Chinayon P,² Mastro TD,^{3,4} ¹Siriraj Hospital, Mahidol University, Bangkok; ²Rajvithi Hospital, MOPH, Bangkok; ³HIV/AIDS Collaboration, Nonthaburi, Thailand; ⁴CDC, Atlanta, USA.

Objectives: To evaluate the immunologic and virologic characteristics of women with acute HIV-1 infection during pregnancy and to determine whether they are at increased risk of perinatal transmission.

Methods: At 2 large hospitals in Bangkok with a background HIV-1 seroprevalence of 2% and with routine HIV counseling and testing at first antenatal clinic (ANC) visit and at late third trimester, pregnant women documented to have seroconverted during pregnancy (1st test negative and 2nd test positive) were enrolled as a special subgroup in a prospective mother-child HIV-1 transmission study. Infection outcome, CD4 profiles, and plasma viral load (NASBA, Organon Teknika) for seroconverting pregnant women (SC) were compared with those testing HIV positive at 1st ANC (POS).

Results: From Nov '92 through Mar '94, 342 HIV-infected women were enrolled during pregnancy, including 19 SC. The perinatal transmission rate was 16.7% (3/18) among SC and 24.7% (65/263) among POS ($p=0.4$). The median absolute CD4 counts for the 2 groups (all $p>0.5$) were:

	3rd Tri	Delivery	6 Months	12 Months
SC	500	460	550	530
POS	460	445	490	460

Viral load at delivery was similar between the 2 groups (median 5,500 vs. 4,500 copies/ml; $p=0.5$).

Conclusions: In this sample, women seroconverting during pregnancy had similar immunologic and virologic profiles as women identified as HIV-infected at first ANC visit and had a similar risk of perinatal transmission.

1996 Vancouver XI International Conference on AIDS Abstract

NATURAL HISTORY AND MORTALITY OF PERINATAL HIV-1 INFECTION, BANGKOK, THAILAND Chotpitayasunondh T,¹ Chearskul S,² Suteewarn, Wanida,¹ Wanprapa N,² Sangtaweasin V,¹ Barter V,⁴ Kalish M,⁴ Nieburg P,⁴ Mastro TD,^{3,4} Shaffer N.^{3,4} ¹Children's Hospital, MOPH, Bangkok; ²Siriraj Hospital, Mahidol University, Bangkok; ³HIV/AIDS Collaboration, Nonthaburi, Thailand; ⁴CDC, Atlanta, USA.

Objectives: To determine the patterns and determinants of infant and childhood morbidity and mortality due to perinatal HIV-1 subtype E infection in Bangkok.

Methods: At 2 large hospitals in Bangkok, HIV-infected pregnant women and their bottlefed newborn infants were enrolled during Nov '92 - Mar '94 for prospective follow up. Following local practice, primary PCP prophylaxis was not given routinely. The HIV infection status of the children was determined using PCR (testing at birth, 2 and 6 months) and serology at 15 months. By Kaplan-Meier analysis, estimated differences in time to occurrence of HIV-related symptoms, WHO-defined AIDS, and death were compared for HIV-infected and -uninfected children.

Results: Of 295 infants born to HIV+ mothers in the cohort, 281 (95%) had a known infection status: 68 (24.2%) were infected and 213 were uninfected. Oral thrush (38%) and lymphadenopathy (36%) were the most common first HIV-related clinical signs. At 12 months, 80% of infected infants had ≥ 1 WHO sign of infection and 18% met the modified WHO pediatric AIDS definition. Among infected infants, infant mortality was 18% and the estimated 24-month mortality was 30%. There were no deaths among the uninfected infants. The most common cause of death among infected infants in the first year was pneumonia (8 of 12; 67%). High maternal viral load was not associated with early PCR positivity but was associated with early death: infant mortality among 21 HIV-infected infants whose mothers had high viral load was 26%, compared to 0% among 16 infected infants whose mothers had low viral load ($p=0.02$).

Conclusions: These data from a large cohort with HIV-1 subtype E infection in Thailand suggest a pattern of mortality similar to North America and Europe. Further investigation is needed to determine the etiology of pneumonia; consideration should be given to PCP prophylaxis. High maternal viral load at delivery is a strong predictor of rapid disease progression in the infants.

1996 Vancouver XI International Conference on AIDS Abstract

MODIFIED ROCHE AMPLICOR™ HIV-1 PCR FOR PERINATAL DIAGNOSIS, THAILAND.

Young, Nancy,^{1,2} Chaowanachan T,² Shaffer N,^{1,2} Kittinunvorakoon C,¹ Sriburi A,¹ Bunwattanakul A,¹ Suksaweang S,¹ Pobkeeree V,¹ Rapier J,² Kalish ML,⁴ Rayfield M,² George R,² Schochetman G,² Mastro TD.^{1,2} ¹HIV/AIDS Collaboration, Nonthaburi, Thailand. ²Centers for Disease Control & Prevention, Atlanta, GA, USA.

Objective The Roche AMPLICOR™ HIV-1 qualitative PCR assay provides a simplified format for testing in the clinical laboratory. Since the initial kit format was not 100% sensitive for all HIV-1 subtypes, a modified kit format using a smaller sample volume and a lower annealing temperature was developed by Roche Molecular Systems. We evaluated the modified kit with subtype E perinatal and adult specimens in Thailand.

Methods At the HIV/AIDS Collaboration laboratory, we used this modified format to test 566 previously characterized specimens from Bangkok, Thailand, where subtype E predominates. These specimens included 530 baby specimens (most 6-24 months, with 108 [20%] HIV+ by established PCR protocol at the CDC, Atlanta on the same or other sample), and 36 HIV+ (by EIA/WB) adult specimens. All specimens were blindly tested according to AMPLICOR™ kit instructions, except for a reduced sample volume and a lower annealing temperature.

Results The sensitivity, specificity, Positive Predictive Value (PPV) and Negative Predictive Value (NPV) of the modified AMPLICOR™ test were all 100% (95% C.I. 95.7-100) as compared to final infection status (babies) or EIA/WB (adults). For the 183 baby specimens tested by both PCR methods, there was 99% concordance; AMPLICOR™ identified one 6-month sample as positive which tested negative by standard PCR, from a baby whose subsequent 12- and 15-month samples tested positive by both standard and AMPLICOR™ PCR.

Conclusions The modified AMPLICOR™ HIV-1 PCR kit provided 100% correct results for all Thai specimens when compared to infection status. It also appears very promising for diagnosis of perinatal HIV-1 subtype E infection, with further evaluation needed to determine sensitivity for early infant specimens.

1995 Chiang Mai 3rd Int'l Conference on AIDS in Asia and the Pacific Abstract:

CHLAMYDIAL AND GONOCOCCAL CERVICITIS IN HIV+ AND HIV- PREGNANT WOMEN: PREVALENCE, RISK FACTORS, AND RELATION TO PERINATAL HIV TRANSMISSION

Chaisilwattana P¹, Patanapanich P¹, Bhadrakom C¹, Siriwasin W², Young N^{3,4}, Chuachowong R^{1,3}, Shaffer N^{3,4}. ¹Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok; ²Rajvithi Hospital, Bangkok; ³HIV/AIDS Collaboration, Nonthaburi, Thailand; ⁴CDC, Atlanta, USA.

Objective To determine the prevalence of and risk factors associated with chlamydial (CT) and gonococcal (GC) cervicitis among HIV-infected (HIV+) and HIV-uninfected (HIV-) pregnant women in Bangkok, Thailand.

Methods As part of a multicenter study of perinatal HIV transmission, a consecutive sample of HIV+ and HIV- pregnant women was tested for CT and GC by DNA probe of cervical secretions (Gen-Probe™). Risk factor data, and GC and CT results were analyzed in relation to the women's and newborns' HIV infection status.

Results 222 HIV+ and 219 HIV- pregnant women were evaluated. The prevalence of CT among HIV+ and HIV- women was 16.2% and 9.1% ($p=0.03$), respectively. The prevalence of GC among HIV+ and HIV- women was 2.7% and 1.4% ($p=0.5$), respectively. Women with GC were more likely to be positive also for CT ($RR_{MH}=5.2$, $p<0.01$). Women with CT and/or GC were younger and more likely to be primiparous. History of multiple (>1) sex partners was a risk factor for both infections. Among HIV+ women, 20% (1 of 5) of infants born to the women with GC were HIV infected compared to 25% (39 of 154) for those without GC ($RR=0.8$, $p=0.8$); 28% (7 of 25) of infants born to the women with CT were HIV-infected compared to 24% (33 of 134) for those without CT ($RR=1.2$, $p=0.7$).

Conclusions These data confirm the correlation between HIV infection and other sexually transmitted diseases and suggest that Gen-Probe™, if available, can be used in developing countries to diagnose GC and CT. Multiple sex partners was the most important risk for CT and GC. In our study, maternal GC and CT do not appear to be significant co-factors for perinatal HIV transmission.

Major Sub-Study:

• **Placental Pathology Related to HIV Infection**

Type of study: Cross-sectional sub-study of the maternal-infant HIV transmission study

Date study began: November 1993

Duration of study: 2 years

Number of subjects: Placenta collection was completed in 1994: 79 placentas from HIV-positive mothers and 158 placentas from HIV-negative control mothers

Location: Bangkok: Siriraj Hospital

Collaborators: Faculty of Medicine Siriraj Hospital, Mahidol University

Dept. of OB/GYN

Dept. of Pathology

Emory University, Grady Memorial Hospital

Dept. of Pathology

Major research issues:

- Is maternal HIV infection related to histopathologic changes in the placenta?
- Is chorioamnionitis associated with an increased risk of mother-child HIV transmission?
- What pathologic conditions are associated with perinatal HIV transmission?

Highlights:

Dr. Suthi Sangkarat, Siriraj Hospital, is the principal investigator of this sub-study. He has spent two months in Atlanta working with Dr. David A. Schwartz of the Infectious Disease Pathology Laboratory, Emory University Pathology Department to develop study methodologies. Dr. Schwartz visited Bangkok in 1993 to help train and organize collaborators in the Departments of OB/GYN and Pathology at Siriraj Hospital, Mahidol University to begin this study. Histologic examination of slides from the placentas was performed in Bangkok and Atlanta and was completed in 1995.

Preliminary, key findings from the histologic examinations include:

HIV positive women are more likely to have placental abnormalities of chorioamnionitis, deciduitis, and placental membrane inflammation (funisitis and chorioamnionitis).

Non-transmitting HIV-positive women were more likely to have chorioamnionitis than transmitting HIV-positive women (33% vs. 6%; $p = 0.003$).

Additional laboratory investigations of stored placental tissue that are planned include characterization of Hofbauer cell hyperplasia and *in situ* hybridization to localize the presence of HIV.

Major New Study:**● Perinatal Zidovudine (ZDV or AZT) Intervention Study**

Following the results of the successful ACTG 076 perinatal AZT trial in the U.S. and France, and the completion of enrollment in the first *Bangkok Collaborative Perinatal HIV Transmission Study*, the study investigators and their Thai MOPII counterparts worked together and in coordination with other international research teams to develop a protocol to evaluate short-course AZT to reduce perinatal HIV transmission. This study will begin in the first half of 1996. The protocol summary follows:

Rationale:

In the absence of breastfeeding, the mother-child perinatal HIV transmission rate in Bangkok is approximately 24%, similar to other recent studies conducted worldwide. ACTG Protocol 076 in the U.S. and France achieved a 2/3 reduction (from 25% to 8%) in perinatal transmission with zidovudine (ZDV) treatment of pregnant women and newborns. This has led to recommendations in the U.S. to provide the full ACTG 076 ZDV regimen to pregnant HIV-infected women and their newborns. However, because of its expense and logistic difficulty, the full ACTG 076 regimen is not feasible to implement in Thailand and other developing countries, and the current standard of care for HIV-infected pregnant women in Thailand does not include antiretroviral treatment to prevent perinatal transmission. Therefore, new well-controlled clinical trials are needed to evaluate modified, simpler regimens that might also significantly reduce perinatal transmission and that could be implemented.

Our goal is to carry out a well-designed, closely monitored clinical trial to evaluate a short, oral course of ZDV for pregnant HIV-infected women in Thailand, and to obtain results within 15-24 months to help guide public health policy.

Study**Design:**

The study is a randomized, placebo-controlled clinical trial to evaluate the safety and efficacy of short course oral ZDV administered in late pregnancy, beginning at 36 weeks gestational age, and during labor to reduce mother-to-child transmission of HIV.

Study**Population:**

Eligible, consenting HIV-infected pregnant women and infants born to them (who are not breastfed) cared for at Siriraj Hospital, Rajvithi Hospital and Children's Hospital, Bangkok.

Study**Size:**

A total of 392 eligible, consenting HIV-infected pregnant women will be enrolled during the 3rd trimester of pregnancy and randomized 1:1 into one of two groups:

- 1) 196 women in the ZDV treatment group (≥ 176 in final group)
- 2) 196 women in the placebo group (≥ 176 in final group)

Assuming a 10% loss to follow-up, the final evaluable sample size of 352 mother-child pairs is sufficient ($\alpha = .05$, $\beta = .2$, 2-sided testing) to detect a 50% decrease in transmission, from 24% to 12%.

Regimen:

<u>A) Enrollment</u>	<u>36 Weeks</u>	<u>Antepartum</u>	<u>Intrapartum</u>	<u>Postpartum</u>
HIV screening	R		Additional	No
at first prenatal	A ----->	ZDV 300 mg PO	300 mg ZDV dose	Rx
visit up to 32	N	BID	at onset of labor	
wks gestation	D		followed by 300 mg	
	O		q3h while in labor	
	M			
	I			
	Z ----->	Placebo PO	Placebo at onset of	No
	E	BID	labor and q3h	Rx

Follow-up:

Prenatal:	every week after initiation of study drug
Postnatal:	
<i>mothers</i>	2, 6, 12, and 18 months postpartum
<i>children</i>	birth, 1, 2, 4, 6, 9, 12, 15, and 18 months (EPI/ well-child schedule)

Monitoring:

Interim and final safety and efficacy monitoring will be supervised by the U.S. NIH Data and Safety Monitoring Board (DSMB), which will include a Thai representative for the monitoring of this study.

Endpoints:

Safety: Continuous comparison of adverse outcomes in the two groups and interim analyses carried out by the DSMB.

Efficacy: HIV infection in the child, based on a positive PCR result at any age will be used to estimate the transmission rate using the Kaplan-Meier survival analysis technique.

Beginning at 50% enrollment, interim efficacy analysis will be performed every 3-6 months, or as determined by the DSMB.

Time Period:

Months 1-12: Enrollment of mothers
Months 2-32: Infant follow-up through 18 months

B. HETEROSEXUAL HIV TRANSMISSION

● *Chiang Rai Health Club - Study of Female Commercial Sex Workers*

Type of study: Prospective cohort

Date study began: October 1991

Duration of study: Initial approval for 5 years

Number of subjects: 500 enrolled through December 1994, enrollment completed

Location: Chiang Rai (northern Thailand)

Provincial STD Clinic and Chiang Rai Regional Hospital

Collaborators: Chiang Rai Provincial Health Office

Chiang Rai Regional Hospital

Chiang Rai Municipality

Ministry of Public Health

Division of AIDS, STD, and TB Laboratory Research, NCID, CDC, Atlanta

Division of Viral Diseases, NCID, CDC, Atlanta

Division of STD Prevention, NCHSTP, CDC, Atlanta

Major research issues:

- Risk factors for HIV infection
- HIV prevalence and incidence
- STD/HIV interactions
- Explore behavioral aspects of condom use and HIV prevention
- Define natural history of HIV infection
- Explore factors related to a relative resistance to HIV-1 infection
- Characterize tuberculin reactivity and anergy in relation to HIV
- Improve counselling methods
- Develop infrastructure for intervention evaluation
- Develop and evaluate improved STD management

Highlights:

With the completion of enrollment, activities are focused on optimizing long-term follow up of cohort members, behavioral evaluations of determinants of condom use and HIV prevention, closer examination of factors related to HIV seroconversion, and consideration of evaluating vaginal microbicides to reduce the risk of STD and HIV transmission in this setting. Despite ongoing care, unfortunately, 16 HIV-positive cohort members have died to date, all probably due to AIDS. No HIV-negative women are known to have died - study staff are attempting to determine the health status of all cohort members.

In 1995, the HIV/AIDS Collaboration began working with scientists from the Division of STD Prevention, CDC, to analyze STD data collected so far. Data analyses and plans for the presentation and publication of study findings are ongoing.

In the course of following this cohort of women at high risk for HIV infection, a number of women were identified to be Highly Exposed, yet Persistently HIV Seronegative (HEPS). The working definition for a HEPS sex worker in this cohort is: history of at least 3 years

working as a brothel sex workers, being HIV-seronegative on at least 3 study visits, being herpes simplex virus type 2 (HSV-2) seropositive, having a positive syphilis TPIIA test, and being in active cohort follow up. An abstract below describes the preliminary findings of IILA typing among a group of HEPS sex workers from the Chiang Rai Health Club study and from another study conducted in Chiang Mai by Chiang Mai University & Johns Hopkins University.

In 1995, the HIV/AIDS Collaboration began discussions with The Population Council (Bangkok and New York) to explore possibilities of conducting efficacy evaluations of vaginal microbicide products among women in Chiang Rai. In September, an assessment of potential populations indicated that women attending antenatal & family planning clinics in Chiang Rai may be appropriate for such studies. Planning is underway to begin behavioral studies related to possible microbicide use by these women and to determine the incidence of HIV and other STDs in post-partum women.

Recent scientific abstracts from the Chiang Rai Health Club study:

1995 Chiang Mai 3rd Int'l Conference on AIDS in Asia and the Pacific Abstract
HIV INCIDENCE AND AIDS MORTALITY IN A COHORT OF FEMALE PROSTITUTES IN CHIANG RAI, THAILAND Limpakarnjanarat, Khanchit,¹ Mastro TD,^{1,2} Korattana S,¹ Young NI,^{1,2} Kaewkungwal J,^{1,3} Weniger BG,² Saisorn S.⁴ ¹HIV/AIDS Collaboration, Nonthaburi, Thailand; ²Centers for Disease Control and Prevention, Atlanta GA, USA; ³Rajamangala Institute of Technology, Bangkok; ⁴Provincial Health Office, Chiang Rai, Thailand.

Objectives To determine HIV incidence rates and AIDS-related mortality from a prospective, open-enrollment cohort of female prostitutes (FPs) in Chiang Rai, Northern Thailand.

Methods During October 1991-December 1994, 500 women (283 brothel FPs and 217 other FPs, working in bars, clubs, and massage parlors) were evaluated 3 monthly with interview, physical exam, and serologic testing. All women received STD/HIV prevention counselling including condom promotion. Deaths were assessed through hospital records and death certificates.

Results At enrollment, 46.6% of brothel FPs and 12.9% of other FPs were HIV+ ($p < 0.001$). Successful 12 and 24-month follow up rates were 49%, and 30% among brothel FPs; and 64%, 45% among other FPs, respectively. HIV incidence among brothel FPs was 15.5/100 person-years (py) (24 seroconverters [SCs]/154.4 py of HIV-negative observation, Poisson 95% CI, 9.6-23.1); and among other FPs was 0.9/100 py (2 SCs/211.1 py, 95% CI, 0.1-3.4). Most SCs (19 of 26, 73.1%) seroconverted between enrollment and the first follow up visit (mean of 3.2 months). Of 160 HIV+ FPs, 7 (mean age = 21 years) have died since March 1994.

Conclusions Brothel-based FPs in Chiang Rai continue to have high HIV incidence, equivalent to 15/100 py. HIV+ cohort members are progressing to AIDS and death. Prospective analysis of clinical presentation and natural history is underway. Improved social and medical care programs are being developed and evaluated.

1995 Chiang Mai 3rd Int'l Conference on AIDS in Asia and the Pacific Abstract
DETERMINANTS OF CONDOM USE AMONG FEMALE SEX WORKERS, NORTHERN THAILAND Manopaihoon, Chomnad,¹ Korattana S,¹ Thuwakum P,¹ Limpakarnjanarat K,¹ Uthairavavit W,² Mastro TD^{1,3} ¹HIV/AIDS Collaboration, Nonthaburi; ²Chiang Rai Hospital, Thailand; ³CDC, USA.

Objectives To investigate determinants of condom use with clients and partners among a cohort of female commercial sex workers (CSWs) in Chiang Rai, Northern Thailand.

Methods Data from a cohort study of CSWs indicate high rates of STDs despite reported high rates of condom use with clients. To further understand this, focus group discussions were conducted among women actively working as CSWs and interviews were conducted with HIV-positive former CSWs.

Results In 1994, CSWs reported that clients are more willing than before to use condoms because of fear of HIV/AIDS; however, condom use with non-commercial partners is limited. Condom use in commercial and non-commercial relationship is conditioned by type of clients and how women view the relationship, e.g. condom use is difficult with "influential clients" but easier with "older and upper class" clients. Feelings of "trust" in relationships influence condom use. Brothel CSWs reported regular use of alcohol which may be another important determinant of condom use. Condom use among HIV-positive former CSWs and their current partners is limited; given that the HIV status of their partners is unknown, disclosure of women's HIV status does not appear to lead to condom use among these couples. Partner's cooperation, women's interpretation of safer sex, and perhaps degree of acceptance of HIV-positive status may associate with condom use in this subgroup.

Conclusions The meaning of relationships within the context of commercial and non-commercial sex needs to be addressed. Conditions or circumstances affecting condom use should be discussed during the education/counselling process. The extent to which alcohol affects condom use among active CSWs and determinants of safer sex maintenance among HIV-positive CSWs and their partners merit further study.

1996 Vancouver XI International Conference on AIDS Abstract

DECLINING PREVALENCE OF GONORRHEA (GC) AND CHLAMYDIA (CT) IN FEMALE SEX WORKERS (FSW), CHIANG RAI, THAILAND, 1991-94 Kilmarx, Peter H,¹ Limpakarnjanarat K,² Uthairoravit W,³ St. Louis ME,¹ Young N,^{1,2} Korattana S,² Kaewkungwal J,² Mastro TD,^{1,2} CDC, Atlanta, GA, USA; ²HIV/AIDS Collaboration, Nonthaburi, Thailand; ³Chiang Rai Hospital, Thailand.

Objective: To assess the Thai government condom-promotion HIV-prevention campaign, we investigated risk factors for and temporal trends in prevalent GC and CT in a defined cohort of FSW in Thailand using accurate laboratory methods.

Methods: From 1991 to 1994, FSW were enrolled and evaluated with interview, physical exam, and GC and CT Gen-probe™ of cervical secretions. Prevalence in women enrolling in 1991-93 was compared to that in women enrolling in 1994.

Results: GC infection was present in 15.4% of FSW at enrollment; 73 (17.5%) of 416 enrolled 1991-93, and 3 (3.8%) of 79 in 1994 (odds ratio [OR] 0.19 [for enrollment in 1994 vs. 1991-93]; 95% confidence interval [CI] 0.06-0.53). CT was present in 20.2%; 93 (22.4%) of 416 enrolled 1991-93, and 7 (8.9%) of 79 in 1994 (OR 0.33; 95% CI 0.16-0.71). FSW enrolling in 1994 were less likely to be higher-risk brothel-based FSW, and were more likely to report 100% condom use and to have <2 customers per working day. In stratified analysis, GC and CT prevalence declined significantly ($p < 0.05$) in 1994 in both high and lower risk groups. In multivariable analysis, GC was less prevalent in FSW reporting use of depo-medroxyprogesterone (DMPA) (adjusted OR [AOR] 0.28; 95% CI 0.09-0.87), <2 customers per working day (AOR 0.30; 95% CI 0.12-0.77), or 100% condom use (AOR 0.59; 95% CI 0.33-1.0), or enrolling in 1994 (AOR 0.34; 95% CI 0.10-1.2). CT was associated with ≤ 2 years as a FSW (AOR 2.4; 95% CI 1.4-4.0) and age ≤ 21 (AOR 1.8; 95% CI 1.0-3.0); enrolling in 1994 was protective (AOR 0.12; 95% CI 0.17-1.0).

Conclusions: The prevalence of GC and CT in FSW was lower in 1994 than in 1991-93. While this decrease was associated with less high-risk behavior, the decrease remained in analyses controlling for behavior, suggesting a decline in community prevalence. This supports Thai government STD surveillance data suggesting that the national HIV-control program has been effective.

1995 Chiang Mai 3rd Int'l Conference on AIDS in Asia and the Pacific Abstract
**HLA CLASS I ALLELES IN A COHORT OF HIV-1 HIGHLY EXPOSED, PERSISTENTLY
SERONEGATIVE (HEPS) SEX WORKERS (SWs) IN NORTHERN THAILAND** Stephens HAF,¹
Mastro TD,² Beyrer C,³ Chandanayingyong D,¹ Limpakarnjanarat K,² Khamboonruang C,³ Michael RA⁴,
Mason CJ.⁴ ¹Siriraj Hospital, Bangkok, Thailand; ²HIV/AIDS Collaboration, Nonthaburi; ³PAVE Project,
CMU-JHU, Chiang Mai; ⁴AFRIMS, Bangkok, Thailand.

Objective: To screen for immunogenetic markers associating with HEPS.

Methods: Thirteen HIV-seronegative HEPS female SWs with ≥ 3 years work exposure and a history of
 ≥ 2 other STDs were HLA class I serotyped for alleles encoded by the HLA-A, -B and -C gene loci, using
local and international serotyping plates and protocols. HLA-A, -B and -C allele frequencies detected in
the HEPS SWs were compared to a panel of 104 ethnically matched Northern Thai controls.

Results: The HLA-A locus allele HLA-A11, was detected in 11 of 13 (84.6%) HEPS SWs and in 54 of
104 (51.9%) controls ($P = 0.025$).

Conclusions: The biological function of HLA class I molecules is to present antigenic peptides to cytotoxic
T lymphocytes (CTL). Allelic variants of HLA class I molecules vary in their ability to bind and present
different antigenic peptides. Further analysis of HLA-A11, the peptides that preferentially bind to this
molecule and its apparent increased frequency in Thai HEPS SWs, may provide important clues as to which
HIV-1 derived peptides will be needed to generate HIV-specific CTL responses in these individuals, which
if demonstrable could be of relevance to the design of future vaccines, capable of invoking protective
immune responses to HIV-1 in Thai populations.

C. HIV TRANSMISSION AMONG INJECTING DRUG USERS

• *HIV Incidence in Injecting Drug Users - Bangkok*

Type of study: Prospective cohort

Date study began: May 1995

Duration of study: 3 years

Number of subjects: 500 HIV-negative IDUs; to expand to >1000

Location: Bangkok: 15 drug treatment clinics of the Bangkok Metropolitan Administration

Collaborators: Bangkok Metropolitan Administration (BMA)

Faculty of Medicine Siriraj Hospital, Mahidol University

Ministry of Public Health

Beth Israel Medical Center, New York, NY

World Health Organization, Global Programme on AIDS (now UNAIDS)

Major research issues:

- Determine successful follow-up rates of IDUs in a cohort
- Determine risk factors for HIV seroconversion among Bangkok IDUs
- Determine HIV incidence among IDUs
- Assess ongoing interventions to prevent HIV infection among IDUs
- Characterize HIV strains among newly infected IDUs
- Assess cohort members' willingness to participate in an HIV vaccine efficacy trial
- Develop an infrastructure that could be used to conduct HIV vaccine efficacy trials

Highlights:

This study, supported by the World Health Organization (now UNAIDS), began screening and enrollment in early 1995. The concept for this study is based upon the ability to identify and follow IDUs in Bangkok through 15 drug treatment clinics of the BMA. At any given time, about 3000 IDUs are receiving drug treatment in BMA clinics; about 40% are HIV-seropositive.

During the screening phase of the study, 1,674 IDUs, not known to be HIV-1-seropositive were evaluated. Of these, 29% were HIV-1 seropositive. Willingness to participate in this cohort was high (82.5%) among 822 HIV-negative IDUs offered participation in the cohort study. Five hundred HIV-negative IDUs were enrolled during 1995. Successful follow up at the first 4-monthly visit was 90%. At the time of this writing, 12 cohort members had HIV-1 seroconverted, with an estimated seroincidence rate of 3-4 per 100 person years of follow up. Direct genetic sequencing of proviral DNA from the C2-V4 region of HIV-1 strains from the first 5 seroconverters identified four subtype E viruses and one subtype B' (Thai B) virus. In 1996, the cohort will be expanded to >1000 members. A sub-study will assess cohort members' willingness to participate in an HIV vaccine efficacy trial.

The following abstracts describe the key findings from the first year of the study:

1996 Vancouver XI International Conference on AIDS Abstract

HIV-1 POSITIVITY AND WILLINGNESS TO PARTICIPATE IN A PROSPECTIVE COHORT OF INJECTING DRUG USERS (IDUs) IN BANGKOK, THAILAND. Kitayaporn, Dwip;^{1,2}

Vanichseni, S;³ Mastro, TD;^{1,4} Raktham, S;³ Des Jarlais, DC;⁵ Wasi, C;² Kampanartsanyakorn, C;¹ Sujarita, S;³ Heyward, WL.⁶ ¹HIV/AIDS Collaboration, Nonthaburi, Thailand; ²Mahidol University, Bangkok; ³Bangkok Metropolitan Administration (BMA), Bangkok; ⁴CDC, Atlanta, GA, USA; ⁵Beth Israel Medical Center, New York, NY, USA; ⁶UNAIDS, Geneva, Switzerland.

Objective An explosive epidemic of HIV-1 subtypes B and E has occurred among Bangkok IDUs with an estimated incidence of 10/100 person-years. The BMA enrolls about 8,000 IDUs into drug treatment annually. We describe IDUs screened for enrollment into a prospective cohort in preparation for a possible HIV vaccine efficacy trial in Bangkok.

Methods IDUs, not known to be HIV-positive, receiving drug detoxification in 15 BMA clinics during May-Aug 1995 were offered voluntary HIV counseling and testing with informed consent. Interviews were conducted to obtain data on demographics, drug use and sexual behavior, history of drug treatment, and willingness to participate in a cohort study.

Results Among 1,674 IDUs screened (mean age $\pm$ SD = 31.1 ± 7.6 y), 95% were males, 60% were not married, 55% had >6 years of education, 70% were employed, 51% had received their first drug treatment within 3 years, and 83% were in a 45-day methadone program. In the previous 6 months, 78% injected drug $\geq$ 1 time per day, 43% shared needles, and 19% had been incarcerated. HIV prevalence was 29.3% (95% CI=27.2-31.6%). HIV-positivity, by logistic regression analysis, was associated with: older age (odds ratio [OR]= 1.03, 95%CI=1.02-1.05, referent: centered median age=31 y), not currently married (OR=1.7, 95%CI=1.4-2.2, referent: married), < 7 years of education (OR=1.4, 95%CI=1.2-1.8, referent: $\geq$ 7 years), and incarceration in the previous 6 months (OR=2.1, 95%CI=1.6-2.7, referent: never in the previous 6 months). Willingness to participate in this cohort was high (82.5%) among 822 HIV-negative IDUs offered participation.

Conclusions Despite ongoing interventions, HIV prevalence and risk are high among this large, relatively homogeneous population of IDUs in treatment. Other than recent incarceration, factors evaluated did not readily distinguish subgroups at markedly higher or lower risk for HIV. Willingness to participate in a prospective cohort study is high among the HIV-negative IDUs treated at the BMA. We have enrolled 500 HIV-negative IDUs into a cohort study to determine rates of successful follow-up and HIV incidence, and to characterize infecting HIV strains.

1996 Vancouver XI International Conference on AIDS Abstract

HIV-1 INCIDENCE AND FOLLOW UP IN A PROSPECTIVE COHORT OF INJECTING DRUG USERS (IDUs) IN BANGKOK, THAILAND. Vanichseni, Suphak;¹ Kitayaporn, D;^{2,3} Mastro, TD;^{2,4}

Kampanartsanyakorn, C;¹ Raktham, S;¹ Sujarita, S;¹ Des Jarlais, DC;⁵ Wasi, C;³ Esparza, J;⁶ Heyward, WL.⁶ ¹Bangkok Metropolitan Administration (BMA), Bangkok; ²HIV/AIDS Collaboration, Nonthaburi, Thailand; ³Mahidol University, Bangkok; ⁴CDC, Atlanta, GA, USA; ⁵Beth Israel Medical Center, New York, NY, USA; ⁶UNAIDS, Geneva, Switzerland.

Objective Since 1988, Bangkok IDUs have experienced an explosive epidemic of HIV-1, with ongoing high transmission despite interventions. A prospective cohort of IDUs was established to determine rates of HIV-1 incidence, successful follow up, related behavioral factors, and to characterize infecting HIV-1 subtypes.

Methods From May to November 1995, HIV-negative IDUs attending 15 BMA drug treatment clinics were enrolled into a prospective cohort after informed consent. HIV testing and counseling and interviews on demographics, drug use, and sexual behaviors were conducted at enrollment and scheduled 4 monthly. At enrollment, sera were tested for hepatitis B surface antigen (HBsAg), antibodies to hepatitis B (HBsAb) and C (HCV), syphilis (RPR test), and renal and liver function tests; urine was analyzed for opiate derivatives. A random sample of 100 specimens was tested for CD4 and CD8 counts. For HIV-1 seroconversions, infecting HIV-1 subtype was determined by V3 loop peptide EIAs (PEIA).

Results Successful follow up at 4 months was 90% (405 of 451 due for follow up). Four IDUs had HIV-1 seroconverted (2 subtype B and 2 subtype E by PEIA); preliminary incidence = 2.8/100 person-years (95% CI=0.5-8.9). Among 468 cohort members available for analysis, mean age ($\pm$ SD) was 31.8 ($\pm$ 7.3) years. 94% were male, 52% were married, 56% had >6 years of education, 75% were employed, and 71% had a urine opiate test positive at enrollment. Half had injected drugs $\geq$ 8 years (range 1-27 years), 69% had been arrested at least once since they first injected drugs. The prevalence of HBsAg was 9.4%, HBsAb 52.9%, HCV 97.0%, RPR test 0%. Over 99% had normal renal function and 13.7% and 27.1% had SGOT and SGPT > 2 institutional standards, respectively. Medians (inter-quartile range) of CD4, CD8, and CD4/CD8 ratio were 1045 cells/ μ L (815-1325), 1010 cells/ μ L (800-1470), and 1.0 (0.7-1.3).

Conclusions Preliminary data indicate that Bangkok IDUs can be successfully followed in a cohort study and that HIV-1 incidence is substantial. This setting may be suitable for an HIV vaccine efficacy trial.

1996 Vancouver XI International Conference on AIDS Abstract

FEASIBILITY OF AN HIV-1 VACCINE EFFICACY TRIAL AMONG INJECTING DRUG USERS (IDUs) IN BANGKOK, THAILAND Vanityapongs, Thamnoon;¹ Kampanartsanyakorn C;¹ Vanichseni S;¹ Apaiwongse O;¹ Raktham S;¹ Kasemsook R;¹ Wasi C;² Kitayaporn D;^{2,3} Mastro TD;^{3,4} Des Jarlais DC;⁵ Heyward WL;⁶ Esparza J.⁶ ¹Bangkok Metropolitan Administration (BMA); ²Mahidol University, Bangkok; ³HIV/AIDS Collaboration, Nonthaburi, Thailand; ⁴CDC, Atlanta, USA; ⁵Beth Israel Medical Center, New York, USA; ⁶UNAIDS, Geneva.

Issues In 1988, prevalence of HIV-1 infection among Bangkok IDUs in treatment increased from 1% to 40%. Despite available interventions, HIV transmission continues at an alarming rate. In response to this epidemic, efforts are underway to establish cohorts of persons at high risk for HIV infection for possible HIV-1 vaccine efficacy trials.

Project Development of baseline information and an infrastructure that could be used to conduct a phase III HIV-1 vaccine efficacy trial.

Results Despite drug treatment and other education and intervention programs for IDUs in Bangkok, retrospective and cross sectional studies in 1991-93 estimated an HIV-1 incidence rate of about 10% per year. Incident HIV-1 infection was associated with needle sharing, incarceration, and being single. While the initial epidemic among IDUs was primarily due to HIV-1 subtype B, by 1994, 20% of infections were due to subtype E, which is responsible for the larger heterosexual epidemic in Thailand. Of an estimated 40,000 active IDUs in Bangkok, the BMA annually enrolls about 8,000 individual IDUs into a network of 15 drug treatment clinics, primarily offering methadone detoxification. In 1995, a phase I/II gp120 MN HIV-1 vaccine trial was conducted among 33 recovering IDUs in Bangkok. Also in 1995, among 1600 IDUs screened, willingness to participate in a prospective cohort study was high (83%); 500 HIV-negative IDUs were enrolled into such a study; and successful follow up at 4 months was 90%.

Conclusions More than 4,000 HIV-negative IDUs at high risk for HIV-1 infection are accessible through drug treatment clinics of the BMA. An ongoing prospective cohort study will assess rates of successful follow up and HIV-1 incidence and will allow for the characterization of infecting HIV strains. This setting may allow for efficacy evaluation of HIV vaccines against the B and E subtypes of HIV-1.

D. MOLECULAR EPIDEMIOLOGY OF HIV IN THAILAND

• *Characterization of the Genetic Diversity of HIV-1 in Thailand, 1994-95*

Type of study: Cross-sectional

Date study began: 1994

Duration of study: 6 months for specimen collection - completed in early 1995; analysis of specimens conducted during 1995, and is ongoing.

Number of subjects: 215 HIV-infected persons with various HIV risk behaviors

Location: All regions of Thailand

Collaborators: National Institute of Health, Department of Medical Sciences, MOPH
Regional Medical Sciences Centers, Department of Medical Sciences:
Chiang Rai, Chiang Mai, Phitsanuloke, Khon Kaen, Nakhon
Ratchasima, Ubon Ratchatani, Chonburi, Trang, Songkhla
Div. of AIDS, STD & TB Laboratory Research, NCID, CDC, Atlanta

Major research issues:

- Determine, in 1994-95, the geographic and risk group distribution of HIV subtypes in Thailand
- To examine the diversity of isolates within HIV-1 subtypes found in Thailand
- Re-evaluate the sensitivity and specificity of peptide EIAs for the serotyping of HIV strains in Thailand
- Develop new methods for rapid characterization of HIV-1 subtypes

Highlights:

The collection of specimens for this study was completed in early 1995; much of the analysis of specimens was conducted in 1995, but this work will continue in 1996. Specimens for PBMC preparation and plasma were collected from 215 HIV-infected persons, representing IDUs (64), female sex workers (26), male STD patients (76), and women attending antenatal clinics (49) from nine provinces in the four regions of Thailand. Specimens were tested in Nonthaburi for reactivity to V3 loop peptides from HIV-1 subtypes E and B'; and proviral DNA was genetically characterized at CDC, Atlanta.

An abstract presenting the main findings from this study:

1996 Vancouver XI International Conference on AIDS Abstract

GENETIC DIVERSITY OF HIV-1 IN THAILAND, 1994-95. Subbarao, Shambavi,¹ Limpakarnjanarat K,² Bhumisawasdi J,³ Young NL,^{1,2} Kalish ML,¹ Schochetman G,¹ Mastro TD,^{1,2} CDC, Atlanta, GA, USA; ² HIV/AIDS Collaboration, Nonthaburi, Thailand; ³ National Institute of Health, Dept. of Medical Sciences, Ministry of Public Health, Thailand.

Objective: To determine the genetic heterogeneity of HIV-1 strains in Thailand using a larger sample with greater geographic diversity than in previous molecular epidemiologic studies.

Methods: A convenience sample was made of 215 asymptomatic HIV+ persons consisting of 64 injecting drug users (IDU) and 151 with sexual risk. Viral subtypes were determined by a combination of peptide-binding immunoassay (PEIA) and hybridizations of nested PCR fragments of the *env* gene (C2-V5) with subtypes E and B' (Thai subtype B variant)-specific oligonucleotide probes. The C2-V4 region was sequenced for 97 samples.

Results: Overall, 175 (81%) strains were subtype E (including 97% [147 of 151] from non-IDU) and 37 (17%) were subtype B'. Only two strains were determined to be "typical" North American-like subtype

B viruses and the subtype for one strain has not yet been determined. Among IDUs, subtype B' and E strains accounted for 55% and 44% of the infections, respectively. The average intra-subtype genetic distance in a representative set of 20 subtype E and 17 B' sequences was 6.3% and 3.4%, respectively. While GPGQA was the most common V3 loop crown motif among subtype B' viruses, 33% displayed the GPGRA motif more common among North American subtype B strains. Among subtype E sequences, 92% had GPGQV at the crown of the V3 loop; 9 of 11 E strains that could not be subtyped by PEIA displayed atypical amino acid sequences at this location. The DNA probes were 100% sensitive and specific for subtypes E and B' including 16 of 215 strains that were either dually reactive or non-reactive by PEIA. Monoreactive PEIAs were 99% specific for subtypes E and B'.

Conclusions: Sequence analysis of a wide sample generates data that can be used to modify peptides for PEIAs, design candidate HIV-1 vaccines, and plan vaccine efficacy trials. The mix of B' and E among Thai IDUs offers opportunities to study phenotypic differences among HIV-1 subtypes.

• *Characterization of HIV-1 Subtypes in Thailand by V3-Loop Peptide EIA, 1992-1995*

Type of study: Multiple cross-sectional surveys

Date study began: 1992

Duration of study: Conducted annually with MOPH Division of Epidemiology HIV sentinel surveys

Number of subjects: Annually, 200-300 HIV-infected persons with various HIV risk behaviors

Location: Annually, in 12 provinces in all 4 regions of Thailand

In 1995, data were also included from IDUs screened for enrollment into the BMA IDU Cohort Study

Collaborators: Division of Epidemiology, MOPH, Thailand
Bangkok Metropolitan Administration
Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok
Div. of AIDS, STD & TB Laboratory Research, NCID, CDC, Atlanta
World Health Organization, Global Programme on AIDS (now UNAIDS)

Major research issues:

- Determine, over time, the distribution of HIV-1 subtypes among people with various risk behaviors in all regions of Thailand
- Monitor changes in the molecular epidemiology of HIV-1 subtypes B' and E in Thailand

Highlights:

Peptide EIA (PEIA) surveys have been conducted along with the Division of Epidemiology HIV sentinel surveys in 1992, 1993, and 1995. With a large sample and with systematic sampling, this study has confirmed that HIV-1 subtype E predominates among heterosexuals in all regions of Thailand. This study has also revealed regional differences in the mix of subtype B' and E among IDUs in various regions of Thailand. Also, the longitudinal nature of this study has identified an increase in the prevalence of HIV-1 subtype E among IDUs in Central (including Bangkok) and Southern Thailand, especially among younger IDUs. These findings are important for planning HIV-1 vaccine efficacy trials in Thailand.

An abstract presenting the main findings from this study:

1996 Vancouver XI International Conference on AIDS Abstract

THE EVOLUTION OF HIV-1 SUBTYPES B AND E IN HETEROSEXUALS AND INJECTING DRUG USERS (IDUs) IN THAILAND, 1992 - 1995 Mastro, Timothy D.^{1,2} Ungchusak K.³ Vanichseni S.⁴ Young N.^{1,2} Limpakarnjanarat K.¹ Raktham S.⁴ Wasi C.⁵ Kitayaporn D.^{1,5} Weniger BG.² Pau CP.² Heyward WL.⁶ Dondero TJ.² HIV/AIDS Collaboration, Nonthaburi, Thailand; ²CDC, Atlanta, GA,

USA; ³Ministry of Public Health (MOPH), Thailand; ⁴Bangkok Metropolitan Administration (BMA); ⁵Mahidol University, Bangkok, Thailand; ⁶UNAIDS, Geneva, Switzerland.

Background The heterosexual HIV-1 epidemic in Thailand is due primarily to subtype E, while the initial epidemic among Bangkok IDUs was largely due to subtype B. Only subtypes B and E have been identified in Thailand.

Methods HIV+ serum specimens were collected from MOPH sentinel surveys in all regions of Thailand in 1992, 1993, and 1995 (n=881; including 616 heterosexuals [361 female sex workers, 37 pregnant women, and 218 male STD patients] and 265 IDUs), and from a sample of IDUs in drug treatment programs in Bangkok (Central region) screened for enrollment into a cohort study in 1995 (n=207). Infecting HIV-1 subtype B or E was determined by reactivity to highly specific V3 loop peptide EIAs. Included for analysis were the 1,006 (92%) specimens that could be subtyped; 5% were non-reactive and 3% were dually reactive.

Results Subtype E accounted for 95% (544/574) of infections among heterosexuals, with no regional or temporal variation. Among IDUs from MOPH surveys, 46% (114/246) of infections were subtype B; 55% in the Central region, 71% in the South, 22% in the North, and 23% in the N.E. ($p < 0.001$). IDUs with E were younger (mean 28 yrs) than IDUs with B (mean 31 yrs; $p < 0.001$). From 1992 to 1995, the proportion of subtype E increased (χ^2 for trend $p < 0.01$) in the Central (25% to 68%) and the South (16% to 52%). In 1995, among 186 Bangkok IDUs, 65% had subtype B and 35% had E. IDUs with subtype E were younger (mean 29 yrs vs. 34 yrs; $p < 0.001$) and more likely to be single ($p = 0.06$) and to have initiated drug treatment within the past year ($p = 0.08$). There were no differences ($p < 0.1$) in sexual or drug injecting/needle sharing behavior, or incarceration history between IDUs infected with subtype B or E.

Conclusions HIV-1 subtype E continues to predominate among heterosexuals in all region of Thailand and is increasing in prevalence among younger IDUs in Bangkok and in Central and Southern Thailand. Further studies are required to determine factors leading to the increase in HIV-1 subtype E among Thai IDUs.

E. CLINICAL HIV/AIDS AND HIV-RELATED TUBERCULOSIS

• *HIV/AIDS at Bamrasnaradura Infectious Disease Hospital*

Type of study: Epidemiologic and surveillance data management system

Date study began: November 1993

Duration of study: Initial approval for 5 years

Number of subjects: All HIV+ hospital admissions

Location: Bangkok (Nonthaburi); Bamrasnaradura Infectious Disease Hospital

Collaborators: Dept. of Communicable Disease Control, MOPH

Major research issues:

- Characterize HIV prevalence in hospital patients
- Monitor trends in demographics, risk factors, and pathology in AIDS patients
- Monitor HIV-1 subtypes, using V3-loop peptide EIAs, among HIV/AIDS patients with various risk behavior
- Develop infrastructure for focused HIV/AIDS research
- Provide systematic data for clinicians managing AIDS cases

Highlights:

This ongoing data management system follows a productive collaboration with Bamrasnaradura Infectious Disease Hospital that started in 1991. This data management system allows for the systematic collection and analysis of hospital data on HIV-positive hospital admissions. From December 1993 through December 1995, data were collected from approximately 2000 HIV-positive hospital admissions.

Abstracts presenting the main findings from this study:

1996 Vancouver XI International Conference on AIDS Abstract
CLINICAL PRESENTATION, RISK CATEGORY, AND HIV-1 SUBTYPES B AND E IN 1241 HIV/AIDS PATIENTS IN THAILAND Limpakarnjanarat, Khanchit,¹ Tansuphaswadikul S,² Mastro TD,^{1,3} Ittiravivongs A,¹ Kitayaporn D,^{1,4} Tanchanpong C,² Kaewkungwal J,^{1,5} Naiwatanakul T,¹ Young N,^{1,3} Mock P,¹ Nieburg P.² ¹HIV/AIDS Collaboration, Nonthaburi, Thailand; ²Bamrasnaradura Infectious Disease Hospital (BIH), MOPH, Nonthaburi; ³CDC, Atlanta, USA; ⁴Mahidol University, Bangkok; ⁵Rajamangala Institute of Technology, Bangkok.

Objectives To describe and compare clinical presentation of HIV/AIDS patients infected with two distinct HIV-1 subtypes, B and E, at BIH, a public tertiary care center near Bangkok.

Methods All adult (≥ 14 yrs) patients admitted to medical wards at BIH from Dec. '93 to June '95 were offered voluntary HIV counseling and testing with informed consent. Data were collected on all HIV+ patients admitted for the first time. Infecting HIV-1 subtypes were determined by highly specific V3 loop peptide EIAs.

Results Of 4930 patients tested, 1241 (25%) were HIV+. Most HIV+ patients were male (87%); risk category was sexual for 84% and injecting drug user (IDU) for 16%. The most common clinical problems were tuberculosis (TB) (25%), cryptococcal meningitis (23%), and prolonged fever (15%). IDUs were more likely ($p < 0.05$) to have TB, and bacterial pneumonia and sepsis; and were less likely ($p < 0.05$) to have cryptococcal meningitis and *Pneumocystis carinii* pneumonia. HIV-1 subtype could be determined for 1125 (91%); 970 (86%) were E and 155 (14%) were B. Subtype E was found in 94% of patients with sexual risk and 26% of IDUs ($p < 0.001$); IDUs with E were younger than IDUs with B ($p < 0.01$). In multivariate analyses controlling for gender, age, and risk category, subtype E was associated with lower ($< 1500/\mu\text{L}$) lymphocyte counts (OR = 1.9; 95% CI, 1.1 - 3.3) and cryptococcal meningitis (OR = 2.7; 95% CI, 1.2 - 6.5). In analyses among IDUs only, subtype E remained associated with lower lymphocyte counts (OR = 2.9; 95% CI, 1.1 - 7.4).

Conclusions Among HIV/AIDS patients in Thailand, IDUs present with different opportunistic infections than non-IDUs. Infecting HIV-1 subtype may independently influence the course of immune suppression and clinical disease.

1995 Chiang Mai 3rd Int'l Conference on AIDS in Asia and the Pacific Abstract
COMPUTERIZED HIV/AIDS DATABASE, HIV COUNSELING AND TESTING CAN BE MERGED INTO ROUTINE TERTIARY CARE ACTIVITIES Tansuphasawadikul S,¹ Ittiravivongs A,² Kitayaporn D,^{2,3} Kaewkungwal J,^{2,4} Tanchanpong C,¹ Limpakarnjanarat K,² Nieburg P,⁵ Mastro TD.⁵
¹Bamrasnaradura Hospital, Ministry of Public Health, Nonthaburi, Thailand; ²HIV/AIDS Collaboration, Nonthaburi; ³Mahidol University, Bangkok, Thailand; ⁴Rajamangala Institute of Technology, Bangkok; ⁵Centers for Disease Control and Prevention, Atlanta GA, USA.

Objectives To develop a confidential computerized hospital database to systematically follow HIV+ patients for their diagnoses, clinical presentations, treatments, and survival.

Methods From 11/93 through 11/94, patients (≥ 14 years old) admitted to a tertiary care, public, infectious disease hospital near Bangkok were offered voluntary HIV counseling and testing with written informed consent by trained hospital staff. Data on all HIV+ subjects were entered into a database.

Results Of 8202 admissions (7641 patients), 5292 (64.5%) were counseled and offered HIV testings, and 3957 (74.8%) consented. Of these, 872 (22.0%) were HIV+. Baseline data on clinical diagnoses, clinical presentations were available on 808 HIV+ patients, including 194 (24.0%) newly diagnosed as HIV+ on their first admission.

Discussion and Conclusions Voluntary HIV counseling and testing, and a confidential surveillance database can be incorporated into routine tertiary care activities. Substantial numbers of HIV+ hospital patients can be identified and counseled regarding risk behaviors. Early diagnosis of individual cases can lead to prompt medical management of these patients.

• ***Pulmonary Tuberculosis (TB) and HIV Infection at Central Chest Hospital, Nonthaburi***

Type of study: Cross-sectional study of pulmonary TB patients, with and without HIV infection

Date study began: July 1995

Duration of study: 1-2 years

Number of subjects: 200-300 (half HIV-positive and half HIV-negative)

Location: Bangkok (Nonthaburi); Central Chest Hospital

Collaborators: Dept. of Communicable Disease Control, MOPH

Major research issues:

- Develop and evaluate HIV counselling and testing in a hospital for TB patients
- Determine HIV prevalence among pulmonary TB patients in Bangkok
- Determine the clinical spectrum of TB disease among HIV+ and HIV- patients
- Determine the prevalence of and risk factors for antibiotic drug resistance, including multi-drug resistance (MDR-TB)
- Determine the spectrum of HIV-related immunosuppression (CD4) associated with pulmonary tuberculosis in Thailand
- Evaluate tuberculin and anergy skin test reactivity among these patients

Highlights:

Formal enrollment in this study began in July 1995, following the renovation of rooms for counselling services and a study office and the establishment of a voluntary HIV counselling and testing program for patients with suspected TB. By the end of 1995, 785 suspected TB patients received pre-test HIV counselling and 687 (88%) consented to testing; of these 127 (18%) were HIV-1 seropositive. A total of 109 TB patients were enrolled in 1995. Data analyses are ongoing, and it is expected that enrollment will be completed in June 1996.

For this study, CD4 and CD8 cell counts are made by hospital staff using the FACSCount (Becton Dickinson (BD)) flow cytometry system at Central Chest Hospital. To evaluate this new system, 100 specimens were analyzed on the FACSCount and the results were compared with parallel testing on the standard, well-established FACScan (BD) flow cytometry instrument at the HIV/AIDS Collaboration laboratory. An abstract describing this comparison follows:

1995 Chiang Mai 3rd Int'l Conference on AIDS in Asia and the Pacific Abstract
VALIDATION OF FACSCount ABSOLUTE CD4 & CD8 COUNTS Young N.^{1,2} Ponglertnapakorn P.³ Pobkeeree V.¹ Srisak K.³ Chaowanachan T.¹ Ittiravivongs A.¹ On-Thern V.³ Kittinunvorakoon C.¹ Bunwaitanukul A.¹ Mastro TD.^{1,2} ¹HIV/AIDS Collaboration, Nonthaburi; ²CDC, Atlanta, USA; ³Central Chest Hospital, Nonthaburi, Thailand.

Objectives To evaluate the use and accuracy of the FACSCount™, Becton Dickinson (BD), USA vs. the "gold standard" FACScan™ (BD) method for determining absolute CD3, CD4 and CD8 T-lymphocyte counts.

Methods From 3/94-9/94, 100 EDTA samples (30 controls and 70 HIV +/- tuberculosis inpatients) were analyzed on both the FACSCount and the FACScan using standard testing methods. For FACScan analysis, total WBC and % lymphocyte counts were determined by QBC™ (BD) and FACScan 3-part differential, respectively. FACScan % and absolute cell counts were obtained by SimulSET™ software (BD); FACSCount absolute counts were from the internal program. FACSCount CD4 counts reported as <50 were calculated as 25 and CD8 counts reported as >2000 were calculated as 2000.

Results The correlation coefficients (r) for CD3, CD4 and CD8 absolute cell counts were all ≥ 0.96 , with very similar means/ranges. For %CD4 and %CD8, and CD4/CD8 ratio, $r=0.98$.

	Mean {FACSCAN}	Range	Mean {FACSCount}	Range
#CD3	1036	(130-2220)	1069	(133-2577)
#CD4	358	(0-1250)	377	(25-1340)
#CD8	625	(110-2350)	610	(105-2000)

Discussion Absolute CD4 and CD8 T-lymphocyte counts determined by FACSCount were very similar to results from the standard FACScan. FACSCount requires less training and is less costly than standard FACScan analysis.

• Risk of Nosocomial *Mycobacterium tuberculosis* Transmission Among Health Care Workers

Type of study: Cross-sectional study of hospital health care workers (HCWs)

Date study will begin: early 1996

Duration of study: 1 year

Number of subjects: 800-1000 HCWs

Location: Chiang Rai, Chiang Rai Hospital

Collaborators: Chiang Rai Regional Hospital
 Chiang Rai Provincial Health Office
 Dept. of Communicable Disease Control, MOPH
 Hospital Infections Program, NCID, CDC
 Division of Tuberculosis Elimination, NCHSTP, CDC

Major research issues:

- To describe the determinants of tuberculin skin test positivity among HCWs
- To determine the risk of nosocomial transmission of *M. tuberculosis* among CSWs at Chiang Rai Hospital
- To determine the prevalence of tuberculin skin test boosting among the HCWs at Chiang Rai Hospital

- To use this information to design and implement improved means of reducing *M. tuberculosis* transmission in Chiang Rai Hospital

Highlights:

Planning for this new study began in early 1995. In June 1995, Dr. William Jarvis, Chief, Investigation and Prevention Branch, Hospital Infections Program, NCID, CDC, and Dr. Ann Do, EIS Officer, visited Bangkok and Chiang Rai to meet with collaborators and begin working on a study protocol. In July 1995, a small pilot study was conducted to determine if tuberculin boosting occurred commonly among HCWs at Chiang Rai Hospital. It was found that about 10% of HCWs did have boosting with a second tuberculin skin test; therefore, the main study will employ two-step tuberculin skin testing for HCWs with an initial negative skin test.

Recent epidemiologic findings indicating an increase in HIV-related tuberculosis in Chiang Rai (see publication number 26 on page 37) and early evidence of an increase in multi-drug resistant (MDR) strains of *M. tuberculosis* in Thailand underscore the importance of reducing the risk of *M. tuberculosis* transmission in hospitals, both to HCWs and to other patients.

It is hoped that the information obtained at Chiang Rai Hospital will guide the implementation of better method to reduce the risk of *M. tuberculosis* transmission at Chiang Rai Hospital, at other hospitals in Thailand, and elsewhere in the world.

SCIENTIFIC PRESENTATIONS IN 1995

REFEREED CONFERENCES

- ☐ Third International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand.
September 17-21, 1995:

- *Perinatal HIV-1 Transmission Rate and Risk Factors, Bangkok, Thailand.* Tawee Chotpitayasunondh, Nathan Shaffer, Prapas Bhiraleus, Prathan Chinayon, Anuvat Roongpisuthipong, Sanay Chearskul, Wimol Siriwasin, Nancy Young, Bruce Weniger, Timothy D. Mastro Oral Abstract B102
- *Natural History and Mortality of Perinatal HIV-1 Infection, Bangkok, Thailand.* Nirun Wanprapa, Tawee Chotpitayasunondh, Sanay Chearskul, Varaporn Sangtaweessin, Achara Teeraratkul, Nathan Shaffer, Linda Carr, Phillip Nieburg Oral Abstract A804
- *Maternal Viral Load and Perinatal HIV Transmission.* Nathan Shaffer, Theresa Brown, Anuvat Roongpisuthipong, Wimol Siriwasin, Prayoon Yuentrakul, Marcia L. Kalish, Timothy D. Mastro Oral Abstract A801
- *HIV Incidence and AIDS Mortality in a Cohort of Female Prostitutes in Chiang Rai, Thailand.* Khanchit Limpakarnjanarat, Timothy D. Mastro, Supaporn Korattana, Nancy L. Young, Jaranit Kaewkungwal, Bruce G. Weniger, Supachai Saisorn Oral Abstract B104
- *Determinants of Condom Use Among Female Sex Workers, Northern, Thailand.* Chomnad Manopaiboon, Supaporn Korattana, Pichaya Thurwakum, Khanchit Limpakarnjanarat, Wat Uthavivoravit, Timothy D. Mastro Oral Abstract B904
- *HLA Class I Alleles in a Cohort of HIV-1 Highly Exposed Persistently Seronegative (HEPS) Sex Workers (SWs) in Northern Thailand.* Henry A. Stephens, Timothy D. Mastro, Chris Beyrer, Dasnayanee Chandanayingyong, Khanchit Limpakarnjanarat, Chirasak Khamboonruang, Rodney A. Michael, Carl J. Mason Oral Abstract A107
- *Computerized HIV/AIDS Database, HIV Counselling and Testing Can Be Merged into Routine Tertiary Care Activities.* Somsit Tansuphasawadikul, Amphorn Ittiravivongs, Dwip Kitayaporn, Jaranit Kaewkungwal, Chana Tanchanpong, Khanchit Limpakarnjanarat, Phillip Nieburg, Timothy D. Mastro Oral Abstract C102
- *Hematologic Indices as Predictors of Mortality of HIV/AIDS Patients, Thailand.* Somsit Tansuphasawadikul, Amphorn Ittiravivongs, Dwip Kitayaporn, Jaranit Kaewkungwal, Chana Tanchanpong, Khanchit Limpakarnjanarat, Timothy D. Mastro Oral Abstract A101
- *Validation of FACSCount Absolute CD4/CD8.* Nancy L. Young, Preecha Ponglertnapakorn, Vallerit Pobkeeree, Kongkwan Srisak, Thongpoon Chaowanachan, Amphorn Ittiravivongs, Visut On-Thern, Chonticha Kittinunvorakoon, A. Bunwattanakul, Timothy D. Mastro Oral Abstract A402

- » *Utility of PPD and Anergy Skin Testing in Tuberculosis (TB) Prevention Programs for HIV-Infected Persons.* Hideki Yanai, Wat Uthairavit, Pathom Sawanpanyalert, Khanchit Limpakarnjanarat, Richard H. Morrow, Timothy D. Mastro Oral Abstract A503
- » *Donation Deferral Criteria for HIV Positivity Among Blood Donors in Northern Thailand.* Pathom Sawanpanyalert, Wat Uthairavit, Hideki Yanai, Khanchit Limpakarnjanarat, Timothy D. Mastro, Kenrad Nelson Oral Abstract B506
- » *Perinatal HIV-1 Transmission Among Women Seroconverting During Pregnancy, Bangkok.* Wimol Siriwasin, Anuvat Roongpisuthipong, Chantapong Wasi, Gitipong Kaewchaiyo, Yunyong Mangclaviraj, Jirasak Laosakkitiboran, Nathan Shaffer Poster Abstract PB131
- » *Chlamydial and Gonococcal Cervicitis in HIV+ and HIV- Pregnant Women: Prevalence, Risk Factors, and Relation to Perinatal HIV Transmission.* Pongsakdi Chaisilwattana, Prasit Patanapanich, Chaiporn Bhadrakom, Winnol Siriwasin, Nancy L. Young, Rutt Chuachoowong, Nathan Shaffer Poster Abstract PA508
- » *Assessment of Video Group Pre-Test HIV Counselling of Pregnant Women at 1st Antenatal Visit, Bangkok.* Pattrawan Chaikyul, Watcharce Hemaouppatum, Sumarn Jaichuen, Kanchana Neeyapun, Chariya Prasert, Sunanta Henchaichon, Jirasak Laosakkitiboran Poster Abstract PC306
- » *Post-Test Counselling of HIV+ Pregnant Women Attending Antenatal Clinic, Bangkok.* Suchinda Pinyovanichkul, Pajit Tothong, Sukanya Phurksakasamesuk, Bongkoch Jetsawang, Kunyarat Klumthanom, Sujira Jalunchavanapate, Chomnad Manopaiboon, Wimol Siriwasin Poster Abstract PC307
- » *Good General HIV/AIDS Knowledge Among Pregnant Women at 1st Antenatal Visit, Siriraj Hospital, Bangkok.* Sumaleelak Sorapipatana, Vanida Lokphadhana, Chanidapa Yuvasavcc, Supanee Samsukkree, Jirasak Laosakkitiboran, Nathan Shaffer Poster Abstract PB305

□ The Thirteenth National Seminar on Epidemiology, Bangkok. August 2-4, 1995:

- » *Hematologic Indices as Predictors of Mortality of HIV/AIDS Patients, Thailand.* Amphorn Ittiravivongs, Somsit Tansuphasawadikul, Dwip Kitayaporn, Jaranit Kaewkungwal, Chana Tanchanpong, Khanchit Limpakarnjanarat, Timothy D. Mastro, Phillip Nieburg (oral)
- » *HIV Incidence and AIDS Mortality in a Cohort of Female Prostitutes in Chiang Rai, Thailand.* Khanchit Limpakarnjanarat, Timothy D. Mastro, Supaporn Korattana, Nancy L. Young, Jaranit Kaewkungwal, Bruce G. Weniger, Supachai Saisorn, Renu Srismith (oral)
- » *Evaluation of CD4 Counts in HIV Negative Pregnant Women.* Rutt Chuachoowong, Wimol Siriwasin, Prathan Chinayon, Tawee Chotpitayasunondh, Prasit Patanapanich, Pongsakdi Chaisilwattana, Anuvat Roongpisuthipong, Sanay Chearskul, Vallerut Pobkeerc, Prayoon Yuentrakul, Nancy Young, Nathan Shaffer, the Bangkok Collaborative Perinatal HIV-1 Transmission Study (oral)

OTHER PRESENTATIONS, WORKSHOPS, AND ACTIVITIES

- ☐ Workshop on Pediatric AIDS in Thailand: Public Health and Social Dilemma, Royal River Hotel, Bangkok, February 6, 1995: *Pediatric AIDS - the Thai Situation*. Nathan Shaffer
- ☐ Workshop on Advanced Techniques in Screening of HIV-1 Genetic Variability in Thailand, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, February 16-24, 1995:
 - » February 16: *Molecular Epidemiology of HIV*. Timothy D. Mastro
 - » February 16: *Approaches to Characterization of HIV Diversity*. Marcia Kalish
 - » February 16: *HIV-1 Peptide Serologic Testing*. Nancy Young
 - » February 17: *DNA Sequencing*. Marcia Kalish
- ☐ SPAFA Training Course on Cultural Tourism, Bangkok, Thailand, March 9, 1995: *Health, Disease, and Tourism*. Dwip Kitayaporn
- ☐ 36th Annual Scientific Meeting, Faculty of Medicine, Chulalongkorn University, Bangkok, March 13, 1995: *Maternal-Infant HIV Transmission in Thailand*. Nathan Shaffer
- ☐ Course for Graduate Students (GRID 506), Mahidol University, Bangkok:
 - » April 7, 1995: *Molecular Epidemiology of HIV*. Timothy D. Mastro
 - » April 18, 1995: *Vertical Transmission of HIV*. Nathan Shaffer
- ☐ Workshop on How to Take Care of HIV/AIDS Patients in Thailand, April 28, 1995: *Clinical Research Collaboration*. Khanchit Limpakarnjanarat
- ☐ Course for Graduate Students (GRID 508), Mahidol University, Bangkok:
 - » May 1, 1995: *Global Situation of HIV/AIDS and Its Transmission to Asia*. Amphorn Ittiravivongs
 - » May 2, 1995: *Epidemiology and Natural History of HIV/AIDS in Thailand*. Khanchit Limpakarnjanarat
 - » May 8, 1995: *Epidemiology and Primary Health Care Approach of HIV/AIDS*. Amphorn Ittiravivongs
- ☐ Thesis Committee, Faculty of Graduate Studies, Mahidol University, Bangkok, May 11, 1995: *A Study on the Role of TORCH Infections as the Co-factors in HIV Vertical Transmission*. Khanchit Limpakarnjanarat
- ☐ World Health Organization Meeting on Cohort Development, Geneva, Switzerland, May 18, 1995: *Molecular Epidemiology of HIV*. Timothy D. Mastro
- ☐ Training course for Satri Mahapruitaram School, Bangkok, May 25, 1995: *AIDS Transmission in Teenagers*. Rutt Chuachoowong

- ☐ Mission Orientation Program, US Embassy, Bangkok, June 1, 1995: *HIV/AIDS in Thailand*. **Timothy D. Mastro**
- ☐ Field Epidemiology Training Program, Epidemiology and Biostatistics, Ministry of Public Health, Bangkok, June 1-28, 1995:
 - » June 5, *Case-Control Studies*. **Amphorn Ittiravivongs**
 - » June 12, *Cohort Studies*. **Dwip Kitayaporn**
 - » June 19, *Screening Tests*. **Khanchit Limpakarnjanarat**
- ☐ Lecture, Central Chest Hospital, Nonthaburi, June 19, 1995: *Multi-drug resistant (MDR) tuberculosis in the USA and Guidelines for TB Prevention in Health Care Facilities*. **William Jarvis**
- ☐ Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand, July 4, 1995: *TMHG 501: Epidemiology and Control of AIDS*. **Khanchit Limpakarnjanarat**
- ☐ Workshop by ASIN, Rose Garden Hotel, Nakhon Pathom, Thailand, July 17-21, 1995: *AIDS Counselling for Commercial Sex Workers*. **Supanee Samsukkree**
- ☐ Workshop by Epidemiology Division, Permanent Secretary, Ministry of Public Health, Thailand, July 21, 1995: *Epidemiological Surveillance Development Project*. **Khanchit Limpakarnjanarat**
- ☐ Seminar, Dept. of Communicable Disease Control, MOPII, Thailand, July 27, 1995: *How to Consider International Ethical Research Study: Good and Weak Points*. **Khanchit Limpakarnjanarat**
- ☐ Guest Lecturer for Population and Community Development Association, Wiang Inn Hotel, Chiang Rai, Thailand, August 3, 1995: *HIV/AIDS in a Cohort of CSWs in Chiang Rai*. **Supaporn Korattana**
- ☐ Lecture, Triam Udom Suksa School, Bangkok, Thailand, August 17, 1995: *AIDS: the Nearest Danger*. **Rutt Chuachoowong**
- ☐ Seminar organized by the Dept. of Health, MOPH, Pattaya, August 31 - September 1, 1995:
 - » August 31, *Current Perinatal HIV Research Issues and Policy Implications/Questions*. **Nathan Shaffer**
 - » September 1, *Experiences and feeling of people who work closely to HIV/AIDS patients*. **Supanee Samsukkree**
- ☐ Workshop organized by Dept. of Communicable Disease Control, MOPH, Bangkok, Thailand, September 8, 1995: *Experiences, Problems, and Ethical Issues Encountered in Cohort Preparation*. **Khanchit Limpakarnjanarat**
- ☐ Workshop organized by Dept. of Medical Services, MOPH, Bangkok, Thailand, September 14, 1995: *Update in Pediatric AIDS*. **Rutt Chuachoowong**

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- ☐ Research Institute of Tuberculosis, Tokyo, Japan, Course on Tuberculosis for Program Managers, October 2-3, 1995: *HIV/AIDS Epidemiology*. Timothy D. Mastro
- ☐ Workshop organized by ASIN, Rose Garden Hotel, Nakhon Pathom, Thailand, October 2-7, 1995: *STD/HIV Counselling*. Sumaleelak Sorapipatana
- ☐ Mission Orientation Program, US Embassy, Bangkok, October 4, 1995: *HIV/AIDS in Thailand*. Nathan Shaffer
- ☐ Thesis Defense committee, Faculty of Tropical Medicine, Mahidol University, Bangkok, November 2, 1995. Khanchit Limpakarnjanarat
- ☐ Population Council, Conference on STD and AIDS, Bangkok, November 11, 1995: *Condoms and STD*. Khanchit Limpakarnjanarat
- ☐ Guest Lecturer for Population and Community Development Association, Wang Come Hotel, Chiang Rai, Thailand, November 14, 1995: *A Study of HIV/AIDS in Chiang Rai* Supaporn Korattana
- ☐ Workshop for Training Residents by Div. of Epidemiology, MOPH, November 27, 1995: *Molecular Epidemiology*. Khanchit Limpakarnjanarat
- ☐ Lecture, National Institute of Health, Dept. of Medical Sciences, MOPH, Nonthaburi, December 7, 1995: *Recent Advances in Polymerase Chain Reaction: Two New Approaches for Detection of Amplified Products*. Richard Respass
- ☐ Guest Lecturer, Dept. of Maternal and Child Nursing, Christian College, Bangkok, December 8, 1995: *Perinatal Transmission*. Rutt Chuachoowong
- ☐ Thesis committee, Faculty of Tropical Medicine, Mahidol University, Bangkok, December 7, 1995: *Partner Notification in HIV Positive Subjects Before and After Pre- and Post-Test Counselling*. Khanchit Limpakarnjanarat and Amphorn Ittiravivongs

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3. Ou C-Y, Takebe Y, Weniger BG, Luo C-C, Kalish M, Auwanit W, Yamazaki S, Gayle HD, Young NL, Schochetman G, Laboratory Investigation Group. **Independent introduction of two major HIV-1 genotypes into distinct high risk populations in Thailand.** *Lancet*. 1993;341:1171-74.
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6. Kitayaporn D, Weniger BG, Limpakarnjanarat K, Mastro TD. **HIV infection and STD in Thailand.** *Thai AIDS Journal*. 1993;5(1):21-27.
7. Mastro TD, Satten GA, Nopkesorn T, Sangkharomya S, Longini IM Jr. **Probability of female-to-male transmission of HIV-1 in Thailand.** *Lancet*. 1994;343:204-07.
8. Kitayaporn D, Bejrachandra S, Chongkolwatana V, Chandanayingyong D, Weniger BG. **Potential deferral criteria predictive of HIV-positivity among blood donors in Thailand.** *Transfusion*. 1994;34:152-57. [Erratum: 1994;34:364]
9. Mastro TD, Kitayaporn D, Weniger BG, Vanichseni S, Laosunthorn V, Uneklabh T, Uneklabh C, Choopanya, Limpakarnjanarat K. **Estimating the number of HIV-infected injection drug users in Bangkok: a capture-recapture method.** *Am J Public Health*. 1994;84:1094-99.
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AIDSCAP
FAMILY HEALTH INTERNATIONAL
2101 WILSON BLVD., SUITE 700
ARLINGTON, VA 22201
U. S. A.

FAX #: (703) 516-9781
TELEPHONE: (703) 516-9779
CABLE: FAMHEALTH

TO: NAME: Lathona Ronocki
LOCATION: _____
FAX #: 202-632-1096
FROM: NAME: Leslye Boban
DATE: 11/13/90 TOTAL # OF PAGES: 8
(Including this page)

Lathona,

Attached is information on
USAID activities in Thailand - As
far as I know, AIDSCAP is the only
USAID activity there for HIV/AIDS
prevention.

If you need any additional
materials, just let me know.

Leslye



TELEFACSIMILE COVER

HIV-1 Vaccine Development Program
Division of Retrovirology
Walter Reed Army Institute of Research
Suite 250; One Taft Court
Rockville, Maryland 20850
USA

Phone: (301) 294-1888, x1108
FAX: (301) 294-1898

TO: Office of the National AIDS Policy Coordinator

Attn: Lehoma Romocki

FROM: Dr. John G. McNEIL

Number of Pages (including header): 1+41

Date: 13 Nov 96

Dear Lehoma:

This is what I sent to DOS. I will also send a 1-pager on AFRIMS (to follow).

John

11/15/90 17:07 301 294 1890 HIV-1 VAX: PREV: 11/15/90
DRAFT: White House Brief: HIV/AIDS (via DOS & NAPC)
Contact: Dr. John McNeil, WRAIR - (301) 294-1888, x1108

While Thailand's medical research capability is limited, the Royal Thai Government (RTG) has devoted significant resources to HIV/AIDS research, and has joined with US medical researchers to more fully understand and intervene the severe epidemic in Thailand. Thailand's research policies and efforts are coordinated under the National AIDS Prevention and Control Committee, chaired by the Prime Minister, and implemented through the Ministry of Public Health (MOPH).

In 1990, the US Centers for Disease Control and Prevention (CDC) established the "HIV/AIDS Collaboration" with the MOPH to conduct research leading to improved prevention strategies. CDC research focuses on HIV-related tuberculosis, HIV transmission among heterosexuals and injecting drug users, and a clinical trial of short course AZT to prevent mother to infant HIV transmission.

The US National Institutes of Health (NIH) sponsors US and Thai academic researchers, focusing on preparations for the advanced development (field efficacy trials) of drugs and vaccines for the prevention of HIV infection and AIDS. NIH-sponsored research conducted by Chiang Mai University and the Harvard School of Public Health is also evaluating the efficacy of AZT for prevention of mother to infant HIV transmission in northern Thailand.

The Agency for International Development (AID) is sponsoring HIV prevention demonstration projects through non-government organizations and the Bangkok city government.

The US Department of Defense, through the Walter Reed Army Institute of Research (WRAIR), and its affiliate laboratory - The Armed Forces Research Institute of Medical Sciences (AFRIMS), located in Bangkok, develops and evaluates preventive HIV vaccines in partnership with the RTG, private industry and academic collaborators throughout Thailand. WRAIR/AFRIMS also supports a national surveillance of HIV in Royal Thai Army, and collaborates with the US NIH and the RTG to prepare for future field trials of HIV vaccines.

All US-Thai collaborative efforts are coordinated within Thailand by the US Embassy through formal monthly meetings chaired by the Ambassador or the Deputy Chief of Mission

Bangladesh

developing cohorts of uninfected individuals
maintenance - following to see whether
we can maintain in study pop^{NS} - whether
they would be available for a vaccine if
it becomes available

group of CSW to look at rates & risks of
HIV infection attempting to do prevention -
is this a suitable group to test for vaccines

○ Tuberculosis risks for HC workers taking
care of AIDS patients

Lower risks women to try vaginal
microbicides

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Leslye

THAILAND

DRAFT**PROGRAM DESCRIPTION**

The AIDSCAP Thailand program focuses almost exclusively on Bangkok, the capital of Thailand with a population of 6-8 million. The Bangkok comprehensive program, "Bangkok Fights AIDS" (BFA), targeted the lower income groups, aged 15-29, totaling 1.5 million people, in work places, health service facilities and households. The project began in early 1992, with some city-wide activities and intensive activities in six target districts of Bangkok's 38 districts. The BFA Program is conducted in collaboration with over 20 agencies, from both governmental and non-governmental organizations (NGOs).

As part of AIDSCAP's global strategy, the BFA aims to slow the spread of HIV through reducing sexually transmitted disease (STD) infections, increasing the use of condoms and reducing the number of sex partners through interactive interpersonal communication and mass media. These initiatives seek to reduce risk of HIV infection and create an atmosphere that is conducive to changes of social norms among the target populations. In addition to providing services, the BFA supports capacity building and strengthening the infrastructure that can sustain the efforts in the long run with increasing resources mobilized locally from all potential sectors.

USAID ended its bilateral support to Thailand at the end of FY95. However, a Thailand Transition Plan was approved by USAID/Washington following continuation of the AIDSCAP program through FY96. The Transition Plan permitted AIDSCAP to continue prevention programming in the four areas: (1) technical assistance to the Bangkok Metropolitan Administration (BMA) -- the caretaker of the BFA after AIDSCAP concludes; (2) continued support for Bangkok NGOs implementing outreach interventions; (3) two survey rounds of the behavioral surveillance; and (4) maintenance of an AIDSCAP country office.

COUNTRY PROGRAM ACCOMPLISHMENTS

- xx The BMA is the ultimate stakeholder in the continuing success of the Bangkok Fights AIDS model, therefore, in its final year, AIDSCAP paid particular attention to strengthening the personnel and systems within the BMA AIDS Division. In particular, the Faculty of Public Health, Mahidol, intensified "coaching" sessions for 38 district AIDS committees throughout Bangkok. These committees are the locus of coordination for the prevention activities designed according to the AIDSCAP comprehensive program approach. In addition, a variety of staff strengthening workshops were held to build planning skills, evaluation, data base management and coordination of government and non-government agencies.
- xx A Bangkok AIDS Forum was convened in September. The forum was the final event of AIDSCAP's efforts with the BMA during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented

through and equally diverse network of NGOs, government and university agencies which characterized the comprehensive Bangkok Fights AIDS programs. The event lasted three days and brought together 800 people representing a broad spectrum of participants from the public and private sectors collaborating in the fight against AIDS in Bangkok. The event exceeded most participants' expectations and follow-up meetings are planned, independent of AIDSCAP, to build on the momentum that was generated by the Forum.

- xx The Service Worker Outreach Project (SWOP II) was completed through the efforts of four indigenous NGOs with communication support from PATH/Thailand. This consortium of NGOs was able to reach factory workers, waitresses, motorcycle taxi drivers and many other types of low-income laborers in Bangkok. Over the five years of AIDSCAP, these NGOs have refined their outreach techniques and have distilled lessons of the field into a concise training curriculum. These lessons are being shared with other provinces of Thailand through a mobile, "lessons learned circuit show" whereby members of the SWOP II outreach teams conduct two to three day training workshops for provincial staff.
- xx In the final year, the AIDSCAP Thailand office shifted from a focus on coordination to a distilling of lessons learned. Very early in the fiscal year, the office commissioned an external assessment of the BFA program after four years. This assessment will inform the process evaluation of the BFA. Throughout the year, the Thailand office, brought together local resource persons to help analyze and assess the experience of the BFA. For example, a mass communication expert was contracted to assess this component of the BFA. Another consultant was hired to write about the outreach efforts of the NGOs supported by AIDSCAP. Others assisted in synthesizing the progress and outcome of STD strengthening activities over the five years of the program.

The results from the behavioral surveillance surveys (BSS) in Bangkok provide an aggregate view of trends in the target population of the AIDSCAP/Thailand country program. The BSS was conducted over five rounds during 1993 to 1996 and involved over 20,000 interviews with lower income women and men aged 15-29. The following presents highlights of the BSS by comparing Round 1 data (1993) to Round 5 data (mid-1996). All responses are based on self-reports during personal interviews and from self-administered questionnaires.

Single and Married Men:

- xx The percent of men who had commercial sex in the past year decreased from 21% to 13% for blue collar workers and from 13% to 4% for vocational students.
- xx The percent of men who used a condom in their last commercial sex episode increased from 89% to 94% among blue collar workers and from 92% to 94% among vocational students.

xx The percent of men who had sex with commercial and non-commercial sex partners in the past year declined from 12% to 7% for blue collar workers and from 9% to 3% for vocational students.

xx The percent of men who had more than one non-commercial sex partner in the past year declined for blue collar men but remained the same for vocational students: 15% to 11% and 13% to 13% respectively.

Female Commercial Sex Workers:

xx The percent of CSWs who used condoms with every paying client increased from 87% to 97% for brothel CSWs and from 56% to 89% for indirect CSWs (i.e, the latter work out of cocktail lounges, night clubs, etc.).

xx The percent of CSWs who had sex with non-paying partners increased for brothel workers and remained the same for indirect CSWs: from 38% to 42% and from 51% to 51% respectively.

xx The percent of CSWs who used condoms with non-paying partners is low, but increased from 20% to 32% for brothel CSWs and from 23% to 28% for indirect CSWs over the project period.

xx The percent of CSWs who seek medical treatment for STDs remained high at 94% for brothel CSWs and an increase from 91% to 96% for indirect CSWs.

Single and Married Women (non-CSWs):

xx The percent of single women who had sex in the past year declined slightly between 1993 and 1996: from 8% to 6% for blue collar workers and from 4% to 2% among vocational students.

xx The percent of sexually active single women who used a condom during the last sex episode remained low and constant at 19% between 1993 and 1996.

xx The percent of married women who used a condom during the last sex episode increased slightly from 5% to 8% between 1993 and 1996.

xx As the BSS survey teams complete their work they are beginning to sense a complacency among members of the target audience. By the Round 5 survey conducted in mid-1996 among 5,000 men and women, the percentage of respondents who said they had discussed HIV/AIDS or HIV prevention with their partners had declined precipitously. Although respondents believed the epidemic was "closer to them than ever," they also said that the issue of AIDS was commonplace--nothing to get excited over anymore.

CURRENT PROGRAM STATUS

As the program closes, many products of the AIDSCAP Thailand program will be disseminated over the final months of 1996. These reports and media comprise an important collection of the experience and lessons learned that will be valuable to other prevention programs worldwide.

Thailand
Process Indicator Data* xx

	FY96	Cumulative
Total People Educated:	32093	258968
Males	15679	42377
Females	11263	56704
No Gender Specified	5151	159887
Total People Trained:	3185	7961
Males	1521	2393
Females	1402	2447
No Gender Specified	262	3121
Total Condoms Distributed:	51806	1393162
Free	51806	1393162
Sold	0	0
Total Materials Distributed:	111917	458814

* PIF data totals reflect the most up to date information available for Asia. Figures reflect data through August 1996.

XX Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* include: behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters and comic books.

ASIA REGIONAL OVERVIEW

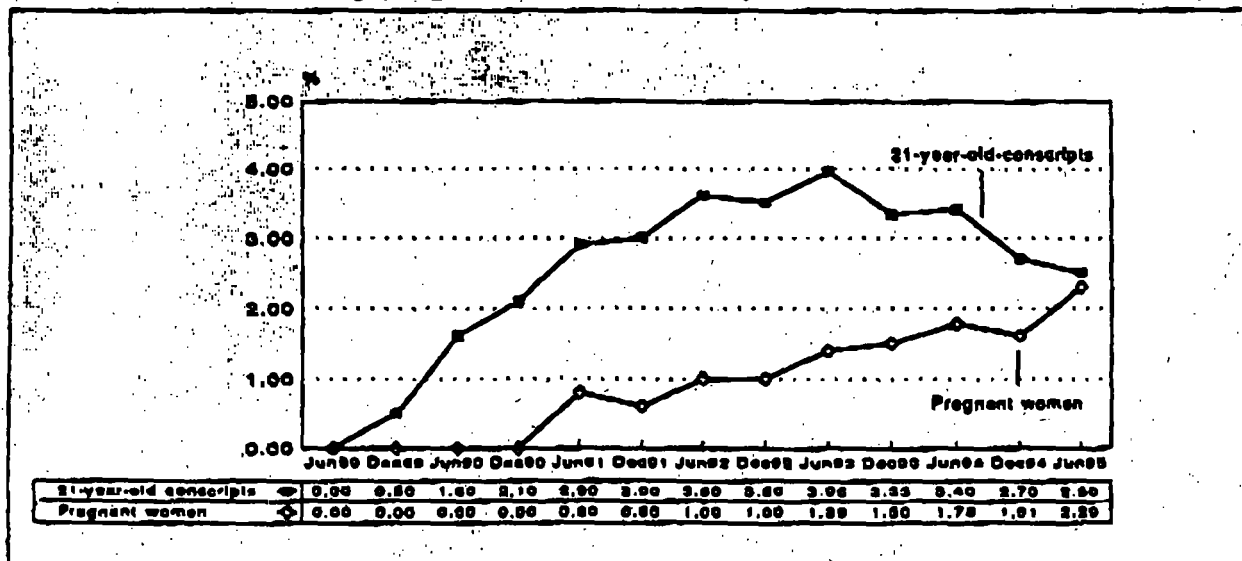
As noted in previous quarterly reports, there is now a consensus among epidemiologists and other observers of the HIV/AIDS pandemic that Asia will be the region most severely impacted by new infections in the very near future. It is anticipated that within a year or two more individuals will be infected by HIV per year in Asia than in Africa. The same projections indicate that Asia will surpass Africa in cumulative number of infections by the end of the decade. India already has more infected people than any other country in the world.

In the face of such dismal projections and realities, it is heartening to realize that we do know how to control the spread of this virus in specific populations. We do have the technology and the knowledge to slow, if not stop, the pace at which HIV moves in targeted groups with our current armamentarium of interventions.

Thailand has served as laboratory and model for Asia, and the rest of world, for a national response to the challenges of HIV/AIDS on both the intervention and public policy fronts. Recent statistics from Thailand reflect both the encouraging results of focused interventions with young men; and the inadequacy of prevention efforts for young women.

THAILAND

HIV prevalence among pregnant women and 21-year-old conscripts (1989-1995)



Source: Division of Epidemiology Public Health and Army Institute of Pathology, Royal Thai Army

AFIS 00000

USAID REPORT 1994

g s in the national effort to prevent and control the spread of HIV.

Support for an All-Voluntary Blood Banking Program

As a of a USAID-funded ery undertaken from September 1993 to January 1994, which confirmed that potentially infected blood was circulating within the national supply system, USAID is supporting DOH efforts to and implement a safe i banking program.

Remedios AIDS

Information Center

USAID continues to support the Manila Remedios AIDS Information Center (RAIC), which serves as a grassroots, -in information and coun- selling center. The center serves the r-Manila community, presenting lectures and films and operating a telephone hot line. RAIC is collaborating with the DOH to produce and distribute a xerly AIDS periodical for workers and NGOs, which encourages them to use RAIC facilities for their own HIV/AIDS prevention initiatives.

SRI LANKA

SITUATION ANALYSIS

Sri Lanka has been classified as a low-prevalence country for HIV/AIDS. However, the poten- for an explosive epidemic exists because it has many of the risk factors associated with high prevalence countries in the region, including high levels of cross-border migration with high-prevalence neighboring countries; large populations of commercial sex workers, sailors, transport and port workers, soldiers, people involved in tourism and casual labor.

ers; and a high incidence of sex- ually transmitted diseases (STDs). The government of Sri Lanka has developed a medi- um-term plan to address HIV/AIDS that focuses on diag- nosis, testing and treatment at government facilities. The plan recognizes the importance of nongovernmental institutions in controlling the epidemic through education, prevention and treatment.

Reported AIDS cases: * 41

Date of last report: 11/94

Increase over 1993 report:** Not Available

Total population: 17,000,000

Cumulative incidence:*** 2.4 per million

HIV-1 seroprevalence

in urban areas:

Population at high risk:****

Not Available

Population at low risk:

Not Available

USAID STRATEGY

USAID provides support to four international and local private voluntary organizations for programs that create awareness of HIV/AIDS among vulnerable groups. USAID is also consider- ing supporting the establishment of a local office for the Inter- national HIV/AIDS Alliance.

USAID-SUPPORTED COUNTRY PROGRAMS PVO Grants

Through a grant to the Sri Lanka Association for Voluntary Surgical Contraception, USAID is helping to establish training programs for voluntary health workers and counselors in HIV/ AIDS and other STDs and to set

up centers for counseling of high- risk groups in selected districts.

USAID has given a grant to the Community Front for Prevention of AIDS to establish an outreach health education program target- ing high-risk groups with HIV/ AIDS information and education.

Community Development Services (CDS) and the Adventist Development and Relief Agency are both being funded to estab- lish education and awareness projects. Both projects will address the nature and signifi- cance of HIV/AIDS, how it is spread and how to prevent it. CDS will also set up a blood collection center in Colombo for voluntary HIV testing.

THAILAND

SITUATION ANALYSIS

The HIV/AIDS epidemic in Thailand has continued to spread, primarily through heterosexual transmission, and will increasingly affect the young working population. The thriving commercial sex industry is a significant contributing factor to the rapid spread of the virus. High levels of infection are found particularly in northern and central Thailand. Bangkok, with a large low-income popu- lation in the 18-to-29-year age

group, has the potential for an explosive HIV/AIDS epidemic in the 1990s. The Royal Thai Government (RTG) is strongly committed, both financially and politically, to HIV/AIDS control. Although seroprevalence data continue to show an increase in HIV infection levels, there are encouraging reports of increased condom use and a decline in sexually transmitted diseases (STDs). With the increasing rate of condom use and the extensive information, education and communication (IEC) programs mounted by both the public and private sectors, it may not be too late to control the epidemic in Thailand.

Reported AIDS cases: * 18,132

Increase over 1993 report:**

Not Available

Total population: 59 million

Cumulative incidence:

307.3 per million

HIV-1 seroprevalence

in urban areas:***

Population at high risk:****

27.0%

Population at low risk: 1.8%

AIDS cases reported to the World Health Organization.

The increase in AIDS cases reported to the World Health Organization could be due to improvements in diagnosis and reporting of existing AIDS cases as well as to an increase in the spread of HIV.

HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available.

Population at high risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors. Population at low risk: pregnant women attending antenatal clinics, blood donors, general population samples or others with no known risk factors.



TELEFACSIMILE COVER

HIV-1 Vaccine Development Program
Division of Retrovirology
Walter Reed Army Institute of Research
Suite 250; One Taft Court
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Phone: (301) 294-1888, x1108
FAX: (301) 294-1898

TO: Office of the National AIDS Policy Coordinator

Attn: Lehoma Romocki

FROM: Dr. John G. McNEIL

Number of Pages (including header): 1+4

Date: 13 Nov 96

Dear Lehoma:

Following is the cable from the US Ambassador (Thailand) which we spoke about. Paragraphs 9-11 focus on HIV/AIDS. Para. 11 speaks to USG activities in Thailand regarding HIV/AIDS. Unfortunately, there is not much detail, and a factual inaccuracy. Chris Rich (DOS, 647-0064) has asked me to correct and expand para. 11 to meet the First Lady's request. I will send to you as soon as I have completed this this afternoon. DOS also asked for a stand-alone page on AFRIMS, which I will also generate this p.m.

Talk to you later. Regards,

John

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Printed By: Christopher E. Rich

ACTION DRL-09

INFO LOG-00 INLB-01 AID-00 AMAD-01 ARA-01 CIAE-00 COME-00
 INL-01 OASY-00 EAP-01 EB-00 ED-01 UTE-00 MHS-01
 SSA-01 TEDE-00 INR-00 LAB-01 ADS-00 NSAE-00 OPM-01
 SS-00 STR-00 PRME-01 G-00 /020W
 743F3A 250330Z /38

R 250326Z OCT 96
 FM AMEMBASSY BANGKOK
 TO WHITE HOUSE WASHDC
 SECSTATE WASHDC 7825
 INFO AMCONSUL CHIANG MAI
 ASIAN PACIFIC ECONOMIC COOPERATION
 DOL WASHDC

UNCLAS SECTION 01 OF 03 BANGKOK 047881

WHITE HOUSE FOR NSC - A.SENS, S. KRISTOFF

LABOR FOR ILAB

E.O. 12958: N/A
 TAGS: ELAB, TH, SOCI, OVIP
 SUBJECT: SOCIAL ISSUES: CHILD PROSTITUTION AND THE HIV/AIDS
 EPIDEMIC

BANGKOK 01 OF 03 47881

NOTE: THIS IS ONE OF A SERIES OF BACKGROUND REPORTS THAT
 THE EMBASSY IS PREPARING FOR THE VISIT OF PRESIDENT CLINTON
 TO THAILAND IN NOVEMBER 1996.

1. SUMMARY: CHILD LABOR IN THAILAND, SPECIFICALLY CHILD
 PROSTITUTION, HAS BEEN THE FOCUS OF WIDESPREAD INTERNATIONAL
 AS WELL AS U.S. CONGRESSIONAL ATTENTION. ALTHOUGH
 PROSTITUTION IS TECHNICALLY ILLEGAL, THE SOCIAL ACCEPTANCE
 OF THE COMMERCIAL SEX INDUSTRY IN THAILAND HAS LED TO AN
 ALARMING RISE IN HETEROSEXUAL TRANSMISSION OF THE HIV/AIDS
 VIRUS AND AN INCREASE IN CHILD PROSTITUTION. ATTITUDES
 TOWARD THE ROLE OF WOMEN IN TRADITIONAL SOCIETY AND
 ACCEPTANCE OF PROSTITUTION AS A WAY OUT OF POVERTY HAVE
 COMBINED TO ENDANGER THE LIVES OF MANY YOUNG WOMEN WHO LIVE
 IN UNSTABLE FAMILY ENVIRONMENTS AND EXTREME POVERTY. IN
 RESPONSE TO A RISING CHORUS OF CRITICISM FROM DOMESTIC NGOS
 AND THE INTERNATIONAL PRESS, THE RTG RECENTLY PASSED A NEW
 ANTI-PROSTITUTION LAW PROVIDING FOR SERIOUS JAIL TERMS FOR
 CLIENTS, PROCURERS AND FAMILIES THAT SELL THEIR CHILDREN
 INTO PROSTITUTION. A NEW GOVERNMENT-WIDE ACTION PLAN SEEKS
 TO ADDRESS THE PROBLEM BY MARSHALING INTER-MINISTRY
 COOPERATION IN PREVENTION, SUPPRESSION, REHABILITATION AND
 CONTINUOUS MONITORING OF THE SEX INDUSTRY. HOWEVER,
 REALISTIC PROSPECTS FOR PUTTING A DENT IN THE SEX INDUSTRY
 REMAIN DIM. NGOS AND OTHER OBSERVERS DOUBT THE GOVERNMENT'S
 RESOLVE TO ENFORCE THE LAWS AND SEE LITTLE EFFORT TO PROVIDE
 REASONABLE ECONOMIC ALTERNATIVES TO THE SEX TRADE FOR POOR
 FAMILIES.

2. THE HIV/AIDS EPIDEMIC, WHICH EXPLODED IN THAILAND IN THE
 LATE 1980S, HAS BEEN SUCCESSFULLY ADDRESSED BY A PUBLIC
 CAMPAIGN PROMOTING AWARENESS OF THE DISEASE AND CONDOM USE.
 RATES OF INFECTION HAVE STEADILY DECLINED IN THAILAND, BUT
 EVEN WITH THE PRESENT TWO PERCENT INFECTION RATE IN THE
 GENERAL POPULATION, THAILAND WILL FACE A DAUNTING PUBLIC
 HEALTH PROBLEM. CURRENTLY, AT LEAST ONE MILLION PEOPLE OUT
 OF A POPULATION OF SIXTY MILLION ARE INFECTED WITH THE
 DISEASE, A PER CAPITA RATE FIVE TIMES THAT OF THE U.S. THE
 U.S. IS ACTIVELY AIDING THE FIGHT AGAINST THE DISEASE IN

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Printed By: Christopher E. Rich

THAILAND THROUGH SEVERAL JOINT RESEARCH PROJECTS WITH THE THAI GOVERNMENT. AMONG THE U.S. ORGANIZATIONS WITH A ACTIVE PROGRAMS ARE THE CDC, AFRIMS, NIM, AND JOHNS HOPKINS UNIVERSITY. THE FACT THAT THE HIV/AIDS EPIDEMIC IN THAILAND IS PRIMARILY SPREAD THROUGH THE HETEROSEXUAL COMMUNITY VIA THE SEX INDUSTRY HAS EXACERBATED THE PROBLEM OF CHILD PROSTITUTION. IN THE NEAR-TERM, THESE INTER-RELATED SOCIAL PROBLEMS WILL CONTINUE TO IMPACT ON THE ECONOMY AND INTERNATIONAL IMAGE OF THAILAND. END SUMMARY.

CHILD PROSTITUTION

3. PROSTITUTION WAS WIDESPREAD IN TRADITIONAL THAI CULTURE. AN INDIGENOUS THAI SEX INDUSTRY DEVELOPED OVER THE SPAN OF THE LAST CENTURY AND EXPANDED TO ITS PRESENT SIZE AFTER THE INFLUX OF MILITARY FORCES DURING THE VIETNAM WAR. THE SEX INDUSTRY HAS BEEN ACTIVELY PROMOTED AS A KEY ELEMENT OF THE TOURISM SECTOR SINCE THE 1970'S AND REMAINS A SUBSTANTIAL SOURCE OF FOREIGN CURRENCY TO THIS DAY. A RECENT REPORT BY THE POLITICAL ECONOMICS STUDY CENTER OF CHULALONGKORN UNIVERSITY ESTIMATES THAT THIS UNDERGROUND ECONOMIC ACTIVITY GENERATES ALMOST USD 12 BILLION PER YEAR, EQUALING 14 PERCENT OF THAILAND'S 1995 GDP. THE ACTUAL NUMBER OF PROSTITUTES IN THAILAND IS DIFFICULT TO DETERMINE. BEST ESTIMATES FROM RELIABLE NGOS ARE THAT 200,000 WOMEN ENGAGE IN THE SEX INDUSTRY, WITH 40,000 OF THAT NUMBER UNDER THE AGE OF EIGHTEEN. MOST WOMEN ARE LURED INTO PROSTITUTION FROM THE NORTHERN AND NORTHEASTERN AGRICULTURAL AREAS OF THAILAND WHERE INCOMES ARE LOW AND JOBS ARE FEW. INCREASINGLY, WOMEN FROM CHINESE, BURMESE AND CAMBODIAN BORDER REGIONS HAVE BEEN RECRUITED OR KIDNAPPED BY INTERNATIONAL CRIMINAL GANGS TO FULFILL DEMAND FOR WOMEN FROM OTHER ASIAN COUNTRIES, PRINCIPALLY JAPAN AND TAIWAN. THE DEMAND FOR CHILD PROSTITUTES HAS RISEN IN RECENT YEARS DUE TO THE MISGUIDED BELIEF THAT THE CLIENTS OF YOUNG GIRLS CAN AVOID CATCHING AIDS.

4. INCREASING DEMAND, CHANGING SOCIAL ATTITUDES AND EXPECTATIONS, AND POVERTY HAVE COMBINED TO INCREASE THE ENTRY OF UNDERAGE GIRLS INTO THE SEX INDUSTRY. THAILAND HAS BECOME THE HUB FOR A RISE IN THE TRAFFICKING OF THESE YOUNG WOMEN TO OTHER ASIAN COUNTRIES. IN SOME CASES, YOUNG WOMEN SOLD INTO PROSTITUTION FROM HILL TRIBE COMMUNITIES IN THE NORTH FIND IT DIFFICULT TO FLEE THE COERCIVE ATMOSPHERE OF THE SEX ESTABLISHMENTS BECAUSE THEY FEEL DUTY BOUND TO FULFILL THE CONTRACTS MADE BY THEIR FAMILIES WITH THE PROMOTERS. IGNORANCE OF THE CONDITIONS THESE YOUNG WOMEN

BANGKOK 02 OF 03 47881

FACE AND THE APPARENT WEALTH OF THE FEW PROSTITUTES LUCKY ENOUGH TO SURVIVE AND RETURN TO THEIR VILLAGES HAS SOFTENED SOCIAL ATTITUDES AGAINST WORKING IN PROSTITUTION. FREQUENTLY, WOMEN RETURNING FROM OVERSEAS BECOME AGENTS THEMSELVES AND HELP RECRUIT NEW CANDIDATES. EFFORTS TO CHANGE THIS PATTERN OF SOCIAL BEHAVIOR ARE THWARTED BY CORRUPT LOCAL POLICE AND GOVERNMENT AUTHORITIES WHO ARE THEMSELVES ENGAGED IN THE SEX TRADE AND DO LITTLE TO ENFORCE THE LAWS AGAINST IT.

RTE EFFORTS TO COMBAT CHILD PROSTITUTION

5. AT THE RECENT ILO SPONSORED WORLD CONFERENCE AGAINST COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN IN STOCKHOLM, THAILAND WAS THE ONLY COUNTRY TO PRESENT A MASTER PLAN TO ATTACK THE CHILD PROSTITUTION PROBLEM. THE THAI MASTER PLAN

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ENCOMPASSES A NINE YEAR PERIOD, FROM 1997 TO 2006, AND CONCENTRATES ON PREVENTION, THROUGH EDUCATION AND VOCATIONAL TRAINING, SUPPRESSION THROUGH STEPPED UP LAW ENFORCEMENT, REHABILITATION THROUGH JOB TRAINING AND MONITORING, AND SURVEILLANCE ACTIVITIES THROUGH A MONITORING NETWORK OF GOVERNMENT AND COMMUNITY GROUPS. A BUDGET FOR IMPLEMENTATION OF THE MASTER PLAN IN THE SUM OF USD170 MILLION WAS RECENTLY ALLOCATED BY THE PARLIAMENT FOR USE BY THE MINISTRIES OF EDUCATION, LABOR AND SOCIAL WELFARE.

6. THE RTG ALSO RECENTLY PASSED A PROSTITUTION SUPPRESSION ACT WHICH PROVIDES FOR SIGNIFICANT JAIL TERMS AND FINES TO PEOPLE ENGAGED IN THE SEX INDUSTRY BUT NOT PREVIOUSLY TARGETED BY THE CRIMINAL LAW. SIGNIFICANTLY, THE BILL CRIMINALIZED THE BEHAVIOR OF PROCURERS, PROPRIETORS OF PROSTITUTION ESTABLISHMENTS, CLIENTS AND FAMILIES WHICH SELL THEIR CHILDREN INTO PROSTITUTION. WOMEN'S GROUPS AND PROMINENT NGOS WORKING TO HELP WOMEN IN THE SEX INDUSTRY LOBBIED HARD FOR THE BILL AND CONSIDERED PASSAGE A GREAT SUCCESS. HOWEVER, THEY ARE UNIVERSALLY OF THE BELIEF THAT THE CRIMINAL PROVISIONS OF THE BILL WILL NOT BE ENFORCED. NEVERTHELESS, THEY ARE CHEERED BY PROVISIONS IN THE BILL WHICH WILL ALLOW WOMEN CONVICTED OF PROSTITUTION TO AVOID JAIL AND SEEK REHABILITATION IN SHELTERS RUN BY THE NGOS.

U.S. CONTRIBUTIONS TO ILO INTERNATIONAL PROGRAM FOR THE
ELIMINATION OF CHILD LABOR (IPEC) SHOW RESULTS

7. THE USG CONTRIBUTES APPROXIMATELY USD485,000 FOR PROGRAMS TO ATTACK CHILD PROSTITUTION AT ITS ROOTS IN THE THAI COUNTRYSIDE. THESE PROGRAMS, ADMINISTERED THROUGH THE ILO'S IPEC PROGRAMS, ARE TARGETED AT THE CHILDREN MOST VULNERABLE TO BEING LURED BY TRAFFICKERS. THE IPEC PROGRAM MAKES SMALL GRANTS TO VARIOUS NGOS TO HELP THEM CARRYOUT EDUCATIONAL PROGRAMS WHILE AT THE SAME TIME FORCING THE NGOS TO FIND ALTERNATIVE METHODS TO SUSTAIN THEIR PROGRAMS. ONE OF THE MOST SERIOUS IMPEDIMENTS TO KEEPING YOUNG CHILDREN OUT OF THE HANDS OF PROCURERS IS THE LACK OF FREE COMPULSORY EDUCATION IN THAILAND. FOR POOR FAMILIES, THE COST OF PURSUING STUDIES AFTER ELEMENTARY SCHOOL CAN BE PROHIBITIVE. COMPULSORY EDUCATION ONLY LASTS THROUGH THE U.S. EQUIVALENT OF MIDDLE SCHOOL, UNTIL CHILDREN ARE TWELVE. THAILAND WAS CONSIDERING EXPANDING COMPULSORY EDUCATION TO THE LOWER HIGH SCHOOL LEVEL, UNTIL THE CHILDREN REACHED AGE FIFTEEN, BUT THE PROPOSED BILL DID NOT PASS PARLIAMENT PRIOR TO THE RECENT DISSOLUTION OF THE GOVERNMENT.

8. WITH THE ACTIVE INTERVENTION OF VOLUNTEER TEACHERS, THE CHILDREN IN THE IPEC PROGRAMS ARE PROVIDED WITH TUITION AND COUNSELING. MANY ARE TAKEN OUT OF HARM'S WAY AND TAKEN OUT OF MOUNTAIN VILLAGES TO BE PLACED IN BOARDING SCHOOLS. IPEC ALSO FUNDS VOCATIONAL TRAINING, PUBLIC AWARENESS CAMPAIGNS AND A PROJECT TO NETWORK NGOS AND PROVIDE THEM WITH THE ORGANIZATIONAL TOOLS TO FIGHT THE TRAFFICKERS. ALTHOUGH THE PROGRAM IS HIGHLY SUCCESSFUL THE NGOS ADMIT THEY ARE ONLY SAVING TWENTY PERCENT OF THE CHILDREN AT RISK.

THE BATTLE AGAINST HIV/AIDS: BACKGROUND

9. THE AIDS EPIDEMIC TOOK OFF IN THAILAND IN 1988 SPURRED BY THE HIGH RATE OF YOUNG THAI MEN ENGAGING IN HIGH RISK SEXUAL RELATIONS WITH SEX WORKERS. INFECTION IN INTRAVENOUS DRUG USERS IS COMPARATIVELY QUITE LOW IN THAILAND. BY 1989 THE THAI GOVERNMENT BEGAN TO RESPOND TO THE EPIDEMIC BY RUINING AN AGGRESSIVE EDUCATIONAL PROGRAM AND BEGINNING THE

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Printed By: Christopher E. Rich

YEARLY DISTRIBUTION OF SIXTY TO SEVENTY MILLION CONDOMS. IN 1995 THE RTG SPENT USD60 MILLION TO COMBAT AIDS. THE RTG

BANGKOK 03 OF 03 47881

ALSO ESTABLISHED LABORATORY TESTING FOR HIV/AIDS OF THAI CITIZENS AND THE BLOOD SUPPLY AT ALL GOVERNMENT HOSPITALS AND INITIATED 220 COUNSELING CENTERS NATIONWIDE. SEVERAL SURVEYS OF MEN WHO VISIT PROSTITUTES SHOW THAT CONDOM USAGE BY THESE CLIENTS INCREASED FROM A LOW OF TWENTY-FIVE PERCENT IN 1989 TO NINETY PERCENT BY LATE 1995. ACCORDING TO A JOHNS HOPKINS UNIVERSITY STUDY OF TWENTY-ONE YEAR OLD ARMY RECRUITS IN NORTHERN THAILAND BEGUN IN 1991 THE RATE OF INFECTION HAS CONTINUOUSLY DECREASED. RECRUITS TESTED IN 1991 SHOWED AN HIV INFECTION RATE OF 12.5 PERCENT. BY MAY 1995 THIS INFECTION RATE HAD DROPPED TO 6.7 PERCENT OF INCOMING RECRUITS. THIS DRAMATIC DROP IN RATES OF INFECTION HAS BEEN ATTRIBUTED TO THE CHANGING BEHAVIOR OF YOUNG PEOPLE RESULTANT FROM THE GOVERNMENT'S PUBLIC AWARENESS CAMPAIGN ON HIV/AIDS.

FUTURE PROSPECTS

10. NOTWITHSTANDING THE STRIDES MADE AGAINST THE SPREAD OF HIV/AIDS IN THAILAND, THE LONG-TERM OUTLOOK IS STILL QUITE BLEAK. ACCORDING TO WHO ESTIMATES AT LEAST 750,000 TO ONE MILLION THAIS, OR TWO PERCENT OF THE POPULATION, IS INFECTED WITH HIV. THIS MAKES THAILAND'S BURDEN FOR TREATMENT AND CARE OF HIV PATIENTS AT LEAST FIVE TIMES GREATER THAN THAT OF THE U.S. BY THE END OF THE CENTURY MORTALITY DUE TO AIDS COULD BECOME THE LEADING CAUSE OF DEATH IN THAILAND. ESTIMATES OF THE DIRECT AND INDIRECT MEDICAL COSTS OF CARING FOR A LARGE INFECTED POPULATION ARE AS HIGH AS EIGHT TO NINE BILLION U.S. DOLLARS OVER THE NEXT TEN YEARS. THOUGH RATES OF INFECTION HAVE SEEN A DECLINE, A NUMBER OF FACTORS ARE WORKING TO SET BACK THE FIGHT AGAINST THE DISEASE. SOCIAL TRENDS, SUCH AS AN INCREASE IN THE NUMBER OF SEX WORKERS FOREGOING TRADITIONAL ESTABLISHMENTS WHICH TEST FOR HIV/AIDS AND A HIGHER INCIDENCE OF NON-COMMERCIAL RECREATIONAL SEX AMONG THAIS MAY CUT INTO THE STRIDES MADE IN PROMOTING PROTECTED SEXUAL ACTIVITY. PRESENTLY, AS THE DISEASE PROGRESSES, IT IS SPREADING MORE RAPIDLY AMONG WOMEN AND CHILDREN THAN MEN.

11. WHILE THE THAI MEDICAL RESEARCH INFRASTRUCTURE IS LIMITED, THE GOVERNMENT HAS DEVOTED SIGNIFICANT RESOURCES TO RESEARCH AND HAS JOINED WITH U.S. MEDICAL RESEARCHERS IN SEVERAL KEY STUDIES. IN 1990, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ESTABLISHED THE "HIV/AIDS COLLABORATION" WITH THE MINISTRY OF PUBLIC HEALTH TO CONDUCT RESEARCH LEADING TO IMPROVED PREVENTION STRATEGIES. AREAS OF INVESTIGATION INCLUDE CLINICAL AIDS AND HIV-RELATED TUBERCULOSIS, HIV TRANSMISSION AMONG HETEROSEXUALS AND INJECTING DRUG USERS, AND A TRIAL OF A SHORT COURSE OF THE ANTI-HIV DRUG AZT TO PREVENT MOTHER-INFANT HIV TRANSMISSION. IN 1991, THE U.S. ARMY MEDICAL RESEARCH LABORATORY IN BANGKOK (AFRIMS) ESTABLISHED A DEPARTMENT OF RETROVIRUSOLOGY TO WORK WITH BOTH THAI MILITARY AND ACADEMIC GROUPS ON EPIDEMIC SURVEILLANCE AND THE DEVELOPMENT OF EFFECTIVE HIV VACCINES. THE JOHNS HOPKINS UNIVERSITY (WITH NIH FUNDING) IS PLANNING TO CONDUCT A SECOND AZT TRIAL FOR THE PREVENTION OF MOTHER-INFANT HIV TRANSMISSION IN NORTHERN THAILAND. THE ORGANIZATION AIDSCAP (WITH USAID FUNDING) IS WORKING WITH NGOs AND THE BANGKOK CITY GOVERNMENT ON HIV PREVENTION STRATEGIES. THESE U.S.-THAI COLLABORATIVE EFFORTS ARE COORDINATED WITHIN THAILAND BY THE U.S. EMBASSY.

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5

REGIONAL ACTIVITIES

The AIDSCAP Asia Regional Office manages a number of regional activities funded by the Asia Near East Bureau (ANE) and USAID, including policy analysis and advocacy, epidemiologic modeling and research, the development of country-specific STD protocols, a regional resource center, and support for Asian participants to attend conferences and regional workshops on HIV/AIDS and other STDs. Additional regional activities, such as the AIDSCAP women's initiative and capacity building, are funded through core funding.

POLICY AND EPIDEMIOLOGY

AIDSCAP sponsored several activities and consultancies in FY96 to promote more adequate policy responses to the HIV epidemic in Asia as well as to better understand epidemiologic trends in the region.

- xx In order to understand Thailand's highly publicized proactive response to the HIV epidemic, AIDSCAP commissioned and published a study by Mahidol University which investigated the "triggers" which promoted a positive policy response towards HIV prevention. The study illustrated what factors moved the Thai government from denial to implementation of effective prevention policies.
- xx A consultant was hired by AIDSCAP in the first quarter of FY96 to review available HIV/STD data in Cambodia in order to estimate the number of HIV infections in-country for the Ministry of Health.
- xx In India, inadequate HIV surveillance has caused widespread disagreement over the extent and spread of the epidemic. In collaboration with UNAIDS and the National AIDS Control Organization (NACO), AIDSCAP sponsored a three-day HIV Epidemiologic Roundtable in August 1996 which brought together national-level epidemiologists to discuss the status of HIV surveillance in the country. The participants formulated recommendations to improve training, implementation, and management of NACO's HIV surveillance system so that it can effectively generate and communicate HIV estimates.
- xx Effective and frequent reporting about HIV in the media has long been established as a means to increase policy-maker and public response to the HIV epidemic. Continuing its series of trainings for journalists, AIDSCAP hosted a HIV/AIDS Workshop for 20 media personnel from Laos in Nong Khai province, Thailand near the Lao border in August 1996. AIDSCAP also assisted the AIDS Prevention and Control Project (APAC) with a similarly-designed workshop for journalists in India in January 1996.
- xx Epidemiologic studies on risk behaviors which can influence policy-makers have been few in the region. AIDSCAP sponsored five waves of behavioral surveillance surveys

in Bangkok during its implementation of the Bangkok Fights AIDS project to evaluate and monitor behavioral effects. Through this experience, behavioral surveillance has attracted international attention as a means to gauge behavioral change over time. In order to validate and publish the trends from the Bangkok study, AIDSCAP contracted with the Center for AIDS Prevention Studies, University of California, San Francisco, to assist in statistical analysis and data interpretation. At the end of the fiscal year, a draft of the major findings of the five waves of data was completed.

- xx Finally, at the end of FY96, preparation was under way for a study tour for Moroccan and Egyptian policy-makers in Thailand, scheduled for October 1996. This study tour will introduce participants to Thai interventions and policies which have been effective in combatting HIV.

REGIONAL AIDS TRAINING AND EDUCATION (RATE) PROGRAM

The development of human resources to undertake HIV/STD prevention efforts is a logical approach to strengthening available structures in combatting the rapid spread of HIV/STD. Key players in governmental and non-governmental organizations require academically rigorous training in all aspects of HIV/STD prevention and control. In response to this training need, the Asia Near East Bureau allocated funds to provide training opportunities for participants from government and non-governmental agencies. The Regional AIDS Training and Education Program (RATE) was established in 1993. RATE aims to collaborate with several institutions with experience in international training in public health and to provide training courses in HIV/STD. RATE's principles emphasize institutional capacity building and sustainability.

The Asia-Pacific Development Communication Center (ADCC) of Dhurakijpundit University in Bangkok, Thailand serves as the Center of Excellence in Communication (with emphasis on behavior change communication), and Training Skills Development. With technical assistance from the AIDSCAP Asia Regional Office and the Program of Appropriate Technology for Health (PATH), in FY96, ADCC conducted the following activities:

- xx Training of Trainers (TOT) for HIV/AIDS Communication Program II (February 19 - March 8, 1996). ADCC used the original curriculum for this course which was developed with AIDSCAP's assistance, and further fine-tuned it according to the feedback from the last course's participants. There were 10 participants.
- xx Workshop on *IEC Messages and Materials Development for HIV/AIDS Communication Program* (March 25 - April 5, 1996). PATH took leadership in developing the curriculum for this course. The course was jointly conducted by ADCC and PATH staff, with facilitation from AIDSCAP technical staff in some sessions. There were 13 participants attending this course.
- xx *HIV/AIDS Workshop for Media Personnel in Lao PDR*. (August 14-16, 1996) in Nong

Khai province, Thailand. This workshop followed the regional workshop for journalists, *Reporting on HIV/AIDS in Asia : Facing the Facts* which was conducted in March 1994. The workshop aimed to enhance the quality and increase the frequency of good reporting on HIV/AIDS in Lao PDR, thereby assisting organizations and agencies in their efforts to inform the public and decision-makers about pressing HIV/AIDS problems and issues.

xx In addition to the three workshops, AIDSCAP is conducting a follow-up evaluation of all RATE activities since 1993. The purpose of this follow-up evaluation was to assess the impact of the RATE program in terms of increased capacity of the participants' performance in HIV/STD back on the job after their participation in a course or workshop, and to identify the lessons learned from its implementation.

xx As a result of the in-country follow-up workshops, an AIDSCAP trainers' network was set up by AIDSCAP alumni in each country. At present, there are AIDSCAP trainer's networks in India, Indonesia, Lao PDR, Thailand, and Cambodia. AIDSCAP has supported these networks by sending them HIV/STD training materials, related research studies in HIV/STD intervention, and training/intervention manuals. Members of the trainer's networks have become invaluable resources for AIDSCAP country projects.

In FY97, AIDSCAP plans to develop a report on lessons learned in behavior change communication; and to conduct a regional workshop to develop a model for HIV/AIDS care management through inter-generational collaboration.

RESOURCE CENTER

With support from the Asia Near East Bureau, AIDSCAP developed a subproject to establish an Asian regional AIDS Control and Prevention Resource Material Collection Center with Population and Community Development Association (PDA), a non-profit, non-governmental organization in 1995. The PDA continued the following activities this year:

xx PDA has set up facilities and equipment for establishing the Resource Center at its office in Bangkok. At least 2000 AIDS information sources on behavior change communication (BCC) materials such as communication tools, pamphlets, posters, announcements, brochures, cassettes and video tapes have been collected from government agencies, NGOs and international organizations in the Asia region. Selected portions of the messages were translated into English and catalogued. Some selected samples in the collection were copied and distributed to AIDSCAP country offices and implementing agencies, as requested. PDA continues to provide services to walk-in users, as well as those who correspond through regular mail and the internet. A computerized database system for electronic cataloguing and retrieval was designed, and has been in use this fiscal year.

- xx In December 1995, PDA organized an IEC Evaluation Methods and Techniques Workshop. It was attended by 20 participants from Thai governmental and non-governmental organizations. The workshop was well received and requests were made for future workshops on this topic.
- xx In April 1996, PDA organized a Workshop *Introduction to PDA Asian IEC Resource Collection Center*. It was attended by 30 participants from national and international organizations which work in HIV/AIDS prevention.

The subproject agreement with PDA to maintain the services as a central regional location for accumulating and disseminating effective IEC materials for HIV/AIDS prevention programs has been extended until April 30, 1997. In FY97, PDA will continue to upgrade its ability to reach more users. New marketing techniques will be explored. An IEC Resource Center Home Page will be established on the World Wide Web. The 500 copies of catalogue of BCC materials in the Resource Material Collection Project which were printed in 1995 were distributed. New catalogues will be developed and printed in 1997.

WOMEN'S INITIATIVES IN ASIA

Working collaboratively with the AIDSCAP Women's Initiative (AWI) staff at AIDSCAP headquarters and with resident advisors, the Asia Regional Office has developed program objectives to bring special attention to the concerns of women in the AIDS epidemic. These objectives include the development of gender analysis guidelines for HIV programming, the promotion of women and AIDS networks, the funding of women-focused projects, and the capacity building of institutions in incorporating an integrated, gender sensitive HIV prevention strategy.

A number of activities and projects highlight the fiscal year:

- xx Through USAID/WID funds, an HIV/AIDS prevention and care project was initiated in Thailand. This project conducted outreach and support activities to women's groups and youth in schools and was implemented by HIV positive women and men from the Life and Hope group in collaboration with the Association for the Promotion of the Status of Women. This project ended in June although activities have continued with other donor support.
- xx An ARO AWI rapid response grant was given to World Vision in India for a research study and pilot project to conduct a study on sexual networking among the tribal population of Navapur in Maharashtra state with a particular focus on women. The final objective of the research is to determine potential interventions for bringing about effective behavior change communication programming.
- xx In May, an ARO AWI rapid response grant was given to a nascent NGO in Pondicherry, India to conduct a mapping of the city for brothels theater districts and

other locations of risk-taking behaviors. They are in the process of completing a draft KAP survey.

- xx In the Philippines, an AWI/WID-funded research proposal to work with women and their husbands were developed. The research will investigate the dynamics of couples in relationship and their communication on sexual issues, especially related to HIV/STD prevention.
- xx The AIDSCAP/ARO point person for AWI conducted an in-service training to APAC/India staff on incorporating gender analysis into project design implementation and evaluation.
- xx The ARO staff attended the XI International Conference on AIDS in Vancouver where a number of AWI/Asia activities were highlighted. A pre-conference workshop entitled "Men, Women, and AIDS Prevention: A Dialogue between the Sexes" included a number of Asian AIDSCAP colleagues from across the region. Presented at the main conference were two AIDSCAP/ARO posters including the "Women & HIV Prevention and Living with AIDS" project which presented the role of women with HIV in community HIV/AIDS education, prevention and care and the project on "Creating an Asian Network on Women and AIDS." In addition, a number of journalists in the Asia region received AIDSCAP/UNAIDS Awards for Excellence in Writing on Women and AIDS. Of 117 submissions, 10 journalists were awarded prizes including the contest winner from Indonesia, first runner up from the Philippines and two finalists from Sri Lanka and Thailand.

During the next fiscal year, the ARO will continue to support on-going AWI projects as well as look for increased opportunities to reach women at secondary risk for HIV, such as wives of men with multiple partners.

CAPACITY BUILDING

One of AIDSCAP's project-wide objectives is to promote the capacity of the local institutions to implement and sustain HIV/AIDS Programs. The following are highlights of capacity building efforts during the year:

Technical Skill Building

- xx Participants from past regional training courses have begun to adapt and translate course materials into local languages. Examples come from Nepal, India, Mongolia, and Indonesia.
- xx An in-service training for APAC/India staff was conducted on incorporating gender analysis into the design of HIV/AIDS prevention projects.

- xx At the request of the Foundation for Advanced Studies in International Development (FASID), the ARO Director gave a presentation in Bangkok on "Designing HIV/AIDS Projects -- USAID/AIDSCAP Project."
- xx A two-day LogFRAME workshop was conducted in Jakarta, Indonesia for 26 participants from 5 organizations.
- xx ARO staff served as resource persons for 20 Lao journalists at a workshop in Nong Khai, Thailand in August.

Networks and Global Learning Enhancement

- xx Organized and co-hosted with the USAID RSM/EA an HIV/AIDS Lessons Learned Seminar, January in Bangkok.
- xx The ARO and Thailand country staff worked with the Bangkok Metropolitan Administration, Mahidol University and PATH in launching the first Bangkok AIDS Forum. More than 800 people attended this 3-day event in August. The Forum resulted in a solidification of networks for sustainability of relationships between the NGO, government and private sectors which AIDSCAP forged during the Bangkok Fights AIDS (BFA) program. There was a commitment form participant to report to the Forum on an annual basis.
- xx AIDSCAP assisted in the design and implementation of an Epidemiology and Policy Roundtable in Delhi, India in August. Epidemiologists from Kenya and Thailand shared their experiences during the roundtable. Representatives from USAID, UNAIDS, NACO and other governmental agencies also participated.
- xx The AIDSCAP ARO initiated the formation of country specific trainer's networks, based on past participants to AIDSCAP sponsored training events in the areas of epidemiology, communication, IEC materials development and journalism.

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TO: NAME: Lathoma Romocki
LOCATION: _____
FAX #: 202-632-1096
FROM: NAME: Leelye Boban
DATE: 11/13/96 TOTAL # OF PAGES: 6
(Including this page)

Lathoma,

Here is additional info on Thailand -
Karen Morita has been looking for info
as well as Chris Rich at the State Dept -
Karen will be contacting you to try to
Coordinate the effort.

Take care,
Leelye

THAILAND**DRAFT****PROGRAM DESCRIPTION**

The AIDSCAP Thailand program focuses almost exclusively on Bangkok, the capital of Thailand with a population of 6-8 million. The Bangkok comprehensive program, "Bangkok Fights AIDS" (BFA), targeted the lower income groups, aged 15-29, totaling 1.5 million people, in work places, health service facilities and households. The project began in early 1992, with some city-wide activities and intensive activities in six target districts of Bangkok's 38 districts. The BFA Program is conducted in collaboration with over 20 agencies, from both governmental and non-governmental organizations (NGOs).

As part of AIDSCAP's global strategy, the BFA aims to slow the spread of HIV through reducing sexually transmitted disease (STD) infections, increasing the use of condoms and reducing the number of sex partners through interactive interpersonal communication and mass media. These initiatives seek to reduce risk of HIV infection and create an atmosphere that is conducive to changes of social norms among the target populations. In addition to providing services, the BFA supports capacity building and strengthening the infrastructure that can sustain the efforts in the long run with increasing resources mobilized locally from all potential sectors.

USAID ended its bilateral support to Thailand at the end of FY95. However, a Thailand Transition Plan was approved by USAID/Washington following continuation of the AIDSCAP program through FY96. The Transition Plan permitted AIDSCAP to continue prevention programming in the four areas: (1) technical assistance to the Bangkok Metropolitan Administration (BMA) -- the caretaker of the BFA after AIDSCAP concludes; (2) continued support for Bangkok NGOs implementing outreach interventions; (3) two survey rounds of the behavioral surveillance; and (4) maintenance of an AIDSCAP country office.

COUNTRY PROGRAM ACCOMPLISHMENTS

- xx The BMA is the ultimate stakeholder in the continuing success of the Bangkok Fights AIDS model, therefore, in its final year, AIDSCAP paid particular attention to strengthening the personnel and systems within the BMA AIDS Division. In particular, the Faculty of Public Health, Mahidol, intensified "coaching" sessions for 38 district AIDS committees throughout Bangkok. These committees are the locus of coordination for the prevention activities designed according to the AIDSCAP comprehensive program approach. In addition, a variety of staff strengthening workshops were held to build planning skills, evaluation, data base management and coordination of government and non-government agencies.
- xx A Bangkok AIDS Forum was convened in September. The forum was the final event of AIDSCAP's efforts with the BMA during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented

through and equally diverse network of NGOs, government and university agencies which characterized the comprehensive Bangkok Fights AIDS programs. The event lasted three days and brought together 800 people representing a broad spectrum of participants from the public and private sectors collaborating in the fight against AIDS in Bangkok. The event exceeded most participants' expectations and follow-up meetings are planned, independent of AIDSCAP, to build on the momentum that was generated by the Forum.

- xx The Service Worker Outreach Project (SWOP II) was completed through the efforts of four indigenous NGOs with communication support from PATH/Thailand. This consortium of NGOs was able to reach factory workers, waitresses, motorcycle taxi drivers and many other types of low-income laborers in Bangkok. Over the five years of AIDSCAP, these NGOs have refined their outreach techniques and have distilled lessons of the field into a concise training curriculum. These lessons are being shared with other provinces of Thailand through a mobile, "lessons learned circuit show" whereby members of the SWOP II outreach teams conduct two to three day training workshops for provincial staff.
- xx In the final year, the AIDSCAP Thailand office shifted from a focus on coordination to a distilling of lessons learned. Very early in the fiscal year, the office commissioned an external assessment of the BFA program after four years. This assessment will inform the process evaluation of the BFA. Throughout the year, the Thailand office, brought together local resource persons to help analyze and assess the experience of the BFA. For example, a mass communication expert was contracted to assess this component of the BFA. Another consultant was hired to write about the outreach efforts of the NGOs supported by AIDSCAP. Others assisted in synthesizing the progress and outcome of STD strengthening activities over the five years of the program.

The results from the behavioral surveillance surveys (BSS) in Bangkok provide an aggregate view of trends in the target population of the AIDSCAP/Thailand country program. The BSS was conducted over five rounds during 1993 to 1996 and involved over 20,000 interviews with lower income women and men aged 15-29. The following presents highlights of the BSS by comparing Round 1 data (1993) to Round 5 data (mid-1996). All responses are based on self-reports during personal interviews and from self-administered questionnaires.

Single and Married Men:

- xx The percent of men who had commercial sex in the past year decreased from 21% to 13% for blue collar workers and from 13% to 4% for vocational students.
- xx The percent of men who used a condom in their last commercial sex episode increased from 89% to 94% among blue collar workers and from 92% to 94% among vocational students.

xx The percent of men who had sex with commercial and non-commercial sex partners in the past year declined from 12% to 7% for blue collar workers and from 9% to 3% for vocational students.

xx The percent of men who had more than one non-commercial sex partner in the past year declined for blue collar men but remained the same for vocational students: 15% to 11% and 13% to 13% respectively.

Female Commercial Sex Workers:

xx The percent of CSWs who used condoms with every paying client increased from 87% to 97% for brothel CSWs and from 56% to 89% for indirect CSWs (i.e, the latter work out of cocktail lounges, night clubs, etc.).

xx The percent of CSWs who had sex with non-paying partners increased for brothel workers and remained the same for indirect CSWs: from 38% to 42% and from 51% to 51% respectively.

xx The percent of CSWs who used condoms with non-paying partners is low, but increased from 20% to 32% for brothel CSWs and from 23% to 28% for indirect CSWs over the project period.

xx The percent of CSWs who seek medical treatment for STDs remained high at 94% for brothel CSWs and an increase from 91% to 96% for indirect CSWs.

Single and Married Women (non-CSWs):

xx The percent of single women who had sex in the past year declined slightly between 1993 and 1996: from 8% to 6% for blue collar workers and from 4% to 2% among vocational students.

xx The percent of sexually active single women who used a condom during the last sex episode remained low and constant at 19% between 1993 and 1996.

xx The percent of married women who used a condom during the last sex episode increased slightly from 5% to 8% between 1993 and 1996.

xx As the BSS survey teams complete their work they are beginning to sense a complacency among members of the target audience. By the Round 5 survey conducted in mid-1996 among 5,000 men and women, the percentage of respondents who said they had discussed HIV/AIDS or HIV prevention with their partners had declined precipitously. Although respondents believed the epidemic was "closer to them than ever," they also said that the issue of AIDS was commonplace--nothing to get excited over anymore.

CURRENT PROGRAM STATUS

As the program closes, many products of the AIDSCAP Thailand program will be disseminated over the final months of 1996. These reports and media comprise an important collection of the experience and lessons learned that will be valuable to other prevention programs worldwide.

Thailand
Process Indicator Data* xx

	FY96	Cumulative
Total People Educated:	32093	258968
Males	15679	42377
Females	11263	56704
No Gender Specified	5151	159887
Total People Trained:	3185	7961
Males	1521	2393
Females	1402	2447
No Gender Specified	262	3121
Total Condoms Distributed:	51806	1393162
Free	51806	1393162
Sold	0	0
Total Materials Distributed:	111917	458814

* PIF data totals reflect the most up to date information available for Asia. Figures reflect data through August 1996.

XX Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* include: behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters and comic books.

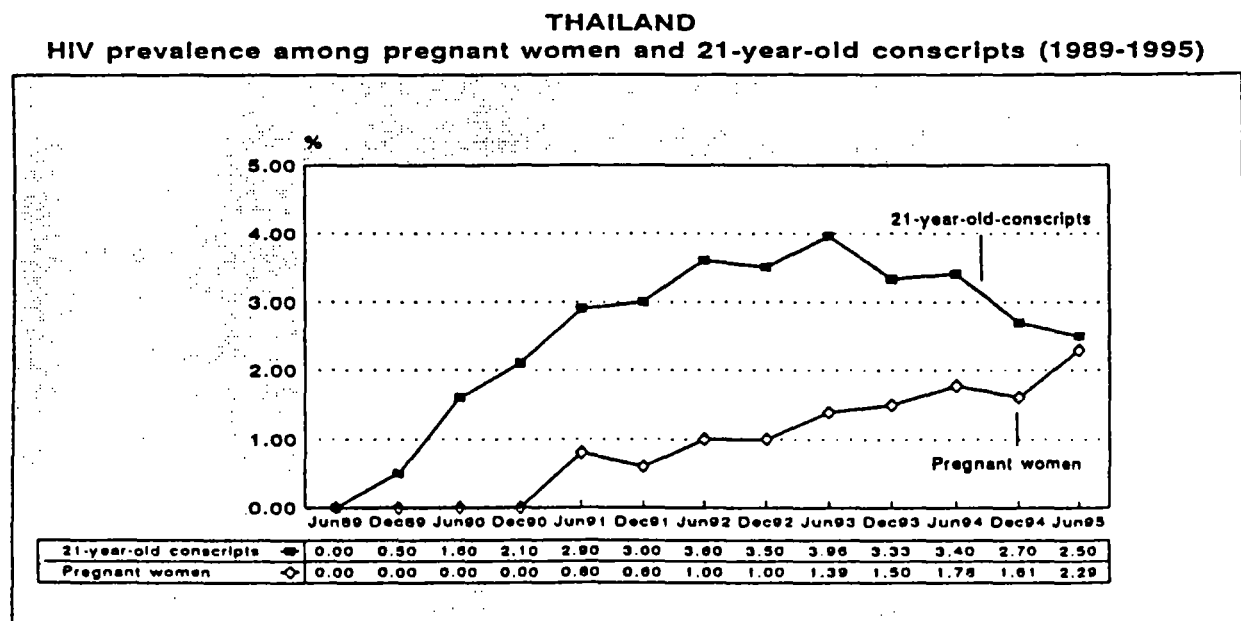
AIDSCAP ASIA REGIONAL OFFICE
THIRD QUARTER ACTIVITY REPORT FY '96
 APRIL - JUNE 1996

ASIA REGIONAL OVERVIEW

As noted in previous quarterly reports, there is now a consensus among epidemiologists and other observers of the HIV/AIDS pandemic that Asia will be the region most severely impacted by new infections in the very near future. It is anticipated that within a year or two more individuals will be infected by HIV per year in Asia than in Africa. The same projections indicate that Asia will surpass Africa in cumulative number of infections by the end of the decade. India already has more infected people than any other country in the world.

In the face of such dismal projections and realities, it is heartening to realize that we do know how to control the spread of this virus in specific populations. We do have the technology and the knowledge to slow, if not stop, the pace at which HIV moves in targeted groups with our current armamentarium of interventions.

Thailand has served as laboratory and model for Asia, and the rest of world, for a national response to the challenges of HIV/AIDS on both the intervention and public policy fronts. Recent statistics from Thailand reflect both the encouraging results of focused interventions with young men; and the inadequacy of prevention efforts for young women.



Source: Division of Epidemiology Public Health and Army Institute of Pathology, Royal Thai Army

AIDS Graphic

USAID REPORT 1994

groups in the national effort to prevent and control the spread of HIV.

Support for an All-Voluntary Blood Banking Program

As a result of a USAID-funded field survey undertaken from September 1993 to January 1994, which confirmed that potentially infected blood was circulating within the national blood supply system, USAID is supporting DOH efforts to develop and implement a safe blood banking program.

Remedios AIDS Information Center

USAID continues to support the Manila Remedios AIDS Information Center (RAIC), which serves as a grassroots, drop-in information and counseling center. The center serves the greater Manila community, presenting lectures and films and operating a telephone hot line. RAIC is collaborating with the DOH to produce and distribute a quarterly AIDS periodical for health workers and NGOs, which encourages them to use RAIC facilities for their own HIV/AIDS prevention initiatives.

SRI LANKA

SITUATION ANALYSIS

Sri Lanka has been classified as a low-prevalence country for HIV/AIDS. However, the potential for an explosive epidemic exists because it has many of the risk factors associated with high prevalence countries in the region, including high levels of cross-border migration with high-prevalence neighboring countries; large populations of commercial sex workers, sailors, transport and port workers, youth, soldiers, people involved in sex tourism and casual labor-

ers; and a high incidence of sexually transmitted diseases (STDs). The government of Sri Lanka has developed a medium-term plan to address HIV/AIDS that focuses on diagnosis, testing and treatment at government facilities. The plan recognizes the importance of nongovernmental institutions in controlling the epidemic through education, prevention and treatment.

Reported AIDS cases:* 41

Date of last report: 11/94

Increase over 1993 report:** Not Available

Total population: 17,000,000

Cumulative incidence:*** 2.4 per million

HIV-1 seroprevalence in urban areas:

Population at high risk:****

Not Available

Population at low risk:

Not Available

USAID STRATEGY

USAID provides support to four international and local private voluntary organizations for programs that create awareness of HIV/AIDS among vulnerable groups. USAID is also considering supporting the establishment of a local office for the International HIV/AIDS Alliance.

USAID-SUPPORTED COUNTRY PROGRAMS

PVO Grants

Through a grant to the Sri Lanka Association for Voluntary Surgical Contraception, USAID is helping to establish training programs for voluntary health workers and counselors in HIV/AIDS and other STDs and to set

up centers for counseling of high-risk groups in selected districts.

USAID has given a grant to the Community Front for Prevention of AIDS to establish an outreach health education program targeting high-risk groups with HIV/AIDS information and education.

Community Development Services (CDS) and the Adventist Development and Relief Agency are both being funded to establish education and awareness projects. Both projects will address the nature and significance of HIV/AIDS, how it is spread and how to prevent it. CDS will also set up a blood collection center in Colombo for voluntary HIV testing.

* THAILAND

SITUATION ANALYSIS

The HIV/AIDS epidemic in Thailand has continued to spread, primarily through heterosexual transmission, and will increasingly affect the young working population. The thriving commercial sex industry is a significant contributing factor to the rapid spread of the virus. High levels of infection are found particularly in northern and central Thailand. Bangkok, with a large low-income population in the 15-to-29-year age

group, has the potential for an explosive HIV/AIDS epidemic in the 1990s. The Royal Thai Government (RTG) is strongly committed, both financially and politically, to HIV/AIDS control. Although seroprevalence data continue to show an increase in HIV infection levels, there are encouraging reports of increased condom use and a decline in sexually transmitted diseases (STDs). With the increasing rate of condom use and the extensive information, education and communication (IEC) programs mounted by both the public and private sectors, it may not be too late to control the epidemic in Thailand.

Reported AIDS cases:* 18,132

Increase over 1993 report:**

Not Available

Total population: 59 million

Cumulative incidence: 307.3 per million

HIV-1 seroprevalence in urban areas:***

Population at high risk:****

27.0%

Population at low risk: 1.8%

* AIDS cases reported to the World Health Organization.

** The increase in AIDS cases reported to the World Health Organization could be due to improvements in diagnosis and reporting of existing AIDS cases as well as to an increase in the spread of HIV.

*** HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available.

**** Population at high risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors. Population at low risk: pregnant women attending antenatal clinics, blood donors, general population samples or others with no known risk factors.

To _____

Date _____ Time _____

WHILE YOU WERE OUT

M. deah devin

of USAID

Phone 647-4274

Area Code Number Extension

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	

RETURNED YOUR CALL

Message _____

Names of USAID
regional contacts
(PROs, NGOs) ADS
Bangkok

Operator

 **AMPAD**
EFFICIENCY®

23-023

CARBONLESS

will call me back

To LaHoma
 Date 11-12 Time 4:20

WHILE YOU WERE OUT
 M Tim Dondero
 of CDC
 Phone 404-639-6100

Area Code	Number	Extension
404	639	6100

TELEPHONED	☒ PLEASE CALL	☒
CALLED TO SEE YOU	☐ WILL CALL AGAIN	☐
WANTS TO SEE YOU	☐ URGENT	☐

☐ RETURNED YOUR CALL

Message _____

Operator _____

AMPAD
EFFICIENCY®

23-023 CARBONLESS

NIH - HIVNET
 DOD - vaccine research
 CDC - epid
 medical chief
 admin
 Co. Ther - medical
 research

Collaboration w/ Univ of North
 HIV/AIDS Collaboration
 funded by CDC core
 money for biomedical epidemiology
 + interventional research
 trials of short course AZT
 reduce perinatal transmission



AMPAD
EFFICIENCY®

23-023 CARBONLESS

Wittal

ΔΟΔ

Collected Paul Delaney
USAID

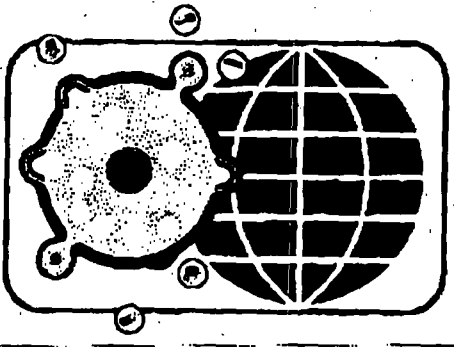
Call Sheila Mitchell
AIDSCAP
'95 Summary

Call CDC

Tin Dondoro

Int'l AIDS Week

404-639-6100

FACSIMILE TRANSMISSION COVER SHEET**INTERNATIONAL ACTIVITY**

**DIVISION OF HIV/AIDS AND PREVENTION
NATIONAL CENTER FOR HIV, STD, TB
PREVENTION
CENTERS FOR DISEASE CONTROL AND
PREVENTION**

1600 Clifton Road (E-50)
Atlanta, Georgia 30333 USA

TO: LAHoma Romocki

ADDRESSEE FAX NUMBER: 202 632 1096

ADDRESSEE VOICE TELEPHONE NUMBER: _____

FROM: **Timothy J. Dondero, M.D.**

Sender voice telephone number: (404) 639-6100

Sender FAX number: (404) 639-6118

DATE: 11/12/96

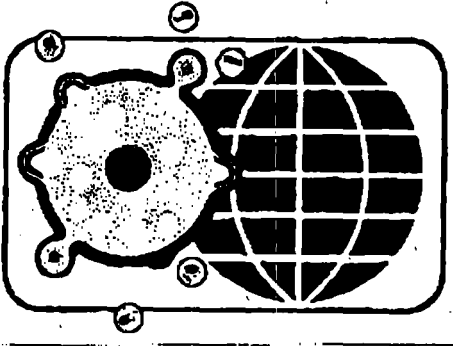
Number of pages (including this one): 39

MESSAGE:

See Annual Report of

to CDC Thai MOH

Collaboration

FACSIMILE TRANSMISSION COVER SHEET**INTERNATIONAL ACTIVITY**

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Number of pages (including this one): 39

MESSAGE:

See Annual Report of

*for CDC Thai MOH
collaboration*

AIDSCAP
FAMILY HEALTH INTERNATIONAL
2101 WILSON BLVD., SUITE 700
ARLINGTON, VA 22201
U. S. A.

FAX #: (703) 516-9781
TELEPHONE: (703) 516-9779
CABLE: FAMHEALTH

TO: NAME: La Homa Romock,
LOCATION: _____
FAX #: 202-632-1096
FROM: NAME: Leslye Boban
DATE: 11/13/96 TOTAL # OF PAGES: 11
(Including this page)

La Homa,
Here are the reports as
requested.
Leslye

DRAFT

THAILAND PROGRAM DESCRIPTION

The AIDSCAP Thailand program focuses almost exclusively on Bangkok, the capital of Thailand with a population of 6-8 million. The Bangkok comprehensive program, "Bangkok Fights AIDS" (BFA), targeted the lower income groups, aged 15-29, totaling 1.5 million people, in work places, health service facilities and households. The project began in early 1992, with some city-wide activities and intensive activities in six target districts of Bangkok's 38 districts. The BFA Program is conducted in collaboration with over 20 agencies, from both governmental and non-governmental organizations (NGOs).

As part of AIDSCAP's global strategy, the BFA aims to slow the spread of HIV through reducing sexually transmitted disease (STD) infections, increasing the use of condoms and reducing the number of sex partners through interactive interpersonal communication and mass media. These initiatives seek to reduce risk of HIV infection and create an atmosphere that is conducive to changes of social norms among the target populations. In addition to providing services, the BFA supports capacity building and strengthening the infrastructure that can sustain the efforts in the long run with increasing resources mobilized locally from all potential sectors.

USAID ended its bilateral support to Thailand at the end of FY95. However, a Thailand Transition Plan was approved by USAID/Washington following continuation of the AIDSCAP program through FY96. The Transition Plan permitted AIDSCAP to continue prevention programming in the four areas: (1) technical assistance to the Bangkok Metropolitan Administration (BMA) -- the caretaker of the BFA after AIDSCAP concludes; (2) continued support for Bangkok NGOs implementing outreach interventions; (3) two survey rounds of the behavioral surveillance; and (4) maintenance of an AIDSCAP country office.

COUNTRY PROGRAM ACCOMPLISHMENTS

The BMA is the ultimate stakeholder in the continuing success of the Bangkok Fights AIDS model, therefore, in its final year, AIDSCAP paid particular attention to strengthening the personnel and systems within the BMA AIDS Division. In particular, the Faculty of Public Health, Mahidol, intensified "coaching" sessions for 38 district AIDS committees throughout Bangkok. These committees are the locus of coordination for the prevention activities designed according to the AIDSCAP comprehensive program approach. In addition, a variety of staff strengthening workshops were held to build planning skills, evaluation, data base management and coordination of government and non-government agencies.

A Bangkok AIDS Forum was convened in September. The forum was the final event of AIDSCAP's efforts with the BMA during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented through and equally diverse network of NGOs, government and university agencies which characterized the comprehensive Bangkok Fights AIDS programs. The event lasted three days and brought together 800 people representing a broad spectrum of participants from the public and private sectors collaborating

in the fight against AIDS in Bangkok. The event exceeded most participants' expectations and follow-up meetings are planned, independent of AIDSCAP, to build on the momentum that was generated by the Forum.

The Service Worker Outreach Project (SWOP II) was completed through the efforts of four indigenous NGOs with communication support from PATH/Thailand. This consortium of NGOs was able to reach factory workers, waitresses, motorcycle taxi drivers and many other types of low-income laborers in Bangkok. Over the five years of AIDSCAP, these NGOs have refined their outreach techniques and have distilled lessons of the field into a concise training curriculum. These lessons are being shared with other provinces of Thailand through a mobile, "lessons learned circuit show" whereby members of the SWOP II outreach teams conduct two to three day training workshops for provincial staff.

In the final year, the AIDSCAP Thailand office shifted from a focus on coordination to a distilling of lessons learned. Very early in the fiscal year, the office commissioned an external assessment of the BFA program after four years. This assessment will inform the process evaluation of the BFA. Throughout the year, the Thailand office, brought together local resource persons to help analyze and assess the experience of the BFA. For example, a mass communication expert was contracted to assess this component of the BFA. Another consultant was hired to write about the outreach efforts of the NGOs supported by AIDSCAP. Others assisted in synthesizing the progress and outcome of STD strengthening activities over the five years of the program.

The results from the behavioral surveillance surveys (BSS) in Bangkok provide an aggregate view of trends in the target population of the AIDSCAP/Thailand country program. The BSS was conducted over five rounds during 1993 to 1996 and involved over 20,000 interviews with lower income women and men aged 15-29. The following presents highlights of the BSS by comparing Round 1 data (1993) to Round 5 data (mid-1996). All responses are based on self-reports during personal interviews and from self-administered questionnaires.

Single and Married Men:

The percent of men who had commercial sex in the past year decreased from 21% to 13% for blue collar workers and from 13% to 4% for vocational students.

The percent of men who used a condom in their last commercial sex episode increased from 89% to 94% among blue collar workers and from 92% to 94% among vocational students.

The percent of men who had sex with commercial and non-commercial sex partners in the past year declined from 12% to 7% for blue collar workers and from 9% to 3% for vocational students.

The percent of men who had more than one non-commercial sex partner in the past year declined for blue collar men but remained the same for vocational students: 15% to 11% and 13% to 13%

respectively.

Female Commercial Sex Workers:

The percent of CSWs who used condoms with every paying client increased from 87% to 97% for brothel CSWs and from 56% to 89% for indirect CSWs (i.e, the latter work out of cocktail lounges, night clubs, etc.).

The percent of CSWs who had sex with non-paying partners increased for brothel workers and remained the same for indirect CSWs: from 38% to 42% and from 51% to 51% respectively.

The percent of CSWs who used condoms with non-paying partners is low, but increased from 20% to 32% for brothel CSWs and from 23% to 28% for indirect CSWs over the project period.

The percent of CSWs who seek medical treatment for STDs remained high at 94% for brothel CSWs and an increase from 91% to 96% for indirect CSWs.

Single and Married Women (non-CSWs):

The percent of single women who had sex in the past year declined slightly between 1993 and 1996: from 8% to 6% for blue collar workers and from 4% to 2% among vocational students.

The percent of sexually active single women who used a condom during the last sex episode remained low and constant at 19% between 1993 and 1996.

The percent of married women who used a condom during the last sex episode increased slightly from 5% to 8% between 1993 and 1996.

As the BSS survey teams complete their work they are beginning to sense a complacency among members of the target audience. By the Round 5 survey conducted in mid-1996 among 5,000 men and women, the percentage of respondents who said they had discussed HIV/AIDS or HIV prevention with their partners had declined precipitously. Although respondents believed the epidemic was "closer to them than ever," they also said that the issue of AIDS was commonplace--nothing to get excited over anymore.

CURRENT PROGRAM STATUS

As the program closes, many products of the AIDSCAP Thailand program will be disseminated over the final months of 1996. These reports and media comprise an important collection of the experience and lessons learned that will be valuable to other prevention programs worldwide.

Thailand
Process Indicator Data* xx

	FY96	Cumulative
Total People Educated:	32093	258968
Males	15679	42377
Females	11263	56704
No Gender Specified	5151	159887
Total People Trained:	3185	7961
Males	1521	2393
Females	1402	2447
No Gender Specified	262	3121
Total Condoms Distributed:	51806	1393162
Free	51806	1393162
Sold	0	0
Total Materials Distributed:	111917	458814

* PIF data totals reflect the most up to date information available for Asia. Figures reflect data through August 1996.

XX Process indicators are used to track measurable data in a subproject. *People educated* includes number of people attending educational sessions or contacted through AIDSCAP interventions. *People trained* includes number of people attending training sessions. *Condoms distributed* indicates condoms sold through condom social marketing programs and condoms distributed for free. *Materials distributed* include: behavior change, condom promotion, and HIV/STD educational materials such as posters, pamphlets, handbooks, tapes, newsletters and comic books.

REGIONAL ACTIVITIES

The AIDSCAP Asia Regional Office manages a number of regional activities funded by the Asia Near East Bureau (ANE) and USAID, including policy analysis and advocacy, epidemiologic modeling and research, the development of country-specific STD protocols, a regional resource center, and support for Asian participants to attend conferences and regional workshops on HIV/AIDS and other STDs. Additional regional activities, such as the AIDSCAP women's initiative ad capacity building, are funded through core funding.

POLICY AND EPIDEMIOLOGY

AIDSCAP sponsored several activities and consultancies in FY96 to promote more adequate policy responses to the HIV epidemic in Asia as well as to better understand epidemiologic trends in the region.

In order to understand Thailand's highly publicized proactive response to the HIV epidemic, AIDSCAP commissioned and published a study by Mahidol University which investigated the "triggers" which promoted a positive policy response towards HIV prevention. The study illustrated what factors moved the Thai government from denial to implementation of effective prevention policies.

A consultant was hired by AIDSCAP in the first quarter of FY96 to review available HIV/STD data in Cambodia in order to estimate the number of HIV infections in-country for the Ministry of Health.

In India, inadequate HIV surveillance has caused widespread disagreement over the extent and spread of the epidemic. In collaboration with UNAIDS and the National AIDS Control Organization (NACO), AIDSCAP sponsored a three-day HIV Epidemiologic Roundtable in August 1996 which brought together national-level epidemiologists to discuss the status of HIV surveillance in the country. The participants formulated recommendations to improve training, implementation, and management of NACO's HIV surveillance system so that it can effectively generate and communicate HIV estimates.

Effective and frequent reporting about HIV in the media has long been established as a means to increase policy-maker and public response to the HIV epidemic. Continuing its series of trainings for journalists, AIDSCAP hosted a HIV/AIDS Workshop for 20 media personnel from Laos in Nong Khai province, Thailand near the Lao border in August 1996. AIDSCAP also assisted the AIDS Prevention and Control Project (APAC) with a similarly-designed workshop for journalists in India in January 1996.

Epidemiologic studies on risk behaviors which can influence policy-makers have been few in the region. AIDSCAP sponsored five waves of behavioral surveillance surveys in Bangkok during its implementation of the Bangkok Fights AIDS project to evaluate and monitor behavioral effects. Through this experience, behavioral surveillance has attracted international attention as a means to gauge behavioral change over time. In order to validate and publish the trends from the Bangkok study, AIDSCAP contracted with the Center for AIDS Prevention Studies, University of California, San Francisco, to assist in statistical analysis and data interpretation. At the end of the fiscal year, a draft of the major findings of the five waves of data was completed.

Finally, at the end of FY96, preparation was under way for a study tour for Moroccan and Egyptian policy-makers in Thailand, scheduled for October 1996. This study tour will introduce participants to Thai interventions and policies which have been effective in combatting HIV.

REGIONAL AIDS TRAINING AND EDUCATION (RATE) PROGRAM

The development of human resources to undertake HIV/STD prevention efforts is a logical approach to strengthening available structures in combatting the rapid spread of HIV/STD. Key players in governmental and non-governmental organizations require academically rigorous training in all aspects of HIV/STD prevention and control. In response to this training need, the Asia Near East Bureau allocated funds to provide training opportunities for participants from government and non-governmental agencies. The Regional AIDS Training and Education Program (RATE) was established in 1993. RATE aims to collaborate with several institutions with experience in international training in public health and to provide training courses in HIV/STD. RATE's principles emphasize institutional capacity building and sustainability.

The Asia-Pacific Development Communication Center (ADCC) of Dhurakijpundit University in Bangkok, Thailand serves as the Center of Excellence in Communication (with emphasis on behavior change communication), and Training Skills Development. With technical assistance from the AIDSCAP Asia Regional Office and the Program of Appropriate Technology for Health (PATH), in FY96, ADCC conducted the following activities:

Training of Trainers (TOT) for HIV/AIDS Communication Program II (February 19 - March 8, 1996). ADCC used the original curriculum for this course which was developed with AIDSCAP's assistance, and further fine-tuned it according to the feedback from the last course's participants. There were 10 participants.

Workshop on *IEC Messages and Materials Development for HIV/AIDS Communication Program* (March 25 - April 5, 1996). PATH took leadership in developing the curriculum for this course. The course was jointly conducted by ADCC and PATH staff, with facilitation from AIDSCAP technical staff in some sessions. There were 13 participants attending this course.

HIV/AIDS Workshop for Media Personnel in Lao PDR. (August 14-16, 1996) in Nong Khai province, Thailand. This workshop followed the regional workshop for journalists, *Reporting on HIV/AIDS in Asia : Facing the Facts* which was conducted in March 1994. The workshop aimed to enhance the quality and increase the frequency of good reporting on HIV/AIDS in Lao PDR, thereby assisting organizations and agencies in their efforts to inform the public and decision-makers about pressing HIV/AIDS problems and issues.

In addition to the three workshops, AIDSCAP is conducting a follow-up evaluation of all RATE activities since 1993. The purpose of this follow-up evaluation was to assess the impact of the RATE program in terms of increased capacity of the participants' performance in HIV/STD back on the job after their participation in a course or workshop, and to identify the lessons learned from its implementation.

As a result of the in-country follow-up workshops, an AIDSCAP trainers' network was set up by AIDSCAP alumni in each country. At present, there are AIDSCAP trainer's networks in India,

Indonesia, Lao PDR, Thailand, and Cambodia. AIDSCAP has supported these networks by sending them HIV/STD training materials, related research studies in HIV/STD intervention, and training/intervention manuals. Members of the trainer's networks have become invaluable resources for AIDSCAP country projects.

In FY97, AIDSCAP plans to develop a report on lessons learned in behavior change communication; and to conduct a regional workshop to develop a model for HIV/AIDS care management through inter-generational collaboration.

RESOURCE CENTER

With support from the Asia Near East Bureau, AIDSCAP developed a subproject to establish an Asian regional AIDS Control and Prevention Resource Material Collection Center with Population and Community Development Association (PDA), a non-profit, non-governmental organization in 1995. The PDA continued the following activities this year:

PDA has set up facilities and equipment for establishing the Resource Center at its office in Bangkok. At least 2000 AIDS information sources on behavior change communication (BCC) materials such as communication tools, pamphlets, posters, announcements, brochures, cassettes and video tapes have been collected from government agencies, NGOs and international organizations in the Asia region. Selected portions of the messages were translated into English and catalogued. Some selected samples in the collection were copied and distributed to AIDSCAP country offices and implementing agencies, as requested. PDA continues to provide services to walk-in users, as well as those who correspond through regular mail and the internet. A computerized database system for electronic cataloguing and retrieval was designed, and has been in use this fiscal year.

In December 1995, PDA organized an IEC Evaluation Methods and Techniques Workshop. It was attended by 20 participants from Thai governmental and non-governmental organizations. The workshop was well received and requests were made for future workshops on this topic.

In April 1996, PDA organized a Workshop *Introduction to PDA Asian IEC Resource Collection Center*. It was attended by 30 participants from national and international organizations which work in HIV/AIDS prevention.

The subproject agreement with PDA to maintain the services as a central regional location for accumulating and disseminating effective IEC materials for HIV/AIDS prevention programs has been extended until April 30, 1997. In FY97, PDA will continue to upgrade its ability to reach more users. New marketing techniques will be explored. An IEC Resource Center Home Page will be established on the World Wide Web. The 500 copies of catalogue of BCC materials in the Resource Material Collection Project which were printed in 1995 were distributed. New catalogues will be developed and printed in 1997.

WOMEN'S INITIATIVES IN ASIA

Working collaboratively with the AIDSCAP Women's Initiative (AWI) staff at AIDSCAP headquarters and with resident advisors, the Asia Regional Office has developed program objectives to bring special attention to the concerns of women in the AIDS epidemic. These objectives include the development of gender analysis guidelines for HIV programming, the promotion of women and AIDS networks, the funding of women-focused projects, and the capacity building of institutions in incorporating an integrated, gender sensitive HIV prevention strategy.

A number of activities and projects highlight the fiscal year:

Through USAID/WID funds, an HIV/AIDS prevention and care project was initiated in Thailand. This project conducted outreach and support activities to women's groups and youth in schools and was implemented by HIV positive women and men from the Life and Hope group in collaboration with the Association for the Promotion of the Status of Women. This project ended in June although activities have continued with other donor support.

An ARO AWI rapid response grant was given to World Vision in India for a research study and pilot project to conduct a study on sexual networking among the tribal population of Navapur in Maharashtra state with a particular focus on women. The final objective of the research is to determine potential interventions for bringing about effective behavior change communication programming.

In May, an ARO AWI rapid response grant was given to a nascent NGO in Pondicherry, India to conduct a mapping of the city for brothels theater districts and other locations of risk-taking behaviors. They are in the process of completing a draft KAP survey.

In the Philippines, an AWI/WID-funded research proposal to work with women and their husbands were developed. The research will investigate the dynamics of couples in relationship and their communication on sexual issues, especially related to HIV/STD prevention.

The AIDSCAP/ARO point person for AWI conducted an in-service training to APAC/India staff on incorporating gender analysis into project design implementation and evaluation.

The ARO staff attended the XI International Conference on AIDS in Vancouver where a number of AWI/Asia activities were highlighted. A pre-conference workshop entitled "Men, Women, and AIDS Prevention: A Dialogue between the Sexes" included a number of Asian AIDSCAP colleagues from across the region. Presented at the main conference were two AIDSCAP/ARO posters including the "Women & HIV Prevention and Living with AIDS" project which presented the role of women with HIV in community HIV/AIDS education, prevention and care and the project on "Creating an Asian Network on Women and AIDS." In addition, a number of journalists in the Asia region received AIDSCAP/UNAIDS Awards for Excellence in Writing on Women and AIDS. Of 117 submissions, 10 journalists were awarded prizes including the contest winner from Indonesia, first runner up from the Philippines and two finalists from Sri Lanka and Thailand.

During the next fiscal year, the ARO will continue to support on-going AWI projects as well as look for increased opportunities to reach women at secondary risk for HIV, such as wives of men with multiple partners.

CAPACITY BUILDING

One of AIDSCAP's project-wide objectives is to promote the capacity of the local institutions to implement and sustain HIV/AIDS Programs. The following are highlights of capacity building efforts during the year:

Technical Skill Building

Participants from past regional training courses have begun to adapt and translate course materials into local languages. Examples come from Nepal, India, Mongolia, and Indonesia.

An in-service training for APAC/India staff was conducted on incorporating gender analysis into the design of HIV/AIDS prevention projects.

At the request of the Foundation for Advanced Studies in International Development (FASID), the ARO Director gave a presentation in Bangkok on "Designing HIV/AIDS Projects -- USAID/AIDSCAP Project."

A two-day LogFRAME workshop was conducted in Jakarta, Indonesia for 26 participants from 5 organizations.

ARO staff served as resource persons for 20 Lao journalists at a workshop in Nong Khai, Thailand in August.

Networks and Global Learning Enhancement

Organized and co-hosted with the USAID RSM/EA an HIV/AIDS Lessons Learned Seminar, January in Bangkok.

The ARO and Thailand country staff worked with the Bangkok Metropolitan Administration, Mahidol University and PATH in launching the first Bangkok AIDS Forum. More than 800 people attended this 3-day event in August. The Forum resulted in a solidification of networks for sustainability of relationships between the NGO, government and private sectors which AIDSCAP forged during the Bangkok Fights AIDS (BFA) program. There was a commitment from participant to report to the Forum on an annual basis.

AIDSCAP assisted in the design and implementation of an Epidemiology and Policy Roundtable in Delhi, India in August. Epidemiologists from Kenya and Thailand shared their experiences during the roundtable. Representatives from USAID, UNAIDS, NACO and other governmental agencies also participated.

The AIDSCAP ARO initiated the formation of country specific trainer's networks, based on past participants to AIDSCAP sponsored training events in the areas of epidemiology, communication, IEC materials development and journalism.



Office of Health and Nutrition
Bureau for Global Programs, Field
Support and Research
Agency for International Development
Washington, D. C. 20523-1817

To: Laherna Remocki From: Paul DeLay
Phone: _____ Phone: 5 4616
Fax: 202 632 1096 Fax: 5 4686

Number of Pages (including cover sheet): 3

MESSAGE:

HIV/AIDS in Thailand and within the Asia Region

There are two main messages:

1. The HIV/AIDS Epidemic in Thailand and US Government Assistance to Stem Its Spread:

The most critical health issue in Thailand is the advanced HIV/AIDS epidemic, which first swept into the country in 1988, its transmission made easy and rapid by the availability of commercial sex. Today, UNAIDS estimates that over 700,000 adults are infected with HIV, and over 22,000 cumulative cases of AIDS have occurred. It is estimated that 2% of all Thais, aged 15-49 are already infected. At the rate the infection is currently growing, there could be 1.6 to 1.8 million HIV infections by the year 2000.

However, Thailand has confronted the crisis squarely, with Asia's most effective AIDS prevention and surveillance program, resulting in drops of new HIV cases beginning in 1991. A comprehensive program of prevention activities was introduced including interventions to increase condom use with commercial sex workers and more accessible, effective management of other sexually transmitted diseases, such as syphilis and gonorrhea. The impact of these programs is just now being measured. Between 1989 and 1993, the number of male cases of the five classic sexually transmitted diseases declined 79%. From 1992 to 1995, the prevalence of HIV in 21 year old Thai military recruits has fallen from a high point of 4% to 2.5%. However, we still see a slow, steady increase of HIV prevalence in young pregnant women, from nearly no measurable HIV infection in 1990 to over 2% in 1995. While these results are encouraging, this information does point to the inadequacy of prevention efforts for young women.

The U. S. Government has contributed to these partial successes through USAID assisted programs.

- The USAID AIDSCAP Program focuses almost exclusively on Bangkok, with a population of 6-8 million. AIDSCAP worked closely with the Bangkok Metropolitan authority to target lower income groups, aged 15-29, totaling 1.5 million people, in workplaces, health service facilities and households. The project began in early 1992 and was completed in August 1996.
- During the past four years, there have been numerous successes: the number of men engaging in commercial sex has dropped from 21% to 13% for blue collar workers and from 13% to 4% for vocational students; the percent of men using a condom in commercial sex has increased.
- In September of this year, a Bangkok AIDS Forum was convened during which the Bangkok City Government formally assumed coordination responsibility for the diverse projects implemented through an equally diverse network of NGOs, government and university agencies. This is a striking example of how fast and how far the government and people of Thailand have come and how ably they have taken on a sustainable response

to this epidemic. This is an admirable achievement.

- However, the vulnerability of women, both single and married is still a cause for major concern. The percent of married women who used a condom during the last sex episode increased only slightly from 5-8% between 1993 to 1996. There is an increasing danger of complacency and decreasing interest which must be constantly battled against.

2. The Regional Epidemic in Asia and the Role that Thailand Can Play:

Asia, home to more than 60% of the world's adult population, is now the focus of the most severe HIV/AIDS epidemic in the world. In 1996, more individuals will become infected by HIV per year in Asia than in Africa. Asia will surpass Africa in cumulative infections by the end of the decade. India already has more HIV infected people than any other country in the world.

Thailand can now play a critical role in this region, by sharing its expertise and experience in dealing with the epidemic. The skills and resources are present throughout Thailand and these must be shared with the neighboring countries in the region.

Already, Thailand has begun to play this leadership role within the region, with USAID assistance:

- In order to understand Thailand's highly publicized proactive response to the HIV epidemic, AIDSCAP commissioned and published a study by Mahidol University which investigated the "triggers which promoted a positive policy response towards HIV prevention. The study illustrated what factors moved the Thai Government from denial to implementation of effective prevention policies. This analysis is now being applied in other countries in Asia.
- AIDSCAP sponsored five waves of behavioral surveillance surveys as part of the Bangkok Fights AIDS Project. Through this experience, behavioral surveillance, rather than just biologic surveillance, has attracted international attention as a means to gauge behavioral change over time.
- USAID has sponsored study tours to Thailand of key government policy makers and community opinion leaders from Indonesia, Philippines, and soon from Morocco and Egypt to learn from the Thailand experience.
- With USAID support, the Asia-Pacific Development Communication Center of Dhurakijpundit University in Bangkok has become a recognized world resource of communication and training skills. They have trained key staff and developed curriculum that has now been used in Laos, India, Indonesia, and Cambodia.



TELEFACSIMILE COVER

HIV-1 Vaccine Development Program
Division of Retrovirology
Walter Reed Army Institute of Research
Suite 250; One Taft Court
Rockville, Maryland 20850
USA

Phone: (301) 294-1888, x1108
FAX: (301) 294-1898

TO: Office of the NAPC
Attn: Lehoma Romocki

FROM: LTC John McNeil

Number of Pages (including header): 1+1 **Date:** 14 Nov 96

Dear Lehoma:

Here is the one-pager on AFRIMS, as promised. Hope this is sufficient - if not, let me know and I can generate additional detail.

John

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FROM: Tony Bennett
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DATE: 14 November 1996

Total pages: 1
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SUBJECT: HC Visit

Greetings LaHoma!

Neil Brenden asked that I fax you recommended contacts for the First Lady's visit. I was at the US Embassy about 10 days ago and the subject of the visit came up. All other USG agencies were at the meeting including CDC, AFRIMS, Peace Corps. The Embassy staff are arranging the site visits and said they would call if any assistance was needed. The plan is to take her North and see activities with the Lanna people of the Golden Triangle.

I think that we should be low profile on this. Now that USAID has terminated assistance to Thailand and AIDSCAP no longer has a Thailand program, we should not be involved in official briefings -- otherwise there could be unpleasant political misinterpretations (e.g., "Why is USAID still funding programs in Thailand?" Obe/Wisconsin, etc.)

Now, if YOU came to visit us, that's an entirely different matter...

Best regards,