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With the compliments

of the

Director-General

and the Executive Director
Global Programme on AIDS

15 October 1994

Avec les compliments

du

Directeur général

et du Directeur exécutif du
Programme mondial de Lutte contre le SIDA

le 15 octobre 1994

The AIDS Coordinator, US Agency for Development (USAID), Washington, D.C. 20523

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Thailand
National AIDS Prevention and Control Plan
(1992 - 1996)

Office of the Prime Minister

Contents

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Chapter 4

EXECUTIVE SUMMARY

AIDS is a serious communicable disease which is spreading rapidly in every province of the nation. It is a national problem of the utmost urgency and requires equally urgent action to stop it. At present, there are many hundreds of thousands of people infected with HIV. Each day many more become newly infected. These persons will become ill and eventually die from the disease because as yet there is no effective treatment. Prevention through full knowledge, better understanding and behavior change is the only way to challenge the disease until the day when a vaccine or treatment becomes available.

Infection, illness and death from this disease among all occupational and social groups of society will have a profound impact on the economy of the nation. The rate of progress of the country will slow down, and production, income, the labor force and eventually the quality of life will all decline if this epidemic is not stopped.

In the past, AIDS prevention and control activities have lacked a frame for coordination of implementation and continuity of effort. Thus, the National Economic and Social Development Board (NESDB) has developed this National AIDS Prevention and Control Plan for the period of 1992-1996 under the 7th Five-Year National Economic and Social Development Plan to serve as a framework for coordinated AIDS prevention and control throughout the nation. In the development of this plan the National Economic and Social Development Board (NESDB) worked closely with the AIDS Policy and Planning Coordination Bureau (APCB) in the Office of the Permanent Secretary of the Office of the Prime Minister (OPM). The draft of this plan has been reviewed in two working group sessions comprised of members from ministries, universities and relevant non-governmental agencies. A total of 150 persons have participated in this review process

The National AIDS Prevention and Control Plan (NAPCP) has the goal of preventing transmission with relation to behavior (sexual and drug-use practices), and in the medical care setting, to improve the understanding and acceptance of HIV-infected persons so that they can remain integral members of society. This will be accomplished through the mobilization of resources and manpower in the sectors of government, business, non-government non-profit agencies, and the international donor community to work together to prevent and control AIDS through support for implementation of the following four programs:

1. Public information and education

There are guidelines and measures for providing knowledge and in promoting the correct understanding of the disease of AIDS in the areas of prevention, non-discrimination of infected persons and the change of behaviors, norms and attitudes as well as awareness of individual responsibility and human rights.

2. Medical Treatment and Care

There are guidelines and measures for the provision of diagnosis, treatment and care without discrimination that is appropriate and continuous. There will be support and preparation of families of the infected, the communities and the private sector in the care and support of HIV infected and AIDS persons.

3. Human Rights and Social Support

There are guidelines and measures to ensure that the rights of individuals are protected whether or not they are infected with HIV. The patient and family are entitled to an appropriate level of social support.

4. Research and Evaluation

There are guidelines and measures in the support for research into interventions and solutions for the AIDS epidemic. Also, there must be active monitoring and evaluation of all aspects of these programs and activities.

This plan provides guidance for the public and private sectors to formulate their own activity plans at the ministerial, provincial and district levels. This is to ensure a coordinated and unidirectional effort that is consistent in goal and strategy, with clear principles and continuity of effort. If properly implemented, these plans should slow the spread of HIV/AIDS in the society and reduce the eventual social and economic impact of AIDS on the nation.

INTRODUCTION

1. Past AIDS prevention and control efforts

1.1 *Situation*

AIDS is a virulent disease which is spreading in various countries throughout the world. At present, it is estimated that 10 million people are infected worldwide. In Thailand, the first cases were reported in 1984 amongst homosexuals, and next spread rapidly among persons who injected themselves with drugs, male customers of sex workers and eventually to the wives of these men. Now, the virus has spread rapidly among populations of different groups; males and females, including adolescents in every province. The Ministry of Public Health (MOPH) has reported at least 200 cases of full-blown AIDS. The Thai Working Group on HIV/AIDS Projection estimated for 1991, the total number of HIV infected persons to be between 200,000 and 400,000 persons. In the year 2000, it is estimated that two to four million persons will have become infected. If the projections are accurate, in the year 2000, one in three deaths will be caused by AIDS.

1.2 *Medium-term plan on AIDS (1989-1991)*

In 1989, Thailand began the medium-term plan on AIDS (MTP) with the MOPH as the agency responsible for implementing the plan. At that time, AIDS was viewed as a medical problem. However, as AIDS spread to wider and wider circles, it became clear that its impact would have far-reaching social ramifications. A greater understanding emerged that AIDS was spread by individual behavior and reflected the larger social problems in the society. It was recognized that AIDS could be prevented and controlled given an appropriate set of guidelines for education the general population and certain target groups.

1.3 *Government policy*

(1) The Thai government gives high priority to solving the problem of AIDS according to the first policy proclamation under Anand Panyarachun's first administration. This policy was presented to the National Parliament for inclusion in the Social Policy section, item 7 as follows: "Accelerate the prevention and control of communicable diseased, particularly AIDS, in coordination with the business sector and non-governmental non-profit agencies,

in the area of public information in order to convince the population of the seriousness of this disease and instill a feeling of individual responsibility to join the prevention effort to resolve the problem...."

(2) Because the government recognizes the importance of mobilizing multiple sectors of society, it is imperative that there be a policy, planning and monitoring body at the national level. In 1991, the Government established the National AIDS Prevention and Control Committee to be the national body on AIDS policy with the Prime Minister as chairman (representing only the second head of state in the world to chair a national AIDS committee). Members of the committee include the highest level of government administrators and representatives of government departments and the private sector. Eight sub-committees were formed to be responsible for different areas of AIDS policy. These include: Public Information and Education; Prevention and Treatment in Medical Settings; Monitoring and Evaluation; Technical and Scientific; Review Draft AIDS Bill; Women's Campaign for AIDS Prevention; Human Rights Protection; Public-Private Sector Collaboration.

(3) The National AIDS Committee (NAC) held its first meeting on 14 August 1991, and the chairman, the Prime Minister, emphasized the need for total cooperation among all sectors of society including public and private sectors in the following statement: "The government will join forces across all agencies and work with the business sector and non-government non-profit agencies in providing information to the public so that they are aware of the dangers of this disease and recognize that it is the responsibility of everyone to prevent the spread of HIV and resolve this problem. The government hopes that if all concerned have an appropriate and constructive attitude then we will be able to minimize the impact of this disease."

In this first meeting, the NAC assigned the National Economic and Social Development Board (NESDB) to prepare a National AIDS Prevention and Control master plan under the framework of the 7 th Five-year National Social and Economic Development Plan. The purpose of this plan is to promote a unified and coordinated approach to implementation by the government and private sectors.

1.4 *Implementation*

(1) The NAC met a second time on 27 December 1991 and passed a resolution to create the AIDS Policy and Planning Coordination Bureau (APCB) in the Office of the Permanent Secretary of the Office of the Prime Minister. The purpose of the APCB is to **assist in coordination** between the NAC and its

subcommittees, working groups, agencies in the public and private sector and the international agencies. The principal areas of coordination include implementation plans, budgeting, monitoring and evaluation as well as educational media and training. The APCB also provides financial support to non-government non-profit agencies. This coordination was designed to ensure that implementation of AIDS Prevention and Control programs by public and private sector reach their objectives and goals. The proposed establishment of the APCB was approved by the Cabinet on 17 March 1992.

(2) In order to ensure an active role by all agencies in the AIDS prevention and control effort, each with their own action plans and budgets, the NAC requested and successfully received a special budget of US$ 10 million (248 million baht) for the fiscal year 1992 to be allocated to every ministry and some non-government non profit agencies working on AIDS. The APCB also will assist these agencies in formulating implementation plans and budgets for fiscal year 1993 and in the following years.

2. Objectives

2.1 To reduce HIV transmission as much as possible, down to a manageable level.

2.2 To promote understanding among the population and to provide assistance to HIV infected persons in living normally in society without aversion and discrimination.

2.3 To mobilize resources and personnel from governmental, non-governmental, and international agencies to cooperate in the prevention and control of AIDS in Thailand.

3. Strategies

3.1 Emphasize disease prevention through public information campaigns that yield correct knowledge and understanding of AIDS, encourage modification of relevant behaviors and attitudes, and not to discriminate against those infected.

3.2 Support diagnosis, treatment and care services that are appropriate and impartial in their continuous application.

3.3 Support the protection of human rights and provide appropriate social support

3.4 Support research, monitoring and evaluation activities.

4. Programs

Four programs have been formulated in order to help achieve the stated goals and objectives. These are:

4.1 Public information and education.

4.2 Medical treatment and care.

4.3 Human rights and social support.

4.4 Research and evaluation.

5. Role of relevant agencies

There are many public and private agencies involved in AIDS prevention and control. Thus, to promote the efficient implementation of the programs, it is important to assign different agencies to be involved in the programs to varying degrees (Table 1).

6. Mechanisms for administration and coordination

To promote the efficient administration and coordination of the activities under the programs, it is appropriate to conduct the following:

6.1 Establish a National AIDS Committee with the Prime Minister as chair.

6.2 Establish the AIDS Policy and Planning Coordination Bureau, in the Office of the Permanent Secretary of the Office of the Prime Minister. This bureau is responsible for coordination in planning and budgeting of all concerned agencies.

6.3 Formulate a National AIDS Prevention and Control Plan which is under the framework of the five-year National Economic and Social Development Plan.

6.4 Formulate AIDS prevention and control action plans which are integrated into the activities of government agencies, the private sector, businesses and religious organizations at the national, provincial and district levels.

Table 1 Roles of Agencies in Prevention and Control of AIDS

Programs / Agencies	(1) Public Information	(2) Treatment and Care	(3) Human Rights	(4) Research and Evaluation
1. Office of the Prime Minister	***	-	**	***
2. Ministry of Public Health	**	***	**	**
3. Ministry of Interior	***	**	***	*
4. Ministry of Education	***	*	*	*
5. Ministry of Defence	***	**	*	*
6. Ministry of University Affairs	***	***	*	***
7. Ministry of Justice	*	-	***	*
8. Ministry of Finance	*	-	*	*
9. Ministry of Industry	**	-	*	*
10. Ministry of Transport and Communications	*	-	*	*
11. Ministry of Commerce	**	-	*	*
12. Ministry of Science and Technology and Energy	*	-	*	*
13. Ministry of Foreign Affairs	*	-	*	*
14. Ministry of Agriculture and Cooperatives	**	*	*	*
15. State Enterprises	**	*	*	*
16. Non-Government Non Profit Agencies	**	**	*	*
17. Business sector	*	***	*	*
Total	17	9	17	17

Notes: *** Most Involvement
** Moderate Involvement
* Some Involvement

PROGRAM ON PUBLIC INFORMATION AND EDUCATION

Chapter 1

PROGRAM ON PUBLIC INFORMATION AND EDUCATION

1. Objectives

1.1 To disseminate information to provide correct knowledge and promote appropriate attitudes toward AIDS for continuous prevention in all affected areas and all target groups of the population.

1.2 To promote norms and motivation leading to behaviors which are not at risk of HIV infection.

1.3 To create and promote understanding and correct attitudes in living normally with HIV positive individuals in society.

1.4 To support treatment and care activities, to protect human rights and to provide social support services.

1.5 To support coordination between the government agencies and private businesses, together with community-based organizations and the mass media, on the provision of public education campaigns in which messages about AIDS are consistent, standardized and appropriate for the target audiences.

2. Targets

Scope: Entire country.

Audience: 1) General male and female population

2) Government civil servants and employees

3) Children and adolescents, in and out of school

4) Populations with disadvantage or of low socioeconomic opportunity such as hill tribes, slum dwellers, rural housewives, adolescent factory workers.

3. Situation and key issues

3.1 ***Summary of the public information situation.***

After the initial cases of AIDS appeared in Thailand in 1984, the government began a public information campaign for the general population on the meaning,

cause, symptoms, transmission and prevention of AIDS. This campaign was not comprehensive because of limitations of the available media products. The impact of the information activities became more apparent in 1989 with an intensification of the effort as summarised below.

1) ***1989*** Campaigns for the general population, including female sex workers (FSWs) and adolescents, to recognize the danger of AIDS and to have the will to adopt self-preventive behavior. The content of the messages at this time emphasized factual information and tried to create a frightening image of the disease.

2) ***1990*** Supplementary campaigns for the population of customers of FSWs, still by providing factual information and using a fear arousal theme or tone.

3) ***1991*** Supplementary campaigns for housewives and the general population. At the beginning of this year, there was a change in the head of state. Anand Panyarachun became Prime Minister. Following this change, the government gave much more attention to the AIDS problem. It also represented the first time that AIDS was included in the general policy statement of the government. The NAC and its 8 sub-committees, including the Public Information and Education sub-committee was established.

   Since the middle of 1991, the use of government mass media channels to promote AIDS prevention has been extensive and varied in form. The Broadcasting Directing Board (Kor Bor Wor) instructed all government television and radio stations to air 30-45 seconds of AIDS prevention spots per hour without charging for air time (see Figure 1).

   The content of the messages developed and evolved into a more unidirectional and standardized form. The three themes included the creation of awareness of the problem, the methods of prevention and a sense of personal responsibility in prevention. New norms were being promoted to reduce risk behavior and to adopt more appropriate attitudes toward living together normally with HIV-infected persons in society. The tone of the messages began to change to a more compassionate theme which also tried to instill a sense of responsibility to society instead of the mere fear arousal approach of earlier years.

   In 1991, an AIDS message and media contest was held for students and the general population throughout the country to coincide with World AIDS Day (December 1, 1991). Award winning pieces were reproduced

for dissemination.

4) ***1992*** The NAC received an extra budget for AIDS prevention and control programs in the amount of US $10 million. The budget was allocated to every ministry and relevant NGOs. The majority of the budget was used for the production and dissemination of various communication messages and media including, for example, TV and radio spots, documentaries, handbooks, appointment books, pamphlets, cartoons, videos, audio tapes, posters, training manuals, slide sets, etc. These materials were produced for use in government offices, private organizations and the public at large. The Office of the Prime Minister provided coordination to help standardize the message content in a direction that was consistent with the National AIDS Prevention program goals.

   The TV and radio spots as a channel of public information are still being used. Other than TV and radio spots developed by the Office of the Prime Minister, there are also spots produced by other government and private agencies. All AIDS education materials and media spots are produced under the umbrella of the National AIDS Prevention and Control program. The APCB is responsible for the coordination, dissemination, and standardization of content of messages. One of the crucial roles of the APCB is to promote and assist every Ministry in developing an AIDS prevention and control plan. Key target populations include government officials and employees, and for some ministries, the general population they serve. In addition to the support for the ministries, each province receives a certain budget allocation from this special fund to support activities according to the provincial AIDS prevention and control plan.

   In 1992, a five-year budget plan was developed in which the activities for AIDS prevention and control were included. Each of the 14 ministries will be responsible for implementing the plan. The Office of the Prime Minister in close collaboration with the Bureau of the Budget, is the coordinator for the budget planning for this activity.

3.2 *Key issues in implementation*

1) The public information efforts so far are still inadequate and incomplete in covering all needy groups of the population. This is especially true for remote rural villagers who still lack essential information, as well as hill tribes, fishermen, children and adolescents, both in and out of school.

2) The implementation is not always coordinated or moving in the same direction. This is particularly important with regards to message content in order to create accurate awareness and appropriate behavior in the

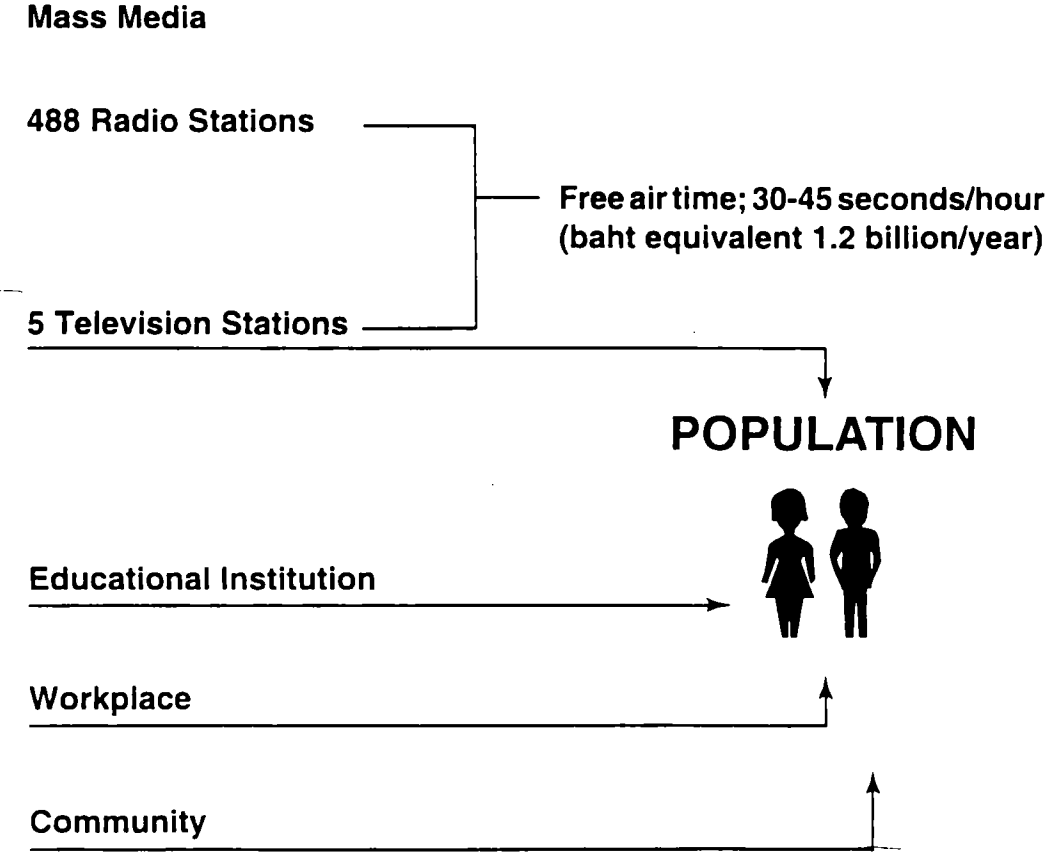
population.

3) There is a need for increased public information to rid discrimination against HIV-infected persons and to allow these infected persons to live normally in society.

4) There is a lack of policy coordination and consistency in planning among the various agencies including international organizations operating at the national or provincial level.

5) There is a lack of campaigning for increasing motivation to reduce or eliminate at-risk behavior. It is recognized that increasing knowledge alone will not necessarily modify these behaviors.

Figure 1



4. Guidelines/Measures

4.1 Accelerate the coordination between the government, religious organizations, NGOs, public service agencies, businesses, communities and families, in providing public education in all forms to improve the knowledge and understanding of HIV/AIDS across all age, geographic and occupational groups of the population. The priority themes for these messages should be as follows:

1) Promotion of correct knowledge and appropriate attitudes concerning AIDS and sexually transmitted diseases (STDs).

2) Instill motivation in the population to reduce or eliminate risk behaviors.

3) Promotion of understanding within the public, community, family and other institutions so that they can live normally with HIV-infected persons.

4) Promote and support values and norms which encourage morality, family intimacy, honesty and faithfulness between spouses. The goal of this is to reduce promiscuity and prostitution.

5) Accelerate the dissemination of information and training for men and women, adolescents, parents and community leaders, to help them recognize the negative psychological, social, cultural, and health related repercussions of prostitution.

6) Promote correct knowledge and attitude of the proper use of condoms and inform the population about condom quality and other effective prevention methods.

7) Promote knowledge and correct understanding about serological testing for HIV and the trials of vaccines and drugs in Thailand.

8) Instill motivation to reduce and/or stop drug addiction and excessive alcohol consumption.

9) Promote knowledge, understanding, outlook and motivation with respect to human rights, and non-discriminatory practices in the area of AIDS.

10) Support knowledge, understanding and outlook which encourage infected persons to look after their health, morale, and to prevent them from infecting others and getting reinfected with HIV.

4.2 Accelerate the dissemination and provision of knowledge and understanding about AIDS and STDs, including appropriate sex education in the schools with emphasis on the following:

1) Including in the curriculum at the primary school level and upwards, subjects covering sex education, sexual decision making, family life, prevention of AIDS and STDs, encouraging empathy towards HIV-infected persons, and values and norms which will help prevent the spread of these diseases.

2) Support for extra-curricular activities and non-formal education as well as sports which promote values, norms and behaviour leading to the reduction of risk behavior. Also encourage compassion for HIV-infected persons.

3) Insert questions assessing knowledge, understanding and prevention of AIDS and STDs in entrance examinations to educational institutions and for employment.

4) Support the establishment of clubs or groups in educational institutions which promote knowledge and understanding about AIDS to eliminate disdain for HIV-infected persons

4.3 Support activities or educational programs about AIDS and the prevention of HIV infection for all government civil servants and employees through training and various media approaches.

4.4 Emphasize the use of appropriate media and messages for different groups and apply the principles of "marketing" by involving the business and advertising community to help design and produce media, and by using local and simple language.

4.5 Accelerate the dissemination of knowledge and understanding through the use of **consistent messages that are continuous, sincere and widespread** both in the general population and among target audiences. These efforts should involve role models or influential peers to expand the impact of the messages.

4.6 Accelerate the dissemination of information and training in the use of condoms, and expand the supply of condoms for use in entertainment establishments to prevent HIV and venereal diseases. This would support the 100% condom use policy which represents a collaboration between the Ministry of Public Health, the Ministry of Interior and the private sector involved in the entertainment establishments.

4.7 Support the role of the family and local leaders in villages, religious, entertainment, and other groups in promoting knowledge and understanding and motivation in order to reduce or eliminate risk behaviors in the population.

4.8 The government must produce adequate supplies of different forms of media, particularly for TV and radio, for dissemination to the general population and target audiences. Regulations are needed which mandate free air time during peak viewing periods so that knowledge and understanding on AIDS and addictive drugs will be widely received.

4.9 Accelerate enforcement, controls and punishment for pornographic films, videos, and printed materials.

4.10 Establish regulations to encourage private businesses, non-government non profit agencies, and state enterprises to support the production of education and media materials for their customers/target audiences and the general population.

4.11 Standardize and strengthen the content of messages, ensuring clarity and accuracy at all times, to be used in different media produced by various agencies, for dissemination of information about AIDS.

4.12 Support development of human resources to increase the capacity of government and NGOs to provide correct knowledge and understanding of AIDS.

4.13 Support and develop organizations which have a coordination role at the national and provincial level, in policy, planning, budgeting, monitoring and evaluation, concerning public information and education on AIDS, in order to facilitate the coordination of national and international agencies.

PROGRAM ON MEDICAL TREATMENT AND CARE

Chapter 2

PROGRAM ON MEDICAL TREATMENT AND CARE

1. Objectives

1.1 Provide appropriate medical services for treatment, care and counselling for HIV-infected persons and AIDS patients without discrimination.

1.2 Train and improve skills of medical and support staff who have the responsibility for diagnosis, treatment, care, and counselling services.

1.3 Establish family and community-based care and counselling services.

1.4 Establish a system for preventing HIV transmission in the context of providing medical and public health services both within and outside public and private medical and health care institutions.

2. Targets

Scope : Entire country.

Audience : 1) AIDS patients and infected persons

2) Families of AIDS patients, infected persons

3) Medical, health and support staff

4) Communities in the rural and urban setting

3. Situation and key issues

3.1 *Summary of the situation*

The MOPH has surveyed the prevalence of HIV infection in various sub-groups of the population in many provinces on a continuous basis since 1989. Comparing the prevalence of HIV in June 1989 with December 1991, it is clear that almost all sentinel groups show increasing prevalence of infection.

Comparison of HIV prevalence in sentinel groups from the June 1989 and December 1991 surveys showed that the prevalence of HIV in blood donors increased from 0.28% in 1989 to 0.8% in 1991; in pregnant women who attended government ante-natal clinics from 0.0% in 1989 to 0.7% in 1991; in direct female entertainment workers from 3.5% in 1989 to 21.7% in 1991; in indirect female entertainment workers from 0.0% in 1989 to 5.4% in 1991; and in male patients

at government STD clinics from 0.0% in 1989 to 5.6% in 1991. The prevalence in IV drug users, however, declined from 39.0% in 1989 to 33.9% in 1991.

In addition, from the sentinel surveillance conducted in December 1991, the province with the highest HIV prevalence rate of the target groups were: blood donors: 10%, in Chiang Mai; pregnant women: 8.8%, in Phrae; male STD patients: 36.0%, in Payao; IV drug users: 66.7%, in Yala; direct female entertainment workers: 64.0%, in Petchburi; indirect female entertainment workers; 33.2%, in Pathumtani.

It is possible to conclude from the MOPH data that HIV has spread rapidly to every province in the country. Areas that are most seriously affected include Bangkok and its suburbs, the upper northern provinces, and provinces with a large number of fishermen in the East and South of the country.

Even though as yet, there are not many AIDS patients or deaths from AIDS, this does not mean that morbidity and mortality from this disease is not a significant problem. Many infected persons will not have any symptoms at first, but every year approximately 6% of the infected develop symptoms and become AIDS patients, where the disease progresses rapidly from that point until death. These persons will need medical care to combat the opportunistic infections that are a feature of this disease. Also, counselling services are needed for the patients and their families. Medical services should be provided for asymptomatic infected persons in order to detect opportunistic infections as early as possible.

The Thai Working Group on HIV/AIDS Projection estimated that the total number of HIV infected persons by the year 2000 will be between two and four million. There will be more women infected than men and most of the infected will be between the ages of 20 and 29. AIDS-related mortality will climb to one-third of all deaths by that year. At least over the next three years, it does not appear that the current medical services and facilities will be adequate for the anticipated number of patients.

3.2 *Key issues in implementation and preparation in the near future*

1) There are budget limitations.

2) Some of the existing medical staff are not adequately trained.

3) There is selective treatment or discrimination of the HIV/AIDS afflicted persons.

4) There is a lack of medical equipment and supplies.

5) There are problems of coordination.

6) The number of treatment facilities are inadequate and cannot be depended upon, given the magnitude of people requiring services.

4. Guidelines/Measures

There must be coordination among the relevant agencies in the following areas:

4.1 *Safety of the blood supply*

1) All units of blood must be screened for HIV antibodies. The screening of units for HIV antigen should be conducted when appropriate, as budget limitations allow, and where the need is particularly urgent. Wherever possible, the recipient of the blood should help support the cost of the screening.

2) Regulations are needed to reduce the possibility of contamination of the blood supply by introducing a donor self-deferral approach. Strategies for this include filling out a questionnaire or having a discussion with a counsellor to assess risk behavior before deciding to donate blood.

3) Support a system of autologous transfusion among patients who know they will undergo surgery.

4.2 *Examination, treatment and immuno-support*

1) Regulations are needed for the standardization of HIV testing in both government and private sectors.

2) All district hospitals shall have the capability to diagnose AIDS and to examine and treat the prevalent opportunistic infections that accompany the disease. There shall be no selective discrimination in providing these services. No patient shall be refused service because they are infected with HIV or have AIDS.

3) Support is needed for provincial hospitals in the use of flow cytometry. In order to provide proper care and drug treatment, flow cytometry can be used to assess the level of immunity by measuring T cell counts.

4) Give support to services which allow people to voluntarily get an HIV test and learn their serostatus so that they can take appropriate care of themselves.

5) Support the procurement of low cost treatments for AIDS patients and HIV infected persons through, for example, special arrangements with

the manufacturing company, reducing taxes on drugs and perhaps even considering modification of patent regulations across countries.

6) Support widespread availability of quality services and standardized treatment of STDs both in the public and private sector. In addition, the establishment of anonymous services for STD patients such as anonymous VD clinics, should be introduced.

7) Emphasize the diagnosis, examination and care by using effective appropriate technology with low investment cost, especially for some types of equipment and supplies which are less expensive but just as effective.

8) Redistribution of staff from other medical departments as well as expanding staff positions in medical and social services which have the responsibility of providing services to HIV infected persons and AIDS patients.

4.3 *Counselling*

1) Support and establish anonymous clinics for HIV testing and counselling on HIV/AIDS in the provinces and districts.

2) Establish and provide pre- and post-test counselling services for HIV testing in all cases. In addition, counselling services shall be made available on a regular basis for HIV infected and AIDS patients.

3) Allocate personnel to provide these services full-time and draw on the support of staff from other departments including the recruitment of volunteers.

4) Establish an appropriate room with privacy to ensure efficiency of services.

5) Support group activities for HIV infected and AIDS persons to encourage mutual support for each other and to serve society.

4.4 *Universal Precautions in Medical Settings*

1) Make an adequate amount of equipment and supplies available for use in prevention of cross-patient transmission, and between infected persons and service providers when providing medical treatment and care in all settings and situations.

2) Adopt and practice the principles of universal precautions in medical facilities for all individuals - without exception - and without testing

patients for HIV before providing services.

3) Follow up implementation of universal precautions closely.

4) Provide for adequate supplies and equipment for proper disinfection.

5) Train staff in the areas of knowledge, skill and recognition of the importance of the problem to improve and follow meticulously the practice of universal precautions.

4.5 *Training*

1) Organize training for the concerned staff and volunteers to give them the proper knowledge, skills and attitude for diagnosis and treatment of HIV infected and AIDS patients and in protecting themselves.

2) Organize training for concerned staff to have the proper knowledge, skills and attitudes in providing counselling services about AIDS without discrimination and aversion towards the individuals.

4.6 *Family-based and Community-based Treatment and Care*

1) Support families, communities and NGOs to have a role in providing family-based and community-based treatment and care for AIDS patients to help reduce the burden on government health facilities.

2) Support communities and religious institutions in preparing facilities to serve as "halfway homes" for provision of services to patients who do not yet have serious symptoms or only require intermittent treatment. These homes would also serve those from far away who have come to see a doctor and need a temporary place to stay during their visit.

3) Support communities and religious institutions in providing hospice facilities for patients who, in their final stage of illness require close care but do not need hospitalization.

4) Support community leaders, Buddhist monks, other religious leaders and key persons among population groups to provide counselling to HIV infected and AIDS persons.

5) Introduce measures for supporting HIV infected employees of large private businesses by creating care facilities for them at the work place.

6) Establish a community fund for purchase of drugs for HIV infected persons as well as to assist in the livelihood of the indigent.

4.7 *Treatment and care in government facilities*

1) Support all government hospitals in developing plans to expand treatment and care services in general, incorporating the treatment and care of AIDS patients as an integral part of their services. There should be no support for construction of separate facilities for AIDS patients because this is a waste of resources and causes misunderstanding among the population that AIDS patients are to be scorned and that HIV is spread easily.

2) There should be support for NGOs and communities in establishing therapeutic communities or self-help communities for HIV infected/AIDS patients. The government must not establish such a setting or place except for 1 as a pilot project. However, this pilot project must involve the local communities in the implementation of its establishment and management. Also, this establishment must not be in the form of a detention camp or sanitarium, nor a place which causes it to be stigmatized by the public.

3) There must not be any government provision of financial remuneration for occupational risk or "risk-benefits" for medical or health personnel whose work is related to HIV/AIDS. However, the government shall support the procurement of appropriate and cost-effective drug therapies and vaccines for treatment of staff who are infected through occupational exposure, or for reduction of infection risk once exposed.

PROGRAM ON HUMAN RIGHTS AND SOCIAL SUPPORT

Chapter 3

PROGRAM ON HUMAN RIGHTS AND SOCIAL SUPPORT

1. Objectives

1.1 Ensure that the rights of the population are protected in HIV testing or examination for AIDS and ensure that persons whose rights have been violated receive appropriate assistance.

1.2 Ensure the protection of the rights of HIV-infected persons and AIDS patients with regard to access to education, employment, medical services, social welfare services, and other areas without prejudice or discrimination.

1.3 Ensure that HIV-infected persons, AIDS patients and their families receive social support which include social welfare, assistance and opportunities for socioeconomic advancement. Assistance should also be given to groups of low socioeconomic means and disadvantaged groups who are are vulnerable to adopting risk behavior as a way of life.

2. Targets

2.1 HIV-Infected persons and AIDS patients.

2.2 Families of HIV-infected persons and AIDS patients.

2.3 General population.

3. Situation and key issues

3.1 During the beginning of the epidemic, the information campaigns were fear-based, emphasized the ugly aspects of the disease and used data and images from the West. This caused misunderstanding that AIDS was specific to groups such as IV drug users and homosexuals. Even though the themes and communication strategies have since been changed, the majority of the population, despite having a basic awareness of AIDS, are still disdainful and afraid of AIDS patients and HIV-infected persons.

3.2 At present, there is still violation of human rights of HIV-infected persons and AIDS patients in the purchase, rental, habitation/co-habitation of residences, and in seeking employment and receiving medical diagnosis and treatment. Barring access of HIV infected persons to educational opportunities have been suggested. These cases of discrimination might be limited now, but there is a

trend toward greater imposition and severity of these discriminatory practices.

3.3 There are cases of compulsory testing practices without the consent of the individual. In some cases, indirect compulsion is practiced. The results of serostatus have not always been kept confidential. There have been situations whereby HIV status was divulged to others which adversely affected, psychologically and in other aspects, the individual and the people close to him or her.

3.4 There has been a modification of the legal statutes in order to increase the protection of the rights of individuals to more accurately reflect the current situation. The following are examples:

* The Ministry of Interior has removed AIDS/HIV status from the list of diseases which are barred from entry into the country through immigration procedures.

* The Ministry of Interior has removed AIDS/HIV status from the list of diseases which are barred from entry into the country through immigration procedures.

* The NAC has passed the resolution to abolish the proposed AIDS bill for the reason that it is inappropriate given the present situation, the widespread distribution of infection, and the large number of infected persons in every province of the country. It allows for the infected to live normally in society without violation of their human rights.

3.5 At present there are many HIV-infected and AIDS parsons and Thailand still lacks adequate and appropriate social support services to help HIV/AIDS afflicted persons and those close to them to cope. Thus, it is necessary to initiate and provide services and to meet the needs of these people, whose number will surely increase in the near future. In particular, the government should support the NGOs and communities to develop services and provide support in various areas.

3.6 There are a large number of underprivileged persons who are vulnerable to entering situations or employment which are at-risk for HIV. For example, this group includes rural and hilltribe women. These individuals need social and economic assistance to reduce or eliminate this problem. This would also include support for women already in commercial sex, estimated to number from 150,000 to 200,000, to encourage them to abandon their work as soon as possible.

4. Guidelines/Measures

4.1 ***Protect the rights of the all members of society as follows:***

1) There must be no testing for HIV or use of HIV test results in the restriction of rights to enter education or employment, continue education, advancement in educational/occupational opportunities.

2) There must be no compulsory testing for HIV without exception unless the person or his/her legal representative receives full information and gives fully informed consent, or, in the case of mentally ill, or seriously ill or injured persons who are unable to receive full information and give informed consent. In the latter two cases, the test for HIV can only be carried out when it is clearly of medical benefit to the individual.

3) Performing a test for AIDS must be accompanied by pre-and post-test counselling.

4) Results of HIV-tests must be totally confidential and testing must be done anonymously or in absolute confidence between the testing unit and the client.

5) In the case of military or police personnel who have to enter into combat or confront dangerous situations, or have to function in risk situations such as in flying airplanes or piloting submarines, the relevant agencies can conduct HIV tests. If they are found to by HIV infected, consideration for transfer may be given to other assignments, reducing their risk of being injured.

4.2 ***Protect the rights of HIV-infected persons and AIDS patients in the following ways:***

1) There must be no law or regulation that bars the rights of infected persons.

2) Revise policies, laws or regulations that undermine the rights of the population concerning AIDS.

3) There will be a center for filing complaints or appeals when there has been an infringement of the rights of HIV-infected/AIDS persons. This includes coordination and assistance in legal and other areas.

4) No employer or educational institution may use seropositive status as a justification for denying opportunities for advancement, nor removal of that person from employment and educational institutions.

5) The purchase, rental or use of housing, nor residency in villages or communities must not be denied to any HIV-infected individual or cohabiting family members because of their HIV status.

6) The HIV/AIDS status of an individual must be kept confidential between the medical personnel responsible for testing and the client. Relatives and family members may be informed only after receiving consent from the HIV-infected persons and AIDS patients.

7) In the case of individuals who are minors, the legal guardians should be informed of their HIV serostatus and diagnosis of AIDS if it is considered in the best interest and welfare of the individual.

8) No medical institution will be allowed to refuse a patient because he or she is infected with HIV and there must be no selective procedures that results in lower quality diagnosis and treatment for that individual.

9) There must be no restriction of rights to benefits under life insurance or other welfare programs because of HIV-serostatus.

10) The existing laws should be used to protect and punish the violation of rights. Unless existing laws are not applicable, then specific and appropriate laws should be enacted.

4.3 ***There should be support for HIV/AIDS persons and close family members by providing the following:***

1) Support the village, community and religious institutions in playing an active role in the care of AIDS patients.

2) Support communities and NGOs in creating local "good will centers" for temporary residence and provision of spiritual and occupational training for HIV-infected persons.

3) Support communities and NGOs in establishing emergency homes for temporary residence for HIV-infected persons who have had their rights violated or for commercial sex workers who are returning to their homes.

4) Establish care centers for infants whose mothers are infected, whether or not the infant is infected, and support religious organizations in helping to look after orphans whose parents have died of AIDS. Efforts to arrange adoption for these infants, especially those who are not infected, should be accelerated.

5) Support villages, communities and religious institutions in helping children of HIV positive parents and the elderly parents of infected persons.

6) Support the establishment of a fund or foundation to provide appropriate assistance to AIDS patients and their families at provincial and district levels.

7) Support the establishment of support groups formed by HIV infected persons and to support the activities of NGOs to play a role in providing assistance and protection of human rights of HIV/AIDS persons.

8) Accelerate the activities of relevant agencies in implementing and monitoring the application of ethical procedures in drug and vaccine trials. This must include the promotion of full understanding and consent of the trial participants and provide guarantees to the participants and their families of complete care and assistance in the case of illness that might result from the drug or vaccine used in the trial.

4.4 ***Implementation of the following measures:***

1) Strictly enforce measures which forbid persons under age 18 from working in all types of entertainment establishments.

2) Strictly enforce regulations to prevent foreign women from working as prostitutes in Thailand and accelerate efforts to assist these women to abandon prostitution and assist them to return to their homelands.

3) Accelerate the dissemination of public information and provision of economic and social support, and welfare services to encourage women to abandon prostitution as an occupation.

4) Emphasize the provision of social services and vocational assistance (training and income generating activities), including the provision of continuing formal and non-formal education to help prevent persons from entering commercial sex arenas, especially in those areas of the country where the problem is most severe. These efforts should be part of the core plan of the provincial plan document.

5) Accelerate the strict enforcement of regulations to arrest and punish procurers and traders in commercial sex through coordination between the Ministry of Justice, Ministry of Interior and the Attorney General's Office.

PROGRAM ON RESEARCH AND EVALUATION

Chapter 4

PROGRAM ON RESEARCH AND EVALUATION

1. Objectives

1.1 To increase the pool of data and knowledge that are of benefit in confronting the medical, epidemiological and social problems of the AIDS epidemic.

1.2 To monitor the progress of activities contained in the plan, the utilization of budgets and coordination among agencies.

1.3 To evaluate the impact of activities on reducing the spread of HIV, treatment and care practices, and activities for protecting human rights, and to ensure social support. Also, evaluate all activities intended to support the integration of HIV infected persons and AIDS patients into society without discrimination. The results of all the evaluation and research activities must be utilized to bring practical benefits to improve the program.

2. Target

2.1 Domestic and international personnel and agencies in the public and private sector who are directly involved in research and evaluation.

2.2 Personnel and departments of implementing agencies which require research and evaluation to improve implementation of their programs.

3. Situation and key issues

3.1 Up to now, AIDS research in Thailand has covered the basic areas of bio-medical science, epidemiology, social science, behavioral science, model intervention development and monitoring/evaluation of interventions. Most of these activities have focused on social science and behavioral issues. However, this does not mean that the amount of research has been adequate or been adequately funded. It also does not mean that there are an adequate number of researchers and that all the research output is of acceptable quality.

3.2 There is an inadequate amount of biomedical research. The reliance on findings from other countries is useful but needs to be confirmed by similar studies in Thailand. For example, the natural course of disease and the testing of drugs and vaccines are areas of research which will greatly benefit the Thai

population. Epidemiological research in Thailand has progressed considerably in the area of HIV sero-sentinel surveillance. However, there is still a need for greater standardization of efforts among provinces. Surveillance in rural areas need to be conducted concurrently with those in urban areas. Furthermore, even though Thailand does not need to conduct basic viral research on HIV, there is a need to investigate different strains of HIV in Thailand.

Social and behavioral research will need to continue to improve because the causes and effect of HIV/AIDS extends across all social, economic and behavioral domains. In the past, most research assessed knowledge and attitudes. There was also redundancy or repetition in areas of research. But research on behavioral issues, the social environment and social contexts have increased. Studies on motivational forces behind actions of different groups of the population, the structural supports for norms and values that contribute to risk behavior or the change of particular behavior, strategies or models of intervention, and intervention trials are still lacking. Also research, monitoring and evaluation need to be systematic.

3.3 Thai researchers have extensive knowledge and experience, and have produced an impressive array of internationally accepted research. In addition, Thai specialists play a contributing role in setting the worldwide research agenda and topic prioritization through such channels as the various AIDS management and steering committees of the WHO. There are Thai experts on all of the WHO steering committees on AIDS. In any event, the most important problems are the lack of coordination in the research grant awarding mechanisms, in topic and content selection, as well as dissemination and application of results to the program.

4. Guidelines/Measures

4.1 *Research*

1) Support the coordination of domestic and international funding for research, the dissemination and application of research results to the Thai setting and relevant groups in the Thai population.

2) Emphasize the implementation of long-term research programs that include integrated multi-center and multi-disciplinary components. This should be effected by not funding ad hoc research projects which are not related to each other and avoiding duplication of effort.

3) Support research on policy issues together with research into effective prevention strategies.

4) Support the allocation of adequate and appropriate budgets for social, behavioral, biomedical and epidemiological research on AIDS.

5) Support the creation of a national research network with branches in each region and by specialty.

6) Support the periodic inventory, review, and analysis of research results to assist in the development of policy and implementation, and evaluate the broad findings and lessons learned so that these results can be applied to improve AIDS policy and program implementation. The results should be shared with the relevant agencies on a periodic basis.

7) Coordinate and support research in the following topic areas:

A) biomedical science and epidemiology

- antiviral drugs and drugs for opportunistic infections and illnesses;
- different methods of HIV testing and diagnosing AIDS;
- natural history of HIV infection and the development of AIDS;
- therapeutic and preventive vaccines;
- strains of HIV;
- epidemiology of AIDS and STDs in population groups and geographical areas of the country;
- risk factors and facilitating factors for transmission;
- HIV/AIDS projection, the projection of morbidity and mortality and the economic and social impact;
- quality control testing of condoms, technology and other agents in the prevention of HIV and STDs;
- use of herbs and traditional medicines in the treatment of opportunistic infections;
- operational problems of medical staff.

B) social and behavioral sciences

- sexual behavior;
- behavior related to use of addictive substances;
- psychological, emotional and behavioral impact of HIV infection and

the knowledge that one is infected:

- norms, cultures and social context in relation to or concerning risk behavior among men and women;
- norms, behavior and environmental factors which contribute to an attitude of aversion to HIV-infected/AIDS patients;
- social factors and ethical issues in the development and testing of vaccines and drug therapies;
- feelings, attitudes, coping mechanisms (adjustment) of the patient and close friends or relatives;
- reaction and adjustment of the family, community, societal customs, and institutions to AIDS.

C) strategies for problem-solving; in search of models and trials of models of intervention:

- the process of treatment and care for patients in the medical and health care setting;
- family and community-based treatment and care;
- reducing the social and economic impact of AIDS;
- creating the motivation to reduce risk behavior;
- support systems for permanent behavior change, for example, through the political system, mass media, norms and cultural practices and systems of condom distribution;
- promotion of the acceptance of HIV infected persons and AIDS patients to live in society normally;
- positive psychological benefit and behavioral risk reduction from counselling;
- development of indicators for important factors;
- directing the media and other channels of communication to motivate behavior modification in various population groups;
- adaptation of instruments and technology from other countries.

4.2 *Monitoring*

There must be a system for monitoring the activities under each program to

ensure coordination of action plans, methods, scope, geographical areas, implementation and indicators used among the concerned agencies. This must be conducted on a continuous basis with internal up-date reports by agencies and with overall summary reports for the government.

4.3 *Evaluation*

In addition to the specific evaluation for each activity, there needs to be a systematic evaluation at the national level conducted by the implementing agencies as well as external evaluation. The areas for evaluation include the following:

1) Surveys of the prevalence of HIV in various target groups of the population through the sentinel surveillance in urban and rural areas every six months.

2) Surveys of sexual behavior and norms of the rural and urban population every two years.

3) Surveys of knowledge, attitude and beliefs about AIDS in the adolescent population every two years in order to evaluate campaigns among the new generation.

4) Surveys of epidemiological, social and behavioral factors in and socially or economically disadvantaged groups and minorities in the population every one to two years.

5) Monitor and evaluate policies in the business sector regarding recruitment procedures, provision of AIDS education to employees, provision of motivation for employees to protect themselves and provision of treatment and care.

6) Evaluate the infringement of human rights.

7) Evaluate the ability of social and support services to provide for and meet the needs of HIV-infected persons, AIDS patients and their families.

8) Evaluate the National AIDS Prevention and Control Plan according to the four programs

4.4 *Capacity building*

Increase the ability of staff and institutions in conducting research, in monitoring and evaluation, utilization of quantitative and qualitative research techniques, and in the management of programs, supplies and equipment utilization.

THAILAND

An Internal Review of the Ministry of Public Health AIDS Prevention and Control Workplan 1992

6 and 19-30 January 1993

1. Introduction

In the world today, the AIDS epidemic continues to grow with every moment. According to statistics from the WHO, up until 1st July 1992, there were approximately 500,000 AIDS cases reported world wide. Now it is estimated to be around 2 million with the number of HIV infected people at approximately 11-13 million.

The first case of AIDS in Thailand was reported in 1984, amongst homosexuals, but then spread to intravenous drug users (IVDUs), prostitutes and their clients and ultimately to the families of the clients. Data from the Ministry of Public Health up until 31 December 1992 showed that there were 1,281 AIDS cases and 1,588 ARC cases. Out of that, only 716 of the ARC cases are still alive.

In addition to this, the Ministry of Public Health conducted surveys in different social groups in all provinces throughout the country in order to estimate the current number of HIV positive people in Thailand which is approximately 350,000 - 400,000. at present.

The AIDS epidemic has become widespread among the entire population of Thailand and is, thus, not merely a public health concern but also a socio-economic one. Therefore, all parties concerned should cooperate together to control and prevent the further spread of AIDS as quickly as possible.

Recognising the socio-economic impact that AIDS would have in Thailand, the government under former Prime Minister Anand Panyarachun declared AIDS a nationwide issue of great urgency and importance. The government called for urgent action and serious implementation of its AIDS policy at both local and national levels. The declared government policy was to urgently prevent and control the transmission of infectious disease, particularly AIDS, and to cooperate with the non-government sector and public enterprise in promoting public awareness of the dangers of AIDS and the individual's responsibility to work together for the prevention and resolution of the AIDS problem.

The current government under the administration of Prime Minister Chuan Leekpai announced its government policy to Parliament on 21 October 1992. This policy contains two points directly related to AIDS as follows:

8.3.6 To urge all government agencies, the private sector and public enterprises to cooperate in the public relations campaign to educate the public in AIDS prevention so as to encourage changes in social behaviours especially of those in high-risk groups.

8.3.7 To provide medical services for AIDS patients by having enough personnel available and to provide counselling services for HIV-infected persons, so that HIV-infected persons, AIDS patients and the general public are able to lead normal lives together in society.

2. Principle and Rationale

Thailand embarked on the AIDS Prevention and Control Programme when the Cabinet approved the AIDS Prevention and Control programme (1988 -1991) on the 27th August 1987. Since then this programme has been regularly up dated according to the AIDS situation. The National AIDS Programme has been supported by international organisations under the Medium Term Programme (1988 -1991), which was extended for a further year (1992).

The Ministry of Public Health formulated the AIDS Prevention and Control Plan (1992) in response to the Government's Public Health Policy which the Cabinet of the Administration under Prime Minister Anand Panyarachun announced to Parliament on the 4 April 1991. This policy called for urgent action in AIDS prevention and control in all areas which would work efficiently and be up-to-date. Subsequently, the Ministry of Public Health formulated the AIDS Prevention and Control Plan (1992-96) which was included into the 7th National Public Health Development Plan.

The objectives of the AIDS Prevention and Control Programme aim to prevent the spread of AIDS in order to prevent the rate of HIV infection from increasing, to provide people with HIV/AIDS with efficient and widely available medical and social services on a continued basis, and to reduce the socio-economic impact of the AIDS problem by maintaining an impartial attitude towards persons with AIDS and without discrimination.

Evaluation of the AIDS Prevention and Control Programme differs from the evaluation of prevention and control programmes of other communicable diseases as a result of certain characteristics of AIDS, its development (progression), and the psychological and social impacts upon persons with HIV/AIDS.

The Programme Review represents an example of evaluation which Thailand has already conducted three times ; one was an Internal Review conducted on the 14-23 January 1991 and the other two were External Reviews conducted on the 19-30 March 1990 and 4-15 November 1991 respectively. The results of the reviews were subsequently used to revise and update the objectives, strategies and activities of the programme.

The Ministry of Public Health approved and agrees with the proposal of the External Review Team that an Internal Review should be conducted once a year and an External Review every 2-3 years for the Evaluation of the AIDS Prevention and Control Programme.

3. Objectives of The Programme Review

General objective:

To review AIDS prevention and control activities carried out by the MOPH,

Specific objectives:

3.1 To review the implementation of AIDS policies and strategies.

3.2 To review activities on AIDS prevention and control that are relevant to the present AIDS situation,

3.3 To make recommendations for revision of AIDS policies and strategies.

4. Scope of Evaluation

This evaluation is an internal programme review of the AIDS prevention and control activities carried out by the MOPH. The evaluation team conducted the review by reviewing data obtained from activity reports, conducting visits to selected sites and interviewing local staff.

The evaluation covered many areas as follows:

4.1 Programme Management

4.1.1 AIDS prevention and control activities at Provincial level

4.1.2 Provincial AIDS Committee

4.1.3 AIDS Workplan Implementation

4.2 Health Education and Public Relations

4.2.1 Strengthening the capabilities of medical staff to prevent and control AIDS

4.2.2 Implementation of Health Education

4.3 Medical and Social Services

4.3.1 Universal Precautions

4.3.2 Counselling Services

4.3.3 Provision of medical care in all health Institutions to HIV/AIDS patients and distribution of anti-retroviral drugs and drugs for opportunistic infection

4.3.4 STD and AIDS clinic services

4.4 Condom Promotion

4.5 Collaboration and coordination with organizations involved in AIDS prevention and control activities, providing community care to HIV/AIDS persons.

4.6 Strengthening quality control for diagnostic laboratory testing and quality control of condoms.

5. Process of the Review

5.1 Review of the results of implementation of 1992 workplan.

5.2 Analyze the successes and identify obstacles to programme implementation.

5.3 To make recommendations to improve the efficiency of the programme.

6. Results of the Review and Recommendations

6.1 Programme Management and Coordination Mechanism

The Department of Communicable Disease Control in the Ministry of Public Health set up the Executive AIDS Coordination Committee in 1985 to coordinate work between government and non-government sectors as well as to act as the focal point in drawing up plans for AIDS prevention and control. Until June 1991, the Executive Committees's terms of reference were continuously up-dated according to changing circumstances as well as to include its coverage of other agencies involved in AIDS prevention and control activities. Subsequently, at the proposal from the Ministry of Public Health, the Prime Minister's Office established the National AIDS Prevention and Control Committee with the Prime Minister as the Chairman, the Minister of Public Health as the Deputy Chairman and the Permanent Secretary of Public Health as a member and Secretary. The NAPCC was mandated to formulate policies aimed at

promoting and supporting AIDS-related work including the coordination of efforts to prevent and control the AIDS epidemic. In August 1992, this committee was revised to include the Permanent Secretary of the Prime Minister's Office as a member and joint Secretary.

On the 29th December 1992, the Cabinet of the current government passed a resolution authorizing the revision of the NAPCC's composition and its mandate. The NAPCC is now comprised of the Prime Minister as the Chairman, the Minister of Public Health as Deputy Chairman, and the Permanent Secretary of Public Health as a member and Secretary; other committee members include the permanent secretaries from relevent ministries and heads of concerned government agencies, and representatives of private organisations. The NAPCC's mandate was also revised so that it is now responsible for formulating AIDS policies and supervising the implementation of AIDS prevention and control activities.

NAC New mandate

The joint meeting between government ministers and permanent secretaries on the 31st October 1990 agreed upon five measures to prevent the problems of HIV/AIDS transmission. The meeting also instructed all relevant government agencies and organisations to cooperate with the Ministry of Public Health in promoting public awareness, in providing blood testing, medical and counselling services. In addition, the Ministry of Public Health was appointed the focal point in the formulation of basic plans, strategies and activities in the prevention and eradication of the AIDS epidemic. In this connection, all relevant government and non-government agencies were urged to come together to consider and implement projects according to the basic plan on a long term and continuous basis.

In August 1987, the Ministry of Public Health received approval from the Cabinet to set up the National AIDS Prevention and Control Programme (1988-1991). This programme was revised in February and October 1989 to meet the changing circumstances and nature of the problem.

In 1991, the Ministry of Public Health formulated the AIDS Prevention and Control Plan (1992-1996) under the 7th National Health Development Plan. It also drew up yearly work plans for the implementation of the prevention and control of AIDS.

The National AIDS Prevention and Control Committee (NAPCC) passed a resolution on the 14th August 1991 instructing all government agencies to formulate AIDS prevention and control plans in their respective areas of responsibilities. In this connection, the National Economic and Social Development Board (NESDB) was entrusted with drafting a master plan for the prevention and control of AIDS while financial support for the implementation of these programs would come from the Office of the Budget Bureau.

In 1992, the AIDS Policy, Planning and Coordination Bureau in conjunction with the NESDB developed the National AIDS Prevention and Control Plan (1992-1996) which was submitted to the Cabinet and approved.

The Ministry of Public Health's plan to accelerate the prevention and control of AIDS (1991-1992) called for the urgent establishment and functioning of AIDS Prevention and Control Committees at the provincial level by including representatives from relevant governmental and non-government agencies as committee members. In addition, the plan called for STD/AIDS sections to be established in every provincial health offices and for STD/AIDS units to be established in general hospitals/community hospitals in large districts where there is the problem of prostitution. The Ministry of Public Health instructed its provincial public health offices to act as secretariat/coordinators in urgently drafting up a yearly workplan on AIDS prevention and control at the provincial level and to assess the progress of AIDS prevention and control projects using the manual on the Evaluation of AIDS Prevention and Control developed by the Ministry of Public Health.

Achievements

1). AIDS prevention and control plans are available at national and provincial levels.

2). There has been increased participation by NGOS in Provincial AIDS committees.

3). Provincial AIDS activities have been monitored following evaluation guidelines developed and distributed by the MOPH, AIDS Division.

4). STD/AIDS units have been set up in large districts where prostitution is known to be very high.

Obstacles

1). There are 2 National AIDS Prevention and Control Plans which has caused confusion in implementation.

2). There is a lack of coordination among government departments in developing AIDS plans at both national and provincial levels.

3). Some provincial AIDS Committees have not indicated clear roles in directing AIDS activities and some sectors did not give full cooperation in the implementation.

4). Health/medical personnel at various levels do not clearly understand concepts, policy in medical practices.

5). District STD/HIV medical/health staff are overloaded with routine work and therefore have not been able to take on additional responsibilities.

6). STD/AIDS clinics have not yet been set up in every district and community hospitals.

7). There were some limitations in providing financial compensation to health personnel whose work brings them into contact with HIV/AIDS patients.

Recommendations

1). The confusion created by the existance of two National AIDS Plans (NAP) should be resolved. The NAP should be included in the Seventh 5 year National Economic and Social Development Plan.

2). Each Ministry should participate in AIDS planning exercises at national and provincial level.

3). Efforts should be made to ensure that every organization clearly understands their role and the importance of their participation in implementing AIDS activities at provincial level.

4). Communication of AIDS policy, strategies and principles for implementation of activities at each level need to be improved. Manuals for implementation should be developed and distributed.

5). Increase manpower for STD/AIDS units at provincial and district levels.

6). Study and follow-up is needed for the expansion of STD/AIDS units Future recommendation for their inclusion in the permanent infrastructure of the health system should be considered.

7). To determine the constraints preventing the setting up of STD/AIDS clinics at district level.

8). Compensation provided to health and medical personnel who work with 'risk' patients should be reviewed in order to develop regulations concerning the provision of compensation to personnel who get infected by working with HIV/AIDS patients.

6.2 Health Education and Public Relations

Health education and public relations of AIDS prevention and control projects are aimed at encouraging members of target groups in the community to alter their social behaviour to reduce the risk of HIV infection, since there are no effective vaccines nor cures at the present moment. Preventive measures, therefore, takes priority in reducing transmission of HIV. In Thailand, those in high-risk groups are male and female prostitutes, men who frequent brothels, and IV drug users amongst whom the rate of HIV infection was initially high but has now stabilised.

In the future, however, there is concern that the risk of infection will increase among the youths and among housewives; for AIDS has spread into family circles and even out into rural areas. Hence, there is a nationwide campaign to encourage people in such target groups to alter their social behaviour and to reduce the risk of infection. This is being carried out with the cooperation of all agencies both public and private who will also work towards promoting understanding and preventing discrimination of persons with HIV/AIDS so that they may enjoy a fully integrated social existence like all individuals.

Achievements

1). There has been an increase in campaigns addressing compassion for HIV infected persons and risk behaviour change especially sexual behaviour.

2). Local media for specific target groups have been produced and developed.

3). There is increased collaboration among various sectors in health education on 100% condom use.

4). Evaluations (KABP studies) are being carried out at provincial level.

Obstacles

1). Due to the change in policy and administration of national media production for the mass public, there has been confusion and a lack of clear responsibility and management of mass media produced by various groups.

2). Collaboration between various groups at provincial level need to be improved.

3). Media produced at local levels has not been pre-tested before production.

Recommendations

1). Clear job descriptions should be given to all sectors at all levels.

2). The content of education media for provincial level should be approved by the committee before production.

3). Media should be tested before production.

4). More peer education activities should be promoted.

6.3 Medical and Social Services.

According to the 7th National Public Health Development Plan (1992-1996), the AIDS Prevention and Control Program aims to provide efficient medical and social services to AIDS and HIV-infected persons on a continuous and comprehensive basis. The program calls for such services to be made readily available and for the establishment of counselling units in all hospitals and public health care institutions throughout the country. Also, medical and public health personnel as well as social workers with knowledge and training in counselling should be considered to work in the counselling units where their expertise is urgently required.

With regards to the action plan for AIDS prevention and control for the fiscal year 1992, the main objectives were as follows:

1. To organise efficient medical and social services for AIDS and HIV-infected persons in all medical institutions,

2. To support and promote the setting up of anonymous counselling and testing services in all provinces.

6.3.1 Medical Care Services

Achievements

1). AIDS patients are not being isolated from other patients when providing medical care.

2). AIDS in-patients are aggregated in a section of the in-patient ward.

Obstacles

1). It is not evident that health care facilities are preparing for the increasing numbers of AIDS/ARC cases anticipated in the near future, and are able to provide adequate medical treatment and care to AIDS and HIV infected persons

2). There are cases in some medical institutions where medical/health staff are still refusing to treat AIDS patients and HIV infected persons such as in the case of surgery and deliveries.

Recommendations

1). Standard manuals on diagnosis and treatment and drug use should be developed and distributed to medical personnel at the various levels of the health system.

2). Adequate budget should be allocated for the provision of services in medical care settings.

3). Policies on medical treatment and care of patients should be clarified and communicated to personnel.

6.3.2 Counselling Services

Achievements

1). Counselling services are available in all health institutions.

Obstacles

1). Medical and health personnel do not clearly understand the principle and concept of counselling.

2). There is a lack of trained personnel to provide counselling.

3). There is a lack of continuing education opportunities in counselling for health/medical personnel.

Recommendations

1). To provide knowledge on the concept and principles of counselling to all health staff at every level of the health system.

2). Refresher courses and in-service training needs to be provided on a regular basis.

3). To assess the need for counseling services in order to meet the demands in manpower for these services.

6.3.3 Anonymous counselling and testing services

Achievements

1). Anonymous cl nics have already been established in some health institutions.

Obstacles

1). Health staff are confused about the concepts of counselling and of anonymous counselling.

2). Inappropriate advertising discourages people to go to anonymous clinics.

3). The clinic are not properly operated. In some places the location and sign-board of the clinics give the impression to people that the attendants are HIV(+).

Recommendations

1). To clarify the concept of 'anonymous' clinics to health workers and to revise procedures in the setting-up and operation of these clinics.

2). To revise the content of information and public relations about anonymous clinics to prevent misunderstanding by the people who come to attend the clinics.

6.3.4 Universal Precautions

Achievements

1). There is an attempt by medical/health personnel to practice universal precautions in hospitals at every level.

Obstacles

1). Some confusion about the principle of universal precautions exist: e.g. HIV-blood testing for case-finding is still being carried out and precautions are taken based on the outcome of HIV status.

2). There is difficulty in changing former practices to following universal precautions.

3). Medical personnel do not clearly understand the principle of universal precautions.

4). There is a lack of appropriate and sufficient equipment.

5). There is a lack of manpower to treat and care for AIDS patients.

Recommendations

1). To increase the understanding of the principles of Universal Precautions among all health personnel at every level.

2). To provide in-service training on Universal precautions.

3). To set minimum standards of the types and quantity of equipment needed at each level of the health care system in order to implement universal precautions.

4). Infection Control Committees in all health Institutions should be strengthened.

6.3.5 Mother and Child Health

Achievements

1). Services are being provided to HIV (+) mothers and their infants.

Obstacles

1). Blood testing for HIV is being carried out without informed consent in ante-natal clinics.

2). Advice given by health staff to HIV infected mothers on care, breast feeding, abortion etc. are not clear.

3). Counselling services for pregnant women are not uniform.

Recommendations

1). To review, develop and provide to health staff a standard manual on the care of HIV infected mothers and children.

2). To conduct training for health staff who provide counseling on HIV/AIDS in maternal and child health services.

6.4 Diagnostic Laboratory Services

Two main areas to consider regarding Laboratory support in AIDS prevention and control are:

1. The coverage of services/facilities provided.

2. The quality of diagnosis and testing.

Work in the laboratory is aimed at supporting HIV Sentinel Surveillance, the provision of diagnostic facilities, safe blood supplies, the quality control of test kits and condoms, and the diagnosis of opportunistic diseases.

Achievements

1). Donated blood is being regularly tested for HIV before being used in transfusions.

2). There are enough laboratories for conducting confirmatory tests.

3). There is an attempt to get cooperation from government and private laboratories in conducting quality control of laboratory diagnosis.

4). Quality Control of condoms is being tested before and after marketing.

Obstacles

1). Some blood donated for transfusion by relatives of patients requiring emergency treatment are not being tested for HIV.

2). Geographical area of responsibility of laboratories are not clearly defined and designations not communicated to systematically conduct confirmatory testing.

3). Standard manuals for HIV testing/screening have not been distributed to all laboratories.

4). Full cooperation by laboratories is needed for maintaining standards of quality control in the screening of blood for HIV.

5). Peripheral laboratories do not have the capability to diagnose some opportunistic infections.

6). There is a lack of equipment and trained personnel to carry out condom quality control in time.

Recommendations

1). It should be made clear to all hospitals that all blood including those used in emergency situations must be tested for HIV prior to being transfused.

2). A standardized system for conducting confirmatory HIV tests should be set-up.

3). A manual on HIV testing and diagnosis of opportunistic infections should be prepared and distributed to all laboratories at all levels.

4). Quality control of HIV-testing should be included in the regular quality control of laboratory diagnostics under the Department of Medical Sciences.

5). Enough modern equipment for quality control of condoms should be provided.

6.5 Promoting the Use of Condoms

Since 1988, the Ministry of Public Health has encouraged the use of condoms to prevent infection with HIV, which is the consequence of sexual intercourse with infected people by means of procuring and distributing condoms to prostitutes and their clients. In 1989, the 100% Condom Use Project was launched by encouraging cooperation between provincial government agencies and individuals running prostitution businesses to increase the use of condoms (the target being 100% use). This project was initially put into effect in Ratchaburi Province but was later implemented in other provinces as well.

The NAPCC gave its approval for all provinces to urgently implement the 100% Condom Project in order to encourage prostitutes to use condoms with every client. Thus, relevent provincial agencies were called upon to cooperate closely together and coordinate activities for this project.

The system of condom logistics was improved by introducing training to the responsible staff. Also, nationwide evaluations of the results of condom logistics were conducted by regional communicable disease control offices in coordination with provincial public health offices and other agency units.

The Ministry of Public Health purchased condoms through the budget of the AIDS Prevention and Control Plan and distributed them to 12 regional communicable disease offices throughout the country. During the fiscal year 1992, altogether 48 million condoms have been distributed.

Achievements

1). Enough quantity of condoms have been supported to the Provincial levels.

2). Quality Control of condoms has been initiated both at Central and Provincial levels.

3). Condom use rate has been increasing.

4). STD infection rate has decreased among CSWs and male STD clinic attenders.

Obstacles

1). Responsible persons at the peripheral level do not clearly understand the importance of the management, storage and distribution of condoms.

2). Field personnel do not understand the difference between condom quality and preferances for particular brand names.

3). Field personnel do not understand the methods for random sampling in Quality Control testing of condoms.

4). Field personnel are not using the manual correctly for conducting evaluations on condom use.

5). There is no coverage in providing advice on the correct use of condoms.

Recommendations

1). Training is needed to improve the understanding by local staff in the following areas:

a) Storage and management, distribution of condoms.

b) To distinguish between the importance of quality of condoms and preferance for different brands.

c) To strictly follow directions given in the manual for evaluating condom use.

d) Systematic sampling for quality control should be carried out.

2). Health Education for the general population on the correct application and use of condoms should be provided.

6.6 Coordination and Cooperation with other Government and Non-Government Sectors in AIDS Prevention and Control.

In Thailand, the AIDS epidemic has spread to a wide range of social groups making it not merely a public health problem but also a socio-economic one for the country. Hence, all concerned parties including government, non-government agencies, public enterprises and international organizations must cooperate and coordinate efforts in the prevention and control of AIDS as well as to provide care services for persons with HIV/AIDS so that they are able to enjoy normal integrated lives in society.

In its role as the focal point in formulating plans, strategies and activities for the prevention and control of AIDS, the Ministry of Public Health has realised the importance of coordination and cooperation to prevent and resolve the AIDS problem. In the past, coordination and cooperation increased particularly in the non-government sector where there was expertise in aiding the work for AIDS prevention and control. The work of non-government organizations ranges from providing public health education, public relations and counseling services to caring for persons with HIV/AIDS both at home and in the community. There are many activities of non-government organizations to which the Ministry of Public Health has given both technical and financial support. Coordination with government agencies, however, needs to be increased continuously.

Consequently, there is a need to rely upon cooperation between all concerned bodies/agencies and to specify and clarify the responsibilities of each agency in order to prevent confusion, duplication of efforts/activities and inefficient use of budgets.

Achievements

1). A national coordination body has been set up to coordinate the collaboration between government agencies and non-government sector.

2). Financial and technical support in the implementation of projects have been provided by MOPH to NGOS.

3). NGOS have provided operational support to government health sectors.

Obstacles

1). The national coordination body has created confusion in the implementation of AIDS activities in some government sector because they have deviated from their original terms of reference (TOR).

2). It has been very difficult to monitor and follow-up on NGO activities funded by MOPH due to the lack of regular progress reporting from NGOs.

Recommendations

1). TOR of the national coordination body should be clarified and adhered to.

2). Government health offices should be ready to offer financial assistance to NGOs to ensure continuity of projects already begun or prepare plans to absorb and sustain the project themselves.

3). Progress reports from NGOs should be received regularly.

6.7 Epidemiological Surveillance.

When the first case of AIDS was reported in 1984, the Ministry of Public Health realised the importance of monitoring the situation of the AIDS epidemic and thus ordered that all AIDS/ARC patients and HIV-infected patients without symptoms be reported. This has continued up until the present day with the exception that since the end of 1991 HIV-infected patients without symptoms is no longer being reported.

The information gathered by this surveillance system has clearly shown that the AIDS epidemic has doubled in strength and that the number of AIDS patients has increased rapidly. This information is invaluable in planning and preparing for the future eventuality of a situation with a much higher number of AIDS cases.

In any case, in order to gather information on the situation of the AIDS epidemic in different social groups, the Ministry of Public Health developed an HIV surveillance system in certain social groups in certain areas. The National Sentinel HIV Surveillance is a method of monitoring the rate of HIV-infection in different social groups every six months that began in June 1989 to monitor the following target groups:

1. blood donors;

2. pregnant women who register to give birth in provincial hospitals;

3. IV drug users who receive treatment in hospital drug rehabilitation clinics;

4. female prostitutes;

5. men who are tested for STD in provincial STD clinics;

6. male prostitutes; and

7. prisoners.

The surveys in each group involves taking between 100-200 random samples in each province with the period not exceeding six weeks. The first of these surveys was conducted in only 14 provinces. Subsequent surveys, however, extended the number of provinces to 31 and then to all 73 provinces. In the second and third surveys, the survey of male prostitutes was reduced to only five provinces; and by the third survey, the survey of prisoners was excluded altogether due to restrictions in the analysis of the results.

Achievements

1). Sentinel sero surveillance has been conducted 2 times per year by collecting blood samples from selected groups in order to follow up on trends and the present HIV/AIDS situation.

2). There has been an attempt to follow-up HIV/AIDS situation at provincial level.

3). Apart from sentinel surveillance, data on condom use and STD infection rates among male STD clinic attenders are also collected.

Obstacles

1). There is a high turn-over rate of staff who are trained to conduct the sero-prevalence surveys.

2). There is some bias in random collection of serum samples which is reflected in fluctuations of trends of disease obtained from results of sentinel surveillance.

3). Statistics from some other activities e.g. anonymous clinics, hospitals are not included in the epidemiological analysis.

Recommendations

1). Participation and close supervision are needed especially from the (4) Regional Epidemiology Offices and (12) Regional CDC Offices in the collection of serum samples for sentinel surveillance, blood screening and condom use.

2). There should be a review/update on epidemiological sentinel surveillance procedures, methodologies for health workers at all levels.

3). All data on blood tested for HIV should be collected and included in the statistics for the national epidemiological surveillance and used in future planning and preparation for the development of lab services.

Contents

Appendices

Participants of the Internal Programme Review

Thailand AIDS Prevention and Control Programme

Ministry of Public Health

Review Team:

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13). Dr. F. Reijsenbach De Haan
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Internal Review Program

AIDS Prevention and Control Program

Ministry of Public Health

During 6th and 19th - 31st January 1993

Wednesday 6th January 1993

Place : Conference Room, 2nd Floor, Department of Communicable Disease Control Building, Ministry of Public Health

Chairman : Director General, Department of Communicable Disease Control (Dr. Prayura Kunasol)

09.00-12.00 : Introduction of Review Team, Advisers, Facilitators
- To discuss responsibilities, guidelines, review programme.

13.00-16.00 : - To discuss data information to be used in evaluation.

Tuesday and Wednesday, 19th - 20th January 1993

Place : Nateethong AB Room, Royal River Hotel, Bangkok

09.00-16.30 : Summary of Achievements of different sub-committees of the AIDS Prevention and Control Coordination Committee, Ministry of Public Health
- To compile and discuss the achievements in 1992.

Thursday 21st January 1993

06.30-18.00 : Travel to Ranong Province, Check-in Hotel

Friday 22nd January 1993

08.30-17.00 : Visit Ranong Provincial Public Health Office, Hospitals, Non-government agencies

Saturday 23rd January 1993

09.00-11.00 : Discussion with provincial clinic medical in Ranong

13.00-17.00 : Travel to Phuket Province and check-in Hotel

Sunday 24th January 1993

09.00-16.30 : Group meeting and viewing of AIDS works in Phuket Province

Monday 25th January 1993

08.30-17.00 : Visit government and non-government agencies in Phuket Province

Tuesday 26th January 1993

07.00-14.00 : Travel to Songkhla Province and check-in Hotel

Wednesday 27th January 1993

08.30-16.30 : Visit Songkhla Provincial Health Office, CDC Regional Office, Southern Drug Abuse Centre, Medical Sciences Centre 1, and Had-Yai Regional Hospital

Thursday 28th January 1993

08.30-16.30 : Group meeting and drafting of the summary report

Friday 29th January 1993

08.30-16.30 : Group meeting and drafting of summary report (continued)

Saturday 30th January 1993

Return to Bangkok.