



**The National Plan for Strategic and Integrated HIV  
and AIDS Prevention and Alleviation 2007-2011:  
Key Contents**

**By**

**The National Committee for HIV and AIDS Prevention and Alleviation  
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## Foreword

Following the end of the National Plan for HIV and AIDS Prevention and Alleviation for 2002-2006 on the 30th September 2006, the Department of Disease Control as Secretariat of the National Committee on HIV and AIDS Prevention and Alleviation, together with concerned organisations, has subsequently developed the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007 - 2011. This new plan focuses on strategic integration and response to provincial planning, based on the new government policy direction of provincial cluster strategic management. It also emphasises the participatory process, having involved the key stakeholders in all stages of the plan's development prior to implementation.

There were important drafting stages in the plan's development, including a review of key programmes under the 2002-2006 National Plan for HIV and AIDS Prevention and Alleviation, which had been divided into 23 sub-studies. The review working group analysed the data which in turn developed a vision for integrating the direction of the 2007-2011 National Plan. Another important component of the plan's development involved extensive data collection, sourced from various key organisation workshops, secondary data studies and field data collection. The review identified three main results:

1. Review study on management process following the strategies and policy determined according to the management mechanisms of the Plan.
2. Review study on outcomes from the works targeting specific populations through data collection in all sectors implementing intervention activities for all of the different population groups.
3. Review study on projects under the 2002-2006 Plan.

This led to seminar workshops designed to finalise a list of achievements and recommendations as well as review other related reports. This included:

1. Results of the mid-term review of the 2002-2006 National Plan for HIV and AIDS Prevention and Alleviation.
2. Results of works on HIV and AIDS conducted by the Ministry of Public Health in conjunction with WHO specialists in August 2005. Specifically this involved documentary review of the secondary data collection from different agencies across four regions in Thailand.
3. Data from Thailand's AIDS Policy Analysis and Advocacy Centre Epidemiological study (A2) supported by the Thai Red Cross Society and East-West Centre which usually conducts studies to collect HIV prevalence and behaviours among different groups of the population.
4. Data from the review of Thailand's work on HIV/AIDS prevention and alleviation during the last two decades, which formed part of the Thailand's Millennium Development Goals report. The 2004 study funded by UNDP was used for dissemination at the 15th International AIDS Conference held in Bangkok in the same year.

All of the above-mentioned studies' results and data for further analysis have led to recommendations to develop the new 2007-2011 National Plan. This process has been continuously undertaken throughout 2005 and 2006.

The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011 comprises two parts:

I: The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011: Key contents

II: The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011: Detailed strategies, measures, indicators and agencies responsible.

The new National Plan has been successfully finalised following collaboration with all concerned sectors, including: government agencies, HIV and AIDS related non-governmental organisations (NGOs), community based organisations (CBOs), religious organisations, the Thai Network of People Living with HIV/AIDS (TNP+) and other concerned organisations. Thanks to these organisations that have greatly contributed in terms of time devotion and active participation as well as thoughtful inputs from collective brainstorming which has culminated in the smooth completion of the Plan.

The 2007-2011 Plan is considered appropriate for the direction and development of the country under the conceptual framework and strategy of the 10th National Economic and Social Development Plan for 2007-2011. In the fight against HIV and AIDS the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011 will be used by all sectors as a tool to determine the future direction of HIV and AIDS prevention and alleviation in Thailand.

Chairperson  
National Committee on HIV and AIDS Prevention and Alleviation  
November 2007

# Book I: The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011: Key Contents

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# Part I

## Introduction

### A) Problems, Dynamics and Related Context

#### 1) The HIV and AIDS situation

Thailand has had substantial success with HIV prevention which has significantly slowed the spread of the HIV and AIDS epidemic. Available data clearly demonstrates declining numbers of new HIV infections over the last 10 years. Current evidence suggests the use of public education communication measures together with an improvement of existing health services to meet the needs of target groups, has led to an adjustment of behaviours and a marked reduction in HIV infections.

While the overall epidemic has continued to decline over the last two decades, the modes of HIV transmission and patterns of risk behaviour within each population have changed. This pattern of change is in part due to changing cultural and lifestyle dynamics; the lack of active adjustment of the policy development process, and a lack of comprehensive social services that could stop the entire epidemic.

Data and information systems for monitoring and projecting the HIV epidemic have been an important tool for stimulating attention, providing direction to the response, and establishing cooperation among all sectors at the beginning of the epidemic. However this system and epidemiological monitoring framework are no longer as applicable for monitoring the current HIV situation.

Recently, the government has been pushing for economic, social and security policy changes which has in turn affected the intervention models and the patterns of risk behaviour among populations such as female sex workers, injecting drug users, men who have sex with men (MSM) and labour migrants.

To understand the behavioural dynamics and social interventions affecting the spread of HIV infections within Thai society, an analytical review of the outcomes of the works under the current HIV and AIDS prevention and alleviation plan is important.

#### 1.1 Mode of transmission and impact

Studies of HIV prevalence in various population groups and trend projections of people living with HIV and AIDS by the Thai Working Group found 17,000 new infected persons in 2004, which is a significant reduction from the 150,000

infected persons in 2000. About 5.7 million people in Thailand have been protected from infection since the beginning of the epidemic in 1995. For instance, the HIV prevalence rate among pregnant women (median) from previous sentinel surveillance has fallen from 2.3 % in 1995 to 1 % in 2005.

Assessment of the HIV and AIDS impact from the beginning of the epidemic up until 2005 found 1,070,000 accumulative cases of infected people. Of these, 510,000 are AIDS death cases and 560,000 are people still living with HIV/AIDS. The epidemic has resulted in significant social problems and difficulties, including children affected by HIV/AIDS. From existing data it is estimated that there are 500,000 children having a father or mother infected with HIV. Of these 380,000 have had one parent die of AIDS whilst 30,000 are orphaned as a result of the death of both parents. It is expected that the availability of anti-retroviral (ARV) drugs for AIDS patients will help reduce orphan numbers in the future.

Although the epidemiological changes of the last decade reflect a reduction in new infections to one-ninth of the occurrences 14 years ago, it is found that HIV is still spreading within various groups of the population. Social support is needed for people living with HIV and AIDS and there has been a steady increase in the number of the families affected by HIV and AIDS.

Studies of populations with high rates of new infections and those affected by AIDS-related problems will help determine future policy and strategies to prepare for appropriate organisation and sector responses.

## **1.2 Behaviour and modes of HIV transmission**

The successful strategies implemented at the beginning of HIV epidemic resulted from having set targets for HIV prevention in population groups of social activities significantly causing HIV infection and transmission. This included female sex workers and commercial sex, particularly in brothels. Then, the '100% Condom Project' was implemented in early 1990s which was designed to raise public awareness, educate target populations on prevention and improve services in Sexually Transmitted Infection (STI) clinics. Active involvement from other sectors, including officials from the Ministry of Interior, police officers and brothel owners were sought in various HIV prevention activities.

A strong surveillance system to track HIV infections and the related behaviour of clear target populations is key to strategic HIV prevention. However, there is currently a lack of methodologies and systems to indicate the HIV situation and behaviours in every population group. The results from the projection model are being used to foresee the direction of behavioural changes that lead to new infections in each population group. This would help identify weaknesses which in turn can be used as a basis for assessing the appropriateness of activities focusing on each population group.

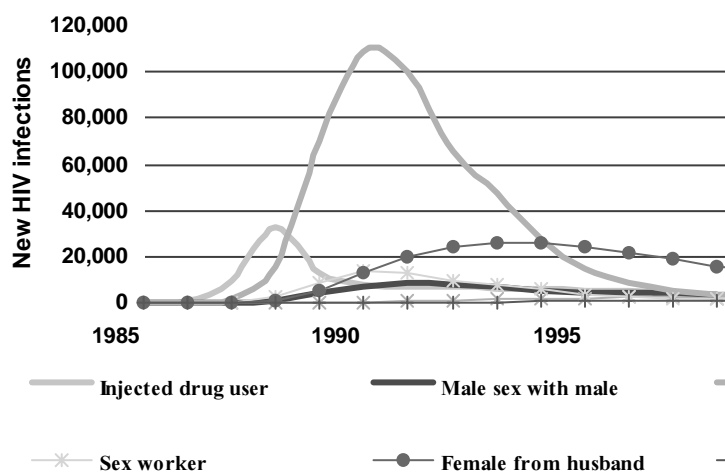
## 2) Projection of AIDS problems from 2007 to 2011

2.1 Projection of numbers of the people living with HIV and AIDS and the deaths caused by AIDS at the end of the 9th National Plan for HIV/AIDS Prevention and Alleviation.

Figure 1 and 2 indicate that at the beginning of the HIV and AIDS epidemic, injecting drug users (IDUs) were the predominant group infected with HIV. From 1985, new infections in this group rapidly increased reaching 33,000 per year in 1987. However, this population group was relatively small and lived in scattered communities. Hence, while the HIV prevalence was high without effective interventions, the yearly new infection among the IDUs in general was declining. Nevertheless, one could argue that the effective implementation of the current 'War on Drugs' policy could have driven many drug users underground, possibly explaining why there were not many IDUs numbers recorded in the official report. At the same time, there was an increasing number of males infected through commercial sex leading to the highest rates of new infections of 110,000 per year in 1989. This was followed by a dramatic decline to 1,860 in 2005.

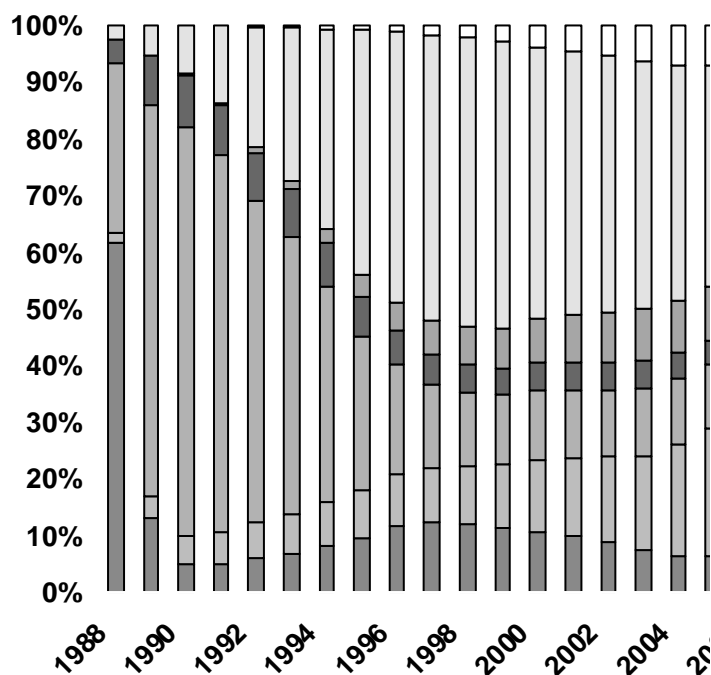
Between 1989-1995, males infected by female sex workers was regarded as a high proportion compared to other modes of transmission. During this period, infections among the Thai male population increased because the majority of these men had not used condoms when visiting commercial sex work establishments.

**Figure 1 Projection of new HIV infections among various groups of the population and their risk behaviour each year from 1985 - 2010**



Public campaigns on AIDS education and activities under the '100% Condom Project' were the crucial factors effecting changes in the behaviour of the Thai male population visiting commercial sex workers. This behaviour change led to a fast reduction in the number of new infections. The resulting decreased proportion of total new infections compared to other population groups is illustrated in figure 2.

**Figure 2 Projection of the proportion of newly infected groups of the Thai population and their risk behaviours each year from 1988-2010**



When using the statistics and the proportion of risk behaviours as well as yearly transmission modes to provide a focus for strategic HIV and AIDS prevention intervention based on the projected data in the two figures above together with the 2005 review, new infections were: 6,399 women infected through their husbands or 38.7 % of new infection in 2005; 3,707 or 22.4 % were MSM; 1,861 or 11.3 % were men who had sex with female sex workers; 1,578 or 9.6 % were men who were infected from their wives; 1,056 or 6.4 % IDUs; 723 or 4.4 % were female sex workers infected by male customers; and 1,189 or 7.2 % resulted from having sex with an unmarried partner.

This data indicates the critical need to develop strategic approaches and interventions for HIV prevention.

More priority should be given to alternative development of HIV prevention programmes for the following specific population groups in Thailand: women at risk of infection from their husband/regular partner; men at risk of infection from MSM; men at risk of infection from sex workers, and from their wives/regular partners who are already infected.

Managing the impact of the HIV/AIDS problem is therefore an important task under the AIDS Prevention and Alleviation plan. This is particularly so in the case of large numbers of the people living with HIV without many of them knowing positive status. This includes a greater portion of husbands and/or wives who may have been infected within the family which would in turn have a vast impact on society.

## **2.2 Estimation of AIDS patients and those who are eligible for ARV drugs.**

The expansion of anti-retroviral treatment (ART) services under the Thai government's budget and additional support from the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) resulted in about 80,000 AIDS patients provided with access to ART in 2005. However, if there are 500,000 more persons living with AIDS who are in need of ART, together with the families, older people and children affected by AIDS problems, it is obvious this scenario would continue to have a long-term impact on Thai society. Concerned organisations will need to provide social and medical services to ensure national coverage.

The recent review by the Department of Disease Control (DDC), under the Ministry of Public Health, indicated that hospitals at all levels face increased workloads relating to treatment and care services for HIV infected persons and AIDS patients. This increased workload is a result of the expansion of the government policy on the national health insurance scheme which ensures the peoples' universal access to medical and public health services. This included an expansion of medical treatment in hospitals together with care and support services for the HIV infected people and AIDS patients in the family and community. To meet these policy expansions, sufficient resources including personnel, budget and medical products will be needed.

During the time of the 9th National Plan for HIV and AIDS Prevention and Alleviation for 2002-2006, the accelerated expansion in provision of ARV drugs by the DDC, prevention from mother to child transmission (PMTCT) by the Health Department and development of voluntary counselling and testing (VCT) teams by the Mental Health Department were not adequately integrated and co-ordinated, so that supports to the existing health units at local level would be more effective regarding the increased service capacity of each local health unit.

To reduce the workload on all health units, activities and interventions should be distributed and placed close to families and communities affected by HIV/AIDS problems. These would include: primary health services; other service units under the National Health Insurance scheme; social insurance contractors; services related to welfare for treatment, together with community networks of people living with HIV/AIDS who also play a crucial role at the local level. This could lead to the establishment of a treatment and care centre with a mechanism to provide technical support from the district, provincial and regional hospitals.

### **3) National response and recommendations for HIV and AIDS prevention and alleviation**

#### **3.1 National response**

The recent national response has encountered the following problems requiring rapid adjustment:

⌘ The need for accelerated expansion of treatment services. However such an expansion may become a contributing factor in neglecting the importance of, and support for HIV prevention.

⌘ Changing gradually from a people-centred approach to an AIDS patient-centred approach may in turn change the direction of social mobilisation to focus more on treatment than prevention.

⌘ Treatment planning for investment and management must meet the increasing demands. This could lead to a course of action to change risk behaviours and reduce stigma and discrimination in communities whereby treatment and care could be accepted and managed by the community itself. In turn management hardship and treatment demands could eventually be reduced accordingly.

#### **3.2 Recommendations**

It is believed that Thailand would better respond to HIV/AIDS if the following actions were adopted:

##### **1) Tracking HIV and AIDS situation**

1. The surveillance system should be developed to follow up on the existing epidemic models in specific populations including IDUs, MSM, independent sex workers, prisons, and other risk populations such as labour migrants.
2. A standard sexually transmitted infection (STI) surveillance system should be further supported to ensure early warning of the start of a potential STI pandemic.
3. Strategies are needed for disseminating and exchanging data that is obtained from HIV surveillance so concerned organisations can share in and respond to changing situations.
4. The capacity of human resources at provincial and community hospital levels should be developed to provide support to this surveillance system.

##### **2) Policy, structure and plan**

1. It is important that the HIV and AIDS problem is recognised on the national policy agenda and receives the full attention from all key stakeholders. The Prime Minister should chair and closely supervise the National Committee for AIDS Prevention and Alleviation.

2. Based on the implementation of decentralisation policies, the government should encourage the participation and self-support of people and communities on work related to HIV and AIDS. This should be done by systematically developing the capacity of communities. The Central Administration could also develop key leaders to promote and support research and standardisation of works. This would also involve monitoring and evaluating their works in association with the existing surveillance system, which will be used as an warning system.
3. Coordination between ministries and organisations should be improved so their work is based on the same policy and direction. This is especially important to improve prevention efforts. An example would be through a coordinated effort to increase access to condoms.
4. Develop awareness and capacity at all levels. This could be done by highlighting problems and issues, coordinating cooperation at the community level, giving more recognition to the role of Provincial Committee for AIDS Prevention and Alleviation, providing support to networks of Non-governmental organisations (NGOs) and Community-based organisations (CBOs) and developing capacities for coordination of cooperation and service provision.
5. The five-year HIV and AIDS Prevention and Alleviation plan together with the budgetary plan should consider:
  - the roles related to technical support together with monitoring and evaluation (M&E);
  - the leadership and management roles performed by local and provincial teams; and,
  - capacity development of NGOs and CBOs.
6. There should be an integration of HIV and AIDS prevention and alleviation into the health service system, including HIV/AIDS budgets to ensure that all of the different population groups have equitable access to adequate prevention and treatment measures.
7. There should be a long-term plan to provide financial support to NGOs that will likely rely on larger funding sources such as the GFATM.
8. Other ministries should establish budgets for HIV and AIDS prevention and alleviation under activities consistent with their ministerial strategies and work plan. This would in turn mean less reliance on sole funding from the Ministry of Public Health. It

would also mean that other ministries begin to integrate HIV and AIDS into the core mission of each department and their evaluation system.

9. Following review, AIDS budgets should be integrated into the National Plan for AIDS Prevention and Alleviation.
10. Budget management should be transparent through proper audits and monitoring of expenditure. This would mean each hospital is able to clearly demonstrate its HIV/AIDS services' expenditure, which includes prevention budgets, in line with the current planning measures.
11. Whilst in the country's transitional period of decentralisation to the regions and local areas, budget levels should be maintained as close as possible to the previous years' levels.
12. The government and private sectors should provide funding to support the works of civil society and the community. This includes developing the capacity of the CBOs involved in HIV and AIDS prevention and alleviation.
13. Sustainability of treatment and treatment budgets should be improved by establishing a system for stocking drugs, from in-country production and for addressing political pressures to the Free Trade Agreement (FTA) at national and global levels.
14. To analyse costs and linkages between investment, cost-benefit, priorities regarding national strategies and implementation of the plan at the local level.
15. While treatment expands according to the plan, prevention, care and supports should also be emphasised and linked to the existing national response.
16. Prevention strategies should be developed and improved with the changing epidemiological and behavioural situation in population groups such as youth, discordant couples, sex workers (male and female), clients who visit sex workers, MSM, drug users (DUs), ethnic minorities including populations along borders and mobile populations.
17. A collection and analysis of research results should be undertaken to develop a better knowledge together with recommendations which lead to improved policy and strategies on HIV and AIDS. In the interim, direction of research policy should be clear regarding social and behavioural aspects, the service system and work processes in communities.
18. Under the current data and information management, there should be a warning system to highlight problems during the transitional

period when handing over responsibility and resources to local authorities.

19. The opportunity to exchange experiences between key stakeholder organisations should be developed to promote better learning, together with increased inter-organisational follow-up, transparency and reliability.
20. Human rights based on the Constitution should also be recognised.
21. An account of regular budgets and sources of funding for NGOs involved in HIV/AIDS should be established.

### **3) Prevention**

1. HIV prevention should be part of the 'Healthy Thailand' policy so HIV/AIDS issues gain wider public attention.
2. Build confidence so that essential components for successful HIV/AIDS prevention and alleviation will not be affected by the changing health system, including networks of STI services and disease control in the sex work industry.
3. There should be a better estimation of target populations by location for improved planning, expansion of interventions and monitoring and evaluation (M&E).
4. Accelerating HIV prevention and STI control in indirect sex workers in bars, karaoke singing and restaurant, massage parlours and other places, including those used by independent sex workers.
5. NGOs and CBOs, especially those able to reach vulnerable population groups (including DUs, MSM and illegal migrants) should be strengthened, so these population groups can receive the same prevention and treatment services as other groups.
6. It is important to supply condoms by ensuring coverage in target populations such as sex workers, MSM, youth, mobile populations and people living with HIV/AIDS
7. The Ministry of Public Health should coordinate with the National Police Bureau in order to prevent HIV in female and male sex workers as well as IDUs. Police officers should not use condoms carried by sex workers as the only evidence to support a claim of engaging in prostitution.
8. Working procedures should be clear to reduce HIV prevalence among IDUs including harm reduction and interventions related to risk behaviours.
9. Successful pilot projects such as the project on home visits to

IDUs using methadone maintenance should be scaled up. This could begin in the urban areas where related problems are often greater.

10. Other services related to the need of certain target groups should be developed to ensure their accessibility to services. These services include: VCT, care and accessible service to anti-retroviral drugs which should be integrated.
11. Learning about sexuality, sex and HIV/AIDS education should be included into school curricula. Such education should also cover youth not enrolled in schools and tertiary institutions. The Ministry of Education should develop the capacity of the teaching staff of Rajapat Universities and all teachers' colleges to ensure that this could be done throughout the country.

Besides HIV prevention through risk behaviour reduction, other prevention activities should be emphasised to improve the effectiveness of HIV prevention interventions. They are:

**A) Treatment, prevention and control of STIs.**

1. Treatment of STIs and reproductive health should be expanded to most at risk populations including sex workers, MSM and youth. These groups should be able to access treatment services despite the transitional period of the health system reform.
2. The Department of Disease Control should have a clear role in supporting STI services at the provincial level in order to maintain home visits, follow up and surveillance. This was successfully done in the past. STI clinics both at regional disease control centres and provincial levels could be a learning source to support expansion of STI treatment services to community hospitals and to maintain standard prevention and control of STIs.
3. There should be an appropriate management mechanism and budget to support activities to visit sex workers in each province. In this regard, community health units should participate in such visits to 'at risk populations' in the areas of their responsibility. . This should be a regular part of each organisations' STI prevention and treatment activities. In addition, they should work closely with or provide support to NGOs to provide better outreach to male and female sex workers.
4. The Department of Disease Control should organise learning forums to transfer expertise in STI prevention and control to personnel in community hospitals and health centres. This should include training, supervision and M&E both at the CDC centres

and provincial levels.

5. The Department of Disease Control should develop the capacity of HIV prevention leaders and provide technical support to related organisations both under MOPH and other ministries at the provincial level, and promote development of intensive HIV prevention in communities.

#### **B) Prevention of mother to child transmission (PMTCT)**

1. Treatment and care of HIV infected persons/AIDS patients and PMTCT should be implemented under the same framework in conjunction with technical support from the MOPH and other organisations such as Thai Red Cross AIDS Research Center and key hospitals.
2. Clinical and social counselling should be increased before and after blood screening for HIV infection among pregnant women. This would promote acceptance from the service recipients and allow for the 'signing of consent'. The risk behaviours of those testing negative should also be addressed through such counselling mechanisms.
3. It is important to create ways for mobile populations currently not able to access the necessary PMTCT services to do so.

#### **C) Prevention among medical staff and public health workers**

1. Personnel in other career sectors and other population groups that are at risk of HIV infection, including sexual abuse and violations.
2. System and technology development for HIV prevention should be accelerated among other population groups besides those that have risk behaviours.

Preventive measures and interventions should be developed and implemented based on the above-mentioned recommendations.

### **4) Treatment**

#### **a. Services relating to ARV drug provision:**

1. ART services should be scaled up and monitored closely to adjust treatment plans and evaluate such services. In particular those related to future second line drugs and salvage regimens.
2. Management of treatment services should be further developed and the capacity of personnel in ARV treatment programmes should be increased at all levels, especially M&E capacities. Budgets for personnel (consultants and short-term personnel) should

- be increased, especially during this period of rapid scaling-up.
3. There should be close coordination between PMTCT and ARV treatment programmes at all levels.
  4. The use of ARV drugs and access to treatment should be more emphasised in this plan to ensure a solution to drug resistance, sufficiency of second line drugs and national coverage of anti-retroviral treatment.
  5. In conjunction with other services, including risk behaviour and harm reduction in communities and closed settings such as prisons and detention centres, the access of 'at risk' population groups, such as sex workers, MSM, labour migrants, and IDUs to ARV treatment and care services should be increased to ensure adequate coverage.
  6. Personnel at the District and Tambon levels should be developed to effectively manage projects related to ARV drugs and treatment. This could be done in conjunction with developing M&E capacities.
  7. Standard tools for following up and reporting on the use of ARV drugs should be developed to jointly educate, monitor and analyse the results of ARV drug usage.
  8. There should be research and model development on the feasibility of AIDS patients and local government organisations partially covering treatment costs.
  9. Prices of ARV drugs should be monitored and controlled so they are affordable for patients. To ensure continuity and sustainability, a system should be developed to source drugs, develop and domestically produce them. Other intervention measures may include creating social and political structure and activities both at national and global levels which could help control the price and movements related to Free Trade Agreement (FTA).

**b. Treatment of TB and AIDS.**

1. As with the ARV drug system, budgetary allocations for TB treatment should be dispensed from the Central Administration to replace a similar budget under the National Health Insurance scheme. Additional budgets may be created to further support development of the whole system, especially the work of personnel in the health centres where there are services including M&E provided to TB and AIDS patients.
2. Identification of those infected with TB and providing HIV-related Voluntary Counselling and Testing (VCT) should be included

under National or Universal Health Insurance. Identifying and treating TB patients is essential.

**c. Voluntary Counselling and Testing (VCT)**

1. Greater clarity and public recognition at the policy level regarding voluntary and confidential clinical, social counselling and testing is needed, as well as free treatment and care.
2. Support and advocate for VCT as a service for people in general and not specifically for at risk groups or those symptomatic of HIV-infection.
3. To strengthen the provision of VCT, increase the number of personnel providing clinical and social VCT at service units at all levels, particularly at units already providing TB/HIV and STI services.
4. VCT services for 'hard to reach groups' should be developed to compensate for gaps in communication, social differentiation or isolation.
5. Under the National Health Insurance, VCT services should be increased to include: HIV prevention; condom provision; linkages to follow-up HIV infected persons together with the long-term monitoring of their test results related to the treatment and care of HIV infected persons/AIDS patients.

**5) Care and supports for the People Living with HIV/AIDS patients, families and those who are affected by AIDS**

1. Working guidelines for service units providing health services to people living with HIV infected persons/AIDS patients according to their rights and benefits should be established and developed.
2. HIV/AIDS treatment and care should be scaled up and incorporated into community health services to reach HIV infected persons/AIDS patients and those affected in their communities, as well as reducing the workloads of hospitals that provide such services for serious cases.
3. Service guidelines for AIDS patients who are displaced and unaware of their condition should be developed so that they can continue to live happily in their communities with dignity.
4. Support for activities to create employment and income generation for HIV infected persons/AIDS patients and those who are affected by HIV/AIDS.

5. Welfare and social work systems should be developed for HIV infected persons/AIDS patients and families, including older people affected by HIV/AIDS. This should also include children and youth affected by HIV/AIDS who should continuously receive social support and education.

## **6) Monitoring and evaluation**

1. Under the decentralization policy, local government organizations have more responsibilities and duties. Therefore the capacity of these organisations should be developed to use data and information more effectively in decision-making processes.
2. One national system of M&E should be developed and in this system, a joint plan of M&E will be made. In addition, there should be a central mechanism to coordinate related works and guidelines for all concerned organisations to use the same database.
3. Surveillance on ARV drug resistance, particularly in newly infected HIV persons/AIDS patients who have received ART should be conducted.
4. There should be a correct auditing system. This may include analysis and synthesis of data for further development of policy issues.
5. There should be knowledge management and research plans linked to the activities of each concerned organisation. This will be able to add on the existing works in case of any gaps and promote the dissemination of data and information for working procedures and policy decision-making.
6. Government agencies concerned with HIV/AIDS prevention and alleviation should collaborate with universities and academic institutions to develop and implement action researches.
7. Government agencies concerned with HIV/AIDS prevention and alleviation should give greater recognition to the technical aspects of project planning and evaluation.
8. Capacity of research personnel and research works should be developed simultaneously at the Central Administration and local offices. In the interim, cooperation between research institutions and university research units should be promoted.

## B) Conceptual framework for managing collaboration to integrate HIV/AIDS prevention and alleviation for 2007-2011

	<b>Implementing Agencies</b>	<b>Civil soc funding age</b>
<b>Central Administration</b>	Government will announce policy, initiate national strategies and set up a budget	Support for c of strategic p estimate a budget/inves
<b>Sectors in the central area</b>	Initiate strategic approach, mobilize resources and control/supervise policy implementation	Collaborate c developing st approaches a initial budget
<b>Regions of the country</b>	Initiate strategies, mobilize budgets, develop operational plan of monitoring and evaluation	Collaborate t strategies and lessons learn practice mod
<b>Local</b>	Initiate policy, develop a project plan, implement the project and evaluate the project.	Jointly initial develop strat a work plan & implement

Implementing Agencies : Civil society and funding agencies. Academic institutions

Central Administration : Government will announce policy, initiate national strategies and set up a budget. Support for development of strategic plan and estimate a budget/investment. Develop strategic plan and design a model of evaluation.

Sectors in the central area : Initiate strategic approach, mobilize resources and control/supervise policy implementation. Collaborate on developing strategic approaches and provide initial budget. Develop strategic approaches and cooperate on planning of monitoring and control of policy and strategic approach.

Regions of the country : Initiate strategies, mobilize budgets, develop operational plan of monitoring and evaluation. Collaborate to develop strategies and exchange lessons learnt and best practice models. Collaborate to develop model of operational plan and an M&E plan and tools. (such as questionnaire and other interview tools)

Local : Initiate policy, develop a project plan, implement the project and evaluate the project. Jointly initiate policy, develop strategies, make a work plan and implement. Develop tools to develop strategies, work plan and evaluation methods.

## **C) Framework for integrating AIDS prevention and alleviation plans**

To ensure that HIV/AIDS prevention and alleviation activities are a success requires active collaboration between government, civil society and the private sector. The following roles of agencies and organisations in terms of their participation and integration of national AIDS responses are expected:

- 1. Public Relations Department, Office of Prime Minister**  
Provide supports and manage public relations initiatives on HIV/AIDS prevention and alleviation.
- 2. Ministry of Defence**  
Develop models and manage HIV prevention among new recruits and existing military personnel, families and communities.  
Provide VCT, treatment, care and support to HIV-infected persons and AIDS patients.  
Monitor HIV infection in recruits.
- 3. Ministry of Tourism and Sports**  
Develop the capacity of students in sports schools and institutes throughout the country to change behaviour and develop better attitudes towards HIV prevention and promote an understanding of AIDS problems.
- 4. Ministry of Foreign Affairs**  
Under various cooperation frameworks, collaborate on HIV/AIDS prevention and alleviation with United Nations, international organisations and other countries.
- 5. Ministry of Social Development and Human Security**  
With the Bureau of Development Affairs for Women, Children, Youth and Elderly, develop and coordinate policies on social welfare and social services for HIV infected persons/AIDS patients, and poor families, including children, youth, women and older people affected by AIDS. Coordinate policies on care and support for children orphaned due to AIDS, both in child centre settings and in communities.
- 6. Ministry of Transport**  
Provide support to HIV/AIDS prevention and alleviation among labourers and communities associated with road construction and areas that have become centres of transportation.

- 7. Ministry of Commerce**  
Provide support for works related to intellectual property in order to promote access to ARV drugs.
- 8. Ministry of Interior**  
Coordinate, support and initiate policies for all levels of in-country responses (regional, provincial and local) and special administrative organisations to support HIV/AIDS prevention and alleviation and to establish integration.
- 9. Ministry of Justice**  
Develop policies and manage HIV/AIDS prevention and alleviation in prisons, including probationers, children and youth under the Child Welfare Act (2003) and those under various judicial processes and settings including closed or controlled settings, treatment and rehabilitation, treated like an out-patient and suspects on bail. This could be done by promoting access to information, promoting access to HIV prevention services and promoting continuation of treatment and care for AIDS patients, even after being released from an institution.
- 10. Ministry of Labour**
  - 10.1 Scale up rights under social insurance to cover HIV infection.
  - 10.2 Develop policies on HIV prevention among labourers.
  - 10.3 Develop policies on HIV prevention and AIDS treatment and care for cross border labour migrants by collaborating with the Ministry of Foreign Affairs in initiating policies and coordinating with neighbouring countries to legally manage labour migrants.
- 11. Ministry of Culture**
  - 11.1 Modify religious mechanisms to support HIV/AIDS prevention and alleviation.
  - 11.2 Develop the capacity of the arts and cultural students throughout the country to ensure a positive behavioural change of, and attitudes towards HIV prevention and AIDS alleviation.
- 12. Ministry of Education**
  - 12.1 Develop curricula and coordinate activities to promote positive attitudinal changes leading to HIV prevention and AIDS alleviation among school and university students. Such curricula and activities should be based appropriately on their ages and

social context as well as their participation and acceptance from teachers, parents and communities.

12.2 Develop and coordinate the management of curricula on HIV/AIDS and sex education at each level as well as push for such education and related activities in educational institutions under the supervision of government agencies and local government organisations.

### **13. Ministry of Public Health**

13.1 Develop models, approaches and service provision of healthy behaviour promotion as well as health services for HIV prevention.

13.2 Develop models, approaches and service provision of treatment of AIDS and opportunistic infections (OI).

13.3 Support development and production, and/or conduct other tasks to access ARV drugs, drugs for OI and testing or screening of HIV infection based on quality and fair pricing.

13.4 Act as Secretary on the National AIDS Committee for AIDS Prevention and Alleviation.

### **14. National Police Office**

14.1 Create policies and guidance for police officers on areas where their work overlaps with issues relating to HIV/AIDS prevention and alleviation, particularly the claiming of the following practices as criminal actions under Thai law: condom use, use of injecting needle, prostitution and drug use.

14.2 Provide services on counselling, treatment and care to the people living with HIV/AIDS patients in settings under police authority.

14.3 Collaborate with the Ministry of Public Health and other health service departments to develop a lead model on HIV prevention and care for those who are sexually abused.

### **15. Supreme Attorney**

15.1 Develop and provide counselling and services related to HIV/AIDS rights protection for the people and address other related matters such as legal advice and care and support issues.

### **16. National Human Rights Commission**

16.1 Coordinate activities on rights protection and identify problems affecting the rights of people with HIV/AIDS and then provide suggestions for improvement to the government and agencies involved.

## **17. Thai Red Cross Society**

17.1 Create policy that assures standard practice and provide blood-testing services without any HIV transfusion risk to blood donors.

## **18. Research and academic institutions**

18.1 Develop a research plan and conduct research and studies on HIV/AIDS prevention and alleviation.

## **19. National Health Insurance Office**

19.1 Support service provision on health related to HIV prevention and AIDS treatment and care under the National Health Insurance Scheme.

## **20. Mass media**

20.1 Strengthen the capacity of the media to use and share data and information, promoting healthy behaviours and good attitudes towards HIV/AIDS prevention and alleviation as a continuing practice through various communication channels.

20.2 Collaborate with the TV and Radio Broadcasting Controlling Committee to jointly establish community radio programmes that provide communication channels on HIV/AIDS issues in specific localities under the Constitution.

20.3 Develop and use information technology such as internet services in schools and communities to promote AIDS prevention and alleviation.

## **21. Civil Society**

21.1 Participation by the community, faith-based organisations and other social sector organisations in the national AIDS response, supporting policy development and improvement on AIDS prevention and alleviation and in providing services and conducting activities in related service settings to the community.

## **22. Private sectors**

22.1 Support responses by the government and other sectors in campaigning on AIDS prevention and alleviation.

22.2 Develop policy and business activities to provide HIV prevention and AIDS care services in the workplace, including promotion of AIDS rights protection.



# Part II

## The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011

### 1) Goals

1. People have the appropriate knowledge and safe practice behaviours to protect themselves and their families from HIV infection and transmission.
2. People living with HIV, AIDS patients and those who are affected by AIDS, have a good quality of life and are able to live together peacefully and enjoy the full benefits of society.
3. Families and communities have a safe environment that supports the prevention of infection, protection from stigma and discrimination and enables those living with HIV and AIDS and those without, to live together peacefully in their communities; participating as one in most aspects of AIDS prevention and alleviation.

### 2) Objectives

1. To integrate AIDS prevention and alleviation strategies into organisations at all levels and to promote cross-sector collaboration.
2. To integrate prevention, care, treatment and impact reduction strategies into service provision for all target population groups.

### 3) Strategic Focuses

1. Public policy, laws and mechanisms that promote physical and social environments suitable for AIDS prevention and alleviation.
2. People have the ability to prevent themselves from HIV infection by applying strategic approaches that are socially and culturally appropriate within the context of each target group.
3. Key components that lead to the success of AIDS prevention and alleviation include:
  - National leadership;
  - Local ownership;
  - Sectoral accountability;
  - Resource mobilisation from all sectors;
  - Strategic collaboration on policy formulation and implementation;

Vulnerable group centred approach;  
Scaling up services leading to effective national coverage,  
and  
Monitoring, evaluation and strategic supervision leading to  
continuation and sustainability.

4. Guidelines for integrating strategies on AIDS prevention and alleviation into organisations at all levels.

Integration of AIDS prevention and alleviation into government policy and strategy formulation processes, by collaboration with the private sector, regional and local administrative organisations.

Partners at all levels jointly creating goals, strategies and methods for AIDS prevention and alleviation and models for implementation for the period 2007-2011.

Framework formulation for the supervision and M&E of the results under the AIDS prevention and alleviation strategies, jointly implemented by partners. Use of the data and information is also applied to support policy makers and strategy drivers at all levels to work together more effectively.

Adjustment of AIDS plans in association with each sector's policy including: government departments and ministries, charity and provincial-regional level organisations that have autonomous policy such as: provincial clusters; provincial and local administrative organisations. Such examples include the Provincial Administrative organisations, municipalities, Tambon Administrative organisations, Pattaya city and the Bangkok Metropolitan Administration.

Develop M&E tools for measuring the effectiveness of policy implementation and impact on AIDS.

#### 4) Strategic targets

1. Based on the current epidemic situation, at least half of the new HIV infections to be reduced by 2011.
2. HIV infected persons and AIDS patients in need of treatment with anti-retroviral drugs are able to enjoy universal access to such treatment.
3. At least 80% of HIV infected persons/AIDS patients, their families and those affected by AIDS in need of social services are able to access to social supports.

## 5) Strategies

- Strategy 1: Management to integrate the AIDS response into the sectors
- Strategy 2: Integration of prevention, care, treatment and impact mitigation for each target populations
- Strategy 3: AIDS rights protection
- Strategy 4: M&E and research and development of knowledge for AIDS prevention and alleviation

## 6) Details of strategies

### **Strategy 1: Management to integrate the AIDS response into the sectors**

#### **1. Government**

##### **Successful Vision**

1. The government declares the policy on AIDS prevention in parliament stipulating an ultimate target of reducing new infections by half within 5 years.

##### **Indicators and targets**

1. Policies and strategies to integrate AIDS prevention and alleviation are included in the government's policy presentation.

##### **Measures**

1. Develop policies, targets and strategies on AIDS prevention and alleviation.
  - 1.1 Organise an educational process to analyse measures to prevent and alleviate AIDS and synthesise strategic information for the government's decision making.
  - 1.2 Organise forums and public activities to push for the AIDS policy to be included on the national agenda.

#### **2. Integration of the AIDS prevention and alleviation strategy into the sectors' policy, strategic approaches and measures**

##### **Successful Vision**

1. AIDS response mechanisms are appropriate within the policy and governance context of each sector.
2. State Central Administration units, academic institutions and NGOs jointly plan to initiate policy on AIDS prevention and alleviation and other related problems.

3. AIDS related networks are capable of responding to AIDS problems.  
Indicators and targets
1. Appropriate AIDS response mechanisms are in place within the context of policy and governance of each sector.
2. Percentage of the State's Central Administration units, academic institutions and NGOs jointly planning to initiate policy on AIDS prevention and alleviation and other related problems.
3. Number of AIDS related networks eventually capable of responding to AIDS problems.

### **Measures**

1. Develop and improve the national mechanisms, policies and strategies on AIDS prevention and alleviation.
2. Develop mechanisms to strategically coordinate with partners on AIDS prevention and alleviation.
3. Develop management mechanisms for the Central Administration to integrate AIDS works.
4. Support civil society in developing mechanisms to raise and allocate resources in collaboration with the government to further support civil society 's effective response.
5. Initiate mechanisms to jointly control and advise on the development of AIDS policy and strategies among all multi-sectoral partners.

### **3. Integration of AIDS prevention and alleviation at the provincial and local levels leading to local ownership**

#### **Successful vision**

1. Local organisations jointly plan to initiate policy on prevention and alleviation of AIDS and other related problems.
2. Networks of AIDS works and concerned organizations at the provincial and local levels are capable of responding to AIDS problems.

#### **Indicators and targets**

1. Percentage of provinces that raise and utilise funds for responding to AIDS and other related problems appropriately.
2. Percentage of local government organisations that have increasingly participated in the response to AIDS in terms of prevention and alleviation: from 70% in 2006, to 80 % in 2007 and then 100 % at the end of the 10th Plan period (2011).

## **Measures**

1. Develop and improve management mechanisms on AIDS prevention and alleviation at the provincial and local levels.
2. Develop mechanisms to strategically coordinate with partners on AIDS prevention and alleviation.
3. Develop management mechanisms for the Central Administration to integrate AIDS works.
4. Support civil society in developing mechanisms to raise and allocate resources in collaboration with the government to further support civil society's effective response to AIDS.
5. Initiate mechanisms to jointly control and advise on the development of AIDS policy and strategies among all multi-sectoral partners.

## **4. International cooperation on AIDS**

### **Successful vision**

1. Thailand partners with organisations, international agencies and other countries on AIDS prevention and alleviation.
2. Development of better mechanisms for joint international cooperation in the response to AIDS and other problems associated with cross-border issues.

### **Indicators and targets**

1. Number of agreements between government agencies and the number of agreements/declarations between States and/or international organisations.
2. Number of international partner organisations having participated in the AIDS response.
3. Number of projects funded by international organisations responding to the AIDS epidemic as a cross-border issue.

## **Measures**

1. Develop and support the technical works and management of the AIDS response to reduce the AIDS pandemic as domestic and cross-border issues.
2. Develop and promote partnership on AIDS under a bilateral and multi-lateral co operative framework.
3. Support and promote Thailand in playing a more substantial role on AIDS at international fora.
4. Using existing international mechanisms, develop greater cooperation at the policy level, via bilateral and multilateral agreements with ASEAN and other neighbouring countries to

respond to AIDS-related issues such as cross-border problems, labour migrations and AIDS along the border areas. .

## **Strategy 2: Integration of prevention, care, treatment and impact mitigation for each target population**

### **Successful vision**

1. New infections in all population groups are decreased.
2. Greater holistic care in terms of physical, psychological, social, spiritual and economical aspects are given to HIV infected persons and AIDS patients.
3. HIV infected persons/AIDS patients and their families live peacefully as part of Thai society, actively participating in the development of their own communities.

### **Indicators and targets**

1. Based on the current estimation, at least half of the anticipated new infections are decreased.
2. HIV prevalence among pregnant women decreases from 0.88 % in 2006 to below 0.85 % in every province in 2007 and then, at least by 0.05 % each following year.
3. HIV Prevalence among young Thai men prior to entering military service decreases from 0.45 % in 2006 to below 0.40% in every province and then, at least by 0.05 % each following year.
4. Positive prevention systems for people living with HIV are in place at health service settings.
5. Accident and emergency prevention systems for protecting medical, clinical and public health personnel are in place at health service settings.
6. HIV prevention systems are in place for those who experience sexual abuse and violence.
7. Donated blood is routinely screened for HIV at all donation sites.
8. The number of HIV infected persons/AIDS patients eligible for treatment with anti-retroviral drugs that are able to access them continuously and comprehensively.
9. HIV infections among infants who are born from HIV infected mothers decreases from 3 % in 2006 to below 3 % each year following.
10. At the end of the 10th plan period (2011), at least 80 % of HIV infected persons/AIDS patients within poor families are trained and supported regarding occupational development and income generation.

11. At the end of 2011, 80 % of children affected by HIV/AIDS have access to health, education and other social services.
12. At the end of 2011, 80 % of AIDS patients and poor -older people affected by AIDS receive a subsistence allowance.

## **1) HIV prevention**

### **Successful vision**

1. New infections in all population groups are decreased.

### **Indicators and targets**

1. Based on current estimates, at least half of the new infections are decreased.
2. HIV prevalence among pregnant women decreases from 0.88 % in 2006 to below 0.85 % in every province in 2007 and then, at least by 0.05 % each following year.
3. HIV prevalence among young Thai men prior to entering military service decreases from 0.45 % in 2006 to below 0.40% in every province and then, at least by 0.05 % each following year.

### **Target groups of the population**

#### **1. Husbands and wives or discordant couples**

##### **1.1 Registered pregnant women**

#### **Measures**

1. Develop VCT services, including disclosure counselling for married and unmarried couples.
2. Promote positive awareness and attitudes to reduce sex related problems through media that are accessible to target groups.
3. Promote HIV preventative behaviour awareness, such as safe condom use at antenatal clinics and other health services that are most often used by the community.
4. Promote acceptability and non-discrimination toward pregnant and non-pregnant women infected with HIV.
5. Develop a positive prevention system for pregnant women and husbands or partners.
6. Support the prevention of HIV transmission from mother to child.
7. Promote studies and research on AIDS prevention and alleviation among women and pregnant women.

## **1.2 HIV infected persons and AIDS patients who receiving services in health service settings**

### **Measures**

1. Promote HIV preventative behaviours including condom use.
2. Promote VCT for (married and un-married) couples.
3. Build an enabling environment to reduce stigma and discrimination.

## **1.3 People unaware of their HIV status who are seeking services**

### **Measures**

1. Develop awareness amongst the health services to recognise the importance of VCT and in turn continue to provide support to these services.
2. Develop methods to raise awareness on HIV risk assessment and HIV testing among service recipients.
3. Promote HIV preventative behaviours including condom use.
4. Improve the quality of pre and post VCT in public health settings.
5. Support health services to develop appropriate models and methods of VCT before marriage.
6. Build an enabling environment to reduce stigma and discrimination.

## **1.4 People unaware of their HIV status and are not under the regular health service system**

### **Measures**

1. Raise awareness and build the capacity on risk assessment together with building knowledge on HIV testing and other health related diseases such as TB and STIs, particularly among men and married and non married couples, extra-marital and casual relationships who are at most risk.
2. Strengthen awareness and positive attitudes; reduce stigma and discrimination; use specifically directed media for each target group advising on sexuality and problems related to sexual relationships.
3. Promote HIV and STI testing that is integrated into the normal health service system.
4. Build an enabling environment to reduce stigma and discrimination.

## **2. Men who have sex with men (MSM)**

### **Measures**

1. Establish a centre to manage a fund to promote access to the use of

- condoms and lubricants.
2. Provide information, counselling and treatment on AIDS and STIs as well as VCT for MSM.
  3. Promote the capacity and participation of MSM in service models of AIDS and STI prevention and alleviation, and VCT.
  4. Manage knowledge and public communication through peer groups and networks using comprehensive and diversified approaches.
  5. Promote safe sex behaviours to prevent HIV and STIs for MSM in communities.
  6. Develop the capacity of personnel and organisations that are working with MSM.
  7. Build a policy-enabling environment that supports responses in MSM population groups.
  8. Create a better understanding about sex and sexuality to reduce the stigma and discrimination of MSM, AIDS and STIs.
  9. Coordinate with existing AIDS and STIs awareness and prevention campaigning movements to target specific population groups such as juvenile delinquents who are either in or out of the education or military institution systems.
  10. Systematically monitor HIV related problems in MSM.

### **3. Sex workers and customers**

#### **3.1 Sex workers in the sex service establishment setting**

##### **Measures**

1. Raise awareness and understanding about AIDS and STIs among sex workers, customers and owners of sex service establishments.
2. Improve public attitudes and perceptions of sex workers.
3. Support and promote the appropriate use of condoms and lubricant when engaged in sexual activities.
4. Provide information, counselling and treatment for women's health, including STIs and AIDS.
5. Establish mobile health care centres.
6. Increase the self-health care capacity of sex workers in relation to STIs and AIDS.
7. Build a policy-enabling environment to support AIDS prevention and alleviation.
8. Study existing health service models in relation to each community's situation.

### **3.2 Sex workers outside of the sex service establishment setting**

#### **Measures**

1. Promote private and charity organisations, government agencies and other local organisations such as local government organizations and community based organizations to arrange STI and AIDS prevention activities for sex workers outside of the sex establishment setting.
2. Improve the understanding of STIs and AIDS amongst sex workers and their customers.
3. Improve public attitudes and perceptions of sex workers.
4. Encourage appropriate condom and lubricant use when engaged in sexual activities.
5. Increase access to information, counselling and treatment services for STIs and AIDS.
6. Increase the capacity of sex workers and customers to prevent STIs and AIDS.
7. Build a policy-enabling environment to support AIDS prevention and alleviation.
8. Undertake follow-up study on changing service models.

### **3.3 One-off customers, occasional and regular clients and the husbands of sex workers**

#### **Measures**

1. Continuously build an ongoing awareness and understanding about STIs and AIDS among sex workers.
2. Support and promote the appropriate use of condom and lubricants when engaged in sexual activities.
3. Develop and scale up services on sexual health, counselling and treatment related to STIs and HIV/AIDS to ensure universal coverage.

## **4. Drug users**

### **4.1 Drug users in general**

#### **Measures**

1. Promote campaigning actions within current policies and laws to reduce drug use and associated stigma and discrimination.
2. Study and develop information and lessons learnt related to drugs and drug use.
3. Develop accessible social and health services for drug users.
4. Develop comprehensive treatment and care services and programmes for drug users.

## **4.2 Drug users in prison and juvenile detention centres.**

### **Measures**

1. Develop mechanisms to manage HIV prevention among drug users in prison and juvenile detention centres.
2. Develop and scale up care and treatment with anti-retroviral drugs and TB treatment for drug users in prisons and juvenile detention centres.

## **5. Children and youth**

### **5.1 Children and youth in schools and other education settings**

#### **Measures**

1. Develop continual learning processes on sexuality, sexual activity and AIDS in schools and other educational settings.
2. Develop a referral system for youth to access health services for AIDS and STI prevention.
3. Build and promote a socially-enabling environment to communicate messages on sex and AIDS for the family and community.
4. Develop and support young people's participation in decision-making in the response to AIDS prevention at all levels.
5. Promote better collaboration among local organisations to further support AIDS awareness and prevention in schools and tertiary education institutions.

### **5.2 Children and youth in the workplace**

#### **Measures**

1. Promote and support workplaces to play a critical role in the prevention and reduction of stigma and discrimination.
2. Support HIV infected workers who are affected by access to treatment, socio-economic supports and protection of rights.

### **5.3 Children and youth in the community**

#### **Measures**

1. Develop continual learning processes on sexuality, sexual activity, STIs, and AIDS through the proper youth networks in the appropriate socio-cultural context of each community.
2. Develop and support youth to access health services for AIDS and STI awareness and prevention.
3. Build and promote a socially-enabling environment to communicate messages about AIDS and sexual activity for the family and community.

4. Develop and support young people's participation in decision- making in the response to AIDS prevention at all levels.
5. Promote the participation of local organisations to further support AIDS awareness and prevention among youth.

#### **5.4 Children and youth eligible to receive welfare under the Child Protection Act (2003) and those under justice processes including: probation, daily treatment and rehabilitation and bailment**

##### **Measures**

1. Develop continual learning processes on sexuality, sexual activity, STIs and AIDS.
2. Develop and support youth access to health services for AIDS and STI awareness and prevention according to the risk behaviours of particular groups.
3. Support young people's participation in the response to AIDS prevention and promote participation of local organisations in support of AIDS awareness and prevention among youth in the community.
4. Promote the participation of concerned organisations in support of AIDS awareness and prevention.

## **6. Other population groups**

### **6.1 Prisoners**

##### **Measures**

1. Provide each prison with services and information about HIV/ AIDS and safe practices for living together in prison.
2. Build a socially enabling environment to support safe living.
3. Promote participation in AIDS prevention in prisons.
4. Promote prisoner's access to health services.
5. Undertake research and develop knowledge about appropriate models for AIDS prevention and alleviation in prisons.

### **6.2 Those under justice processes (Juvenile delinquents or those who are under drug treatment due to the Drug User's Rehabilitation Act)**

##### **Measures**

1. Develop continual learning processes on sexuality, sexual activity, STIs, AIDS and life skills. This is aimed at prevention and reduction of stigma and discrimination through peer groups.

2. Promote participation of children, youth and prisoners in AIDS prevention.
3. Promote VCT.
4. Promote access to and use of condoms.
5. In collaboration with external partners, develop service systems related to prevention, referral, and comprehensive continuum of treatment and care.
6. Undertake research to develop appropriate models for HIV/AIDS prevention and alleviation in closed settings.

### **6.3 Labour migrants**

#### **Measures**

1. Develop systems and learning processes to build awareness and understanding on AIDS and sexual activities.
2. Build a socially-enabling environment to support safe living.
3. Strengthen the participation of national and regional partners and networks in AIDS prevention.
4. Integrate AIDS strategies into policies on labour migration.
5. Promote migrant labour's access to health services.

### **6.4 Thai labour migrants abroad**

#### **Measures**

1. Promote understanding, awareness raising and HIV prevention skills for Thai migrant labour before departure and during their stay abroad.
2. Develop and integrate approaches, preventative measures, care and support for people living with HIV under the Ministry of Labour's Protection plan and other health services within the Ministry of Public Health and affiliated ministries.
3. Support Thai migrant labour and those living abroad to access services and information on the prevention and treatment of AIDS.
4. Develop a surveillance database that links data on labourers' abroad with data related to the current national AIDS situation.

### **6.5 Labour in the workplace**

#### **Measures**

1. Build an understanding about AIDS and living together in society.
2. Build a socially-enabling environment to support safe living.
3. Strengthen and support participation in AIDS prevention.
4. Promote worker's access to health services.

## **6.6 Ethnic minorities and stateless people, including hill-tribes, those without Thai citizenship, unregistered persons, and those born in Thailand awaiting official endorsement etc.**

### **Measures**

1. Build an awareness and understanding of AIDS and sexual activities.
2. Build a socially-enabling environment to support safe living.
3. Strengthen the participation of partners and networks in AIDS prevention.
4. Support access to health services for ethnic minority groups and those born in Thailand however without legal Thai citizenship due to a lack of official identification documents.

## **6.7 Refugees and migrants**

### **Measures**

1. Build an understanding and awareness on HIV/AIDS and sexual activities.
2. Build a socially enabling environment to support safe living.
3. Strengthen the participation of national, regional and provincial partners and networks in AIDS prevention.
4. Support access to health services for migrant labourers and dependents under the agreement between the Royal Thai Government and UNHCR.

## **2) HIV prevention in the medical service settings**

### **Successful vision**

1. New infections in all the population groups are decreased.

### **Indicators and targets**

1. HIV prevention systems are in place among people living with HIV in the health service settings.
2. Accident-based prevention systems are properly in place for medical and public health personnel.
3. HIV prevention systems are properly in place for those who are victims of sexual abuse and violence.
4. Donated blood is properly HIV tested based on standard practices.

### **Measures**

1. Develop prevention systems for married and unmarried couples when one of the partners is HIV infected.
2. Review laws related to disclosure of blood test results and transmission between partners in married and unmarried couple

- relationships when one of the partners is HIV infected.
3. Develop HIV prevention systems in the event of accidents for medical and public health personnel.
  4. Develop HIV prevention systems for those who are victims of sexual abuse and violence.
  5. Develop HIV prevention systems for blood donors and blood recipients.

### **3) Treatment for HIV infected persons and AIDS patients.**

#### **Successful vision**

1. The care and treatment of HIV infected persons and AIDS patients is more holistic and comprehensive physically, psychologically, socially, spiritually and economically.

#### **Indicators and targets**

1. Number of HIV infected persons and AIDS patients who are eligible for antiretroviral treatment (ART) are able to access these services comprehensively and continuously.
2. HIV prevalence among infants of infected mothers is decreased from 3 % in 2006 to decreasingly lower rates in each subsequent year.

#### **Measures**

1. Develop treatment and care systems for pregnant women and their families, especially those who are HIV infected and requiring ARV treatment.
2. Develop ART systems for HIV infected persons and AIDS patients as follows:
  - 2.1 Set national targets and budgets by concerned organisations for ART.
  - 2.2 Develop collaborative networks between the National Health Insurance System (under the National Health Insurance Office, Office of Social Insurance, Civil servants' Welfare Scheme related to clinical and medical schemes) together with the Department of Disease Control, NGOs and the Thai Network of People Living with HIV to create guidelines, benefits, standard medication, care and treatment with second line drugs based on the same standardisation.
  - 2.3 Develop and coordinate mechanisms on treatment and referral: between hospitals; hospital and prison or juvenile institutions ; public and private hospitals; and, the hospital and community for the HIV infected persons/AIDS patients and those who are

- affected by AIDS to receive comprehensive, holistic and
- 2.4 Develop the quality and quantity of services for personnel providing treatment and care services, drug resistance treatment, and cases related to HIV infected people who usually purchase and consume illegal drugs by themselves.
  - 2.5 Proactively develop the public relations systems and mechanisms to promote access to treatment, care and awareness on HIV/AIDS prevention and alleviation in communities.
  - 2.6 Develop the laboratory testing system that can host: HIV testing, PCR CD4 testing and screening, testing of drug resistance and testing of the quantity of ARV drug.
  - 2.7 Develop smooth and effective service models.
  - 2.8 Develop the infrastructure and capacity of medical personnel to conduct research and training on national treatment such as training on good clinical practice of ART.
  - 2.9 Develop the capacity for drug production and mobilisation to support complex AIDS treatments in terms of changing drug cocktails within the country.
  - 2.10 Develop a national database and M&E system for the treatment for HIV infected persons/AIDS patients.
  - 2.11 Promote the role and capacity of local government organisations and CBOs in providing treatment and care to HIV infected persons/AIDS patients and affected persons in communities.

#### **4) Care for HIV infected persons, AIDS patients, families and affected persons**

##### **Successful vision**

1. HIV infected persons and AIDS patients receive more appropriate holistic care physically, psychologically, socially, spiritually and economically.
2. HIV infected persons and AIDS patients and families of those affected, are able to live happily in their communities and join in its sustainable development.

##### **Indicators and targets**

1. By the end of the 10th National AIDS Plan, at least 80 % of HIV infected persons/AIDS patients and their poor families have gained occupations and income
2. By the end of the 10th National AIDS Plan, at least 80 % of children affected by HIV/AIDS have had access to health services, education

- and other social services.
3. By the end of the 10th National AIDS Plan, at least 80 % of poor AIDS patients and older people affected by AIDS have received subsistence allowance for their further living.

## **Measures**

### **1) HIV infected persons and AIDS patients**

1. Develop care systems for HIV infected persons and AIDS patients.
2. Develop and promote the capacity and roles of HIV infected persons, AIDS patients and people living with HIV/AIDS for self-care practices in the community.

### **2) Children affected by AIDS (up to 18 years old)**

1. Develop care systems for children affected by AIDS.
2. Develop and promote the roles and capacity of children, families, communities and society in the prevention and alleviation of problems related to children affected by AIDS.

### **3) Older people affected by AIDS**

1. Support older people affected by AIDS to help each other and play roles in AIDS prevention and alleviation in communities. .
2. Develop care systems for older people affected by AIDS.

### **4) Families affected by AIDS**

1. Develop care systems for families affected by AIDS.
2. Promote the capacity and roles of local government and CBOs in providing treatment and care to HIV infected persons, AIDS patients and families affected by AIDS in the community.

## **Strategy 3: AIDS rights protection**

### **Successful vision**

1. The rights of HIV infected persons and AIDS patients and affected persons from within the various population groups are protected and treated on an equal basis with others in the wider community.
2. The rights of hard-to-reach groups such as IDUs, , labour migrants, ethnic groups, MSM, sex workers, prisoners etc., are protected and they have access to prevention services with proper coverage and quality assurance.

### **Indicators and targets**

1. Percentage of AIDS prevention and alleviation service providers that have an awareness and understanding of the practical actions on AIDS-related rights.
2. Percentage of HIV infected persons and AIDS patients and affected persons, who have had their rights undermined in the past and have now received assistance in securing rights protection.
3. Develop an annual report on the AIDS rights situation with active participation of all sectors, including the networks of people living with HIV.

### **Measures**

1. Review and develop the existing knowledge on rights to improve laws and regulations which will be more relevant to current situations.
2. Disseminate knowledge to improve the understanding of human rights among all personnel and population groups.
3. Develop networks and mechanisms to promote and protect human rights at various levels.
4. Promote access to care and treatment with anti-retroviral drugs.
5. Promote positive attitudes towards HIV infected persons and AIDS patients and those people affected as well as hard-to-reach groups in communities, workplaces and society.
6. Promote gender roles and equality.
7. Develop M&E strategies for AIDS rights protection and publish an annual report on the current rights situation.

### **Strategy 4: M&E and research and development of knowledge on HIV/AIDS prevention and alleviation**

#### **1) M&E for AIDS prevention and alleviation**

##### **Successful vision**

1. The M&E system of the National AIDS Prevention and Alleviation plan is integrated at the national level.
2. The database system is updated and practically used for results-based planning.
3. Organisations at various levels are able to utilise information from the M&E system for planning and analysing implementation plans.

### **Indicators and targets**

1. National M&E system is in place for the national plan for AIDS Prevention and Alleviation.

## **Measures**

1. Develop the structure and partner networks for M&E to cover all target groups.
2. Develop a database and information system on AIDS.
3. Develop a network on area-based epidemiological surveillance.
4. Develop the capacity of personnel on M&E.

## **2) Research and development of knowledge on AIDS prevention and alleviation**

### **Successful vision**

1. Appropriate research which is clear and current to support the broader picture of AIDS alleviation, amongst the various important target groups.
2. Resource mobilisation for existing research works is effectively integrated to support further research within and outside
3. Developed better access to funding for needed research works.
4. Systematic management and exchange of research data is in place.
5. Research results have been used to alleviate national AIDS problems.

### **Indicators and targets**

1. Number of research works on AIDS used for development of policy and programme frameworks in response to AIDS problems.

## **Measures**

1. Develop a technical mechanism known as the 'Technical Consortium' with current sectoral expertise to promote research on AIDS.
2. Establish a management process to use the knowledge gained from the M&E works to determine policy and programme frameworks.
3. Organise dissemination of technical knowledge and progress.
4. Encourage the further use of data and information from surveillance, research and evaluation to determine policy and programme frameworks.
5. Develop measures to protect the rights and ethical concerns of people in relation to research, trials and collection of data and information.
6. Develop networks and systems of continuous holistic treatment and

care with anti-retroviral drugs by establishing a 'Community Advisory Committee' for each research project and the 'National Community Advisory Programme' (CAP) to oversee all research works on AIDS in Thailand.

7. Support and facilitate resource mobilisation for AIDS research from within and outside of Thailand.

# Part III

## Appendix

(copy)

### Order of the National Sub-Committee on Coordination of Planning, Budgeting, Monitoring and Evaluation No. 2/2548

#### Subject: Establishing Working Committee on Drafting National Integrated AIDS Prevention and Alleviation 2007-2011

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As the National Plan for HIV and AIDS Prevention and Alleviation for 2002-2006 finished its period on the 30<sup>th</sup> September 2006, the Department of Disease Control, as the Secretariat of the National Committee on HIV and AIDS Prevention and Alleviation, together with concerned organisations will develop the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007- 2011. The Plan for 2007-2011 will emphasise integration of the Plan which is responsive to provincial strategies focuses on better results and sustainability for effective implementation.

For the active collaboration of all sectors in the process of drafting the Plan for 2007-2011, the National Sub-Committee on Coordination of Planning, Budgeting, Monitoring and Evaluation hereby appoints the following working committees:

**1) Drafting Working Committee on the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007-2011:**

1. Mr. Sombat Chutinant Advisor  
Advisor on Policy and Planning  
The National Economic and Social Development Board (NESDB)
2. Dr. Wiput Poolcharoen Advisor
3. Assoc. Prof. Dr. Vichai Posayachinda Advisor
4. Prof. Dr. Praphan Phanupak Advisor
5. Assoc. Prof. Dr. Wattana Wongkietratana Advisor  
Faculty of Political Science, Chulalongkorn University
6. Assoc. Prof. Dr. Krittiya Achawanijkul, Advisor

- Institute of Population and Social Research, Mahidol University
7. Mr/s. Ajarn Sripapha Pecthmisri Advisor  
The Bureau of Human Rights and Social Development, Graduate College, Mahidol University
  8. Assistant Prof. Dr. Sukontha Kongsil Advisor  
School of Public Health Management, Faculty of Public Health, Mahidol University
  9. Assistant Prof. Dr. Chalidaporn Songsamphan Advisor  
Faculty of Political Science, Thammasart University
  9. Dr. Petchsri Sirinirun, Advisor  
Senior Advisor of the Department of Disease Control, Ministry of Public Health
  10. Dr. Anupong Chitwarakorn Advisor  
Senior Advisor of the Department of Disease Control, Ministry of Public Health
  11. Dr. Somchai Pinyopornpanit Chairperson  
Deputy Director-General of the Department of Disease Control, Ministry of Public Health
  12. Dr. Sombat Taenprasertsuk Vice Chairperson  
Director of the Bureau of AIDS, TB and STIs (BATS), Department of Disease Control
  13. Mrs. Suwanee Konhman Member  
Director of the Bureau of Social and Quality of Life Development, NESDB or representative
  14. Ms. Waranya Teokul Member  
Bureau of Community Economic Development and Income Distribution, NESDB
  15. Director Member  
Bureau of Social and Occupation Development, Budget Bureau Ministry of Finance or representative
  16. Director of the Bureau of Evaluation, Budget Bureau Member  
Ministry of Finance or representative
  17. Director-General of the Department of Public Relations Member  
Office of Prime Minister or representative
  18. Director Member  
Division of Force's Services, Office of Force Enhancement Department of Registration, Ministry of Defence or representative
  19. Representative of the National Army Member

- |     |  |        |
|-----|--|--------|
| 20. | Representative of the National Navy  | Member |
| 21. | Representative of the National Air Force   | Member |
| 22. | Representative of the Supreme Command Quarter  | Member |
| 23. | Director<br>Policy and Planning Bureau, Permanent Secretary Office Ministry of Interior or representative  | Member |
| 24. | Director-General<br>Department of Community Development Ministry of the Interior or representative   | Member |
| 25. | Executive Secretary<br>Bangkok Metropolitan Administration or representative   | Member |
| 26. | Director-General<br>Department of Juvenile Delinquents Observation and Protection Ministry of Justice or representative  | Member |
| 27. | Director-General of the Department of Correction<br>Ministry of Justice or representative  | Member |
| 28. | Director-General<br>Department of Rights and Liberty Protection Ministry of Justice or representative  | Member |
| 29. | Director-General of the Department of<br>Jobs Mobilisation Ministry of Labour or representative  | Member |
| 30. | Director-General<br>Department of Labour Welfare and Protection Ministry of Labour or representative   | Member |
| 31. | Director of the Bureau of Policy and Strategic Planning<br>Ministry of Labour  | Member |
| 32. | Director-General<br>Department of Social and Welfare Development Ministry of Social Development and Human Security or representative   | Member |
| 33. | Director<br>Bureau of Protection Advocacy for Children, Youth, Chanceless Persons, People with Disability and Older Persons, Ministry of Social Development and Human Security or representative | Member |
| 34. | Mr. Chaichan Chuaypothiklan, Chief of the Special Projects Group<br>Bureau of Policy and Planning, Permanent Secretary Office, Ministry of Education or representative                           | Member |
| 35. | Secretary-General  | Member |

- |     |  |        |
|-----|--|--------|
|     | Office of Private Education Promotion Committee,<br>Ministry of Education or representative                    |        |
| 36. | Secretary-General,<br>Office of Non-Formal Education Administration<br>Ministry of Education or representative | Member |
| 37. | Secretary-General of the Office of Basic Education<br>Ministry of Education or representative                  | Member |
| 38. | Secretary-General of the Office of Tertiary Education<br>Ministry of Education or representative               | Member |
| 39. | Secretary-General,<br>Office of Rajapat Institutes Council or representative                                   | Member |
| 40. | President,<br>Thanyaburi University of Rajamongkol Technology or<br>representative                             | Member |
| 41. | Secretary-General<br>Office of Vocational Schools Committee or representative                                  | Member |
| 42. | Director,<br>Bureau of Sports and Recreation Development<br>Ministry of Tourism and Sports or representative   | Member |
| 43. | Director-General of the Department of Arts<br>Ministry of Culture or representative                            | Member |
| 44. | Director-General of the Department of Religion<br>Ministry of Culture or representative                        | Member |
| 45. | Secretary-General,<br>Office of National Cultural Commission<br>Ministry of Culture or representative          | Member |
| 46. | Representative of the Ministry of Foreign Affairs  | Member |
| 47. | Supreme Attorney,<br>Office of Supreme Attorney or representative  | Member |
| 48. | Commander,<br>National Police Office or representative   | Member |
| 49. | Director of the Bureau of Policy and Strategy<br>Ministry of Public Health or representative                   | Member |
| 50. | Director-General,<br>Department of Health Services and Support or representative                               | Member |
| 51. | Director-General,<br>Department of Mental Health or representative   | Member |
| 52. | Director-General,<br>Department of Medical Sciences or representative  | Member |
| 53. | Secretary-General,   | Member |

	National Health Insurance Office or representative	
54.	Director, Office of Social Security or representative	Member
55.	Country Coordinator or representative UNAIDS Thailand	Member
56.	Mr. Sompong Chareonsuk UNAIDS Thailand	Member
57.	Director of UNESCO or representative	Member
58.	Dr. Taweessap Siraprasiri TUC	Member
59.	Chair, Thai NGO Coalition on AIDS or representative	Member
60.	Chair, Thai Network of People Living with HIV or representative	Member
61.	Chair, Thai Lawyers Society or representative	Member
62.	Chair, National Human Rights Commission or representative	Member
63.	Director of the Planning Division Department of Disease Control or representative	Member
64.	Director , Bureau of Epidemiology or representative	Member
65-76.	Directors, 12 Disease Control Centres or representatives	
77.	Dr. Payont Hanpadungkij Chief of the National AIDS Response Management Centre	Member and Secretary
78.	Mrs. Bussaba Tantisak The National AIDS Response Management Centre	Member and Assistant Secretary

## Tasks and Responsibilities

1. Draft the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007-2011 with collaboration of all the concerned bodies throughout the process, including developing a vision and direction for planning; monitoring appropriateness and developing key strategies; and review of completed contents and details of the draft Plan for 2007-2011.
2. Decide drafting processes and stages of the draft Plan for 2007-2011.
3. Review and approve outcomes of the works according to the drafting processes and stages of the draft Plan for 2007-2011.
4. Coordinate senior experts, academia and concerned bodies who are involved in the analysis and synthesis of data to work together for analysing the framework of the vision and the direction of the Plan for 2007-2011.

5. Present the draft National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007-2011 to the National Sub-Committee on Coordination of Planning, Budgeting, Monitoring and Evaluation for review and approval.

6. Organise a national-level seminar on "Primary Views on the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007-2011".

7. Work on other tasks assigned by the National Sub-Committee on Coordination of Planning, Budgeting, Monitoring and Evaluation.

**2) Working Committee on Review of Data for Analysing Vision and Direction of the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007-2011:**

- |    |  |                         |
|----|--|-------------------------|
| 1. | Dr. Sombat Taenprasertsuk<br>Director of BATS, Department of Disease Control     | Chairperson             |
| 2. | Dr. Payont Hanpadungkij<br>Chief of the National AIDS Response Management Centre | Vice-Chair              |
| 3. | Chief of the AIDS Cluster<br>BATS  | Member                  |
| 4. | Chief of the TB Cluster<br>BATS  | Member                  |
| 5. | Chief of the STI Cluster<br>BATS   | Member                  |
| 6. | Chief of the Technical Support Cluster<br>BATS                                   | Member                  |
| 7. | Representatives from the 12 Disease Control Centres                              | Member                  |
| 8. | Mrs. Bussaba Tantisak<br>The National AIDS Response Management Centre            | Member and<br>Secretary |

**Under the Working Committee, the following are the targeted issues and divisions of the review groups:**

1. Understand the implementation of the National Plan for HIV and AIDS Prevention and Alleviation for 2002-2006 with the following issues:

1.1 With the previous AIDS prevention and alleviation, were there any problems found (i.e. about reforms of government, health and education system and CEO Governor).

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Miss Waranya Tiewkul  
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Development and Income Distribution,  
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Miss Pornpimon Cheewachuen  
Bureau of Social and Quality of Life  
Development, NESDB

Dr. Udomsak Imsawang  
Disease Control Centre 3

1.2 To review any weaknesses in the strategies of the 2002-2006 National Plan for AIDS Prevention and Alleviation; were there any measures and strategic approaches that have not been implemented and if any, why not; and are there any measures and strategic approaches could be used for the next period under the Plan for 2007-2011.

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### 1.3 AIDS Response Management

#### ⌘ National AIDS Response Management

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AIDS Response Management at provincial level

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AIDS Response Management by NGOs on AIDS

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Dr. Udomsak Imsawang

Disease Control Centre 3

#### 1.4 International Cooperation

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UNAIDS

#### 1.5 Vaccine for AIDS

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### 2. Review of key programmes under the National Plan for HIV and AIDS Prevention and Alleviation for 2002-2006.

#### 2.1 Prevention in target groups with high prevalence

2.1.1 The youth inside and outside education system ( those outside refer ones such as homeless children and juvenile delinquents in detention centres).

Coordinator: Dr. Cheewanan Lertpiriyasuwat  
Chief of Behavioural and Community Prevention  
Cluster, BATS

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#### 2.1.2 Affected children

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Miss Porntip Yooktanont  
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#### 2.1.3 Drug users

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2.1.4 Men who have sex with men (MSM)

Coordinator: Mrs. Ratre Sirisirtriraks  
Mrs. Pornpen Techamontrikul  
Mrs. Pensri Fonghiran  
Miss Chawewan Klaynak,  
Mrs. Jiraporn Yachompoo  
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2.1.5 Labour migrants/mobile populations

Labour workers in the workplace

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### Labour migrants

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Labour migrants/stateless persons or ethnic groups (i.e sea farers, construction workers, sex workers)

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### Farmers

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### 2.1.6 Prisoners

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- 2.1.7 Sex workers (both female and male sex workers)  
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Representative of Empower  
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- 2.1.8 Women  
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Mrs. Sureerat Trimulka  
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## 2.2 Key projects/activities

- 2.2.1 Voluntary Counselling Testing: VCT  
Coordinator: Prof. Dr. Praphan Phanupak  
Thai Red Cross AIDS Research Centre

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Miss Wilai Serisithipithak  
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2.2.2 100% Condom project  
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Representative of Empower  
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2.2.3 Access to various services including  
Treatment of HIV infected persons and AIDS  
patients with anti-retroviral drugs and prevention  
from mother to child transmission

Coordinator: Dr. Sanchai Chasombat  
Miss Sansanee Samitakestarin  
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Social Welfare  
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Mr. Panya Lertraai  
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Ministry of Social Development and  
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Protection of rights and mutual living  
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Mrs. Supatra Nakapiew  
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Provision of data and information on AIDS through internet  
system  
Coordinator: Mrs. Thongkorn Yanrangsri  
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2.2.4 Review of database and IT system on AIDS  
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BATS

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Miss Tanaphan Fongsiri  
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3. Analyse strengths and weaknesses of the National Plan for HIV and AIDS Prevention and Alleviation for 2002-2006 according to responsiveness of AIDS and circumstances. Through a SWOT analysis. (Strengths, Weaknesses, Opportunities and Threats)

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## **Tasks and responsibilities**

1. Coordinate, compile and review the data to analyse a vision and direction of the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007-2011.

- 1.1. Study problems of implementation of important projects/ activities and budgets.
- 1.2. Study issues related to providers' dimensions, training services and infrastructure in the health service system.
- 1.3. Study situations on working and living with AIDS
- 1.4. Issue evaluation reports on key projects and activities.
- 1.5. Examine appropriateness of the previous implementation in accordance of the strategies.
- 1.6. Analyse any gaps that should have been filled and still not yet filled.

- 1.7. Give recommendations on strategic framework.
2. Others as assigned.

Hence, this puts into effect from now on.

Ordered on 4 February 2005

Mr. Thawat Sunthrajarn

(Mr. Thawat Sunthrajarn )

Director-General of the Department of  
Disease Control and Chair of the  
National

Sub-Committee on Coordination of  
Planning, Budgeting, Monitoring and  
Evaluation

Corrected copy

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Policy and Plan Analyst 8





