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Asia and Pacific

Thailand

COUNTRY:

Thailand

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1/31/2008

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:	Organisation	Office of the Permanent Secretary of Ministry of Defense
:	Name/Position	Leutenant Colonel Sirikan Warradetch /
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:	Organisation	Office of the Permanent Secretary of Ministry of Defense

:	Name/Position	Second Lieutenant Patchara Patcharapong /
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The Royal Thai Army
:	Name/Position	Lieutenant Colonel Karndee Lapratana / Communicable Disease Control Unit
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.V
:	Organisation	The Royal Thai Navy
:	Name/Position	Lieutenant Colonel Sommai Kitchalao / Com, CDR
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The Royal Thai Navy
:	Name/Position	Captain AekNgern Puangnak / L CDR
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The Royal Thai Air Force
:	Name/Position	Sqn Ldr Kanyanath Tongyoo / Office
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Office of the Permanent Secretary, Ministry of Interior
:	Name/Position	Ms. Pongpetch Nakchart / Policy and Plan Analyst
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The Bangkok Metropolitan Administration
:	Name/Position	Ms.Wanida Chissawetch / Disease Control Officer 6
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The Department of Juvenile Observation and Protection
:	Name/Position	Ms. Pannee Atiphotthi / Professional Nurse 8
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Department of Correction

:	Name/Position	Ms.Nipha Ngamtrirai /Public Health Specialist 8
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Office of the Permanent Secretary of Ministry of Labour
:	Name/Position	Mr. Nawin Tharasawang / Policy and Plan Analyst 6
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Department of employment
:	Name/Position	Ms.Jirayu Samanmitr / Statistician
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Department of Labour Protection and welfare
:	Name/Position	Mrs. Wilaiwan Koykeawpring / Officer
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Commision on Higher Education
:	Name/Position	Ms. Aphichaya Kitjao / Educator 6
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	The Thai Network of People living with HIV/AIDS
:	Name/Position	Mr. Anan Muangmoonchai
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	The lawyers Council of Thailand
:	Name/Position	Mr. Somchai Homlaor
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I
:	Organisation	AIDS Network Development Foundation, North Office
:	Name/Position	Ms.Lamduan Mahawan
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	National Economic and Social Advisory Council (NESAC)
:	Name/Position	Ms.Supaporn Tinwattanakul

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Youth Net
:	Name/Position	Mr. kittipan Kanjina
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Foundation for older person Development
:	Name/Position	Mr.Khunikorn Thumyom
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	Border Esan Action Network
:	Name/Position	Mr.Seree Thongmak
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	The local area development support project : LDP
:	Name/Position	Mr.Methavee Ninnanon
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	Rakthai Foundation
:	Name/Position	Ms.Worakarn Tirasarichote
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	The Thai Network of People Living with HIV?AIDS
:	Name/Position	Mr. Wirat Phurahaung
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.II
:	Organisation	Saraburi AIDS Education centre (SAEC)
:	Name/Position	Ms.Nateeda Kahaonthong
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III
:	Organisation	Issarachon Association
:	Name/Position	Mr.Natee Saravari
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III
:	Organisation	Rakthai Foundation

:	Name/Position	Mr. Promboon Panitchpakdi
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III
:	Organisation	MSF
:	Name/Position	Ms.Lawan Sarawat
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.IV
:	Organisation	Rainbow sky Association
:	Name/Position	Mr.Kamonset Kengkarnrue
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.IV
Position:		Director of Bureu of Epidemology
Position:	Full time/Part time	Full time
Position:	Since when?	1978
Position:		senior expert in prevention medicine
Position:	Full time/Part time	Full time
Position:	Since when?	1994
Position:		Epodermologist
Position:	Full time/Part time	Full time
Position:	Since when?	1998
Position:		Epodermologist
Position:	Full time/Part time	Full time
Position:	Since when?	1984
Position:		Chief, AIDS Division
Position:	Full time/Part time	Full time
Position:	Since when?	2002

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2007-2011

1.1 How long has the country had a multisectoral strategy/action framework?

5

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	Yes
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	No
Finance:	Earmarked budget	No
Human Resources:	Strategy/Action framework	No
Human Resources:	Earmarked budget	No
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	Yes
Planning:	Earmarked budget	No
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No
Other*::	Strategy/Action framework	Yes
Other*::	Earmarked budget	Yes

IF NO earmarked budget, how is the money allocated?

The Budget can be proposed annually

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

- | | |
|---|-----|
| a. Women and girls: | Yes |
| b. Young women/young men: | Yes |
| c. Specific vulnerable sub-populations: | Yes |
| d. Orphans and other vulnerable children: | Yes |
| e. Workplace: | Yes |
| f. Schools: | Yes |
| g. Prisons: | Yes |
| h. HIV, AIDS and poverty: | Yes |
| i. Human rights protection: | Yes |
| j. Involvement of people living with HIV: | Yes |
| k. Addressing stigma and discrimination: | Yes |
| l. Gender empowerment and/or gender equality: | Yes |

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2006

1.5 What are the target populations in the country?

1. Men who have sex with men
2. Discordant Couples
3. Youth
4. Injected drug user
5. Sex workers and their client

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

- | | |
|--|-----|
| a. Formal programme goals? : | Yes |
| b. Clear targets and/or milestones? : | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?: | Yes |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society[4] in the development of the multisectoral strategy/action framework?

Moderate involvement

IF NO or MODERATE involvement, briefly explain:

The civil Society had participated in strategy development of a 5-year-national AIDS plan throughout the process. However, the government and the civil society did not jointly outline individual annual work plans over the period. Most of the framework was set up by the government. The civil society would submit the proposals for funding supports from the state and carried out the activities relating to their specific target groups, for example: IDU, Youth, etc.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / c)
Antiretroviral therapy:	Development Plans	b) / c)
Care and support (including social security or other schemes):	Development Plans	a) / b) / c)
AIDS impact alleviation:	Development Plans	b) / c)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	b)
Reduction of stigma and discrimination:	Development Plans	b)
Women’s economic empowerment (e.g. access to credit, access to land, training):	Development Plans	b) / c)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

3

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV Testing and Counseling Testing for enrollment of Policeman and army conscript

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

No

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

No

IF YES, which population sub-groups?

(c) IF YES, is coverage monitored by geographical area?

No

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007: 6

2005: 6

Comments on progress made in strategy planning efforts since 2005:

Thailand has been seriously carrying out HIV/AIDS responses as remarkably seen in its national AIDS Plans. Currently, the 4th plan (2007-2011), which all parties were involved, covers targeted at-risk populations. A survey in 2007 revealed that few governmental agencies had no specific budget for AIDS activities in their respective strategies. Despite of that, the budget was anyhow allocated in the annual action plan with specified funding sources. Besides, the implementation strategy has clearly stated the country's key target groups. As a result, the effort in strategic planning was relatively good. However, there was no difference of the efforts compared between 2005 and 2007.

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government : No

Other high officials : Yes

Other officials in regions and/or districts : Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1998

2.2 IF YES, who is the Chair?

Name: Mr.Paiboon WatannasiriThum

Title/Function: The deputy P.M. was delegated by The P.M. to be a Chairman

2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	No
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	No

(* If it does include civil society representatives, what percentage?

7%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

Approximately twice a year

IF YES, What are the main achievements?

Main achievements include 1) The planning process of National Strategic Plan 2007-2011 and UA plan 2007-2011 2) Setting up the multi-sector subcommittee to work on specific issues, i.e. National subcommittee on Prevention Action, National subcommittee Through Sports, National subcommittee on developing guidelines on HIV prevention in the workplace

IF YES, What are the main challenges for the work of this body?

- A) Limited human resources
- B) Limited budget support
- C) Improved technical expertise to implement the programs

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?

1.29% of National AIDS Budget 2007 (4,498,728,499 BATH)

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	No
Coordination with other implementing partners :	Yes
Capacity-building :	No

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Guidelines on AIDS response in the workplace
:	Year	Year: 2005
:	Policy/Law	Rights of AIDS Patients on donated blood testing
:	Year	Year: 2005

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007:	6
2005:	5

Comments on progress made in political support since 2005:

- Thailand has its national administrative management and coordination with sectors - that is the National AIDS Committee on AIDS response. Furthermore, a governmental body was particularly established for AIDS response i.e. National AIDS Management Center.
- Under decentralization, decision making regarding resources was made at local administration level. For instance, The Ministry of Interior took initiative in providing the working standard on AIDS for distribution to all levels of local administration nationwide. Local funding resources were gathered for promotion/training/seminar.
- Review and improvement of policy/law that was not consonant with the national AIDS response. For instance, Policy/Guidelines on AIDS response in the workplace in 2005 which is a voluntary policy; Rights of AIDS Patients on donated blood testing in 2005. The effort of political support is more increasing in 2007 than in 2005.

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

Yes

1.1 IF YES, what key messages are explicitly promoted?

Delay sexual debut:

Be faithful:

Use condoms consistently:

Engage in safe(r) sex:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Other::

Other::

Other::

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? :	Yes
secondary schools? :	Yes
teacher training? :	Yes

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates

(*If Other sub-populations, indicate which sub-populations

Thailand has its strategy to promote AIDS education to the people. The country's at-risk populations were defined with a certain plan to reduce new infected cases by half within 2010. In addition, a 5-year -Universal Access plan was also made, with the involvement of all parties concerned. Monitoring of progress and revision of the plan were done in 2007. Furthermore, proactive interventions clearly campaigning have been focused to continuously educate the population and make them understand. Prevention effort is relatively high, however, with no difference between 2007 and 2005.

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	6
2005:	6

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

No

IF NO, how are HIV prevention programmes being scaled-up?:

According to decentralization, each province and local administration have their own budget for implementation. Hence, the central integrated supervision to the provinces was used in order to accelerate local level to realize AIDS situation. Technical supports were also provided.

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	6
2005:	6
2007:	4
2005:	4

Comments on progress made in the implementation of HIV prevention programmes since 2005:

- Thailand has strategies which defined targeted populations for the implementation with specific measures on them. In addition, Universal Access plan was outlined for each population.
- Issues and campaigns in the implementation of HIV prevention programmes are evident.

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

No

IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?

Thailand has defined treatment and care as the coverage in the universal health assurance scheme. Units concerned are required to provide service to the people.

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes

4.1 IF YES, for which commodities?:

Antiretroviral drugs

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 7

2005: 7

Comments on progress made since 2005:

Thailand has its strategy to promote AIDS education to the people. The country's at-risk populations were defined with a certain plan to reduce new infected cases by half within 2011. In addition, a 5-year -Universal Access plan was also made, with the involvement of all parties concerned. Monitoring of progress and revision of the plan were done in 2007. Furthermore, proactive interventions clearly campaigning have been focused to continuously educate the population and make them understand. Prevention effort is relatively high, however, with no difference between 2007 and 2005.

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 7

2005: 7

Comments on progress made in efforts to meet the needs of OVC since 2005:

Thailand has continuously taken priority over orphaned children. It is the Ministry of Social Development and Human Security that gives supports to the orphans. The governmental agencies are spreading out across the country's regions for fostering and supporting the children. A national plan for the "world fit for children" which also includes direct AIDS affected children is available. The government provides educational support (scholarship) and basic living for them. Besides, civil society's agencies also implement the interventions on children with multi cooperation. Consequently, the efforts in response to the needs of orphans and vulnerable children have been in high level since 2005 up to present.

1. Does the country have one national Monitoring and Evaluation (M&E) plan?

In Progress

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	Yes
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	Yes
a data dissemination and use strategy :	Yes

3. Is there a budget for the M&E plan?

Yes

IF YES, Years covered:

5

3.1 IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? :	Yes
-------------------------------	-----

in the Ministry of Health? :	Yes
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**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

16

Number of temporary staff:

10

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

The major challenges is timeliness and completeness of the report

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

4

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly

IF YES, Date last meeting:

Oct 2007

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

Attend the meetings, give comments in view of civil society. AIDS cases report, Sentinel seroveillance , Behavioral suroveillance, Blood donors

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1 IF YES, what type is it?

Detail of Project and Activity

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (*): Yes

(*If there is a functional sub-national HIS, at what level(s) does it function?

Provinces

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes

7. To what extent are M&E data used in planning and implementation?

4

What are examples of data use?

AIDS Cases , seroveillance , Behavioral suroveillance , STI cases, Blood donoirer

What are the main challenges to data use?

As the data were collected by many agencies, they were subsequently screened over and over, resulting reliable data that covered all issues required.

8. In the last year, was training in M&E conducted

At national level? :	Yes
At national level? :	IF YES, Number of individuals trained: 60
At sub-national level? :	Yes
Including civil society? :	Yes

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	6
2005:	6

Comments on progress made in M&E since 2005:

The M&E implementation has been changed. Originally, the data were sent from regional offices to the central. Later, local data collection and use were emphasized increasingly resulting decreased reporting meanwhile being scattered. Thus, the national data collection has yet to be a single system. However, AIDS epidemic surveillance has been conducted continuously. The results of M&E were used for the country's implementation in response to international indicators. IT system is reliable and there is an effort for setting up a unified reporting system. In the first phase, the national M&E framework is set and the system is currently being developed. Consequently, the effort in M&E on AIDS plan is relatively high.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

1.1 IF YES, specify:

- The national Thai constitution as of 2007, Resolution 30 paragraph 3, prohibits discrimination on the basis of physical features or health status
- There are guidelines for implementation in the workplace, standards for AIDS-related services in AIDS services organizations (ASO)
- Care and treatment for PLHA is included in the national health insurance system
-

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	No
Young people :	No
IDU:	Yes
MSM:	Yes
Sex Workers :	Yes
Prison inmates :	No
Migrants/mobile populations :	No

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

- Rules or guidelines are available. In practice, adoption is not yet beneficial to individual groups.
- Non discrimination is a provision stipulated in the constitution covering all mentioned groups. However, it was not specific for any groups in order to be invoked by such mechanism as Court of Justice, Administrative Court, Constitutional Court, the National Human Rights Commission and the Ombudsman.
- Child Protection Act, Elimination of Violence against Children and Women Act and other conventions e.g. Convention on Child Rights, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

- Thailand's legal redress system is not improving. It is an issue of civil and commercial code- based violation which the damage cost in terms of money must be interpreted, including the damage directly resulted from discrimination.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes
Other::	Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

- legal international migrant laborers who have been registered and given temporary work permits and those without registration are not able to receive services under the national health insurance system.
- There are laws that restrict the rights of the migrant population. For example, the national security laws, as applied in various provinces to control illegal labor migration, infringe on some rights such as prohibiting migrants from organizing group cultural activities, or using cell phones, or assembling in groups larger than five people.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

There are places to report and appeal rights violations as organized by civil society, for example, TNCA, TNP+ and The Center for AIDS Rights Protection which provides legal assistance for persons who have been adversely impacted by HIV/AIDS (in legal aspects). There are legal assistance for persons who have been adversely impacted by HIV/AIDS (in legal aspects). There are legal offices, such as civil law offices provide assistance in general, not specific to HIV/AIDS. There are legal entities, such as the Lawyers Association, or the National Human Rights Committee.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

There is a sub-committee for advancement of AIDS activities. The Global Fund Round 1 supported community-based programs. When the government convenes forums for exchange of opinions and ideas, it is often near the end of the policy-making process, and in many cases it is too late to modify the policy at the point.

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

- The national health insurance program covers most high-risk populations but misses other sub-groups in need.
- The NAPHA Extension project, with funds from the Global Fund, attempts to provide ART to populations noneligible to national Universal coverage program, and it is under the discretion of the provinces how to allocate this support. The funding is provided for only two years duration and does not include treatment for OIs.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

- There is a service for incarcerated populations, but the approval of the institutional gatekeepers must be obtained.
- For programs for ethnic minority, it is essential to have service providers who know the local language and customs of these populations.
- For IDU, the programs need gradual implementation and careful collaboration with the local hospital.

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

Yes

IF YES, describe the effectiveness of this review committee

- The NGOs do not have enough experience in participating in this process to respond.
- This committee only has the purpose of reviewing ethical issues in the protocol; but it does not have authority to follow-up implementation of the research to see if it adheres to the protocol.
- There is only small, limited membership from civil society in this committee, and is missing representatives from the study population and members of the community being studied.
- Current practice in the development of new therapies, vaccines, or prevention technologies, the participating institutions or universities, requires the establishment of advisory committees that includes representatives of civil society, for example The Community Advisory board of the Thai Red Cross which includes the researchers, scientific and legal experts, community representatives, PLHA, women, youth, and sexually diverse populations. Each of these groups plays an active role in expressing their opinion and giving information to the community

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: Yes

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media : Yes

School education : Yes

Personalities regularly speaking out : Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 7

2005: 3

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007: 4

2005: 3

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

3

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

3

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?: 4

b. in the national budget?: 1

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2007

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?: 1

b. adequate technical support to implement its HIV activities?: 2

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007: 5

2005: 3

Comments on progress made in increasing civil society participation since 2005:

- There have been increased efforts to include civil society in collaboration with government agencies and to have an on-going series of meetings to exchange knowledge and experience between these sectors. However, even though the government agencies give voice to civil society, it is felt that the government still makes its own decisions, irrespective of the views of civil society.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

No

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

No

IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?:

There are treatment services in every district which has a hospital in coordination with AIDS service organizations and PLHA networks at the regional and provincial level.

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

- There have been increased efforts to provide treatment for persons without national ID numbers, and increase the involvement of PLHA in their treatment management.
- There has been progress in treating non-Thai citizens with ART, but this is under the discretion of the local officials whether to give this treatment or not.
- There have been efforts to expand treatment for pediatric AIDS at the community hospital level, but there have not been consistent efforts in building the capacity of the local staff to deliver this service.
- Thailand's treatment program has been recognized as reducing the number of new infections, high coverage of ART, reduction in cost of ART, improved health status of PLHA, children with HIV are able to attend. While this is true is theory, but there is unevenness in implementation and the government seems to emphasis efficiency and economy of service more than the social and individuals needs of the patient (outside of treatment).

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	51-75%
Prevention for IDU :	51-75%
Prevention for MSM :	>75%
Prevention for sex workers :	25-50%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	25-50%
Programmes for OVC** :	51-75%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	4
2005:	2

Comments on progress made since 2005:

There has been improvement in term of more comprehensive support to OVC , i.e. both physical and psychosocial support.

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