Executive Summary
***'National Strategic Plan for Integration of AIDS Prevention and Alleviation 2007-2011'*:**
Mid-Term Review: Thailand

Background:

The rapid growth of the HIV/AIDS epidemics in Thailand began in late 1980s, as in many other countries in Asia, but with a subsequently more rapid upsurge in HIV prevalence than in other countries. Since then, Thailand has made substantial progress in the fight against AIDS. It is one of the very first countries to have achieved the sixth Millennium Development Goal, to begin to reverse the spread of HIV/AIDS by 2015.

The political commitment, the mobilisation of sectors and partners well beyond the Ministry of Public Health, and the active involvement of non-governmental organisations and community based organisations since the early stage of the HIV epidemics in Thailand would help decreasing new HIV infection. But in 2004, the Royal Thai Government budgeted only 15% of resources for prevention while level of HIV continues to remain high for MSM and IDU populations[1]. The service to HIV during this time, however, has reached only 30% of the populations who need them[2]. Information from the surveillance system has identified the necessity of effective prevention programs in vulnerable groups, which are IDU, Sex workers, Men who have sex with men, migrants and youths. In addition to the ARV program, promotion of holistic care aiming at quality of life for People with HIV/AIDS (PWHA) as well as their affected families is still to be improved. The universal access to prevention, treatment, care and support services has to be ensured for all in need.

Thailand conducted an "*External Reviews of the National Health Sector Response to HIV/AIDS*" in 2005, jointly by the Ministry of Public Health (MoPH) and the World Health Organisation (WHO). The review report has generated considerable dividends: over time, its impact on the spread of HIV within and from different communities became increasingly felt and in many cases measurable; behaviours responded well to aggressive information, education and access to services, commodities and support; the stigma initially attached HIV/AIDS began to recede and the public discourse around sexuality and sexual health gradually opened.

However, the HIV continues to spread among certain population groups and showing increasing trends in some geographical areas. While data from different sources also reflect the change from epidemic to be endemic with the estimation using the "Asian Epidemic Model" has shown changing of proportion of new HIV infection. These examples demonstrate that the current plans are not strategic; information and evidence are not utilised for policy and planning, and most importantly the plans are not budgeted, prioritised and lack necessary standards or criteria for evaluation and assessment.

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[1] Source : Izazola J A (2006) : Presentation at the Economic Technical Reference Group Meeting , KL, UNAIDS Bangkok

[2] Source: Stover, J and Fahnestock M (2006). Coverage of Selected Services for HIV/AIDS Prevention, Care and Treatment in Low- and Middle-Income Countries in 2005, Washington, DC, Constella Futures, POLICY Project

The need for setting standards of the national HIV/AIDS strategic plans, describing the quality criteria and developing the capacity for generating such plans have never been so urgent, as increasing donor-funds are being made available for scaled up response and particularly with the Global Fund's recent decision to fund Thailand national HIV/AIDS strategic plans with replenishments of the fund on a year to year basis.

As Thailand enters the third decades of its HIV/AIDS epidemic, and is completing its 5-year strategic plan for Integration of AIDS Prevention and Alleviation 2007-2011, it is appropriate time to review the progress made during the last few years and reflect the observations for the policy makers and the programme manager for the revision of the strategies as needed.

The Bureau of AIDS, TB and STIs, Ministry of Public Health Thailand was the recipient of funds from the UNAIDS in coordination with Research Centre for Health Economics and Evaluation, Mahidol University to complement the projects: *'National Strategic Plan for Integration of AIDS Prevention and Alleviation 2007-2011'*: Mid-Term Review: Thailand by extension scope of the work to include civil society, PLHA, provincial level and other donors.

The scope of work was focused two main activities: Part 1) Undertake meeting with civil society, PLHA and others to obtain more feedback on National HIV/AIDS Strategic Plan and recommendation for the least of the plan and next national HIV/AIDS plans; and Part 2) Undertake a dissemination meeting for promoting use of study with widely key stakeholders.

Objectives

Part I
The first group of technical reviewer aimed to synthesise the knowledge and mechanism of the development of the strategies from the midterm review of the 10th National Strategic plan (2007-2011) on AIDS. Three of four strategies in this strategic plan, which had been reviewed, were strategies 1,2 and 4[3].

Part II
The second group was civil societies, PLHA and other non governmental organisation would meet to obtain more feedback on the mid-term review on "The Protection of AIDS Rights", the third strategic plan of National HIV/AIDS Plan for 2007 – 2011.

Methodology Part I:

In the midterm review of the 10th National HIV/AIDS Strategic Plan (2007-2011), knowledge management and knowledge integration was used with HIV/AIDS coordinators who were under Offices of Disease Prevention and Control (DPC) 3, 6, 7, 10 and 11. There have been several issues attempt to integrate knowledge management in accordance with DPC respond to the situation described as following:

[3] Strategy 1) Integrating the HIV/AIDS works to all partnerships; Strategy 2) Integrating the prevention, treatment and care, and reducing the impact of HIV/AIDS to all target population; and Strategy 4) Monitoring, evaluation, research and knowledge management to prevent and solve HIV/AIDS problems

1) Where the DPC's current standpoint on HIV/AIDS strategic/tactic plan was; 2) How the external/internal conditions related to HIV/AIDS strategic/tactic plan were;
3) How satisfied the DPC stakeholders were on HIV/AIDS strategic/tactic plan; 4) How DPC would work according to the missions on the roles and responsibilities related to HIV/AIDS strategic/tactic plan in 5 years;
5). What DPC presently worked on in prevention, treatment and care, and reduction of the impact of HIV/AIDS, and
6). How DPC would do about prevention, treatment and care, and reduction of the impact of HIV/AIDS, and how to share the knowledge among key stakeholders who were veterans on HIV/AIDS, administrators and officials under Bureau of AIDS, TB and STIs, UNAIDS, civil society organisations, DPC and universities to learn the lessons and recommend in establishing the policies about roles of DPC and development of Thailand's next National HIV/AIDS Strategic Plan.

Methodology Part II:

In the mid-term review on "The Protection of AIDS Rights", the third strategic plan of National HIV/AIDS Strategic Plan for 2007 – 2011, the civil societies, PLHA and other non governmental organisations had met to synthesis the key successes, challenges and relevant suggestions for the next National HIV/AIDS Strategic Plan for 2012-2016.

Results:

Key findings, conclusions and policy recommendations from Part I: Knowledge Management

As a result of government system reform, healthcare reform and healthcare policy that changed toward Universal Coverage Scheme, and Performance Based Budgeting System (PBBS), DPC took the roles in developing techniques and knowledge to control the diseases and health hazards. Most DPCs already had AIDS strategy as their major standpoint. However, the emphasis was put on coordinating, technical supporting and monitoring. Unlike in the past where their roles were to allocate the budgets to the service units in the area, their new functions were area project implementation as the DPC's budget came from many sources such as Department of Disease Control, National Health Security Office and Global Fund. All budgets which DPC received were on the lump-sum basis contracted project by project.

For the external/internal conditions of the DPC related to HIV/AIDS strategic/tactic plan, on the external conditions it was found that the Local Governments were becoming important on resources. Activities developed to enhance the capacity of Local Governments had been established for the Local Governments to solve HIV/AIDS problems. When National Health Security Office took the roles of treatment and care of HIV/AIDS patients, DPC had changed their role to become the coordinator of the data for the analyses of technical and data system problems. However, DPC could not use the data for their own work. There were problems of data coordination from government organisations to non government organisations, civil society organisations and democracy organisations. On the internal conditions of DPC, the prevention of HIV/AIDS had been separated from treatment and care. HIV/AIDS works lacked connections.

Satisfaction on HIV/AIDS strategic/tactic plan among stakeholders: Satisfaction of the stakeholders outside and inside Ministry of Public Health organisations were in different levels. It was depended on roles, performance indicators and mutual benefits from work. The regional hospitals, general hospitals, and community hospitals where their main roles were to treat the patients and promote health, the level of satisfaction on HIV/AIDS strategic/tactic plan was high when they could solve problems for patients. Satisfaction level of the hospitals was higher than that of Provincial Public Health Offices who took the roles of implementation of the strategic plan and the roles of monitoring and evaluating under strategic plan. The satisfaction of units outside Ministry of Public Health such as Provincial Office of Labour, Provincial Social Development and Human Security Offices, Education Service Area Office and Local Government Organisations was medium level because of the integration of HIV/AIDS work and network between public health organisation and other network. In universities, the satisfaction was higher because they produced more output and outcome and there was more budget on HIV/AIDS work. As in civil society and AIDS network the satisfaction level was considerably high in moving AIDS strategies with government organisations.

How DPC worked in accordance with the missions under HIV/AIDS strategic/tactic plan in 5 years: Overall, DPC aimed to emphasize on being strategic management body; coordination centre to manage HIV/AIDS problems; technical supporter for strategic mapping and integration of HIV/AIDS strategic plan; and centre for coordination of overall standard of treatment and care of HIV/AIDS, rather than being the implementation unit. DPC was not an organisation that supported budget for network organisation as in the past. Moreover DPC also had the responsibility to support the development of the mechanism of civil society to establish HIV/AIDS support and management system by local organisation. DPC studied and developed, or researched the patterns and directions of the implementation on HIV/AIDS that were suitable for local government contexts. This also included the study to develop the resource mobilisation and allocation mechanism of local organisations, non-government organisations and other civil organisations. This research aimed to develop the participation on prevention and mitigation of HIV/AIDS in regional level to reduce the gap of knowledge and experience by building knowledge sharing floor. It would open more opportunity for discussion among the participants in regional area periodically and continuously to enable the flow and dissemination of HIV/AIDS knowledge that led to change and reduce epidemic of HIV/AIDS for the better quality of life in the future.

DPC’s current works on prevention, treatment and care, and mitigation of the impact of HIV/AIDS: On prevention of HIV/AIDS, DPC collected the data about prevention from service units both from government and non-government organisations that led to HIV/AIDS situation analysis; social epidemic of HIV/AIDS and behaviour related to HIV/AIDS; the study of suitable prevention mechanism for HIV/AIDS; search for cooperation through multidisciplinary professions for treatment and care and prevention of drug resistance; Promotion for access to HIV/AIDS treatment and care for all target group including the development of local staffs to be able to give knowledge for self-prevention in target and risk group. DPC passed on the prevention measures to all levels and all involved parts in the organisations and searched for the incorporation on treatment and care, and the mitigation ways. Not only did DPC support the patients who did not have health care scheme by giving them ARVs, it

supported HIV/AIDS laboratory such as CD4 and viral load. In monitoring and evaluating the quality of services, DPC used HIVQUAL-T program and coordinate with TB control program unit to reduce morbidity in TB patients with HIV in Thai population. All TB patients were tested for HIV and the TB patients with HIV could easier access to ARVs to reduce the morbidity. DPC had prepared the research to find the surveillance methodology for ARVs resistance to get ready for the effective formulas to reduce morbidity and the ineffective treatments.

What DPC should do in the future for prevention, treatment and care, and reduce impact from HIV/AIDS: On the prevention side the regional coordination centre for HIV/AIDS problem solving management should be established to give the technical and academic support in preparation of the strategic mapping and to give support on the development of AIDS working network mechanism among government organisations, non- government organisations, civil society and AIDS patient network. Highlight was put on developing resource support system and building participation to reduce HIV/AID problem. Centre for HIV/AIDS coordination and management should be a centre to make sure the treatments meet the standards of HIV/AIDS treatment and care. There should be the monitoring and evaluating of the HIV/AIDS strategy and management in the regional level. It was also necessary to find out effective key performance indicators of the prevention program to drive the works of all HIV/AIDS network and develop HIV/AIDS prevention mechanism in risk group such as youths. DPC should work together with NHSO in data sharing and analyse the data from NAP program to look for the accomplishments and problems. Attention should be paid on effectively building more capacity for provincial HIV/AIDS subcommittee in the provinces that did not participate in Provincial Coordinating Mechanism (PCM) project. Capacity of staff should be developed by opening learning channel to create learning society with not only broad but deep knowledge and to be able to apply the knowledge in real work. DPC should encourage the knowledge sharing among all colleagues and involved parties. Systematic compilation of knowledge should be setup to be the source of reference about HIV/AIDS. DPC should develop information technology about HIV/AIDS situations; HIV/AIDS risk behaviours, services, target group, supports, sources of fund, work description, and roles of the network. Support should be integrated in HIV/AIDS work in the youth group in all levels of organisations and schools. HIV/AIDS strategic planning should be emphasised in the provincial strategic development plan, capacity building for HIV/AIDS staffs, improvement of the quality of service system through pilot projects, and improvement of the accessibility to the basic service system of local governments to reduce the impact. All HIV/AIDS works have to have the key indicators to monitor and evaluate the results.

Conclusions

DPC’s roles as strategic manager were organizing and driving the strategy; giving technical and academic supports to Provincial Health Offices (PHOs) including all civil society organisations; and driving forward along with various components such as capacity building of DPC. It was necessary to have trainers in the local areas and also in PHOs to lead the way on HIV/AIDS strategic plan to ensure everyone is moving to the same direction to understand AIDS and to use all the information in the database system. As there were many organisations working on AIDS strategy at the provincial level, it was necessary to have HIV/AIDS coordinator in each area to enable the strategy to be driven forward.

The weak point of Thailand National AIDS strategic plan was the low utilisation of this plan. Outside organisations did not know the roles on prevention though the design of National HIV/AIDS Strategic Plan was done by all parties. However, after the plan was established only the Ministry of Public Health implemented the plan. For the next plan, it should be worth considering different approaches and strategy on capacity building HIV/AIDS staffs should also be included.

Policy Recommendations

The upcoming unified system will have to involve all sectors. For this midterm review process, only health sectors participated. It did not include non-health sectors in the process. National Centre for Management of AIDS Prevention and Alleviation should continue to work on it because it is the main organisation to develop next edition of Thailand National HIV/AIDS Strategic Plan.

Academic support of is a very important role. At current time it was found that there was not enough HIV/AIDS staff. More networks could be developed. In HIV/AIDS prevention work DPC did not have to do all the work by itself if DPC could convert medical and public health knowledge about HIV/AIDS to language that could be understood and learned by laymen. If the roles of the public could be expanded so they could take wider roles as it is their own health, they could take care of themselves. The main roles of DPC should be enhancing the public knowledge on health, giving academic support and coordinating among units to make sure they are happy working in these roles.

The weaknesses of Thailand National HIV/AIDS Strategic Plan should be rectified by increasing implementation of the strategy, developing pattern of work to enable the external organisations to know their roles on HIV/AIDS not only as diseases but also in community and social dimensions.
In the next edition of Thailand National HIV/AIDS Strategic Plan the capacity building for HIV/AIDS staff should be included.

The effective indicators on prevention implementation should be found to drive the network's works and develop the model of HIV/AIDS infection prevention programs for youths.

The capability of PCM coordination mechanism should be strengthened for those who did not participate in PCM program.

Results:

Key findings from Part II: Knowledge sharing and synthesis of key successes, challenges and suggestions

In the mid-term review on "The Protection of AIDS Rights", the third strategic plan of National HIV/AIDS Plan for 2007 – 2011 found key Successes, Challenges and suggestions as followed;

Successes:

- In term of Plan, Policy and Laws, Thailand has the second National Human Rights Plan for 2009 - 2113 and "The Protection of AIDS Rights Plan" as the third strategic plan in the National HIV/AIDS Plan for 2007 – 2011 and others, which means Thailand already have good policy and laws mechanism that no need to develop any specific HIV laws.
- In term of Mechanism, We had established the sub-committee on HIV/AIDS prevention under the National HIV/AIDS Committee and we had Rights and Liberty of People Division (RLPD), Ministry of Justice as jointed mechanism for human rights and AIDS rights protection with civil society.
- We have developing monitoring and evaluation mechanism at national level and strengthening the role of Provincial Coordinating Mechanism (PCM) in order to move forward the better respond on HIV/AIDS at national and provincial level.
- In term of process and participation: Civil Society networks have finished four review reports on Law, Policy and Responses on AIDS Rights and Human Rights and proposed suggestions for consideration on improvement of HIV/AIDS responses in Thailand.

Challenges:

- There still have reported of Rights abuse on HIV/AIDS cases with stigma and discrimination from health, education services, workplace and social welfare for children.
- While we are strengthening and moving forward on HIV prevention efforts, these might lead to stigma and discrimination toward 4 key targeted populations (IDU, MSM, SW and MW) identified as significant of HIV epidemiology, including sexual and reproductive rights abuse toward PLHIV especially women with HIV positive.
- There still is a gap on Rights protection and promotion between HIV/AIDS responses and Human Rights mechanism.
- Officer and civil society staff need to be strengthened, and build up capacity on Rights protection and promotion of Sexual Rights, AIDS Rights and Human Rights.
- However, we have developed monitoring and evaluation system on HIV/AIDS responses, we still need further development for better M&E system and need to strengthen M&E on this third strategic plan too.

Suggestions:

- Thailand needs to move forward to Rights Based Approach for better responses on HIV/AIDS
- The establishment of the new sub committee under National AIDS Committee for monitoring and control over stigma and discrimination toward PLHIV/AIDS is indeed.
- We do need to develop process of collaboration and coordination between Human Rights plan and national HIV/AIDS plan and there was proposed the Rights and Liberty of People Division (RLPD), Ministry of Justice as principle responsibility organisation of the second national human rights to respond for establishment of sub committee on AIDS rights protection
- We do need to adjust this strategic plan especially on the monitoring and evaluation part and in addition, include the promotion of sexual rights, learning for better understanding on Sex, Gender and Sexuality (SGS) into this plan too.

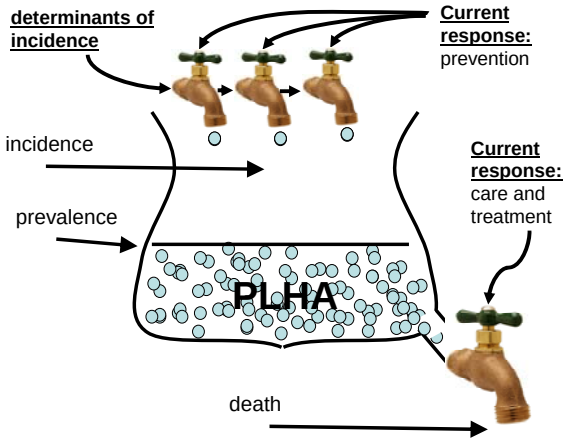
Moving forward

This mid-term review of "National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007 – 2011" report with including results from various organisations and the civil societies will help strengthen national responses till 2011 and inform new direction of the 11th Thailand National HIV/AIDS Strategic Plan (2012-2016).

Strategic Plan is a framework for changing a specific situation which delineates priority areas for action and basic steps to go from here to there. A "strategic" HIV/AIDS strategy takes into account the underlying determinants of the epidemic and how they affect different social groups according to situations that change over time.

1) The importance of developing a National Strategic Plan (NSP) for HIV prevention

The concept and importance of developing a National Strategic Plan (NSP) for HIV prevention is shown in the picture below. It's telling us about the nature of HIV/AIDS epidemic and will get a better understanding of what drives HIV spread: The typical characteristics of Thailand epidemic, concept of Most at Risk Populations (MARPs), patterns and priorities of the Thailand epidemic as well as prevention by sources of new infection and the data needs (for surveillance, for monitoring the response, for project monitoring).



Where do the data come from?

- Prevalence data
Surveillance
- Determinants of incidence
Behavioural surveys, analysis of prevalent cases
- Programmatic response
Process monitoring, sources and uses of funds
- Changes in outcomes
M&E system

2) Understanding what drives HIV spread

Therefore, the key remaining questions we need to answer are: 1) understand the epidemic (where would the infections occur?); 2) understand the determinants of the current incidence (what can be influenced that will change the expected prevalence?); and 3) understand current response (what is already being done, what remains?).

3) Who could be Most at Risk Populations (MARPs) in the next NSP?

Although people have some level of risk for acquiring HIV, some people are especially vulnerable due to their behaviour or the behaviour of their partners. Such groups are called Most at Risk Populations or MARPs. MARPs vulnerable to HIV infection

include but are not limited to commercial sex workers and their sex partners; men who have sex with men and male sex workers; injection drug users (IDUs) who share HIV contaminated drug injection equipment; persons with multiple and concurrent sex partners; individuals who abuse other substances such as non-injection drugs and alcohol and persons detained in corrections facilities.

Entry of HIV infection into a country's vulnerable populations can have major impact on the course of the HIV epidemic. For example, at the end of 2009 in Thailand, there were 350,000 persons living with HIV/AIDS. More than 50% of these persons were injection drug users (IDUs). However, the epidemic appears to be evolving such that HIV infection is spreading from IDUs and women who trade sex for money to their sex partners, and other members of the general population. MARPs are important because they may serve as “bridge” populations transmitting HIV to groups otherwise unlikely to become infected.

4) What will be suggested programme area in the next NSP?

There will be two areas that are suggested to be programme area in the next NSP. The first areas are “Core Program Areas” which serve as the main area for taking care of PLHA especially programme for HIV Prevention aimed at key drivers, AIDS Treatment, Care and Support with development of the enabling environment. Programme for impact mitigation (OVC: Orphans and Vulnerable Children) should be promoted with participation of target group. The second areas are crosscutting program areas which stress on creating programme with all possible networks such as: Management of the national response (policy, legal and institutional frameworks), Monitoring and Evidence Building (surveillance, research, information systems) and Capacity Building (human resources, infrastructure).

Political and policy process to decide on broad relative priority among program areas (treatment-prevention, adults-children, men-women, etc) should be informed by evidence and preferences. Interventions (activities) are implemented to produce outputs which contribute to the desired outcomes in each program area. Some facts on the strategic plan are 1). A Strategic plan is a living document. It can and should be revised as needed during implementation as may be suggested by monitoring data and research findings. 2). Strategic planning is not a linear process. It involves a series of phases -as shown in the Results Cycle- which overlap. 3). By using evidence, the strategy planning process creates demand for quality information. In addition, a Strategic Plan includes a section on monitoring and evaluation, including a research plan and indicators.

Lesson learns

The strategic plan formulation describes what the data needs are to assess progress of the national HIV/AIDS responses, and the data arrangements. Strategic Planning in HIV/AIDS is intended to change the future of the epidemic in a country by assessing the progressing of the epidemic and evaluating results from projects, programs, or policy's implementations. The important questions are: 1) how we can help policy-makers pick the package of interventions that has the greatest impact in changing that future; 2) how the available data can be used to describe the future that would occur in absence of an effective program and 3) how we can simulate the future would change with different packages of interventions – so that we can recommend the one that gives greatest value for money?.

Key success for the next National HIV/AIDS Strategic Plan needs a good strategic information and should be the tool for decision-makers to effectively respond to the specifics of an epidemic, advocate for sustained national funding and support from Ministry of Finance and other Ministries, Mobilise and align external funding and other support and be responsive to the needs of local communities.

A good strategic plan can help decision-makers to manage for results by being based on evidence of the evolution of the epidemic and it effects on specific population groups, addressing the root causes and modes of infection in the country, identifying specific results to be achieved, and actors' responsibilities and explaining how the priority areas will be implemented, monitored, measured, and funded.

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