

Survey Response Details

Response Information

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Response Details

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1) Country

Thailand (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Dr.Petchsri Sirinirund

3) Postal address:

Department of Disease Control, Ministry of Public Health Tiwanond Road, Nonthaburi, 11000

4) Telephone:

Please include country code

+6681-603-4423, +662-5903829

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Please include country code

+662-9659095

6) E-mail:

spetchsri@gmail.com

7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The first step was to design technical coordinators for data gathering: NAMc for part A, and a representative Thai Network Coliation on AIDS for part B. The technical coordinators undertook the desk review on relevant documents included NCPI questionnaires, National AIDS Plan, National socio-economic plan, HIV/AIDS related policy and measures and Declaration of Commitment on

HIV/AIDS. Introductory meeting among key government partners was organized on 2 Feb 2010 to overview NCPI process, to clarify NCPI questionnaires and to describe how to obtain the NCPI data. . Identification of key government partners. these included - MOH, Ministry of Education - Ministry of Labour and Social Welfare - Ministry of Transportation - Ministry of Defense - National Police Office - Ministry of Social and Security Development - Ministry of Interior and Local Administrative Organization - National Economic and Social Development Council - Ministry of Justice - Ministry of Tourism and Sport - Ministry of Internationality - Ministry of Culture - Public Relation Department - Office of the Attorney General in Thailand - The Office of Narcotics Control Board - National Health Security Office

9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

To obtain an overview of how the NCPI data were obtained, all government partners were requested to provide the following information on all individuals who were interviewed including the organization they represent, their name and position and the part(s) of the NCPI they responded to.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Review all responses to determine if additional information or documents are needed. Analysis and interpretation were done together among NAMaC team, wrote up of the main findings. NAMc organized a forum to discuss and endorse the major findings of the UNGASS Country Progress Report, including the results from the NCPI.

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NCPI - PART A [to be administered to government officials]

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	NAMc	Ms.Petchsri Sirinirund, MD	A.I, A.II, A.III, A.IV, A.V

12)

Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2 Office of the Basic Education Commission	Ms. Kornkaew Kanomekran	A.I, A.II, A.III, A.IV, A.V
Respondent 3 Vocational Education Commission	Ms. Suchitra Prongseang	A. I, A. II, A. III, A. IV, A. V
Respondent 4 Department of Labour Protection and Welfare	Ms. Wilaiwan Koikeawprieng	A.I, A.II, A.III, A.IV, A.V
Respondent 5 Royal Thai Air Force	MS. Jumrung Chaladkid	A. I, A. II, A. III, A. IV, A. V
Respondent 6 Naval Medical Department	Mr.Ngean	A.I, A.II, A.III, A.IV, A.V
Respondent 7 Royal Thai Army Medical Department	Ms.Kanidta Thongbun	A. I, A. II, A. III, A. IV, A. V

Respondent 8	Royal Thai Police	Ms.Jantanee Witchawasiri	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministry of Tourism & Sports	Ms.Panpimol Chayajitchayawat	A. I, A. II, A. III, A. IV, A. V
Respondent 10	Department of Labour	Ms.Achara Ngamsomjit	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Thanyarak Institute	Ms.Nutcha Srirung	A. I, A. II, A. III, A. IV, A. V
Respondent 12	Department of Juvenile Observation and Protection	Ms.Wanee Konsuwan	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Bureau of AIDS, tuberculosis and sexually transmitted diseases.	Ms.Thongkon Yanrungsri	A. I, A. II, A. III, A. IV, A. V
Respondent 14	Office of the Attorney General in Thailand	Ms.Nidta sujaridworakul	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Sports Medicine Division.	Ms.Aurasri Jayapum	A. I, A. II, A. III, A. IV, A. V
Respondent 16	Office of the National Economic and Social Development Board	Ms.Paranee Watana	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Bureau Of Mental Health Technical Development.	Ms.Saowaluk Suwanmaitre	A. I, A. II, A. III, A. IV, A. V
Respondent 18	Office of the Narcotics Control Board	Ms.Supodjanee Chutidamrong	A.I, A.II, A.III, A.IV, A.V
Respondent 19	The Department of Local Administration	Mr.Thana Yuntarakovit	A. I, A. II, A. III, A. IV, A. V
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	TNCA Ms. Supatra Nakapew	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Thai Network of People Living with HIV/AIDS (TNP+)	Mr. Boripat Donmon	B.I, B.II, B.III, B.IV

Respondent 3	Thai NGO coalition on AIDS (TNCA)	Mr.Udom Likitwannawut	B. I, B. II, B. III, B. IV
Respondent 4	AIDS access foundation	Mr.Nimit Teanaudom	B.I, B.II, B.III, B.IV
Respondent 5	AIDS access foundation	Ms.Sengsiri Treemakkha	B. I, B. II, B. III, B. IV
Respondent 6	AIDS access foundation	Ms.Nampung pengruen	B.I, B.II, B.III, B.IV
Respondent 7	Women working group on HIV/AIDS	Ms.Sureerat Treemakkha	B. I, B. II, B. III, B. IV
Respondent 8	Women working group on HIV/AIDS	Ms.Sulaiporn Chonwilai	B.I, B.II, B.III, B.IV
Respondent 9	We understand Group	Ms.Chutima Saisangjan	B. I, B. II, B. III, B. IV
Respondent 10	Phayao Development foundation	Ms.Suphaporn Tinwattanakul	B.I, B.II, B.III, B.IV
Respondent 11	Raksthai foundation	Ms.Sunee Talawat	B. I, B. II, B. III, B. IV
Respondent 12	Raksthai foundation	Ms.Supeecha Baotip	B.I, B.II, B.III, B.IV
Respondent 13	Thai NGO coalition on AIDS (TNCA)	Mr.Nivat Suwanphatdhana	B. I, B. II, B. III, B. IV
Respondent 14	Thai NGO coalition on AIDS (TNCA)	Ms.Kanjana thalengkit	B.I, B.II, B.III, B.IV
Respondent 15	PATH	Ms.Usasinee reawtong	B. I, B. II, B. III, B. IV
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

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16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2007-2011

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

12

18)

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

	Included in strategy	Earmarked budget
Health	Yes	No
Education	Yes	No
Labour	Yes	No
Transportation	Yes	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*	Yes	No

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19)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

- Each agency uses strategy as the framework in organizing action plans or programmes each year.
- National Health Security Office allocates total budget to agencies in target areas who consider setting up health promotion and disease prevention programmes, which include AIDS prevention and alleviation.
- National Health Security Office allocates budget to go towards district health fund, by allowing local authorities to jointly donate. This can be taken into consideration in implementing AIDS prevention and alleviation.
- Provincial Strategy is a governmental budget decentralized to provinces, which can be requested under the Social Development Strategy.
- Local authorities can create spending regulations for the implementation on AIDS prevention and alleviation within target areas.

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20)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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22)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2007

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23)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

1. Married spouses with one partner HIV positive 2. Children and youth 3. Labour force 4. Female sex workers and their clients 5. Migrants and mobile populations 6. Drug users 7. Men who have sex with men 8. Prisoners

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	Yes

26)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Moderate involvement (0)

Page 12

27)

IF NO or MODERATE involvement, briefly explain why this was the case:

Civil society is involved in developing strategy for the National Strategic Plan on AIDS as well as the process of making the Plan. However, the state and civil society did not jointly decide on the work plans each year. The framework is usually designed by the state. For implementation, civil society will propose a project with funding from the state and organize activities for different target groups such as drug users and youth.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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31)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	N/A
e. Other: Please specify	

32)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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33)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN**3.1 IF YES, to what extent has it informed resource allocation decisions?**

3 (3)

35)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing is mandatory for recruits in the army and police force. Newly recruited military conscripts as follow; 1. The Army is the target group in National Security. There is a pre-test counseling, however, according to regulations all soldiers must take the blood test. They must sign the consent form before taking the blood test. In the case of an HIV-positive result, the result is referred to the military hospital within the area, which can provide treatment. Each hospital has a different service system. 2. For the Air Force, there is HIV testing, but it is done by inviting

everyone to donate blood and to receive group counseling. However, they can refuse to donate blood if they feel they are not ready. In the case of a HIV positive result, there is an individual post-test counseling. The air force has a policy to care and help officers who are HIV positive. 3. For the Navy, there is HIV testing, but it is done by inviting everyone to donate blood and also receive group counseling. However, they can refuse to donate blood if they feel they are not ready. In the case of a HIV positive result, there is an individual post-test counseling. The Navy has a policy to care and help officers who are HIV positive.

38)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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39)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

40)

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

• Child Protection Act and Domestic Violence Act have been continuously implemented by One Stop Crisis Center at hospitals and the 1300 Call Center. The mechanisms used are: Multidisciplinary groups, One Stop Crisis Center, local NGOs and civil society. Sexual harassment criminal law has been improved and enforced to include boys and transgender. This resulted in more reports and more perpetrators arrested. • Labour Protection Act, improved 2008 version (Volume 3), protects most-at-risk populations and other vulnerable groups in terms of employment. The most important aspect is Section 89, which states that “the use of minimum wage or skill level wage must be enforced to all employees and involve no discrimination on general labour force, migrants, female labour and child labour”. This is enforced by Department of Labour Protection and Welfare, with labour patrol staff as the mechanism for national law enforcement. There are also channels to receive complaints in the case of employees having their rights violated. This can make sure that employees get the equal rights and justice they deserve according to the law. • The Code of Conduct on AIDS Prevention and Alleviation in the Workplace 2009 is a notice for cooperation from workplaces to have non-discrimination recruitment policies towards people living with HIV, and to appropriately aid employees who are HIV positive or are AIDS patients.

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41)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

43)

IF YES, briefly describe the content of these laws, regulations or policies:

o There is an available code of conduct on AIDS and youth by Medical Council. HIV testing must be consented. In the case that the test recipient is under 18 years old or not legally an adult by marital status, the test must be under the consent of a parent o There is a Prevention and Suppression of Prostitution Act which gives police the authority to arrest sex workers or injecting drug users Briefly comment on how they pose barriers: With cooperation from civil society, support and push for a review of policies and punitive laws that may be obstacles for access to services

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44)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

46)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

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47)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

49)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

50)

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

No (0)

Page 28**51) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

No (0)

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52)

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

Yes (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

54)

Since 2007, what have been key achievements in this area:

- In 2008, the Country Coordinating Mechanism organized a prevention program among sex workers, men who have sex with men, drug users, migrants, mobile populations and prisoners, in order to fill in the gap on working with AIDS and these population groups. The program received supportive resources from The Global Fund between 2009-2014.
- In 2009, National AIDS Prevention and Alleviation Committee agreed to organize an integrated Acceleration Plan to halve new HIV infections by 2011.

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55)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

56)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

57)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1998

58)

2.2 IF YES, who is the Chair?

Name	Abhisit Vejjajiva
Position/title	Prime Minister

59)

2.3 IF YES, does the national multisectoral AIDS coordination body:

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?	No
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

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60)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

36

61)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

5

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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63)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

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64)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

There are 3 coordinating organizations : 1) National AIDS Management Center 2) CCM Secretariat 3) Department of Disease Control as PR who coordinates between the state and civil society 4) Technical Working Group on Monitoring and Evaluation for National AIDS Prevention and Alleviation. Major achievements: 1) National AIDS Management Center generated a National Strategic Plan on AIDS, Code of Conduct on AIDS in the Workplace and integrated Acceleration Plan to halve new HIV infections by 2011. 2) CCM Secretariat facilitated the nomination of Academic Committee on AIDS, which monitors the overview of the proposed Global Fund plans and organized programs for proposed funding, as well as facilitated on the nomination of Strategic Committee between the 3 PRs. 3) Department of Disease Control as PR coordinated between the state and NGOs regarding the proposals for Global Fund and regarding people living with HIV who are the subjects of Global Fund project (GF R8). 4) There is a technical working group on Monitoring and Evaluation on national AIDS prevention and alleviation. The UNGASS reports are created and the Monitoring and Evaluation system on national AIDS prevention and alleviation is constantly updated.

65)

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

Please enter the rounded percentage (0-100)

8

66)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

67)

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

Yes (0)

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68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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69)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

IF YES, name and describe how the policies / laws were amended:

- Code of Conduct in National AIDS Prevention and Alleviation in the Workplace in 2009
- Extended period for migrants registration policy in 2009
- Harm reduction policy in 2009

70)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

- o Code of Conduct on AIDS by Medical Council. HIV testing must be consented. In the case that the test recipient is under 18 years old or not legally an adult by marital status, the test must be under the consent of a parent.
- o Laws on prostitution or sex work which remain illegal, Prevention and Suppression of Prostitution Act and arrests of sex workers, as well as entertainment venues.
- o National security policy and Illegal Immigration Act

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71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

72)

Since 2007, what have been key achievements in this area:

- The Prime Minister prioritizes work on AIDS by:
 - o Being the Chairman of National AIDS Prevention and Alleviation Committee, without assigning other ministers to take on the role. In addition, the Prime Minister personally attends the meetings of National AIDS Prevention and Alleviation Committee.
 - o The Prime Minister is the presenter for HIV/AIDS Prevention campaign.
- More supportive budget on prevention and alleviation of AIDS plans organized by government and civil society
- More supportive budget on ART treatment, which allows more universal access to treatment and better standard of services
- o National AIDS Prevention and Alleviation Committee has a resolution to :
 - Review and improve the policy on Code of Conduct in AIDS Prevention and Alleviation in
 - o Business 2007 to Workplace in 2009 - Adjust the organizational structure of National AIDS Management Center from being under the
 - o Bureau of AIDS, Tuberculosis and STI to Department of Disease Control

73)

What are remaining challenges in this area:

- Although more budget has been allocated, the ratio spent on prevention is still small
- National AIDS Management Center would work more efficiently by improving the capacity of the mechanisms, since at the moment there is shortage of staff and expertise, which has an effect on its strength as the Secretariat of National AIDS Prevention and Alleviation Committee
- National AIDS Prevention and Alleviation Committee still contain a small proportion of civil society representatives.
- The HIV prevention among most-at-risk populations is still limited in terms of policies and laws which are not enabling.
- There are decentralization policies and budget allocations to provinces, but it is still not possible to pursue a sense of local ownership and local implementation of HIV/AIDS prevention

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74)

Part A, Section III: PREVENTION

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

Yes (0)

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75)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

76) In addition to the above mentioned, please specify other key messages explicitly promoted:

- AIDS can be treated - Acceptance of PLHA as part of the community - Rights protection

77)

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

Yes (0)

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78)

Part A, Section III: PREVENTION

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

Yes (0)

79)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes

teacher training? Yes

80)

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

Yes (0)

81)

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

Yes (0)

82)

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

Yes (0)

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83)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Injecting drug user, Other populations
Drug substitution therapy	
Needle & syringe exchange	

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84)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

85)

Since 2007, what have been key achievements in this area:

- Condom promotion policy in youth such as Pok Toong campaign
- Extended VCT services with a policy to include this service as a privilege in National Health Security system

86)

What are remaining challenges in this area:

- Increased budget on prevention by the state, but still remains small
- The duration of Global Fund
- Promotion of local ownership and intensive implementation on AIDS prevention, as well as more efficiency in Monitoring and Evaluation

Page 45

87)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

88)

Part A, III. PREVENTION**Question 4 (continued)**

IF YES, how were these specific needs determined?

Consideration of data on the prospect of new HIV infections, consideration of readiness of the organizations and agencies in target areas and whether there are also civil society working in these areas

89)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree

IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

Page 47

90)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

91)

Since 2007, what have been key achievements in this area:

- Provide knowledge on AIDS and sex education to youth in schools, communities and workplaces which are under the support of Global Fund
- The steering of prevention interventions under the workplan of the Steering Sub-Committee on AIDS Prevention and Alleviation
- Antiretroviral drug for pregnant women policy which adjusted the formula from 2 to 3 drugs combination

92)

What are remaining challenges in this area:

- Promotion of local ownership in AIDS prevention programs
- There is still a small number of recipients of VCT
- Contextual situations that affect problems have become more complex. Therefore, it is necessary to development strategies/measures for different implementations to correspond to the different contexts.
- Different workplans have been implemented, but they should be speeded up to enable more coverage of target populations

Page 48

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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 (0)

Page 49

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

96)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

- Data of number of people living with HIV and AIDS patients
- Analysis of data on people living with HIV who have received ART treatment, on access and coverage and on drug resistance surveillance
- Data on quality of treatment HIVQUAL-T
- Consideration of ways to offer treatment for people living with HIV and AIDS patients nationwide

98)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access

HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree

HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

Page 51

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

100)

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

No (0)

Page 53

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

102)

Since 2007, what have been key achievements in this area:

- ART treatment has covered more recipients and improved in standard
- The implementation of NAPHA EXTENSION Project which allowed 2,000 migrants access to antiretroviral drugs
- Promotion of including VCT policy into the national health security system

103)

What are remaining challenges in this area:

- The majority of people living with HIV have slow access to treatment. Most of them have CD4 level below 100 cells/ml
- There needs to be an extension of antiretroviral drugs service among migrants and stateless population into the health system
- There needs to be a promotion of

'knowing your HIV status' in order for quicker access to treatment • Ways to implement the programme on " Life after ART treatment" • More acceleration for a combined approach on TB/HIV treatment by speeding up treatment process and covering more TB/HIV patients and mortality rate in new TB incidences with HIV infection in the phlegm • Reserved drug formula appropriate for treatment. There are still limitations in the choices available for treatment, especially for children • Clear ways in caring for children living with HIV who are approaching puberty and have been receiving antiretroviral drugs • There are still little data on access to treatment concerning hard-to-reach populations, prisoners, migrants and ethnic minorities • The development of local Monitoring and Evaluation system and capacity building of staff, in order to make best use of recorded data in the NAP program.

Page 54

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

106)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

107)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

108)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

109)

Since 2007, what have been key achievements in this area:

- Adjustment of life benefit for people living with HIV by having hospitals pay for the expenses instead of the communities
- State support for children affected by HIV through scholarships, welfare, orphanages and foster care, which will help to cover more children and families affected by HIV
- The development of therapeutic methods, self-appreciation and capacity building for children living with HIV through artistic and integrated processes on psychological wellbeing and health for a holistic care and development of children living with HIV

110)

What are remaining challenges in this area:

- Improve coordinating system on children affected by HIV data and the Monitoring and Evaluation system at all levels
- Promote community-based mechanism which supports mental and physical care, social mentality and rights protection of children who are affected by HIV/AIDS
- Promote child care in state and private-run orphanages to be of same quality

Page 57

111)

Part A, Section V: MONITORING AND EVALUATION

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

In progress (0)

Page 64

112)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

113)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

- Integrated state inspection twice a year enabled cooperation in the implementation by relevant partners at the local level and this affected the improvement and development of workplans, strategic planning and collaboration
- Inspection by Ministry of Public Health twice a year
- Inspection by other ministries
- Internal and external Monitoring and Evaluation under the Global Fun projects

114)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

115)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?
 in the Ministry of Health? Yes
 Elsewhere? (please specify)

116) **Number of permanent staff:**

Please enter an integer greater than or equal to 0
 8

117) **Number of temporary staff:**

Please enter an integer greater than or equal to 0
 0

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118)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Director	Full time	2006
Permanent staff 2	Public Health Technical Officer	Full time	2006
Permanent staff 3	Public Health Technical Officer	Full time	2006
Permanent staff 4	Public Health Technical Officer	Full time	2007
Permanent staff 5	Public Health Technical Officer	Full time	2007
Permanent staff 6	Project Coordinator	Full time	2008
Permanent staff 7	M&E Coordinator	Full time	2009
Permanent staff 8	Field Coordinator	Full time	2009
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff			

13
Permanent staff
14
Permanent staff
15

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119)

Part A, Section V: MONITORING AND EVALUATION

5.3 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 for inclusion in the national M&E system?

Yes (0)

Page 69120) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

- Set up working group
- Reporting system from Global Fund
- Through conferences between agencies and seminars on progress of implementation
- Through international websites of agencies

121)

What are the major challenges?

- Development of a unified Monitoring and Evaluation system
- Data use
- Improvement of data quality
- Capacity building of staff on Monitoring and Evaluation

Page 70

122)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

123)

6.1 Does it include representation from civil society?

Yes (0)

Page 71124) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

- People Living With HIV network
- NGOs Coalition on AIDS take part in planning, suggestions and coordination with civil society

125)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

126)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

Bureau of Epidemiology

127)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73

128)

Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

target populations (0)

geographical coverage of HIV services (0)

129)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

130)

Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

District and province levels

131)

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

Yes (0)

132)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

133)

Provide a specific example:

- Data on the number of people living with HIV in different provinces
- Data on HIV prevalence rate in different population groups
- Data on the number of people living with HIV who receive antiretroviral drugs

134)

What are the main challenges, if any?

- Data quality
- Capacity of staff in data analysis and usage

Page 75

135) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

3 (3)

136)

Provide a specific example:

- Data on the number of people living with HIV in different provinces
- Data on HIV prevalence rate in different population groups
- Data on the number of people living with HIV who receive antiretroviral drugs

137)

What are the main challenges, if any?

- Data quality • Capacity of staff in data analysis and usage

Page 76

138)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

139)

Provide a specific example:

- Data on HIV prevalence • Number of people living with HIV and AIDS patients in different target areas • Data on HIV transmission and risk behaviours surveillance • Data on antiretroviral drugs recipients

140)

What are the main challenges, if any?

- Data quality • Capacity of staff in data analysis and usage

Page 77141) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

142)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	No

Page 80

143)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81**144) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

- Database system improvement
- Visit to implementation sites

Page 82**145) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

146)**Since 2007, what have been key achievements in this area:**

- Clarity in the system and structure of Monitoring and Evaluation on AIDS prevention and alleviation at the national level, with 16 technical working groups
- National Monitoring and Evaluation Plan available on AIDS prevention and alleviation for most-at-risk populations
- Monitoring and Evaluation Plan available on TB and TB/HIV prevention and alleviation
- Development of local Monitoring and Evaluation network on AIDS prevention and alleviation available in 13 provinces

147)**What are remaining challenges in this area:**

- Development of Monitoring and Evaluation plan on AIDS prevention and alleviation in other populations and linking the Monitoring and Evaluation plans of different population groups to the main National Monitoring and Evaluation Plan on AIDS prevention and alleviation
- Implementation according to plan at all levels
- Development of data base that is necessary for Monitoring and Evaluation at the national level
- Realization of all stakeholders on the importance of Monitoring and Evaluation
- Experts who support work on Monitoring and Evaluation for AIDS prevention and alleviation remain a small number at each level
- Evident and effective curriculum on capacity building for Monitoring and Evaluation

Page 83**148)****Part B, Section I: HUMAN RIGHTS**

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

Yes (0)

Page 84

149)

Part B, Section I. HUMAN RIGHTS**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

• Constitutional Law of 2007 did not specify protection for people living with HIV in particular, but included statement on discrimination in general as follows: Section 4 Human dignity, rights, freedom and equality of individuals must be protected. Section 30 Individuals are equal under the law and receive equal protection by the law. Unjust discrimination due to differences in: birthplace, ethnicity, language, sex, age, disability, physical status or health, civil status, social and economic status, faith, education or political affiliation which conflict with the statute of the Constitution, may not be acted upon. The Sections which the state had specified in order to remove obstacles or to promote the rights and liberties of individuals will not be considered as unjust discrimination according to paragraph 3 • National Code of Conduct on HIV/AIDS Prevention and Alleviation in Workplace of 2009, which was endorsed by National AIDS Prevention and Alleviation Committee on 24th July, 2009 • Cabinet Resolution of 27th February, 2007 1. It is prohibited to pass laws or regulations which deprive the rights of people living with HIV, disabled people and drug users/addicts who have stopped using drugs. 2. It is prohibited to use HIV infection, disability or history of drug use as reasons to deprive these people of receiving education, scholarships or employment, as well as career advancement, expulsion or job termination. 3. People living with HIV, disabled people and those with a history of drug use who have now stopped using drugs or have received therapy from the state or clinically-approved rehabilitation centers, have the rights to compete or take part in the recruitment process to become civil servants, staff or employees, as well as receive education and scholarships as equally as the general public. The implementation should be based on equality, following the justice system and consider the appropriateness of the job position. 4. Relevant agencies should explain and provide understanding to internal staff and the private sector on the importance and necessity of providing opportunities to people living with HIV, disabled people and drug users/addicts who have stopped using drugs. In addition, relevant agencies should cooperate with the private sector in recruiting these people for work or education, as well as promote positive attitude on people living with HIV, disabled people and drug users/addicts who have stopped using drugs. This will help to convince people that we can co-exist in society peacefully, in order to avoid resistance or discrimination from executives and colleagues and to promote acceptance.

150)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

151)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

152)

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

The Constitution specifies rights protection and discrimination, which are universal rights. There are also justice mechanisms, such as The Administrative Court, Constitutional Court and National Human Rights Commission, which act as the main mechanisms. However, there are no clear mechanisms to bring the law into practice in order to benefit different groups of individuals. There is hardly any collaboration between the mentioned main mechanisms and working mechanisms on HIV/AIDS such as National AIDS Prevention and Alleviation Committee.

153)

Briefly describe the content of these laws:

Constitution of the Kingdom of Thailand 2007 include several Sections such as: • Section 4 The protection of human dignity, rights and freedom • Section 26 Governmental agencies must provide services with consideration of human dignity, rights and freedom of the people • Section 28 The people can cite the statute of the Constitution as their defense in court • Section 30 Unjust discrimination due to differences in: birthplace, ethnicity, language, sex, age, disability, physical status or health, civil status, social and economic status, faith, education or political affiliation which do not conflict with the statute of the Constitution, may not be acted upon. Chapter 3 of the Constitution on the rights and liberties of Thai people specifies a broad protection of rights and liberties such as rights to life, body, privacy, justice, development, education, healthcare, faith and opinion. In addition, there is a Human Rights Master Plan Volume 2, 2009-2013 (Cabinet Resolution on 20th October, 2009), as well as other laws such as child protection and removal of gender discrimination on women. A draft of Equal Opportunity and Gender Equality Act is also included.

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154)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

155)

Part B, Section I. HUMAN RIGHTS**3.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

156)

IF YES, briefly describe the content of these laws, regulations or policies:

1. The "Medical Code of Conduct on AIDS" (Medical Council, 2002), which states that "...2.4 On the issue of doctor-patient confidentiality and notification of test results, if the test recipient is less than 18 years old and is not legally an adult by marital status, or is mentally or physically handicapped and cannot understand or make decisions on the procedures of: pre-test counseling, pre test consent, results notification and post test counseling, parent or legal guardian must be responsible for the test recipient..."
2. Domestic Violence Victim Protection Act: The framework of the law also identifies specific definitions of 'male' and 'female' gender.
3. Law on prostitution:
4. Health Insurance Scheme for documented migrants; ART is not included in the benefit packages
5. Policy to stop illicit drug problem:

157)

Briefly comment on how they pose barriers:

1. It is not possible to provide HIV testing to youths under the age of 18 without consent of their parents. Youths, who assess that they are at risk, are certainly uncomfortable to talk to their parents.
2. Domestic Violence Victim Protection values the institution of family, which therefore may neglect the protection and care for women who were abused. Moreover, it does not cover the protection of those individuals whose gender is neither defined as 'male' nor 'female'.
3. Law enforcement on prostitution leads to discriminatory arrests of sex workers or men who have sex with men who were carrying condoms, using the charges of soliciting prostitution.
4. Migrants with HIV are not able to access ART.
5. IDUs are harder to reach HIV prevention interventions.

Page 88158) **Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

Page 89

159)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Under the strategy 3: Rights protection on AIDS in the National Integrated Strategic Plan on AIDS Prevention and Alleviation 2007-2011, the overview and target indicators have been identified as follows: 1. People living with or affected by HIV/AIDS will enjoy rights protection and equal treatment as other individuals in society 2. Hard-to-reach population groups (such as drug users, migrants, ethnic minorities, men who have sex with men, sex workers and prisoners) will receive rights protection services and access to comprehensive and standard prevention services

160)

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

Yes (0)

Page 90

161)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

Civil societies such as Foundation for AIDS Rights (FAR) and Thailand Network of People living with HIV/AIDS(TNP+) jointly set up rights protection centers in 8 sub-national regions, as well as provide legal counseling and assistance services to those who are affected by HIV and AIDS. Furthermore, there are other legal mechanisms such as Law society, National Human Rights Commission and Department of Rights and Liberties Protection, Ministry of Justice.

162)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

163)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

There are a National AIDS Prevention Steering Sub-Committee and continuous Global Fund proposals from 1st Round to 8th Round, which included budget allocation for various groups and indicated ways for representatives from different groups to participate in the mechanism/body that specify and implement policies at the national and provincial levels. Most importantly is the support for these representatives to really take part in meaningful tasks.

164)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

165)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Regarding prevention, National Health Security Office has VCT fund as a privilege. However, there are a few obstacles as people do not go to receive the service and it is a privilege reserved only for Thai citizens. While budget has been allocated for providing condoms, it is still not enough. Regarding ART treatment, it is a privilege in the national health security system, social insurance system and civil servant and state enterprise staff welfare system. However, there are limitations to access, for example it will cost more for the individual if there is a need to change the medication on the patent. Also, the fact that only Thai citizens can benefit from the service becomes a limitation to accessing migrants and stateless population. Although the service has been extended following the NAPHA Extension project, it still does not meet the demand and not yet a privilege in the health insurance system for migrants.

166)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

167)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

168)

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

Yes (0)

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169)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

The fact that Thailand has used both National Strategic Plan on AIDS Prevention(2007-2011), and Acceleration Plan(2010-2011) to halve new HIV infections by-2011 and the National AIDS Prevention Steering Sub-Committee, on the other hand, shows that the country pays attention to vulnerable groups by organizing plans/projects to support collaborations with the following populations, including those that use domestic budget and those with external funding.

170)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

171)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)****IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

The approaches to reach different population groups may need different skills and techniques according to specific details, but the main principle is to respect and accept sexual orientations, genders, sexualities, culture, religion/faith, ethnicity, race and age, based on the respect of human dignity. However, in practice there are still rules and regulations which enforce HIV testing before career recruitment in many different agencies such as Royal Thai Police, Office of the Attorney General and courts.

172)

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

Yes (0)

173)

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

Yes (0)

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174)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

175)

IF YES, describe the approach and effectiveness of this review committee:

The Committee's only role consists of reviewing topics concerning morality. Therefore, it is necessary to increase its authority to include monitoring the progress of implementation to see whether the implementation goes according to plan. Representatives from civil society, including those from the population groups who are the subject of research, remain a small ratio within the Committee. These representatives lack the freedom to express their opinions and experiences in meaningful ways.

Page 97

176)

– 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 (0)

177)

– 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 (0)

178)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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179)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

National Human Rights Commission's main roles are to patrol the violation of human rights, promote learning on human rights, distribute reports on human rights situation to the Parliament and provide advice to the government on human rights issues.

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180)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

181)

– Legal aid systems for HIV casework

Yes (0)

182)

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

Yes (0)

183)

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

Yes (0)

184)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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185)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	Yes

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186)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

187)

Since 2007, what have been key achievements in this area:

- The development of Strategy 3 AIDS Rights Protection, in the National Strategic Plan on HIV/AIDS 2007-2011 • National Human Rights Action Plan, Volume 2 2009-2013 (Cabinet's resolution 20th October 2009) • The distribution of reports on laws, policies on human rights and AIDS rights by Foundation for AIDS Rights in 2009 • The distribution of annual reports on Human Rights and AIDS situation in Thailand by Foundation for AIDS Rights in 2007 and 2008 • The distribution of reports on the analysis of policies on AIDS response through sexual rights and reproductive rights perspective, by the NGO Coalition on AIDS • The inclusion of VCCT fund in the National Health Security privilege • The inclusion of Methadone Maintenance Treatment in the National Health Security package (1st October 2008) • The implementation of NAPHA Extension Project to provide ART treatment to 2,000 individuals who are migrants, ethnic minorities and stateless population

188)

What are remaining challenges in this area:

- There is no clear correlation between National Human Rights Action Plan and National Strategic Plan on HIV/AIDS • There is no clear and systematic development on Monitoring and Evaluation of the Plan and its indicators • The steering of the work on AIDS prevention and alleviation is still missing and there is a lack of training on working with Rights-Based Approach to different agencies • There is a lack of discussion on promoting sexual rights and understanding sex, gender and sexuality in the development of work plans and policies • Problems of rights violation in many areas such as education, work and healthcare are still encountered • Policies which are unclear or are not enabling are obstacles to healthcare accessibility - Harm Reduction for IDUs - There are still several migrants, ethnic minorities and stateless population who do not receive ART treatment because the current numbers are over the limit specified in the NAPHA Extension plan.

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189)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

4 (4)

190)

Since 2007, what have been key achievements in this area:

- There is an additional development of a rights protection mechanism by the Department of Rights and Liberties Protection, Ministry of Justice to become a part of the rights protection network and to receive complaints on rights violation with People Living With HIV Network and Foundation for AIDS Rights

191)

What are remaining challenges in this area:

- The country is making progress on policy-making, but lacks the mechanism to promote and transform policies into practice, including the Monitoring and Evaluation mechanism on stigma and discrimination, to promote an effective rights protection service management.
- Although the National Human Rights Commission receive complaints on rights violation when people living with HIV seek out medical care, there is no working mechanism which protects the human rights of people living with HIV.
- The mechanism to protect human rights still plays a minor role in protecting AIDS rights. Officers who take part in the human rights mechanism still lack knowledge and understanding on HIV/AIDS. It takes years in investigating each complaint and some complaints do not have clear results due to the fact that the Committee has different opinions and therefore the complaints tend to pile up.
- The rights protection mechanism does not have a correlation between structural level and practical level.

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192)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

193)

Comments and examples:

Civil society has pushed itself to become more involved in national policy-making. However, it still has a limited role under the supervision of the Ministry of Public Health. Meanwhile, national mechanism such as National AIDS Prevention and Alleviation Committee does not play an important role in policy-making because the Prime Minister, who is the Chair of the Committee, does not fully take charge. Furthermore, Department of Disease Control who acts as the Secretariat of the Committee does not show the capacity to push policies for the consideration of the Committee. Although at present there are a few changes, it is necessary to follow up on more progress. Civil society itself still needs capacity building in organizing and advocating plans and policies.

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194)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

3 (3)

195)

Comments and examples:

There are civil society representatives who participated in the planning and allocating of budget in the National Strategic Plan and the Acceleration Plan, but their roles remain only at proposing plans and budget. The involvement in analysis or monitoring on budget approval is still lacking.

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196)

a. the national AIDS strategy?

4 (4)

197)

b. the national AIDS budget?

1 (1)

198)

c. national AIDS reports?

2 (2)

199)

Comments and examples:

Overall, civil society appears to be participating more in the distribution of national reports by being representatives in almost all Working Groups. However, there is still a challenge to prepare and support civil society representatives to be meaningfully and equally represented.

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200)

a. developing the national M&E plan?

2 (2)

201)

b. participating in the national M&E committee / working group responsible for

coordination of M&E activities?

2 (2)

202)

c. M&E efforts at local level?

1 (1)

203)

Comments and examples:

Although an effort has been made to allow more involvement from civil society on Monitoring and Evaluation at national and local levels, it is still segregated into population groups, especially vulnerable groups. The approach on Monitoring and Evaluation has been based on the results of the activities rather than the effects and/or the support for a monitoring on effects will distort the overview. By enhancing the capacity or advantage of civil society in relation to Monitoring and Evaluation, there will be more meaningful participation.

Page 107**204) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

205)

Comments and examples:

The NGO Coalition on AIDS is a coordinating mechanism of 18 civil society organizations/networks, which covers NGOs network, community-based organizations network and faith-based organizations network.

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206)

a. adequate financial support to implement its HIV activities?

3 (3)

207)

b. adequate technical support to implement its HIV activities?

3 (3)

208)

Comments and examples:

The supportive funding on implementation received through Global Fund in RCC/R1 and R8 enabled a few NGOs to receive more budgets instead of relying on budget from the state which is limited. Nonetheless, there are still a large number of NGOs who do not have enough budgets. Support on academic issues is still a challenge for civil society in terms of quantity in accordance with staff rotation and the quality of academic knowledge on HIV is still primarily medical based, rather than social based or rights based.

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209) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	51-75%
- Sexworkers	51-75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI) *	25-50%
Home-based care	25-50%
Programmes for OVC**	51-75%

Page 110

210)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

211)

Since 2007, what have been key achievements in this area:

- There is an additional effort in promoting civil society participation in collaborating with the state through the use of working groups and committees, as well as continuous seminars.

212)

What are remaining challenges in this area:

- There is still a problem of budgetary support on travelling from the provinces, therefore only Bangkok-based civil society organizations were invited or the governmental regulations on travel budget were adapted on civil society operations as well. • The opinions of civil society through its involvement in working groups and committees remain insignificant for consideration because they appear to lack statistical evidences to support their views. Thus, the support for civil society information management remains an important challenge for full and meaningful participation.

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213)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

214)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

- Prioritization on sensitivity and respecting the rights of different groups, especially vulnerable groups, requires socio-cultural based and rights based viewpoints in the prevention plan.
- The integration of prevention, treatment and impact alleviation plans, instead of a segregated approach. This is according to Strategy 2 as indicated in the National Strategic Plan on AIDS.

215)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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216)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

217)

Since 2007, what have been key achievements in this area:

- The distribution of national prevention plans and policies
- The establishment of National AIDS Prevention Steering Sub-Committee, which sets up work plans and supports the implementation of different prevention projects.
- The implementation of the projects which have been supported by Global Fund.
- The inclusion of VCCT fund within the National Health Security package
- The National Health Security Office specified a 3-combination formula antiretroviral drug to boost the efficiency in prevention of mother-to-child HIV transmission to newly born infants and reduce the resistance to drugs of mothers. This service will be available across the country in October 2010

218)

What are remaining challenges in this area:

- The improvement in long term prevention management which does not concentrate on specific populations, but promotes rights and good sexual health of people in society.
- There are still a small number of people who come for the VCT service. Also, VCT service providers in health care centers still use VCT as a tool for finding those who are HIV positive, but did not put enough emphasis on counseling for behavioral change.
- The implementation of PMTCT project still lacks the promotion of quality of life for mothers and their partners.

Page 114

219)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

No (0)

Page 115

220)

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

- They have already been included as a privilege in the National Health Security system, but they do not cover services for migrants and stateless population.
- Services to care for children in district hospitals should be encouraged, as well as a network for doctors at the district and provincial levels, in order to promote access to standardized services.

221)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

**The majority of people in need
have access**

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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222)
Part B, Section IV: TREATMENT, CARE AND SUPPORT
Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

223)

Since 2007, what have been key achievements in this area:

- The implementation of NAPHA Extension project to enable 2,000 migrants access to antiretroviral drugs
- The organization of Methadone Maintenance Treatment to injecting drug users (heroin) from 1st October, 2008 within the National Health Security system
- Promotion of prevention of co- HIV infection for people living with HIV and access to antiretroviral treatment
- Development of ART treatment for children in community-based hospitals for convenient access to services.

224)

What are remaining challenges in this area:

- There is a lack of coordination and integration between treatment, prevention and impact

alleviation such as development of programs on promoting quality of life (not only focusing on medical services) • There are still a number of migrants and stateless population who do not have access to antiretroviral drugs • Medical services network to support ART treatment for children in district hospitals • Identifying the direction of access to antiretroviral drugs that are still attached to patent.

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225)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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226)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

227)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

228)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

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229)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

230)

Since 2007, what have been key achievements in this area:

- The development of comprehensive management pattern on care for children affected by HIV by

civil society “We Understand” group and partners with medical and academic services •
Development of capacity of children and youth who are infected with HIV, in order to include them
as peers in the work on AIDS among youth by “We Understand” group.

231)

What are remaining challenges in this area:

- Promotion of extended and improved implementation according to the local context. •
Development of the standard of care in state and private-run orphanages to be of good standard
and to not discriminate children’s rights • Development of data base and follow up system, as well
as Monitoring and Evaluation.