

5) Introduce regulations for supporting large private businesses to create care facilities for their employees who are infected.

6) Establish a fund for purchase of drugs and to assist the indigent.

#### 4.7 Treatment and care in government outlets

1) Support all hospitals to have a staff development plan to expand services, integrate patient care and integrate the treatment of AIDS patients into the general procedures of the hospitals. There should be no support for AIDS wards because this is a waste of resources and causes the misunderstanding among the population that AIDS is spread easily.

2) There should be support for NGOs and communities in establishing therapeutic communities or self-help communities for AIDS patients. The government would not be involved in this activity with the exception that the government could establish one pilot facility in which the community is involved in the construction and management. This establishment must not be in the form of a detention camp or sanitarium or a place which causes it to be stigmatized by the public.

3) There should not be any government support for high risk benefits for medical or health personnel who come into contact with AIDS patients or body fluids. However, the government should support the procurement of appropriate and cost-effective therapies and vaccines for use among staff who are infected through occupational exposure or to help reduce their risk of infection.

## Chapter 3

### PLAN FOR THE PROTECTION OF HUMAN RIGHTS AND SOCIAL SUPPORT

#### 1. Objectives

1.1 Ensure that the rights of the population are protected in examination for AIDS and receive appropriate assistance when their rights have been violated.

1.2 Ensure the protection of the rights of infected persons and AIDS patients with regard to education, employment medical services and social services so that they have equal rights with the uninfected without prejudice or discrimination.

1.3 Ensure that infected persons or AIDS patients and their families receive social services, assistance and social and economic support and support marginalized groups of the population who are vulnerable to adopting high risk behavior as a way of life.

#### 2. Target

2.1 Infected persons and AIDS patients.

2.2 Families of the infected and AIDS patients.

2.3 General population.

#### 3. Situation and key issues

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

3.2 At the present, there still is violation of the individual rights of infected persons and AIDS patients in the area of buying, residing, renting or cohabiting residences, employment and seeking and receiving medical care. Limitations for the educational opportunities of the infected are also apparent. These cases of discrimination might be limited now, but there is a trend toward greater imposition and severity of

these discriminatory practices.

3.3 There are cases of compulsory testing practices without seeking the consent of the individual. In some cases, indirect compulsion is practiced. The results of serostatus are not always kept confidential and this adversely affects the individual and the people close to him or her.

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

- o The Ministry of Interior has removed AIDS from the list of diseases which are barred from entry through immigration procedures.

- o The Ministry of Public Health has removed HIV infection from the list of diseases that must be reported by law.

- o The NAC has passed the resolution to abolish the proposal for an AIDS law for the reason that it is inappropriate given the present situation and the widespread distribution of infection, the large number of infected persons in every area of the country. Thus, it is appropriate to allow the infected to live in harmony and with full rights as the rest of society.

3.5 At present there are many infected persons and Thailand still lacks adequate and appropriate social services in order to help these people, including persons who are close to the infected. Thus, it is necessary to initiate these services and to prepare for the needs of these people that will surely increase in number in the near future. In particular, the government should support the NGOs and communities to develop services or support in various areas.

3.6 There are a large number of underprivileged persons in society who are vulnerable to enter situations or employment which are high risk for AIDS. For example, this group includes poor rural young women and hill tribes people. These individuals need social and economic assistance to reduce or eliminate this problem. This would also include support for women already in the entertainment sector (which are estimated to number from 150,000 to 200,000) to encourage them to discontinue their work as soon as possible.

#### 4. Guidelines

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

1) There should be no testing for AIDS or use of AIDS test results in the restriction of rights of education or employment.

2) There should be no compulsory testing for AIDS without exception unless the person or his/her legal representative gives fully informed consent, or in the case of mentally unstable persons or persons who are so ill that they are unable to give informed consent. In the last two cases, the test for AIDS should only be done in an instance of extreme medical necessity.

3) Performing a test for AIDS should be accompanied by pre- and post-test counseling.

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

5) In the case of the military or the police who have to enter into combat situations or confront dangerous individuals, the relevant agencies are permitted to conduct blood tests for AIDS. If a person is found to be infected then he or she may be transferred to less risky assignments.

4.2 Protect the rights of the infected and ill in the following ways:

1) There should be no law or procedures that limit the rights of infected persons.

2) Revise policies, laws or regulations that have a negative impact or undermine the rights of the population regarding AIDS.

3) There should be a center for filing complaints or appeals when there is an infringement of the rights of infected persons or AIDS patients. This includes coordination and assistance in legal areas as appropriate.

4) No employer or educational institution should use seropositive status as a justification for removal of that person from the institution.

5) The purchase, rental or use of housing should not be denied to any infected individual or cohabiting family members because of their HIV status.

6) The serostatus of an individual must be kept a secret between the testing service and the client. Relatives and family members may be informed only after receiving consent from the infected person.

7) In the case of individuals who are minors, the legal

guardians should be informed of the serostatus and diagnosis of AIDS of the individual since it is assumed that this is in the interest of the welfare of the infected individual.

8) No medical institution should be allowed to refuse a patient because (s)he is infected with HIV and there should be no selective treatment that results in less care to that individual.

9) There should be no limitation of rights to benefits under life insurance or welfare programs because of serostatus.

10) The existing laws should be used to protect the rights and punish the violation of rights until more specific and appropriate laws are enacted.

4.3 There should be support for AIDS patients and close family members by the following:

1) Support the community or village and religious entities to play an active role in the care of the AIDS patient.

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

3) Support communities and NGOs to establish emergency homes for temporary residence to those who have had their rights violated or for (ex-)prostitutes who are returning to their homes.

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

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

6) Establish a fund or foundation to help AIDS patients and their families as appropriate in the provincial and district setting.

7) Establish support groups for infected persons and support the activities of NGOs to play a role in the protection of individual rights.

8) Accelerate the activities of relevant agencies in implementing and following up the application of ethical

practices in use of experimental vaccines including promotion of the full understanding and consent of the trial participants and with full guarantees to the participants and their families of complete and adequate care in the case that illness results from the drug or vaccine in the trial.

4.4 Implementation of the proposed measures include the following:

- 1) Strictly enforce and strongly support measures which forbid persons under age 18 from working in entertainment establishments.
- 2) Strictly enforce regulations to prevent foreign women from working as prostitutes in Thailand and accelerate efforts for those foreign women currently in Thailand to quit prostitution and return to their homelands.
- 3) Accelerate the public information efforts and economic and social efforts to encourage women to abandon prostitution as an occupation.
- 4) Emphasize the provision of social services and occupational assistance including the provision of continuing formal and non-formal education to help prevent persons from entering commercial sex -- especially in those areas of the country where the problem is most severe. These efforts should be part of the core plan of the provincial plan document.
- 5) Accelerate the issuing and strict enforcement of regulations to arrest and punish procurers and traders in commercial sex through coordination between the Ministry of Justice, Ministry of Interior and the Attorney General's Office.

## Chapter 4

### PLAN FOR RESEARCH AND EVALUATION

#### 1. Objectives

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

1.2 To follow up on the progress of activities contained in the plan, the utilization of budget and coordination among agencies.

1.3 To evaluate the impact of activities on reducing the spread of HIV, evaluate treatment regimens and activities to protect human rights and ensure social services. A final evaluation objective is the degree to which infected persons are integrated into the community and society at large in a useful and compassionate manner. The results of all the evaluation and research activities must be applied toward improving the program.

#### 2. Target

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

2.2 Personnel and agencies which have plans of implementation to conduct research and evaluation.

#### 3. Situation and key issues

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

3.2 There is an inadequate amount of biomedical research. The reliance on findings from other countries is useful but needs to be confirmed by similar studies in Thailand. For example, the natural course of infection is an important area where information is incomplete for the Thai population. The

development and testing of vaccines is another area. Research into epidemiological facets has progressed considerably from the investigation of prevalence and incidence in different geographic regions. However there is still a need for greater standardization of effort in this area. Research in rural areas needs to be emphasized more equally with that in the urban setting. In addition, even though Thailand does not need to conduct any more basic viral research on HIV, there is a need to investigate the facts about different strains of HIV-1 in Thailand. Social science research will need to continue to develop in the future because the causes and impact of AIDS interact intimately with social, economic and behavioral factors. In the past, most research measured knowledge and attitudes. There was also some confusion about the topic of the research. But research on behavioral issues and the social structure have increased with time. What is still lacking are studies of motivational forces behind the population and the structural supports for norms and values that contribute to risk behavior or the change of that behavior. Research into strategies or models of intervention, and evaluative research is still lacking.

3.3 Thai researchers have extensive knowledge and experience and are able to produce an impressive array of internationally accepted research. In addition, Thai researchers play a contributing role in setting the worldwide research agenda and prioritizing topic areas through such forums as the various AIDS management committees of the WHO. There are Thai experts on all of the technical AIDS committees. In any event, the most important problem is the lack of coordination in the research granting mechanism, the topic selection, dissemination of results and the applications of results to the program.

#### 4. Guidelines

##### 4.1 Research

1) Support coordination on domestic and international funding for research and the dissemination and utilization of research results for application to the Thai population and relevant sub-groups.

2) Emphasize the implementation of research as part of a coordinated national plan such as multi-center and multi-disciplinary research on a common topic over an adequate period of time. This should be done instead of the funding of ad hoc research topics which are unconnected to each other to avoid duplication of effort.

3) Support research on policy issues to go into effective prevention strategies.



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

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

6) Support the periodic inventory and review of research results and evaluate the broad findings and lessons learned so that these results can be applied to AIDS policy improvement. The results should be shared with the relevant agencies on a periodic basis.

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

- biomedical and epidemiology

- antiviral therapy, therapy for opportunistic illnesses;
- different methods of diagnosing AIDS;
- natural course of infection;
- therapeutic and preventive vaccines;
- strains of HIV-1;
- epidemiology of AIDS and STDs in population groups and by geographic area of the country;
- risk factors in facilitating transmission;
- projecting the scale of the epidemic, the morbidity and mortality and the economic and social impact.
- quality control testing of condoms, technology and other devices or substances used in the prevention of HIV and STDs;
- use of traditional medicines in the treatment of opportunistic infections;
- operational problems of medical staff.

- social and behavioral

- sexual behavior;
- use of addictive substances;
- psycho-emotional impact of HIV infection and the knowledge that one is infected;
- norms and practices and social structures that support risk behavior among men and women;
- norms and behavior and environmental factors which contribute to an attitude of disdain toward AIDS patients;
- social factors and ethical issues in the development and testing of vaccines and therapies;
- feelings, attitudes, coping and adjusting of the patient and close friends or relatives;

- reaction and adjustment of the family and community and the societal customs and institutions as a result of AIDS.
- strategies of prevention and intervention
  - the process of treatment and care for patients in the medical and health care setting;
  - methods of home-based care or community-based care;
  - reducing the social and economic impact;
  - creating the motivation to reduce risk behavior;
  - systems of support for permanent behavior change, for example, changes in the political system, mass media, norms and cultural practices and systems of condom distribution;
  - creation of the acceptance of infected persons and AIDS patients to be integral members of society and the community;
  - positive psychological benefit and behavioral risk reduction from counseling;
  - development of indicators for important factors;
  - media and channels of communication and motivation in behavior modification for various population sub-groups;
  - adaptation of instruments and technology from other countries.

#### 4.2 Follow-up

There has to be a system for following up the activities under each plan to ensure coordination of methodology, scope, geographic area of work and indicators among the relevant agencies. This follow-up must be conducted on a continuous basis with internal up-date reports by agency and with overall summary reports for the government.

#### 4.3 Evaluation

In addition to the specific evaluation for each activity, there needs to be a systematic evaluation at the national level with involvement from the implementing agencies as well as outside groups. The areas for evaluation include the following:

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

2) Surveys of behavior and sexual norms of the rural and

urban population every two years.

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

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

5) Follow up and evaluate policies in the business sector as to recruitment procedures, employee education, motivation creation for prevention and care.

6) Evaluate the situation regarding the infringement of individual rights.

7) Evaluate the ability of social services for infected persons and their families to reach those in need.

8) Evaluate the national program according to the four sub-plans.

#### 4.4 Capacity building

Increase the ability of staff and institutions to conduct research, conduct monitoring and evaluation in the management of resources and equipment including their ability in technical qualitative and quantitative research methods.







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