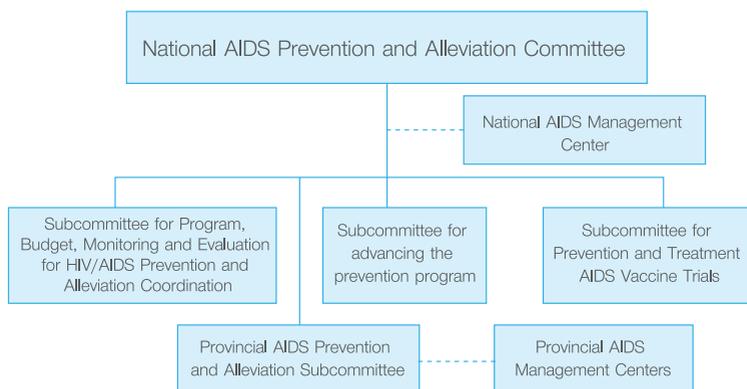


Part IV

Structures and mechanisms for developing policy and implementation

In its response and prevention of HIV/AIDS programs in Thailand, the National AIDS Prevention and Alleviation Committee or “National AIDS Committee” is a major mechanism to mobilize policy to address HIV/AIDS at the national level. Chaired by the Prime Minister, the First Vice Chairperson is Minister of Public Health and its board members are composed of Permanent Secretaries, Directors of concerned agencies and another 11 experts. The representation also covers NGOs and TNP+ as part of the expert members. The Director General of the Department of Disease Control acts as the committee member and secretary, Director of the Bureau of AIDS, TB and STIs and staff from the National AIDS Management Center (NAMC) are a committee member and vice-secretary, respectively.

The current structure of mechanisms for mobilizing response to HIV/AIDS at the national level can be illustrated in the following diagram;



The implementation and constraints of the National AIDS Committee

The 2007 Review of Implementation for Prevention and Resolution of HIV/AIDS Report published by the National AIDS Committee describes previous implementation and constraints in the overall response to HIV/AIDS in Thailand. Many factors are identified as obstacles to the mobilization around AIDS, including the decentralization of power to local administration organizations, the reform of the public health and bureaucratic systems as well as the introduction of the Government Fiscal Management Information System (GFMS) and other political factors.

The decentralization to local administration organizations as per the “Act on Planning and Steps toward the Decentralization of Power to Local Administration Organizations B.E. 2542

(1999)” which came into force on 17 November 1999 has led to the reallocation of the budget, a step which also affected the response to HIV/AIDS. The law requires the central government to earmark budget to support public services organized by local administration organizations. As the budget has to be funneled directly to local administration organizations, central agencies have seen their budgets cut and regional agencies now have to seek financial support from local administration organizations. The impact on the prevention and resolution of HIV/AIDS is previously the Provincial AIDS Prevention and Alleviation Subcommittee used to receive funding from the Department of Disease Control which was given 55 million baht a year. But after 2005, the MoPH gave the amount together as a big package to the Provincial Public Health Authorities without specifying that it shall be used for HIV/AIDS activities. The actual use is left to the discretion of each provincial authority. After that, the financial support was totally cut, and each provincial public health authority has to seek funding support from the local administration organizations instead (National AIDS Committee, 2007b). This change may prompt the provincial authorities to review whether they shall continue to give an emphasis on HIV/AIDS. As their budget has been slashed, the provincial authority may give less importance to HIV/AIDS work.

As for the reform of the public health system, the report goes on to state that this reform has affected the overall response to HIV/AIDS, including the introduction of universal health care coverage since fiscal year 2002. As a result of the reform, budget earmarked for prevention of HIV transmission and treatment of opportunistic infections (OIs), about 480 million baht/year by the Bureau of the Permanent Secretary of MoPH, has been cut and included in the Universal Health Care Coverage scheme, managed by NHSO (from fiscal year 2002 onward).

The per-head allocation of budget to hospitals country wide has been used without considering the different scales of problems in each locality. Most hospitals end up using the money for treatment rather than prevention, since there have been more patients, but each of them can be charged only for 30 baht. A decrease in the budget has affected HIV/AIDS prevention programs as well.

The bureaucratic reform in pursuit of the “Reorganization of the Ministries, Sub-Ministries and Department Act B.E. 2550 (2007)” has prompted government agencies to change their roles and duties, the structure of human resources, and budget allocation from the fiscal year 2003 onward. This has some effect on the prevention of HIV/AIDS and STIs as well.

Previously, each Provincial Public Health Authority hired about 8-12 persons for HIV/AIDS and STIs work, while under the new structure, HIV/AIDS is included as part of the disease control division and only one officer is assigned to be responsible for not just HIV/AIDS but other communicable diseases as well. Thus under the new structure, the importance of AIDS work has been diminished.

Another factor affecting prevention efforts is the introduction of the Government Fiscal Management Information System (GFMIS). Previously, the Department of Disease Control used to be in charge of setting aside budget for AIDS prevention, for different governmental agencies inside and outside the MoPH. But after the introduction of GFMIS by the Ministry of Finance, the Department of Disease Control is not allowed to propose budgets on AIDS prevention for other governmental agencies. Thus, beginning in the fiscal year of 2007, each agency has to propose its budget through its Ministry. And the overall figure has decreased. In the fiscal year of 2006, the Department of Disease Control proposed 55 million baht for AIDS prevention, but some agencies have failed to apply for the fund at the Budget Bureau. And in fact, it could also be possible that a request for funding was turned down and not submitted to the Budget Bureau (National AIDS Committee, 2007b).

Reading from the aforementioned review report, one may come to the conclusion that in theory the devolution of power and budget to local levels should contribute positively to the local HIV/AIDS response, since it can be adjusted to cater to the specific needs and problems in each place. In reality, the result is has had the opposite effect. It has simply made AIDS-related work decrease in importance. From the review report in 2007 and from the actual conditions that occur as a result of introducing the national health security system, the decentralization of power, the readjustment of roles of central administration with an increase of their academic work, support, monitoring and evaluation as well as prevention and social campaign has affected HIV/AIDS response in Thailand in the following ways:

- The varying levels of importance assigned to HIV/AIDS in each area depend on how familiar each area is with the implementation of HIV/AIDS-related projects. Without stimulation and support from the central administration, the provincial and regional mechanisms may give less importance to the issue.

- The bureaucratic and health system reforms have led to the adjustment of the human resource structure. As a result,

some public health technical officers with experience working on HIV/AIDS at the regional and provincial levels have been transferred to somewhere else. Some have decided to accept early retirement causing the area to lose experienced officers who are well-versed in HIV/AIDS work and used to function as the main motivators for implementation at the local level.

- The adjustment of the central technical structure has failed to provide effective support and stimulation to agencies at the provincial level. Previously, the support from the central technical structure has led to significant enhancement of the response to HIV/AIDS at the local level. But the central structure has been weakened during the transition to realizing reform and decentralization.

- Furthermore, in the past two years (2007-2008), not a single meeting of the National AIDS Prevention and Alleviation Committee was called. The first meeting took place only in mid-2009 with Mr. Abhisit Vejjajiva, the Prime Minister, chairing the meeting. He promised to call more frequent meetings of the National AIDS Committee to strengthen the implementation of the AIDS response.

● All said situations have affected the implementation of HIV /AIDS-related work. According to the experience of civil society representatives, who understand the issues, are familiar with relevant mechanisms and also Committee members themselves, the mobilization of the HIV/AIDS response has been retarded due to a lack of training for personnel to prepare them for their new roles. For example, the Bureau of AIDS as Secretary to the National AIDS Committee used to be in charge of allocating budgets to local provincial subcommittees. Now the budgets are directly funneled through local administration organizations. Thus central and local officers have to adjust their roles, from following up on budgets to providing technical support. But these officers have received training and preparation in order to adjust to the new roles. Meanwhile, with the arrival of the Global Fund in Thailand, skilled and hard-working personnel from the central administration have been transferred to serve the need to work with the Global Fund. This has led to the weakening of human resources in the state sector to work on HIV prevention.

Efforts to enhance the implementation of mechanisms

● The bureaucratic reform and decentralization of power has made the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation simply become guidelines for various agencies and sectors. This differs from past processes, when the plan and budget are developed and allocated by the central administration under the MoPH. In order to accelerate efforts to monitor and evaluate the HIV/AIDS response, pressure has been placed on the government to declare AIDS-related work as part of the comprehensive inspection program. With its agreement, the government set up an inspection team to review prevention and resolution initiatives at the regional level as specified by the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation and to serve the implementation of government policy. In the first year, 2007, the MoPH's Inspectors General were appointed Chief and Deputy Chief of the Public Health Review Taskforce with representatives from the Prime Minister's Office, Ministry of Education, Ministry of Interior, concerned agencies and representatives from the Bureau of AIDS, TB and STIs as secretaries. The inspection team has gone to work in 13 regions /provinces (National AIDS Committee, 2007a:2007b).

Agencies slated for inspection include the representatives from the provincial authority and civil society in the Provincial AIDS Prevention and Alleviation Subcommittee. The inclusion of the Prevention and Resolution of HIV/AIDS Project in the integrated inspection program has stimulated provincial agencies to give more importance to work on HIV/AIDS.

In addition, to develop and enhance management and coordination processes, the National AIDS Prevention and Alleviation Committee issued an order (no. 1/2007, dated 4 April 2007) to appoint the Subcommittee for advancing the prevention program effort composed of 24 members and headed by Mr. Meechai Viravidaya as Chairperson and the Deputy Director General of the Department of Disease Control as Vice-Chairperson, with representatives from the state sector, NGOs, TNP+ and other concerned parties. Mr. Veerasit Sitthitrai holds the post of secretary and Dr. Suriyadev Tripathi and a representative from the Bureau of AIDS, TB and STIs function as assistant secretaries.

The Subcommittee is mandated to hold responsibility for ensuring compliance with the guidelines set by the National AIDS Prevention and Alleviation Committee. Management mechanisms and AIDS prevention initiatives are developed to enhance prevention program. Emphasis is given to a

transparent working process that avoids conflicts of interest and is equipped with monitoring and evaluation mechanisms to develop policy proposals.

Another important element of the Subcommittee is the Office of the Secretariat, which is tasked to oversee and manage part of the budget. It is supposed to draw on participation from civil society. Some progress has been made after the Subcommittee had been set up for well over a year, including the development of four strategies to enhance the prevention response and the budget allocated to such strategies. This should to encourage actors and agencies to become more involved in preventive work.

Though it is a new mechanism, the Subcommittee can play an important role in mobilizing preventive work at the national level. Apart from developing the strategies and action plans as described above, it can propose a process to review, monitor and evaluate the implementation of projects based on internal and external participation in order to encourage monitoring and solicit input regarding the implementation of this Subcommittee's work.

Another important mechanism is the Subcommittee for Program, Budget, Monitoring and Evaluation for HIV/AIDS Prevention and Alleviation Coordination. Civil society agrees

with the attempt to develop monitoring mechanisms at the local, regional and provincial levels. This has been a practice in the past and continues today. The input from the monitoring process is used to compile the country report as required by Thailand's obligations on HIV/AIDS conventions. However, civil society also thinks this mechanism should prioritize monitoring, follow up and evaluation of project implementation and health service delivery, along with efforts to promote education and awareness to uphold rights. Such duties should be included as part of the role of the Subcommittee and its various mechanisms.

Meanwhile, the National AIDS Committee appointed the Provincial AIDS Prevention and Alleviation Subcommittee as the mobilizing agency chaired by the Provincial Governors and with the Chief of the Provincial Public Health Authority as secretary to serve the policy of the National AIDS Prevention and Alleviation Committee.

Nevertheless, it was found the Provincial Subcommittee has failed to perform its duty effectively since most of the structure falls under the bureaucratic system and high ranking officers. If the Governor does not pay attention to or fails to stimulate work on HIV/AIDS, the Subcommittee in the province will simply exist for ceremonial purposes. Therefore,

a new mechanism at the provincial level has been proposed, including the Provincial Coordinating Mechanism (PCM), which will probably replace the Provincial Subcommittee or attempt to motivate it to work more effectively.

Civil society representatives who work closely with the core members of the National AIDS Committee have commented that apart from a lack of support for personnel to change their roles, the National AIDS Management Center (NAMC) in its capacity as secretariat has failed to implement any activities since its previous executive officers did not give any consider HIV/AIDS work important and failed provide clear guidelines to staff members.

The establishment of the Subcommittee for Mobilization is an obvious attempt to enhance the implementation of HIV/AIDS-related work. However, civil society notes that although the Subcommittee was created in order to solve the current deadlock, it has so far failed to deliver any significant impact, especially given that the monitoring and evaluating mechanisms have been not clearly developed. Therefore, the Subcommittee may also be ambivalent as to how large a mandate it actually has. The ongoing political crisis has also contributed to a lack of confidence in the sustainability of any new initiative, including the Subcommittee.

The problem has not been ignored, however. When Dr. Mongkhol Na Songkhla was Minister of Public Health, he proposed the establishment of a new agency under the direct supervision of the Prime Minister's Office. It was expected to draw on collaboration from personnel in all concerned agencies to enhance the implementation of HIV/AIDS-related initiatives, using funding support from the NHSO. This idea was shelved since the Prime Minister's Office regulations prohibited the creation of any new agency or an increase of personnel in any circumstances. Thus, the deadlock has been drawn out further. Though the problems are obvious, no solutions have been identified.

Civil society does not believe this is a dead end. A new Director of the National AIDS Management Center (NAMC) has been appointed. NAMC still needs more funding and human resources in order to be able to implement activities effectively. In addition, the Subcommittee for Mobilization has been criticized for spending too much time on monitoring projects, though it is supposed to focus more on structural reform.

Other impacts from mechanisms on HIV/AIDS

Since 2003, with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM, or the Global Fund), Thailand has established a Country Coordinating Mechanism (CCM) to oversee projects supported by the Global Fund domestically and to ensure efficiency and compliance with Global Fund policy. The CCM shall also function as a coordinating agency between various organizations in Thailand and the Global Fund. The CCM is thus another major entity that functions to mobilize work on HIV/AIDS in Thailand.

Under the CCM, a Technical Committee (TC) has been set up to analyze and develop proposals and guidelines for developing project proposals to seek further funding from the Global Fund and other funding sources. The TC is expected to strengthen coordination between sectors under the CCM. The CCM secretariat has been established to coordinate the efforts and initiatives related to the Global Fund within and outside the country. This includes information dissemination and providing support to the TC.

At present, Thailand has been granted funds by the Global Fund in the Eighth Round and the Rolling Continuing Channel (RCC) which was the continued support after the First Round has been completed.

Under the Eighth Round of meetings of the Global Fund, funding has been allocated to work with four target groups including Female Sex Workers (FSW), Men who have Sex with Men (MSM), Intravenous Drug Users (IDU) and Migrant Workers (MW). The five year project covering 41 provinces was divided into two phases, with the first two years under Phase One and the three following years under Phase Two.

During the First Round of the Global Fund, from 2003 - 2008, Thailand was allocated funds for prevention work among youth and for care and treatment of PLHIVs and AIDS patients. The prevention work targets youth at the reproductive ages of 12 – 24 years, since they are highly vulnerable during these years and risk contracting HIV. An emphasis is placed on working with youth in the community, schools and at the workplace.

The evaluation after the end of the project yielded positive results, and thus during the Rolling Continuing Channel (RCC), the project was permitted to continue for another six years, divided into two phases (three years/phase). The project's name was changed while the target group remained the same. Efforts have also been made to integrate care and prevention work and to allow Youth PLHIVs and AIDS patients Friendly Services (YPFS) to operate in 43 provinces.

The project shall be implemented through the Provincial Coordinating Mechanism (PCM) which shall coordinate and advocates for the project's tactics, integrating them into the regular implementation of local programs. This includes the provincial development plan and fundraising as well as monitoring and evaluating provincial-level strategies.

The PCM's structure is different from the Provincial Subcommittee since it cannot be composed of more than 15 members. This allows it to mobilize with great flexibility. In some provinces, the existing Provincial AIDS Centers were allowed to continue to operate since the PCM is currently at the inception stage and has not yet delivered any concrete results. Under the RCC, PCMs shall work in 43 provinces drawing on funding from the Eighth Round of the Global Fund. It is hoped that the PCM under the GFATM shall help to meet the demands of the situation with powers being decentralized. Thus, the PCM could become a major implementing mechanism and work together with health advocacy groups. It may help to address problems stemming from the budget allocation and human resource development.

Meanwhile, civil society believes that mobilization at the provincial level should be treated as a major strategy since national-level mechanisms are found to be chronically paralyzed.

This issue was raised in 2007 during the development of the AIDS Agenda by the people's sector. At the time, concrete recommendations were proposed to place greater emphasis on local mechanisms. And in order for the implementation of HIV/AIDS-related work to continue, it was suggested that the "government has to support and provide encouragement to local administration organizations and local civil society including Sub-district (Tambon) level or Village AIDS Committees. They should be supported in developing the master plan for the prevention and resolution of HIV/AIDS based on collaboration with TNP+, NGOs and state agencies at the operational level. It was even recommended that 10% of local administration organizations' budget shall be set aside to implement prevention work and the overall HIV/AIDS response in the community."

Civil society mechanisms: a weakened movement

- It is known that implementation of HIV/AIDS-related work by civil society has been mobilized through TNCA since 1993. TNCA is a major coordinating mechanism, including the regional TNCA and member organizations. All along, TNCA has

played an active role in promoting collaboration between actors in order to enhance the response to HIV/AIDS in Thailand.

At this point the mechanism seems to have gotten weaker, and it has since 2004 been less active. The following remarks have been made regarding the situation:

- The devolution of powers to the local level and various structural reforms have led to a decrease in funding from the national sector to support NGO work. From a high of 90 million baht annually, funding has declined to 40-50 million baht. The National TNCA itself has failed to help member organizations access more funding.

- The implementation of large-scale projects with support from the Global Fund has enabled some of the larger member organizations to access more sustainable big funders. These organizations have thus shifted their attention to fundraising via these channels. As a result, they have relied less and less on the National TNCA to raise funds for local initiatives and policy advocacy.

- The growth of networks and organizations including TNP+ has become more visible. Beginning in 2004, 15-18

networks under the National TNCA have developed proposals to gain access to the funds provided by the GFATM. Though it may look like a positive development that coalition members have started to apply for resources by themselves, it has also resulted in their paying less attention to the role and relevance of the National TNCA.

- Implementing mechanisms for both the Regional and National TNCA have become less active. The board members who are representatives from various organizations have felt compelled to manage their own projects, particularly those being supported by GFATM. A lot of bureaucracy is required for the funders. As a result, TNCA mechanisms at the national and regional level have started to become paralyzed, proven by the fact that a National TNCA meeting has not been called for years.

- Apart from working on fundraising, the National TNCA's roles in policy advocacy and the provision of technical support to member organizations have been weakened. The National TNCA no longer functions as a space for exchange among

members. Meanwhile, highly experienced personnel at the National TNCA and those who represent the interests of a wide range of civil society organizations that have participated in many joint initiatives with the state sector have failed to take on a meaningful role. A lack of support has seen their involvement shift from being active members to merely participants that attend meetings. Though some members may have relevant points to make, the lack of supporting mechanisms have prevented them from being able to share those points. Despite their representation at the top and as part of policy mechanisms, a lack of information exchange and support from members below have weakened the TNCA's overall movement . Attempts were made by civil society to revive the roles of TNCA again at the end of the Ninth Plan (The National Economic and Social Development Plan) and at the drafting of the Tenth Plan through the mobilization of the four regions of TNCA. This led to the "Nonsi Declaration", adopted during the TNCA Assembly meeting in 2007; the declaration later became the People's Sector AIDS Agenda. Still the endeavor has failed to reactivate TNCA and the implementation of the People's Sector AIDS Agenda has not been followed up on.

● It is difficult to be certain if the reasons stated above have directly contributed to the overall deterioration of the civil society movement, since at times some factions within civil society are still able to mobilize action around their own cause. However, it is clear that the overall movement has changed. In 2009, TNCA made another attempt to resolve the crisis and to revive its involvement as a central forum for policy advocacy rooted in civil society. It remains to be seen if the current process will help to strengthen the overall engagement of civil society to allow it to once again become a social movement that can introduce constructive change to the country.

It is also obvious of funds from the Global Fund has contributed significantly to the resurrection of HIV/AIDS-related work and prevention measures at the community level. A number of organizations suffering from funding shortages have been given the chance to once again mobilize their work more effectively. Yet civil society cannot help but question the way in which many organizations have rushed to work directly with GFATM, an action that may lower the overall strength of the network. Criticisms abound that in complying with the GFATM's mechanisms each of the involved NGOs tends to work in a segregated fashion, impeding the exchange of knowledge

and experience between civil society organizations. A further reason for the lack of exchange has apparently been caused by the principal recipients' (PR) inefficient implementation and management processes.

Another concern regarding the response to HIV/AIDS in Thailand which should be considered by both the Thai state and civil society is that much of the prevention work in Thailand is dependent on funds made available by the GFATM. Efforts should be made early on to identify solutions for the time when the GFATM pulls out of Thailand. Both the state and private sectors should start preparing and provide for careful planning.

Civil society recommends the following adjustments to the existing structure and mechanisms for developing policy and action in Thailand:

- As part of the transitional phase during the reform of all sectors, national and provincial mechanisms including the National AIDS Prevention and Alleviation Committee and the Provincial AIDS Prevention and Alleviation Subcommittee, respectively, need to adapt their way of working to develop

joint and collective leadership. In other words, decision - making should not be subject to one single leader or individual such as the Chairperson of a committee or the Chairperson of a subcommittee, as was the case under the past and now outdated structure. This should be replaced by the establishment of a collective leadership mechanism including all members of each committee. A parallel can be drawn from the current operation of the CCM along with PCM at the national and provincial levels. It continues to be necessary to restructure mechanisms and review project implementation in order to strengthen operational work and remove obstacles to the country's overall HIV/AIDS response.

- As for the national and provincial supporting mechanisms including the The Subcommittee for Program, Budget, Monitoring and Evaluation for HIV/AIDS Prevention and Alleviation Coordination, the Subcommittee for advancing the prevention program effort, the Subcommittee for Prevention and Treatment AIDS Vaccine Trials and the Provincial AIDS Prevention and Alleviation Subcommittee, civil society considers them to be vitally important for decisions made concerning major action plans and policy. They should

operate along with other major mechanisms to ensure unified decision-making and to encourage participation from the local level and different sectors to serve the purpose of decentralization. This will eventually engender a genuinely participatory and efficient response to HIV/AIDS.

- Another important issue is technical support at the central and local levels. The National AIDS Management Center (NAMC), the Bureau of AIDS, TB and STIs, Disease Control Offices, the Provincial AIDS Management Centers and the Provincial Public Health Authority Offices should make an effort to impart technical knowledge in order to enhance the delivery of services and to promote access to services that are part of the response to HIV/AIDS in Thailand. Implementation should be subject to review in order to ensure further improvement.

- As for the Subcommittee on Mobilization civil society believes that prevention work should encompass a human rights perspective, including sexual rights. Initiatives to enhance prevention should be developed based on the relevance of human rights, human dignity and sensitivity to sexual diversity.

This will prevent the measures and services available for prevention from being disenfranchised, since efforts should focus not only on educating people about HIV/AIDS, distributing condoms or lubricants, but also on promoting a respect for human rights, eradicating labeling and discrimination, promoting choices and the opportunity to remove gender-based social inequalities. It should enable everyone to make the most suitable choices for herself/himself to enhance her/his sexual health and safety.

- In the course of TNCA's policy and social mobilization efforts, sexual rights are a major challenge. Social awareness has to be fostered in order to promote a peaceful co-existence based on the respect for human rights and dignity and the acceptance of sexual diversity. This will help broaden the HIV/AIDS response beyond a merely epidemiological discourse and towards promoting a healthy society. Meanwhile, civil society, particularly among TNCA members, needs to review numerous issues including:

- Reviewing the necessity to create a “common platform” to mobilize the of TNCA movement as part of the larger civil society movement. Is it still necessary to have such a common platform to enhance HIV/AIDS response in Thailand?
- If yes, what should it look like in order to make its impact most meaningful? Amidst the expansion and fragmentation of initiatives and areas of operation, what can TNCA do to weave all the factions together and enable them to mobilize as part of a single civil society movement to mobilize social and policy agendas?
- How can TNCA improve its mobilizing mechanisms in order to support the learning process and project implementation by organizations and individual members, networks and movements?