



วารสาร

# โรคเอดส์

ปีที่ 23 ฉบับที่ 1 ตั้งแต่เดือน ตุลาคม 2553 - มกราคม 2554

- ความสำคัญของการพัฒนาแผนยุทธศาสตร์ชาติเพื่อการป้องกันและดูแลรักษาผู้ติดเชื้อ/ผู้ป่วยเอดส์ : ข้อค้นพบหลักจากการทบทวนเครื่องแผน แผนยุทธศาสตร์บูรณาการป้องกันและแก้ไขปัญหาเอดส์แห่งชาติ พ.ศ. 2550-2554
- ประสิทธิผลการดำเนินงานด้านเอดส์ขององค์กรปกครองส่วนท้องถิ่นภายใต้มาตรฐานการพัฒนางานการดำเนินงานด้านเอดส์
- โครงการป้องกันและแก้ไขปัญหาเอดส์แรงงานนอกระบบประเทศไทย
- การพัฒนาระบบเฝ้าระวังการติดเชื้อเอชไอวี
- การรักษาด้วยยาต้านไวรัสล้มเหลว ในผู้ติดเชื้อเอชไอวีและผู้ป่วยเอดส์ โรงพยาบาลวานรนิวาส จังหวัดสกลนคร





# วารโรคเอดส์

ปีที่ ๒๓ ฉบับที่ ๑ พ.ศ. ๒๕๕๓/๒๕๕๔

## สารบัญ

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| ความสำคัญของการพัฒนาแผนยุทธศาสตร์ชาติเพื่อการป้องกันและ<br>ดูแลรักษาผู้ติดเชื้อ/ผู้ป่วยเอดส์ : ข้อค้นพบหลักจากการทบทวนครึ่งแผน<br>แผนยุทธศาสตร์บูรณาการป้องกันและแก้ไขปัญหาเอดส์แห่งชาติ<br>พ.ศ. 2550-2554<br>สุคนธา คงศิลป์, สุชุม เจียมตน, นุชวรรณ บุญเรือง, สุธิดา วรโชติธนนัน,<br>กนกศักดิ์ วงศ์เป็ง, เพชรรัตน์ ศิริสุวรรณ, อุษา โกหิณัง, กิตติยา พรหมอ่อน,<br>เบญจพร ยังวิเศษ, กุลณิศา เตชะเพชรไพบูลย์, ศรีนยา บุญใหญ่,<br>สิทธิกร รองสำลี | 1    |
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# วารสารโรคเอดส์

## วัตถุประสงค์

1. เพื่อส่งเสริมสนับสนุนข้อมูลข่าวสารองค์ความรู้ทางด้านวิชาการโรคเอดส์ให้กับบุคลากรทางการแพทย์ สาธารณสุข หน่วยงานภาคีเครือข่าย องค์การปกครองส่วนท้องถิ่น องค์การบริหารท้องถิ่นส่วนตำบล มหาวิทยาลัยต่าง ๆ นิสิต นักศึกษา และประชาชนทั่วไป
2. เพื่อเผยแพร่องค์ความรู้ ผลงานทางวิชาการ ผลงานวิจัยที่เกี่ยวข้องกับโรคเอดส์ และใช้เป็นเอกสารค้นคว้า อ้างอิง
3. เพื่อเป็นสื่อกลางในการติดต่อประสานงานระหว่างผู้สนใจหรือปฏิบัติงานเกี่ยวข้องกับโรคเอดส์ทั้งภายในและภายนอกประเทศ

**บรรณาธิการ** ศาสตราจารย์เกียรติคุณนายแพทย์ประเสริฐ ทองเจริญ

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การป้องกันและดูแลรักษาผู้ติดเชื้อ/ผู้ป่วยเอดส์ : ข้อค้นพบหลัก  
จากการทบทวนครึ่งแผน แผนยุทธศาสตร์บูรณาการป้องกันและ  
แก้ไขปัญหาเอดส์แห่งชาติ พ.ศ. 2550-2554**

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**Abstract**

**Importance of Developing a National Strategic Plan for HIV Prevention, Care and Treatment:  
Key Finding from the ‘National Strategic Plan for Integration of AIDS Prevention and  
Alleviation 2007-2011’: Mid-Term Review: Thailand**

*Sukhontha Kongsin\*, Sukhum Jiamton\*\*, Nootchawan Boonruang\*, Suthida Worachotthan\*\*\*,  
Kanoksak Wongpeng\*, Petcherut Sirisuwan\*, Usa Thohinung\*, Kitiya Prom-On\*,  
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*Thailand has made substantial progress in fighting against AIDS and achieved the sixth Millennium Development Goal to reverse the spread of HIV/AIDS by 2015. The changing proportion of new HIV infections and needs for effective prevention programs among vulnerable persons reflects underutilised information and evidence for policy, planning and budgeting. The midterm review of Thailand strategic plan for Integration of AIDS Prevention and Alleviation 2007-2011 was conducted*

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

**Methodology:** Knowledge management and knowledge integration was used with HIV/AIDS coordinators who were under Offices of Disease Prevention and Control (DPC) 3, 6, 7, 10 and 11.

**Result:** DPCs took their roles in developing techniques and knowledge to control the diseases and health hazards and most already had AIDS strategy as their major standpoint. The Local Governments were becoming important on resources so the capacity enhancement was needed. DPC had changed their role of treatment and care of HIV/AIDS patients as the coordinator of the data for the analyses of technical and data system problems, however, DPC could not use the data for their own work.

**Conclusions:** DPCs are recommended to have their roles as strategic managers to organise and drive the strategy by giving technical and academic supports to Provincial Health Offices (PHOs) including all civil society organisations; and driving forward along with various components such as capacity building of DPC. At the provincial level, trainers in the local areas and PHOs are aimed to lead the way on HIV/AIDS strategic plan for many organisations working on AIDS strategy having the same direction.

**Key words:** Midterm review, National Strategic Plan, HIV/AIDS, Prevention, Care, Treatment  
Thai AIDS J 2010-2011; 23 : 1-9

## บทคัดย่อ

ประเทศไทยได้ประสบความสำเร็จในการดำเนินงานป้องกันและแก้ไขปัญหาเอดส์ และบรรลุเป้าหมายการพัฒนาแห่งสหัสวรรษครั้งที่ 6 (6<sup>th</sup> Millennium Development Goal: MDG) เพื่อยับยั้งการแพร่ระบาดของโรคเอดส์ให้ได้ภายในปี พ.ศ. 2558 จากสัดส่วนผู้ติดเชื้อรายใหม่ในกลุ่มเปราะบางที่เพิ่มขึ้น และความต้องการโปรแกรมการป้องกันที่มีประสิทธิภาพ ได้สะท้อนถึงการใช้องค์ความรู้ในการกำหนดนโยบาย การวางแผนและการกำหนดงบประมาณน้อยกว่าที่ควรจะเป็น การทบทวนครั้งแผนยุทธศาสตร์บูรณาการป้องกันและแก้ไขปัญหาเอดส์แห่งชาติ พ.ศ. 2550-2554 มีการดำเนินงาน 2 ส่วนหลักๆ คือ 1) การประชุมกลุ่มภาคประชาสังคม ผู้ติดเชื้อ/ผู้ป่วยเอดส์ และภาคส่วนอื่นๆ เพื่อรวบรวมผลสะท้อนกลับจากการดำเนินงานภายใต้แผนยุทธศาสตร์ดังกล่าว เพื่อเสนอแนะในการพัฒนาและจัดทำแผนยุทธศาสตร์ครั้งต่อไป และ 2) การประชุมเพื่อกระจายผลจากการศึกษานี้ให้ผู้มีส่วนได้ส่วนเสียได้รับทราบและนำไปใช้ต่อไป

**ระเบียบวิธีวิจัย:** การศึกษานี้ได้ใช้การจัดการความรู้แบบบูรณาการร่วมกับสำนักงานป้องกันควบคุมโรค (สคร.) 5 แห่ง คือ สคร.3 สคร.6 สคร.7 สคร.10 และ สคร.11

**ผลการวิจัย:** สคร. มีบทบาทหน้าที่ภารกิจในการพัฒนาวิชาการเพื่อการควบคุมโรคและภัยคุกคามสุขภาพ และมียุทธศาสตร์ด้านเอดส์เป็นจุดยืนอยู่แล้ว องค์ประกอบสองส่วนที่ถ่วงดุลกันคือแหล่งงบประมาณสำคัญและต้องการการพัฒนาศักยภาพด้านวิชาการเพื่อรองรับภารกิจความรับผิดชอบงานด้านการควบคุมและป้องกันโรค ซึ่งสคร. ได้เปลี่ยนบทบาทจากการให้บริการดูแลรักษาผู้ติดเชื้อ/ผู้ป่วยเอดส์ เป็นการประสานงาน การสนับสนุนวิชาการ และการติดตามติดตามระบบข้อมูลเอดส์ แต่ปรากฏว่าการนำข้อมูลเพื่อใช้ในการทำงานยังทำได้ไม่เต็มที่

**บทสรุป:** สคร. ควรมีบทบาทในฐานะผู้จัดการด้านยุทธศาสตร์ เพื่อการจัดการและการขับเคลื่อนด้านยุทธศาสตร์ โดยสนับสนุนสำนักงานสาธารณสุขจังหวัดในด้านวิชาการ และควรมีการพัฒนาศักยภาพของ สคร. เพื่อสร้างผู้สอนที่เป็นบุคลากรในหน่วยงานต่างๆ ในพื้นที่ และบุคลากรในสำนักงานสาธารณสุขจังหวัด เพื่อให้ดำเนินการด้านยุทธศาสตร์ของหน่วยงานต่างๆ ในพื้นที่เป็นไปในทิศทางเดียวกัน

**คำสำคัญ:** การทบทวนครั้งแผน, แผนยุทธศาสตร์ชาติ, เอชไอวี/เอดส์, การป้องกัน ดูแลรักษา  
วารสารโรคเอดส์ 2553-2554; 23 : 1-9



## Introduction:

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

The political commitment, the mobilisation of sectors and partners well beyond the Ministry of Public Health, and the active involvement of non-governmental organisations and community based organisations since the early stage of the HIV epidemics in Thailand would help decreasing new HIV infection. But in 2004, the Royal Thai Government budgeted only 15% of resources for prevention while level of HIV continues to remain high for MSM and IDU populations<sup>(1)</sup>. The service to HIV during this time, however, has reached only 30% of the populations who need them<sup>(2)</sup>. Information from the surveillance system has identified the necessity of effective prevention programs in vulnerable groups, which are IDU, Sex workers, Men who have sex with men, migrants and youths<sup>(3)</sup>. In addition to the ARV program, promotion of holistic care aiming at quality of life for People with HIV/AIDS (PLHA) as well as their affected families is still to be improved<sup>(4)</sup>. The universal access to prevention, treatment, care and support services has to be ensured for all in need<sup>(5)</sup>.

Thailand conducted an “*External Reviews of the National Health Sector Response to HIV/AIDS*” in 2005, jointly by the Ministry of Public Health (MoPH) and the World Health Organisation (WHO)<sup>(6)</sup>. The review report has generated considerable dividends: over time, its impact on the spread of HIV within and from different communities became increasingly felt and in many cases measurable; behaviours responded well to aggressive information,

education and access to services, commodities and support; the stigma initially attached HIV/AIDS began to recede and the public discourse around sexuality and sexual health gradually opened.

However, the HIV continues to spread among certain population groups and showing increasing trends in some geographical areas. While data from different sources also reflect the change from epidemic to be endemic with the estimation using the “Asian Epidemic Model” has shown changing of proportion of new HIV infection<sup>(7)</sup>. These examples demonstrate that the current plans are not strategic; information and evidence are not utilised for policy and planning, and most importantly the plans are not budgeted, prioritised and lack necessary standards or criteria for evaluation and assessment.

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

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

## Objective

The group of technical reviewer aimed to synthesise the knowledge and mechanism of the development of the strategies from the midterm review of the 10<sup>th</sup> National Strategic plan (2007-2011) on AIDS<sup>†</sup>.

The objective was focused two main activities: Part 1) Undertake meeting with civil

<sup>†</sup>Strategy 1) Integrating the HIV/AIDS works to all partnerships; Strategy 2) Integrating the prevention, treatment and care, and reducing the impact of HIV/AIDS to all target population; Strategy 3) The Protection of AIDS Rights and Strategy 4) Monitoring, evaluation, research and knowledge management to prevent and solve HIV/AIDS problems.



society, PLHA and others to obtain more feedback on National HIV/AIDS Strategic Plan and recommendation for the least of the plan and next national HIV/AIDS plans; and Part 2) Undertake a dissemination meeting for promoting use of study with widely key stakeholders.

#### Methodology:

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

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

#### Results:

##### Key findings, conclusions and policy recommendations from Knowledge Management

As a result of government system reform, healthcare reform and healthcare policy that changed toward Universal Coverage Scheme, and Performance Based Budgeting System (PBBS), DPC took the roles in developing techniques and knowledge to control the diseases

and health hazards. Most DPCs already had AIDS strategy as their major standpoint. However, the emphasis was put on coordinating, technical supporting and monitoring. Unlike in the past where their roles were to allocate the budgets to the service units in the area, their new functions were area project implementation as the DPC's budget came from many sources such as Department of Disease Control, National Health Security Office and Global Fund. All budgets which DPC received were on the lump-sum basis contracted project by project.

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

Satisfaction on HIV/AIDS strategic/tactic plan among stakeholders: Satisfaction of the stakeholders outside and inside Ministry of Public Health organisations were in different levels. It was depended on roles, performance indicators and mutual benefits from work. The regional hospitals, general hospitals, and community hospitals where their main roles were to treat the patients and promote health, the level of satisfaction on HIV/AIDS strategic/tactic plan was high when they could solve problems for patients. Satisfaction level of the hospitals was higher than that of Provincial Public Health Offices who took the roles of implementation of the strategic plan and the roles of monitoring and evaluating under strategic plan. The satisfaction of units outside Ministry of Public Health such as Provincial Office of Labour, Provincial Social Development and Human Security Offices,





Education Service Area Office and Local Government Organisations was medium level because of the integration of HIV/AIDS work and network between public health organisation and other network. In universities, the satisfaction was higher because they produced more output and outcome and there was more budget on HIV/AIDS work. As in civil society and AIDS network the satisfaction level was considerably high in moving AIDS strategies with government organisations.

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

DPC's current works on prevention, treatment and care, and mitigation of the impact of HIV/AIDS: On prevention of HIV/AIDS, DPC collected the data about prevention from service units both from government and non-government organisations that led to HIV/AIDS situation analysis; social epidemic of HIV/AIDS and

behaviour related to HIV/AIDS; the study of suitable prevention mechanism for HIV/AIDS; search for cooperation through multidisciplinary professions for treatment and care and prevention of drug resistance; Promotion for access to HIV/AIDS treatment and care for all target group including the development of local staffs to be able to give knowledge for self-prevention in target and risk group. DPC passed on the prevention measures to all levels and all involved parts in the organisations and searched for the incorporation on treatment and care, and the mitigation ways. Not only did DPC support the patients who did not have health care scheme by giving them ARVs, it supported HIV/AIDS laboratory such as CD4 and viral load. In monitoring and evaluating the quality of services, DPC used HIVQUAL-T program and coordinate with TB control program unit to reduce morbidity in TB patients with HIV in Thai population. All TB patients were tested for HIV and the TB patients with HIV could easier access to ARVs to reduce the morbidity. DPC had prepared the research to find the surveillance methodology for ARVs resistance to get ready for the effective formulas to reduce morbidity and the ineffective treatments.

What DPC should do in the future for prevention, treatment and care, and reduce impact from HIV/AIDS: On the prevention side the regional coordination centre for HIV/AIDS problem solving management should be established to give the technical and academic support in preparation of the strategic mapping and to give support on the development of AIDS working network mechanism among government organisations, non- government organisations, civil society and AIDS patient network. Highlight was put on developing resource support system and building participation to reduce HIV/AIDS problem. Centre for HIV/AIDS coordination and management should be a centre to make sure the treatments meet the standards of HIV/AIDS treatment and care. There should be the monitoring and evaluating of the HIV/AIDS strategy and management in the regional level. It was also necessary to find out effective key performance indicators of the prevention program to drive the works of all HIV/AIDS network and develop HIV/AIDS prevention mechanism in risk group such as youths. DPC should work together

with NHSO in data sharing and analyse the data from NAP program to look for the accomplishments and problems. Attention should be paid on effectively building more capacity for provincial HIV/AIDS subcommittee in the provinces that did not participate in Provincial Coordinating Mechanism (PCM) project. Capacity of staff should be developed by opening learning channel to create learning society with not only broad but deep knowledge and to be able to apply the knowledge in real work. DPC should encourage the knowledge sharing among all colleagues and involved parties. Systematic compilation of knowledge should be setup to be the source of reference about HIV/AIDS. DPC should develop information technology about HIV/AIDS situations; HIV/AIDS risk behaviours, services, target group, supports, sources of fund, work description, and roles of the network. Support should be integrated in HIV/AIDS work in the youth group in all levels of organisations and schools. HIV/AIDS strategic planning should be emphasised in the provincial strategic development plan, capacity building for HIV/AIDS staffs, improvement of the quality of service system through pilot projects, and improvement of the accessibility to the basic service system of local governments to reduce the impact. All HIV/AIDS works have to have the key indicators to monitor and evaluate the results.

### Conclusions

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

The weak point of Thailand National AIDS strategic plan was the low utilisation of this plan. Outside organisations did not know the

roles on prevention though the design of National HIV/AIDS Strategic Plan was done by all parties. However, after the plan was established only the Ministry of Public Health implemented the plan. For the next plan, it should be worth considering different approaches and strategy on capacity building HIV/AIDS staffs should also be included.

### Policy Recommendations

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

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

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

In the next edition of Thailand National HIV/AIDS Strategic Plan the capacity building for HIV/AIDS staff should be included.

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

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





### Moving forward

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

Strategic Plan is a framework for changing a specific situation which delineates priority areas for action and basic steps to go from here to there. A “strategic” HIV/AIDS strategy takes into account the underlying determinants of the epidemic and how they affect different social groups according to situations that change over time<sup>(8)</sup>.

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

The concept and importance of developing a National Strategic Plan (NSP) for HIV prevention is shown in the picture below. It's telling us about the nature of HIV/AIDS epidemic and will get a better understanding of what drives HIV spread: The typical characteristics of Thailand epidemic, concept of Most at Risk Populations (MARPs), patterns and priorities of the Thailand epidemic as well as prevention by sources of new infection and the data needs (for surveillance, for monitoring the response, for project monitoring)<sup>(9)</sup>.

#### 2) Understanding what drives HIV spread

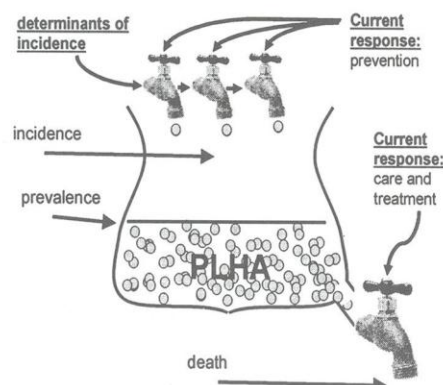
Therefore, the key remaining questions we need to answer are: 1) understand the

epidemic (where would the infections occur?); 2) understand the determinants of the current incidence (what can be influenced that will change the expected prevalence?); and 3) understand current response (what is already being done, what remains?).

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

Although people have some level of risk for acquiring HIV, some people are especially vulnerable due to their behaviour or the behaviour of their partners. Such groups are called Most at Risk Populations or MARPs<sup>(10)</sup>. MARPs vulnerable to HIV infection include but are not limited to commercial sex workers and their sex partners; men who have sex with men and male sex workers; injection drug users (IDUs) who share HIV contaminated drug injection equipment; persons with multiple and concurrent sex partners; individuals who abuse other substances such as non-injection drugs and alcohol and persons detained in corrections facilities<sup>(11)</sup>.

Entry of HIV infection into a country's vulnerable populations can have major impact on the course of the HIV epidemic. For example, at the end of 2009 in Thailand, there were 350,000 persons living with HIV/AIDS. More than 40% of these persons were injection drug users (IDUs). However, the epidemic appears to be evolving such that HIV infection is spreading from IDUs and women who trade sex for money to their sex partners, and other members of the general population. MARPs are important because they may serve as “bridge” populations



Where do the data come from?

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

transmitting HIV to groups otherwise unlikely to become infected<sup>(12)</sup>.

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

There will be two areas that are suggested to be programme area in the next NSP. The first areas are “Core Program Areas” which serve as the main area for taking care of PLHA especially programme for HIV Prevention aimed at key drivers, AIDS Treatment, Care and Support with development of the enabling environment. Programme for impact mitigation (OVC: Orphans and Vulnerable Children) should be promoted with participation of target group<sup>(13)</sup>. The second areas are crosscutting program areas which stress on creating programme with all possible networks such as: Management of the national response (policy, legal and institutional frameworks), Monitoring and Evidence Building (surveillance, research, information systems) and Capacity Building (human resources, infrastructure)<sup>(14)</sup>.

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

#### Lesson learns

The strategic plan formulation describes what the data needs are to assess progress of the national HIV/AIDS responses, and the data arrangements. Strategic Planning in HIV/AIDS is intended to change the future of the epidemic in a country by assessing the progressing of the

epidemic and evaluating results from projects, programs, or policy’s implementations<sup>(15)</sup>. The important questions are: 1) how we can help policy-makers pick the package of interventions that has the greatest impact in changing that future; 2) how the available data can be used to describe the future that would occur in absence of an effective program and 3) how we can simulate the future would change with different packages of interventions – so that we can recommend the one that gives greatest value for money?<sup>(16)</sup>.

Key success for the next National HIV/ AIDS Strategic Plan needs a good strategic information and should be the tool for decision-makers to effectively respond to the specifics of an epidemic, advocate for sustained national funding and support from Ministry of Finance and other Ministries, Mobilise and align external funding and other support and be responsive to the needs of local communities<sup>(17)</sup>.

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

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