

Nairobi, Kenya  
22-24 June 2005

# Comprehensive Response to HIV/AIDS Prevention and Care

**Thailand-Africa Partnership**



Ministry of Foreign  
Affairs of Thailand



UNDP  
Thailand

**Workshop Report**



**Nairobi, Kenya 22-24 June 2005**

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# Comprehensive Response to HIV/AIDS Prevention and Care

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Ministry of Foreign Affairs of Thailand

UNDP Thailand

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**Department of International Organizations**

Ministry of Foreign Affairs  
Sri Ayudhya Road  
Bangkok 10400 Thailand  
Tel: (66-2) 643-5072  
Fax: (66-2) 643 5071  
Web site: [www.mfa.go.th](http://www.mfa.go.th)

**Thailand International Development Cooperation Agency (TICA)**

Ministry of Foreign Affairs  
962 Krung Kasem Road  
Bangkok 10100 Thailand  
Tel: (66-2) 282 2233  
Fax: (66-2) 281 0470  
Web site: [www.mfa.go.th](http://www.mfa.go.th)

**United Nations Development Programme**

Rajdamnern Nok Avenue  
Bangkok 10200 Thailand  
Tel: (66-2) 288 2130  
Fax: (66-2) 280-0556  
E-mail: [registry.th@undp.org](mailto:registry.th@undp.org)  
Web site: [www.undp.or.th](http://www.undp.or.th)

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# FOREWORD

The social and economic costs of HIV/AIDS are enormous. It is a problem that is not merely limited to health; it is also a clear threat to global human security.

The challenge of HIV/AIDS to humankind was reconfirmed when the High-Level Panel on Threats, Challenges and Change identified in its 2004 report that HIV/AIDS is among the threats to global peace and security. People are threatened through loss of livelihood, incomes, social ostracism and discrimination, family disruption, loss of well-being, and ultimately, loss of life. On a larger scale, entire nations are affected, as the epidemic places a severe strain on health care infrastructure, social security schemes, and national budgets, competes with other national priorities such as social development and defense, impedes growth, and devastates entire national economies.

The response to this large-scale international epidemic requires comprehensive and collective efforts from all sectors of society. Indeed, everyone, from the local level to the highest echelons of government is a stakeholder in this fight.

Thailand's response to HIV/AIDS is a story of impressive achievements. Thailand was one of the first countries in the world to see a decline in HIV/AIDS prevalence in the 1990s, signifying its achievement of the sixth Millennium Development Goal. Thailand and other members of the Human Security Network have agreed that HIV/AIDS is a human security agenda. As the chair of the Human Security Network from May 2005 to May 2006, Thailand wishes to further promote international cooperation on HIV/AIDS within the Network and beyond, through partnerships with governments, NGOs, civil society organizations and the private sector and promoting the sharing of experiences and best practices across regions, with a particular emphasis on Asia and Africa.

HIV/AIDS is one of the leading causes of death on the African continent. Roughly two-thirds of the global population of people living with HIV/AIDS reside on the continent. It is a continent that is in critical, urgent need of support to help combat the spread of the epidemic and provide care to those already infected.

Given the above situation, and in line with the Royal Thai Government's foreign policy, the Thai Government, through the Ministry of Foreign Affairs, and UNDP Thailand, organized two workshops in Africa in 2005 in the countries of Kenya and Botswana, focusing on comprehensive responses to HIV/AIDS prevention and care. This focus area was selected based on the fact that both Thailand and African countries have experience implementing programmes and activities to fight the HIV/AIDS epidemic and providing care to those affected through the active involvement and support of all stakeholders at all levels.

The first workshop was organized in Nairobi, Kenya from 22-24 June 2005, with senior participants from government agencies and NGOs from Burkina Faso, Djibouti, Gabon, Ghana, Kenya, Mali, Nigeria, Somalia, Sudan and Uganda. Fifteen participants, from the Ministry of Public Health, Chiang Mai University, youth community groups and organizations of people living with HIV/AIDS, participated in the workshop as experts and resource persons.

The second workshop was organized in Gaborone, Botswana, from 16-18 November 2005, with senior participants from government agencies and NGOs from Botswana, Lesotho, Madagascar, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe. Over 15 Thai experts and resource persons from the Ministry of Public Health, the Government Pharmaceutical Organization, organizations of people living with HIV/AIDS, faith-based organizations, and the Thailand Business Council on AIDS participated in the workshop.

The reports of these two workshops provide key discussion points, experiences, practices, lessons learned in both Thailand and African countries, and recommendations on comprehensive responses to HIV/AIDS, both at the national and community levels.


It is hoped that the workshop reports will be useful as references and tools for policy makers and key development partners in addressing the increasing challenges of HIV/AIDS in Thailand and African countries. These workshops are only one of the efforts currently being implemented through Thailand's partnership with the African continent, based on pursuit of the Millennium Development Goals and the UN Declaration of Commitment on HIV/AIDS.



**Mr. Kittiphong na Ranong**  
Director-General  
Department of International Organizations  
Ministry of Foreign Affairs



**Mr. Piamsak Milintachinda**  
Director-General  
Thailand International Development  
Cooperation Agency (TICA)  
Ministry of Foreign Affairs



**Mrs. Joana Merlin-Scholtes**  
UN Resident Coordinator  
UNDP Resident Representative  
Thailand

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We would like to extend special thanks to our local resource persons from Kenya, as well as the local host organizations for inviting us to visit their projects in the field and in their respective communities.

The workshop benefited greatly from the full commitment, substantive guidance and participation of H.E Mr. Preecha Laohapongchana, Deputy Minister of Foreign Affairs of Thailand. We would also like to thank, in particular, the Thailand International Development Cooperation Agency (TICA), the Department of International Organizations, and the Royal Thai Embassy in Nairobi for their active involvement in organizing the workshop, from planning to the final stages.

We are also thankful to our Thai partner organizations for their active participation in planning the workshop programme and contributing to the workshop sessions. These partner organizations are the Ministry of Public Health of Thailand, UNAIDS Thailand, the AIDS Education Programme of Chiang Mai University's Faculty of Education, the Planned Parenthood Association of Thailand (PPAT), UNFPA Thailand, the Northeastern Thai Network of People Living with HIV/AIDS and the KHIANG RIM KHONG Project.



# CONTENTS

<b>FOREWORD</b>	<b>i</b>
<b>ACKNOWLEDGMENTS</b>	<b>iii</b>
<b>ACRONYMS</b>	<b>vii</b>
<b>INTRODUCTION</b>	<b>1</b>
Background	1
Objectives	2
Project visits	2
Profile of participants	3
Methodology	3
<b>SUMMARY OF OPENING REMARKS</b>	<b>5</b>
<b>Hon. Dr. Mohammed Abdi Kuti</b> Member of Parliament and Assistant Minister of Health, Kenya	5
<b>Ms. Nardos Bekele-Thomas</b> Deputy Resident Representative, UNDP Kenya	6
<b>H.E. Mr. Preecha Laohapongchana</b> Deputy Minister of Foreign Affairs, Thailand	6
<b>PLENARY PRESENTATIONS: HIV/AIDS POLICY RESPONSES AND CHALLENGES</b>	<b>7</b>
The overall situation and challenges for HIV/AIDS prevention and care	7
Thailand's policies and response to HIV/AIDS	9
Kenya's policies and response to HIV/AIDS	10
<b>WORKSHOP SESSION ONE: NATIONAL RESPONSES</b>	<b>13</b>
Expanding national antiretroviral programmes	13
Prevention of mother-to-child transmission (PMTCT) programmes	14
Thailand's 100% condom use programme	14
<b>WORKSHOP SESSION TWO: COMMUNITY RESPONSES</b>	<b>19</b>
Local/community response to HIV/AIDS – Introduction, overview and how to work together	19
Roles and participation of people living with HIV/AIDS	28
Youth and the HIV/AIDS response	33

<b>CONCLUSIONS AND RECOMMENDATIONS</b>	<b>35</b>
<b>THE WAY FORWARD</b>	<b>39</b>
<b>SUMMARY OF CLOSING REMARKS</b>	<b>41</b>
<b>UN/DONORS CONSULTATION</b>	<b>43</b>
<b>ANNEXES</b>	<b>47</b>
Annex I: Workshop Programme	47
Annex II: Official Press Release	49
Annex III: List of Participants	51
Annex IV: Opening Remarks by H.E. Mr. Preecha Laohapongchana Deputy Minister of Foreign Affairs of Thailand	57

# ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	antiretroviral therapy
ARV	antiretroviral – drugs used in the treatment of HIV/AIDS, i.e. AZT, ZDC
CBO	community-based organization
GFTAM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDWG	Humanitarian/Development Working Group
HIV	Human Immunodeficiency Virus
IVD	intravenous drug
KNASP	Kenya’s National HIV/AIDS Strategic Plan
MCH	maternal and child health
MDG	Millennium Development Goal
MSM	men who have sex with men
NACC	National AIDS Control Council (Kenya)
NGO	non-governmental organization
PLWHA	people living with HIV/AIDS
PMTCT	preventing mother-to-child transmission
SADC	South African Development Community
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
VCT	voluntary counselling and testing
WHO	World Health Organization



**Countries participating in the workshop held in Nairobi, Kenya 22-24 June 2005**

# INTRODUCTION

## Background

When HIV and AIDS emerged two decades ago, the world could not predict how the epidemic would evolve. Even today, experts, governments and community leaders are still unable to describe with certainty the best ways of combating it.

Despite tireless efforts and dedicated leadership from both the community and government levels and a visible stakeholder involvement, the HIV/AIDS epidemic continues to wreak havoc on communities worldwide. It has devastated local healthcare systems, destroyed livelihoods, broken apart families and furthered social disparities. It has widened the gap between the rich and the poor, pushing already marginalized groups such as women and children even further to the periphery of society. It has, in fact, devastated whole nations and even entire regions – socially, by creating stigma, and economically, by whittling away at national reserves and foreign investments.

It is therefore evident that the world has passed the stage of conjecture. The full force of the epidemic is being felt, and governments and communities have realized that proactive measures must be formulated, enacted and shared with other nations if the world is to halt the spread of HIV/AIDS.

Thailand is proud to have emerged as one of the international success stories in the fight against the HIV/AIDS epidemic. Through dedicated community and government efforts, Thailand has managed to make great progress towards achieving Millennium Development Goal 6 – to halt and reverse the spread of HIV/AIDS by 2015 – culminating in a dramatic reversal of HIV/AIDS prevalence in the country in the 1990s.

Community groups and AIDS activists gained unprecedented influence in policy-making and programming processes, often spearheading efforts which were then adopted by the government and implemented on a national level.

Thailand would not have been successful in responding to the epidemic without such firm and focused government commitment, driven by strong community leadership. Such commitment provided a powerful impetus for a broad-based response and led to a huge increase in domestic funding for HIV/AIDS action programmes.

In addition, active community leadership and strong government commitment helped to create an institutional and political environment conducive for broad-based cooperation between key government agencies, NGOs, community groups, the media and the private sector.

As individual nations formulate their own responses to the epidemic, information exchange becomes a critical step towards developing a global approach to the fight against HIV/AIDS. Thailand, as a nation that has experienced notable success in halting the spread of HIV/AIDS, can be a valuable partner to other nations currently battling the epidemic.

Transferring these good practices and lessons learned involves efficient and effective partnering. The Thai government, with the support of the UNDP, has initiated a South-South approach to kick-start Thailand's international cooperation in HIV/AIDS prevention and response.

To initiate the implementation of this South-South approach, the Royal Thai Government and the UNDP Thailand Country Office organized a workshop on "Comprehensive Response to HIV/AIDS Prevention and Care" in Nairobi, Kenya during 22-24 June 2005.

The Nairobi workshop was conceived as an integral part of Thailand's policy to broaden and deepen partnerships with African countries in all areas of mutual interests in accordance with the Government's "Look West" policy. It serves as concrete example of Thailand's determination to promote "partnership for development" with Africa in a spirit of "South-South Cooperation".

The Kenya workshop had the expressed aim of forging closer partnerships between Thailand and Africa in tackling the spread of HIV/AIDS through comprehensive responses to prevention and care. Because African nations are currently facing the devastating effects of a raging HIV/AIDS pandemic, spreading across national borders, ravaging economies and eliminating entire populations, Thailand identified this issue as the top priority for engaging in information-sharing and partnership. Thailand's success in combating and reversing its own epidemic place it in a prime position to be a valuable partner to African nations in information and resource exchange.

This report details the proceedings and conclusions and recommendations drawn from this workshop.

## Objectives

The workshop objectives embraced the aspects stated below:

- Supporting government foreign policy, especially in promoting the exchange of experiences, lessons learned and best practices on HIV/AIDS among Thailand and African countries;
- Sustaining the momentum generated by the XV International AIDS Conference hosted by Thailand in July 2004;
- Raising the profile of HIV/AIDS in the context of human security and implementing the medium-term work plan for 2003-2005 to be carried out by the Human Security Network (of which Thailand is the current Chair).

The **medium-term work plan** includes:

- Resolving to implement the Declaration of Commitment on HIV/AIDS;
- Forging partnerships with NGOs, civil society and the private sector in addressing HIV/AIDS;
- Promoting the sharing of experiences and best practices in addressing HIV/AIDS across regions, with particular emphasis on Asia and Africa;
- Incorporating HIV/AIDS prevention, care and treatment into programmes or actions that respond to emergency situations and, where appropriate, factoring HIV/AIDS into international assistance programmes;
- Promoting international technical cooperation on HIV/AIDS; and
- Promoting global partnerships on HIV/AIDS in pursuit of the MDGs and the UN Declaration of Commitment on HIV/AIDS.

## Project visits

Prior to the opening of the workshop, the Thai delegation visited two Kenyan partner NGOs to observe their work in the field.

The first, **Beacon of Hope**, is a local NGO that works with and assists women, orphans, widows, the aged and PLWHAs. Beacon of Hope delivers such services as clothing distribution, day care for children, food distribution, HIV testing and counselling, home-based care and PLWHA support. Beacon of Hope has a particular focus on women living with HIV/AIDS, advocating on their behalf, working to improve their quality of life, and empowering them to be economically self-reliant through income-generating activities. The organization was founded in 2002 and is situated in Ongata Rongai.

The second group visited by the delegation was the **Kibera Community Self-Help Programme (KICOSHEP)**. This is a local CBO working in the Kibera slums of Nairobi and other parts of Kenya. Its mission is to mitigate the impact of HIV/AIDS on the poor and to enlist community participation in reversing the spread of the epidemic. Founded in 1993, KICOSHEP works with youth and families affected by HIV/AIDS in slum areas. The organization offers VCT services and home-based care and also operates a school for orphaned children and a clinic that offers treatment for opportunistic infections and referral for ART.

### Profile of participants

The Kenya workshop brought together 37 multi-sectoral representatives, experts and other stakeholders from 10 Sub-Saharan African countries (Burkina Faso, Djibouti, Gabon, Ghana, Kenya, Mali, Nigeria, Somalia, Sudan and Uganda), as well as 15 resource persons and experts from Thailand and participants from UNDP, UNICEF, WHO and UNAIDS.

The Thailand organizing team was comprised of high-level officers from government ministries, public health organizations, development corporations and programme officers.

The full list of participants can be found in Annex III.

### Methodology

The methodological approach adopted in facilitating the workshop was highly participant-driven, and discussion-centred, focusing on animated group discussions, interaction with experts, and collective actions. The aim of this approach was to create a space for openness in sharing knowledge, expertise, lessons learned and emerging challenges, and resulted in a united approach to consensus building.





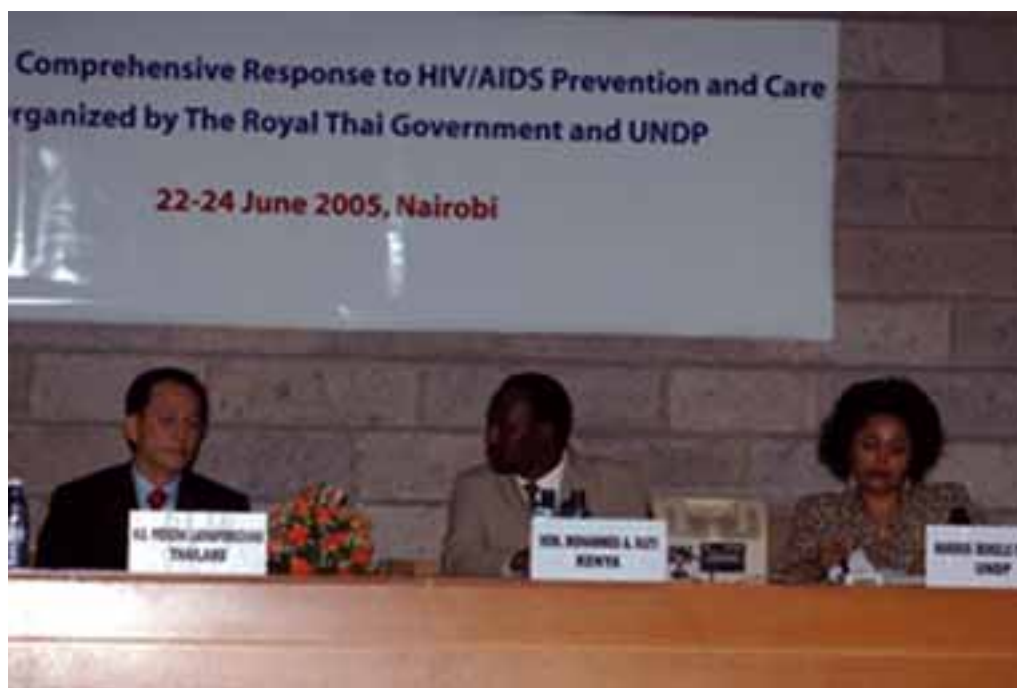
# SUMMARY OF OPENING REMARKS

## **H.E. Hon. Dr. Mohammed Abdi Kuti Member of Parliament and Assistant Minister of Health, Kenya**

H.E. the Minister began his welcome address with a note of urgency, stating that two-thirds of the global population living with HIV/AIDS live in Sub-Saharan Africa. This fact underscores the main objective in the fight against HIV/AIDS, the Minister said – namely, preventing new infections, improving quality of life and mitigating the economic impact of the syndrome.

The Minister outlined the situation in Kenya, explaining that the nation has seen some success in the fight against the epidemic. He said that the overall prevalence of HIV has gone down from 14 percent in 2001 to 7 percent in 2004. He further observed that ART has been given great priority by the Government of Kenya, stating that currently there are 8,000 people receiving ART in Kenya. In addition to the incorporation of ART, the Minister said that condom distribution and accessibility have increased tremendously in recent years, also helping to stem the tide of the epidemic.

The Minister closed by emphasizing the need for South-South cooperation to enhance and strengthen the fight against HIV/AIDS throughout the region. He said that the Kenyan government welcomes Asia-Africa cooperation as a way of sharing experiences in the fight against HIV/AIDS and expressed hope that the meeting will work towards that end.



*(From left to right) H.E. Mr. Preecha Laohapongchana, Deputy Minister of Foreign Affairs, Thailand, Hon. Dr. Mohammed Abdi Kuti, Assistant Minister for Health, Kenya and Ms. Nardos Bekele-Thomas, Deputy Resident Representative, UNDP Kenya during the official opening of the workshop in Nairobi.*

**Ms. Nardos Bekele-Thomas**  
**Deputy Resident Representative, UNDP Kenya**

The UNDP Deputy Resident Representative also began her address with a note of urgency. The world already has a variety of threats against humanity, Ms. Bekele-Thomas said, and HIV/AIDS is an added danger. She observed that HIV/AIDS has led to serious health and economic destruction across the world. She also cited the issue of stigma as further exacerbating the devastation of the epidemic.

Ms. Bekele-Thomas observed – like the Minister – that although the Government of Kenya had put much effort in reducing HIV prevalence, more still needs to be done. She pointed out that Thailand had made an impressive accomplishment in achieving the sixth Millennium Development Goal on reversing the spread of HIV/AIDS and would be a valuable experience-sharing partner.

“Through good efforts, stigmatization can be lessened, community can be mobilized and women and children, specifically, can be saved”, she observed. She concluded by thanking the Thai government for their participation and commended them for what they are doing for the benefit of humanity.

**H.E. Mr. Preecha Laohapongchana**  
**Deputy Minister of Foreign Affairs, Thailand**

H.E. the Deputy Minister began by underscoring the importance of collaboration in the fight against HIV/AIDS. He stressed that HIV/AIDS is not only a health issue but is also a major impediment to security and development, pointing out the need for Africa and Thailand to learn from one another’s experiences.

H.E. the Deputy Minister affirmed Thailand’s commitment to supporting the fight against the spread of HIV/AIDS even beyond its borders. He explained that Thailand’s fight against HIV/AIDS had been waged with the collective efforts of NGOs, civil society and community leaders. He concluded by noting that the fight against HIV/AIDS leads to good health and good health leads to development.



*H.E. Mr. Preecha Laohapongchana, Deputy Minister of Foreign Affairs, Thailand addresses the delegates at the opening of the workshop.*

# PLENARY PRESENTATIONS: HIV/AIDS POLICY RESPONSES AND CHALLENGES



*Delegates during the Plenary Session of the workshop at the United Nations complex in Nairobi.*

## THE OVERALL SITUATION AND CHALLENGES FOR HIV/AIDS PREVENTION AND CARE

**Ms. Kristan Schoultz**  
**UNAIDS Country Coordinator, Kenya**

Ms. Schoultz began by outlining the current state of the HIV/AIDS epidemic in Africa today. She explained that Southern Africa was most affected in terms of HIV prevalence, followed by Eastern Africa and Western Africa, respectively. She said that resources are currently being mobilized to assist in the fight against HIV/AIDS, citing such actions as the incorporation of PMTCT programmes, youth-friendly health services and condom distribution. The main challenge, she observed, was getting ahead of the epidemic and translating plans into action, i.e. developing services and support that actually improve the lives of those infected and affected. She went further to express that the bottom line in the fight is the rapid scale-up of actions to reduce HIV/AIDS.

Schultz outlined the following **priorities for action** in achieving an effective scale-up of the response:

- Good leadership – meaning moving beyond mere rhetorical commitment;
- Strengthening of governance of national HIV/AIDS responses;
- Addressing constraints to making big money work, including:
  - Focusing on systems (not just projects);
  - Directly addressing human capacity constraints to service delivery;
  - Coordination and harmonization; and
  - Addressing bureaucratic and procedural delays.
- Achieving balance – ensuring that the response is comprehensive and addresses **areas of weakness**, such as:
  - Prevention – critical thinking and limiting ideological influence;
  - Ensuring community AIDS competency and treatment literacy;
  - Focusing on youth (who account for half of new infections and PLWHA);
  - Focusing on gender disparities.
- Strengthening engagements and capacity of NGOs and supporting civil society.

## THAILAND'S POLICIES AND RESPONSE TO HIV/AIDS

**Dr. Supachai Kunaratanapruk**  
**Deputy Permanent Secretary**  
**Ministry of Public Health, Thailand**

Dr. Supachai outlined the magnitude and nature of the epidemic in Thailand, beginning with a brief history. He explained that the first cases of HIV/AIDS in Thailand were reported in 1984. The years following saw a tremendous surge in prevalence; however, he proclaimed that Thailand was the first country in the developing world to have achieved a real measurable decline in HIV infection rates.

Dr. Supachai then shared Thailand's **National Plan for HIV/AIDS Prevention and Alleviation for 2002-2006**, developed as one of the key strategies in continuing Thailand's established success in fighting the epidemic. He explained that the Thai government had formed a **National AIDS Committee**, chaired by the Prime Minister, with membership drawn from senior government officials, representatives from academic institutions, NGOs and PLWHAs. Currently, the Thai government allocates approximately 2 percent of its GDP for the fight against HIV/AIDS. In 2004, the government allocated roughly 2 billion baht (approximately US\$50 million) to HIV/AIDS programming activities.

The Deputy Permanent Secretary explained that the key factors contributing to Thailand's success in the fight against HIV/AIDS have been strong political commitment, national solidarity, civil society involvement, research and development and a 100 percent condom distribution programme initiated in 1991. He further stated that in Thailand, commercial sex is illegal; however, prevention and awareness-raising programmes do not exclude sex workers. He also pointed to PMTCT as another key element.

Dr. Supachai concluded by reminding the participants of the challenges to sustaining and scaling up the response which still remain, including sustaining prevention and control programmes, improvement of ART compliance and increasing community empowerment. He called special attention to the need for strengthening prevention programmes among IVD users, mobile populations and youth groups as being major challenges.

## KENYA'S POLICIES AND RESPONSE TO HIV/AIDS

**Mr. John Kamigwi**

**Deputy Director – Policy Strategy and Communication  
National AIDS Control Council of Kenya (NACC)**

Mr. Kamigwi gave a comprehensive picture of the current HIV/AIDS situation in Kenya. He observed that for many years, the HIV/AIDS issue was handled purely as a medical one. Later on, however, stakeholders realized that this approach was not comprehensive enough to make a real impact.

Mr. Kamigwi chronicled the efforts made by the Kenyan government in the fight against HIV/AIDS, beginning with the first documented case of HIV in the country, diagnosed – as in Thailand – in 1984. As Mr. Kamigwi explained, initial intervention was purely medical and hence was far from effective. It was not until 1997 that a clear national policy – **The Sessional Paper on AIDS** – was drawn up and approved, laying the ground for a more comprehensive response. Following a surge in HIV/AIDS prevalence in the 1990s, HIV/AIDS was declared a national disaster in 1999, and a multi-sectoral response was adopted in the same year.

Kenya's first **National HIV/AIDS Strategic Plan** was launched in 2000, covering the five-year period 2000-2005. The plan focused on:

- Prevention and advocacy;
- Treatment and continuum of care and support;
- Institutional arrangements;
- Management and coordination;
- Monitoring, evaluation and research; and
- Mitigation of socio-economic impact.

The **key results** of implementing the Strategic Plan include:

- Reducing Kenya's HIV prevalence from 14% to 6.7% by 2003;
- Increased awareness/mobilization that has led to overwhelming demand for services such as testing, condoms, ARVs etc, placing pressures on the health system; and
- In the later phases of the pandemic, there have been approximately 150,000 AIDS deaths per year with a decrease in infection rates to about 80,000 new infections per year

Mr. Kamigwi explained that since 2003, there have been a number of changes to the government's policy and response to the HIV/AIDS epidemic. He explained that there has been a demonstrated commitment from the highest levels of government in addressing the pandemic. In addition, a **Cabinet Committee on HIV/AIDS**, chaired by the President, has been overseeing the government's response. There has also been a strengthening of involvement at the local level, particularly in certain constituencies and districts, coupled with increased involvement of stakeholders at all levels, in planning, mobilization of resources and implementation. A common monitoring and evaluation framework has also since been implemented.

Kenya has adopted and implemented the **Three 'Ones' Principle** of having:

- One Coordinating Body (NACC);
- One HIV/AIDS Strategic Plan; and
- One Monitoring and Evaluation Framework.

Mr. Kamigwi also introduced Kenya's new **National HIV/AIDS Strategic Plan (KNASP)** developed for an additional five-year period covering 2005/06-2009/10. The KNASP has been developed and is to be implemented as a multi-sectoral approach. **KNASP targets** include:

- Reducing HIV prevalence to below 5.5% by 2010;
- Further reduction of new infections;
- Improving quality of life of those infected and affected;
- Mitigating the socio-economic impact of HIV/AIDS;
- Scaling up activities and better targeting of resources;
- Focusing on gender, youth, HIV-discordant couples (estimated to number 400,000 in Kenya), orphans and vulnerable children (estimated at 1.8 million), commercial sex workers, migrant workers, and other vulnerable populations; and
- Mainstreaming in all sectors and focusing on critical sectors such as agriculture, education, health, transport, etc.

To implement KNASP, a first year budget of US\$330 million will be required, Mr. Kamigwi explained. This annual requirement will rise to US\$600 million by 2010. Currently, only about half of this first year budget is available, so there is a need to mainstream HIV/AIDS into the government's medium-term expenditure framework.

Mr. Kamigwi summarized the **challenges to upscaling Kenya's HIV/AIDS response** as follows:

- Donor dependence;
- Capacity of the health system to cope with growing demand for services;
- Capacity of communities to handle the growing number of orphans;
- Ensuring that there is capacity at all levels to effectively plan, implement, monitor and evaluate results;
- Stepping up community involvement; and
- Streamlining procurement and logistics systems that are not tailored to address the HIV/AIDS pandemic to ensure that the flow of funds and resources is more efficient.



# WORKSHOP SESSION ONE: NATIONAL RESPONSES

## SUBJECT AREA 1: EXPANDING NATIONAL ANTIRETROVIRAL PROGRAMMES

**Objective:** To share experiences and lessons and challenges on expanding national ARV programmes in Thailand and African countries.

**Lead facilitator:** Dr. Sombat Thaenprasertsuk

**Team members:** Dr. Siriporn Kanshana, Dr. Nipunporn Voramongkol, Ms. Prapai Jaiharu and Mr. Sompong Chareonsuk

The first workshop session was devoted to national responses to scaling up the response to the HIV/AIDS epidemic in the participants' home countries. The first subject area of discussion was the expansion of national ARV programmes in both Thailand and participating African countries and the challenges and issues facing governments and policy makers.

Participants discussed the role of PLWHAs in ARV expansion and ways of supporting the implementation of scaled-up ARV programmes at the community level. They also discussed various cross-cutting issues and challenges to ARV programming, including involvement of mobile populations and hard-to-reach groups. The participants also defined the achievements and each ARV national programme in African countries.

## SUBJECT AREA 2: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) PROGRAMMES

**Objectives:** To share experiences and lessons learned on PMTCT programmes in participants' respective countries.

**Lead Facilitator:** Dr. Siriporn Kanshana

**Team Members:** Dr. Sombat Thaenprasertsuk, Dr. Nipunporn Voramongkol

Thailand began by presenting its experience with PMTCT programming. Dr. Siriporn Kanshana stated that in Thailand, 800,000 women give birth every year. Of these births, approximately 12,000 newborns are at risk of HIV infection and, without intervention, 3,600 become infected. In response, Thailand has implemented comprehensive PMTCT programming that includes antenatal/intrapartum HIV testing, pre- and post-test counselling, short-course ART, and formula feeding.

Before the advent of HIV/AIDS, counselling was not a part of routine health care. The development of HIV testing in antenatal care began as a measure to provide early screening for health care workers. Later, counselling was introduced to offer informed reproductive choices to affected couples. Other counselling interventions were eventually added as increased routine testing began in the early 1990s. Since then, pregnant women tested as a part of their antenatal care regimens have increased from 50% in 1995 to 75% in 1997 and to 95% in 2000. A curriculum for training was developed and has undergone revision to include ARV treatment for mothers and infants, infant formula policies, and appropriate care for both mother and child.

In **monitoring the national PMTCT programme**, Thailand's Ministry of Public Health collaborates with the Centres for Disease Control (CDC) and established a system in 2000 whereby each hospital completes a 44-item monthly report. A standard report is also generated at provincial, regional, and national levels. Reported indicators include percentage of attendance, percentage of pregnant women seeking VCT, percentage of infected mothers and children receiving ARVs, percentage of ART adherence and percentage of mothers using formula substitutes for breastfeeding.

**Thailand's National Policy on Prevention of Mother-to-Child Transmission** was adopted in December 2003 and has the following main elements:

- VCT for all pregnant women;
- ART for all HIV-positive pregnant women and children born to HIV-positive mothers; and
- Provision of infant formula for 12 months as a substitute for breastfeeding.

As a result of the national PMTCT programme, Thailand has reportedly been able to avert 4,744 infections among infants between 2000-2004 and has reduced HIV prevalence among pregnant women to 1.1%. Access to ARVs has increased to as much as 95% of women tested as part of their antenatal care regimens. In addition, the number of AIDS cases in children aged 0-4 years from mother-to-child transmission has reduced from 1,250 in 1997 to 160 in 2004.

Thailand's policy was a product of the short course AZT trial (the "Bangkok study") conducted from 1994-96, followed by an additional AZT trial from 1997-98 and the adoption of a national policy in 2000 that included a Perinatal HIV Intervention Monitoring System (PHIMS), PMTCT training, and care for HIV-infected mothers and families – known as **PMTCT Plus**. PMTCT Plus aims to decrease the number of orphan children and promote the health and well-being of children under five born to HIV-positive mothers. The programme's target group is HIV-positive post-partum mothers and their families.

**Lessons learned** from the Thai experience are:

- Surveillance, research, pilots, monitoring and evaluation provide useful information.
- Research and NGO projects provide essential early programme experience.
- Integrating PMTCT into MCH programming is most efficient.
- Counselling plays a central role in PMTCT.
- Training is needed to prepare staff and team-building is needed to maintain communication.

In addition, in order **to sustain PMTCT programmes**, there is need for:

- Continued political and budgetary support;
- Ongoing training of health care workers;
- Attention to monitoring and evaluation data for improving programmes and policies; and
- Improving programme components, including:
  - Better regimens;
  - Improved counselling (e.g. for couples);
  - Primary prevention opportunities; and
  - Follow-up care for women and children after the PMTCT regimen is complete.

### SUBJECT AREA 3: THAILAND'S 100% CONDOM USE PROGRAMME

**Objective:** To share good practices, lessons learned, advantages and disadvantages of Thailand's implementation of a 100% condom use programme, including its success in reaching populations beyond commercial sex workers.

**Lead facilitator:** Dr. Sombat Thaenprasertsuk

**Team member:** Dr. Siriporn Kanshana

This presentation covered mainly the 100% condom programme in Thailand. Approved by the National AIDS Committee in 1991, the programme was formed with the aim of promoting condom use among commercial sex workers and their clients. The main components of the 100% condom programme are detailed briefly below.

#### Information and education

Information and education are critical to the programme and are provided through:

- The STI health service, operating for over 20 years, which operates on the principle of encouraging trust between STI care workers and sex workers;
- Clinic-based and door-to-door education; and
- Provision of printed information or public service announcements about HIV/AIDS and on the importance and proper usage of condoms.

#### Condom procurement and supply

Condoms are provided mainly through the government's central procurement system under the STI Cluster of the Bureau of AIDS, Tuberculosis and STIs. The supply is coordinated through the Regional Disease Control Office and STI clinics operating under provincial health offices. The Government of Thailand has allocated a budget for condom procurement totalling 36 million baht (US\$900,000) in 2004, which was used to provide approximately 24 million condoms.

#### Monitoring and evaluation

The quality of condoms provided is continually monitored for leakage, dimension, aging, volume and each undergoes a thorough pressurized bursting test before being approved for distribution. The monitoring of the distribution system is done through careful documentation and analysis of statistics regarding condom usage and reduction of STI rates as well as through direct interviews with sex workers and STI case reports.

#### STI care and treatment

This component is managed through prompt diagnosis and treatment of STIs. Not only are STIs seen as a proxy indicator of HIV infection, they can also increase vulnerability to HIV. Therefore, the detection and treatment of STIs drastically reduces the risk of HIV transmission.



*Two versions of condom dispensers used in Thailand.*

### Condom dispensing machines

In addition to the above, a condom dispenser component has been developed and expanded through the support of the Global Fund for Tuberculosis, HIV/AIDS and Malaria (GFTAM). The condom dispenser concept was developed because it ensures privacy and overcomes the embarrassment of buying condoms, which has been found to be a major deterrent to buying condoms. Dispensers have also helped reduce the price of condoms and provide an opportunity for income generation among young people and commercial sex workers.

More than 10,000 dispensers have been installed nationwide since early 2005. The majority of the dispensers have been installed in public restrooms, department stores, gas stations and factories.

The 100% condom programme has fostered the development of key linkages between community response and national policy and has enhanced cooperation on broader issues concerning the national programme on HIV/AIDS.



# WORKSHOP SESSION TWO: COMMUNITY RESPONSES

## SUBJECT AREA 1: LOCAL/COMMUNITY RESPONSE TO HIV/AIDS – INTRODUCTION, OVERVIEW AND HOW TO WORK TOGETHER

**Objectives:** To share experiences and lessons on community interventions and inherent challenges in dealing with the epidemic on the local level in the participating countries.

**Lead facilitator:** Dr. Usa Duongsoa

**Team members:** Mr. Sombhong Pattawichaiporn, Ms. Jitlada Rattanpan, Ms. Prapai Jaiharn, Mr. Muhammadjehseng Bula, Mr. Sompong Chareonsuk

The afternoon session of the workshop focused on introducing HIV/AIDS response measures at the community level in the various countries represented. The discussion centred on outlining expectations, defining community, mapping problems and the response in Africa and sharing other community response experiences from Thailand and Africa.

The participants were asked to brainstorm their future goals and vision of HIV/AIDS work in their respective countries and what they believed were challenges to the achievement of these goals. The responses are outlined below.

### Goals/vision of the HIV/AIDS response at the community level:

- To involve youth in the fight against HIV/AIDS and to enable young people infected with HIV/AIDS to live productive lives. Mentoring of young people into leadership roles to ensure the longevity and continuity of the response;
- To support education/training of teachers who are themselves still uncomfortable with issues concerning sexuality;
- To promote communication between family members, using the home as a venue for education and awareness-raising;
- To empower girls with life skills for HIV/AIDS awareness, prevention and care, including empowerment to negotiate on their own behalf with boys/men in sexual relations;
- To stimulate and support community capacity to respond to HIV/AIDS through care, change, hope, leadership and information transfer;
- To reduce new HIV infections in the communities to less than 1 percent by 2007;
- To see that ART is available to all PLWHAs by the year 2010 and at an affordable cost;
- To ensure that every single man, woman and child in Kenya is fully aware of all aspects of the HIV/AIDS epidemic, including information on prevention and care;
- To educate and involve the media in the response;
- To implement a collaborative approach to achieving the goals of the response;
- To see well-coordinated and competent CBOs, NGOs and faith-based organizations provide quality HIV/AIDS services to all communities in Uganda;

- To promote awareness at the community/family/individual level through education, making primary education compulsory for all;
- To see more HIV/AIDS-related programming undertaken at the grassroots level; and
- To share information on HIV/AIDS prevention and care strategies with other deeply affected countries not participating in the workshop, including, for example, war-torn Somalia.

**Challenges to achieving these goals:**

- Lack of adequate resources and/or infrastructure;
- Lack of proper training on HIV/AIDS-related issues;
- Lack of awareness and education among the media;
- Conservative and/or traditional lifestyles;
- Gender disparities and lack of female empowerment, often supported/maintained by traditional belief structures;
- The gap that often divides parents and girls;
- Religious opposition to the use of condoms;
- Inadequate coverage and accessibility to HIV testing centres;
- Lack of recognition of the community capacity to respond to HIV/AIDS;
- Continually losing community leaders who succumb to the epidemic;
- Lack of belief in the capacity of people to respond;
- Poverty in affected communities;
- The inability of communities to practice what they know;
- Affordability and sustainability of established interventions;
- Persistent societal stigma and discrimination;
- Lack of community competency and/or weak technical capacity to manage HIV/AIDS interventions;
- Lack of teacher training in the HIV/AIDS awareness curriculum;
- Lack of coordination and partnerships among institutions;
- Difficulty in involving all stakeholders; and
- Complexity of the HIV/AIDS epidemic.

## Understanding community and community participation

Central to formulating an effective community response is ensuring that each participant has a clear definition of the term 'community'. To this end, the participants jointly deliberated on the term, defining it as follows:

*A group of people bonded by common interest who live together in a geographic area, sharing certain common goals, having a common identity, a common culture and are bound by other common entities.*

The participants determined the **components of a community** as follows:

- People;
- Relationships, structures, organizations;
- Common interests, concerns, hopes, dreams, problems, threats and/or challenges;
- Beliefs, values, traditions, practices, culture, history;
- Weaknesses, strengths, potential;
- Wisdom; and
- Resources.

## Mapping HIV/AIDS challenges and community responses in Africa

Following the discussion on community, participants were divided into two groups: those from eastern Africa and those from western Africa. Each group was given flipcharts on which to draw a map showing the countries in their cluster. They were then asked to map the challenges of the HIV/AIDS response and the solutions generated by the community intervention in the countries in their cluster. The observations which emerged are outlined below.



*This illustration presents some of the community mapping challenges and action points that took place during the community interventions session at the workshop.*

### Western Africa

#### Problems:

- Poverty was found to affect all the countries.
- Prostitution – similar to poverty, this was also found to be a problem across all the countries.
- Drug use is a problem in some specific countries.
- Mother-to-child transmission is a problem in all the countries.
- PLWHAs make up a large percentage of the population in all countries, but the extent varies.
- Stigma against PLWHAs is a problem in all countries.
- Large populations of orphans and vulnerable children exist in certain countries.
- Unprotected sex among youth is a problem shared by all the countries.
- Women-headed households number highly in certain countries.
- There is widespread disparity in understanding what the problems are in most countries.
- Some countries, e.g. those in northern Africa, do not have official reporting measures: hence, extent of the problem not well known.

#### Responses:

- Acknowledgement of the HIV/AIDS problem – HIV/AIDS is generally acknowledged and the countries are acting on their strengths to respond.
- Inclusion of affected persons, families and other stakeholders in local responses to HIV/AIDS is widespread, but the extent varies.
- Linking care with prevention is at minimal levels.
- Access to treatment is limited across the countries.
- Measures to address vulnerability are inadequate.
- Mobilizing resources within and outside the community is found to be an active function of the partners.
- Measuring change/evaluation is common to the response in all countries.
- Integrating gender issues into the HIV/AIDS response is common to all countries but is still at the initial stage in the majority of countries.

## Eastern Africa

### Problems:

- Poverty was found to be a problem of all the countries.
- Prostitution is a major problem in Kenya and Uganda.
- Migration is a problem in all the countries represented, i.e. Sudan, Somalia, Uganda and Kenya.
- Drug abuse is a problem in all the countries; however, it is not highly recognized in Djibouti and Sudan.
- Mother-to-child transmission is a problem in all the countries.
- Stigma against PLWHAs is more of a problem in Somalia and Sudan; Uganda and Kenya have fewer problems with stigma.
- PLWHAs make up a significant percentage of the population in all the countries.
- Affected children number highly in all countries, with Kenya and Uganda leading in numbers.
- Affected older persons are in significant number in Kenya and Uganda.
- Unprotected sex among youth is a problem seen in all the countries.
- Women-headed households are seen in high numbers in all the countries, with Somalia, Uganda and Kenya are leading.
- Teenage pregnancy is mainly a problem in Kenya and Uganda.
- War is a problem experienced in Somalia, Sudan and Uganda.
- Rape is a widespread problem in Kenya and Uganda.

### Responses:

- Acknowledgement of the HIV/AIDS problem is mostly limited to Uganda and Kenya.
- Linking care with prevention was observed in all countries, with Uganda and Kenya leading.
- Access to treatment is mainly seen in Uganda and Kenya.
- Measures to address vulnerability are high in Uganda and Kenya.
- Mobilizing resources within and outside the community is largely done in Uganda and Kenya and, to a smaller extent, in Somalia through the United Nations High Commission for Refugees (UNHCR).
- Measuring change/evaluation is largely done in Kenya and Uganda.
- Integrating gender issues into the HIV/AIDS response is mainly done in Uganda and Kenya.

*Note: There are no official figures for Sudan and Somalia.*

## Success stories in Africa

In sharing their experiences in the fight against HIV/AIDS in both Africa and Thailand, several lessons were learned. The following are some specific examples of success stories shared by African participants.

### Djibouti

Participants from Djibouti shared a success story concerning the empowerment of girls and youth. They explained that in Djibouti, young girls have no power and are dominated by men. To counter this problem, the initiators of this project sought out girls living in the community to assume leadership roles and offered them training. After their training, these girls took on roles as peer educator sharing awareness messages and education with other girls throughout the community.

The success of the programme hinges on a support network whereby each girl encourages other girls to seek testing, spreading the message and ensuring that girls take more initiative to seek VTC on their own. The increased awareness has not only led to higher numbers of girls seeking VTC, it has also empowered girls with the knowledge and initiative to encourage their partners to wear condoms during sexual intercourse.

The programme in Djibouti is a good example of a success story of involving youth and particularly girls in the fight against HIV/AIDS. However, in Djibouti, certain gender-based hindrances to the fight against HIV/AIDS were also observed. For instance, if a wife divorces the husband or is chased away by the husband, she loses her social position and the children remain with the father. In addition, if a husband dies of HIV/AIDS in Djibouti, the wife does not inherit the man's wealth, leaving the widow and any children destitute.

### Gabon

Participants from Gabon detailed the results of one particularly successful programme instituted by the nation's first lady. The First Lady led efforts to mobilize the nation's population in the fight against HIV/AIDS, bringing her efforts to all nine provinces of Gabon. This initiative was supported by her husband, the nation's president.

Through this project, the President set up a solidarity fund to fight HIV/AIDS, focusing on the provision of ARVs. Under this programme, ARV coverage has increased and the price of a monthly course of ART has been reduced to approximately US\$20. Under the project, ART is free for students, pregnant women and other vulnerable groups.

The participants explained that since 1997, HIV/AIDS prevalence steadily increased in Gabon by 1 percent every year. By 2000, the problem of HIV/AIDS had reached dire proportions in Gabon. However, following this intervention, led by the President and First Lady, the nation's prevalence level has stabilized at 8.8 percent to date. As a result of the programme, more people are also seeking VTC due to increased awareness. The success of this programme in Gabon shows what can be achieved if there is linkage between the highest levels of government and the community.

## Ghana

Ghana shared the case of an activity that has helped children orphaned by HIV/AIDS in a district called Menyakobo. In addition to being the village in which Ghana's first cases of HIV/AIDS were reported, Menyakobo continues to have the nation's highest disease burden.

The participants explained that Ghana's royal family has been taking on numerous HIV/AIDS orphaned children as foster children for many years since the problem emerged in Menyakobo. Under their royal patronage, the children are provided with education, shelter, food, clothing, medical care and other basic needs. Today, many orphans are now being cared for by the royal family in different regions throughout the nation. For example, the Queen Mother offers patronage to orphans in the affected Ashanti region.

Beginning in September, 2005, the Government of Ghana began providing these resources directly to communities themselves.

## Kenya

In Kenya, one case of community participation and involvement was discussed as a case of communities responding and supporting themselves from within. In one particular community, which was identified to have many child-headed homes, the formation of widow and orphan groups was initiated. From the initial pilot community, other communities have learned from the success of this initiative and have adopted it in their own communities as well. The success of the programme is currently undergoing monitoring and evaluation procedures to document and measure their achievements.

The Kenyan participants also shared a case study of a peer education programme for girls operating at various schools throughout Kenya. Under the programme, in each participating school, one teacher is trained to provide information on HIV/AIDS prevention to girl students. Each teacher then trains 50 girls, who also go on to spread the awareness message throughout the school and wider community. The project started with 10 participating schools but has now spread out and currently covers 900 schools with about 45,000 girls. Through this programme, the implementers have learned that there are gaps in girls' knowledge of HIV/AIDS, one reason being that parents avoid talking to them about issues of sexuality due to culture and tradition.

## Mali

Mali shared its own experience with an ARV provision programme currently taking place throughout the country at the community level. Participants explained that ARVs have been free in Mali since June, 2004. Already, government and community leaders have seen success. Current HIV prevalence stands at 1.7% of the nation's population of 12 million.

## Nigeria (Plateau State)

From Nigeria, participants shared the work of one faith-based organization to provide treatment and support to HIV/AIDS-affected people in one small village. What started as a small project for PLWHAs, led by a husband and wife team with the help of a few villagers, has now grown to an organization with a large volunteer staff and an increasing number of PLWHA participants. At present, the organization has over 100 volunteers working on their behalf, among whom are a variety of retired medical staff. They have helped a large number of PLWHAs by providing treatment through well-organized linkages and coordination between the different agencies that provide ARVs in Nigeria. Others are due to benefit in the future as the success of the programme has necessitated a scale-up of efforts.

## Sudan

Participants from Sudan shared the case of a programme called SNAP – the Sudanese National AIDS Programme. They explained that Sudan has experienced problems with scant community participation. Community leaders have hopes that the SNAP programme will strengthen and encourage community participation in Sudan.

## Uganda

From Uganda, a case illustrating youth involvement in providing VCT services in the community was shared. In this case, one local authority created an organization known as the Youth Corner, whose role is to provide VCT services to youth. Under the programme, youth pay half the price paid by adults for HIV testing and receive counselling on other matters of sexual health and HIV prevention.

The programme has been successful at eliminating the fear of recognition that prevents many of Uganda's youth from seeking testing. Through private testing, there is no fear of health workers disclosing their sero-status to other people, including their own parents. This has led to an increase in the number of Ugandan youth who know their HIV sero-status, a first line of defense in stopping the spread of the disease. Under this project, VCT centres have been established, and the project has been carried out in other communities through home-to-home visits, mobile clinics and other measures.

## Factors affecting success in the fight against HIV/AIDS

Session participants determined that success in fighting HIV/AIDS is influenced – mostly negatively – by a variety of factors, including:

- Difficulty in maintaining a multiple-level approach, i.e. individual, family, community, etc;
- Involvement of civil society (NGOs);
- Difficulty in reaching specific vulnerable groups;
- Maintaining family and community involvement;
- Linkage between national/high level and community level to serve political support;
- Effectively using all existing connections;
- Involvement of target groups and using peer educators;
- Identification of community leaders;
- Maintaining a multi-sectoral approach – partnership, networking, inclusion of different stakeholders, i.e. linking with service providers;
- Difficulty in finding volunteers;
- Community initiating and organizing, with support from facilitation teams;
- Transfer of ideas to other communities. Organizations can, if they are encouraged and supported, learn from communities;
- The widening social gap between youth and parents; and
- Capacity-building for communities.

## Linking the community level with the policy level

In conclusion, the participants discussed the need to effectively link the community level with the policy level to ensure a sustained response supported by national resources and governments. Participants stressed that communities need to lobby their governments steadily to garner support and to spread the message that a targeted HIV/AIDS response is urgent. Documentation of good responses and experiences – such as those shared during this session – is essential as these stories are solid proof of community-level achievement.

Linkage with stakeholders is another vital component of engaging both the community and national levels in the response. Enabling policy and encouraging the mobilization of resources is also necessary. To this end, media involvement should be promoted, which could also have the added benefit of encouraging donors to give direct support to communities. Media support would also be an effective way to institute behavioural change necessary to combat stigmas which may prevent policymakers from addressing the issue of HIV/AIDS.

The participants also stressed the need for strategic planning to harmonize comprehensive responses. Community mapping, reconciling achievements with failures is an effective way for communities to gauge their successes and needs and report them to the national level. Above all, capacity building at the community level must be strengthened and more people trained.

## SUBJECT AREA 2: ROLES AND PARTICIPATION OF PEOPLE LIVING WITH HIV/AIDS

**Objectives:** To share experiences and lessons learned regarding the involvement of PLWHAs in the response, including group dynamics and attitudes towards involvement of PLWHAs, factors supporting the work of PLWHAs at various levels, problems/issues encountered and promoting greater involvement of PLWHAs.

**Lead facilitators:** Ms. Jitlada Rattanapan, Ms. Prapai Jaiharin

**Team members:** Dr. Usa Duongsaa, Mr. Muhammadjehseng Bula

During this session, participants were asked questions aimed at determining the roles and participation of PLWHAs. The following questions were asked:

- What are you most proud of when working for/with the community?
- What is the major attitude of the public in your community towards PLWHAs?
- Do your friends/colleagues have any relatives who are infected with or affected by HIV?
- Find someone who is actively involved in working with PLWHAs.
- Find someone who can identify the name of any organization working with PLWHAs.
- What is the most challenging task in working with PLWHAs?

Findings are organized into the tables that follow, arranged by subject area.



## Overview of the involvement of PLWHAs in the response to HIV/AIDS

Focus area	Individual	Group	Network
<b>Prevention</b>	VCT – Care – Education – Condoms – Confidence – Counselling – Witnessing	Peer education – Peer training centres – Information, education and communication – Training of trainers – Communication for behaviour change	Peer training centres Media campaigns Youth-friendly centres NGOs Production of information, education and communication materials Training of trainers Establishment of partnerships
<b>Care</b>	Community health centres Home-based care Community-based research Accepting treatment	HIV/AIDS clinics & hospitals – Home-based care, faith-based organizations – Information sharing – Therapeutic education – Discussion groups – Adherence clubs	NGOs (i.e. NEPWHAN) – Monitoring system – National networks of PLWHAs – Production of curriculum on opportunistic infections and ART – Resource mobilization
<b>Advocacy</b>	Ambassadors of hope Testimonials, music, videos, memory books, Personal engagements	Theatrical productions Music groups Candlelight memorials Resource mapping Coalition Advocating for access to essential medication (e.g. Uganda) Formulating recommendations and policies	World AIDS Day Legal campaigns for pharmaceutical companies Committee representation Sustainable healthcare policy Legislation Collaboration between PLWHAs and civil society organizations (as in Nigeria, Sudan, Kenya, Uganda, Ghana)

### Constraints/limitations to engaging PLWHAs in the response and how to overcome them

Constraints/limitations	How to overcome them
Lack of ART and other forms of treatment	Universal access to treatment
Discrimination	Sensitization
Stigmatization	Sensitization
Desire for children	PMTCT
Care for HIV/AIDS orphans	Care centres and family solidarity
Insufficient capacity	Revenue-generation activities
Socio-economic problems	Revenue-generation activities

### Factors supporting the involvement of PLWHAs and how to promote them

Supporting factors	How to promote them
Policies/legislation	Vote for reasonable leaders; advocacy; sensitization; mobilization
Community empowerment	Involve the community; encourage community participation
Clubs/associations	Orientation and training
Funds/capacity building	Resource mapping; strategic planning
Learning processes	Proposal-writing orientation and training programmes Sharing and skills transfer – Documentation and dissemination of best practices
Systems/structures	Assessment development and restructuring – Sensitization/Empowerment
Desire to live	Counselling
Faith	Counselling; pastoral approach
Information/knowledge	Development of user-friendly material; behaviour change communication materials; comprehensive communication strategies
Treatment, care and support	Information dissemination; access to affordable treatment; promoting good health
Research and monitoring support factors	Cooperation between traditional and modern medical practices
Positive attitude and belief in oneself; holistic approach to well-being	Eradicate stigmatization Positive disclosure – Family/community support
Economic empowerment	Skills development transfer – Income-generating activities – Access to microcredit

## Challenges/issues encountered by PLWHAs and proposed solutions

Participants mentioned that several problems are normally encountered by PLWHAs. These problems and proposed solutions have been summarized below, with reference to the global and African situations.

### Problems identified

- Access to ARV support and adherence
- Stigmatization
- High cost of ARVs
- Acceptance versus stigma
- Lack of representation, e.g. in formulating policies related to them
- Lack of economic support
- Inability to own income-generating activities
- Problems of disclosure
- Lack of free access to information about treatment and services
- Job/income loss
- Inadequate political support
- Discrimination
- Lack of access to information and services
- Lack of capacity and resources

### Possible solutions

- Believing in and recognizing strengths and capacities
- Recognizing diversity
- Being inclusive; opening up and reaching out; multi-sectoral collaboration; networking; partnership building
- Focus on people
- Learning from action and good practices and transfer of the same
- Listening to and learning from the community, youth, other PLWHAs
- Messages of hope
- Linking local response with national response
- Mobilizing local/community resources (culture, wisdom, relationships, values, leaders, etc)
- Accountability
- Paradigm shift – who is in the driver's seat?

## Workshop Session Two: Community Responses

- Building and nurturing capacity
- Providing opportunities and platforms
- Increasing the variety of responses, techniques and methods
- Evidence-based documentation
- Monitoring, evaluation and self-assessment
- Resource mobilization
- Policy advocacy and development
- Sensitizing society, media, donors, policymakers, etc.
- Making services accessible and user-friendly
- Creating a supportive and enabling environment



### SUBJECT AREA 3: YOUTH AND THE HIV/AIDS RESPONSE

**Objectives:** To exchange views and discussion on youth and HIV/AIDS, including risk factors for infection, access to information and services, and experiences from Thailand and Africa, including success and weaknesses, and need for support from the community and national levels.

**Lead facilitators:** Mr. Sombhong Pattawichaiporn; Mr. Muhammadjehseng Bula

**Team members:** Dr. Usa Duongsaa, Ms. Prapai Jaihar and Ms. Jitlada Rattanapan

The session on the participation on youth in the HIV/AIDS response began with a presentation from a successful youth programme in Kenya, and a discussion on the issues facing youth and youth participation.

#### The Nairobi Youth Counselling Centre

One of the officers of Nairobi's successful Youth Counselling Centre gave a presentation on the achievements of this particular youth organization in Kenya. The presentation outlined the role of youth groups such as the Nairobi centre in HIV/AIDS control and prevention. The presenter explained the activities of the Nairobi Youth Counselling Centre, stressing that its function could be replicated throughout other affected communities, primarily by offering youth outreach services and peer education. The presenter concluded that while youth groups are effective at spreading messages of advocacy, awareness, prevention and care, there are still many challenges facing youth involvement.

#### HIV/AIDS and youth in Thailand

Later in the day, a participant from Thailand gave a similar presentation on the involvement of youth in Thailand. The presenter identified some of the major challenges facing youth participation in HIV/AIDS response in Thailand, including:

- Lack of knowledge and understanding about reproductive health and HIV/AIDS;
- Lack of educational opportunities for youth;
- Lack of access to reproductive health and HIV/AIDS services;
- Cultural and traditional barriers, i.e. sexuality considered a taboo subject and/or shameful; and
- Sexual bias, i.e. the belief that 'decent' women and girls do not take interest in issues of sexuality.

The presenter described the activities of a youth-based project working to strengthen gender-sensitive sexual and reproductive health education and HIV/AIDS prevention messages for youth through community commitment in northern and southern provinces of Thailand. The project, carried out under the auspices of the Planned Parenthood Association of Thailand, has the following main functions:

- Organizing community campaigns and awareness-raising events;
- Developing media materials;
- Partnering with other community organizations, local NGOs, government agencies, public health offices, provincial and district hospitals and health centres;
- Training and supporting youths in communities; and
- Conducting small group education and reproductive health education camps.

## Conclusions

Based on the presentations, participants determined that instituting widespread behaviour change is perhaps the most fundamental aspect of a youth response, and is perhaps the area in which youth can take the most active role. It was agreed that youth behaviour is shaped by society, including pervading cultural and traditional beliefs – belief systems which youth must overcome in order to spread the message about HIV/AIDS prevention and care.

Participants also discussed the role of the government in facilitating an effective response in youth, pointing to the issue of poverty as a driving factor in increasing youth exposure to the epidemic. Without proper livelihoods, youth are vulnerable to trafficking or sexual exploitation, or voluntarily enter commercial sex work for financial subsistence. Participants agreed that it is the responsibility of governments to make and execute laws that can prohibit such social ills. In addition, equipping the youth with life skills through proper peer education is one of the ways of ensuring that they take more responsibility in matters of reproductive and sexual health.

To increase coordination among youth, participants strongly recommended developing youth groups/bodies that are structured in the form of youth parliaments or other representative bodies. Nigeria, for instance, has a well-organized Youth Network, with representatives/leaders chosen from all 37 states to work together and coordinate the national youth response. Unfortunately, many African countries do not have such strong youth networks.

# CONCLUSIONS AND RECOMMENDATIONS

The following conclusions and recommendations emerged during the final wrap-up session. This session brought together all the participants after the two workshop sessions on national and community interventions in order to synthesize the information gleaned from both and draw conclusions and recommendations upon which new strategies can be based.

## Success stories from participating countries

**Burkina Faso** has focused on decentralization and empowerment, involving PLWHAs in referrals and testing services.

**Djibouti** has introduced a waiver system to provide ARVs for the needy.

**Ghana** has an ART policy and guidelines on human resource development and service delivery.

**Kenya** has scaled up its national ART programme, through the support of partners, and has logistics and monitoring systems in place. Current ART enrolment is approximately 38,000 individuals, seeking care from 178 facilities. Kenya has also expanded VCT services to include diagnostic counselling and testing.

Furthermore, a cross-border memorandum of understanding between Kenya and the countries covering the Lagos-Abidjan corridor (Kenya-Côte d'Ivoire) enables truck drivers and commercial sex workers to access ART across the member states.

Kenya's Girl Guides Programme and Family Planning Association are also two positive examples of successful youth groups advocating and educating on HIV/AIDS prevention and care.

**Mali** has upgraded its health infrastructure, trained staff on ART and increased community participation, emphasizing strength in cultural diversity.

**Nigeria** has undertaken a thorough capacity assessment, infrastructure improvements and training in order to implement an ART programme and has 50,000 patients. Public-private partnerships to support the programme involve the government, faith-based organizations, NGOs, youth and PLWHAs.

**Thailand** has a history of success, with its 100% condom programme reducing infection rates from 140,000 in 1991 to less than 20,000 in 2004.

In addition, Thailand's provision of ART was integrated in the national health insurance scheme in 2005.

Current efforts include ongoing training and team building of health workers on PMTCT, full integration of PMTCT into maternal and child health, and maintaining surveillance data to ensure effective interventions.

Thailand's Youth Group Strengthening Gender Sensitive HIV Prevention has also been a success story of involving youth in the response through peer education in schools.

**Somalia** has in place a national ART policy, but as of yet, no guidelines have been set nor has service provision begun. Somalia still faces some difficulty with religious leaders opposing some HIV/AIDS advocacy activities.

**Uganda** has in place a national policy and offers ARV therapy free in government health facilities. Current enrolment is over 40,000.

### Challenges to scaling up interventions:

Despite these successes, there are still a number of over-arching challenges to scaling up interventions in the participating countries. These include:

- Social and cultural barriers are prevalent and inhibit access to proper information and education.
- There is a lack of resources in most of the participating African countries to scale up ART and PMTCT.
- There is widespread low coverage of VCT, PMTCT and ART services.
- Stigma and discrimination encourage secrecy, seclusion and inhibit quality of life.
- Civil strife and internal displacement take priority over HIV/AIDS response measures in many African nations.
- Weak health infrastructure and health systems are pervasive.
- ART may not be sustainable in the long term.
- Most countries have limited financial resources and are overly dependent on donor funding.
- Poverty and resulting lack of nutrition is a major impediment to ARV and PMTCT.
- There is a need to involve and empower youth and PLWHAs.
- Procurement systems cause delays in scaling up ART across all the participating African countries.
- Inadequate human resources are a constraint to scaling up across all countries.

### Recommendations

The following are some of the cross-cutting recommendations that arose out of the two-day sessions on scaling up the response at both the national and community levels:

- Institute country action plans for continued scaling up of ART, PMTCT and promoting partnerships with NGOs and civil society organizations.
- Political commitment from the top levels of government helps to scale up treatment across countries.
- Sustain South-South collaboration, networking and information sharing.
- Focus on results-oriented HIV/AIDS interventions targeting vulnerable groups such as youth, women, MSMs and PLWHAs.
- Ensure efficient management and utilization of available funds and resources.
- Build the capacity of implementers (NGOs, faith-based organizations, civil society organizations, the private sector).
- Conduct mapping of HIV/AIDS responses across regions and cross-border partnership development.
- Strengthen referral systems.
- Decentralise training.

- Promote collaboration between modern and herbal medical practitioners.
- Involve more teachers.
- Scale up commercial sex worker response and institute a 100% condom use campaign.
- Enhance programming strategies:
  - Be inclusive.
  - Focus on people.
  - Learn from good practices.
  - Listen to and learn from the community.
  - Continue to spread messages of hope.
  - Implement evidence-based documentation.
  - Strengthen monitoring and evaluation measures.
  - Advocate for policy and national involvement.
  - Foster a supportive, enabling environment.
  - Moving from a focus on problems to formulating actual responses.



# THE WAY FORWARD

The two-day workshop, involving Thailand and participants from ten Sub-Saharan African nations enabled participants from the two continents to share experiences, lessons learned and best practices between Thailand and African countries on HIV/AIDS prevention and care for mutual benefit. As a result, partnership and networking between the governments of Thailand and participating African countries on issues relating to HIV/AIDS have been strengthened. In addition, a regional/global partnership framework on HIV/AIDS issues through South-South cooperation has been initiated.

Sustaining this partnership in the future will be vital to ensuring its continued success. Strengthened partnerships between institutions and networking on HIV/AIDS, i.e. between universities, research and other academic institutions, NGOs and the private sector in Thailand and African countries, is one method to address this issue of sustainability. In addition, a directory and documentation of references was compiled for distribution to workshop participants for future reference.

The following are some of the **key outcomes and recommendations** for sustaining further Thailand-Africa cooperation to scale up the response to HIV/AIDS.

- Convening for a follow-up workshop (after participants have begun actions based on the outcomes of this workshop).
- Sustain networking and partnership among participants, through email contact, websites and exchanging visits.
- Sharing information learned from this workshop with colleagues in participants' home countries.
- Self-assessment at country level and sharing at the international level.
- Bi/multi-lateral agreements/support e.g. between Thailand and Africa.
- Sharing communications materials.
- Training/technical assistance to help youth organize at country level.
- Advocacy for further access to treatment for PLWHAs at country level.
- Continue advocacy on sex education in schools at country level.
- Implementation of an HIV/AIDS communication/information hotline, with national (public-private participation).
- Conduct HIV/AIDS programming workshops with youth, women and other vulnerable groups.
- Linking youth internationally through exchange programs.
- Sharing capacity-building training and technical assistance.
- Leadership training for national, mid-level and community-level regional leaders as well as involvement of the media to be able to articulate the concerns and needs of the people in this respect.
- Countries should use the UNDP and UNAIDS offices as the point of contact for any future collaboration.

## The Way Forward

- Utilize Africa-wide networking opportunities, such as the forthcoming ICASA in Nigeria, African Union, ECOWAS, SADC, COMESA and others to further the agenda of this initiative/ collaboration between Thailand and African countries.
- Share strategies in meeting targets for funding agencies such as GFTAM, World Bank (Multi-Country AIDS Programme), PEPFAR and collaboration with WHO, UNAIDS and other UN agencies and donors.
- Involve the international media in the fight in order to enhance communication and encourage them to reduce cost of advertising and accelerate condom acceptance and use.

# SUMMARY OF CLOSING REMARKS

**Mr. Kittiphong na Ranong**  
**Director-General**  
**Department of International Organizations**  
**Ministry of Foreign Affairs, Thailand**

The closing ceremony was presided over by Mr. Kittiphong na Ranong, Director-General of the Department of International Organizations in Ministry of Foreign Affairs of Thailand. He praised the good working relationship fostered between Africa and Thailand and called for continued collaboration between the governments of Thailand and Africa.

The Director-General also announced that the government of Thailand has allocated 50,000 latex condoms for donation and distribution in the participating African countries. He promised that the Government of Thailand would organize this distribution with the cooperation of UNDP Kenya upon his return to Thailand.

The Director-General said that the discussion had enhanced the sharing of experiences, adding that the workshop is just the beginning of further strong collaboration to come. He noted that the recommendations of the workshop will enhance future collaboration, adding that the second Thailand-Africa workshop would be held in the last quarter of the year to focus on the issue of scaling up the HIV/AIDS response in southern African nations.



*Mr Kittiphong na Ranong (2nd from left), Director-General, Department of International Organizations, Ministry of Foreign Affairs of Thailand, presides over the closing ceremony of the workshop. Also pictured are (from left to right) Mrs. Sirisupa Kulthanan, Assistant Resident Representative, UNDP Thailand, who was MC for the closing ceremony, Dr. Siriporn Kanchana, Inspector General, Ministry of Public Health, Thailand and Mr. Elly Oduol, UNDP Kenya.*



# UN/DONORS CONSULTATION

**Objectives:** To recap the outcomes of the workshop for donor groups, to brief donors on the current plans and programmes of actions in place to fight the spread of HIV/AIDS in Africa, and to explore areas of potential collaboration with Thailand.

**Moderator:** Mr. Elly Oduol, UNDP Kenya

**Co-Chairs:** Mr. Kittiphong na Ranong, Director-General, Department of International Organizations, Ministry of Foreign Affairs, Thailand;  
Chairperson of the Health Donor Working Group, UNICEF Kenya

Following the official close of the workshop, UNDP Kenya organized a UN/Donors Consultation to discuss donor involvement in the regional response to HIV/AIDS and the issues facing donor participation.

After a briefing of the outcomes of the previous two-day workshop, led by Mr. Sompong Charoensuk of UNAIDS Thailand, donor groups working in Kenya and the region discussed the donor situation in Africa, led by Mr. Elly Oduol of UNDP Kenya. It was stressed that there is a need for inter-agency collaboration to support existing government systems.

Participating donor groups shared their experiences as follows.

Representatives from the **Danish International Development Agency (DANIDA)** briefed the team on its project focusing on decentralization of health care systems. They explained that the project works through district work plans that prioritize activities to be implemented. The programme supports the central level through the Ministry of Health, working through a sector-wide approach, monitoring and evaluation, and health systems development. It also has activities focusing on integrated management of childhood illness (vaccinations) and adolescent reproductive health.

**Italy** has a health sector project operating in Kenya at the district and community levels implemented by Italian NGOs. They are also members of the Humanitarian/Development Working Group (HDWG) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM) in Geneva.

The **Japan International Cooperation Assistance (JICA)** has a regional office covering 24 African countries. They assist with the financing of GFTAM and collaboration with the UN, provision of commodities and consumables, and mainstreaming HIV issues in Africa and other areas. They are in the process of formulating several projects for these countries in the coming decade. Japan has great interest in opportunities for information sharing between Africa and Asia bilaterally and also sees the potential for cultural exchange between the two culturally rich continents.

JICA reported that it is focusing on prevention through youth groups and working to encourage behaviour change through radio and mobile cinema programming. JICA's other areas of international support include supporting the Kenya Medical Research Institute (KEMRI) and collaborating with Thailand on supplying test kits. JICA also sees potential for collaborating with Thailand on community-based interventions, monitoring and evaluation, and development of standards and guidelines for behaviour change communications. JICA also works with the Kenya Medical Training Centre to train VCT counsellors, training approximately 500 counsellors in 2004. In addition, through an exchange programme through the National Institute of Health, JICA is designing a new response for HIV programmes in Kenya. Experts have visited Kenya and a consultation was held at Pan-Africa to discuss implementation and funding.

Representatives from the **World Health Organization (WHO)** briefed the workshop participants on its biannual plan with the Government of Kenya that focuses on scaling up interventions through training, site assessments and certification. WHO plays a catalytic role within the 3x5 strategy and has been responsible for training over 2,000 health workers in Kenya. WHO also provides technical support to the Government of Kenya in preparing technical proposals for GFTAM grants and has programmes focusing on integrated management of child illness. Focus is also on developing PMTCT guidelines and training as well as infant and child nutrition.

**UNICEF** has a five-year programme of collaboration on health, nutrition, water and sanitation, child protection, education and the two cross-cutting issues of communication partnership and planning. Each of these sectors has an HIV/AIDS component. Health support goes towards PMTCT as well as promoting safe motherhood, strengthening district health systems, malaria control and supporting the Kenya Expanded Programme for Immunisation (KEPI), in coordination with JICA and WHO. In the area of education, UNICEF is actively involved in teaching children about HIV/AIDS. UNICEF also works with the WHO on improving nutrition, water and sanitation for PLWHAs and in schools and health care facilities.

**Thailand** was asked to elaborate its success on the 100% condom programme, including any issues and challenges. Thai representatives explained that strong political commitment to supporting community leaders helped Thailand to publicize the HIV/AIDS problem in the 1990s. In addition to government provision of free condoms, legal authorities set up routine medical checks for commercial sex workers free of charge.

Despite the programme's well-established success, current patterns of sexual behaviour have changed, which could have a negative effect or even reversal of this success, the Thai representatives explained. There has been a shift from sex work patterns to casual sex encounters, which are often falsely thought to be more safe. This has led to complacency on condom usage, which is affecting some populations more than others. Youth, the migrant population, and MSMs are all covered in the 100% condom programme; however, evidence suggests that prevalence may be on the rise in these populations due to complacency regarding condom usage.

Thailand's strategy to combat this reversal is to continue the government's funding of the programme to provide free condoms. Organizations will also step up their efforts by working closely with the owners of known entertainment venues, and introducing peer education systems among vulnerable groups such as youth, commercial sex workers, mobile populations and MSMs.

### Areas needing further collaboration

The moderator acknowledged the success of existing international donor collaboration and observed that donors should continue to collaborate and coordinate in scaling up, especially in those systems and focus areas which are found to be weak, such as paediatric ART, which currently has unmet needs. Participants also mentioned that AIDS education in primary schools should be addressed. A representative from DANIDA mentioned that programmes targeting adolescents should be looked at specifically due to the vulnerability of young people. Thailand responded by mentioning that its government collaborates with the United Nations Population Fund (UNFPA) on youth programmes which are district-based.

It was also mentioned that the number of orphans and vulnerable children are increasing in Kenya and other African nations. It has been estimated that Kenya alone will have up to 2 million orphans by 2006. Traditional systems can no longer cope since poverty levels are so high. UNICEF is working with the Government of Kenya to undertake resource mapping. It is now piloting a cash subsidy in three districts to provide basic needs (food, medicines, school uniforms, etc.). This has helped to increase school enrolment.

## Conclusion and way forward

It was agreed by all participants that HIV/AIDS is a cross-cutting issue and a challenge to national health systems. Therefore, national governments should establish their own funding systems and base to sustain interventions. They also encouraged more communication between Thailand and African countries, urging officials at high levels in the Ministry of Health to participate in exchange visits to local health care systems. African governments could study the successes and challenges of Thailand's national "30-baht health scheme".

In order to sustain the momentum of this workshop and encourage follow-up measures, the following recommendations emerged:

- Facilitate the visits of senior government officials to Thailand and Africa, and vice-versa.
- PMTCT and paediatric challenges should be areas of collaboration between Africa and Thailand.
- The issue of orphans and vulnerable children and adolescent reproductive health should be considered on the follow-up agenda.
- Harmonization and alignment of programmes, especially on ARV provision, should be promoted.
- All countries should use their UNICEF country offices as focal points for issues relating to children, including paediatric ART, PMTCT and nutrition.
- All countries should take into account the work done by other partners such as the World Bank, the Swedish International Development Cooperation Agency (Sida), the UK Department for International Development (DFID), the United States Agency for International Development (USAID) and others who are already working in these respective countries.
- Participants of the workshop should brief their national leaders, the HDWG and other organizations unable to attend upon return to their home countries, presenting achievements made and recommendations generated by this workshop.

In closing, all participants thanked the Thai government for their encouragement of South-South cooperation through the initiation of this forum.



# ANNEX I

## WORKSHOP PROGRAMME

Wednesday, 22 June 2005

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09:00-09:45 **Opening Ceremony**

Welcome Address by Hon. Dr. Mohammed Abdi Kuti, Assistant Minister of Health, Kenya

Welcome Address by Ms. Nardos Bekele-Thomas, Deputy Resident Representative, UNDP Kenya

Opening Remarks by H.E. Mr. Preecha Laohapongchana, Deputy Minister of Foreign Affairs, Thailand

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10:00-12:00 **Plenary Presentations: HIV/AIDS Policy Responses and Challenges**

**Moderator:** Dr. Elly Oduol, Assistant Resident Representative, UNDP Kenya

*The Overall Situation and Challenges for HIV/AIDS Prevention and Care*

Ms. Kristan Schoultz, UNAIDS Country Coordinator, Kenya

*Thailand's Policies and Response to HIV/AIDS*

Dr. Supachai Kunaratanapruk, Deputy Permanent Secretary, Ministry of Public Health, Thailand

*Kenya's Policies and Response to HIV/AIDS*

Mr. John Kamigwi, Deputy Director – Policy Strategy and Communication, National AIDS Control Council of Kenya

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13:30 - 17:30 **SESSION I: NATIONAL RESPONSES**

*Expanding National Antiretroviral Programmes*

**Facilitator:** Dr. Sombat Thaenprasertsuk

**Team members:** Dr. Siriporn Kanshana, Dr. Nipunporn Voramongkol, Ms. Prapai Jaiharn, Mr. Sompong Chareonsuk

**SESSION II: COMMUNITY RESPONSES**

*Community Response to HIV/AIDS – Introduction, Overview and How to Work Together*

**Facilitator:** Dr. Usa Duongsaa

**Team members:** Mr. Sombhong Pattawichaiporn, Ms. Jitlada Rattanpan, Ms. Prapai Jaiharn, Mr. Muhammadjehseng Bula, Mr. Sompong Chareonsuk

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18:30 **Delegate Reception**

Hosted by H.E. Deputy Minister of Foreign Affairs of Thailand

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## Thursday, 23 June 2005

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09:00 - 12:30 **SESSION I: NATIONAL RESPONSES (continued)**  
*Prevention of Mother-to-Child Transmission Programmes*  
**Facilitator:** Dr. Siriporn Kanshana  
**Team members:** Dr. Sombat Thaenprasertsuk, Dr. Nipunporn Voramongkol

**SESSION II: COMMUNITY RESPONSES (continued)**

*Roles and Participation of People Living with HIV/AIDS*  
**Facilitator:** Ms. Jitlada Rattanapan, Ms. Prapai Jaiharn  
**Team members:** Dr. Usa Duongsaa, Mr. Muhammadjehseng Bula

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13:30 - 17:30 **SESSION I: NATIONAL RESPONSES (continued)**

*Thailand's 100% Condom Use Programme*

**Facilitator:** Dr. Sombat Thaenprasertsuk

**Team member:** Dr. Siriporn Kanshana

**SESSION II: COMMUNITY RESPONSES (continued)**

*Youth and the HIV/AIDS Response*

**Facilitator:** Mr. Sombhong Pattawichaiporn, Mr. Muhammadjehseng Bula

**Team members:** Dr. Usa Duongsaa, Ms. Prapai Jaiharn, Ms. Jitlada Rattanapan

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## Friday, 24 June 2005

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09:00-10:30 **Wrap-up Presentation & Discussion: National and Community Responses on HIV/AIDS**

**Moderator:** Mr. Sompong Chareonsuk, UNAIDS Thailand

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10.45-12:00 **Plenary Discussion: The way forward for the cooperation among Thailand and African Countries**

**Moderator:** Mr. Sompong Chareonsuk, UNAIDS Thailand

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12:00 **Closing Ceremony**

Closing Address by Dr. Siriporn Kanshana, Inspector-General, Ministry of Public Health of Thailand

Closing Remarks by Mr. Kittiphong na Ranong, Director-General of International Organizations, Ministry of Foreign Affairs of Thailand

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14:00-16:00 **UN/Donors Consultation**

**Moderator:** Dr. Elly Oduol, UNDP Kenya

**Co-Chairs:** Mr. Kittiphong na Ranong, Director-General of Department of International Organizations, Ministry of Foreign Affairs of Thailand; UNICEF Representative from Kenya (Chairperson of the Health Donor Working Group)

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# ANNEX II

## OFFICIAL PRESS RELEASE

Nairobi – Today (22 June 2005), H.E. Mr. Preecha Laohapongchana, Deputy Foreign Minister of Thailand, opens a three-day HIV/AIDS Workshop at the United Nations Conference Centre in Nairobi, Kenya. The Workshop, which is jointly organized by the Royal Thai Government and the United Nations Development Programme (UNDP), aims at forging closer partnerships between Thailand and Africa in tackling the spread of HIV/AIDS through comprehensive responses to prevention and care. The Ministry of Foreign Affairs (Department of International Organizations and Thailand International Development Agency) and the Ministry of Public Health coordinate the initiative on behalf of the Royal Thai Government.

The Workshop is an integral part of Thailand's policy to broaden and deepen partnerships with African countries in all areas of mutual interests in accordance with the Government's "Look West" policy. It serves as a concrete example of Thailand's determination to promote "partnership for development" with Africa in a spirit of "South-South Cooperation". It also represents another concrete step forward in implementing the Declaration of Commitment on HIV/AIDS and outcomes of the XV International AIDS Conference held in Bangkok from 11-16 July 2004.

The Workshop also reflects the commitment of Thailand to work with countries, international organizations and civil society in advancing the cause of human security in the world. Africa is where effects of HIV/AIDS, as a source of human insecurity, are being felt the most. At present, there are approximately 39.4 million people living with HIV/AIDS in the world and 25.4 million of them or two-thirds are in Africa. It is estimated that by 2010, there will be as many as 71 million Africans who will lose their lives because of HIV/AIDS, if there are no concerted efforts to effectively arrest the trend in the coming years. In cognizance of the devastating impacts that the epidemic will have on Africa and the world as a whole, Thailand, as the present Chair of the Human Security Network (HSN), has made the mobilization of international partnerships to address the multi-faceted challenges of HIV/AIDS a cornerstone of her Chairmanship.

The Workshop brings together a broad spectrum of participants involving in national policy-formulation processes and the operational level as well as the NGOs from 10 countries in Africa, namely, Burkina Faso, Djibouti, Gabon, Ghana, Kenya, Mali, Nigeria, Somalia, Sudan and Uganda. Representatives from various UN agencies concerned, potential partners and donor countries, and non-governmental organizations also participate in the Workshop. The Deputy Permanent Secretary of the Ministry of Public Health of Thailand leads a group of Thai resource persons (health officials, Thai NGOs and Thai UN team), whose works directly involve on HIV/AIDS prevention and care, to share lessons and experiences with the African participants.

During the three-day workshop, from 22-24 June 2005, participants will exchange views and lessons learned on a number of important challenges ranging from an overview of HIV/AIDS situations and challenges in Africa and Thailand to discussions on policies and programmes being implemented by stakeholders in the respective countries as well as by the relevant organizations.

The Workshop also attaches importance to fostering a better appreciation of the significance of good coordination between policies and programmes at the national and community levels. In this connection, the format of the Workshop is designed to facilitate participatory learning on challenges and responses at both levels. For responses at the national level, topics to be discussed include programmes on anti-retroviral expansion, prevention of mother-to-child transmission, and condom use. For responses at the community level, topics to be discussed include sharing of experiences on community responses, roles and participation of people living with HIV/AIDS, and response programmes concerning youth.

The Workshop is expected to conclude with a set of recommendations that will pave the way forward for future cooperation between Thailand and African countries. A consultation session between Thailand and representatives of relevant UN agencies and potential partners and donor countries will be held on 24 June 2005 to map out ways and means of effectively supporting African countries to tackle the spread of HIV/AIDS epidemic.

The Nairobi Workshop is the first in a series of initiatives that the Royal Thai Government is planning to implement with African countries in areas where Thailand has comparative strengths and expertise which are needed by African countries in their processes of development. The second HIV/AIDS Workshop is scheduled to be held during the last quarter of 2005 and will focus on the challenges of Sub-Saharan Africa.

Department of International Organizations  
Ministry of Foreign Affairs of Thailand  
22 June 2005

# ANNEX III

## LIST OF PARTICIPANTS

### BURKINA FASO

**Dr. G. Arnaud Konseimbo**

Médecin au District Sanitaire  
Secteur 30 de Ouagadougou

**Dr. Geneviève Onadja**

Chargée de Programme  
Comité Ministériel de lutte contre le SIDA – Santé

**Dr. Wamarou Traore**

Chef de Département Secteur Santé  
Au Secrétariat Permanent  
Conseil National de lutte contre le SIDA et les IST

### DJIBOUTI

**Mme. Anissa Mohamed**

Programme Manager  
Djiboutian Women National Union

**Mr. Mohamed Sanalasse**

Ministry of Education  
Government of Djibouti

**Mr. Ismail Sougueh**

HIV/AIDS Prevention  
Executive Secretariat

### GABON

**Mr. Paul Avougou Ndila**

President  
Reseau National des Medias face au SIDA (RENAMES)

**Dr. Alexandre Nsie**

Deputy Director  
Ambulatory Treatment Center

**Dr. Helene Ona Ondo**

Technical Advisor  
Ministry of Health

## **GHANA**

**Dr. Nii Akwei Addo**  
Programme Manager  
National AIDS Control Programme

**Mr. Kyeremeh Atuhaene**  
Research Coordinator  
Ghana AIDS Commission

**Mr. Stephen Agyeman Badu**  
Monitoring and Evaluation Focal Person  
Techiman District Assembly

## **KENYA**

**Dr. Noraidah Mahari Atkin**  
Australian High Commission  
Nairobi

**Dr. Wahome Gakuru**  
Head – Policy and Strategy Division  
National AIDS Control Council

**Mr. John Kamigwi**  
Deputy Director – Policy Strategy and Communication  
National AIDS Control Council

**Dr. Emily Koech**  
Physician – ART Department  
National AIDS and STI Control Programme

**Ms. Anne Mugambi**  
NUNV, HIV/AIDS Specialist  
Kenya AIDS NGO Consortium

**Ms. Caroline Muthamia**  
Family Planning Association of Kenya

**Dr. Elly Oduol**  
Assistant Resident Representative  
UNDP Kenya

**Mr. Mark Rabudi**  
Programme Manager  
Kenya AIDS NGO Consortium

**Ms. Didi Ruchira**  
Abha Light Foundation

**Mrs. Magdalene Waweru**  
HIV/AIDS Prevention National Trainer  
Kenya Girl Guides Association

## MALI

**Dr. Drissa Cissé**

HIV/AIDS Technical Advisor  
Ministry of Health

**Dr. Mamadou Cissé**

Administrator  
Center for Treatment, Activities and Counseling for People Living with HIV/AIDS (CESAC)  
Association de Recherche, Communication et Accompagnement à Domicile des Personnes  
Vivant avec le VIH-SIDA (ARCAD-SIDA)

**Dr. Youssouf Diallo**

Deputy Executive Secretary  
National Council for HIV/AIDS

## NIGERIA

**Dr. Akudo Ikpeazu**

National Action Committee on HIV/AIDS

**Ms. Tine Jehzi**

National Action Committee on HIV/AIDS

**Ms. Maimuna Y. Mohammed**

National Action Committee on HIV/AIDS

## SOMALIA

**Dr. Abdinasir M. Abubakar**

HIV/AIDS Advisor – Puntland

**Robert-Idriss Azinga**

Observer

**Mr. Omar Abdukadir Fiqi**

Observer

**Dr. Mohamed Mohamud Hassan**

HIV/AIDS Focal Point – Central/South Somalia

**Mr. Leo Kenny**

Country Coordinator  
UNAIDS Somalia

**Dr. Omar Mahamud Mohamed**

Special Advisor to the Minister of Health

**Ms. Ruth Pfeiderer**

HIV/AIDS Programme Officer  
UNDP Somalia

## SUDAN

**Musa Abdalla**  
HIV/AIDS Coordinator  
Ministry of Guidance

**Abdelhadi Diab**  
HIV/AIDS Coordinator  
Ministry of General Education

**Amna Hassan**  
HIV/AIDS Coordinator  
Ministry of Youth

## THAILAND

**Mr. Kittiphong na Ranong**  
Director-General  
Department of International Organizations  
Ministry of Foreign Affairs

**Ms. Panorsri Kaewlai**  
Director – External Division II  
Thailand International Development Cooperation Agency (TICA)

**Mr. Peerasak Chantavarin**  
Director – Social Division  
Department of International Organizations  
Ministry of Foreign Affairs

**Mr. Sarayoot Kalayanamit**  
Counselor – Social Division  
Department of International Organizations  
Ministry of Foreign Affairs

**Ms. Hataichanok Siriwattanakul**  
Chief – UN Sub-Division  
Thailand International Development Cooperation Agency (TICA)

**Ms. Chanchira Sinoulchan**  
Programme Officer  
Thailand International Development Cooperation Agency (TICA)

**Dr. Thawat Suntrajarn**  
Director-General  
Department of Disease Control

**Dr. Siriporn Kanshana**  
Inspector-General  
Ministry of Public Health

**Dr. Supachai Kunaratanapruk**  
Deputy Permanent Secretary  
Ministry of Public Health

**Dr. Somchai Pinyopornpanich**  
Deputy Director-General  
Department of Disease Control

**Dr. Sombat Thaenprasertsuk**

Director  
Bureau of AIDS, Tuberculosis and Sexual Transmitted Infections  
Department of Disease Control

**Ms. Kanitha Tantaphan**

Planning and Analysis 7  
Bureau of AIDS, Tuberculosis and Sexual Transmitted Infections  
Department of Disease Control

**Dr. Nipunporn Voramongkol**

Chief – Maternal and Child Section  
Bureau of Health Promotion  
Department of Health

**Mr. Surasak Thanaisawanyangkoon**

Technical Officer  
Bureau of AIDS, Tuberculosis and Sexual Transmitted Infections  
Department of Disease Control

**Ms. Jitlada Rattanapan**

Manager  
Kiengrimkong Project, Chiang Rai

**Mr. Sombhong Pattawichaiporn**

Executive Director  
Planned Parenthood Association of Thailand

**Ms. Prapai Jaihar**

President  
Transmitted Infections Network for Northeast Thailand

**Dr. Usa Duangsaa**

Faculty of Education  
Chiang Mai University

**Mr. Muhammadjeeseng Bula**

Planned Parenthood Association of Thailand (Pattani)

**UGANDA****Dr. Lukanika Hitimana**

Executive Director  
AIDS Information Center

**Dr. Lucy Korukiiki**

Uganda AIDS Commission

**Mr. James T. Twesigye**

Programme Officer – Information and Documentation  
Uganda Network of AIDS Service Organizations (UNASO)

**UNAIDS THAILAND****Mr. Sompong Charoensuk**

Policy Advisor

**UNDP THAILAND****Ms. Sirisupa Kulthanan**

Assistant Resident Representative



# ANNEX IV

## OPENING REMARKS

**By H.E. Mr. Preecha Laohapongchana**  
**Deputy Minister of Foreign Affairs of Thailand**

Excellencies,  
Distinguished Guests and Participants,  
Ladies and Gentlemen,

At the outset, I wish to express my appreciation to the Government of the Republic of Kenya for the warm hospitality extended to my delegation upon our arrival in this beautiful country. Your hospitality has made us feel very much at home. I must admit that I have long been looking forward to coming to Africa. It is thus a great pleasure for me to be with you today in my capacity as the Deputy Foreign Minister of Thailand.

It is indeed an honour for my delegation to have many high-level representatives from Kenya, our host, with us here. It is also heart-warming for us to meet friends from Burkina Faso, Djibouti, Gabon, Ghana, Kenya, Mali, Nigeria, Somalia, Sudan and Uganda, as well as other interested countries and international organizations. My special thanks also go to the United Nations Development Programme, especially its staff at the Bangkok Office, for making it possible for all of us to be here together today.

Thailand attaches high importance to strengthening partnerships with Africa. I believe that Thailand and African countries, as partners, have much to learn from each other. Thailand is ready to work with our African friends on all areas of mutual interest.

It is therefore a great pleasure for me to witness today the opening of the Workshop on Comprehensive Response to HIV/AIDS Prevention and Care. This Workshop marks the beginning of a mutually beneficial journey between Thailand and Africa on a broad range of issues of common concern. It also reflects the commitment of Thailand to be proactive in tackling the HIV/AIDS pandemic through active involvement and support of all stakeholders at all levels.

Distinguished guests and participants,

We are meeting here with a common concern and a united purpose. We are concerned about the challenges posed by HIV/AIDS and its devastating consequences. We are united because, in the face of such challenges, we know that we have no other choice but to join hands.

No other continent appreciates the magnitude of the problem than Africa. In this continent, AIDS is one of the leading causes of death. At present, more than 70 percent of the 40 million people living with HIV/AIDS in the world are in Sub-Saharan Africa. By 2010, Sub-Saharan Africa will have 71 million fewer people because of AIDS. Impacts of this epidemic on the African continent – its peoples, its economies, its social and political structures – are devastating. It is clear now that HIV/AIDS is not just a health issue, but a great challenge to global peace, security and development.

This is the reason why we are here. We believe we have something to share and to offer. Thailand's response to HIV/AIDS has been acclaimed as a story of impressive achievements that countries can learn from.

For example, Thailand is one of the very first countries to have achieved the Millennium Development Goal 6 target on HIV/AIDS well in advance of the target date. Yet, we are determined to go even further. More ambitious "MDG Plus" targets and indicators for Goal 6 have been set to reduce HIV prevalence among reproductive adults to 1 percent by 2006.

In mid 2004, UNDP Thailand, in cooperation with the Thai government, introduced the first thematic MDG Report on "Thailand's Response to HIV/AIDS: Progress and Challenges". The Report was launched in connection with the XV International AIDS Conference in July 2004 in Bangkok. It provides an in-depth analysis of what went right in Thailand and takes a hard look at many new challenges.

I believe that Thailand is in a good position to share lessons learned from these achievements with our friends in Africa as a concrete form of South-South cooperation. At the same time, Thailand has a lot to learn from experiences of our African friends in coping with the pandemic as well. I am convinced that the experiences of our resource persons and the practical module of the Workshop will lead to better understanding and effective policies in managing community-based HIV/AIDS prevention and care. I hope that the Workshop will find ways to promote closer cooperation in this field between Thailand and countries in Africa, including through collaboration and support from the donor countries and the United Nations agencies concerned.

Thailand is committed to tackling the HIV/AIDS pandemic because we view the issue as a great threat to the security and well-being of human beings anywhere and everywhere. HIV/AIDS is indeed a critical human security challenge of the globalizing world. In this connection, this Workshop is a part of our policy to promote a "human agenda" through strengthening partnerships with all relevant stakeholders in addressing this vital human security issue.

As the present Chair of the Human Security Network (HSN), which is a network of like-minded countries from all continents, Thailand has made HIV/AIDS one of its priorities. Thailand is committed to implement the first HSN Medium-Term Work Plan for 2003-2005, which includes HIV/AIDS, by forging partnership with NGOs, civil society and the private sector in addressing the scourge. We are also committed to sharing best practices and experiences in this area across regions, with particular emphasis on Asia and Africa. Because HIV/AIDS is closely linked to development, I believe this Workshop and other initiatives soon to follow will significantly contribute to the Eighth Millennium Development Goal, which is forging a global partnership for development.

Excellencies,  
Distinguished guests and participants,

I have full confidence in a potential synergy between Thailand and African countries. I believe that if we work together, hand in hand, we can help lessen the grave human security problem affecting the peoples of Africa.

The success of this Workshop will pave the way for the second one in this series of initiatives, which we have scheduled to organize sometime in the last quarter of this year. The second Workshop will target participating countries in southern Africa.

In concluding, I wish to express my appreciation once again to UNDP Thailand for their excellent cooperation in co-hosting this Workshop. I thank the Ministry of Public Health and all resource persons for their hard work in preparing for this meeting. I hope that all participants will find this initiative useful in generating new ideas that will help improve your work back at home.

I wish you every success and fruitful deliberations.  
Thank you.



**Department of International Organizations**

Ministry of Foreign Affairs  
Sri Ayudhya Road  
Bangkok 10400 Thailand  
Tel: (66-2) 643-5072  
Fax: (66-2) 643 5071  
Web site: [www.mfa.go.th](http://www.mfa.go.th)

**Thailand International Development Cooperation Agency (TICA)**

Ministry of Foreign Affairs  
962 Krung Kasem Road  
Bangkok 10100 Thailand  
Tel: (66-2) 282 2233  
Fax: (66-2) 281 0470  
Web site: [www.mfa.go.th](http://www.mfa.go.th)

**United Nations Development Programme**

Rajdamnern Nok Avenue  
Bangkok 10200 Thailand  
Tel: (66-2) 288 2130  
Fax: (66-2) 280-0556  
E-mail: [registry.th@undp.org](mailto:registry.th@undp.org)  
Web site: [www.undp.or.th](http://www.undp.or.th)