

***UNESCO REVIEW OF HIGHER EDUCATION INSTITUTIONS'  
RESPONSES TO HIV AND AIDS***

**THAILAND- THE CASE OF THE UNIVERSITY OF CHIANG MAI**

Case Study conducted Jan W de Lind van Wijngaarden  
Technical Coordinators of the case study at the UNESCO/Bangkok regional office:  
Molly Lee, Sheldon Schaeffer

**August, 2005**

---

The findings, interpretations, and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNESCO.

---

## Table of Contents

Acronyms .....	3
Introduction: Context of this Review.....	4
A. National Context of HIV/AIDS .....	6
B. Impact of HIV on Higher Education Sector.....	11
C. Chiang Mai University’s Institutional Response .....	13
1. Policy and action plans .....	13
2. Leadership.....	14
3. Education related to HIV/AIDS.....	16
4. Research.....	19
5. Partnerships and Networks .....	22
6. Programmes and Services.....	24
7. Community Outreach.....	25
8. Monitoring and Evaluation .....	27
D. Lessons Learned.....	28
E. Recommendations for Action.....	32
F. Bibliography .....	34
Annex 1: Summary Education Profile: Thailand.....	36
Annex 2: List of research projects implemented by the Faculty of Nursing, Chiang Mai University, Thailand. ....	38
Annex 3: List of persons interviewed.....	41

---

## Acronyms

ARV	Anti-Retroviral
ATC	Access to Care
CDC	Centers for Disease Control
CMU	Chiang Mai University
DTEC	Department of Technical and Economic Cooperation
ECI	Enhancing Care Initiative
FHI	Family Health International
GIPA	Greater Involvement of People living with HIV/AIDS
GNI	Gross National Income
HAART	Highly Advanced Anti-Retroviral Therapy
ICCAP	International Consortium for the Advancement of Academic Publication
IDU	Injecting Drug User
Lao PDR	Lao People's Democratic Republic
M&E	Monitoring and Evaluation
MOPH	Ministry of Public Health
MSM	Men Who Have Sex with Men
NDTTC	Northern Drug Dependence Treatment Centre
NIH	National Institute of Health
PATH	Programme for Appropriate Technologies in Health
PEP	Post-Exposure Prophylaxis
PLWA	People Living With HIV/AIDS
PPP	Purchasing Power Parity
PSI	Population Services International
RIHES	Research Institute for Health Sciences
RTG	Royal Thai Government
SRI	Social Research Institute
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
YFCD	Youth Family Community Development Project

---

## INTRODUCTION: CONTEXT OF THIS REVIEW

HIV/AIDS is placing enormous challenges on the higher education sector by weakening demand for and access to education, depleting institutional and human capacity, reducing availability of financial resources for the sector, and impeding the delivery of quality education. At the same time, evidence is increasingly showing that education can be one of the best defenses against HIV/AIDS as it equips young people with invaluable tools to increase self-confidence and social and negotiation skills; to improve earning capacity and family well-being and to fight poverty and to promote social progress. Investing in quality education for girls and young women has also been shown to reduce their vulnerability to domestic violence, sexual abuse, and trafficking, and to provide benefits in terms of better health and educational outcomes for both present and future generations. Efforts made over the past 20 years to reduce HIV transmission have also demonstrated that HIV prevention education among youth in secondary and tertiary institutions is one of the most cost-effective approaches, as both groups are particularly vulnerable and particularly valuable in terms of their future contribution to society.

The tertiary education sector has an important role to play in ensuring that education reduces risk and vulnerability while providing all learners a quality education that prepares them for their future roles as professionals, family and community members, and potential leaders of the 21<sup>st</sup> Century. An estimated 10 million people aged 15-24 are living with HIV/AIDS and half of all new HIV infections (more than 6,000 daily) occur among young people (UNAIDS 2004). A variety of factors contributes to this increased vulnerability including limited access to HIV information, education and services; gender power imbalances; poverty and limited education and employment opportunities; risk-taking behaviour including drug and alcohol use and commercial sex; and increased biological vulnerability to HIV infection, particularly among young women.

Despite this increased vulnerability, young people are considered by the World Bank to be a “window of hope” for preventing the spread of HIV. The higher education sector has a key role to play in implementing “education efforts [that] can yield maximum results” in advancing knowledge about AIDS and changing attitudes and social norms toward safer sexual behaviours (World Bank 2002).

The overall objective of this review is to identify promising approaches undertaken by higher education institutions worldwide to prevent the further spread of HIV, to manage the impact of HIV/AIDS on the higher education sector, and to mitigate the effects of HIV/AIDS on individuals and communities.

---

These approaches will be analysed to formulate lessons learned and recommendations for higher education institutions to respond sensitively, appropriately, and effectively to the HIV/AIDS epidemic.

I would like to thank Srisuman Sartsara for contributing to Sections A and B of this review, and would like to thank all people I interviewed at Chiang Mai University for their patience and kind collaboration.

---

## A. National Context of HIV/AIDS

Table 1 Demographic and Health Situation in Thailand

Characteristics	Unit
Total population (mid-2004)	63.8 million
Births per 1,000 pop.	14
Deaths per 1,000 pop.	7
Rate of natural increase	0.8 (%)
Projected population	
• In 2025	70.2 million
• In 2050	73.2 million
Life expectancy	
• Total	71 years
• Male	68 years
• Female	75 years
GNI PPP per capita, 2002	6,890 (US\$)
Percent of married women 15-49 years using contraception	
• All methods	72 (%)
• Modern methods	70 (%)
HIV/AIDS prevalence rate (in 2003)	1.5

(Source: Population Reference Bureau. 2004 World Population Data Sheet. [http://www.prb.org/pdf04/04WorldDataSheet\\_Eng.pdf](http://www.prb.org/pdf04/04WorldDataSheet_Eng.pdf)<sup>1</sup>)

Thailand is a constitutional monarchy in Southeast Asia which is bordered by Myanmar, Lao PDR, Cambodia and Malaysia. It has enjoyed decades of rapid economic expansion, which is one of many reasons why it faced a major HIV/AIDS epidemic in the late 1980s.

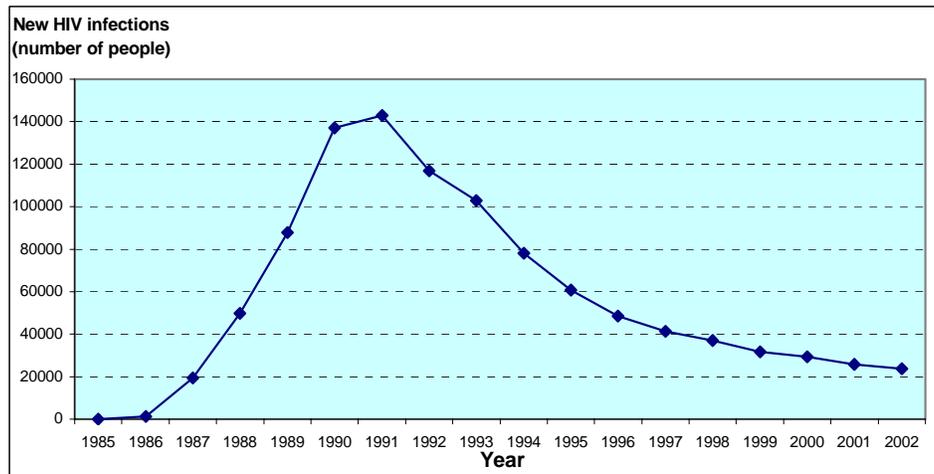
In Thailand, the HIV epidemic started among intravenous drug users in 1986-87 and then spread rapidly through Thailand's extensive network of sex industry establishments. In the early nineties, alarming rates of HIV infections were found, especially in the North of the country. HIV prevalence rates of over 30% were recorded among female sex workers, and of 12% among a cohort of military recruits. However, the country has since then achieved a remarkable 83% reduction in new yearly infections in a decade, dropping from the 1991 peak of 142,819 new infections per year to an estimated 23,676 in 2002<sup>2</sup> (see Figure 1).

---

<sup>1</sup> Citation dated 31 January, 2005

<sup>2</sup> The Thai Working Group on HIV/AIDS Projections. 'Projections for HIV/AIDS in Thailand: 2002-2020'. Division of AIDS, Department of Communicable Disease Control, Ministry of Public Health, 2001.

Figure 1: Estimated number of new HIV infections by year, 1985-2002



(Source: The Thai Working Group on HIV/AIDS Projection, 2001)

However, there are fears that the epidemic has found inroads in populations where infections are not routinely monitored. For instance, a US Centre for Disease Control Collaboration (CDC/TUC) and Ministry of Public Health (MOPH) prevalence survey among over 1,100 Thai men having sex with men (none of whom were employed in the sex industry) in Bangkok found an HIV prevalence of over 17% (van Griensven et al. 2005). There are indications that HIV rates among young people are considerable, but no reliable data exist.

Despite these alarm signs, Thailand is to be congratulated for its success. It is estimated that by the year 2000, approximately 6 million Thais would have been living with HIV/AIDS had there not been an aggressive National Programme – which is nearly ten times the actual number of 635,000 in 2003. To date, nearly 400,000 Thais have died of AIDS (MOPH 2003).

Projections of cumulative HIV infections range from a low of 1.08 million by the end of the Ninth Plan in 2006, based on intensified prevention efforts, to a high of 1.83 million in 2006 should prevention efforts falter. Sustained HIV/AIDS prevention efforts would prevent some 750,000 potential infections in Thailand during 2002-2006. (Thai Working Group on HIV/AIDS Projections, 2000).

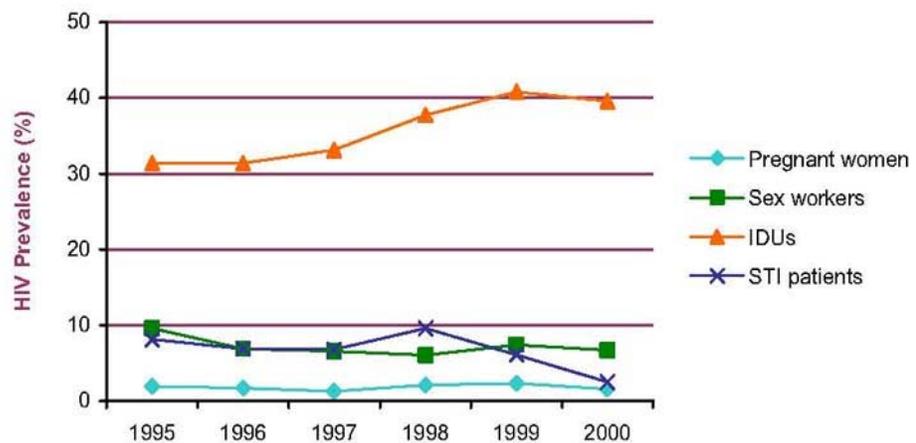
Risk behaviours are still common among young people in Thailand. A recent MOPH study in Kon Kaen (2003) found that only 24% of sexually active teenage boys used condoms consistently, and other recent surveys indicated increased levels of casual sex (especially among youth), less brothel-based sex, and increasingly earlier sexual initiation of larger numbers of youth.

---

HIV/AIDS has now shifted out of specific risk groups into the general population, with an estimated 2% of males and 1% of females over the age of 20 infected. In 2002, 17% of new infections were recorded among teenagers, up from 10% of new infections in 2001. This shows the need to educate young people early.

Unfortunately, however, the current administration has cut HIV prevention budgets and efforts by several multilateral organizations to get HIV prevention and lifeskills integrated in the mainstream curriculum at primary, secondary and tertiary education institutions have been largely futile.

Figure 2: HIV Prevalence by Subgroups in Thailand, 1995-2000



(Source: *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Viet Nam, Thailand*, Policy Project, 2003)

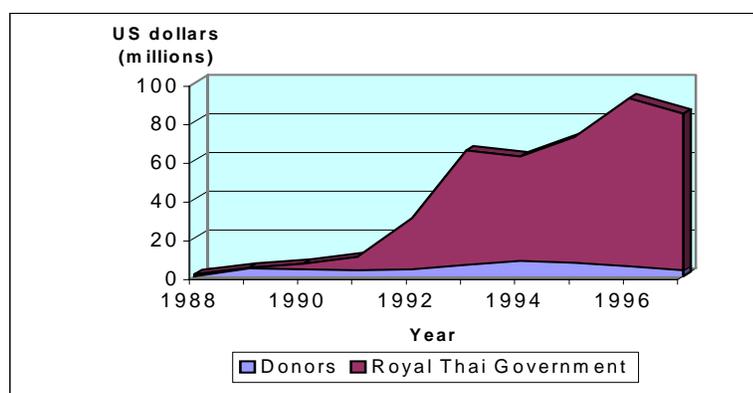
Thailand realised relatively quickly (compared to many African countries) that only leadership at the highest political level could make a difference in the fight against HIV/AIDS at the national scale. In Thailand's response, all sections of Thai society including NGOs, religious institutions, businesses, local leaders and people living with HIV/AIDS, have been involved.

Political and financial commitment has facilitated a strong multi-sector effort and ensured an estimated \$400 million in Royal Thai Government (RTG) financial support for programmes since Thailand's first HIV case was identified in 1984. Total AIDS spending by government and donors rose from \$648,000 in 1988, most of which was financed by the World Health Organization (WHO), to \$10.1 million in 1991, more than 72% of which was financed by the RTG (World Bank 2000).

---

As the RTG accounted for an increasing proportion of the spending on HIV/AIDS (see Figure 3), political commitment was solidified by the Anand Panyacharun administration in the early 1990s, when HIV/AIDS prevention and control evolved as a national priority, and with the formation of the National AIDS Prevention and Control Committee. Prime Minister Anand also requested Thai governors and provincial health departments to develop provincial AIDS plans. Unfortunately, the current administration has not made HIV prevention, nor HIV/AIDS care and support, part of the responsibilities of the new 'CEO Governors policy', aimed at making provincial governors more powerful and significant in the implementation of Government policies.

Figure 3: Government and Donor spending on HIV/AIDS, 1988-97



(Source: *Thailand's Response to AIDS: Building on Success, Confronting the Future*, Thai Social Monitor V, World Bank, 2000)

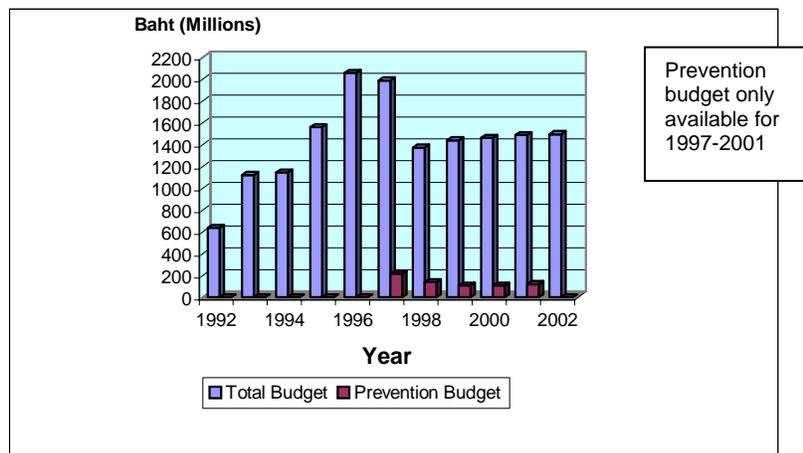
This is despite the fact that the Thai Government has adopted the National Plan for the Prevention and Alleviation of HIV/AIDS 2002-2006. The plan calls for concerted, multisectoral action. The Thai Government also signed on to the commitments of the Millennium Declaration of the UN General Assembly (2000) and the Declaration of the UN General Assembly Special Session on HIV/AIDS (2001). Both set targets for decreasing infection rates among young people (15-24) and for increasing the percentage of young people having access to appropriate HIV/AIDS preventive education information and skills by 2010.

In 2000, Thailand became one of the first developing nations in the world to provide HIV-positive citizens with highly advanced antiretroviral therapy (HAART). The Access to Care (ATC) programme—which began with only 1,200 clients—now serves tens of thousands throughout the country, with plans for ongoing expansion until all Thais who need treatment are covered. Thailand is part of the 3 x 5 initiative led by WHO, and the MOPH has claimed that the goal of getting 50,000 Thais on HAART by the end of 2004 was already achieved (UNDP 2004).

Addressing the care and support needs of those with symptomatic AIDS (estimated at some 59,000 individuals by 2006 in the best-case scenario; over 90,000 in the absence of sustained prevention efforts) and of their families requires considerable family, community and national resource commitments (UNAIDS 2002).

At both national and local level, leadership has not been focused on HIV/AIDS to the extent seen a decade ago in the Northern provinces. National policy emphasis on HIV/AIDS has been overwhelmed by other priorities, particularly low-cost health care. As the Government responds to increasing treatment needs, funding for prevention efforts stagnates (see Figure 4).

Figure 4: Government HIV/AIDS Budget, 1992-2002



(Source: AIDS Division, MOPH)

The response of civil society has been an essential element of Thailand's response. Civil society has advocated for stronger responses and adherence to human rights norms, has focused on creating normative changes at the local community level - both in regard to sexual behaviour and reducing stigmatisation of HIV-infected persons and their families - and has expanded home and community care and support options. While civil society response remains strongest in the North, NGOs have worked progressively with government to expand the effort nation-wide (UNAIDS 2002).

---

## B. Impact of HIV on Higher Education Sector

Thai students seeking higher education may enter a university, technical institute, vocational college or teacher-training college. After 12 years of primary and secondary education, students obtain a secondary-school leaving certificate and take a national entrance exam to be eligible for admission to institutions of higher education. The bachelor's degree usually takes four years. Thai higher education institutions can be classified into several categories<sup>3</sup>:

Public universities and institutes under the supervision of the Department of University Affairs (part of the Ministry of Education). There are 24 public universities and institutes under this category (1998). Of these 24 public higher education institutions, there are 21 universities and 3 institutes. The National Institute of Development Administration (founded in 1966) offers only graduate programs of study. Of these 24 public universities and institutes, there are two open universities: Ramkhamhaeng University (founded in 1971) and Sukhothai Thammathirat Open University (founded in 1978). There are also four autonomous universities: Suranaree University of Technology (founded in 1990), Walailak University (founded in 1992), Mae Fah Luang University (founded in 1997) and King Mongkut's University of Technology Thonburi (upgraded to be an autonomous university in 1998).

Private universities and colleges under the supervision of the Department of University Affairs. There are 41 private universities and colleges as of March 1998. Of these 41 higher education institutions, there are 23 private universities and 18 private colleges.

Institutes and colleges: Rajamangala Institute of Technology with 12 faculties and 35 campuses, Rajabhat Institutes, technical and vocational colleges, agricultural colleges, physical education colleges, dramatic arts colleges, and fine arts colleges are under the Ministry of Education;

Nursing colleges under the Ministry of Public Health;

Professional training institutions under other ministries such as military and police academies under the Ministries of Defence and Interior, respectively;

Specialized training institutions (i.e., the Asian Institute of Technology, Mahamongkut Buddhist University, and Mahachulalongkorn Buddhist University)

---

<sup>3</sup> SEAMEO Regional Centre for Higher Education and Development (RIHED).  
<http://www.rihed.seameo.org/hesystem/thailandHEIs.htm>

Table 2: Number of universities/institutes classified by type of institution, academic year 2003

Type of Institution	Number
<b>1. Public institute</b>	<b>66</b>
• Limited Admission University	60
• Open University	2
• Autonomous University	4
<b>2. Private institute</b>	<b>54</b>
• University	26
• College	28
<b>Grand Total</b>	<b>120</b>

(Source: Ministry of University Affairs, 2005. [http://www.mua.go.th/infodata/46/table1\\_2546.xls](http://www.mua.go.th/infodata/46/table1_2546.xls))

Illiteracy (% of population aged 15 or older) stood at 7%; gross primary enrolment (% of school-age population) was 98 (male 100, female 96) (World Bank 2005). The adult literacy rate of Thailand in 2001 was 95.7% according to UNDP. In the 2002 academic year, the total number of students was more than 14 million. The average number of years of educational attainment for the population aged over 15 years was 7.8 in 2002, almost one year higher than the 6.9 years recorded in 1996. The enrolment rate in primary schools was more than 6 million in 2002, or 104.8% of the total population aged between 6-11 years old. The enrolment rate in secondary schools was 68.6% of the total population aged between 12-17 years old and the university enrolment rate was 27.4% of the population aged between 18-24 years old.

There have been incidental reports in the press and from NGOs about HIV/AIDS related stigma and discrimination of teachers and learners. There are, however, no data on AIDS-related absenteeism among educators and students (due to AIDS-related illness, family obligations such as taking care of sick family members, attending funerals, etc.), nor on student withdrawals or on educator and student mortality related to HIV/AIDS. There are also no data on educator attrition to the private or public sector to replace personnel lost to HIV/AIDS or on the fiscal costs of the HIV/AIDS epidemic (including direct costs e.g., funerals, death benefits, health care, and indirect costs, such as diminished productivity due to staff illness, recruiting and training costs for replacement staff, financial losses when student loans are not repaid due to illness or death).

---

## C. Chiang Mai University's Institutional Response

### 1. Policy and action plans

Despite a high level of research and innovative links to civil society activities related to HIV/AIDS, Chiang Mai University (CMU) does not have an overall policy, nor a strategic or action plan, to guide its response to HIV/AIDS. The closest it gets to this is in its Research Framework, which mentions 'research on communicable diseases' as a main research theme, and HIV/AIDS as a specific sub-topic.

Senior Chiang Mai University staff stated that the University has four <sup>4</sup>principles which guide its actions – including its actions in the field of HIV/AIDS:

1. The provision of higher education and training of good quality;
2. The generation of high quality research findings to guide teaching, and learning and inform technologies for the development of the country;
3. The provision of guidance and services to society in order to help in the development of the Northern region and of the country;
4. The promotion of the preservation of Northern cultural and natural heritage, and the protection of the environment (Source: Dr Wattana Phanpanich interview; Summary of Chiang Mai University Annual Report 2004 (in Thai))

Dr Wilawan Senarattana, former dean of the Faculty of Nursing (one of the most active faculties), mentioned that it was the University's 'policy' that all new students receive a leaflet to make them aware about HIV/AIDS. The Department of Student Affairs, supposedly in charge of this, said that there was no written directive or policy stipulating this and that the practice had been discontinued. The Assistant President for Student Development and Alumni Affairs, Professor Thanaruk Suwanprapisa, mentioned an existing project to develop lifeskills in student leaders, in which small numbers of students were trained.

The University does not have an overall policy or guidelines for HIV prevention education to students – this is left up to each individual faculty or department. The department of Nursing receives some funds from the Ministry of Education / Department of University Affairs to provide training on the prevention of HIV/AIDS in the workplace/universal precautions.

---

<sup>4</sup> In fact there are 3 additional 'internal' Guiding Principles, related to the management and safeguarding of the University as an institution (CMU 2005:10).

---

## **2. Leadership**

The (newly appointed) President of CMU, Professor Pongsak Angkasith, is not a member of any HIV/AIDS related committee and does not remember ever having mentioned HIV/AIDS in public. However, Dr Supot Wudhikarn, Dean of the Faculty of Medicine, is Chair of the Chiang Mai Provincial Working Group on HIV/AIDS (of which 12 different partner agencies and organizations are part, including the Provincial Health Department) and in this position often speaks in public about HIV/AIDS.

Dr Wilawan Senarattana, senior researcher and former dean of the Faculty of Nursing, is part of the National Committee on Communicable Diseases (including HIV/AIDS) – however this is as a personal assignment, not as a representative of CMU. She is also a member of the National Commission on 3 x 5.

Dr Rattana Phanpanich, director of the Department of Community Medicine, is a member of the team that will review the progress of implementation of Thailand's National Strategic Plan on HIV/AIDS in 2005, focusing especially on the delivery of drugs to people living with HIV/AIDS.

Dr Usa Duangsa, senior researcher of the Education Department, just completed her term as a member on the National AIDS Prevention and Control Committee. She served a total of two terms. She was also one of the founding members and a Board Member of the umbrella foundation that includes the Asian Harm Reduction Network and the Thai Harm Reduction Network.

Dr Chayan Vaddhanaphuti, former director of the Social Research Institute and former Professor at the Department of Sociology, was an outspoken critic of government policy towards ethnic minorities, especially the lack of citizenship that many of these groups have to endure (Dr David Feingold of UNESCO has stated that the lack of citizenship is the single most prominent HIV risk factor for young ethnic minority women). Dr Chayan also served a term as a member of the National AIDS Prevention and Control Committee.

The President of CMU explained that HIV/AIDS is mainstreamed across the learning and teaching or research activities of the University. Therefore, he says, HIV/AIDS is not specifically mentioned in the University's annual report. However, many of the research questions underlying ongoing research projects by different faculties have been developed in collaboration with policy makers in Bangkok; research findings from these research projects can, hence, be assumed to have

---

played a role in Thailand's successful interventions among drug users, sex workers and their clients under the previous governments. An explicit example is the research and documentation of final-stage care for AIDS patients, which has been included in Thailand's national guidelines for HIV/AIDS treatment and care (Dr Thira Sirisanthana interview).

The Faculty of Nursing has been at the forefront in developing Thai guidelines for care and support of People Living With HIV/AIDS (PLWA), including experiments with home-based care and the implementation of the so-called GIPA principle (Greater Involvement of People living with HIV/AIDS). In 1991, supported by WHO, CMU developed a teaching kit for medical practitioners on how to take care of PLWA which was consequently distributed to every nursing school in Thailand. The first Thai guidelines for case management of AIDS patients were developed, including publications on legal aspects and human rights, as well as on end-of-life care. The guidelines on end-of-life care were recently incorporated into Thai national policy.

The action research on and innovative work with young people, aimed at fulfilling their reproductive health needs, conducted under the leadership of Dr Warunee Fongkaew, were also mentioned by key respondents.

Key informants at this faculty noted how the Faculty has helped bring together NGOs and the community in strengthening PLWA self-help groups and medical institutions in the community. This work extends to countries surrounding Thailand. For example, members of the Faculty are currently assisting a nursing school in Myanmar to set up a home-based care scheme.

The Dean of the Faculty of Nursing, Dr Wipada Kunaviktikul, mentioned that the Faculty is interested in establishing a Centre of Excellence in HIV Prevention and Community Development, building on the Faculty's international training programs and existing network of (ex-) students and researchers, including the Enhancing Care Initiative collaboration (see under Partnerships section).

Within the University, however, this review found no structural consultation with PLWA or with students or teachers in the development of research questions or in the design of teaching programmes (which were lately absent).

There is no University-wide HIV/AIDS focal point, coordinator or coordinating body on HIV/AIDS, and no Task Team or working group exists. The lack of coordination was deplored by all persons participating

---

in this review. However Dr Thira Sirisanthana remarked that “if there was a need for such a coordination body, there would probably have been one by now”. He seemed to imply that since research projects are often funded from outside sources, and conducted by a faculty in collaboration with an outside partner, there is no incentive for researchers or research coordinators within faculties to share plans or findings with other faculties.

Most interviewed key informants suggested it would be beneficial for themselves or for the University to have better coordination and information sharing among faculties in the area of research and HIV prevention education and suggested that a coordinator should be appointed by the President and be based at either the President’s office or at the Research Institute for Health Sciences (RIHES).

### **3. Education related to HIV/AIDS**

According to all informants interviewed for this review, HIV/AIDS-related content is scattered across the curriculum of the medical faculties (Medicine, Pharmacy, Health Technology and Nursing) in a seemingly uncoordinated manner. The focus of the content of learning and teaching about HIV/AIDS is very much on the biological, pharmaceutical and medical aspects of HIV/AIDS relevant to the future profession of the students: i.e., there is teaching on anti-retroviral (ARV) drugs and drugs to treat opportunistic infections among PLWA at the Pharmacy and Medical faculties, on how to avoid work-related risk of HIV infection while caring for PLWA at the Medical and Nursing faculties, and in all medical faculties attention to the basic ‘ways to transmit and prevent HIV’. The Faculty of Pharmacy has a course on counselling, including counselling for PLWA. In the subject of Health Promotion, Population Services International (PSI) has helped to teach about promoting condoms, according to Associate Professor Porntip Chuamanochan, Vice Dean of the Faculty of Pharmacy.

This is, however, not the case in the other faculties, especially not in the Sociology and Language faculties. There it appears that it is entirely up to the lecturer to either include HIV in the curriculum or not. Some of them – like Dr Usa Duongsa of the Education Faculty – encourage students to include HIV/AIDS as topics for research or introduce the topic in in-class discussions. This is then accompanied with questions and answer sessions with students on HIV/AIDS.

In none of the faculties however, is there a clear focus on the students’ personal risk or vulnerability. It appears that this has not been integrated in the curriculum of teacher training colleges. The Assistant President for student development and alumni affairs, Professor

---

Thanaruk Suwanprapisa, mentioned that students that come from high school have enough knowledge about this already – he seemed to imply that they are not at risk of HIV infection, or at least not more than the general population. There are no compulsory courses about HIV/AIDS in any faculty. HIV is part only of those courses in which it is relevant for the future profession of the student, together with other diseases.

Dr Benjamas Suksathit of the Faculty of Nursing, who is involved in a project called Youth Family Community Development Project (YFCD), mentioned that misconceptions about HIV/AIDS and limited knowledge about sexual and reproductive health were routinely found among students in the project schools (see Box 3 under Community Outreach section). Dr Benjamas further noted that there is a need to work on the attitudes of both students and teachers towards people infected or affected by HIV/AIDS. Existing stigmatising attitudes among medical and nursing students are undesirable from a human rights perspective, but may also lead to a false sense of security among the students themselves. Attitudes and stigma of certain patients (including those with HIV/AIDS and how they influence working practice) will be included in a new 3-hour programme for nursing students during the next academic year.

The Faculty of Nursing currently runs international training courses, from which participants from 17 countries have benefited<sup>5</sup>. These courses include:

- Midwifery Education for Safe Motherhood
- Nursing Care of HIV/AIDS Patients
- Community Based Care for HIV/AIDS
- Management of HIV/AIDS Prevention and Care
- Prevention and Care of HIV/AIDS for Mothers and Children
- Training Educators and Trainers in HIV/AIDS Prevention and Care
- Coping with Psychosocial Problems

These courses are taught in English and attract students from many countries in South and South East Asia and the Pacific. A number of the courses are offered with the support of other governments and international agencies, including the then Department of Technical and Economic Cooperation (DTEC)<sup>6</sup>, Ministry of Foreign Affairs, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the

---

<sup>5</sup> Afghanistan, Bangladesh, Bhutan, Cambodia, China, Indonesia, India, Lao, Myanmar, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, Timor Leste and Viet Nam.

<sup>6</sup> Starting October 2004, DTEC became Thailand International Development Cooperation (TICA). Source: <http://www.tica.undp.or.th>

---

World Health Organization (WHO). 15 courses were taught between 1999 and 2003 (no data for 2004-5 were available).

The Faculty of Medicine used to have a network of peer educators on HIV/AIDS, organized by Dr Somboon. Since her retirement, however, the system has been discontinued.

Non-formal, ad-hoc HIV/AIDS awareness activities are organised by and for students, for instance around World AIDS Day. The President of the Student Council, Khun Chatchai Junlasenichorn, mentioned that the Student Council usually invites outside NGOs to organise these activities. He could not mention the name of the NGO or the type of activities that had been organised during the World AIDS Campaign of 2004 or the year before. Professor Thanaruk Suwanprapisa of the Department of Student Affairs also mentioned that some activities had been carried out to increase HIV awareness in student dormitories, and that condoms have sometimes been made available there – however, there was no detailed information on who was doing this, and how permanent this activity was. Professor Thanaruk admitted that it is often the students who least need it who take part in activities related to HIV prevention – the ‘difficult cases’ or persons really at risk are rarely reached.

Life Skills training is organized each year by the Department of Student Affairs, for about 2-3 student leaders per faculty. The training lasts for 5 days. This training has no specific focus on HIV/AIDS and seems more designed to improve leadership skills for students. The idea is that these student leaders train their peers in Life Skills afterwards, but there is no formal guideline or structure on how to do this, nor is there a monitoring and evaluation (M&E) framework to follow up on this.

Dr Benjamas Suksathit of the Faculty of Nursing mentioned that there is a student who has recently started a volunteer group – self-help group for students with HIV/AIDS. The group was a side product of the activities of YFCD project (see Box 3 under Community Outreach). The reviewers were unfortunately unable to trace or meet this student, and the Student Council president was unaware of this initiative.

The University has never attempted to integrate HIV/AIDS across its education activities – for which a Policy would be an important first step – so it should come as no surprise that no attempts to measure the impact of education activities on knowledge, attitudes and practices have been carried out.

---

## **4. Research**

The University strongly promotes research in all its forms, as part of its overall mandate. It has had an impressive research response to HIV/AIDS, often of world-class quality. Research findings have influenced policy making and strategic thought not only in Thailand, but in the entire region. Often in collaboration with other Universities, research has been conducted mainly by two faculties (Nursing and Medicine) and one research institute (the Research Institute for Health Sciences – RIHES, See Box 1). In the past, the Social Research Institute (SRI) was also an active player, but in recent years the SRI has focused its attention away from HIV/AIDS, gender and sexuality.

Current RIHES projects– all funded by the US Government’s National Institute of Health (NIH) and all in collaboration with Johns Hopkins University unless mentioned otherwise – include:

1. HIV/AIDS vaccine trials;
2. Trial of community-based provision of voluntary counselling and testing (VCT)– aimed at determining why there is such a low utilisation of VCT services in Thailand, and how to improve and promote VCT among the population;
3. Peer network education among injecting drug users (IDUs), aimed at determining the best method for behaviour modification among this group, and whether peer education is an effective method for behaviour change among IDU (this project has been delayed due to the Government’s policy and crack-down on drug use);
4. ARV treatment study looking at how treating patients will reduce the transmissibility of HIV (about to start in a group of volunteer sero-discordant couples);
5. A study to see how ARV treatment regimens can be simplified and whether simplified treatment regimens will improve treatment compliance;
6. Evaluation of ARV delivery to PLWA (with Dr Ratana, see under Monitoring and Evaluation section), funded by the Population Council and the MOPH;
7. A government-funded study on how to improve treatment compliance for patients on ARV;
8. A government-funded study to determine the percentage of patients that have mutant strains of the HIV virus.

(Source: Interview with Professor Thira Sirisanthana, Director, RIHES)

---

**Box 1: The Research Institute for Health Sciences (RIHES)**

RIHES was founded as the *Anemia and Malnutrition Research Centre* in 1967 and incorporated into Chiang Mai University under its current name in 1978. It is mandated to conduct biomedical, clinical, epidemiological and behavioural research on priority public health topics of concern to the Northern Thai population and its neighbouring countries. Apart from conducting research and training researchers, RIHES has two additional functions: to conduct an international postgraduate teaching programme in health sciences, and to serve as a resource and coordinating centre for public health research (RIHES 2004:10). There are four main research themes of which two concern HIV/AIDS: Infectious and Tropical Diseases and Reproductive Health. (The other two themes are Environmental Health and Public Health Nutrition).

RIHES has approximately 260 staff, of whom 105 are paid from Government sources and the remainder paid by research projects (often from foreign sources). Most of the Government-funded staff are formally employed by one of the Faculties (mostly Medicine, but also Nursing and Pharmacy) and are part-time researchers under RIHES in addition to their teaching work.

Main donors of RIHES include the US NIH (National Institute of Allergy, National Institute on Drug Abuse and Infectious Diseases and the National Institute of Mental Health, Fogarty International Centre and the Office of AIDS Research). RIHES has received substantial support from Johns Hopkins University's AIDS International Training and Research Programme to train Thai researchers in epidemiology, data and laboratory management, clinical trials and cohort development. The National Institute of Child Health of the NIH has also supported research on HIV conducted with RIHES.

In the Faculty of Nursing, several research projects are being conducted focusing on school-based sex and HIV prevention education and on providing services and improving the life of people living with HIV/AIDS, including teenagers (See Box 3 on the YFCD project under Community Outreach activities). According to Dr Wipada Kunaviktikul, the Dean, there are 66 research projects going on in which the Faculty of Nursing is involved, excluding MA and Ph.D research projects. Ten selected titles – attempting to cover the wide range of research themes – are provided below:

1. HIV prevention among Thai adolescent males: a school-based peer assisted programme. By Seepan Kantawang, supported by WHO
2. Assisting PLWA and their families in the community. Choimnard Potjanamart et al., from Government budget

- 
3. Reducing drop-out and improving adherence rates among PLWA on HAART in Northern Thailand. By Professor Suwat Jariyalertsakdi et al., from Provincial Health Department budget and Horizons/Population Council (2003)
  4. Culture, HIV/AIDS knowledge and risk behaviour among highland minorities in Thailand. Peter Kunstadtler and Arunrat Tangmunkongvorakul (budget unknown).
  5. Enhancing care initiatives for people living with HIV/AIDS through community-based organizations in Northern Thailand. Pikul Nantachaipan (see Box 2 on the Enhancing Care Initiative under the Partnerships section)
  6. Factors influencing marital stability among HIV discordant couples in Northern Thailand. Arunrat Tangmunkongvorakul.
  7. Promoting human rights among people living with HIV/AIDS in Northern Thailand. Pikul Nantachaipan
  8. Role of academic institutions in enhancing care for people living with HIV/AIDS in Northern Thailand. Wilaiwan Senaratana
  9. The impact of HIV/AIDS on older persons in Northern Thailand. Linchong Pothiban, supported by UNFPA
  10. HIV/AIDS orphans and vulnerable children and supporting systems in Northern Thailand: A Situation Analysis. Funded by the Sor Kor Or. Wilaiwan Senaratana.

In the Faculty of Medicine, research is being conducted on care and treatment of people with HIV/AIDS, on the prevention of transmission of HIV between mother and child, on home-based care, on how to provide patient education to people living with HIV/AIDS, on vaccines (in collaboration with Johns Hopkins University) and on a cohort study on male sexual risk taking (recently completed). The Ministry of Public Health has recently commissioned another study on provision of health care to people with HIV/AIDS in four regions in Thailand, in which the Medical Faculty of CMU is involved.

In the mid-nineties, several qualitative research projects were conducted from the Social Research Institute (SRI), among others on the vulnerability of sex workers and of housewives (i.e. the marital partners of the clients of sex workers), on the changing patterns of sexual behaviour and changing norms and values among Thai teenagers – both male and female – and about the vulnerability to HIV of men having sex with men (MSM). The Director of the SRI at the time, Dr Chayan Vaddhanaputhi, was closely linked with a network of eminent social researchers on issues related to HIV vulnerability, gender and sexuality of several Universities across the world. Unfortunately, since his retirement, this collaboration has been discontinued.

---

At the Faculty of Education, Dr Usa Duongsa and her husband, Dr Dusit Duongsa, have come to the conclusion that little learning takes place in organizations that implement HIV related interventions. Their focus has since moved from research on project implementation to innovative ways and research on how organizations and different groups can improve learning processes. They are involved in the development of a report for the Joint United Nations Programme on HIV/AIDS (UNAIDS) to map changes in thought – for example, on how to do prevention work, how to implement the GIPA principle, et cetera – and look at what caused these changes. Dr Usa mentioned that there is no formal attention to, or promotion of, HIV-related research (or education) in the Faculty of Education.

In general, it appears the research activities of CMU are driven by individuals and by the availability of foreign funding. There is limited collaboration across faculties. There is no mechanism in place to track the output of HIV/AIDS related research, although theoretically research reports are collected by the Library and can be searched online.

Foreign funding for research dwarfs the financial resources that are available for research from the Government or the University itself. Many of the research findings have been shared at international conferences (including the World AIDS Conference in Bangkok in 2004 as well as the regional International Consortium for the Advancement of Academic Publication (ICAAP) conferences) or published in scientific magazines (including AIDS, Social Science and Medicine and others).

## **5. Partnerships and Networks**

The University is involved in joint research activities with other Universities in Thailand (mainly Mahidol University, but also Chulalongkorn University and the Universities in Songkhla and Khon Kaen) on an ad-hoc basis. There are stronger collaborative partnerships with Universities abroad – mainly Johns Hopkins in the USA, with which the Research Institute for Health Sciences has had a long-standing collaboration.

Apart from the long-standing agreement and collaboration of Johns Hopkins, the University is not involved in any formal inter-university body working towards a comprehensive response to HIV/AIDS in the tertiary sector.

The University has collaborative agreements and memoranda of understanding with 143 Universities and other educational and research institutions in 25 countries (see for a list: Chiang Mai University 2004: 23-25). The Faculty of Nursing is a WHO Collaborating Centre.

---

The Faculty of Nursing of Chiang Mai University took part in the well-known global Enhancing Care Initiative, led by Harvard's AIDS Institute (see Box 2).

**Box 2: The Enhancing Care Initiative**

In 1998, Harvard University and the Merck Company Foundation established the Enhancing Care Initiative (ECI) to improve the clinical care of people living with HIV and AIDS in resource-constrained settings. The key strength of ECI is the Initiative's multisectoral and multi-disciplinary AIDS Care Teams that lead analysis of HIV and AIDS care, design locally appropriate solutions in challenging contexts, and generate new evidence and best practices applicable in diverse settings. Local care experts based in Brazil, in Senegal, in South Africa, in Chiang Mai, Northern Thailand and in Puerto Rico, worked locally to address the status of AIDS care in their specific communities and regions.

When the Enhancing Care Initiative, it represented a new way of conceptualizing AIDS care. That is, first, HIV infection and its consequences can be treated in resource-constrained settings. Second, local solutions to the difficulties of HIV care and treatment are best determined by local care experts. And, finally, HIV care can and must occur throughout the course of one's infection- from the time of discovering one is infected to the time of need for palliative care.

In Thailand, ECI focused on identifying ways to improve the quality of life for PLWA through partnerships with communities and programmes for holistic care. The Thai ECI Team included six government and non-governmental agencies: the Faculty of Nursing at Chiang Mai University, the Office of Communicable Disease Control Region 10, the Chiang Mai Provincial Public Health Office, the AIDS Network Development Foundation, the Upper northern People Living with HIV/AIDS Network and the Church of Christ in Thailand - AIDS Ministry. The Team used a conceptual framework based on human rights norms as a basis for designing their initiatives. Past and current programmes aim to enhance medical and nursing care, provide effective counseling, build community capacity for home based care, strengthen referral systems and networking, and improve general levels of social acceptance and welfare.

The programmes begun by the ECI team in Thailand are already serving as models for future HIV/AIDS care initiatives. In May of 2003, the Team presented their research and results to government stakeholders, and members are currently working to document the progress of the Team's work over the last 5 years. Plans are already underway for a Centre for

---

Excellence in HIV/AIDS Care to be housed at Chiang Mai University's faculty of Nursing. In addition, proposals have been submitted to the government of Thailand and the Global Fund for AIDS, Tuberculosis and Malaria for expansion of the community programmes that the Team helped establish into provinces that lack AIDS programmes (Source: ECI website).

For a brief overview of lessons learned, visit the website at <http://www.eci.harvard.edu/overview/lessons.html>

## **6. Programmes and Services**

There is a Health Centre at the University Compound, to which students have access. There they can obtain basic medical care and counselling. HIV testing is not available at this Centre, but referral can be made to the many free or cheap VCT centres located in Chiang Mai.

There are no newsletters, billboards, resource centres or corners, or web-based information services on HIV/AIDS on the campus of Chiang Mai University. Condoms are available at 7-11 and other stores around the campus, and can be obtained for free from the Provincial Health Department and other Government health facilities. There is a VCT and STI clinic attached to the Faculty of Medicine where staff and students work to obtain practical experience. A licensed pharmacy, established for the same purpose, is part of the Faculty of Pharmacy.

The medical faculties have WHO-derived guidelines for prevention of HIV infection in the workplace, especially in case of needle-stick injuries or exposure to (possibly) HIV infected blood products. These 'universal precaution' guidelines are part of the curriculum in all medical faculties, including Dentistry. Post-exposure prophylaxis (PEP) kits are available in the faculties in case of (possible) accidental exposure to HIV.

Dr Usa Duongsa mentioned how she and her fellow academic husband, Dr Dusit Duongsa, have attempted to get University approval for the establishment of a 'Condom Café' for students, which would combine the provision of condoms and sexual health advice with coffee, tea and internet services. The University was not interested, despite informal enthusiasm from Durex and AusAID for support.

There are no special, tailor-made HIV/AIDS treatment and care or support programmes available at the University for either students or staff.

---

## **7. Community Outreach**

The University has had strong links to several communities of people at risk of infected with HIV/AIDS over the past decades. It has been at the forefront of promoting home- and community-based care – it is likely that its early projects, ran from the Social Research Institute and RIHES, led to findings and insights that have helped shape Thailand’s national response to HIV/AIDS in the area of care and support of PLWA.

Researchers of the University also helped study and support networks of people living with HIV/AIDS and has been instrumental in documenting and describing some of the mechanisms driving the epidemic among little-understood communities, including men having sex with men, sex workers and injecting drug users. Many of these activities were initiated at the Social Research Institute (SRI), part of Chiang Mai University, under the leadership of Dr Chayan Vaddhanaphuti. Since his retirement from the SRI in 2000, however, the Institute’s focus on and involvement in issues related to HIV/AIDS and sexual and reproductive health has weakened considerably.

The Faculty of Nursing has been at the forefront of efforts to reach out to vulnerable populations, especially young people. Its LifeNet programme, which was recently completed after 6 years, aimed at reaching out to young people in the entertainment sector – both as workers and as customers, after initial assessments pointed at high levels of HIV risk behaviour and vulnerability. The aim is to identify peer leaders in peer networks and train them on issues related to HIV/AIDS, drug and alcohol abuse and unwanted pregnancy and abortion.

### **Box 3: The Youth Family and Community Development Project**

The Youth Family and Community Development project, led by Dr Warunee Fongkaew of the Faculty of Nursing, implements activities to promote students’ reproductive and sexual health using peer to peer strategies in 10 (pilot) project schools involving school principals, teachers, parents and students themselves in the development and implementation of a school-based curriculum.

As part of the development of the curriculum, YFCD researchers conducted a need assessment to compare students’ actual knowledge about sex and reproductive health with the knowledge that teachers and parents *assumed* the students had, and found that there was a huge difference. This showed how previous class-room activities in this area did not match students’ needs.

---

The programme “Because the World Needs You” was developed in 2002 using peer education and the application of ‘edutainment’ strategies. As a result of this participatory approach, teachers felt less embarrassed to teach sex education in their classrooms by implementing the programme as an additional activity (i.e. not part of the mandatory curriculum), knowing they have the support of parents and the school principal.

To complement the implementation of the curriculum in schools, YFCD works with parents in the community by building their capacity to discuss reproductive health and sexuality issues with their children in an appropriate manner and by building parent networks linking communities and schools.

Another project component is YFCD’s work with teenagers infected by HIV/AIDS. The research team members have developed a manual for providing health education, best practices and self-care information of young people with HIV/AIDS (in Thai) in a participatory approach, based on actual experiences and needs of young people living with HIV/AIDS. Training camps were organized to provide knowledge and life skills based on curriculum content. Over the past few months, some teenagers have ‘come out’ as being PLWA and formed a “Teen’s Aid” group. Since then, some of them have been involved in HIV prevention activities for other teenagers as peer educators.

YFCD’s project approach is currently being documented and will be replicated in other schools in the North (Source: interview with Dr Benjamas Suksathit, Faculty of Nursing).

The Faculty of Pharmacy has entered into an interesting partnership with Family Health International (FHI) and the Programme for Appropriate Technologies in Health (PATH) in training drug sellers in how to provide advice to men having sex with men (MSM) (most of whom are inclined to self-treat rather than seek medical care in private or public clinics or hospitals). 16 drug pharmacies took part in the programme, which included a workshop. The 16 ‘MSM-friendly’ pharmacies can be recognized by a special sticker.

The University does not have a radio programme on HIV/AIDS nor other forms of awareness-raising for the community working and living at CMU campus.

In the Department of Health Promotion, Faculty of Medicine, students are involved in community education projects, including projects on HIV awareness and behaviour change, for which they

---

receive academic credits. The Department of Community Medicine, Faculty of Medicine, also has practical assignments in which students are involved in work with the community on HIV prevention, care and support.

## **8. Monitoring and Evaluation**

Dr Ratana Panpanich, Department Head of the Department of Community Medicine of the Faculty of Medicine, was head of a team that has just finalized an evaluation study commissioned by the Ministry of Public Health on the delivery of ARV treatment to people living with HIV/AIDS in Thailand. As part of WHO's 3 x 5 programme, Thailand has promised to provide ARV to 50,000 PLWA by the end of 2004, a target which the MOPH claims has already been reached. The Government aims to provide ARV to 'well over half' of the PLWA who are in need of ARV urgently by the end of 2005. The study tried to answer the question whether provincial and district hospitals are ready to scale up ARV delivery even further through their networks. 36 hospitals were part of the evaluation, 20 of which were community hospitals / health centers. The study also evaluated to what extent the programme was responsible to the needs of PLWA, by training ('open') PLWA as peer researchers. The conclusion was that district hospitals need to play a role in the delivery of ARVs for these targets to be met, since the Provincial hospitals are overburdened and often too far away for patients to visit frequently.

The study also showed that many health care providers, especially those at the district level, do not have sufficient knowledge and skills to provide counselling and treatment to people living with HIV/AIDS. Fear and misconceptions about PLWA were found among medical staff. As a result, the MOPH is now starting a pilot project in four provinces to improve service delivery at the district level (in Nakon Sawan, Pichit, Tak and Payao provinces).

Dr Ratana will also be part of the team that is to evaluate progress on implementation of Thailand's National Strategic Plan 2002-2006, which will take place this year (mid-term review).

---

## D. Lessons Learned

*Q: What do you think is the secret behind Thailand's success in responding to HIV/AIDS?*

*A: Thailand's success is not a real success. It is only natural that a country would respond to a crisis like this in the way Thailand did. What really surprises me is the non-response of some countries in Africa. I don't know what inhibited them from responding naturally to this obvious crisis. [...] It may have to do with that despite corruption in Thailand and in Africa, at least the majority of Government civil servants in Thailand are still responsible and accountable, with a sense of duty as civil servants.*

*Dr Thira Sirisanthana*

*Director of the Research Institute for Health Sciences*

With regard to teaching, HIV prevention education is taught to students in the medical faculties (Medicine, Pharmacy, Nursing, Dentistry) but often the quality, the focus and the contents differ according to the subject and according to the teacher. There is a lack of teaching of the social aspects of HIV/AIDS for all students, and a need to improve teaching of non-judgmental attitudes of health care staff.

In the non-medical faculties, whether HIV was discussed during educational activities appeared to be entirely dependent on the personal interest of the lecturer involved. There are no guidelines to mainstream HIV/AIDS across the curriculum. In short, there is only attention for HIV/AIDS in the curriculum as far as relevant for the future profession of the students – and hardly any attention for risk and vulnerability reduction of students themselves.

With regard to research, it appears that different Faculties, especially the Faculty of Medicine, the Faculty of Nursing and the Research Institute for Health Sciences (RIHES), are all active in conducting research of high quality, often in collaboration with international partners, but are not guided by a principal policy or strategy that CMU has agreed on. Rather, research directions seem to be guided by one or more of the following factors, in order of importance:

1. Demands for research from donor and funding agencies or NGOs and UN organizations (for which researchers receive financial rewards);
2. Personal interests of academic staff;
3. Demands for research from policy makers (especially from the Thai Ministry of Public Health and the regional Centres for Disease

---

Control, region 10) for policy and strategy design reasons, or for evaluation purposes.

In principle, of course, there is nothing wrong with this. It appears that the research agenda of the University is largely determined by 'market demand'. However, there is a threat that, should the demand for research conducted by donor agencies and NGOs increase, these topics will dominate CMU's research agenda. For example, one of the guiding principles of CMU is to protect and preserve Northern Thai culture, and it is unlikely that donor agencies will provide funding for research on how to best do this. Worse, in certain instances, research might be commissioned by outside agencies that would be unethical or contrary to CMU's or its partners' interests.

In terms of lessons learned, it appears that CMU has invented (or reinvented) the following essential and fundamental underpinnings of successful responses to HIV/AIDS, which have contributed to Thailand's initial success in curbing the epidemic in the 1990s:

1. The principle of a holistic approach to HIV/AIDS prevention and care – i.e., it is necessary to promote a wide range of interventions at the same time, not always directly related to HIV/AIDS, in order to make interventions successful;
2. The principle of the 'prevention and care continuum' – i.e., the dichotomy of prevention and care is a fake: caring improves and strengthens prevention efforts, and prevention efforts improve care and support;
3. The principle of multi-sectoral action – i.e., HIV/AIDS responses can not be successful if left to the health sector alone;
4. The principle of involving people at risk, and people living with HIV/AIDS, directly and as equal partners in the design and implementation of HIV/AIDS prevention, care and support programmes; by collaborating with sex workers and drug users, rather than suppressing them, they became active partners in HIV prevention (unfortunately, the current Government seems to have forgotten this lesson when it comes to drug users);
5. Guidelines on providing care and support for People Living with HIV/AIDS, in medical settings and at home;
6. The principle of Greater Involvement of People with HIV/AIDS (GIPA) – i.e. it is important to listen to the voices and needs of people living with HIV/AIDS when designing and implementing HIV/AIDS related interventions.

The Faculty of Pharmacy is working actively with drug sellers in Chiang Mai province, attempting to make them more knowledgeable about drugs for sexually transmitted infections (STI) and ARVs, in an

---

innovative public-private partnership which includes sensitising drug sellers to men having sex with men and their sexual health needs.

Coordination appeared to be missing. No single institution, faculty or individual appeared to know exactly what is going on in the field of research on HIV/AIDS, and even less so in the area of HIV/AIDS education for teachers and students.

Challenges – Dr Jaroon Kittiwuthikarn, former Director of the Northern Drug Dependency Treatment Center (NDDTC) and currently teaching at CMU, member of the Asian Harm Reduction Network Board of Directors, Chair of the Ruam Mitr Foundation for children from families with a history of drug use, and practising as a psychologist, mentions how there used to be a fruitful collaboration with Johns Hopkins University, CMU, Northern Drug Dependence Treatment Center (NDDTC), civil society and the medical sector in researching drug use and in Northern Thailand, aimed at finding ways to decrease HIV incidence among drug users. He lamented the current harsh Government policy on drug use, commonly known under the name ‘War on Drugs’, during which up to 2,000 people have died (The Economist, 5 February 2005, p.22-24), which has led to drug users going underground, destroying much of the trust-building and reduced HIV incidence which had been achieved over the past years. Dr Jaroon says there is hard evidence for a renewed surge in HIV infections among drug users, now that their access to medical and social support services (as well as to clean needles) has been blocked. Dr Jaroon says there is a need for strong advocacy from academics and activists to make the Government aware of the detrimental effects of this policy, but admits that there is a ‘bad atmosphere for dialogue’ under the current administration, which he claims is over-confident and can not deal with criticism or suggestions for change in a mature manner.

Dr Ratana Panpanich, Department Head of the Department of Community Medicine of the Faculty of Medicine mentioned that it is challenging to merge academic research interests with the interests of policy makers – however she mentioned that the dialogue which often goes on for a long time before joint research / pilot projects start is useful for both sides.

According to several key informants, getting policy makers’ attention for research findings that (should) have implications for policy or strategies related to HIV prevention and care was mentioned as another challenge. There is no formal platform at which lessons learned can be shared. Dr Thira Sirisanthana, director of the RIHES, suggested that the UN, NGOs, journalists and civil society can play a role to communicate research findings of importance to the Government. He

---

suggested that sometimes the same suggestions have a bigger impact on policy makers if they are conveyed by foreigners than if they are brought forward by Thais.

Another challenge mentioned by respondents at the Nursing faculty was that of scaling up best practices, ensuring sustainability and ensuring longer-term follow-up.

Evaluation of long-term impacts of programmes was also mentioned as something that is generally lacking.

---

## E. Recommendations for Action

In order to make the University of Chiang Mai's response to HIV/AIDS more comprehensive, holistic, effective, relevant, sustainable, gender-sensitive, age-specific, culturally relevant and responsive to the needs of students, the following recommendations can be derived from this research:

1. There is a need to develop a University-wide policy on HIV/AIDS, guiding its research agenda, the way HIV/AIDS is taught across its faculties, the way its teachers and professional staff are prepared for a professional and personal life in a world with HIV/AIDS, and on how HIV/AIDS is managed internally in CMU as an organization, especially with regard to HIV/AIDS affected and vulnerable students and faculty.
2. In terms of Leadership and advocacy, it would make the voice of CMU stronger if there was agreement among its senior academic staff on a number of themes or messages that it wanted to promote. The development of an advocacy plan as part of a University-wide policy could be considered. Journalists are instrumental in changing public opinion, and part of the concrete actions proposed is to form a network and work closely with interested journalists and members of civil society in furthering the implementation of such an advocacy plan.
3. Currently, research is scattered across four main bodies: the Faculty of Nursing, the Faculty of Medicine, the Faculty of Pharmacy and the Research Institute for Health Sciences (RIHES). There seems to be a commonly expressed need for better coordination in the area of research. It would make sense if someone in the office of the president, or at the Research Institute for Health Sciences (RIHES) were made responsible for coordination of HIV/AIDS related research and for information sharing, so that researchers can benefit from each other's work.
4. There is a need for agreement among all faculties on a minimum package of knowledge and skills for students with regards to HIV/AIDS that can then be consistently taught across all faculties.
5. After a minimum package is agreed upon, there is a need to better coordinate HIV/AIDS prevention education efforts across the different faculties. Currently, only the students in the medical faculties appear to have access to HIV prevention education – and the quality of this education is poor, focusing mainly on biological, pharmaceutical and medical facts of HIV and AIDS and not on personal risk and vulnerability, nor on how to use condoms and where to obtain them, or on how, where and why to access voluntary counselling and testing services.

- 
6. There is need to develop a University-wide policy or guideline on care, treatment and support of HIV/AIDS affected and infected students and faculty staff, advising and outlining their rights and duties.
  7. There is a need to strengthen a platform at which lessons learned through research and research-related pilot interventions, as well as in the area of HIV prevention education, can be brought to the attention of policy makers. CMU's important contributions to knowledge about how to best deal with HIV/AIDS have been underreported and have often failed to influence policy makers. The Government's War on Drugs is a case in point. Possibly there is a role for the UN, NGOs and civil society here.

CMU's strong links with the communities it works in, and its success in linking academic research interests with community needs and in having a focus on both research and on programme delivery and improvement, would be suitable for replication in other Universities.

In terms of the University's research focus, considering the new pattern of Thailand's HIV epidemic which has moved into the general population, there probably is a need to start focusing on how to deliver HIV prevention and care to a large number of people who are scattered across the country, rather than concentrated in small, easily-identifiable groups. Mobilizing the un-tapped potential of the education sector and its wide network of schools would be one way to do so.

---

## F. Bibliography

AIDS Division, Department of Communicable Disease Control, Ministry of Public Health, Thailand. *'Report on HIV/AIDS and STI in Thailand'* (p.4).

Chiang Mai University Annual Report 2004. Chiang Mai: University of Chiang Mai, Office of the President, 2005

Chiang Mai University. *Chiang Mai University – Thailand 2004*. Chiang Mai: University of Chiang Mai, Office of the President, 2004.

The Economist. "Thailand's Election", Special Report, 5 Feb 2005, pp. 22-24.

Enhancing Care Initiative (ECI). *The Enhancing Care Initiative – Improving HIV and AIDS Care in Resource-Scarce Settings*. Boston: ECI, Harvard School of Public Health, July 2002.

The Faculty of Nursing, Chiang Mai University. Information package.

Ministry of University Affairs, Thailand. "Table 1. Number of Universities/Institutes Classified by Types". Available at [http://www.mua.go.th/infodata/46/table1\\_2546.xls](http://www.mua.go.th/infodata/46/table1_2546.xls)

National AIDS Prevention and Alleviation Committee, Thailand. *National Plan for Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006*. Bangkok: AIDS Division, Department of Communicable Disease Control, Ministry of Public Health, 2001.

Research Institute for Health Sciences (RIHS). "Visitors' Programme, November 21, 2004". Chiang Mai: University of Chiang Mai, Research Institute for Health Sciences, 2004.

ทิศทาง และแนวทางการวิจัย มหาวิทยาลัยเชียงใหม่ (*Research Framework and Directions of the University of Chiang Mai*) Chiang Mai: University of Chiang Mai (year unknown).

POLICY Project. *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand, & Viet Nam: Current Situation, Future Projections, Socioeconomic Impacts, and Recommendations*. Washington, DC: POLICY Project, 2003

---

Population Reference Bureau. *2004 World Population Data Sheet*. Washington, DC: Population Reference Bureau, 2004. Available [http://www.prb.org/pdf04/04WorldDataSheet\\_Eng.pdf](http://www.prb.org/pdf04/04WorldDataSheet_Eng.pdf).

UNDP. *Thailand's Response to HIV/AIDS: Progress and Challenges*. Bangkok: UNDP, 2004.

UN. *UNGASS Declaration of Commitment on HIV/AIDS*. New York: UN, 2000.

UNAIDS. *UNAIDS Thailand Joint Plan of Action 2002-2006*. Bangkok: UNAIDS, 2002.

UNAIDS. *AIDS Epidemic Update December 2004*. Geneva: UNAIDS, 2004.

Thailand Investor Service Center (TISC), Royal Thai Government. "About Education". Available at <http://www.thailandoutlook.com/thailandoutlook1/about+thailand/education>

The Thai Working Group on HIV/AIDS Projections. '*Projections for HIV/AIDS in Thailand: 2002-2020*'. Division of AIDS, Department of Communicable Disease Control, Ministry of Public Health, 2001.

van Griensven, F; Thanprasertsuk, S; Jommaroeng, R; Mansergh, G; Naorat, S; Jenkins, RA; Ungchusak, K; Phanuphak, P; Tappero, JW; and the Bangkok MSM Study Group. "Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand". *AIDS* 2005;19:521-526.

World Bank. *Thailand's Response to AIDS: Building on Success, Confronting the Future*. Thailand Social Monitor V, World Bank, 2000. Available at <http://siteresources.worldbank.org/INTTHAILAND/Resources/Social-Monitor/2000nov.pdf>).

World Bank. *Education and HIV / AIDS - a Window of Hope*. Washington, DC: World Bank, 2002.

World Bank. "Thailand at a Glance". Available at [http://www.worldbank.org/cgi-bin/sendoff.cgi?page=%2Fdata%2Fcountrydata%2Faag%2Ftha\\_aag.pdf](http://www.worldbank.org/cgi-bin/sendoff.cgi?page=%2Fdata%2Fcountrydata%2Faag%2Ftha_aag.pdf), World Bank, 2005.

## Annex 1: Summary Education Profile: Thailand

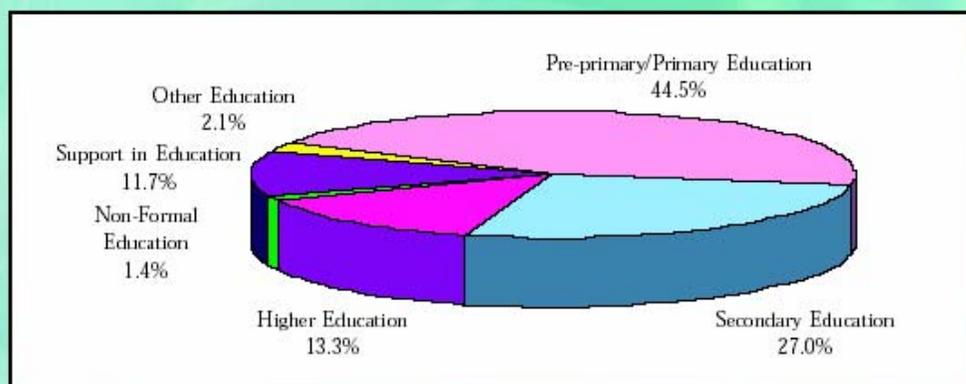
Group Average, 2001	1985	1990	1995	2000	2001	EAP	Lower middle income**
<b>Socio-economic context</b>							
Per capita GNI (US\$)	810	1,520	2,760	2,010	2,000	910	1,400
Adult literacy rate (%), (age 15 +)	90.2	92.4	94.1	92.6	92.6	90.2	90.0
Average years of schooling of adults	5.2	5.6	6.1	6.5	6.5	6.2	6.2
<b>Structure and coverage of the system</b>							
<b>Duration of education (years)</b>							
Primary level	6	6	6	6	6	6.0	6.0
Secondary level	6	6	6	6	6	..	..
Compulsory schooling	..	..	6	9	9	..	..
<b>Gross enrollment ratio (%)</b>							
Primary level	96.1	99.1	86.5	96.4	97.7	111.4	112.4
Secondary level	30.5	30.1	54.1	82.8	82.8	66.4	74.6
Tertiary level	19.0	16.7	20.1	35.5	36.7	14.4	20.4
<b>Net enrollment ratio (%)</b>							
Primary level	..	..	..	86.8	86.3	92.2	91.3
Secondary level	..	..	..	..	..	..	..
<b>Grade 1 intake rate (%)</b>							
Gross intake rate	..	..	..	95.0	95.0	99.9	101.4
Net intake rate	..	..	..	..	..	56.4	58.2
<b>Student flow--primary level</b>							
Primary completion rate (%)	..	92.6	83.6	91.0	91.0	100.0	97.6
Pupils reaching grade 5 (% of cohort)	..	..	..	94.1	..	98.1	98.3
Repetition rate (%)	..	..	..	3.5	3.5	2.0	4.7
School life expectancy (years)	..	..	..	12.5	12.5	..	..
<b>Student flow--secondary level</b>							
Progression to secondary level (%)	..	..	..	91.7	91.7	..	..
Repetition rate (%)	..	..	..	..	..	..	..
<b>Public expenditure on education</b>							
Total spending as a % of GDP	3.7	3.5	4.1	5.4	5.0	3.2	..
<b>Current spending per student (% of p.c.GDP)</b>							
Primary level	..	13.3	15.5	17.2	15.9	5.7	..
Secondary level	..	15.9	11.6	13.0	13.0	10.4	..
Tertiary level	21.1	..	29.7	32.0	31.1	..	..
<b>Current spending on teaching materials</b>							
Primary level (%)	..	3.4	3.2	..	..	..	..
Secondary level (%)	8.2	5.5	4.3	..	..	..	..
<b>Ratio of pupils to teachers</b>							
Primary level	19.3	22.1	..	19.1	19.1	21.7	21.6
Secondary level	..	..	..	..	..	..	..

<b>Gender parity index (GPI)</b>							
Gross enrollment ratio in primary and secondary	..	94.1	..	95.4	95.4	..	..
<b>Private sector enrollment share</b>							
Primary level (%)	9.0	9.6	12.3	13.2	13.6	..	..
Secondary level (%)	11.7	16.2	6.2	..	..	..	..

**Note:** (1) Numbers in red italics refer to the most recent data available within two years of the year indicated.  
(2) Break in series between 1997 and 1998 due to change from International Standard Classification of Education 1976 (ISCED76) to ISCED97. For information on ISCED, see "What is this module".  
(4) \*: Data are for 2002.  
(3) \*\*: Income level classification reflects the 2002 data on per capita GNI.

<http://devdata.worldbank.org/edstats/SummaryEducationProfiles/CountryData/GetShowData.asp?sCtry=THA,Thailand>

**Figure 5.5 Percentage Distribution of Educational Budget by Function: Fiscal Year 2004**



*Source: Bureau of the Budget.*

---

## **Annex 2: List of research projects implemented by the Faculty of Nursing, Chiang Mai University, Thailand.**

1. HIV Prevention among Thai Adolescents Males: A School Based Peer Assisted Program
2. HIV/AIDS Prevention and Care for Adolescent School Children
3. HIV/AIDS Prevention and Care for Youth and Adults in Thailand
4. Problems, Needs, and Community-based Support for People Living with HIV/AIDS in the Upper Northern Region of Thailand: The Current Situation
5. Training Teachers and School Children for HIV/AIDS Prevention and Care in Chiang Mai Province
6. Literature Review on AIDS in Thailand: 1998-2004
7. The presenting of AIDS information through the mass media
8. Evaluation of an emerging AIDS Control and Prevention Project in Sunpatong and Doitao Districts, Chiang Mai Province
9. Comparison of Tension Level and Tension Release Methods for PLHA who are Symptomatic and Asymptomatic, Outpatient Clinic by Family Medicines Department, Faculty of Medicines, Chiang Mai University
10. Reducing Dropouts and Increasing Adherence Rates among PLHA on HAART in Northern Thailand
11. Community Participation on HIV Prevention and Support to PLHA and their Families
12. Community Participation on HIV Prevention and Care for PLHA in Moo 12, Tambon Wang Tan, Sarapee District, Chiang Mai Province
13. Health Care Services, Counselling and Social Support for HIV Prevention in Families and Communities in Moo 4, Tambon Ban Thi, Ban Thi District, Lamphoon Province
14. Teaching Physical Education for HIV/AIDS Prevention for Adolescents in Slum within Chiang Mai City
15. Quality of Life of PLHA
16. Needs of Parents when they Learn that their Children are HIV positive
17. Knowledge of HIV Prevention among Family Members of PLHA
18. Knowledge, Attitudes and Behaviour of Registered Nurses in Hospitals in the Upper North of Thailand Concerning HIV/AIDS Universal Precaution
19. Quality of Life of PLHA and People Affected by HIV/AIDS
20. Evaluation of the Monitoring System for the Project Providing Complete and Continuous Care for PLHA
21. Health Sciences Students' HIV/AIDS Attitudes and Risk Behaviours: Chiang Mai University
22. Parental Roles of Caring Children Affected by HIV/AIDS
23. A Comparison of Behaviour and HIV Risk Factors for Male Students from Two Universities before and after Entrance Examination: Case Study in Chiang Mai
24. A Randomized Trial to Evaluate the Effectiveness of Antiretroviral Therapy, Plus HIV Primary Care versus HIV Primary Care Alone to Prevent Heterosexual Transmission of HIV-1 in Sero-discordant Couples

- 
25. A Study of Attitudes and Opinions of Medical Staff towards Patients Infected with HIV/AIDS
  26. Attitudes towards Sexual Behaviour and Internal Locus of Control of High School Students
  27. Child-rearing Practices among Primary Caregivers of HIV Infected Infants and Preschool Children in Chiang Mai
  28. Community Empowerment in Enhancing Care for People Living with HIV/AIDS in Northern Thailand
  29. Community Involvement in HIV/AIDS Health Promotion, Prevention and Care
  30. Community Counselling and Social Services for HIV/AIDS Prevention and Care in Chiang Mai province
  31. Culture, HIV/AIDS Knowledge and Risk Behaviours among Highland Minority Groups in Thailand
  32. Developing Individual, Family and Community Coping Strategies for When People Die of AIDS
  33. Developing a Network of Care for People Infected with and Affected by HIV and AIDS in Upper Northern Thailand
  34. Developing Family Members Caring of Oral Candidiasis Infection among Persons with HIV
  35. Effect of Comic Books on Knowledge and Attitudes of AIDS among Children with HIV Infected Parents
  36. Effect of HIV Antibody Testing on Sexual Behaviours of Thai Males
  37. Effects of Education and Symbolic Modelling on Knowledge and Practice of Caregivers in Preventing Infections among Hospitalized HIV Infected Children
  38. Empowering People Living with HIV and AIDS in Upper Northern Thailand
  39. Enhancing Care Initiative for People Infected with and Affected by HIV/AIDS in Northern Thailand
  40. Enhancing Care Initiative for People Living with HIV and AIDS through Community-based Organizations in Northern Thailand
  41. Exploration of Safe Sex Practice for HIV Prevention among Rural Thai Women in Northern Thailand: Comparing 1993 and 2003
  42. Factors Affecting HIV Heterosexual Transmission in Northern Thailand
  43. Factors Influencing Marital Stability among HIV Discordant Couples in Northern Thailand
  44. HIV Risk Prevention among Married Villagers in Northern Thailand: An Experimental Study
  45. HIV/AIDS Prevention, Counselling and Care for Families and Communities with PLHA
  46. HIV/AIDS Prevention for Adolescent Students
  47. HIV Prevention for Academic Staff and Students of the Faculty of Nursing, Chiang Mai University
  48. Model Network for Student Peer Leaders to Reduce HIV Risk Behaviours
  49. Perception of Illness and Hospitalization among School-aged Children
  50. Perceptions of Illness among HIV Infected Children after Story Telling with a Comic Book

- 
51. Prevention and Care for HIV/AIDS: Community Counselling and Social Services at Tambol Banthi, Banthi District, Lampoon Province
  52. Preventing and Reducing the Impact on Children of Having Infected Parents: Participatory Approach
  53. Promoting Human Rights among People Living with HIV/AIDS in Northern Thailand
  54. Roles of Academic Institution in Enhancing Care for People Living with HIV and AIDS in Northern Thailand
  55. Safety and Immunogenicity of Combinations of Recombinant Subtype E and B Human Immunodeficiency Virus Type 1 Envelop Glycoprotein, 120 Vaccines in Healthy Thai Adults
  56. HIV Sexual Risk Behaviours of Youth Injecting Drugs and Not-injecting Drugs
  57. Coping with Stress and Providing Spiritual Care for Persons Living with AIDS
  58. Temporal Trends in HIV Infection Rates in Young Adult Men in Northern Thailand
  59. HIV Training for Adolescent School Children in Chiang Mai Province
  60. Young Family and Community Development
  61. The Impact of HIV/AIDS on Older Persons in Northern Thailand
  62. Prevention and Reduction of HIV among Young People in School
  63. Supporting Systems for HIV/AIDS Orphans and Vulnerable Children in Northern Thailand: Situation Analysis

## Annex 3: List of persons interviewed

NAME	POISITION/ ADDRESS	EMAIL
<i>Face-to-Face interview/ Interview/ Small Group Interview</i>		
Prof Dr Pongsak Angkasith	<b>President</b> Chiang Mai University 110 Inthawarorots Road, Tambol Sripoom, Muang, Chiang Mai 50202	<a href="mailto:president@chiangmai.ac.th">president@chiangmai.ac.th</a>
Prof Dr Supot Wudhikarn	<b>Dean</b> Faculty of Medicines, Chiang Mai University	<a href="mailto:deanmed@mail.med.cmu.ac.th">deanmed@mail.med.cmu.ac.th</a>
Dr Kasem Uttawichai	<b>Chairman Department of Family Medicines</b> Faculty of Medicines, Chiang Mai University	<a href="mailto:kuttawic@mail.med.cmu.ac.th">kuttawic@mail.med.cmu.ac.th</a>
Dr Ratana Panpanich	<b>Department Head</b> Faculty of Medicines, Chiang Mai University	<a href="mailto:rpanpani@mail.med.cmu.ac.th">rpanpani@mail.med.cmu.ac.th</a>
Dr Chairat Kunaviktikul	<b>Department Head, OB-GYN</b> Faculty of Medicines, Chiang Mai University	<a href="mailto:chairat@mail.med.cmu.ac.th">chairat@mail.med.cmu.ac.th</a>
Dr Kriangkrai Sritanawibulchai	Department of Community Medicines Faculty of Medicines, Chiang Mai University	<a href="mailto:ksritana@med.cmu.ac.th">ksritana@med.cmu.ac.th</a>
Assoc Prof Aurawan Titwan	<b>Dean</b> Faculty of Pharmacy, Chiang Mai University	<a href="mailto:aurawan@pharmacy.cmu.ac.th">aurawan@pharmacy.cmu.ac.th</a>
Assoc Prof Porntip Chuamanochan	<b>Associate Dean for Academic Network</b> Faculty of Pharmacy, Chiang Mai University	<a href="mailto:porntip@pharmacy@cmu.ac.th">porntip@pharmacy@cmu.ac.th</a> ; <a href="mailto:pmpti010@chiangmai.ac.th">pmpti010@chiangmai.ac.th</a>
Prof Dr Ratanawadee Chontawan	<b>Director</b> Faculty of Nursing, Chiang Mai University	<a href="mailto:ratanawa@chiangmai.ac.th">ratanawa@chiangmai.ac.th</a>
Dr Wipada Kunaviktikul	<b>Dean</b> Faculty of Nursing, Chiang Mai University	<a href="mailto:wipada@mail.nurse.cmu.ac.th">wipada@mail.nurse.cmu.ac.th</a> <a href="mailto:nsadi001@chiangmai.ac.th">nsadi001@chiangmai.ac.th</a>
Assoc Prof Dr Areewan Klunklin	<b>Associate Dean</b> Faculty of Nursing, Chiang Mai University	<a href="mailto:areewan@mail.nurse.cmu.ac.th">areewan@mail.nurse.cmu.ac.th</a>
Dr. Suwat Chariyalertsak	<b>Deputy Director</b> Research Institute for Health Sciences, Chiang Mai University	<a href="mailto:schariya@mail.med.cmu.ac.th">schariya@mail.med.cmu.ac.th</a>
Dr Usa Duangsaa	<b>Coordinator</b> AIDS Education Programme. Faculty of Education, Chiang Mai University,	<a href="mailto:duangsaa@loxinfo.co.th">duangsaa@loxinfo.co.th</a>
Assoc Prof Thanaruk Suwanprapisa	<b>Assistant President for Student Development and Alumni Affairs</b> Chiang Mai University	<a href="mailto:apsd@chiangmai.ac.th">apsd@chiangmai.ac.th</a>
Prof Dr Thira Sirisanthana	<b>Director</b> Research Institute for Health Sciences, Chiang Mai University	<a href="mailto:ssirisan@mail.med.cmu.ac.th">ssirisan@mail.med.cmu.ac.th</a>
Dr Jaron Kittiwuthikarn	<b>Psychiatrist</b> Chiang Mai Neurological Hospital (Home) 22 Soi Plubplueng, Hany Kaew Road, Muang, Chiang Mai 50300	-
Dr Chayan Vaddhanaphuti	<b>Social Scientist, Anthropologist</b> 78 Moo 10 Tambol Suthep, Muang, Chiang Mai 50200	<a href="mailto:ethnet@chmai.loxinfo.co.th">ethnet@chmai.loxinfo.co.th</a>
Dr Anuchart Matanasarawoot	<b>Manager and Family Physician</b> American International Assurance Co.,LTD. Nakornchiangmai 19 14/9 Rajchiangsan Soi 2A, Chiang Mai 50100	<a href="mailto:dranuchart@yahoo.com">dranuchart@yahoo.com</a>
Dr Somchai Sriplienchan	<b>Country Director</b> Family Health International 19 <sup>th</sup> Floor, Tower 3, Sindhorn Building 130-132 Wireless Road Kwaeng Lumpini, Khet Phatumwan Bangkok 10330 Thailand	<a href="mailto:somchai@fhibkk.org">somchai@fhibkk.org</a>

### Annex 3: List of persons interviewed (Cont.)

NAME	POSITION/ ADDRESS	EMAIL
<i>Telephone interview</i>		
Ms Farida Langkafah	<b>Program manager</b> HIV/AIDS Programme Project HOPE Thailand, 248/28 Maneenopparat Rd.,T. Sriphum A. Muang, Chiang Mai 50200	<a href="mailto:hopethaiaids@cs.loxinfo.com">hopethaiaids@cs.loxinfo.com</a>
Ms Jintana Hemnanond	Assistant Project Manager HIV/AIDS Programme Project HOPE Thailand	<a href="mailto:hopethaiaids@cs.loxinfo.com">hopethaiaids@cs.loxinfo.com</a>
Dr Prasit Leepreecha	<b>Chief</b> Ethnicities and Development unit, Social Research Institute, Chiang Mai University	<a href="mailto:leesia@chiangmai.ac.th">leesia@chiangmai.ac.th</a>
Dr Kriengsak Jitwatcharanon	<b>The Director</b> STIs and HIV/AIDS Center, The Communicable Disease Control Region 10, Provincial Health Office, Chiang Mai 50200	-