IATT Case Study Review - THAILAND

Country Visit Aide *Memoire* – May 2007

FINAL VERSION

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1 Introduction

This *aide memoire* presents the results of a country case study of Thailand which took place in the context of a four-country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Thailand, as well as the IATT on Education with a preliminary summary of findings. This report will serve as a basis for further discussion and the finalization of the '*aide memoire*'. The results of this discussion will then be incorporated in the final overall report on the four countries which will be available mid-2007.

The assignment was carried out by Dr. Muriel Visser-Valfrey (international consultant) and by Ms. Tutiya Buabuttra (local consultant based in Bangkok) between April 29th and May 4th, 2007. During the one-week review period the consultants met with representatives from government, cooperation agencies, the private sector and civil society that are involved in the response to HIV&AIDS in education. A planned visit to a school in Bangkok for discussions with teachers and students could not take place because of school holidays. **Annex 1** provides the schedule of meetings and **Annex 2** the list of people interviewed.

The consultants would like to express their deep appreciation to all the partners contacted for the time spent with the case study team, and in particular for the open and constructive manner in which all participated in the dialogue. The consultants would also like to thank the UNESCO Office in Thailand for its support to the preparation and implementation of the study and the IATT Secretariat in Paris for its help with the overall organization of this exercise.

2 Background and purpose

The UNAIDS Inter-Agency Task Team (IATT) on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The IATT brings together UNAIDS co-sponsors, bilateral agencies, private donors, and civil society organizations and aims at:

- Accelerating and improving the education sector response to HIV&AIDS by promoting and supporting good practices in the education sector, *and*
- Encouraging alignment and harmonization within and across agencies to support global and country level actions.

This purpose of this case study is to assess the quality and effectiveness of collaboration among partners based on case studies in Jamaica, Kenya, Zambia and Thailand, with a view of improving coordination across agencies to support country level and global actions. Specifically the case study exercise seeks to:

- Document how external partners coordinate and harmonize their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV&AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

3 Methodology

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS. In each country the study seeks to interview stakeholders from the Ministry of Education (MOE) and relevant other ministries, cooperation agencies (multilateral and bilateral), the National AIDS Committees, civil society groups, teachers' unions, private sector and representatives of HIV-positive networks. The findings of the study are limited by the short duration of time in country which affected the extent to which the full range of country stakeholders could be adequately consulted.

To guide the work, six key research questions were formulated (see text box) which guided semi-structured interviews with the partners. In addition the consultants reviewed key documents and visited local education facilities. The sample questionnaire can be found in **Annex 3**.

Key questions:
- ✓ What have been the critical achievements in the response to HIV&AIDS in education? What gaps exist and how could these be overcome?
- ✓ What arrangements for coordination among partners working on HIV&AIDS and education exist, how have these evolved and how effective are these?
- ✓ What specific efforts have been made at harmonization and alignment and what remains to be done?
- ✓ What arrangements for information sharing on HIV&AIDS and education exist?
- ✓ What resources have played a critical role in success achieved so far and why?
- ✓ How are outputs, outcomes and impact being monitored and fed back into decision-making?

4 Brief outline of the country and sector

Thailand made important progress in addressing HIV through an early and massive public effort which focused on promoting condom use, on reducing STIs and on working with populations at risk. As a result the infection rate dropped from 143,000 in 1994 to 19,500 in 2004 (MoPH, 2004). Cumulatively there have been over one million HIV cases in Thailand since the early nineties, under half of whom have died. Today the estimated adult HIV prevalence is 1.4% (UNAIDS, December 2006), with HIV still affecting twice as many men as women.

The case of Thailand highlights, however, that policy and commitment needs to be sustained, closely monitored and innovated over time to match the changing patterns of the disease and to ensure that achievements are not put at risk. There are worrying indications that the epidemic is spreading again with a large percentage of new HIV infections occurring in people formerly considered to be at low risk. Thus approximately one third of new infections in 2005 were among married women who were probably infected by their spouses, and in recent years HIV has spread the fastest among young people - prevalence among those aged 22 and younger has increased from 11% in 2002 to 17% in 2003 (MoPH, 2004). Other challenges for Thailand include the decrease in condom use (also among sex workers), patchy prevention efforts due to insufficient and inconsistent funding, continued high risk of HIV infection among men who have sex with men (where prevalence levels have increased from 17% in 2003 to 28% in 2005), and a lack of focus and of strong political commitment to prevention. Overall, in spite of

progress, with more than one in every hundred adults infected with HIV, AIDS is fast becoming a leading cause of death.

The education sector response in Thailand is widely quoted as lagging behind the overall response. Various studies show that in spite of the introduction of sex education in schools over twenty years ago many teachers find it difficult to talk to students about sex. Denial of the importance of HIV continues to be an issue among middle to senior level policy makers and affects the response among non-health sectors. Many teachers and managers in the education system believe that talking about sex to young people will incite them to become sexually active. There are, however, a number of promising pilot experiences on-going at present which could provide a break-through if taken on board on a national scale. And there are tentative indications that at some levels of the education system selected managers are becoming more committed to scaling up the response.

Government funding – which increased from 1.44 to 1.6 billion baht per year between 1999 to 2005 - has been impressive and has clearly contributed to the gains. However, by far the largest share of the budget (75%) goes to the financing of treatment and care with only 15% of the budget being allocated to prevention activities such as public information, condom promotion, prevention of mother-to-child transmission (excluding ARVs) and other community activities. In the education sector, a recent study of financing for HIV&AIDS also concluded that there has been a decrease in funding for HIV and AIDS prevention through education between 2004 and 2006. The study also confirmed findings by the National AIDS Account (NAA) that Thailand has substantially lower levels of spending on prevention compared with other similar countries in Africa and Central America. The changing nature of the epidemic in Thailand and the substantial burden of providing AIDS medication to those who are HIV positive underscore the importance of ensuring that funding is channelled to prevention efforts in the coming years.

5 Interim findings and conclusions

This section presents the findings and emerging conclusions with respect to the main areas covered by this case study.

5.1 Achievements and Gaps

Key question: What have been the critical achievements in the response to HIV&AIDS in education? What gaps exist and how could these be overcome?

The responses from stakeholders underscore that Thailand made significant and internationally recognized progress in addressing HIV and AIDS early on in the epidemic. Stakeholders interviewed in the context of this case study highlighted the important high level commitment through the establishment of National AIDS Council, the creation of provincial and sub-district level committees, the leadership of the Ministry of Public Health (MoPH), and the involvement of both local and international NGOs.

The education sector has been less active in its response and has concentrated mainly around the strengthening of the existing (non-compulsory) sexuality education curriculum. However there are a number of recent developments which may be indicative of an emerging commitment to move further. These developments are highlighted below. 2007 is also the first year in which – under the decentralization process – funds are available directly to the districts for implementation, although it has been hard to ensure that at local level HIV prevention gets priority funding as political pressure is to use the funding for more immediately visible results.

ACHIEVEMENTS

- Early public response to HIV&AIDS, which was mostly driven by the health sector, but also involved key sectors such as tourism, labour and the private sector.
- Increased and high levels of access to ARTs, with very high adherence rates.
- Generally high levels of knowledge about HIV&AIDS among young people, although misconceptions continue to exist and not all young people are aware of the main prevention methods.
- Existence within the MoE of a key group of education specialists for guidance and counseling who are, among other issues, responsible for HIV&AIDS.
- Encouragement of schools and institutes by the MoE to apply a comprehensive sexuality education curriculum as an extra-curricular activity. This curriculum has been introduced in 51 pilot schools since 2005 and is planned to be scaled up to 5,000 schools in 2007. The curriculum aims to equip students with life skills, and to develop students' ability, values and moral framework to guide their decisions, behaviors, and judgments in healthy and safe ways. The MoE also supports an advising and counseling system for all schools.

Extensive revision by the MoE of HIV&AIDS and sex education manuals for teachers from grades 1 through to 12 (four manuals in total covering different grade levels) with age-appropriate focus and content.

- Development of other locally appropriate materials for training and support of teachers by a variety of NGOs and other partners, and a generally high level of involvement of NGOs in education and community prevention activities.
- Introduction of HIV&AIDS and sex education as a compulsory subject in over half of the vocational education institutions.
- Selective training of teachers in sex education, including HIV&AIDS.

GAPS/CHALLENGES

- Prevention in general has lost its significance within the response. There is a need for advocacy for behavior change and preventive action to accelerate funding. Current practice shows only around 15% of the total HIV&AIDS budget is allocated to HIV&AIDS prevention, which is insufficient for national implementation.
- In spite of the reduction in HIV prevalence, substantial levels of stigma and discrimination continue to exist.
- There is not sufficient recognition or support by other sectors of the role for education in HIV&AIDS prevention.
- The MoE in-principle policy commitment to sexuality education (which includes HIV&AIDS) is not supported by all, and resistance persists among some middle and senior level administrators in giving priority to these topics.
- HIV&AIDS has the status of a special project and is not mainstreamed in the overall education response.
- Students do not gain any credit or take examinations related to HIV&AIDS and sexuality education. Teachers do not get specific credit for taking on this difficult topic. The MoE does not have dedicated staff for HIV&AIDS.
- There is no specific strategy or workplace policy on HIV&AIDS for the education sector. The education response, where recognized, is largely limited to a curriculum response focusing on young people and does not take into account the need for a comprehensive framework which offers both protection and support for young people and employees. Teachers and other employees are largely believed to be not at risk even though in the coming years the system will take in a large number of younger teachers as the older cohort retires.
- Coordination on issues of HIV&AIDS and education is still weak both within the MoE and among the partners providing support. It is mostly informal in nature and there is a substantial amount of duplication, for example, in the development of multiple training resources and methodologies for teachers.
- The limited capacity/authority and the lack of clear roles & responsibilities of human resources at provincial level lead to a lack of readiness for HIV&AIDS implementation. Frequent changes in key policy makers/ministers have interrupted activities in key areas including development of learning materials, teacher training, and monitoring and evaluation.
- The content of school curriculum is mainly on human reproductive development and hygiene care, but not on the specific sexual practices and wider social issues that students are interested in. The curriculum does not equip students with analytical skills for self-protection from HIV infection. Participatory approaches through child-centered learning have not been fully drawn into practice in Thailand.
- Activities, curriculum, handbooks are developed based on different positions and attitudes ranging from a focus on promoting abstinence and monogamous marriage to a more liberal and pragmatic approaches of respecting individuals' freedom by providing detailed information and choices for safer sex. Coupled with the lack of good understanding and training among teachers due to the complexity of HIV&AIDS education, the resulting implementation is confusing and largely ineffective.
- Large numbers of teachers have not yet been trained and are not receiving support in the implementation of the sexuality education curriculum, and many lack supplementary IEC materials. Many teachers feel uncomfortable delivering sex education and curricula/content end up being modified.
- Research related to HIV&AIDS education especially for Thailand has not been emphasized. There is a lack of evidence for further study (including gender sensitive data) and planning. Systematic needs assessments and baseline studies are not carried out and monitoring and evaluation systems are largely absent. This makes it difficult to assess effectiveness of the programs and initiatives.
- The decentralization of funding to local levels has resulted in decreased funding to HIV&AIDS education because of lack of awareness of the importance of HIV prevention.
- Involvement of parents and communities in education and prevention is still weak.

5.2 Coordination

✓ Key questions: What arrangements for coordination among partners working on HIV&AIDS and education are in place? How have these evolved? And how effective are these?

The review examined the coordination of the response within the education sector and how it is linked to the national response. The following arrangements were highlighted by the stakeholders interviewed in the course of this study:

- ✓ The overall HIV&AIDS response is overseen by the National AIDS Council situated within the Office of the Prime Minister and chaired by the Prime Minister. The MoPH takes the lead for the HIV&AIDS response in the country in terms of budget and initiatives. The MoE is one of the key partner ministries.
- ✓ Steering committees (6) have been set up as a forum for stakeholders to participate and discuss on emerging issues for each target group, i.e. men who have sex with men (MSM), intravenous drug users (IDUs), parent-to-child, teenager, heterosexual, and homosexual groups. These meetings are called on a non-regular basis and chaired by MoPH.
- ✓ A national AIDS Agenda conference is organized annually to discuss HIV&AIDS issues among stakeholders. This year the government proposes to have an integrated national HIV&AIDS implementation plan for NGOs and the Government. Other formal coordination structures are in the form of national, provincial and ministerial committees.
- ✓ Select sub-groups of NGOs meet frequently for coordination purposes around specific activities.
- ✓ At national level the UN theme group on HIV&AIDS coordinates the UN response under UNDAF. Education is discussed when relevant in this meeting.
- ✓ Within the MoE HIV&AIDS is coordinated as part of the sexuality education program which involves a structured mechanism that brings together the various units of the ministry that contribute to this response.
- ✓ UNESCO is currently working on plans to assist the MoE in establishing an HIV&AIDS Education committee with representatives from each office of the MoE.

In spite of the existence of these structures, the absence of effective coordination mechanisms was widely acknowledged by the various parties interviewed to be a significant barrier to effective implementation by the stakeholders interviewed during the study.

Key challenges that emerged during the interviews in the area of coordination include the following:

- Provision of technical support and sufficiently senior coordination by the MoPH to the various steering committees that exist under the national HIV&AIDS effort. The MoPH has had difficulty providing sufficient input into the various groups.
- Finding ways to ensure that other stakeholders are sensitized to the key role of the education sector in the HIV&AIDS response and for ensuring that HIV&AIDS and education are consistently part of the discussions in national inter-sectoral fora such as the UN Theme Group on HIV&AIDS and the National Steering Committee.
- Developing sufficient in-house technical expertise and ensuring an adequate budget allocation by the MoE (and by local government) to effectively mainstream the education and HIV&AIDS response and to enhance coordination throughout the country.
- Developing a comprehensive approach to education and HIV&AIDS (beyond the current focus on curriculum only) and a comprehensive plan which could guide planning by all partners and would provide a framework for coordination and monitoring efforts. At present various stakeholders have been implementing projects with identical target groups without consistent coordination among themselves.
- Communicating and clarifying the policy on sexuality education and HIV&AIDS ensuring that it is clear which direction the government would like to pursue in term of HIV&AIDS response through education and ensuring accountability on this. Mainstreaming of HIV&AIDS needs policy and political commitment, a single message, comprehensive guidance, and coordination among partners in order to enable clear understanding and efficient implementation.
- Identifying key entry points and areas where cooperation partners can help the MoE in strengthening its response to HIV&AIDS through education. Given Thailand's position on aid,

cooperation partners do not operate country specific programs, only regional initiatives. It has been hard for cooperation partners to carve out a specific "niche/contribution" in a context where aid represents a very small portion of funds and where the role of cooperation partners is diminishing and there has been no common agenda of agencies with respect to HIV&AIDS and education.

- Developing formal structures for coordination of the HIV&AIDS and education response within the MoE and within cooperation agencies themselves in order to ensure that the efforts that are undertaken cover the range of activities that are necessary, to build capacity and to share technical expertise among partners. There was a strong call among partners interviewed for one of the key agencies to take a leadership role in this respect. Generally, implementation within the country is fragmented according to donor focus and the mandate of each agency. Coordination among NGOs has focused at the level of specific activities and does not comprehensively cover all partners. There are no clear and structured linkages with other stakeholders in the education and HIV&AIDS response.

Joint planning and improved coordination were cited as particularly important in ensuring all priority areas are adequately covered and funded and to allow for partners to move forward on harmonization and alignment. Only limited progress has been made in this respect.

In summary: Coordination of the education response to HIV&AIDS has existed within the MoE among the different units that are concerned with the implementation of the sexuality education curriculum. However, this coordination has not been guided by a specific policy in this area or by comprehensive planning aimed at addressing HIV&AIDS education. Structures for coordinating the MoE efforts with external partners (CPs and NGOs) have been largely informal and there is evidence of duplication of efforts, for example in the development of resources for training. Not every stakeholder has access, has been interested to participating, or been informed about the coordination efforts.

5.3 Harmonization and Alignment

✓ Key question: What specific efforts have been made at harmonization and alignment And what remains to be done?

Stakeholders expressed the opinion that although some progress has been made, overall efforts at harmonization and alignment in the HIV&AIDS response are still very much incipient – in part as a result of the weak and not always sufficiently interlinked coordination structures. Government has made progress towards harmonization and alignment with NGOs and other stakeholders in the education response by inviting NGOs to integrate their implementation plan with the national AIDS plan. This will take place this year (2007) and could be critical for ensuring better alignment of partner activities with national priorities.

In the education sector, different approaches to teacher training on issues such as HIV&AIDS and sex education continue to be developed side by side and are indicative of the weak coordination and lack of progress on harmonization and alignment. There has been little strategic thinking around the scope, opportunities and challenges within the overall education response and therefore also little work on harmonization. Funding for HIV&AIDS activities within the education sector has followed the 'traditional' project approach and no examples were found of agencies moving beyond consultation and sharing of information to joint reporting, pooled funding and other areas of harmonization. Much of the funding is channeled to NGOs. The incentive to move more aggressively to promote better harmonization has been largely absent given the small scale of external funding compared to the overall response and the government's desire to reduce aid dependency. Consistent leadership within the country is needed to raise awareness, create priority among stakeholders, to develop a coordinated response, to maintain harmonization and alignment, and negotiate funding with donors. This is especially critical in the non-health sectors, including education.

In summary: Leadership within the country is cited by stakeholders as a requirement to enable a comprehensive response and to developing effective mechanism in term of pooling resources and developing common frameworks for implementation. Very little progress has been made towards harmonization and alignment within the education sector where most of the externally financed activities continue to be project driven and implemented by NGOs.

5.4 *Key resources and information sharing*

✓ Key question: What arrangements for information sharing on HIV&AIDS and education exist?
✓ Key question: What resources have played a critical role in success achieved so far and why?

Information sharing among partners in the national response and in the education sector takes place in a number of ways:

- ✓ Joint United Nations Programme on HIV&AIDS has pulled together UN agencies, bilateral, multi-lateral agencies to bring efforts and resources to the global/regional AIDS response.
- ✓ The Annual National AIDS Agenda has provided an opportunity to bring together all stakeholders for discussion on national HIV&AIDS issues and is used as an opportunity for sharing resources.
- ✓ Formal national, provincial, and sub-district committee meetings have been in place to mainstream the response in general and have helped in information dissemination.
- ✓ Steering committee meetings under the national AIDS response on occasion discuss specific issues and share relevant documents, reports and studies.
- ✓ Research, consultancy reports and other emerging resources are circulated via e-mail among sub-groups of partners but there is no formal system for doing this and no structured dialogue around what it being shared.

The persons interviewed during the review were generally of the opinion that information sharing was mostly informal and restricted to sub-groups/sub-fora. They expressed a concern that while a certain amount of information is being produced:

- ✓ Dissemination and integration of information into decisions making processes is not consistent and not adequately followed through. For example, the few research studies that are being produced which provide important pointers towards the need for changes in policy and practice – including for a greater focus on prevention efforts and for frank and open approaches to sexuality education – are not feeding into processes of decision making at national and sector level.
- ✓ Dissemination tends to be limited to select groups of stakeholders. Reports are often not produced in formats that facilitate distribution and use, and language continues to be an important barrier to the use of published reports.
- ✓ Although information on good practices has been collected and shared, there is no technical guidance or capacity building provided to the recipients on how to use or implement these good practices.

Key resources for the response ...

- The sex education curriculum developed by PATH
- The financial resources provided by the Global Fund
- The curriculum and materials developed by PPAT and PATH and which are used by Plan International Thailand
- The interactive computer based materials developed by WPF on sexual education
- The monitoring and evaluation system of PATH and Child Watch
- World AIDS Day – activities and media power
- Condoms
- Involvement of key stakeholders in the country
- MoE policy on sex education as an entry point to discussing HIV and AIDS
- National AIDS Agenda
- UNESCO Clearing House
- UNAIDS list serve
- Community involvement

- ✓ There have been few opportunities for thematic discussions around key issues affecting the education response – in part because of weak coordination structures and lack of leadership by the MoE on this particular topic.
- ✓ Some key resources, such as the education policy on sexuality education and HIV&AIDS, have not been sufficiently disseminated and their implementation is not being monitored. As a result key stakeholders – especially at decentralized levels – are not aware of or held accountable for implementation.
- ✓ Many teachers still feel that the resources they are provided with are not adequate to allow them to deal with issues that are complex and difficult to talk about, and that they do not get sufficient information and support in working on the more complex areas of attitude and behavior change.

A number of persons interviewed mentioned resources produced by the IATT. Although these were generally seen as useful, it was pointed out that they lack successful dissemination and support strategies and that the publications do tend to focus on an African/high prevalence setting. Interviewees also highlighted that the IATT should focus more strongly on initiating/providing support to/effectively disseminating high quality research which would provide support for the role of education within the overall response and provide indicators on how to effectively move forward the response.

In summary: Although some resources are developed and are being used in the country there is no formal actionable plan for information sharing, for dissemination of resources and for support to the use and implementation of recommendations emerging from these studies.

5.5 Monitoring, evaluation and feed back into decision-making

✓ Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

Outputs, outcomes and impact are being monitored at the level of individual projects. The focus is mainly on quantitative indicators of success (e.g. numbers of participants). This data is fed back to decision making in the context of individual projects, but it is not always possible to take action because of limited time-frames of projects. There is little feedback of emerging information into more comprehensive decision-making processes at national level. In many cases, baselines are not being established so that it is difficult to assess whether interventions are critically producing an impact.

In principle the performance of all Ministries is assessed on compliance with targets against agreed upon indicators, however it is unclear to what extent this includes progress on HIV&AIDS by the MoE. The MoE has data on some basic progress and output indicators, e.g. numbers of teachers trained but this does not include the full range of NGO activities and is therefore not complete. Data collection for the MoE as a whole does not include specific indicators on HIV&AIDS. There is not much clarity as to how the impact of key areas of the education response – such as through the sexuality education curriculum – will be measured over time. The lack of monitoring and evaluation and of discussion around approaches from Thailand and elsewhere has contributed to some confusion around which approach works best for the Thai context and in general the role that education can play in HIV&AIDS prevention and mitigation. Overall there is a perception among education managers that teachers and other employees are not at any significant risk from getting infected by HIV.

The UNPAF 2007-2011 has identified key indicators of impact. However the focus is mainly on promotion of life skills education and the broader curriculum approach which are monitored against the UNGASS indicator 11 on life skills. Other key elements of the response such as support to learners and employees are not monitored at the UNGASS 'outcome' level and – as was seen above – are also not a consistent part of the approach. A major constraint in the area of monitoring and evaluation is that local and international stakeholders have limited channels of communication with the MoE, as well as limited financial and technical resources and do not put sufficient emphasis on this area of project/programme implementation.

There have been some interesting efforts to do research, for example, into perceptions and attitudes towards sexuality and sexuality education and in the area of financing for HIV&AIDS within education but in the absence of good coordination and feedback structures the impact of such studies is limited and does not have any substantial impact on decision-making by the Ministry of Education. There is no priority research agenda on HIV&AIDS which could guide further development.

Recent developments, however, are expected to go some way to generating stronger monitoring and evaluation mechanisms and are indicative of a greater commitment to this area. Thus the MoE was to call a meeting in May to set criteria for progress measurement and to develop a monitoring and evaluation tool, with the assistance of an international agency like UNESCO in the later stage. However, there is a clear need for high quality technical assistance to the MoE in this area.

In summary: Monitoring and evaluation is fragmented and limited to specific initiatives/projects. There is at present no system in place for comprehensively assessing the impact of actions undertaken, or of the disease on the education system. There is no systematic evidence that results of monitoring and evaluation are being translated into policy discussion or into implications for planning and implementation, except at the level of individual projects.

6 Observations and emerging recommendations

The interviews conducted in the context of this review have highlighted areas of progress as well as critical gaps in the response. In that context, the case study looked in particular at issues related to coordination, harmonization and alignment, as well as at information sharing and monitoring and evaluation and how this feeds back to decision-making. Based on this analysis, the consultants are putting forward a number of observations and tentative recommendations for the education response in

general[1], and for the cooperation partners and the IATT in particular. These are summarized below to stimulate discussion.

6.1 For the Education Sector

The education sector response to HIV&AIDS needs urgent attention. Work is on-going to improve the response. In light of on-going concerns and efforts we suggest stakeholders to the sector consider the following:

1. Develop a medium term policy and plan (suggested time-line five years), with priority strategies, for addressing HIV&AIDS through the education sector. There is a clear need for a more comprehensive approach to HIV&AIDS in the education sector which not only encompasses a curriculum response but extends to other key areas such as the impact on teachers and employees, workplace policy, care and support to learners, among other critical areas. UNESCO's EDUCAIDS framework could be an important reference in developing this more comprehensive approach. It is critical that the strategies identified address the complex gender relations and issues that are fueling the spread of HIV&AIDS. The MoE should seek external support in developing this plan and do so in close consultation with the national AIDS response. Kenya is an interesting example in this respect.
2. Put in place mechanisms to generate greater awareness among government officials and teachers, parents, and local stakeholders about HIV&AIDS, the benefits of prevention, the role of education, and its impact on national growth in relation to human resources, economic stability, and self-sufficiency, and etc. In this context it would be very useful if the MoE did a comprehensive education impact assessment to develop a clearer understanding about how HIV&AIDS will affect the education sector in terms of its internal structures (impact on employees, etc) and its external role (provision of education to children, young people, and adults). This is particularly important given the rise in prevalence among population groups that were previously thought to be low risk (such as young people) and the high expected turnover of education staff in the coming years (with more young teachers coming into the system).
3. Establish a formal coordination structure among government agencies and NGOs, and link this explicitly and in a formalized manner with existing coordination networks so as to enhance priority setting, fund allocation, and implementation. Develop clear mechanisms for translating the HIV&AIDS program under the MoE into priorities and joint annual plans and implementation strategies.
4. Establish a secretariat office with dedicated staff and with specific responsibility within the Ministry of Education to accelerate the HIV&AIDS response in education. External technical assistance in setting up this secretariat office could be highly effective in ensuring that the structure is clearly linked and embedded within existing MoE structures, in developing clear terms of reference for functioning and in ensuring that the structures are able to optimize linkages with the overall country level HIV&AIDS response – both by government and by external partners.
5. Encourage decentralized offices and officers to initiate and take accountability over overall response processes at their level. Mechanisms must be established to motivate individuals such as integration of HIV&AIDS related responsibilities in terms of reference of key managers, career promotion, financial incentives, achievement rewards, and etc.
6. Work with external partners to develop a medium term plan which will allow for substantial scaling up and support to teacher training and which will include also training and sensitization of head teachers and middle level managers on a comprehensive approach to HIV&AIDS.
7. Develop – on the basis of a review of existing experience - guidelines for training of teachers and other staff to provide greater coherence to the multitude of approaches and materials that are now being used.

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[1] Suggestions and recommendations for the education response in general were not part of the original terms of reference for the Country Case Study Exercise. However, in all four countries, these were included at the specific request of country stakeholders to enhance the relevance of the exercise to local needs. However, given the short nature of the assignment and the limitations noted at the beginning of the report, it is important that these be seen as points which will require further discussion and reflection at country level.

8. Ensure the development of a functional M&E system for the education sector response to HIV&AIDS, with clear plans, and with monitorable indicators, and enough financial resources. Ensure that mechanisms are established so that external partners provide key data on their contribution to the education response and that it includes a comprehensive base-line against which further progress can be measured.
9. Develop mechanisms by which the MoE can tap into innovation and experimentation by NGOs and other external partners. It is critical that the MoE uses this valuable experience to inform its own policy development and decision making. This could be in the context of a coordination mechanism but also requires regular publication and dissemination of experiences, and the organization of thematic discussions in which research institutions in country (e.g. students at faculties of education) and other key actors could provide valuable inputs.
10. Develop a priority research agenda on HIV&AIDS and education and actively seek funding and technical assistance to implement this research agenda.
11. Actively explore opportunities for better linkages with the media and for greater involvement of communities and PLHA groups in the coordination of the response.

6.2 For cooperation partners

On the basis of the information and suggestions gathered during this case study we are proposing that heads of mission and agencies, as well as education sector managers, focus on the following actions:

1. Establish a thematic group on the HIV&AIDS response in education among cooperation partners and provide long-term institutional development support to MoE in key areas such as new initiatives/sexuality education, advising on international experience, facilitating collaboration between the government and its external partners, and implementation at local level where their technical expertise is available. In this context cooperation partners should actively seek out opportunities for joint planning and for pooling resources to ensure that all the critical areas in which the MoE may need support – such as technical assistance, funds for research, monitoring and evaluation – are covered. The linkages with the MoE could be greatly facilitated if the cooperation partners were to agree that one or two lead agencies (for example a multilateral agency and an NGO) could coordinate the partners and conduct the day-to-day dialogue vis-à-vis the MoE.
2. Develop a priority agenda for support to the MoE. Key areas highlighted through this case study exercise and which could form part of such a priority agenda include:
    a. Supporting MoE in enhancing its coordination structures, in linking those to the national coordination structures, and including those structures that are more broadly concerned with education and development issues.
    b. Strengthening monitoring and evaluation systems.
    c. Making available resources for high quality technical support to key areas of need indicated by the MoE, including in the fine-tuning of policy, in strategic planning and in the strengthening of coordination structures.
    d. Supporting the MoE in drawing up and implementing a priority research agenda on HIV&AIDS.
    e. Providing support to the MoE and to the Thai Government in strengthening the evidence base around the contribution of education to HIV&AIDS prevention, including by actively debating what has worked in other contexts and identifying implications for the Thai context.
    f. Promoting – or supporting the organization of - regular thematic discussions around education and HIV&AIDS at which evidence from research in Thailand and other countries could be presented and discussed.
3. Take on a clear advocacy role around the importance of education within the overall response, including among external partners to encourage the involvement of a broad range of stakeholders and ensure that funds are allocated towards this agenda.
4. Ensure programs and projects in HIV&AIDS and education have clear indicators for monitoring outputs and outcomes, as well as the necessary resources to do this monitoring and evaluation.

5. Strengthen the capacity to provide support on HIV&AIDS and education by ensuring that specialist staff is in place in the MoE to provide the necessary inputs and guidance.
6. Strengthen links between different sectors within cooperation agencies themselves - e.g. between health and education - undertake joint planning and build capacity on a comprehensive HIV&AIDS response which includes an appropriate role for education.
7. Comprehensively review the life skills and other curriculum materials and approaches used throughout the country to identify modalities and approaches and to work towards a unified approach and clear MoE guidelines.

6.3 For the UNAIDS IATT on Education

In view of the findings of this country case study we make the following preliminary recommendations to the UNAIDS IATT on Education:

1. Consider providing stronger support – directly and indirectly – to carrying out research that enhances the evidence base on the role that education can play in addressing HIV&AIDS.
2. Develop concrete strategies for the dissemination, discussion, and use of key resources at country level, ensuring that such resources are accompanied by adequate mechanisms for training and support and that they are available at decentralized levels.
3. Consider developing a guide book/resource which brings together experience on the coordination of the education sector response. This resource should critically discuss the various alternatives in terms of setting up effective coordination structures within Ministries of Education and among partners and should provide suggestions and strategies for mainstreaming the education response within the overall HIV&AIDS response at country level.
4. Develop strong advocacy strategies for the role of the education sector within the overall country level response and use these to generate stronger understanding among non education partners at country, regional and international level.
5. Support the development of expertise that is specific to the region, while building upon lessons gained from other areas of the world (Africa, the Caribbean).
6. More systematically collect and reflect upon experiences in low prevalence settings, in particular with respect to strategies for ensuring that low prevalence settings take adequate measures to keep the epidemic in check even as it changes in nature.

Appendix 1 – In country programme

Annex I: APPOINTMENTS SCHEDULED FOR INTER-AGENCY TASK TEAM (IATT) FROM 30 APRIL - 4 MAY 2007

Date	Organization	Time of Meeting	Persons Met	Telephone	E-mail	Venue
Mon 30/04/07	UNESCO Bangkok	10:00 - 11:00	Simon Baker - Chief, HIV/AIDS Coordination and School Health Unit	66 2 391 0866	sbaker@unescobkk.org	UNESCO Bangkok (Ekamai)
	Association of Promotion of Women Status	13:00 - 14:00	Maytinee Bhongsvej - Executive Director	66 2 929 2310 ext. 100	maytineeb@gmail.com	Donmuang
Tue 01/05/07	UNAIDS Thailand	09:00 - 10:00	Patrick Brenny - UNAIDS Country Coordinator	66 2 288 2599; 280 1755	Patrick.Brenny@un.or.th	UN Building, 12th floor
			Sabrina Camp - Intern	66 2 288 2599; 280 1755	Sabrina.Camp@un.or.th	UN Building, 12th floor
	UNICEF Thailand	10:30 - 11:30	Nonglak Boonyabuddhi - Project Officer HIV/AIDS	66 2 356 9212; 280 5931	nboonyabuddhi@unicef.org	UNICEF Thailand
	National Thai Teacher Unions	14:30 - 15:30	Dr. Boonsun Sanbore - Member/Representative to Education International	66 81 992 0923		Telephone interview to Prae province (north of Thailand)
Wed 02/05/07	General Motors Thailand	11:00 - 11:20	Suthirak ?? - Senior Safety Engineer and HIV/AIDS Coordinator	66 38 667 037		Telephone interview to GM's plant in Rayong province
	Ministry of Education	15:00 - 16:00	Dr. Somkiet Chobpol - Deputy Secretary General (OBEC)	66 2 288 5859		Ministry of Education
			Dr. Benjalug Namfa - Director, Bureau of Educational Innovation Development	66 2 288 5878-9	benjalug@obec.go.th; benjalug@hotmail.com	
			Thanima Charoensuk - Chief of Guidance Unit	66 2 288 5753		
			Dr.Saipan Sripongpankuk - Guidance Unit, Educational Official of the Bureau of Academic Affairs and Educational Standards	66 2 288 5751	saipans@hotmail.com	
			Dr. Pimpimon Thongthien - Bureau of Educational Innovation Development	66 2 281 1958	keekoog@hotmail.com	
			Ms. Darunee Jumpatong - Educator, Bureau of Academic and Educational Standards	66 81 444 2315		
			Mullawee Rochepolle - International Relations Officer, Bureau of Policy and Planning		mullawee@hotmail.com	
		16:00 - 17:20	Suchitra Prongsang - Supervisor, Bureau of Standard and Qualification, Vocational Education Commission	66 81 834 9446	boonprong@yahoo.com	
			Dr. Suwan Jintaanankul - Bureau of Standard and Qualification, Vocational Education Commission			
Thu 03/05/07	PATH	09:00 - 10:00	Kasama Sattayahurak - Program Officer	66 2 653 7563-5	ksatay@path.org	PATH office (Petchburi 15)
	PLAN International Thailand	10:30 - 11:30	Panus Rattakitvijun - AIDS Technical Coordinator	66 2 259 8284-6	Panus.Rattakitvijun@plan-international.org	PLAN Thailand office (Sukhumvit 19)
	Education Development Center	13:00 - 14:00	Elliott Prasse-Freeman - Regional Project Coordinator	66 2 664 2533 ext. 22	elliott@edc.org	EDC office (Asoke)
			Anna Bridges - Project Officer	66 2 664 2533 ext. 17	research@edc.org	
			Prawit Thainiyom - Project Officer	66 2 664 2533 ext. 14	prawit@edc.org	
	World Bank	14.30 - 15:00	Achariya Kohtbantau - Human Development Program Specialist	66 2 686 8347	akohtbantau@worldbank.org	Siam Discovery, 30th floor
Fri 04/05/07	Bureau of AIDS, TB and STLS	09:00 - 10:00	Dr.Sombat Thanprasertsuk - Director, Bureau of AIDS, TB and STLS	66 2 591 8411-2	sombat@aidsthai.org	Ministry of Public Health (Nonthaburi province)

Fri 04/05/07	Bureau of AIDS, TB and STLS	09:00 - 10:00	Dr.Sombat Thanprasertsuk - Director, Bureau of AIDS, TB and STLS	66 2 591 8411-2	sombat@aidsthai.org	Ministry of Public Health (Nonthaburi province)
	Family Health Institute (FHI)	10:30 - 11:30	Dr.Somchai - Country Director, Thailand Programme	66 2 263 2114	somchai@fhibkk.org	Ministry of Public Health (Nonthaburi province)
	UNESCO Bangkok	14:30 - 15:00	Srisumarn Sartsara - National Programme Officer, HIV/AIDS Coordination and School Health Unit	66 2 391 0577 ext. 116	s.srisuman@unescobkk.org	
	Thai Business Coalition on AIDS (TBCA)	15:30 - 16:30	Dr.Anthony Pramualratana - Executive Director	66 2 716 8750-7	tbca@ksc.net.th	TBCA office (Rama 9 Rd.)

Telephong interview (week 7th May)

Date	Organization	Time of Meeting	Persons Met	Telephone	E-mail	Venue
Wed 09/05/07	ILO Thailand	14:00 - 14:30	Eric Carlson - HIV/AIDS Workplace Specialist	66 2 288 1765 or 2548 (assistant)	carlson@ilo.org	Telephone interview from **Paris**
	Thai NGO Coalition on AIDS (TNCA)		Supatra Nakapew - Chairperson	66 81 614 8487	supatra@carthai.org	Telephone interview from **Paris**
	Population and Community Development Association (PDA)		Mechai Viravaidya - Chairman	66 2 229 4611-28	pda@pda.or.th	Telephone interview from **Paris**
	USAID		Clis Cortez - HIV/AIDS Team Leader	66 2 263 7400	ccortez@usaid.gov	Telephone interview from **Paris**
	Thai Network of People Living with HIV/AIDS (TNP+)		Wirat Poorahong - Chairperson	66 2 377 5065	tnpth@thaiplus.net	Telephone interview from **Bangkok**
	Pathum Kongka School		Teachers??	66 2 381 9999	none	Telephone interview from **Bangkok**

Appendix 2 - List of Persons Contacted

Simon Baker - Chief, HIV/AIDS Coordination and School Health Unit, UNESCO Bangkok

Patrick Brenny - UNAIDS Country Coordinator

Anna Bridges - Project Officer Education Development Centre

Maytinee Bhongsvej - Executive Director, Association for the Promotion of Women's Status

Nonglak Boonyabuddhi - Project Officer HIV/AIDS, UNICEF Bangkok

Sabrina Camp – Intern UNAIDS Country Office

Eric Carlson - HIV/AIDS Workplace Specialist, International Labour Organization (ILO)

Thanima Charoensuk - Chief of Guidance Unit, Ministry of Edcuation, Thailand

Dr. Somkiet Chobpol - Deputy Secretary General (OBEC), Ministry of Education Thailand

Dr. Suwan Jintaanankul - Bureau of Standard and Qualification, Vocational Education Commission, Ministry of Education Thailand

Ms. Darunee Jumpatong - Educator, Bureau of Academic and Educational Standards, Ministry of Education Thailand

Achariya Kohtbantau - Human Development Program Specialist, World Bank

Dr. Benjalug Namfa - Director, Bureau of Educational Innovation Development, Ministry of Education Thailand

Dr.Anthony Pramualratana - Executive Director Thai Business Coalition on HIV/AIDS

Suchitra Prongsang - Supervisor, Bureau of Standard and Qualification, Vocational Education Commission, Ministry of Education Thailand

Elliott Prasse-Freeman - Regional Project Coordinator, Education Development Centre

Panus Rattakitvijun - AIDS Technical Coordinator, Plan International Thailand

Mullawee Rochepolle - International Relations Officer, Bureau of Policy and Planning, Ministry of Education Thailand

Dr. Boonsun Sanbore - Member/Representative to Education International

Kasama Sattayahurak - Program Officer, Path Thailand

Dr.Saipan Sripongpankuk - Guidance Unit, Educational Official of the Bureau of Academic Affairs and Educational Standards, Ministry of Education Thailand

Srisumarn Sartsara - National Programme Officer, HIV/AIDS Coordination and School Health Unit, UNESCO Bangkok

Dr.Somchai - Country Director Family Health International, Thailand Programme

Ms. Suthirak - Senior Safety Engineer and HIV/AIDS Coordinator, General Motors, Thailand

Prawit Thainiyom - Project Officer, Education Development Centre

Dr.Sombat Thanprasertsuk - Director, Bureau of AIDS, TB and STLS, Ministry of Health

Dr. Pimpimon Thongthien - Bureau of Educational Innovation Development, Ministry of Education, Thailand

Appendix 3 – Guideline for interviews

Name:

Function:

Date of Interview:

N.B. Start with a brief introduction on the purpose of the Case Study Review, the output (aide memoire) and the process for feedback on the main conclusions/recommendations.

1. Which key developments have taken place over the past five years in HIV&AIDS and Education?
2. What have been the main gaps in the response?
3. Which key stakeholders have played a key role in the results so far?
4. What has been the specific involvement and contribution of your organization (financial, technical assistance, coordination, etc. – only prompt if necessary)?
5. How do you assess your organizations contribution? What have been strengths and weaknesses?
6. What, in your view, has been the contribution of external development partners?
7. What specific efforts have been made at harmonization and alignment? List examples. How effective have they been?
8. What arrangements exist for information sharing?
9. What has been the main impact of the work done in HIV&AIDS education? (Consider teacher preparation, care and support knowledge, attitudes, behaviour change, etc.)
10. What tools and materials have been key to the improved response? Why?
11. What are key challenges for the coming three to five years?
12. How could IATT make a more effective contribution to the education response to HIV&AIDS?

Appendix 4 - Time Line of Key Country Events:Thailand

Major Activities 2001-2007

Major Activities 1988 - 2007

The first case of AIDS in Thailand was reported in September 1984. Since then a lot of work has been done in order to fight against the epidemic to reduce progressive numbers of AIDS cases as well as people with HIV that were reported throughout the following years. Key activities and attempts are listed below.

1988 **National AIDS Control Programme**
The National AIDS Control Programme was established a year after a Cabinet decision to develop a national response to AIDS in 1987. The programme started under the Ministry of Public Health. The committee is chaired by the Prime Minister.

1990 **Internal Review of the Health Sector Response to HIV&AIDS in Thailand**
Ministry of Public Health and WHO collaboratively organize internal assessments, operational, technical and managerial guidelines as well as formal and informal meeting reports and research papers have been published on a wide variety of topics related to HIV&AIDS in Thailand.

1991 **100% Condom Programme**
The free-condom programme was subsidized and established to prevent sexual transmission among sexworkers and their clients. As a result, condom used among target people has been maintained at 95%.

1992 **Establishment of National AIDS Committee**
National AIDS Committee has been chaired by the Prime Minister. It consists of representatives from line Ministries, academic institutions and networks of NGOs and people living with HIV and AIDS. The National AIDS Plan has been formally integrated into the Country's Development 5-year plan for the first time. The plan provides a framework for setting priorities and resource allocation to each key ministry for its own AIDS plan. The NAC consists of various ministries including the MoE, research institutions, NGOs and PHAs representatives for guiding their policy and budget allocation.

National Anti-Retroviral Programme for People Living with HIV&AIDS (PWHA)
To prevent the further losses of people lives from AIDS and impact on families and communities, this programme was initiated into 3 phases

1992-1997	To prepare the readiness health service system and to identify appropriate service to AIDS patients
1997-2000	To strengthen clinical service centers through capacity building, networking, with strategy to integrate ARV into a comprehensive care for PWHA, and to monitor long-term treatment with ARV
2000-present	On-going with the expansion of ARV services including infrastructure development, people access to ARV treatment, care and support increase to HIV&AIDS patients, and collaboration enhancement among stakeholders.
Present	To accelerate the service extension to all medically eligible HIV&AIDS patients.

Annual National Budget to Support NGOs and PWA Groups' Work on HIV&AIDS
First national budget is provided to NGO and PWA groups in order to support all kinds of prevention and care activities aiming towards different target groups. It can also be used to mitigate the impact which occurred among HIV&AIDS affected families and individuals.

1993 **Thailand National Plan for HIV&AIDS Vaccine Development**
Thai National AIDS Commission, chaired by Prime Minister, in cooperation with World Health Organization (WHO) and the Joint United Nations Programme on HIV&AIDS (UNAIDS) puts in place action on fast track through a comprehensive programme to develop strategies, policies and procedures for long-term planning, implementation and evaluation of HIV&AIDS vaccine research activities.

1994 **National Comprehensive and Continuum Care (CCC) Programme**
To mitigate the impact of HIV&AIDS epidemic, the national programme has been initiated and expanded throughout the country in order to provide continuum support and care for People Living with HIV&AIDS (PWHA) and their families. The program composed bio-medical care, counseling, social services through many health care facilities and supportive health care agencies.

1997-2001	Evaluation of CCC system

2000 **National Prevention of Mother to Child HIV Tranmission (PMTCT) Program**
The program has been expanded throughout the country at full speed, and within 1 year, it has been implemented nationwide. All hospitals can provide services in PMTCT to all HIV infected pregnant women and their babies since 2001.

2001 **Restructuring of the Ministry of Public Health**
Following Thaksin Shinnawatra's government election in 2001, public sector reform, decentralization of central authority, and the restructuring of the Ministry of Public health have been undertaken in accordance with the constitutional mandate with important consequences for the HIV&AIDS response at the national, provincial, and local levels.

2002 **National Plan for the Prevention and Alleviation of HIV&AIDS in Thailand (2002-2006)**
The plan emphasizes the participation of individuals, families and communities in HIV&AIDS prevention and alleviation; the support to be extended to them by health and social welfare services; the development of knowledge and research; international cooperation; and integrated management of HIV&AIDS prevention and care.

Collective Purchaser of Health Services
The Health Security Office has been appointed as the collective purchaser of health services covering more than 40 million constituents. As a result, by 2004, the accessibility to care by Thai nationals increased from 75% to 95%.

Universal Coverage Scheme (UCS)
UCS provides every Thai citizen access to comprehensive health care for the payment of a 30-baht fee per visit. Provision of ART under the same programme is in serious doubt.

2003 **Global Fund**
Global Fund for AIDS, TB and Malaria (GFATM) committed US$ 129 million over 5-year period from 2003-2007 for HIV&AIDS prevention and care activities.

Official Commitment of the Government
The government made an official commitment to ensuring adequate treatment for all people living with HIV, and set targets to improve treatment access.

2004 **XV International AIDS Conference**
The first international AIDS conference was held in Southeast Asia to galvanize the world's response to HIV&AIDS through increased commitment, leadership and accountability with Access to All theme.

2005 **External Review of the Health Sector Response to HIV&AIDS in Thailand**
This review was organized by the cooperation between the Ministry of Public Health and WHO. Conclusions and recommendations arising would help learn from the on-going national health-sector response to HIV&AIDS and inform the next National HIV&AIDS Plan, covering the period 2007-2011, now under preparation.

Code of Practice on the Prevention and Management of HIV&AIDS
Ministry of Labour has produced a Code of Practice on the Prevention and Management of HIV&AIDS in the Establishment (January 2005) applicable to all employers and employees, including job applicants in the public and private sectors, in all types of establishment both formal and informal. It intends to encourage all establishments to develop appropriate policy and plans of action on a voluntary basis.

2006 **World Aids Day 2006 "Condom Chain of Life Festival" (Dec 2006)**
UNESCO in collaboration with Thai Red Cross, UNAIDS, Plan Thailand, and local NGOs hosted a Condom Chain of Life Festival with an attempt to create the world's longest condom chain. Celebrities joined hands with HIV positive community, partners, and the public to share a life-affirming message on living well with HIV and preventing new infections.

Enhancing HIV and AIDS Prevention Education in Thailand (Dec 2006)
The Ministry of Education and UNESCO Bangkok office update participants on the current HIV&AIDS situation in the region; to introduce the HIV&AIDS and Ministry of Education Toolkit (Thai version), as well as discuss how to use the toolkit in schools.

2007 **National Plan for the Prevention and Alleviation of HIV&AIDS in Thailand (2007-2011)**
The plan has been submitted to and approved by both the National AIDS Committee and the Council of Ministers of the RTG

Annex 5 - Resources consulted

(2006). A Critique of Sex Education Policy and Programmes in Thaliand. Thesis submitted to the London School of Hygiene and Tropical Medicine

Department of Labour Protecion and Welfare, Ministry of Labour (2007). Code of Practice on the Prevention and Management of HIV/AIDS in the Establishment.

Department of Labour Protecion and Welfare, Ministry of Labour. A Quality Standard on HIV/AIDS Prevention and Management in the Workplace.

(2006). The Dheli Declaration of Collaboration

EDC (2006). Stepping into the Future – An Impact Evaluation

National AIDS Plan Thailand (English version - undated)

Research Institute of Bangkok University & UNDP (2004). Opinion Poll on HIV&AIDS in Thailand

Thailand Business Coalition on AIDS (2006). Annual Report 2004-2005

Thailand Business Coalition on AIDS (2003). Employers Handbook on Managing HIV/AIDS in the Workplace.

UNDP (2005). Thailand's Response to HIV&AIDS: Progress and Challenges" - Statistical Fact Sheet

UNAIDS (2007). UN Thailand Country Team UNPAF 2007-2011

UNESCO (2006). Assessment of Budgetary Allocation for HIV&AIDS Prevention and Education in Support of the Thai Ministry of Education.

UNESCO. HIV/AIDS and Education – A Toolkit for Ministries of Education

UNESCO (2005). Global Initiative on Education and HIV/AIDS (EDUCAIDS) – Country Profile

UNESCO (2007). Situation on HIV and Sex Education Curriculum in Thailand – informal briefing note.

UNICEF (2003). Suttiwan & Dejitthirat. Interview Study at Three Bangkok Area Secondary Schools on HIV Prevention Programmes. Faculty of Psychology, Chulalongkorn University.

Vuttamont, Greenhalgh, Griffin, Baynton (2007). Smart Boys and Sweet Girls – Sex Education Needs in Thai Teenagers: a mixed method study.

WHO (2005). External Review of the Health Sector Response to HIV&AIDS in Thailand.

World Economic Forum (2004). Global Health Initiative – Private Sector Intervention Case Example – Implementing a regional workplace prevention and voluntary testing programme for a major automotive company using existing project management expertise.