Chapter 5

Third Period: Government and Public Responses From June 1991 to 1993

The AIDS prevention and control measures in Thailand entered a new period under the new government led by Anand Panyarachun. The Anand Administration was formulated with the backing of the military which had dismissed the previous government by a coup in February 1991. This was accordingly a temporary government until a new government could come to power through a general election. The period governed by this administration was, thus, short, from March 1991 until September 1992 apart from about two months, April and May in 1991.* Despite its very limited period, this government established a new direction for the AIDS prevention measures with its strong

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* The first Anand government was dissolved after a new government was elected by general election. However, when Suchinda Kraprayoon, the former General Director of the Army, was appointed Prime Minister in April, many people, mainly members of opposition parties, students, and members of NGOs, strongly protested his appointment as premier saying that it was a violation of democracy in Thailand. Large scale rallies were intermittently held in Bangkok during the succeeding five weeks. In the middle of May, the military fired at the public rally reportedly about 400,000, and dozens of people were killed. As a result of this incident, which was later called the 'May Incident,' Prime Minister Suchinda was driven to resign. Through some confusion concerning the appointment of a new premier, Anand was again appointed to be Prime Minister of the tentative government in June.(Suehiro:1993,Japanese)

political leadership from the top-level of the government. It facilitated broad involvement of both government and non-government organizations and also facilitated decentralized participation in planning AIDS activities through provincial AIDS committees.

Under the strong will and financial support of the government to involve NGOs with the AIDS prevention and control measures, NGO activities were diversified to meet the needs of people with HIV/AIDS. However, conflict occurred not only between the government and NGOs, but also among the NGOs, which generated a distrust of each other. In the private sector there were new movements related to AIDS. Some private companies gathered and established an NGO to deal with the AIDS issue in order to reduce potential economic damage caused by the AIDS epidemic.

In this chapter, the government's change of policy towards the AIDS epidemic will be described as the government responses together with the obstacles for expansion and implementation of efficient AIDS prevention and control measures. Regarding the public responses, the social unrest indicated by rumors, the efforts of NGOs and private companies to curb the spread of HIV and to reduce the social impact will be discussed.

5.1 Government Responses

As the Anand government was different from ordinary governments in terms of its origin and role as a tentative government, its responses to the AIDS issue were from the start also definitely different from those of the past governments.

First, the AIDS issue was included in the general policy statement of the government for the first time. This meant that high priority was given to solve the AIDS issue. The first policy proclamation under the Anand government presented its AIDS policy to the National Parliament as to "Accelerate the prevention and control of communicable disease, particularly AIDS, in coordination with the business sector and non-governmental non-profit agencies, in the area of public information in order to convince the population of the seriousness of this disease and instill a feeling of individual responsibility to join the prevention effort to solve the problem..."(NESDB,1992, :3-4) Less than two weeks after his government came to power, Anand visited a woman infected with HIV and her child.(Bangkok Post,March 21 1991) About one and a half months later, the Prime Minister's Office Minister Mechai Viravaidya said, after a meeting with legal experts from WHO, that there had been no need to use legislation as a measure to prevent the spread of HIV.(Bangkok Post,April 21 1991) As seen in these activities, the government

responses to the AIDS issue were quite quick and positive as never been before.

Here, active responses of the government to deal with the AIDS issue during June 1991 to 1993 will be mentioned.

5.1.1 The Thailand National AIDS Prevention and Control Plan (Draft),1992-1996

The Thailand National AIDS Prevention and Control Plan 1992-1996 (NAP) was approved by the Cabinet in September 1992, just before the Anand government was to end its role as the tentative government and transfer power to the next new government after the general election at the end of the month. Thus, the NAP was the Anand government's last job regarding AIDS. Because the Anand government established this NAP national plan as "a frame and guideline for the development of action plans and budget requests from all agencies"(NESDB,1992: Foreword) for the next government, it may be said this was the plan which reflected the policy and direction with regard to the AIDS issue of the Anand government. The content of the NAP is summarized as follows.

This national plan consisted of 4 main programmes; 1)Public Information and Education, 2)Medical Treatment and Care, 3)Human Rights and Social Support, and 4)Research and Evaluation. Details of each programme are

shown in Table 5.1

(1) Program on Public Information and Education

AIDS campaigns once created a frightening image of AIDS for the sake of creating awareness of AIDS especially in 1989 and 1990. However, this strategy generated fear among the public against people with HIV/AIDS, and from the fear developed a negative attitude toward people with HIV/AIDS in forms of social ostracism and discrimination. The government, therefore, changed the content and tone of the message, from that of frightening the public into one of generating compassion towards people with HIV/AIDS. In relation to asking for compassion, the idea of living together was also encouraged to enable people with HIV/AIDS to live normally in society.

A lovely poster is a good example of the change of the tone in the AIDS message. It was made by the Thai Red Cross Society and widely distributed for World AIDS Day, December 1991. On that poster, there is a child standing surrounded by four big flowers with three little flowers saying "I have AIDS. I need love. Give me a hug. You won't get AIDS from me."(Bangkok Post,November 29 1991) This poster is painted with bright colors and sends the message of compassion in the hearts of people who see it, and also asks adults to take responsibility for children and society.

Table 5.1 Objectives, Strategies, and Programmes of Thailand National AIDS Prevention and Control Plan, 1992-1996

Objectives:

1. To reduce HIV transmission as much as possible down to a manageable level.
2. To promote understanding among the population and to provide assistance to HIV infected persons in living normally in society without aversion and discrimination.
3. To mobilize resources and personnel from governmental, non-governmental, and international agencies to cooperate in the prevention and control of AIDS in Thailand.

Strategies:

1. Emphasize disease prevention through public information campaigns that yield correct knowledge and understanding of AIDS, encourage modification of relevant behaviors and attitudes, and not to discriminate against those infected.
2. Support diagnosis, treatment and care services that are appropriate and impartial in their continuous application.
3. Support the protection of human rights and provide appropriate social support.
4. Support research, monitoring and evaluation activities.

Programs:

1. Public information and education
2. Medical Treatment and care
3. Human rights and social support
4. Research and evaluation

Source: National Economic and Social Development Board (NESDB), and AIDS Policy and Planning Coordination Bureau (APCB) of Office of the Prime Minister, Thailand National AIDS Prevention and Control Plan (Draft), 1992-1996, September 1992.

Furthermore, the government said that populations with disadvantages or of low socioeconomic opportunity were still not covered by the public information so far, especially people, such as rural villagers, slum dwellers, hill tribes, fishermen, factory workers, children, and adolescents. Therefore, it emphasized the utilization of the mass media in order to provide essential information about AIDS. In cooperation with organizations of the mass media, 30-45 seconds free air time per hour was requested from 488 radio stations and 5 television stations.

(2) Program on Medical Treatment and Care

The Anand government discovered that while the number of people with HIV/AIDS was projected to rapidly increase, the budget was limited, and that selective medical treatment and discrimination against people with HIV/AIDS still existed. Therefore, the government focused on providing appropriate medical care and counseling services for people with HIV/AIDS, and emphasized that training should be given to medical staff as well. Since the budget was limited, the government tried to reduce the state burden by establishing family- and community-based care by financially and technically supporting families, communities, and NGOs.

(3) Program on Human Rights and Social Support

The government pointed out the existence of human rights violations towards people with HIV/AIDS in the purchase, rental, habitation and cohabitation of residences, as well as in seeking employment and receiving medical treatment and educational opportunities. It said there were compulsory testing practices and confidentiality was not always kept. In order to protect human rights, modifications of the laws related to AIDS were done.(Detail would be described in 5.1.4) The government also declared that support to NGOs was necessary in order to provide adequate and appropriate social services which were still lacking for people with HIV/AIDS.

The target groups for human rights protection were divided into three: all members of society; people with HIV/AIDS; people with HIV/AIDS; and close family members of people with HIV/AIDS. The government stated that no test for HIV for education and employment opportunities and no regulations barring the human rights would be allowed, and that NGOs and communities would be supported for that purpose.

(4) Program on Research and Evaluation

The Anand government said that most of the research on AIDS until that time assessed public knowledge

and attitude, thus there was a lot of redundancy or repetition. In addition to inadequate research, there was also inadequate funding for research. It also said that studies which could contribute to change people's attitude and values were still lacking, such as studies on motivational forces behind actions of different groups, the structural supports for norms and values that contribute to risk behavior or the change of particular behavior, strategies on models of intervention, and intervention trials. It concluded that "the most important problems are the lack of coordination in the research grant awarding mechanism, in topic and content selection, as well as dissemination and application of results to the program."(NESDB,1992:38) Therefore, the government paid attention to the rationalization of the progress of activities, utilization of budgets, and coordination among agencies by monitoring them, as well as the increase of the pool of data and knowledge.

Concerning evaluation, the government which adopted a "living together" policy and tried to support the integration of people with HIV/AIDS in society without discrimination focused on evaluating the impact of activities on the reduction of the spread of HIV, treatment and care practices, and activities for protecting human rights.

As can be seen from the objectives of the NAP, all these programmes were planned in order to reduce HIV transmission, to promote understanding about people with HIV/AIDS among the public, and to provide social services for people with HIV/AIDS for the purpose of living normally in society without discrimination. To achieve those objectives, the government eagerly requested cooperation from all agencies and organizations from every sector, such as ministries, local governments, mass media, NGOs, social communities, private companies, and even from families and communities.

5.1.2 The Establishment of the National AIDS Prevention and Control Committee

In June 1991, the National AIDS Prevention and Control Committee (NAC) was established and chaired by Prime Minister Anand. Prior to this, the national committee on AIDS was chaired by the Minister of Public Health. As the NAC had the Prime Minister as its chairman, the strong political will of the government for dealing with the AIDS issue was followed. Government agencies which had been ignoring or avoiding involvement in the AIDS prevention measures could no longer continue to escape responsibility.

The Minister of Public Health was appointed to deputy chairman of the NAC, while the permanent secretary

of the MoPH was appointed to secretary. Members of the NAC included the highest level of government administrators and representatives of government departments and private sector.

Eight sub-committees were also set up to be in charge of different areas of AIDS policy as follows;

1) Public Information and Education
2) Prevention and Treatment in Medical Setting
3) Monitoring and Evaluation
4) Technical and Scientific Research
5) Review of AIDS Draft Bill
6) Women's Campaign for AIDS Prevention
7) Human Rights Protection
8) Public-Private Sector Collaboration.

From the establishment of those sub-committees, it is evident what the government intended to emphasize in AIDS prevention measures. Through the establishment of the sub-committees responsible for the review of the AIDS draft bill, women's campaign for AIDS prevention, and human rights protection, it can be understood that the government recognized the necessity of reconsidering about AIDS legislation, as well as the importance of the protection of the spread of HIV from men to women, and the protection of human rights of people with HIV/AIDS who had been seriously discriminated and ostracized from society,

respectively. Through the establishment of the sub-committee responsible for public-private sector collaboration, it can be understood that the government seriously recognized the necessity of cooperation with the private sector, especially between NGOs and private companies.

At the first meeting of the NAC held in August 1991, the Prime Minister asked for total cooperation between all sectors and said in a statement that "The government will join forces across all agencies and work with the business sector and non-government non-profit agencies ..."(NESDB,1992:4) Here, effort for cooperation in dealing with the AIDS issue was broadly requested of all government and non-government organizations from the Prime Minister, the top level of the government.

During this meeting, the National Economic and Social Development Board (NESDB)* was assigned to prepare a National AIDS Prevention and Control Plan (1992-1996) under the framework of the 7th Five-year National Economic and Social Development Plan.** This was a very crucial step for AIDS prevention measures in Thailand in the sense that such measures in Thailand were integrated into

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* The Office of the NESDB is the agency responsible for making official population projections used for setting policies and doing planning based on the future population of the country. Based on the data, the NESDB has been planning the National Economic and Social Development Plans since 1961.

** National Economic and Social Development Plan is the foundation plan for 6 or 5 year period for the development of the country in Thailand. It has been formulated since 1961.

Thailand's general public policy.

5.1.3 Budget Allocation to Ministries

Under the Anand government, all ministries were allocated the national budget for AIDS for the fiscal year since 1992.(Table 5.2) Prior to this, the AIDS budget had only been allocated to the MoPH since 1988.* Originally only 6 ministries were directly allocated an AIDS budget: the MoPH, the Office of the Prime Minister, the Ministry of Interior, the Ministry of Defense, the Ministry of Education, and the Ministry of University Affairs. However, the other 8 ministries allocation came out of the budget of the Office of the Prime Minister. Of the whole amount of 100,000,000 baht, the Office of the Prime Minister divided 65,300,000 baht to among 11 other ministries and 11,500,000 baht among NGOs. With this support, government ministries and NGOs were substantially facilitated to be integrated into the AIDS prevention activities. This budget allocation was also one of the most significant key steps for the government to "join forces across all agencies" in order to "work with the business sector and non-government non-profit agencies" (NESDB,1992:4) as the Prime Minister emphasized in his

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** 1988 = 4,604,300 Baht
1989 = 11,061,800 Baht
1990 = 66,551,200 Baht
1991 = 182,662,087 Baht

Table 5.2 National Budget for AIDS from Fiscal year 1992 to 1995

Ministry	1992	1993	1994	1995
MoPH	447,492,000	904,459,300	1,000,163,100	1,245,473,800
Prime Minister's Office	100,000,000	169,081,400	73,391,600	54,800,000
Interior	40,000,000			
	(22,700,000)	(180,036,030)	(132,672,700)	78,042,500
Labor	0	0	(23,174,600)	21,652,600
Defense	6,000,000	3,000,000		23,905,200
		(9,382,400)	(27,212,300)	
Education	11,000,000	0		13,781,600
	(24,000,000)	(98,302,380)	(35,401,800)	
Industry	(1,000,000)	(379,900)	0	0
Transport and Communication	(2,000,000)	(264,010)	0	0
Foreign Affairs	(1,000,000)	(128,400)	0	0
Science	(300,000)	(128,400)	0	0
University Affairs	33,000,000	45,000,000	68,982,100	120,458,100
	(10,000,000)	(1,950,000)		
Agriculture and Cooperatives	(3,000,000)	(15,276,400)	0	237,100
Justice	(300,000)	(1,339,900)	0	0
Commerce	(500,000)	(823,500)	0	0
Finance	(500,000)	(272,000)	0	0
NGOs	(11,500,000)	(15,000,000)	0	0
Total	637,492,000	1,121,540,700	1,142,536,800	1,558,350,900

Remarks: Numbers in parentheses are budget allocation from Prime Minister's Office, Fiscal year 1992
Numbers in parentheses are budget allocation from the Ministry of Public Health, Fiscal year 1993, 1994
Source: Ministry of Public Health

statement at the first meeting of the NAC.

Surprisingly, all of the budget allocated to the ministries, except the MoPH, were almost all used only for prevention campaigns.(The Bureau of the Budget) The government desperately tried to remove the negative image of AIDS and fear among the public against people with HIV/AIDS, which had been brought by the former policy of AIDS education. The government also disseminated information about AIDS to the public in order to enable them to protect themselves from HIV-transmission.

5.1.4 Revision of Laws

As Minister of the Prime Minister's Office Mechai Viravaidya declared there was no necessity for legislation to control people with HIV/AIDS, the government revised or dropped those laws.

(1) Revision of Ministerial Announcement No.2 by the Ministry of Public Health

The Ministry of Public Health revised the Ministerial Announcement No.2 in October 1991 and excluded AIDS from the list of notifiable diseases. Under the announcement issued in May 1985 under the Communicable Disease Act (1980), people with HIV/AIDS or those who were suspected to be infected with HIV/AIDS had to be reported

to the MoPH with their names and addresses. Reporting names and addresses of people with HIV/AIDS, however, socially affected those who were reported, therefore, it was changed to report only codes by the revision. In addition, cases to be reported were limited only to AIDS cases and ARC cases. HIV cases which has no symptoms were excluded from being reported. Another reason the government revised this system at this time was because the reporting system with names and addresses of people with HIV/AIDS became unnecessary as a result of the introduction of the national sentinel surveillance system since June 1989.

(2) Cancellation of the AIDS Bill

The controversial AIDS Bill was finally dropped in December 1991.

The bill had been discussed intensively during the second half of 1989, just after the sudden and sharp increase of the HIV-infection rate among female CSWs was discovered in the first sentinel surveillance conducted in June 1989. The bill came out as a measure to curb the fast spread of HIV by controlling the so-called high risk groups, such as IDUs and CSWs. However, it, faced strong protest from social activists and NGOs who alleged the AIDS Bill would violate the human rights of people with HIV/AIDS. Against this, there was a voice of anger asking

how the risk, which had been brought from irresponsible people, could be reduced without the law controlling of them.(Usher:1994)

Regarding the AIDS Bill, the Minister of the Prime Minister's Office, Mechai pointed out that legislation was not effective under the circumstances as there were between 200,000 and 300,000 people infected with HIV, and he also said the problem "could effectively be tackled by existing laws and measures if they were seriously enforced."(Bangkok Post,April 20 1991).

As is obvious from Mechai's above remarks, the change of attitude of the government was triggered as a result of a dramatic change of the AIDS situation in which there were too many people already infected with HIV to control them by legislation. Another reason which caused this change was the cool-headed recognition by the government of the fact that there was a "huge divide between the law and law enforcement"(Vitit:68) in Thailand as laws dealing with prostitution indicate.* In view of this, the effect of the AIDS Bill was also doubted as it was unsure whether it would be seriously implemented even if it were passed.

The dropping of the AIDS Bill was also a crucial step to build a good environment in terms of promoting the

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* For example, the Act on the Prevention of Traffic in Women and Children, 1928, which is still in force without any amendment, has rarely been exercised.(Kobkul: 19)

message of compassion for people with HIV/AIDS, one of the main policies on AIDS of the government, and also in terms of building a good relationship with NGOs from which the government eagerly asked cooperation.

(3) Revision of Ministerial Announcement No.11 by the Ministry of Interior

In February 1992, the Ministry of Interior finally revised the Ministerial Announcement No.11 and excluded AIDS from the Immigration Act (1979).

The Ministry had included AIDS in the Immigration Act since August 1986 in order to prevent HIV-infected foreigners from entering into the country and to deport those infected foreigners from the country as well.

The MoPH was once asked to revise it in 1990, however, the Ministry of Interior at that time refused. This led to the boycott of WHO to the international AIDS conference held by Chulabhorn Research Institute at Bangkok in December 1990. The Ministry of Interior at that time still could not wipe out the belief that AIDS was being spread by foreigners to the Thai population from its mind.

5.1.5 100 Percent Condom Program

As one of the main AIDS prevention measures, there was a programme called "100 Percent Condom Program." Under this programme, health officials, local administrators, and police collaborated in order to convince managers or owners of sexual entertainment establishments to ensure free condoms to their employees, that is, CSWs, and educate them to use condoms every time, while clients were also told to use them.

This kind of programme aiming to increase the supply, availability, and usage of condoms had actually been implemented since the Medium-Term Plan, 1989-1991. Reflecting the fact that there was a high rate of HIV-infection through heterosexual intercourse at the middle of 1989, low-class CSWs and male STD patients who were regarded as frequent visitors to brothels were focused on as target groups of the programme. Therefore, the distribution of free or subsidized condoms by the government was broadly implemented to commercial sexual service settings "in areas with large numbers of sex workers," "inside bars and massage parlors."(CDC,August 1988:21) Elected regions where the programme was initially undertaken were provinces which had popular tourism destinations, namely, Bangkok, Pattaya, Chiang Mai, and Phuket.

Since 1990, television and radio spots were aired on prime time and stressed "the idea that men who sleep

with prostitutes should use condoms."(Hanenberg:1993:7)

The obstacle to the programme was the situation that condom usage was often refused by male clients at the requests of CSWs. Even in this situation, CSWs were supposed to accept male clients without using condoms in spite of the risk of HIV-transmission, because CSWs were in the weak position both as their duty was to provide services to clients and as women are usually in a physically and socially lower status than men.

The point of the 100 Percent Condom Program was that managers and owners were also supposed to ask clients to use condoms with the condition that clients who refused to use condoms would be asked to leave with a full refund. If this programme covered all sexual entertainment places in a certain area, clients would have had to accept using condoms to get service. It was considered that this sort of situation would enforce an increase in the use of condoms among male clients in the commercial sex entertainment setting.

This 100 Percent Condom Program which was first conducted at Ratchaburi Province in 1989 was, therefore, officially approved as a programme of the NAC in August 1991. As a result of the programme, the rate of using condoms during commercial sex increased from 14 percent in 1989 to 94 percent in 1993, according to data used by a senior officer of the MoPH in an AIDS conference in Bangkok in May 1994.

However, the objective of the 100 Percent Condom Program was to promote condom usage at only commercial sex settings. Though this "simplicity" was cited as one of the three factors which led the programme to be successful, (Hanenberg:12-13) it is no doubt that it was this "simplicity" which made people misunderstand that condoms were materials which should only be used with CSWs in brothels. Behind this misconception, there was an idea that condoms were not needed to be used with wives at home. Such an intense image of condom usage strongly connected with commercial sex settings, resulted in people neglecting the risk of HIV-transmission at home. Accordingly, the rate of HIV infection among pregnant women, the group considered mostly infected with HIV from their husbands, has continuously risen from the 0 median rate in 1990 to 1 median rate in 1990 and 2.29 median rate in 1995.(Division of AIDS,1995:6)

5.1.6 Responses from Other Government Agencies

(1) The Department of the Police

Under the Anand government, many efforts were made to involve every organization in society with the AIDS prevention measures of the country. Despite such efforts, not every organization seemed to always understand the meaning of the government policy on AIDS. The Royal Thai

Police Department of the Ministry of Interior is a good example.

Reflecting the will of the Ministry of Interior which wanted to amend the Entertainment Act in order to enable police to revoke permits of entertainment places, the Crime Suppression Division, the Royal Thai Police Department of the Ministry of Interior, conducted raids at 39 entertainment places, such as teahouses, in Bangkok and forced CSWs to undergo blood tests for HIV.(Bangkok Post, September 1 1992) Ironically this was reported just on the same day when the NAP for 1992-1996 in which the protection of human rights in HIV testing or examination was declared as one of major objectives was approved by the Cabinet.

The Police said it raided brothels and arrested CSWs working at those places in order to curb the spread of HIV but never forced CSWs to have the tests, and also said the then Minister of Prime Minister's Office Saisuree Chutikul "was kept informed of the project and the results of the tests."(Bangkok Post,Crackdown...,October 11 1992) The deputy chairman of the Committee of Coordination and Inspection of Crime Suppression Pol Maj-Gen Sombat Amornvivat said "the police initiative to amend the Act results from consultations with then Prime Minister's Office Minister Saisuree and Police Chief Gen Sawat Amornvivat," and also said "Minister Saisuree wanted the police to have a bigger role in helping curb the spread of

HIV"(Bangkok Post,Crackdown...,October 11 1992) and hinted the connection of the Prime Minister's Office to the raids by the police.

However, the mere presence of the police "has a lot of influence,"(Bangkok Post,Police...,October 11 1992) said Chanthavipa Apisuk and she pointed out there may have been compulsory tests.

Though the Ministry of Interior might have thought that it was necessary to stop further transmission of HIV through CSWs by authorizing strict measures including, making CSWs have health cards and imposing penalties for pimps and owners of sex entertainment places, raids and compulsory HIV-test, such measures were evidently violating the policy of the NAC which aimed to "Ensure that the rights of the population are protected in HIV testing or examination for AIDS..."(NESDB,1992:29) The Private Anti-AIDS Committee of 25 Organizations, chaired by Dr. Praves Wasi, criticized the police by claiming that the compulsory tests violated human rights.(Bangkok Post, Police...,November 11 1992) A feminist, Thiranart Kanjana-Aksorn of the Faculty of Economics of Chulalongkorn University, claimed that the police should give "the right to women who become infected with HIV on the job to sue the owners of entertainment places for compensation and also to file for the closure of entertainment places" instead of raids and compulsory tests. "These women do not come into prostitution already infected with HIV,"(Bangkok

Post,Police...,October 11 1992) said Thiranart and she emphasized the sense of discrimination of the move.

The Police belonging to the Ministry of Interior in this case played a monitoring role as pointed out in a seminar in China, 1992.(Lyons,1992:32) However, the actions of the police at this time failed to meet the government policy. Though direct legislation concerning AIDS was abandoned under the Anand government, the control of those infected with HIV, especially CSWs, still continued to be attempted by the original controversial laws related to prostitution. Due to the deep and broad connection with the AIDS issue and social problems, these sort of contradictory responses could easily occur because not all organizations or agencies really understood the real concept of the government policy on AIDS.

(2) The Ministry of Interior

To expand and decentralize the AIDS prevention measures in the whole country, the Ministry of Interior launched regional seminars aimed at formulating provincial master plans for the prevention and control of AIDS. These were held four times in each region, the Central, the South, the North, and the Northeast. Four main areas of the plan were incorporated from the NAP, that is; public information and education, medical treatment and care, human rights and social support, and research and

evaluation. More than 400 officials of 14 provinces from the Central Region participated at the first seminar in August 1992.(Bangkok Post,August 4 1992) Participants were from nine government agencies, that is, administration, community development, public health, labor, education, public welfare, social security, police, and correction.

The important aim of having each local government establish an AIDS prevention plan by themselves was to draft proper plans for each local situation and to reach people at both the district and village level. In the seminar, the broad framework of the NAP was given in order to be adjusted and adapted to each different local condition. For example, the South is culturally different from other regions in Thailand in terms of religion which has two main religions, namely, Buddhism and Islam, as well as various ethic groups and cultures reflecting the geographical condition being placed near Malaysia, and regional economies based on tourism.

5.1.7 After the Anand Government: From October 1992 to 1993

After the general election conducted in September 1992, the new Cabinet led by Chuan Leekpai, the former Minister of Public Health, came to power in place of the Anand government. Under the new government, the aggressive policy towards the AIDS issue was continued.

Responses of the new government to AIDS came soon. In the announcement of its policy to Parliament in October 1992, the government included its policy on AIDS in its social policy as follows;

"8.3.6 To urge all government agencies, the private sector and public enterprises to cooperate in the public relations campaigns to educate the public in AIDS prevention so as to encourage changes in social behaviors especially of those in high-risk groups;

8.3.7 To provide medical services for AIDS patients by having enough personnel available and to provide counseling services for HIV-infected persons, so that HIV-infected persons, AIDS patients and the general public may be able to lead normal lives together in society."

In the first clause, it emphasized the need for cooperation of all sectors in order to educate the public so as to encourage behavior change. In the second clause, it appealed to provide medical services and counseling services to people with AIDS for living together or cohabitation. These policies are not so much different from that of the Anand government, namely, the policy on AIDS were fundamentally succeeded.

However, as the Minister of the Prime Minister's Office, Mechai Viravaidya, left the Cabinet, the major

role or the leadership that had been taken by the Office of the Prime Minister under the Anand government was returned to the MoPH again. This is noticeable in the amount of budget allocated to the Office of the Prime Minister which was the second biggest next to the MoPH in 1992 and 1993 but was reduced to less then half in 1994 under the budget allocation provided by the Chuan government. Furthermore, though the national budget on AIDS for the 1992 fiscal year for 11 ministries was allocated through the Office of the Prime Minister, in the 1993 and 1994 fiscal year it was allocated through the MoPH. Namely, authority of allocating the national budget on AIDS to other ministries was moved from the Office of the Prime Minister to the MoPH. Concerning this budget allocation, it is said that there was some conflict between the Office of the Prime Minister and the MoPH.

At the meeting of the NAC in June 1993, NESDB was appointed to draft the Operation Plan for the Prevention and Control of AIDS, 1995-1996. In the introduction of the draft of the plan, the government endorsed that even though the general public had more knowledge about AIDS than before as a result of the NAP (1992-1996), such knowledge was still not able to change people's risk behavior.(NESDB,1993:3,Thai) After that, the government mentioned that despite the increasing number of AIDS patients and the impact on the economy and society from AIDS in the near future, there were not enough public

health services for these patients. Therefore, it said, the NAP needed to be reviewed so as to be made more suitable for the present situation which was changing fast for the sake of providing effective care for people with HIV/AIDS, and to establish a proper service system.(NESDB, 1993:3,Thai)

Though the new government attempted to make the NAP more appropriate by following the former policy on AIDS, and though the objectives and directions written in the draft plan (1995-1996) were almost same, there were two points changed in this draft. The first point was to secure effective care for people with HIV/AIDS, and the second was to secure appropriate service systems for continuous coordination. These two are reasonably connected with each other. To achieve these purposes, the government formulated two new programs. One was a programme to secure counseling services for people with HIV/AIDS, their families, and related persons, which was only one measure of the medical treatment and care program in the former 1992-1996 plan. Another was a programme to secure continuous GO-NGO coordination and information exchange between them. Through these two major improvements, the new government tried to deal with the rapidly changing AIDS epidemic.

5.2 Public Responses

Despite efforts of the Anand government to promote a "living together" concept to the public, the awful image of AIDS once accepted by the public was not easily removed. People were still afraid of being infected with HIV from casual contact and discrimination against to people with HIV/AIDS continued. Then, people began to dread revenge from people with HIV/AIDS who were seriously discriminated and ostracized by family members, neighbors, friends, schools, and employers and work colleagues, that is, almost the whole of society. This fear caused rumors of revenge about people with HIV/AIDS and social unrest about AIDS was rather excited.

Boosted by the increased financial support to NGOs from the government and the involvement of NGOs in the process of the government policy decision making, the activities of NGOs working for the AIDS issue were strongly accelerated and diversified, such as, campaigns, counseling, building hospices and homes for abandoned people, etc. These activities which reflect the needs of people with HIV/AIDS indicate the situation of society.

Nevertheless there was a strong will or necessity for the government to develop good cooperation with NGOs for the prevention and control of AIDS, and despite the fact that the government and NGOs had the same purpose to curb HIV transmission, some conflict arose between NGOs

and the government, and also among NGOs themselves. Behind the scene, there was a sense of distrust between each group caused by mutual misconceptions as well as historical relationships between governmental and non-governmental organizations in Thailand.

In the private sector, Thailand Business Coalition on AIDS (TBCA), a non-profit organization consisting of private companies, was established aimed at responding to the AIDS issue. This was an aggressive effort from the private sector to reduce the economic impact from the AIDS epidemic.

5.2.1 Impact on Society

(1) Rumor at Shopping Center

In October 1991, a curious news, later believed to be a rumor, had spread in Bangkok. It was said that a long-haired unidentified teen-age boy, who was believed to be an IDU and to be infected with HIV, stabbed passers-by with needles believed to be contaminated with HIV-infected blood at Mah Boon Khrong shopping center. The Bangkok Metropolitan Police immediately began its investigation after being informed by the MoPH. The police and the MoPH officials tried to calm public fears by showing that the chance of AIDS transmission by stabbing of the needle contaminated with HIV is very low, on the other hand,

Mechai explained that "the needle-wielding attacker is possibly a rare action by a distressed AIDS carrier." (Bangkok Post,Officials...,October 19 1991) He asked for public understanding of HIV-infected people and said that "people should not think the attacker represents most AIDS carriers because they are good people willing to volunteer to help society educate others about the virus."(Bangkok Post,Officials...,October 19 1991)

This incident caused a sensation not only in Bangkok but in other areas, a robbery in which a needle was used to threaten people occurred in Nakhon Nayok. The deputy police chief Manas Krutchaiyan said that if the needle used in the robbery was proved to be contaminated with HIV, a charge of attempted murder could be added, and the police showed that it would treat needles contaminated with HIV as weapons which could kill people. At the same time, the police urged the news media not to report the case about a teen-ager stabbing people with an HIV-contaminated needles in order to prevent the outbreak of similar cases. This incident was seriously received by the public and most believed that those who made people scare by using HIV-infected needles should be severely punished. (Bangkok Post,Female...,October 19 1991) During this period there were reportedly few people at department stores. However, there was not any definite information about the attacker nor even his victims, so it is believed that the news was just a rumor.

In a textbook for sociology, a rumor is defined by citing Richard A. Berk that "a rumor is a piece of information gathered informally which is used to interpret an ambiguous situation."(Schaefer,1992) According to this definition, this story which happened in Thailand could be considered a rumor, because the information was gathered informally, namely, there was no evidence or credible source of origin of the story.

As defined, it could be understood that this rumor emerged for the public to interpret an ambiguous situation of AIDS. AIDS became the disease everyone knew, however, it was still quite ambiguous. Where was it, who had the virus, would someone infected with HIV take revenge on society, and would there never be HIV-infection through casual contact? All these questions seemed to exist in people's minds together with the fear of AIDS, even though they often pretended to ignore it. This ambiguous situation in which fear existed was illustrated by the rumor for the public itself who were given only information about AIDS and faceless people with HIV/AIDS. As such information, such as medical, statistical, or epidemiological data without human faces, people could never consider the AIDS issue as a matter for themselves. Instead, people were uneasy about AIDS and people with HIV/AIDS because of the ambiguity. Concerning this, John Ungphakorn, director of a private AIDS telephone counseling service named ACCESS, said "We really do need

someone to come out in the open,"(Bangkok Post, November 16 1991) by citing the example of Earvin 'Magic' Johnson, a basketball superstar of the U.S.A. who retired in 1991 after he was found to be infected with HIV.* John really felt it necessary to have a strong impact which could make people recognize the AIDS issue as their own problem.

(2) AIDS Patients Deserted by Families

To see what was happening in reality, AIDS patients sent to a temple providing hospice service for AIDS patients will be mentioned as examples.

*Phra*** Alongkod Tikhapanno, an abbot of a temple, *Wat**** Phra Baht Nam Phu in Lopburi Province, began to accept AIDS patients who had no place to stay in September 1992. According to him, 8 people with AIDS would die every day at the temple so that coffins were not enough and overwhelmed the cremation capacity of the temple, and said "Those people are like dogs or cats which are deserted to temples."(Saowapha) "Thai society has reached a critical stage where the people closest to AIDS patients – that is, their families and friends – are also unwilling to understand them," and further continued "The AIDS crisis in Thailand has happened not because of the virus, but

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* 'Magic' Johnson achieved his comeback in January 1996 and it was widely reported by the world mass media.
** *Phra* means monk in Thai.
*** *Wat* means temple in Thai.

because of people's feelings towards the disease."(Bangkok Post,February 21 1993)

He decided to take care of AIDS patients when he visited them in a hospital. He said they had no family members and friends who visited them, they could not even eat food and drink water, and they were just waiting for their death.(Bangkok Shuho,October 29 - November 4 1993, Japanese) According to him, there were cases that families did not ever come to receive the bodies of family members who had died of AIDS. Many AIDS patients were deserted by families and society. Even in the cases when they were with their families, many of them were just shut in a room by the family to prevent neighbors from knowing the fact.

An international organization which saw this situation in Thailand changed the plan to establish AIDS hospices to another plan because they were afraid that the hospices, if established, would be the place to desert AIDS patients.(Personal communication)

As has been seen in the case of the temple in Lopburi Province, AIDS patients are suffering not only from the disease but also from social ostracism and loneliness. They are denied their existence from their own families before the death, and after death as well. As Abbot Alongkod said, the problem is people's feeling towards AIDS.

(3) Letters from People with HIV/AIDS

ACCESS, an NGO providing mainly telephone counseling for people with HIV/AIDS and the public, was established in 1991. At present, there is a Bangkok office and a Chiang Rai office.

Here is a letter sent to the Chiang Rai office of ACCESS in October 1993 written by a male adolescent. He first said he was told he was infected with HIV by a doctor and nobody knew about his infection except him and the doctor. He said he wrote because he has no one to consult his problem with.* He raised four questions as follows;

1)How long could he live?

2)What should he do so as not to worry too much?

3)How much was the medicine and where could he buy it?

4)Was there any medicine to lead to death in order that he would not have to suffer physically and mentally any more?

We can understand from his first and third question that though he knows his death in the near future,

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* ACCESS has radio programmes in Bangkok and Chiang Rai for the purpose of providing correct information about AIDS. This person wrote a letter after listening to the programme.

he is still looking for the way to live as long as possible. The second and fourth questions, however, indicate how he is suffering to continue to live. Only an incurable disease could distress a human so much that the person thinks of death. If that person is deserted by society, how would that make them feel?

Here is another letter from a 31-year-old woman which was also sent to ACCESS in October 1993. She is HIV positive and lives with her 6-year-old daughter. First, she apologized for writing to ACCESS because she was worried that she would trouble the members of ACCESS. She then said she needed to write because she worried about what would happen to her daughter after she died of AIDS. She also said she might have never written, if she was alone and did not love her daughter because when she was told she had HIV she wanted to die so as not to suffer any longer. Afterwards she expressed her worry about how long she could live with her daughter as there would be no one to take care of her after her death, and said she was very hurt because she was deserted by her brother, sister, relatives, and friends. Before they knew she was HIV-positive, they visited her often and she was very happy with them. Now, however, she is alone with her daughter. She asked why she has to be like this.

As abbot Alongkod says, the problem is people's feeling towards AIDS, not only AIDS itself as AIDS is not a disease which can be transmitted through casual contact.

AIDS took family and friends from this woman by force, and it also took away sympathy, compassion, and humanity from her family and friends which could be vital for human support.

5.2.2 Participation of NGOs

From the 1992 fiscal year under the Anand government, the national budget for AIDS was allocated to NGOs as well as the government agencies. The amount was gradually increased, except in 1994, and the number of NGOs and projects allocated part of the national budget was also increased.(Table 5.3) However, the amount as a percentage of the whole national budget, on the other hand, tends to have decreased except in 1995.

The number of NGOs which have projects or activities concerning AIDS had also increased from 7 between 1984 and 1989 to 49 between 1990 and March 1992. (Nartrudee:13-28)* During 1994-1995, there were 189 NGOs conducting AIDS-related activities and approximately 45 of them were working to deal with the AIDS issue as their

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* The number of NGOs was counted from the text which describes details of each NGO from pages 13 to 28, not counted from Table 2 on pages 28 to 30, because there are some differences between them. Moreover, in the text, the number 49 is just described as the number of NGOs conducting AIDS activities after 1990, however, the researcher defined the period from 1990 until March 1992 because that data was collected during April and June 1992.

Table 5.3 Change of Amount of National Budget Allocated for NGOs Working for AIDS Issue

Year	Amount(Baht)	Rate among Whole Budget	Number of NGOs	Number of Projects
1992	11,500,000	1.8%	23	35
1993	15,000,000	1.3%	39	36
1994	10,000,000	0.0087%	71	91
1995	75,000,000	0.048%		

Source: Ministry of Public Health

major work.(ASEAN Institute:46)

The first activities of NGOs which emphasized the AIDS campaign and education for each target group were varied, such as, counseling services for the public by telephone, temporary homes for people with HIV/AIDS who had nowhere to go as a result of being ostracized by family or society, hospices for AIDS patients in the last stages who were deserted by family or community, homes for babies abandoned by parents infected with HIV, etc. The targeted groups, at the same time, were also expanded from only so-called high risk groups divided by their risk behavior, such as CSWs, IDUs, and male STD patients, to

include new groups, such as, slum residents, hill tribes, factory workers, and motor cycle drivers, etc. This diversification of activities of NGOs and their target groups was a result of the further wide spread of HIV and of the expansion of the impact caused by AIDS.

(1) Cooperation with the Government

Under the Anand government, cooperation with NGOs was greatly emphasized in the implementation of AIDS prevention and control by, for example, including representatives from NGOs, such as Dr. Praves Wasi and Dr. Praphan Phanuphak of the Thai Red Cross Society etc., as members of the NAC, and establishing a sub-committee responsible for the coordination of government organizations (GOs) and NGOs under the MoPH. In addition, the national budget was also allocated to NGOs as mentioned.

Such government attitude had been long waited for by NGOs. They received financial support from the government and their representatives were involved as members of the NAC. They hoped their activities would be well accelerated. But things did not go as expected. Despite the goal of AIDS measures of the government and NGOs being the same, conflicts emerged between them. It could be seen in complaints of the government to NGOs and also of the NGOs to the government.

According to research by Nartrudee and Wanna of

Center for Health Policy Studies of Mahidol University, NGOs staff complained that the meeting with the government were too official to talk frankly because they had to talk with a committee or a sub-committee of the government at each. NGOs expressed their dissatisfaction with the meetings by saying that they were not provided enough information. They said that sometimes the NGOs' side and the government side clashed with each other because of distrust. NGOs even doubted that the government could support their work. NGOs requested that the government should study and know more about the work of NGOs and further claimed that the committee did not work because the chairman was busy or the secretary was not in, even though representatives of NGOs participated in the government committee. There was a voice which pointed out an unfriendly and oppressive attitude of government officials and also too many procedures were to become one of the shortcomings of the government system.(Nartrudee: 47-51)

On the other hand, the government also expressed its dissatisfaction with NGOs. According to another research by the ASEAN Institute for Health Development of Mahidol University, a civil servant pointed out the lack of information from NGOs by saying that the government still did not know how many NGOs were working on AIDS because not all NGOs were registered, and they continued that even registered NGOs did not send any information

about their work. There was indication from an activist concerning the shortcomings of NGOs who claimed that NGOs had an unsystematic and amateurish way of administration, often unrecorded information and experience, lack of scientific method in evaluation work, in collecting and evaluating data, and clumsy and inefficient administrative structure and division of duties.(ASEAN:52)

Putting these voices together, it can be said that conflict was caused by the different systems of the different organizations. Though the government has a systematic administration because of its large bureaucratic system, it takes time to decide a matter, and there are many procedures which should be passed before a decision can be made. Everything had to proceed officially. Compared with this, NGOs are not particular about formality, thus, flexible, and do not take time either in decision making or the implementation of the decision. However, in general their administration or process of working is unsystematic and amateurish with a lack of scientific method in collecting and analyzing data and in evaluating works, while the government is more professionalized and has information, experience, and scientific method and skills.

The other factor being considered which caused this conflict between the government and NGOs in cooperation on the AIDS issue originated in emotion and prejudice rooted in certain individuals. Some government

officials took an unfriendly and oppressive attitude and did not trust NGOs. One of the reasons was the conceit of bureaucrats towards the public which originates from the country's history. Thailand had long been ruled by an absolute monarchy from the *Sukhothai* period in the 13th century and it was only in 1932 when the absolute monarchy ended by a constitutional revolution. During that period, bureaucrats were called *Kha Raachakaan*, servants for the work of the government or the king, namely, servants for the king. *Kha Raachakaan* or king's servant was recognized as higher than the public. It might be this historical background which affected the attitude of even the present government officials towards NGOs who represent the public.

Another factor which seems to have affected the attitude of bureaucrats to NGOs is another historical factor concerning relations between the government and NGOs. Since "NGOs were believed to be competitors and antagonists of government officials," and "Being anti-bureaucratic, NGO workers also had a negative image toward government officials."(Amara,1994:28) Thus, it might not be easy to wipe out the distrust of NGOs for the government.*

Though there are historical factors behind the distrust between the government and NGOs, if this GO and

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* See footnote on the next page.

NGO cooperation stimulated by the AIDS issue is an historical event as Nartrudee and Wanna say,(Nartrudee:28) it is quite natural for those different organizations to have conflicts. What is a concern is the inactive attitude to make the other understand its sector. The government officials are not satisfied because there are some NGOs still not registered and even registered NGOs do not send their information. On the other hand, NGOs staff says the government should study more about them because it does not know about the activities of NGOs. The attitude of both sides seems to be just to wait for the reaction of the other side. If the government needs the cooperation of NGOs, it should collect information by itself, and if NGOs know the government does not know about them, they should provide information about their activities. A more active approach seems to be needed from both sides. This approach would cultivate flexibility and a more friendly attitude from the government, and would also generate more profes-

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* Since communists had become active in Thailand before and after the political systems of Laos and Vietnam had been changed to communism in the middle of the 1970's, the military-ruled government of Thailand had been keeping an eye on non-profit organizations including cremation associations, and labor unions because of a fear of communist infiltration.(Amara,1994:34-39) It is well known that students who participated in the 1973 incident fled from the military government to rural areas and later engaged in development activities. Therefore, even though the political environment had changed and the government recognition of NGOs had transferred into rural developing activities at grass-roots level after 1980 when the Thailand Communist Party was believed to be dissolved, it seems to be difficult to dissolve the distrust that had been cultivated.

sionalism in the NGOs. What is important is that they need to meet each other half way.

(2) Thai NGO Coalition on AIDS

As already mention in chapter 4, the Thai NGO Coalition on AIDS (TNCA) was established in September 1989 by 18 NGOs working on human rights, women and children, public health, and AIDS etc. As of August 1995, the number of membership increased to 51 NGOs. Objectives and activities are listed in Table 5.4.

The TNCA has two major objectives. One is for support within and among organizations. For this purpose, TNCA works as a coordinator of or between organizations. Another major objective is to work on society. For this purpose, the TNCA works as activists. Namely, the TNCA plays both roles of organizer and activist.

The objectives at the period of its establishment, however, were different. As already mentioned in Chapter 4 the main purpose of the establishment of the TNCA was to establishment a kind of alliance by joining relations among NGOs working on AIDS, supporting mutual resources, developing human resources of members, and conducting joint campaigns. However, the TNCA faced obstacles (Nartrudee:52) and had to change its original purpose. Factors which led to the change of objectives were competition and distrust caused from different interests,

Table 5.4 Thai NGO Coalition on AIDS

Objectives:
(1) To support NGOs in their efforts working on AIDS issues.
(2) To support cooperation both inter TNCA's members, and with government agencies.
(3) To cooperate with the government to solve the AIDS problems by means of studies, recommendations, and evaluation of policies and measurements.
(4) To promote correct understanding of AIDS in society.
(5) To promote social acceptance and rights of people with HIV/AIDS.

Activities:
(1) To provide academic services on AIDS to its members.
(2) To gather issues on AIDS problems from its member in order to set solving schemes.
(3) To be in committees appointed by the government in order to draw policies and measurements to solve AIDS problems.
(4) To campaign publicly an appropriate AIDS awareness via various media.
(5) To campaign about protection of human rights regarding AIDS issues.

Requirements to be organization members
(1) Being NGOs (societies, foundations or organizations with different identifications which are private organizations working on community development and/or social development on a non-profit basis) with activities on AIDS issues.
(2) Operating activities on development in Thailand not less than one year.
(3) Arranging to educate AIDS issues to staff and target group.
(4) Being active to support and attend TNCA's activities.
(5) Being certified by at least three organization members.
(6) Being approved by TNCA's committee board.

Rights of organization members
(1) To appoint an organization representative in a meeting of organization members.
(2) To appoint a candidate applying for to be a member in the committee board.
(3) To vote for members of the committee board.
(4) To attend or take TNCA's activities.
(5) To recommend the TNCA's operation and summit agendas, to organization members meeting.
(6) To call for an extraordinary meeting for which not less than half the organization members agree.

Source: Thai NGO Coalition on AIDS, December 1995.

different target groups, a sense of protection of their own territory and profit, which are natural to organizations.(Nartrudee:52)

Though the establishment of an alliance was not achieved as hoped at first, the TNCA is now functioning as a kind of coordinator within NGOs and between the government and NGOs, for example, NGOs which want support will be helped. Seminars are also held to encourage NGOs and information is provided to NGOs in communities and region.(ASEAN:49) This seems to be a better way because the TNCA assumed a more gentler stance in the sense that the TNCA supports NGOs, but it does not try to combine the different situations of each NGO together as it tried to once before.

On the other hand, however, there was a problem that seemed to have originated from this gentler stance, that is, "members have no time to help TNCA because they have their own activities."(ASEAN:51) This situation raised the question as to whether the TNCA was really needed or whether the members really felt the necessity of the TNCA. To deal with this, members were required to be active in their support and attendance of TNCA's activities.(See Requirements to be Organization Members in Table 5.4) Furthermore, "member organizations will be disqualified if they do not meet the qualifications," and "organizations which do not send representatives to attend the general meeting for two consecutive years without

prior notice to the coalition will also be disqualified." (ASEAN:50) Their new rules, however, seemed to have unintentionally been suggesting the decline of the TNCA.

As described already, NGOs are continually questioned about their professionalism, and the weaker NGOs are expected to be eliminated. In this new situation, the TNCA itself is now required to have a reason for being and to define its new roles.

(3) Thailand Business Coalition on AIDS

In September 1993, there was a new movement on AIDS in the business sector. A non-profit non-governmental organization on AIDS was established by two private companies. It was named the Thailand Business Coalition on AIDS (TBCA), and established by two business executives — James Reinnoldt, Managing Director of Northwest Airlines, and Bill Black, General Manager of The Regent Hotel, Bangkok — in order "to provide effective leadership to meet the challenges of the HIV/AIDS epidemic."(TBCA, Introduction)

According to research conducted by private companies which were members of the American Chamber of Commerce (Thailand) in December 1992, 70% of business executives fully understood the HIV/AIDS epidemic and its impact on their businesses, and 64% were concerned about the impact of the HIV/AIDS on their business. However,

only 24% of companies provided any HIV/AIDS education training for their employees, and only 14% developed any sort of HIV/AIDS workplace policies in their businesses. (Reinnoldt,January 1993) This result led the two executives to decide to establish the TBCA.

Members are provided services by the TBCA based on the status of the membership in which there are four categories and registration fees.(Table 5.5) The AIDS education provided by the TBCA now is mainly for the white collar workers of a company. Those people will be educated to have leadership in the implementation of AIDS education in the company.

To be a member, the company must endorse the Ten HIV/AIDS in the Workplace Policy which demands the same rights of people with HIV/AIDS, non-discriminatory employment practice, confidentiality of employee medical and insurance information, not requiring HIV screening as part of pre-employment or general workplace physical examination, etc.(TBCA:Introduction) Therefore, accepting this policy is the first step for private companies to apply for membership and also to challenge the AIDS problem.

Contrary to expectations, memberships have not easily increased yet. The TBCA first aimed to gather 300 members within the first year, however, as of May 1995, almost two years after establishment, there were only over 100 member companies. The interest to the AIDS issue of

Table 5.5 Membership Status and Services Provided by the Thailand Business Coalition on AIDS (TBCA)

Membership Status and Registration Fees per Year;

1. Pacesetting Member: Registration Fee = 100,000 Baht
2. Prestige Member: Registration Fee = 50,000 Baht
3. Executive Member: Registration Fee = 30,000 Baht
4. Associate Member: Registration Fee = 10,000 Baht
5. Individual Member: Registration Fee = 2,500 Baht

Services Provided (Unit:Times)

Services by TBCA	Pa	Pre	Ex	As
Human Resources Training	1	1	1	1
Executive Briefing	1	1	1	1
Training for Company's Employees	6	3	1	0
Training of Trainers(TOT)	1	1	1	0
Training of Counselors	1	1	0	0
Training of Peer Educators	1	0	0	0
Consultation Services	U/R	U/R	U/R	U/R
Newsletter(Quarterly)	4	4	4	4
Workplace Resource Center	U/R	U/R	U/R	U/R

Remarks: Pa is Pacesetting Member
Pre is Prestige Member
Ex is Executive Member
As is Associate Member
U/R is Upon Request

Source: Thailand Business Coalition on AIDS

private companies seems to be low.

However, the research conducted for companies in Thailand was only for members of the American Chamber of Commerce (Thailand), and in fact, at least one third of members are huge international companies whose original countries are not Thailand, for example, an airline, a insurance company, hotels, banks, oil companies, food product companies, and car companies, etc. Therefore, another research to target local companies seems to be needed to study the awareness of AIDS by local private companies and to meet the demand of the majority of private companies in Thailand. Originally, the TBCA itself was an organization set up by foreigners, thus, how the TBCA can approach private Thai companies is a problem for the future.

Concerning the period when the movement of private sectors emerged in 1993, this was very late compared with NGOs. Though there were some companies cooperating with the AIDS prevention measures of the government through putting messages concerning AIDS into their consumer products, the target groups for this kind of activity were the public, not their employees. Therefore, the establishment of the TBCA is significant in the sense that private companies in Thailand, though many members were foreign capital companies, began to pay attention to their employees' education about AIDS. The reason why this move was late might be a result of the lack of recognition of

the impact of AIDS to their businesses by private companies. According to the research conducted in December 1992, only 9.4% of companies said their business had had any impact from the AIDS problem,(Reinnoldt) that is, more than 90% of the companies had not seen any impact from AIDS yet.

(4) NGOs and Community Based Care

Since a serious economic impact and heavy burden beyond the capacity of public health is expected from the AIDS epidemic in the near future,* it is widely recognized throughout the world that community-based care is "the only realistic approach to cope with the crisis" caused by AIDS.(WHO,1993:7)

Community-based care is a form of support which provides psychological, social, medical, and nursing service to people with HIV/AIDS and their families. Care in everyday life will be "given by families and members of society in the home and community level through hospice and other shelter settings, while health settings support community-based care by providing diagnosis, clinical

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* The annual cost of AIDS treatment is estimated to be about 25,000 Baht which presents over 25 percent of the average annual household income of Thai families, while per capita health expenditure is at 500 Baht. Because most average Thai families can not afford to pay this amount of money for treatment, the burden will be placed on the government.(Viravaidya,1992:8-9)

management, and treatment of acute conditions."(WHO,1993: 7)

As WHO mentions, it is important to integrate care programmes on AIDS so as those programmes can be strengthened. As a part of the integration programme, NGOs based in communities should be encouraged to be involved, especially, community-based NGOs working on both AIDS and other areas.

This integration can already been seen in some NGOs in Thailand. For example, care project for AIDS patients in their last stages at the temple, *Wat* Phra Baht Nam Phu in Lopburi Province described already is a good example. The programme has been mainly managed by monks, local volunteers, and also AIDS patients themselves who can still take care of themselves and other patients. It is evidently working as a community-based organization. In Thailand, Buddhist temples are religious organizations deeply rooted in communities. In its long history, *Wat* Phra Baht Nam Phu, therefore, is the case in which a grassroots or community-based organization was involved in the AIDS care process. This is also the case of Duang Pratheep Foundation, which was originally working for slum residents and later involved in the AIDS programme.

In the sense of integrating the AIDS programme from the family and community level into the government level, the role of community-based NGOs, whether they have ever conducted some sort of AIDS project or not, becomes

more significant and indispensable. For NGOs, it implies that they are seriously requested to be integrated into the AIDS programme. To turn to deep rooted community organizations might be one direction and possibility for NGOs to be able to continue their activities in the future when the elimination of weaker NGOs is expected, in other words, for their survival.