



DoD HIV/AIDS Prevention Program

*Status Report
May 2003 to September 2004*

Thailand



BACKGROUND

Introduction/General Information

The population of Thailand is estimated at 64.9 million people, with an average life expectancy estimate of 71 years. Thai is the official language of Thailand, and the literacy rate is estimated at 96%, distributed evenly between men and women. The average annual per capita income is \$7,400.

Country HIV/AIDS Statistics and Risk Factors

The HIV/AIDS prevalence rate in Thailand is estimated at 1.8% of the general population, and 670,000 people are estimated to be living with AIDS. Identified significant risk factors include sex workers and their clients and men having sex with men (MSM) transmission. Twenty percent of adult men in Thailand in the early 1990s reported visits to sex workers within the previous year. Using an aggressive, focused prevention effort targeting the sex workers mode of transmission, Thailand saw prevalence fall in numerous populations – prevalence among young Thai men fell from 4% in 1995 to about 1% today. Currently, Thailand reports prevalence in virtually all surveillance groups is decreasing.

Military HIV/AIDS Information

The Thailand Armed Forces is estimated at approximately 301,000 active, 200,000 reserves, and 115,600 paramilitary (active).

HIV prevalence rates in the military are unavailable.

PROPOSED PROGRAM

In 2003 the Center of Excellence in Disaster Management and Humanitarian Assistance (COE-DMHA) submitted a plan to DHAPP to catalyze regional cooperation on HIV/AIDS issues. To accomplish this aim, a partnership with the Royal Thai Army (RTA) was essential. The US Pacific Command (USPACOM) HIV/AIDS program will position Thailand as the regional success story enabling a “neighbors-teaching-neighbors” approach. USPACOM/COE together with the Armed Forces Research Institute of Medical Sciences (AFRIMS), will develop a military Regional Training Center (RTC) responsible for educating a core group of military medical officers. These officers will form a cadre of their respective countries’ military HIV/AIDS prevention efforts and serve as liaisons and advocates for all future work. Key elements of this strategy included the following:

- A partnership with Phramongkutklao Medical Foundation (PMK) with resources located at the Phramongkutklao Military Medical Center (PMMC) in Bangkok, Thailand.
- Quarterly HIV/AIDS training workshops collaboratively with AFRIMS,
- HIV/AIDS laboratory capacity building; renovation of laboratory spaces, and purchase of HIV test kits and supplies,

- Facilitation and planning for multiple regional workshops to be held at the developing RTC at PMMC, and
- Maximal engagement of as many Asia Pacific military medical partners as possible within the regional HIV/AIDS program.

PROGRAM RESPONSE

Military-to-Military

COE in collaboration with RTA organized 3 HIV/AIDS sessions for the *13th Asia Pacific Military Medicine Conference*, in Bangkok, from 12-16 May 2003. Military and civilian experts spoke on various aspects of HIV/AIDS. The plenary session focused on the transnational HIV/AIDS epidemic in the Pacific region, security concerns, and force protection issues. These sessions facilitated a regional dialogue within the defense community, and a consensus emerged that the transnational threat posed by HIV/AIDS mandated a more coordinated regional approach to the control of this pandemic.

The USPACOM/COE and RTA then co-sponsored 2 training workshops in Bangkok. The *Asia Pacific Regional HIV/AIDS Technical Training Workshop* was held in Bangkok, Thailand, 9-12 September 2003. The objectives of the workshop were to improve military medical laboratory capability related to HIV/AIDS prevention activities, provide technical instruction in HIV diagnostic testing, and expose participants to "best practice" military HIV/AIDS prevention activities. Representatives from 9 Pacific countries attended.

The *Asia-Pacific Regional HIV/AIDS Education and Counseling Workshop*, which included 22 delegates from 12 countries, was held in March 2004. With USPACOM regional partners, the RTA and PMK, a workshop that provided HIV/AIDS education and counseling training was

executed. The workshop stressed the importance of counseling skills and their potential impact on HIV/AIDS prevention and control. Didactic lessons and innovative hands-on counseling sessions were developed, which included participant role-playing covering critical issues related to HIV/AIDS pre- and post-test as well as prevention counseling. Participants in the workshop were exposed to best practice methods of HIV, HIV/AIDS epidemiology, virology, and clinical care guidelines delivered by experts in the field from AFRIMS, Tripler Army Medical Center, the United States Agency for International Development, Family Health International, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Development Programme (UNDP) as well as faculty from the RTA and PMK. The following activities took place:

- Execution of the *Asia Pacific Regional HIV/AIDS Education and Counseling Workshop* including hands-on sessions,
- Planning for an RTC workshop in September 2004 to cover HIV/AIDS policy and planning for line commanders, and
- Distributing CD-ROMs to all participants containing the latest reference materials on HIV/AIDS including format for counseling.

Clinical Provider Training

See Program Response: Military to Military.

PROGRAM IMPACT

The workshops described above resulted in open multi-lateral dialogue, identified barriers, and clarified capacity building opportunities. Participants stressed the need for more in-depth workshops on HIV/AIDS treatment, counseling, and best practices.

As a result of the *Asia Pacific Regional HIV/AIDS Education and Counseling Workshop* in March 2004:

- Four workshops were held to train more than 100 HIV/AIDS counselors in the Timor Este Defense Force (doctors, nurses, medics and section commanders).
- Using educational materials from the workshop, Papua New Guinea initiated HIV/AIDS awareness training within its armed forces.
- The UNDP and USAID are collaborating to structure HIV/AIDS prevention activities for the military.

Pre-Test Counseling Session #1 (Mother-To-Child Transmission - MTCT) Evaluator	
Counselor	During this pre-test session, your patient has come in unadvised on why they do not go to work for HIV. Evaluate her medical chart notes according to 1, and provide written and face-to-face advice. Counselor has received the following clinical information: Bkg(?)
Patient	You find you are afraid of being HIV (+) due to concerns of inability to support your family / deployment. You are also pregnant in your first trimester. You would like to get your child, but you are worried you will not be able to support your family. You also have strong beliefs that if you are HIV positive, you will be rejected by your family. You do not know if you can be trusted to go to work. Just before being tested, you also had the strongly symptomatic HIV seroconversion and transmission window in the individual, the many clinical signs of HIV/AIDS that persist to your risk, and the process of testing and return.
Clinical Information	For the counseling to proceed in this scenario, the patient is fearful of returning to work with the infection. She is worried of mother-to-child transmission (MTCT) you would. A full evaluation of chart and your medical and social history. Counselor should address the patient's concerns about the risks of not going to work. The following issues should be addressed: <ul style="list-style-type: none"> • How to obtain the pre-test results • The window of HIV/AIDS • Issues of testing and seroconversion • The meaning of seroconversion • The role of pre and post seroconversion tests • The role of pre and post seroconversion tests • The role of pre and post seroconversion tests • The role of pre and post seroconversion tests • The role of pre and post seroconversion tests • The role of pre and post seroconversion tests
	With each of these cases, the Counselor should demonstrate: <ul style="list-style-type: none"> • adequate clinical knowledge of objectives including HIV (+) risk, MTCT, prevention therapy and return to work in pregnancy • Good communication skills (verbal, non-verbal, etc.) • Appropriate HIV/AIDS counseling techniques • Appropriate assessment of clinical information in the context

Small group activity form used at the *Asia Pacific Regional HIV/AIDS Education and Counseling Workshop*.



Military Physicians from India, East Timor, and Malaysia practice HIV/AIDS Counseling.

Potential Number of Troops Affected

More than 45 military medical leaders from 14 different Asia Pacific nations trained via 2 regional training workshops.

Mass Awareness

The workshops provided the foundation for continued PACOM/COE and RTA working relations to educate militaries in the region on HIV/AIDS prevention issues and activities.



Senior flag officer from the RTA lectures on "Advocacy" at the *Asia Pacific Regional HIV/AIDS Education and Counseling Workshop*.

Laboratory Capability/Infrastructure



Regional senior military medical physicians practicing laboratory techniques during training sessions provided at *Asia Pacific Regional HIV/AIDS Education and Counseling Workshop*

Number of Troops Trained

None during this reporting period.

