

The Process of Policy Implementation: the Policy of HIV/AIDS Prevention in Youth Groups in Thailand

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Abstract. The aims of this research were 1) to elucidate the process of policy implementation in both central and regional levels, and 2) to explain the obstacles of policy implementation and to propose a guide of solving problem. The method used was a qualitative study. Eight provinces were selected as the representatives from 4 four parts of Thailand. The stakeholder representatives of the policy implementation were 88 people, with data collected by in-depth interviews. The data was coded by a computer program and then analyzed and synthesized regarding to the main issues of the study. Results: The policy implementation in the central level was transferred from the national AIDS committee to the Department of Disease Prevention and Control (DPC) and then to the provincial areas of practice. This process was lacking budget support. In the practical area, the provincial AIDS committee was monitored by the provincial health office, cooperating with the central level, in order to transfer the policy implementation to the office of area education commission, Local Organization Administration (LAO) and associated organization. The Non Government Organization (NGOs), working on HIV/AIDS prevention in youth groups, were mostly supported by Global funds. Whereas, the government organization especially for the education office was supported by provincial funds, global funds, and outside sources funds, which were differently in each province. In the community, the core activities were to address AIDS knowledge, establishing core youth groups, and supporting them to building the network of AIDS prevention. The greatest budget was sent directly to the target area but some of it was sent toward the district health office. The obstacle in the central level was caused by changing the process of policy implementation from one with a budget to one without budget support. In the area of practice the obstacles within the school and municipality/sub-district organization were found to be that they were slightly concerned about the AIDS problem and its effects as well as the risk behavior in youth groups. Especially in the school, the AIDS and Sex Study's course regarding both the technical and process of teaching was hardly the most useful in time management.

Keywords: Process of Policy Implementation, HIV/AIDS, Prevention, Youth Group

1. Introduction

The data report on AIDS at global level for the year 2007 found 2.7 million new cases with a further 2 million deaths case of HIV. New cases had decrease from 3 million in 2001 to 2.7 million in 2007. When focusing on the HIV new case in youth groups of aged 14-24 years, 45% were 15 years and less which was approximately 370,000 cases. This number means in youth groups there was an increase from 1.6 million in 2001 to 2 million in 2007. ¹ In Thailand AIDS was first identified in 1984². This was followed by the Nation of AIDS Policy announcement by the government on the 21 October 1990³. Presently, the policy of AIDS prevention in high risk groups including the youth groups, have been integrated strategy plane on National Prevention and Alleviation of HIV/AIDS (NPHA) in Thailand, 2007-2011. In Strategy II: the integration of

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prevention, care, and a decrease of the impact in risk target groups include the youth group. Thus, the policy of HIV/AIDS prevention in youth groups in Thailand has emerged from the strategy plane on National Prevention and Alleviation of HIV/AIDS. The policy goal is the ability of youth to prevent HIV/AIDS appropriately. The output of the policy can be measured from five dimensions of the policy, consisting of the learning on HIV/AIDS continuously, the communication on HIV/AIDS among youth groups, the accessibility to health service and the equipment for the prevention of sexually transmitted diseases (STD), the participation in decision of AIDS activities, and the support of carry on AIDS and sex education from the municipality.

The guideline is to carry on the Policy and the strategy as mentioned above. The stakeholders were the government sector, NGOs, the community, and the youth group. Besides the fact there was no budget support from the government as in the past, there was support from various out sources such as the foreigners NGOs, the Department of Disease Prevention and Control, and the National Health Security Office (NHSO). The activities and responses to the policy were different in each area. However it was depend on the factors of the sources of budget, activities, and the strengthening of personnel in each level both in the central level: the ministry of public health, the national committee of HIV/AIDS, and regional of disease prevention and control office and the local level: the provincial and the community. It includes the obstacles from the process of policy implementation and their alleviation in order to reflect upon the output and to improve the policy of HIV/AIDS prevention in youth groups.

2. Objective

To elucidate the implementation process of the policy of HIV/AIDS prevention in youth groups in Thailand in both central and regional levels and to explain the obstacles of policy implementation and guide the alleviation of HIV/AIDS in Thailand.

3. Literature Review

3.1. The Policy of HIV/AIDS Prevention in Youth Groups in Thailand

The policy of HIV/AIDS prevention in youth groups is emerging from the strategy of NPAH, 2007-2011, in Strategy II: the integration of prevention, care, and decrease of the impact in risk target groups that include the youth group. The policy goal is appropriate behaviours to prevent HIV/AIDS of the youth group.⁴ The output of the policy implementation can measure from five dimensions of the policy, consisting of the continuous learning on HIV/AIDS, the communication on HIV/AIDS among youth groups, the accessibility to health service and equipment for the prevention of sexually transmitted diseases (STD), the participation in decisions of AIDS activities, and the support to carry on AIDS and sex education from the municipality. The process of policy implementation means the implementation process of HIV/AIDS prevention in youth groups in Thailand depending on resources, environment, organization, mission and job description, the leader/policy maker and administration, coordination and cooperation, the policy and status of practical people, evaluation, and target population.^{5,6}

3.2. The Model of the Process of Policy Implementation

The model for policy implementation and the theory of policy implementation is linked to the process of policy implementation. The variables associated with the process of policy implementation are resources, environment, organization, mission and job description, the leader/policy maker and administration, coordination and cooperation, the policy and status of practical people, evaluation, and target population.^{5,6} These variables followed the theory of policy implementation so as to elucidate the process of policy implementation as in the general model of policy implementation. The variables were addressed to the framework along with the process of policy implementation.

4. Research Methodology

A qualitative study was used for data collection and analysis. The study areas were 8 representative provinces from 4 parts of Thailand: Srisakate, Krabi, Ayuthaya, and Nakornsawan, Udon Thani, Trang,

Lopburee, and Chiangrai. The target group populations were the stakeholders of the process of policy implementation at all levels and the youth group who participate with AIDS activities. Purposive sampling was used for selecting the stakeholder, 88 people consisting of 2 representatives of the Bureau of AIDS, 2 of the National sub-committee, 5 of the offices of disease prevention and control region level (10th Chaingmai, 8th Nakornsawan, 2nd Lopburee, 7th Ubon Ratchathani, and 12th Songkla), the director of provincial health office (8 people), sub-committee of AIDS' provincial (8 people), the practical people on AIDS from GO (15 people) and NGOs (8 people), the director of educational in area of the province (8 people), and the director of the schools (16 people) and the mayor of sub-districts (16 people). The two youth groups (14-24 years old), in school and in the community, have had experiences about AIDS prevention activities. The purposively sampling of the youth, 10-12 people/group, was interviewees; composed of 16 groups of student and 16 groups of the youth in the community.

The tools used were structure and non-structure interview guides about the implementation process of policy prevention HIV/AIDS in youth groups and the obstacles of the process. Data collecting: In-depth interview method was used for collecting data with the stakeholders who participate in the process of policy implementation. And group interview was used for data collecting in youth groups both in the school and in the community. Data Analysis: a computer program was use for coding the data and then building the new concept from the coding relevant to the objective of this study.

5. Research Findings

5.1. The process of policy implementation

The process in this study was divided into 2 levels: the first was the central level which included the ministry of Education, Disease Prevention and Control Department, Ministry of Public Health, the National's AIDS sub-committee, and DPC regional. The second was the provincial level which included the provincial health office, provincial's AIDS sub-committee, the provincial office of educational, and the municipality/sub-district administration organization.

The distribution of AIDS policy from the national AIDS's sub-committee to the DPC department took action as the secretariat of the National AIDS's sub-committee and was implemented directly to the DPC office. The pattern of distribution was in a meeting and announcement of the strategy of national's AIDS to the regional DPC enabling the distribution to the provincial health office and area of practice respectively. The method of distribution was announcement and discussion in the meeting room of the provincial AIDS's sub-committee.

Some regional DPC offices had tried to experiment with the model of AIDS prevention in youth groups. The method was cooperation between the provincial office of education and the school directly. Whereas the activity proceeded in the community was address to NGOs' role which was the boundary limitation of area. The ministry of education had previously established a teaching course that focused on the issues associated with AIDS and sex study. The view point of the representative of the bureau of foundation education was that this course covered AIDS and the life skills of the student. Whereas the NGOs and PATH organization whose role is to action the concept of AIDS and sex education simultaneously with continuous development of this course based on research is essential to students. The pro of this course was it stressed a process of learning and teaching that differed from the bureau of foundation education method.

The resources factors; this factor was most problematic due to the decentralization of the government to the local level as well as the alteration of budget system to GFMIS which received the budget to the local area directly. The impact on the process of implementation of AIDS prevention in youth group in Thailand was a policy distribution change from block grant to distribute the policy's information toward the bureau of AIDS to regional DPC and then to the province respectively to be used for an AIDS prevention guide in youth groups. However, the practice of AIDS prevention in provincial areas depended on the real situation of the AIDS problem and particularly was of concern of for the leader as well as the grant support for activity. The outside budget supported by the Global Fund was the crucial resources used to carry on AIDS activities in youth groups in Thailand following the strategy of NPAH. Not only support from the government but also the NGOs. For the DPC department and MOPH, this grant-in-aid was used for the

development of a data system in sex risk behavior of youth groups. The important thing was it had no mention or preparation about the process activity along with the strategy of NPAH on AIDs prevention in youth groups where no funding support for the AIDS activity was available from outside resources particularly for the policy level.

The factor of environment in the central level affected the policy implementation of AIDS prevention in youth groups. The consideration of aspects of a changing society of youth groups that effect sex risk behavior due to; a decentralization policy and the alteration of the budget system, the readiness of local administration organization, and education reform in Thailand, which was to provide the authorities with course teaching improvements that matched the area situation. These factors were affecting the process of implementation on AIDS prevention in youth group policy in Thailand. Particular for the teaching course of education reform, although the reforms remain familiar to the commanding system. This situation led to the acceptance of the course on AIDS and sex education in the school. In the community it was the same, the LAO did not concerned the AIDS problem and its impact on the sex risk behavior in youth groups.

The level of practical area and person; the organizations were the provincial AIDS's sub-committee, the provincial health office, the provincial education office, NGOs, and the associated organization with the policy implementation, the school and the LAO.

The director or the local policy makers make up the provincial AIDS's sub-committee. The provincial health office is the secretariat simultaneously with the coordinator organization in both the central level and in the area of practice. The committee included the associated government office and the NGO. The process on AIDS activity was to integrate the provincial plan from the associated office, for instance, the provincial office of education that carry out AIDS and sex studies in the school and NGO who play an importance role on AIDS and sex studies in the community. However, the cooperation between provincial AIDS's sub-committee and NGOs was rarely found.

The provincial office of education; the information from the national strategy on AIDS prevention in youth groups was rarely found or received from the provincial AIDS's sub-committee. However, the problem of AIDS and sex risk behavior in youth groups, teenage pregnancy, and STD was received from this committee. The intensity of concern and activities on this problem was dependent on the data propose by the responsible AIDS person from provincial health office, as well as support from the director of this office and the governor of a province, either policy or grant support. Besides, this support would prompt the school to accept the teaching course on AIDS and sex study as well.

The NGOs; as afore-mentioned, was the major organization to proceed on AIDS prevention in youth groups in the community. The activities provided AIDS knowledge, established the youth core group, and supported the youth's core group to cooperate with the AIDS's network. Almost all of the work's process was straight forward to the community, however, least was the cooperation with the provincial health office as well as participation in the provincial AIDS's sub-committee. For NGOs who proceeded with the AIDS and sex study teaching course in the school directly cooperated with the provincial health office and education office and core leader who took action as a node of the organization. The node developed the teaching course, the teacher, and this led to implementation in the school.

The Local Administrative Organization (LAO), the municipality and sub-district organization, their mandate was responsible for health status of their area population in particular for the budget of health fund receiving from the National Health Security Office (NHSO). The proceeding AIDS activity was depending on the community's leader accepting the AIDS problem and trend of sex risk behavior in youth groups. The participation principle used for their activities included home visits, an AIDS knowledge campaign, a training course, and establishment of a youth's core group who were able to design and carry on AIDS's activities, planning as well as look for sources of funding support. However, observation from this study found that the areas with high amounts of activities were where the foundation continually worked on AIDS provided by the NGOs. The grant support was from outside organizations plus the municipality/sub-district organization. However, the areas with less activity had no NGOs previously working in those areas. Beside, the leader's point of view, was present that the area did not have risk places for the youth group. The same picture of two areas was the leader was unclear on AIDS activities that related to the national strategy as well

as provincial policy on AIDS prevention in youth group. They were percept that their work was based on an area based problem only.

The school; the school's model of proceeding with the AIDS and sex study was readiness of the director's policy particular for the leader's view on AIDS impact and the positive impact for society that the youth group's ability to prevent AIDS when proceeding with the activities of the AIDS and sex study in the school. Participation and integration were used as the method for this work. The observation found these schools were teaching course experiment before with simultaneously development until the model was appropriate for the school. The components of the teaching course were the school's director, policy, ability of the teacher, and the student. Whereas, the director of the school with limited AIDS activities view was limitation of time for teaching the course particular as his opinion on the course from the ministry of education was it was sufficient and valuable for the student, and covered enough to protect them from HIV/AIDS. When focusing on the AIDS activities in school associated with the strategy of NPAH on AIDS prevention in youth groups, they were not known. They just worked on certain school problems.

The mission and job descriptions; communally, the administrative coordination and cooperation, proceeding AIDS prevention in youth group in provincial level obviously found the perception on the strategy of NPAH and guidance especially for the provincial AIDS's sub-committee and the secretariat of this committee. However, the provincial office of education and provincial administrative organization received little information. Moreover, in the community and the school activities and configuration of the AIDS and sex study were used in order to solving the collective problems. Thus, the role of evaluation of the association and consistency on AIDS prevention in youth groups was handled by the secretariat of provincial AIDS's sub-committee.

The practical person and policy of practical level; in this study consider the point of view of practical people and the leader of the practical unit. In the public health unit, the practical person who is responsible for AIDS activity before was skilled for this work. However, other offices found differently problems. For instance, in the school, the problem was lack of skills of teaching AIDS and sex study. In municipality/sub-district organization in particular the office without the department of health were lacking the most variety of aspects. Thus, proceeding on AIDS was dependent on the public health office both in the local public health and in the hospital in order to provide AIDS knowledge and training.

5.2. The Problem and Obstacle and Alleviations Guide

At central level, the problem issue was the effect of the government reform decentralization especially the budget which was sent to the local government directly. This means that the regional office of DPC sent only the information of AIDS policy. The impact on the regional DPC was no confidence to monitor and evaluate the provincial plan due to no indicators for simultaneously monitoring the plan and activity of provincial area with budget support. Guidance to alleviate problems in some provinces was using AIDs activity as the indicator for investigation by the official inspection. However, the regional DPC and provincial were to take cooperative action. The role adaptation of regional DPC was stressed to promoting the knowledge, model development, and new technique for the province in order to lead improvement of activities to disease prevention and control. The office of education in provincial should be addressing the school's role to approve and develop the teaching course by considering the area base problem firstly.

The provincial level means the area of practice and practical person, the problem of AIDS prevention in the school was the director who was not concerned about the impact from AIDS and sex's risk behavior in youth groups. The problem was the technical and process of teaching sex education as well as time allocated for the course. The problem in the community was no different from the school, for instance the problem in the community was not concerned with the AIDS problem and it impact including sex risk behaviors. Beside, the community still had not found the way to begin solving and managing this problem. The guidance for alleviation this problem was found; at the provincial level, the official inspection was setting the guide of AIDS prevention in youth groups and the indicator for monitoring and evaluating. The regional DPC was altering the role to address supporting the knowledge and new technique to the provincial so as to improve work. In the ministry of education particularly for the provincial office of education was to stress to the

school the role to approve and develop the course, such as teaching techniques on AIDS and sex study that depend on the area's problem.

6. Recommendations

The Strategy of National AIDS committee; 1) Establishing the cooperation with MOPH, the Ministry of Education, LAO, and NGOs in order to develop the course of AIDS and Sex study and life skill experiences. The development of teacher/expert in the community and also teaching technically to study the appropriate model from the pilot study from parts of Thailand. 2) Design the mechanical development of AIDS's sub-committee at all levels in order to integrated AIDS activities: the organizations, contents, monitoring and evaluation and then continuously sending back the data for activities development.

The policy decision; 1) Specifying the indicator of AIDS in youth groups into the integral government investigation, supporting the role of cooperation among the Office of DPC, the provincial health office, and the government investigation team. 2) The major role of DPC is to support academic development and develop techniques and models on AIDS prevention in youth groups for the provincial level. 3) The Ministry of Education at all levels should address the school's ability to develop and approve the course of AIDS and sex study by considering the problem of the area first. 4) The development of a database on risk behavior and AIDS problems in youth groups at the national, regional, provincial and area of practice which were used for planning and solving problem of integration.

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