THE DEVELOPMENT OF AIDS POLICY IN THAILAND:

The Factors Influencing the Policy Development Process from 1984 to 1993.

A Masters Thesis Submitted to

the Center for Southeast Asian Studies

in Partial Fulfillment of the Requirements for the Degree of

Masters of Arts

By:

RICHARD T. BERNHARD

University of Michigan
Ann Arbor, Michigan

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CHAPTER I
INTRODUCTION

Thailand has all the elements that precipitate a rapid spread of the AIDS epidemic: a large Intravenous Drug Users (IVDUs) community, a highly mobile population, and an extensive commercial sex industry frequented by the majority of Thai men and numerous foreign tourists. At the beginning of 1988, Thailand had only a handful of reported cases, but by 1994, approximately one percent of all Thais were HIV positive. In fact, Thailand has experienced the fastest documented spread of the epidemic in the world (Beyrer 1993). The first waves of the epidemic saw infection spread in the IVDUs and commercial sex workers (CSWs) populations. It then spread to men who frequented CSWs and today, increasing rates of infection are being discovered in housewives and their children. All Thais are now considered at risk regardless of their geographic location, socio/economic status, age or sex. Due to the wide-reaching parameters of the AIDS epidemic, Thailand is being forced to examine not only health concerns but also related cultural, economic, religious, gender and legal issues.

At the same time, Thailand has developed the most comprehensive anti-AIDS campaign in Asia and one of the most progressive in the world. In 1988, Thailand was the first country in Asia to develop a national AIDS prevention program and in 1991, the first to have its Prime Minister (Anand Panyarachun) chair the National AIDS Committee. By 1994, AIDS policies have become an intricate part of the nations social and economic development plans and funding for the national AIDS program exceeds US $50 million. The participants involved in the national AIDS campaign include all government ministries and provincial governments, and numerous government agencies, non-government organizations (NGOs) and international organizations.

Through the efforts of the participants, the national AIDS campaign reaches every part of Thailand. AIDS education is now taught in schools, neighborhoods and businesses, and commercials are broadcast throughout the day on television and radio. The educational messages have promoted abstention from high-risk behaviors and condom use. As a result, condom use has increased and sexually transmitted diseases (STD) have decreased.[1] There are also signs that the frequency which some Thai men visit brothels is on a downward trend. Although the rate of infection remains high, these prevention efforts have limited the growth of the epidemic.

In addition to the prevention and control efforts, there have been vast improvements in the manner which infected persons are treated. Measures, including quarantining infected persons, and legislation, such as the "AIDS-bill," were rejected because of their discriminatory nature. In contrast, anonymous testing, counseling mechanisms and measures to protect HIV infected persons in the work place are being implemented.[2] Additionally, the present national program, labeled "Living With AIDS," places more emphases on care and human rights. The government, which is unable to care for the hundreds of thousands of persons that will soon be sick with AIDS-related diseases, is now investigating alternatives including temple-based hospices and home care initiatives. Finally, there have been on-going efforts to limit the spread of HIV by controlling the commercial sex industry.

These impressive accomplishments have stemmed from Thailand's ability to pull together both financial and human resources to address the epidemic. Thailand's success has also benefited from various national attributes such as a well-established bureaucracy, sustained economic growth, a far-reaching health infrastructure, relatively high literacy rates and a well-developed communications system. However, without high-level

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[1] Condom use is considered one of the most effective ways to halt the spread of HIV infection. There is a strong correlation between the presence of a STD and the chance of acquiring HIV.

[2] In spite of the progress in protecting HIV/AIDS infected persons, discriminatory practices, such as forced testing, abound. Enforcement of the legislation has been deficient.

political commitment, the policies and their implementation would not have been possible. To reach this level of commitment required the Thai government and key leaders to overcome an environment characterized by denial and relative inactivity. Therefore, the primary question to be addressed in this study is: How and why did the AIDS issue develop into a high-level government priority?

This research reconstructs and describes the development process for AIDS policies in Thailand from the appearance of the first few cases, in 1984, to the present. It demonstrates how the political environment, characteristics of the AIDS disease, and the role of government and outside participants are all important factors in the policy development process. The analysis concludes that the nature of the political system is the single greatest variable to account for the manner that the development of policy has occurred. Within the political environment, the participants and issue characteristics largely determine the shape and nature of the policy developments.

Historical Presentation of Policy Development

This research includes a historical presentation of AIDS policy development which is divided into four periods according to political administrations: Prem Tinsulanonda (1984-88), Chatichai Choonhaven (1988-91), Anand Panyarachun (1991-92) and Chuan Leekpai (1991-94). Within this framework the process that enabled the AIDS issue to reach the government's decision agenda is presented. This research exhibits the differences between each government and how these variations affected policy development. In general, the policy progressed from being non-existent in 1984 to the comprehensive national AIDS prevention and control program that it is today. To many this progression seems quite natural but, in fact, various elements were responsible for the pace and intensity that the policy matured. The demands for policy development had to weather a complicated policy making process. Factors such as system variables, participants' involvement and issue characteristics which at times stalled or diverted

policy development had to be overcome. This research reveals that during the Anand[3] period many of these obstacles to policy making were eliminated or bypassed because the administration operated in an extraordinary political environment. As a result, the AIDS issue was placed high on the government's decision agenda and, consequently, the Anand government was able to develop policies more rapidly than the other administrations.

Each of the administrations operated in dissimilar political environments. However, this thesis reveals that the leading politicians had much greater impact on policy during the less democratic periods of Prem and Anand, because they were not excessively constrained by democratic obstacles. In the Prem period, the government's primary role was to keep the AIDS issue off the government agenda. Anand, on the other hand, was able to swiftly place the AIDS issue on the highest level of the government agenda. In contrast, the elected governments of Chatichai and Chuan were multi-partied coalitions which faced many obstacles in policy making.

Early in the Prem period, development of policy was in its infant stage because the AIDS epidemic had not begun to spread rapidly.[4] As evidence surfaced which indicated that the epidemic was taking root in Thailand, there was external pressure on Prem to respond to the AIDS threat. However, the participants who sought to keep the AIDS issue off the political agenda had great influence within the government and blocked AIDS policy from significant development. The business community, and the tourism industry in particular, did not want the AIDS issue to reach the government agenda for fear that the publicity would adversely affect tourism receipts, the Thai economy, and Thailand's international reputation. In a period when the Thai economy was going through structural adjustments, Prem was dependent on careful management of the

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[3] Thais are referred to by their first name, not their family name. Hence it is Prime Minister Anand, not Prime Minister Panyarachun.

[4] In 1987, some dramatic events were publicized in the media. Then in the first half of 1988, shortly before the Prem period ended, evidence that the epidemic was spreading rapidly in the IVDUs community came to light. For an in depth discussion see Chapter III.

economy and the support of the business community. Perhaps more importantly, members of the government and the military--who formed Prem's power basehad strong relationships with the business community. Many of these influential leaders also had direct business interests to protect. Therefore, those who stood to benefit from keeping the AIDS issue off the government agenda were not only businessmen but also military and government leaders.

Prime Minister Chatichai's Government was a multi-party coalition in which divergent views of numerous political parties had to be considered. Furthermore, the process of transforming legislation into law was lengthy and difficult. Within this process, there were many possibilities for the fragmentation of policy making. The division of authority not only included the different political parties but also two houses of parliament. In this semi-democratic period, a growing number of participants both inside and outside the government began to gain influence and prominence while pushing for more progressive AIDS policies. However, those with business interests continued to stall the development of policy at various stages. Moreover, Prime Minister Chatichai and some of his closest political allies had extensive business interests to protect.

Anand's governments were extraordinary in that they were unelected and temporary. The Anand I government (March 1991 to April 1992) was empowered by the army after Chatichai was overthrown in the February 1991 coup de tat. Anand received strong support from the military and was given much latitude in policy making by General Suchinda, the most powerful army general of that period. Then, after the occurrences of April and May 1992, [5] Anand was chosen to lead the interim government, named Anand II, until new elections were held in September 1992.

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[5] The Anand period was interrupted from March to May 1992, by the short-lived government headed by General Suchinda Krayapoon. Elections were arranged for March 22, 1992. Suchinda was able to manipulate himself into the position of prime minister after he had vowed not to seek any political positions. In the aftermath, mass protest occurred which cumulated in bloody confrontations between the army and demonstrators from May 16-20, 1992.

The Anand governments were able to maneuver without having to contend with the arduous checks and balances that a government operating within the parliamentary system normally encounters.[6] Although the administration's highly publicized approach to handling the AIDS issue was unpopular with many Thai leaders, the government was able to proceed largely un-hindered. The change in the political environment during the Anand period fulfilled the final condition necessary for placing the AIDS issue on the government's decision agenda.

The Chuan government has been able to normalize the AIDS issue as a high priority item. Most leaders have accepted that the issue will be handled in a frank manner. Furthermore, since the Anand government placed the AIDS issue on the highest level of the government agenda, opponents of AIDS policy development have been deprived of their strongest weapon; to stop policies at one of the many stages in the legislative process. Nonetheless, the development of AIDS-related policies and choosing from alternatives is once again slowed by the diverse interests that prevail in a parliamentary government headed by a weak coalition.

Participants' Involvement in Policy Making

Within the context of the political environment, influential participants, both inside and outside the government, have had a great deal of impact on the development of AIDS policies. This research identifies the different individuals, factions, alliances and organizations who are responsible for making Thailand's anti-AIDS struggle as open and progressive as it is today. In addition, the groups and individuals who for a number of reasons attempted to keep the AIDS issue off the political agenda and consequently held back the policy development process are named. Particular attention is paid to their relative influence during each period.

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[6] For example, political parties were not a factor because of the apolitical nature of the Anand governments. Also, the legislative process was in flux because the MPs were busy campaigning for the next election.

Participants within the government include the prime minister, political appointees, members of parliament and bureaucrats. Prime Minister Anand's administration provides the best examples of participants within the government actively developing AIDS-related policies. With favorable political conditions, Anand and members of his administration were able to greatly influence the development of policies and choosing of policy alternatives. Anand has been portrayed as a pragmatic businessman who was not interested in furthering his political interests. His policy making was considered reasonable and progressive. Not being tied to a political party also allowed him the freedom to listen to members of his administration. In addition, those appointed to the government were not politicians, but rather technocrats, bureaucrats and activists. Therefore, they were less likely to have political ambitions and were not accountable to political parties. Foremost were Ministers Mechai Veravaidya, a leading anti-AIDS activist, and Minister Sairusee Chutikul, a female rights activist.

On the other hand, Prime Minister Chatichai was faced with various demands from politicians as well as bureaucrats. The ministers were political appointees many of whom had little knowledge of the issues at hand and public health concerns often became subordinate to political concerns. The politicians in Chatichai's government were also more concerned with the negative impact that AIDS publicity may have on business interests than the technocrats and bureaucrats under Anand. An exception during the Chatichai government was the Minister of Public Health, Chuan Leekpai, who staunchly promoted more progressive AIDS policies. During the Chatichai period, technocrats and bureaucrats had less impact on agenda setting, although they were still vital participants in generating and choosing policy alternatives.

Since the AIDS issue has been considered primarily a public health problem, the Ministry of Public Health (MOPH) has been the most active ministry in the national AIDS program. Except during the Anand period, the MOPH has been the central government agency responsible for controlling and coordinating the national AIDS

program, allocating budget and implementing programs. Although, many bureaucrats have advocated higher agenda status for the national AIDS program, the MOPH's primary role has been in generating and choosing alternatives rather than agenda setting.

The main outside participants that promoted policy development include the media, academicians, activists, doctors, non-government organizations and international organizations. These groups have been instrumental in forcing the government to address the issues, educating the public and policy makers, fighting against complacency and generating policy alternatives. The media was the primary medium for raising awareness. In addition, it has been used as an open forum for other participants to voice their opinions. Academics, activists, and NGO leaders have been most influential when they have had access to key politicians or were included in the government. Academicians also fill an important need by providing credible information. Activists have attempted to pressure policy makers into action, publicly, by raising awareness, and privately, by using their own resources and connections. NGO participation has been most noticeable in efforts to protect human rights and in implementing programs at a grass-roots level.

Other important outside participants are international organizations which contribute financial and technical support. The impact of the international organizations was greatest before the Thai government had politically committed to fighting AIDS and many of the anti-AIDS activities were dependent on external support. In particular, the World Health Organization (WHO) has been working closely with the MOPH since 1987 to develop policies which are consistent with WHO guidelines. Presently, international organizations attempt to influence the choosing of policy alternatives. They strongly advocate policies which adhere to internationally accepted human rights principles.

Although fewer in number, the participants who sought to keep the AIDS issue from becoming a top level priority were extremely influential due to their prominence and systematic factors. As previously mentioned, many in the business community, and particularly in the tourism industry, were the leading detractors against an open,

progressive AIDS campaign. They felt that publicity over AIDS would adversely affect tourism receipts and foreign direct investment. Moreover, this group had the ability to influence policy because of its central role in the economy.[7] Politicians' success is largely dependent on the fortunes of the economy and the support of the business community. In addition, many influential Thai leaders, including politicians and military officers, have significant business interests.

Systematically, participants seeking to keep an issue from becoming a top government priority are advantaged because the issue can be blocked from the agenda at any point in the policy making process. On the other hand, to establish an issue on the agenda needs support at each step of the process. During the Anand period, when policy makers were able to sidestep many of the normal channels, those opposed to AIDS policy development found it more difficult to apply pressure.

Issue Characteristics of AIDS Affect Policy Development

The issue characteristics of AIDS have also shaped responses to the epidemic. The lag that occurs between HIV infection and the onset of AIDS-related disease and eventual death is six to ten years. As a result of this long latency period, during the 1980's there was very little evidence or impact from the AIDS epidemic in Thailand. The "invisible" nature of the epidemic contributed to inactivity and non-recognition by leaders. Additionally, Thais denied that AIDS was a threat to themselves or Thailand.

On the other hand, the release of information which indicated that the disease was spreading rapidly became an important factor for stimulating anti-AIDS activities. In particular, Thailand established a sentinel surveillance system that tracks the spread of HIV infection and has been lauded as the most comprehensive in the world (World Bank 1993). Participants have been able to use the epidemiological information to warn and pressure policy makers into action.

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[7] According to the Bank of Thailand, tourism has been the largest earner of foreign exchange since 1982.

Mechai Veravaidya is a prime example of a participant skilled at using the nature of the epidemic to pressure leaders into supporting the AIDS prevention and control efforts. Mechai was well aware that leaders were afraid to acknowledge the AIDS threat because of fears that the economy would be adversely affected. Therefore, in order to influence political and business leaders, he presented startling projections of the economic devastation that the epidemic would cause if continually ignored.

Nonetheless, an increase in AIDS/HIV incidence, by itself, is insufficient in promoting significant changes in policy as evidenced in numerous African nations. It is useless as a tool to raise the AIDS issue unto the government agenda if the information is not available and if key participants are not committed or apt at utilizing the knowledge. Moreover, the political system must provide an atmosphere of openness and acceptance before policies that dictate the development of mechanisms, such as the sentinel surveillance system, can be passed.

Significance of this Research

This research is significant in a number of ways. (1) Since the development of policies is an ongoing process, lessons learned may lead to more efficient use of the process. (2) The methods utilized by the various participants such as NGOs, the media, academics and bureaucrats, which have affected the development of AIDS policies, may have implications for other movements. (3) A history of AIDS in Thailand from 1984 to 1993 which emphasizes the factors influencing policy development is a useful reference material for other researchers. (4) The validity of John Kingdon's agenda setting model, the Revised Garbage Can Model (Kingdon 1984), is tested in the Thai case. (5) This research sets a foundation for additional research that must be conducted before reaching a more comprehensive understanding of the policy making process in Thailand. (6) Important lessons can be learned by neighboring Asian countries, which are a few years behind Thailand in the AIDS policy development process.

Research Conducted on AIDS in Thailand

To date, the research on AIDS in Thailand has been conducted by government officials, academicians and foreign participants. The research has progressed through three stages. First, epidemiology studies were conducted to identify the nature and degree of the spread. Research included case studies of AIDS infected persons and charting the spread of infection in particular risk groups and geographic locations. Secondly, knowledge, attitude and practice (KAP) studies were conducted. For example, some studies targeted samples of the male population and investigated their knowledge about AIDS, attitudes towards the epidemic, and practices of frequenting CSWs and condom use. The third type of research is social research which began in 1992. Social research studies focus on more complex issues while expanding upon the knowledge gained in the epidemiology and KAP studies. Examples include studies of sexual behavior, sexual networking, political economy and methods of coping (Chayan 1993). Professor Bencha Yoddamnern of Mahidol University estimated that 300 hundred researchers in Thailand were doing AIDS-related work in 1992, but the majority of those were KAP studies conducted on different groups, particularly CSWs. Concentration on KAP studies may be attributed to the relative ease of conducting these studies in comparison to research which attempts to understand the behavioral aspects (Bencha 1993).

This research is unique in that there have not been any comprehensive studies done on AIDS policy development. Nor has there been a historical study on AIDS which covers the period from 1984 to the present and focuses on policy development. Various sources have chronicled the development of policies over short periods of time. However, there has been very little policy analysis accompanying these historical presentations. Furthermore, there are not any studies that evaluate the relationship between the political system and AIDS policy development or any that focus on the efforts of the various participants involved in the policy making process.

Research Methods

My thesis is based on primary research that was conducted in the Summer of 1993 in Thailand. I collected information through interviews with 37 key policy makers including: Thai government officials, representatives of non-government organizations, academicians, researchers and businessmen. In addition, I attended seminars, participated in workshops, and observed outreach programs that focused on anti-AIDS efforts.

The secondary sources include materials focusing on AIDS in Thailand, AIDS in general and theoretical works on public policy making. The Thai case is represented by government documents, reports by various GOs and NGOs, and newspaper and magazine articles--both foreign and Thai. More general information on the nature of AIDS and policy making is sourced by books, studies and reports, primarily Western in origin.

Chapter Layout

This thesis is divided into eight chapters. Following the introduction is a presentation of the theoretical background used to support this research. It defines concepts related to the policy development process and outlines John Kingdon's revised garbage can model which will be applied to the case of AIDS policy development in Thailand. Chapters III through VI consist of a chronological presentation and analysis of the AIDS policy development process in Thailand from 1984 to 1993. The material is organized by prime ministerial administrations. This basis of division not only serves organizational efforts but roughly estimates a transformation of policy through the stages of denial, transition, recognition and normalization.[8] The changing nature of the AIDS epidemic, the involvement of key participants, and the major AIDS-related events, are presented within this chronological framework.

Chapter III covers the Prem period (1984-1988). This period was characterized by relatively few cases of infected persons and denial that Thailand was threatened by the

[8] While seemingly a natural progression, this process was dependent on many of the factors mentioned previously such as the type of government and orientation of the leaders.

AIDS pandemic. Powerful factions sought to protect their economic interests at the expense of recognizing the AIDS dilemma. Consequently, the AIDS issue remained an issue on the systematic agenda until the end of the period. Chapter IV examines the Chatichai period (1988-1991). At this time, Thailand experienced a rapid increase in AIDS/HIV prevalence. Simultaneously, the policies being developed reflected the transformation of attitudes from denial towards recognition and action. The AIDS issue was placed on the government agenda, but the Chatichai government was overthrown without giving the issue top-level commitment. Chapter V presents the development of AIDS policies during the Anand period (1991-1992). Over this period, the epidemic continued to spread quickly. The leaders, however, fully recognized the AIDS threat, and the AIDS issue was placed high on the government's decision agenda. Chapter VI exhibits how the AIDS issue was normalized as a high-level government priority under the Chuan administration (1992 to the present). In 1994, AIDS continues to spread and policies are continually evolving. There is, however, no longer any question that Thailand will continue to combat the AIDS epidemic on many fronts, and AIDS will remain a top-level priority.

In Chapter VII, a presentation of each participant's role and impact in policy development is provided. It discusses their relative degree of input in both the agenda setting and choosing of alternatives stages of policy making during the different administrations. Participants inside the government include prime ministers, political appointees, members of parliament and bureaucrats. Outside participants include the business community, academics, NGOs, doctors, international organizations and the media.

The conclusion in Chapter VIII begins by applying Kingdon's process model. It provides framework for understanding how the different factors interact and for demonstrating how the AIDS issue progressed on the political agenda in Thailand. For each government, it shows how the AIDS issue progressed to successively higher levels

of the political agenda. It also supports the assertion that the nature of the political environment was the most determinant factor in AIDS policy development.

Next, the implications that this research has for other nations, that have not made fighting the AIDS dilemma a national priority, is briefly mentioned. It indicates the usefulness of applying Kingdon's model and the manner that examples from the Thai case may be applied to other situations. Finally, the limitations to the present research and the areas that need to be further studied are identified.

CHAPTER II
THEORETICAL BACKGROUND

In this thesis, policy development refers to the general expansion of AIDS legislation, the measures taken to deal with the epidemic and the implementation of the prevention and control programs. The level that the AIDS issue reaches in the agenda setting process is used to measure the progress of policy development. Evaluation of the programs that are actually implemented is not attempted. Rather, analyzing policy from an agenda setting point of view is based on the premise that to have an open and progressive national AIDS program needs support at the highest level of government. Nonetheless, the actions and measures taken to cope with the AIDS dilemma are presented in order to show the relationship between agenda setting and implementation of policy.

To set the theoretical framework, concepts related to policy development including policy, the policy making process and the policy cycle are defined. In addition, discussion concerning the agenda setting process is covered. Then the theoretical models used in the analysis of the policy development process are outlined. I have chosen John Kingdon's public policy making model on the agenda setting process as the primary model to be applied and tested. It is supplemented by Lindblom and Woodhouse's work on participants in the parliamentary system.

Defining Policy

According to Palumbo, policy is neither a set of government documents nor something that can be captured by pointing out a single event or decision. Rather, policy is a process, or a historical series of intentions, actions, and behaviors of many participants. Policy must be inferred from the series of intended actions and behaviors of

the many governmental agencies and officials involved in the making of policy over time (Palumbo 1988, 8). Eulau and Prewitt explain that since policy emerges through time, "... it [policy] can for this reason only be observed through observing the behavior of governors and governed in time. What the observer sees when he identifies policy at any one point in time is at most a stage or phase in a sequence of events that constitute policy development" (Eulau and Prewitt 1977, 477).

The policy making process is composed of all the actions, decisions, and behaviors of the people who make and implement policy. Policy is the output of the policy making process. For the most part, the policy making process follows a policy cycle even though the stages are often skipped or overlap. The policy cycle is commonly divided into five stages: agenda setting, policy formation, implementation, evaluation, and termination. Throughout the policy cycle, policy is always being formed and reformed. Therefore, policy is never a single, clear, and non-contradictory set of objectives and behaviors (Palumbo 1988, 18-19).

Agenda Setting

This thesis focuses primarily on the agenda setting stage. However, since the stages are not mutually exclusive, the activities may also affect other stages in the policy cycle. For example, this study also discusses the participants' contributions to the choosing of policy alternatives--part of the policy formation stage--which usually occurs once the issue has reached the government agenda.

Agenda setting is the process of deciding which problems will be addressed by governmental agencies. Although each stage in the policy making process is important in its own way, agenda setting may be the most crucial. Agenda setting is analogous to gate keeping; the gate keepers decide which issues will get onto the public agenda and which will be shut out. If an issue is shut out, then there is no chance for the legislature, executive agencies, or courts to influence policy in regard to that particular issue. Hence, being able to keep important items off the government agenda and the decision agenda is

a key source of power. The determination of what does and what does not become a matter of governmental action is, therefore, the supreme instrument of power (Palumbo 1988, 36).

The agenda is the general set of political controversies that take place in society. The agenda is not written down anywhere, nor is it a book in which things are entered. Rather, the agenda is the set of problems to which policy makers give their attention (Palumbo 1988, 34). More specifically there are different types and levels of agendas. The likelihood that an issue will result in government policy is dependent on the type and level of agenda that an issue reaches. Cobb and Elder have identified two types of agendas: the systematic agenda and government (or institutional) agenda. The systematic agenda is the broad set of issues that potentially can become the subject of public policy. "The systematic agenda consists of all issues that are commonly perceived by members of the political community as meriting public attention and as involving matters within the legitimate jurisdiction of existing governmental authority" (Cobb and Elder 1972, 85). The government agenda is more concrete than the systematic agenda; it consists of the issues that actually are subjects for public policy. For an issue to reach the government agenda, strong support from authoritative government representatives is required. Generally, most issues on the government agenda have progressed from the systematic agenda.

Kingdon adds an additional level to the government agenda, the decision agenda, or the list of subjects within the government agenda that are up for active decision making (Kingdon 1984, 4). This distinction is important because some issues reach the government agenda but are given only superficial recognition, while no serious actions are taken. Nonetheless, rising onto the government agenda is an important step. It indicates that there is recognition, although at times nominal, that the issue can no longer be ignored. At this stage, however, the government does not allow the issue to become a

top priority. On the other hand, the decision agenda is the highest agenda level that an issue can reach.

This research measures agenda setting quantitatively, by the government's financial commitment. The annual budget allocation for the national AIDS program is used as the instrument of measurement. Agenda setting is also measured qualitatively, by the degree of recognition given to the AIDS issue by the top-level of the government. The degree of recognition is determined by the public commitment and actions taken by government leaders. The concepts of systematic agenda, government agenda and government's decision agenda are used as labels to describe agenda status.

In the Thai case, the AIDS issue remained on the systematic agenda for over three years after the first case was discovered in 1984. In the late 1980's, the issue was placed on the government agenda. It was not until after Anand was placed in power in 1991, that AIDS was firmly established on the government's decision agenda.

Theoretical Models

For this research, the purpose of using a theoretical model is to make sense of the Thai case and to test the validity of a particular agenda setting model, John Kingdon's Revised Garbage Can Model (Kingdon. *Agendas, Alternatives and Public Policies.* 1984). This public policy making model is based on analysis of political processes in "democratic" western nations, and there has been little comparative research on the policy process in Thailand. Even though the form of democracy in Thailand is different from in the West,[9] this model has implications for the politics and processes of agenda setting in Thailand. Although the policy making process in the West is at times ideally defined as representing a truly democratic process, in reality, much research suggests that various participants, such as politicians and interest groups, wield an inordinate amount of power

[9] Since the establishment of a constitutional government in 1932, democratically-elected governments have held power for only a few brief periods. Even in those periods, "democracy" has not flourished as defined in the West.

and often do not represent public opinion. In Thailand, there has been a domination of public policy making by an elite consisting of military officers, politicians, businessman and bureaucrats. Since many aspects of the policy making process in Thailand and the West evidence similar patterns, Kingdon's theoretical model can be used to analyze AIDS policy development.

Kingdon's Process Model

I have chosen to test John Kingdon's process model, the Revised Garbage Can Model. It is a very comprehensive model and accounts for many of the key factors in the Thai case. The process of AIDS policy development in Thailand is very complex; it is greatly affected by political change, and involves numerous participants and problem definitions. Kingdon's model not only considers the issue and the participants, but also proposed solutions and political variables. His description of the "window of opportunity" and the role of the "policy entrepreneur" are particularly fitting for the Thai case. As an analytic tool, this model indicates the conditions which must be met for agenda setting to occur. Testing Kingdon's model on agenda setting will indicate its appropriateness in a single case, the AIDS epidemic in Thailand, but will not prove or disprove the model. Other applications must be studied before conclusions over the validity of the model can be ascertained.

It is difficult to determine empirically if a group or individual has been successful in keeping an issue off the agenda as it is to trace the actual origins of an item that gets onto the agenda. This is because at any point in time there is a plethora of ideas floating around on the systematic agenda, and there are many places where they may have originated. Most often a combination of factors is responsible for getting an issue onto or keeping it off the agenda. The process is usually not rational either. Palumbo explains that rationally, the process of agenda setting should be as follows: First, a major problem is recognized to exist by a number of individuals and groups; Second, the problem is discussed and information about it is disseminated to larger groups; Third, government

officials--that is, legislators, governors, and administrators--are involved in the process and a national debate ensues about various ways of solving the problem (Palumbo 1988, 55-6).

Instead of this neat logical scenario, Kingdon's model provides an alternative explanation by expanding on the original Garbage Can Model by Cohen, March and Olsen (1972). Their model proposes that decision-making in political organizations is not a deliberate and systematic process. Rather, the process is rarely orderly or manageable, especially in the organizations that hold the characteristics of "organized anarchies." Organized anarchies are characterized by (1) fluid lines of participation in decision-making; (2) multiple preferences often not well defined or agreed upon; (3) poor understanding of how to best accomplish goals (Cohen, March and Olsen 1973, 1-25). Kingdon has described how one such organized anarchy, the government, makes decisions:

> *"People do disagree about what they want the government to accomplish, and are often obliged to act before they have the luxury of defining their preferences precisely. They often don't know how to accomplish what they want to accomplish, even if they can define their goals. Participation is definitely fluid. Even within a relatively hierarchical bureaucracy, some people take on an importance that is not commensurate with their formal role, and others are impotent despite considerable powers on paper. Both the legislature and the executive branch are in the act, further clouding organizational boundaries. And various categories of people outside the government drift in and out of decision making. Participation changes from one time to the next. Turnover of personnel adds to fluidity." (Kingdon 1984, 90)*

Kingdon presents three "streams of processes"--problem recognition, the formation and redefining of policy proposals, and politics--which when joined together can raise issues on to the decision agenda.

The problem stream consists of various conditions that public policy makers believe are sufficiently troublesome to warrant attention and possible action by the

government. Kingdon suggests that various "conditions" are more likely to be viewed as problems when (1) indicators of a problem bring the issue to decision makers' attention; (2) a dramatic event seizes their attention; (3) feedback from an existing program suggests changes need to be made; and (4) conditions become defined as problems because they are classified into categories that are generally agreed to warrant attention (Kingdon 1984, 95, 115).

The policy stream consists of ideas or proposals that have been developed to solve different problems. The generation of policy proposals normally originates from specialists in a variety of ways: bill introductions, speeches, testimony, papers and conversation. The proposals come in contact with each other and are revised until the selection system narrows the set of proposals to those up for consideration. Proposals that survive to receive serious consideration are (1) technically feasible; (2) compatible with the dominant values of members of the policy community; and (3) relatively free of constraints.

The political stream is characterized by such factors as the partisan and ideological distribution of members of parliament, the priorities and concerns of the administration, the national mood, and the activities and demands of interest groups. Potential agenda items that are congruent with above factors are more likely to rise on the agenda than items that do not meet such conditions. The turnover of key participants, such as a change in the administration, has powerful effects on policy agendas. When the arrival of a new administration also signals changes in the political system, as was the case in Thailand, the effects are particularly acute.

The separate streams of problems, policies, and politics come together at certain critical times. The streams can be coupled, argues Kingdon, when either a major change in the political stream occurs, or a sensational event takes place which may briefly open a "window of opportunity." Thus agendas are set by politics or problems, and alternatives are generated in the policy stream. Policy entrepreneurs are the critical participants who

take advantage of the window of opportunity and join the streams. They are willing to invest their resources in order to raise awareness for a particular issue. Policy entrepreneurs must have multiple skills. They must not only persuade the leading policy makers in the government; they also must be effective brokers, negotiators and make critical couplings among the media, politicians, interest groups, and the public (Kingdon 1984, 192). The government agenda is set in the problem or political streams, but as a consequence of coupling the streams at the appropriate time, the chance that an item will rise to the decision agenda is enhanced.

Kingdon's Work on Participants

Kingdon also describes the potential impact that each participant can have on the policy making process which is partly dependent on the resources available to the participant and whether the participant affects the agendas, alternative choices or both (Kingdon 1984, 23). His discussion of participants is helpful to the present research because it stresses the importance of considering the array of actors involved in agenda setting activities. In the case of AIDS policy development in Thailand, there are numerous parties that need to be examined and Kingdon provides helpful tools that assist in this investigation.

Kingdon separates the participants into those inside the government and those outside the government. He describes how and why each participant may affect the process. Kingdon concludes that cutting across the processes are two general groupings of participants. One is the visible cluster--those participants who receive a lot of press and public attention--including the president and his high-level appointees, prominent members of congress, the media, and such elections-related actors as political parties and campaigns. The relatively hidden cluster includes such specialists as academics and researchers, career bureaucrats, congressional staffers, and administration appointees below the top level. Interest groups were found to be active in both clusters, with some of their activities very public and others hardly visible at all. Kingdon concludes that agenda

setting was found to be affected by the visible cluster of participants, while the generation of alternatives occurs more in the hidden cluster (Kingdon 1984, 72).

Lindblom and Woodhouse's Research

Although Kingdon's model provides the primary theoretical framework, additional research is also included to strengthen the analysis of this study. An obvious limitation to applying Kingdon's research on participants to the Thai case is the fact that it is based on the presidential system while Thailand has a parliamentary political system. Therefore, Kingdon's work is supplemented with research by Charles E. Lindblom and Edward J. Woodhouse. In their book, *The Policy-Making Process* (1993), they analyze both conventional governmental institutions and the broader social forces constraining policy making, particularly the political role of business. Its value to this research is enhanced by the fact that they compare the policy process in both the presidential and parliamentary political systems.

CHAPTER III

THE PREM PERIOD (1984 to August 1988)

INTRODUCTION

The first case of AIDS was recorded in 1984 while Prime Minister Prem Tinsulanonda was in power.[1] Due to the long latency period of the AIDS infection and limited HIV testing, from 1984 to 1987 only a handful of AIDS infected persons were discovered. Many of these first cases were identified as homosexuals and foreigners. Once AIDS became associated with these groups, it has been very difficult to alter these perceptions. In spite of the mounting evidence that the epidemic was spreading in Thailand, denial was rampant during the Prem period. Most Thais refused to believe that AIDS could be a Thai disease or infect "normal" Thais.

During the initial stage, apart from some individual researchers and officials in the MOPH, few in the government acknowledged the coming epidemic. However, these early proponents of policy development were able to establish the AIDS issue on the systematic agenda. Members of the MOPH began taking some basic measures that set the foundation for future programs and policies. The foremost accomplishments were establishing a national advisory committee on AIDS, implementing a short-term program on the prevention and control of AIDS, and initiating the design of a national medium-term plan. Nonetheless, the prevention and control activities were primarily limited to periodic testing and educating IVDUs and CSWs.

Nineteen Eighty Seven was a pivotal year for the AIDS epidemic in Thailand because of the discovery of an increasing number of infected persons and because it was

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[1] Prem was in power from 1981 to 1988. In August 1988, his government was replaced by the Chatichai Choonhaven led government.

"Visit Thailand Year." As evidence that the epidemic was spreading began to surface, there was strong pressure to suppress such information from those concerned with the loss of tourist revenues. Pressure was exerted not only by members of the business community, but also by politicians--many who were dependent on the support of the business community and many who had business interests as well.

Government representatives publicly reacted by underestimating the threat of the epidemic and dismissing the relevance of the testing results. Moreover, neither top-level commitment on the part of the government or significant financial support was given. Prime Minister Prem never publicly recognized the threat of the epidemic which is vital for policy development. Consequently, many believe that the development of policies was delayed and that "Thailand emerged from this period with the seeds of an epidemic firmly planted" (The Nation, 10-13-91).

Participants outside the government, including the media, academicians, the royal family and activists such as Mechai Veravaidya, all advocated more thorough anti-AIDS measures. As established and respected members of society, these participants lent credibility to the anti-AIDS battle. The WHO also became very instrumental in providing financial and technical support at the end of the period.

During the first half of 1988, testing of IVDUs in Bangkok revealed an exponential increase in the number of HIV infected persons. However, it would not be until the start of the Chatichai administration in August 1988, that the government intensified policy development efforts.

THE EARLY STAGES OF THE EPIDEMIC

Initial Cases

The first case of full-blown AIDS was reported in Thailand in August 1984 (Praphan 1985). In 1985, the AIDS Registrar recorded eleven cases: one AIDS, five ARC and five HIV. In 1986, there was a slight increase of reported cases to 18: eight ARC and ten HIV (Vichai 1990).[2] From 1984 to 1986 almost all of the identified AIDS cases, and most of the HIV cases, were foreigners or homosexual/ bisexual Thai males who had relationships with foreigners.[3]

In early 1985 and 1986, small scale pilot surveys were conducted by the Venereal Disease Control Division among the expected high risk groups at two tourist locations: the beach resort of Pattaya and the Patpong area in Bangkok. The assumption was that the female and male CSWs in those areas would acquire HIV from infected foreigners. At the same time, the Division of Epidemiology also surveyed homosexual men, CSWs, prisoners, intravenous drug users, and thalassemic patients (Prasert 1989).

The results of HIV testing in the tourist areas, however, revealed very few cases. Eight serosurveys were conducted on male CSWs in Patpong and Pattaya in 1985-86. Testing revealed 19 HIV infected persons or 0.8 % of those who were tested (Khanchit 1991). Female CSWs were also tested in those locations; in 1985-86 no cases were identified and only one case in 1987 (Suwanagool 1988). Dr. Praphan Phanaphak, an AIDS expert from the Thai Red Cross, stressed that HIV testing in Pattaya of several thousand female prostitutes failed to identify a single positive testing (Inter Press Service, 9-11-87). Among IVDUs, the AIDS Registrar recorded only five HIV cases in 1985-86.

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[2] The government established the AIDS Registrar in 1985. Medical personal were required to report all cases of infected persons to the registrar.

[3] In 1984 a bisexual Thai male was the first recorded case. Also in 1984, a homosexual foreigner was identified as an AIDS carrier. In 1985, one AIDS infected person was identified as a bi-sexual Thai and three as foreigners. During 1985 and 1986, six IVDUs were found to be HIV positive but none with full-blown AIDS. From May to August 1987, six more AIDS cases were reported in Thailand. They were all classified as homosexual Thai males and the infections were mostly acquired abroad.

Furthermore, a nation-wide serosurvey of IVDUs was conducted from 1985 to 1987 and found one percent of those tested to be HIV infected (Ramasoot 1989). In addition, by 1987, approximately 50,000 Thai blood donors were tested and none were found to be infected (Prasert 1988).

Complacency and Denial

By early 1987, there had only been a handful of AIDS cases observed, predominantly IVDUs and men who had homosexual sex. Throughout 1987 officials continued to reassure the public, tourists and themselves that AIDS was not a threat. Officials stated that very few cases were found and none recently. In addition, those seeking to quell rising fears in Thailand often relied on comparisons with western nations where the epidemic was much more severe. Dr. Tira Ramasoot, Deputy Chief of CDC Department, observed that AIDS cases in Europe and the United States were doubling every year, but reiterated: "The AIDS situation in Thailand is under control because no new cases have been reported in the past two years" (Bangkok Post, 1-20-87). These announcements reinforced the belief that Thais should not be concerned with the 'foreign' disease.

What they conveniently failed to recognize was that AIDS came late to Asia. While the first case of AIDS was discovered in Thailand in 1984, AIDS had been spreading in the United States years before. Many also neglected to acknowledge that due to the long latency period--from six to twelve years between the time of HIV infection and the onset of AIDS--the number of AIDS cases did not truly represent the actual spread of the epidemic. What this lag provided, however, was a sense of well being for Thais at a time when the epidemic was spreading rapidly and many Thais were at risk.

While it is true that the number of infected persons was still relatively few, there were clear indications that the government was being less than straight forward in their reporting. The Asia Magazine reported: "Since the last confirmed case, diagnosed more than 18 months ago, no new cases have been reported. Some interpret this as good

fortune; others infer a campaign of disinformation designed to lesson the impact of AIDS publicity on Thailand's vital tourism industry, which is itself based in part on sexual lure" (Asia Magazine, 5-3-87).

Officials misled the public and down-played the AIDS threat by discounting the relevance of ARC and HIV infection. "There were six cases reported in 1985 and those have been the only cases reported so far," said Dr. Winit Asavena, Director-General of the CDC Department, MOPH. "There have been more than 20 seropositive [HIV cases] reported, but none of them can be called a case of AIDS. They have not developed the disease" (Bangkok Post, 2-8-87). The Inter Press Service (IPS) reported that confusion over the actual number of AIDS infected reflects the history of the Thai government's attempts to keep the issue from making headlines. When reports were released in early 1987 revealing that there had been no new cases of AIDS in the last 18 months, a Thai doctor anonymously told IPS that there had been seven new cases of AIDS-related Complex (ARC) in 1986-87 (IPS, 9-11-87).

Government Denies Situation as Data Continues to Surface

In spite of the government's attempts to limit publicity related to the AIDS epidemic, in 1987 testing results began to surface which showed that the disease was indeed spreading. By the end of 1987, a total of 20 AIDS/ARC and 171 HIV cases were reported to the AIDS Registrar. Of those 136, or 71%, were IVDUs (Vichai 1990).

Ironically, Dr. Chirayu Isarangkura na Ayuthaya, a politician and member of the cabinet, was responsible for one of the government's first highly publicized releases of information which indicated a drastic increase in the spread of the epidemic. Dr. Chirayu, a Minister in the Office of the Prime Minister (OPM), announced that Thailand had 81 confirmed cases of AIDS. Dr. Chirayu said he was confirming the figures because the benefits from tourism could not compensate for public health (Bangkok Post, 7-22-87).

Although Dr. Chirayu believed that by releasing the information he was responsibly performing his duty, the government opposed the announcement. The

following day the government issued a statement that AIDS was not prevalent in Thailand. It qualified Dr. Chirayu's announcement by again arguing that persons with HIV and ARC should not be considered as part of the AIDS epidemic. According to the statement, HIV infected persons and those suffering from ARC, were not classified as full-blown AIDS patients and were under the close supervision of physicians and MOPH officials. It stressed that the number of people suffering from AIDS-like conditions and the deadly disease was small. In the government statement, Minister Chirayu's clarified his previous announcement by emphasizing that the number of people suffering from AIDS at present was four--all male homosexuals. The statement stressed that the 81 persons that were previously reported as infected with the AIDS virus were, therefore, not all AIDS patients. The AIDS situation in Thailand at that time was said to be under control, according to the statement (Bangkok Post, 7-23-87).

Even though Dr. Chirayu's original announcement evidenced a crack in the government's position, his subsequent remarks were misleading because they implied that HIV infection was controllable. Shortly before he resigned, Dr. Chirayu explained that of the 81 AIDS cases, 66 were in the primary stage at which the disease could be controlled. "If Dr. Chirayu's figures are true, then he meant that we now have 66 asymptomatic carriers in Thailand, but he was wrong when he said these cases could be controlled," said one public health academician. "How can we control these asymptomatic carriers if the public is not made aware of the facts?" (Bangkok Post, 8-4-87).

The MOPH also reported that most of these victims were not foreign tourists or CSWs. The statement made certain that foreigners were not implicated, to protect tourism, and CSWs, to avoid panic in the general population since the majority of Thai males visit CSWs. A senior health academician commented that while Dr. Chirayu said most AIDS patients found in Thailand were not prostitutes of either sex, "This is the first stage of the disease in Thailand, and the disease is only at the incubation period. But only a few cases involving prostitutes are sufficient to cause wide-spread disease. Many health

officials still insist that we need to educate these people who we call service girls and gays" (Bangkok Post, 8-4-87).

High HIV Prevalence in Bangkok IVDUs Community

In August 1987, front page articles were again filled with reports of another discovery of AIDS infected persons; this time in a Bangkok jail. The *Bangkok Post* published a large front page article that revealed: "Some 49 prisoners including nine foreigners who were found infected with AIDS have been isolated to prevent the spread of the deadly disease. The prison officials said that the carriers of AIDS were detected by blood testing of Bang Khwang's 7,000 inmates" (Bangkok Post, 8-7-87). The government's reaction was to discard the problem as one confined to the prisons and initiated by foreign IVDUs. Moreover, since the reported cases were still very low compared to those in the West, AIDS should not be perceived as a threat to Thailand.

In early 1988, the discovery of an increasing number of HIV infected persons continued, primarily in the IVDUs community. The Permanent Secretary of Public Health, Pairote Ningsanont announced that HIV carriers among IVDUs in Bangkok had increased dramatically. He reported just nine AIDS cases and 27 cases of persons with ARC. He added, however, that there were also 461 HIV infected persons of which 258, or 56%, were IVDUs (Bangkok Post, 3-31-88).

A Diseases of Foreigners and Homosexuals

In 1987, the idea that AIDS only affects marginal populations was promoted by the government. The disease was blamed on foreigners and homosexuals and activities carried out by the government were targeted toward these communities. When reporting new ARC and AIDS cases, Dr. Winit Asavena, Director-General of the CDC Department, stressed that they were foreigners and "active homosexuals" that contracted the disease from foreigners (Bangkok Post, 6-6-87).

The CDC department undertook testing, research and prevention activities in areas with perceived high-risk groups, including Bangkok's Patpong area, Pattaya, Chiang

Mai, Phuket and Hat Yai (Bangkok Post, 7-23-87). These areas are well-known as being destinations for sex tourists and employing male commercial sex workers. "It has been shown that this disease is more easily passed from men to other men rather than men to women ... all of the cases were homosexuals," said Dr. Winit Asavena. "We considered the Patpong area high-risk in which there are many gays. And Pattaya where there are many foreigners" (Bangkok Post, 2-8-87). When the MOPH requested funds from WHO, Dr. Winit explained that the money was needed to look for people who were HIV positive in the tourist provinces of Bangkok, Chiang Mai, Chonburi (Pattaya) and Phuket (Bangkok Post, 7-23-87).

At this point, the Thai government's AIDS educational focus was limited to CSWs, primarily male; the general public had been excluded from the information campaign. Furthermore, when questioned over the orientation of the educational campaigns, Dr. Winit Asavena replied, "I think foreigners are well aware of the need to use condoms" (Bangkok Post, 2-8-87).

A change of leadership in the CDC in mid-1987 did little to affect the stated policy which targeted homosexuals and foreigners. The new Director-General of CDC Department, Dr. Uthai Susak, explained that tests were being conducted on key target areas such as a Patpong clinic for homosexuals and places of entertainment known to be frequented by foreigners. He added, "We have covered the main high-risk spots; I think additional tests elsewhere would not reveal that many more cases. AIDS after all is not locally originated and thus hardly found in places frequented by Thais" (FEER, 11-5-87).

Even a leading AIDS expert, Dr. Praphan Phanaphak, alluded to AIDS as being a homosexual disease. The *Asia Magazine* reported that Dr. Praphan co-authored a paper which recommended the shutting down of gay bars as a partial measure to control the spread of the disease in Thailand. Later he became convinced of the futility of such a gesture because half of the "professional gays"--the bar workers--who tested positive, had

accepted health department suggestions that they find new forms of employment (Asia Magazine, 5-3-87).

The belief that AIDS was a foreigner's disease led to attempts at regulating the movements of tourists. Public Health and Environmental Committee chairman Prasong Buranapong said an agreement should be established that travelers be certified AIDS-free before being allowed to leave their countries. The measure, said Dr. Prasong, would not affect the international tourist industry but could effectively prevent the spread of AIDS (Bangkok Post, 7-23-87).

Thai society embraced the beliefs as propagated by government officials and the media. Foreigners and those associated with foreigners were thus stigmatized as being possible AIDS carriers. Even a famous Bangkok massage went to the extent of banning Caucasians clients, on the conventional presumption that AIDS was largely a Western import (FEER, 11-5-87). The male CSWs, who mainly service foreign clientele, were also labeled as AIDS carriers and many faced added discrimination when returning to mainstream society.[4]

Government Against National Campaign to Avoid Panic

In 1987 the government's stated position concerning AIDS was that it recognized the possible dangers, was taking the appropriate measures and did not want cause an over-reaction. "We do not use mass education because it might cause the public to panic as happened in the US," said Dr. Winit Asavena, Director-General of the CDC Department, MOPH. "We have one (pamphlet) for the people most effected by AIDS like prostitutes. We will not go to the general public. Not yet. If other cases start appearing, that is another matter, but right now we have no plan to increase the campaign. We are

[4] Kamnuan Ungchusak of the AIDS Division explains that male CSWs are often 'straight'--not homosexuals--but work as CSWs for primarily economic reasons. They usually work for only a short period of time (Kamnuan 1993). Khancit Limpakarnjanarat Director of the HIV/AIDS Collaboration added that the male CSWs are preferentially hetrosexual, often having wives or steady girlfriends (Khanchit 1991).

concerned about the reaction of the Thai people. The situation is not serious now. We do not want them to be afraid of something that has not happened, even though it could." Were the disease to find firmer footing in Thailand, Dr. Winit told the *Bangkok Post* in January 1987, the campaign might have to be extended (Bangkok Post, 2-8-87). A Bangkok-based representative of WHO explained, "I think their main wish is to avoid the sort of panic and inaccuracies that always attend a major story (AIDS) like this. For our part, we're getting very good cooperation from Thai authorities" (Asia Magazine, 5-3-87).[5]

Nonetheless, in late 1987, the Ministry started to alter its stance. It recognized the fact that AIDS education campaigns were necessary but still warned that Thais should be prepared for a reaction of panic similar to that which occurred in the West. Public Health Under-Secretary Dr. Pairote Ningsonont told a media seminar on October 12th: "Like (the situation in) most other western countries, the initial period of public shock here is inevitable. But we want the public to correctly understand the extent and nature of the problem so that they can take proper preventative measures. We don't want the people to be overly panicky" (FEER, 11-5-87). Cohen pointed out that only when the government's policy of "avoiding panic" became counter-productive, and an AIDS scare broke out, did the authorities reorient their policy towards one which pays more appropriate consideration to the protection of public health (Cohen 1988).

[5] Only a few months later the WHO sources suggested that the public panic over AIDS may indeed be a very healthy state of consciousness to promote awareness. The rationale being that only people who are genuinely fearful of dying a horrible death, and passing the virus to their children would take precautions (Bangkok Post, 7-29-87).

POLICY DEVELOPMENTS

Although there was little evidence that an epidemic was imminent, in 1985, the MOPH took some initial measures to deal with the AIDS issue. On May 1, 1985, the MOPH issued Ministerial Announcement Number 2, under the Communicable Diseases Control Act (1980), to classify AIDS as a reportable disease. The stated aim of this announcement was to assist in case detection and prevent further transmission of AIDS. It led to the establishment of the Registrar of Reported AIDS Cases (AIDS Registrar) under the responsibility of the Division of Epidemiology.[6] All health agencies in Thailand were required to report AIDS, ARC and HIV positive cases to the AIDS Registrar. The reporting system was intended to be confidential. Also, in August 1985, a National Advisory Committee on AIDS was established (Prasert 1989). It was chaired by the director-general of the CDC.[7]

Thailand's National AIDS Programme began in 1987 following a cabinet decision to develop a national response to the AIDS epidemic (Medium Term Programme Review 1991). In October 1987, the MOPH established "The Centre for Prevention and Control of AIDS" at the division level under the CDC Department. It was responsible for administrating activities aimed at controlling AIDS. Initially, the Venereal Disease Division had been the responsible government unit for anti-AIDS activities (Prasert 1989).

The composition of the National Advisory Committee on AIDS was revised in November 1987 to comprise of health administrators, lawyers and technical experts. The responsibilities of this committee were to coordinate and cooperate among the institutions concerned in the prevention and control of AIDS, to give advice on research issues, and

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[6] The Division of Epidemilogy is located in the Center for Disease Control Department, Minstry of Public Health.

[7] In subsequent years the committee changed its leadership, orientation, size and composition of committeee members. It would later be chaired by the Permanent-Secretary of Public Health, the Minister of Public Health and finally the Prime Minister.

to appoint ad-hoc committees to study specific critical issues (Prasert, 1989) Moreover, three additional subcommittees were designated: Subcommittee on Public Relations, Subcommittee on Technical Aspects, and Subcommittee on Data Collection and Information.

To protect the blood supply the MOPH added the regulation that convicts and IVDUs must be tested for HIV if they wanted to give blood, said Tira Ramasoot, Deputy Chief of CDC Department (Bangkok Post, 1-20-87). By mid-1987, additional objectives aimed at combating AIDS were being advocated by the government including: reducing the gay community, testing high-risk groups and requiring foreigners entering the country to have AIDS-free certificates. However, critics such as Bangkok Post columnist, Wan Buranasutr, argued that these objectives indicated that the government still did not understand the parameters of the disease or its threat to Thailand (Bangkok Post, 7-29-87). Henry George wrote in the *Bangkok Post* that "the screening of foreigners may respond to the politicians need to be seen doing something, however ludicrously ineffectual, and it may appease xenophobic nationalism. But it can only give the country a false sense of security" (Bangkok Post, 8-11-87).

A major development in 1988 was the implementation of a short-term AIDS program. It received technical and financial support from the WHO. Then on August 27, 1988, the cabinet approved the *Medium Term Programme for the Prevention and Control of AIDS: 1989-91* which the CDC and the MOPH were responsible for developing (MOPH, January 1991). Other measures that were being implemented in early 1988 included: providing information to IVDUs in drug rehabilitation clinics, discouraging IVDU use, encouraging condom use, urging AIDS carriers to discontinue giving blood and having sex, and preparing facilities to treat AIDS carriers who were addicted to drugs (Bangkok Post, 3-31-88).

Budget

In July 1987, a parliamentary committee, the Standing Committee on Health and Environment, first addressed the AIDS issue when the chairman of the committee, Prasong Buranapong, asked the Director-General of the CDC, Dr. Winit Asavena, and technical experts from universities to give a brief review on the AIDS situation in Thailand. Then the MOPH, backed by the house committee, requested a special budget from the government in order to implement its immediate plan of action on AIDS prevention and control. In a letter to Budget Scrutiny Chairman Suthee Singsaneh, Health Panel Chairman Paitoon Mokkamakul said quick and systematic measures against AIDS needed to be established. The MOPH also stressed to the Budget Scrutinizing Committee that more money was needed to stem the spread of AIDS (Bangkok Post, 8-22-87).

As a result, the Thai government designated approximately US $1.72 million for the 1987 to 1990 fiscal years (Prasert 1989). In 1988, however, the government's actual contribution was only US $180,000.[8] In comparison the WHO donated US $500,000 in support of the short-term plan against AIDS which it helped design (AIDS Division 1993). In fact, until 1991, the majority of funds were from external sources including international organizations (WHO), bilateral aid (USAID), and non government organizations (UNICEF).

[8] Most often, the budget for the following year is debated and approved in the parliment during the second half of each year Therefore, the budget reflects the views of the period that it was passed. For example, the 1988 budget was approved in late 1987 and embodies the views of that period.

PARTICIPANTS

Tourism Industry

Tourism Sector's Importance to the Economy

The Thai government has actively promoted tourism as a leading sector of the economy since the early 1980s. At that time, the Thai economy was going through a recessionary period as a result of a world-wide slump in primary product prices. Consequently, Thailand was forced to undergo major structural adjustments in its economy. Policies emphasized diversification from the agricultural sector and a greater role for the manufacturing and service sectors in the economy. The tourism industry was targeted for growth because of its potential to earn a great deal of foreign exchange in the short-run. In 1982, tourism surpassed rice exports as the largest earner of foreign exchange. By 1985 tourism earned approximately US $1.2 billion in foreign exchanged compared to approximately US $0.8 billion for rice (Bank of Thailand 1986).

Blocking AIDS from the Political Agenda

Even before 1987, when there were only a few reported cases, there was growing sentiment that AIDS could adversely affect tourism revenues and, consequently, was potentially debilitating to the economy. In September 1985, as the AIDS hysteria found vent in press columns, the then health minister--a political appointee--issued a warning that frequent and unnecessary publicity could irreparably harm tourism. His concerned had been raised by extensive media coverage given to a government testing campaign carried out in Pattaya (Asia Magazine, 5-3-87).

By 1987, Visit Thailand Year, the tourism sector's importance to the Thai economy had multiplied; Tourism accounted for US $1.9 billion in foreign exchange compared to US $.9 billion for rice exports. As the economic stakes increased and the AIDS threat became more formidable, leaders in both the private and public sectors began to realize that they would need to protect economic interests. Key leaders reasoned that even acknowledging the spread of AIDS could be detrimental to the industry. Professor

Debanom Muangman, then Dean of Public Health at Mahidol University and an advisor to the MOPH, said that Prime Minister Prem threatened to expel the Minister of Public Health from the government if he publicized the growing epidemic (Debanom 1993).

Lack of Government Action

Due to this approach, the government did not act as quick as was evidently necessary. The media was particularly quick to point out that the development of policy was delayed through much of 1987. Columnist Wan Buranasutr wrote, "Only six months ago, government officials were excusing their inaction because they did not want to panic the public. Those precious months of postponing action to deal with what is rapidly becoming a national emergency" (Bangkok Post, 7-29-87). Anti-AIDS campaigner Sommatra Troy also believed that the government was reluctant to launch extensive testing, fearing that additional discovery would adversely affect the booming tourist trade (FEER, 11-5-87).

The perception that the government was guilty of not establishing substantial anti-AIDS programs in 1987 has persisted. An article in the *British Medical Journal* claimed that early public education efforts were ignored--some say suppressed--by government fears about adverse effects on foreign tourism (Anderson, 2-17-90). While the *Lancet* later proclaimed:

> *"During 1987, little was achieved in terms of educating either those in the tourist industry or the population as a whole about AIDS. It was "Visit Thailand Year," and although health workers, groups working with prostitutes, and Mechai's Population and Community Development Association (PDA) had tried to begin campaigning work on the issue, activities were severely restricted by the government's belief that publicity about AIDS would affect the tourist industry. Tourism is Thailand's primary earner of foreign currency." (The Lancet, 3-31-90)*

Others believe that not only did the government fail to acknowledge the potential crisis, but efforts to promote tourism by selling sex were intensified.[9] The Tourist Authority of Thailand (TAT), the responsible agency for promoting tourism, has been frequently blamed for placing financial objectives over social issues. An editorial in *The Nation* newspaper reflects the common belief that the TAT was guilty of using sex to attract tourists:

> *"1987 was Visit Thailand Year, the government's all-out effort to put the country on the map for fun and sun seeking holidayers. It was a veritable public relations orgy, an extravaganza of commercialism, featuring glossy posters depicted everything up for sale from spotless white beaches to luscious tropical jungles, from colourful cultural events to beautiful Thai women in the traditional posture of greeting. The most infamous attraction, of course was sex, though the TAT continues to deny vigorously critics' accusation of promoting sex tourism. TAT has some justification this claim as none of the literature referred to outright prostitution. But beaches and attractive beckoning women subtitled with phrases like "the land of smiles welcomes you," were extremely suggestive." (The Nation, 10-13-91)*

Openness as an Option

The belief that a frank, open policy concerning AIDS and sustained growth in the tourism sector were incompatible was not an unanimous opinion. Mechai Veravaidya argued that a forthright approach would not scare away foreign tourists because it demonstrated the commitment in Thailand to fighting the spread of AIDS. Dr. Debanom agreed:

> *"I know this is Visit Thailand Year and many agencies do not want to do anything to spoil it but to give out proper information may be beneficial to all concerned. We should point out that AIDS cases in Thailand are still small in number, and we want to do everything possible to prevent AIDS from becoming widespread. Foreigners would understand, and may even be appreciative of Thai efforts to try to protect them because service girls, or even boys, may render their*

[9] The relationship between tourism and the sex industry is well-documented. There are two prongs which to promote tourism, explains Srisang; one is to sell the physical and cultural beauty of the country, and the other, is to sell the "service attraction" of the Thai people. The service attraction inescapably includes the sex-related services (Srisang 1990).

services to many tourists. If tourists know that the girls or gays with whom they are about to be sexually engaged have been properly informed and equipped with knowledge about AIDS, they may feel a lot better and safer while in Thailand." (Bangkok Post, 8-4-87)

The *Asia Magazine* reported that Dr. Praphan had denied that the government was being less than open with AIDS information and also maintained that if the facts of the matter were taken at face value, tourism to Thailand would, in fact, be enhanced. "We haven't had any cases at all for quite some time," he said. "And in our surveys of several thousand female prostitutes, we failed to find a single positive testing. It seems to me the *that* sort of information might well act as a lure to those foreigners looking for a sexual vacation" (Asia Magazine, 5-3-87).

Women's Groups Become Active

In addition to activists such as Mechai and Troy, women's groups first became involved in 1987. *The Nation* would later report that since women's groups were incensed by the government's tacit acknowledgment of the commercial sex industry during Visit Thailand Year, they focused their concern over the AIDS issue on the four million-odd foreigners who arrived in the country (The Nation, 10-13-91). In mid-1987, a group of Thais and foreigners gathered in front of the TAT offices to protest against tourism promotion which they claimed was luring AIDS carriers into the country. Accusing the government of placing tourism before public health, the group said the authorities must stop covering up the truth about the AIDS situation in Thailand, and promote public awareness of AIDS (Bangkok Post, 7-23-87). When women's groups linked AIDS to the commercial sex industry, the government reaction was to dismiss the connection.

Leaders Continue to Down Play the Threat

Even as a few dozen Thai and foreigners died from AIDS in Thailand--including commercial sex workers and homosexuals--the magnitude of the AIDS threat was discounted. From the Prime Minister on down, the government and its representatives continued to diminish its potential impact. Prem responded to inquires about AIDS by

dismissing it as being "just like any other disease." In defense of the criticism that they were inactive in their prevention efforts, the government found it convenient to quote past tests results as evidence that they were doing enough to handle the epidemic. In fact, elated by the economic gains both for national and private interests, the Prem government extended the international promotion campaigns of Visit Thailand Year an additional six months (FEER, 11-2-89).

Media

In 1987 the increase of media coverage reflected, in part, the news worthiness of the AIDS epidemic. The media became instrumental in publicizing AIDS-related information including findings on AIDS/HIV prevalence, educational messages, and demands for mass campaigns against AIDS (Bangkok Post, 1-20-87). Some of these demands were stimulated by the release of the Panos Dossier, *AIDS in the Third World*, which implored nations to take immediate action to ward off the impending epidemic (Bangkok Post, 1-25-87). The media also served as a mouthpiece for participants both in and out of the government to voice their opinions.

One of the first AIDS stories presented to the mass public was that of Mr. Cha-on Suasoom and his wife Mrs. Bang-on who were fired from the Pioneer International Company because the husband had tested HIV positive. The assistant manager for Pioneer explained that they were fired because their presence might ruin the firm's image and create alarm among workers who do not fully understand the disease. The *Bangkok Post* ran a front page article on the plight of the two laborers. This story and the accompanying photo presented an AIDS infected person with a Thai identity for the first time (Bangkok Post, 9-11-87).

Unfortunately, many of the AIDS-related articles in the press were sensational in nature. For example, when Ms. Spun Selakhun, a popular model, allegedly tested HIV positive, the media released numerous related stories and articles. A rumor accompanied the stories that she was a high-class call girl and she soon became a social outcast. The

Far Eastern Economic Review reported that the story, "Sent shivers through the ranks of Bangkok's yuppies and social elite, whose favorite pastimes include chasing models and beauty queens" (FEER, 11-5-87). Although it was later discovered that she was HIV negative, this was the first time that a well-known Thai was associated as an infected person. Similar to the role of Rock Hudson in the United States, this case brought the AIDS epidemic much closer to home for many people who did not personally know anyone with the disease.

In late 1987, the Far Eastern Economic Review wrote that after weeks of sensational AIDS stories and subsequent reaction, "the AIDS scare in Thailand seems to have reached a point of national panic" (FEER, 11-5-87). The government's response was to reiterate that it did not want AIDS publicity because it only contributed to fear and panic. When asked if the government's campaign involved television, radio or newspapers, Dr. Winit Asavena, Director-General of the CDC Department, said, "Newspapers put it [articles on AIDS] in themselves. We do not want that" (Bangkok Post, 2-8-87).

Academics

Academics were some of the first to recognize that the threat of AIDS would not be limited to homosexuals and foreigners and that the government's response was insufficient to limit the spread of the epidemic. Bangkok Post columnist, Suporn Pornsrisuk, wrote that despite attempts by various authorities to play down the importance of AIDS, it was rapidly becoming an issue of concern among health academicians. Unfortunately the concern stopped there--among academicians--and was not shared by the general public who, if properly educated and more aware of the disease, would have been able to play a vital role in preventing the deadly disease from spreading, added Suporn (Bangkok Post, 8-4-87). After Minister Chirayu's announcement of an increase in AIDS cases and the government's subsequent denial, health academicians spoke out and attempted to clarify the ambiguous messages coming from the government.

"It is ridiculous that government officials try to play it down and usually keep mum about the issue when it comes up in discussion. To avoid talking about it doesn't mean it will go away," commented one senior health academician (Bangkok Post, 8-4-87).

Non-Government Organizations

Nineteen Eighty Seven was also the first year that NGOs became participants. In particular the Population and Community Development Association (PDA) became involved.[10] The PDA launched a campaign to educate the public about AIDS. Education was the most effective weapon, Mechai said. "Even though the number of people with AIDS is still low, education for the public as well as high-risk groups is essential to prevent the plague." Mechai had PDA members trained as educators and sent them to schools, government agencies and businesses to educate teachers, students, officials and employees on request (Bangkok Post, 8-27-87). At this time, the Anti-AIDS Foundation was also established to help AIDS patients in Thailand (Bangkok Post, 11-11-87). In addition, several popular music bands organized an AIDS concert, to help raise funds for the AIDS Foundation (The Nation, 1-19-88). A dance troupe led by activist, Natee Teerajjanapongs, began giving performances for the gay community in order to raise AIDS awareness (Natee 1993).

The Thai Royal Family

Another milestone was public acknowledgment and support for anti-AIDS measures by the well-respected Thai Royal family. It was Princess Chulabhorn, the King's youngest daughter, who called for cooperative research efforts to seek ways to protect the Thai people from the threat of AIDS (Bangkok Post, 7-22-87).

[10] The PDA is one of Thailand's largest NGOs and is led by high-profile activist Mechai Veravaidya. This organization gained its fame while participating in Thailand's family planning successes.

CHAPTER IV

THE CHATICHAI PERIOD (August 1988 to February 1991)

INTRODUCTION

During the Chatichai Period, both the AIDS epidemic and policies aimed at controlling the disease transformed rapidly. Initially HIV infection was limited to the "marginal" or "high risk" groups, but by the end of the period infection in the general populace was evident. Policy developments, increased budget allocation and alterations in Prime Minister Chatichai Choonhaven's public stance also had transitory characteristics. The government's position shifted from one that denied the threat of AIDS and closely guarded relevant information towards one of recognition and openness. However, a more rapid transformation was stalled by key participants who struggled to keep AIDS publicity at a minimum.

During the Chatichai Administration, a rapid spread of the epidemic occurred: In 1988, IVDUs became the first population to have high rates of HIV infection; In 1989, there was an exponential spread in CSW industry--first in the North and later throughout the nation; and By 1990, there was clear evidence that HIV was also being transmitted to the general populace. Fortunately, policies aimed at combating the epidemic were developed. Prime Minister Chatichai successfully elevated the AIDS issue from the systematic agenda to the government agenda. A substantial increase in funding to the national AIDS program by the government in 1990 reflected the growing commitment. Nonetheless, the prime minister stopped short of giving his unconditional public support to fighting the epidemic which is necessary to raise the issue on to the government agenda.

At this time, the MOPH was the central agency responsible for coordinating the national AIDS program. It was instrumental in choosing from the various policy alternatives and in implementing policy. The major policy developments of this period were the establishment of a medium-term program and implementation of the sentinel surveillance system. Other significant achievements included: testing blood donations, educating CSWs and IVDUs, and condom promotion and distribution. There were also notable improvements in the coordination of efforts between agencies. For the most part, however, the MOPH's measures were narrow in scope and limited to legal and medical solutions. The major proposed legislation, the so-called "AIDS-bill," planned to use classical contagious disease control methods such as confinement of infected persons and mandatory testing.

The latter half of 1989, marked a turning point in the development of AIDS policies as key participants joined in publicly promoting more advanced and candid measures. With the knowledge that the government was becoming more liberal in its attitude towards the development of policy, Princess Chulabhorn, Public Health Minister Chuan Leekpai and activist Mechai Veravaidya lent their credibility and prestige to the anti-AIDS campaign. These well-respected participants were able to raise awareness and initiate change. They were joined by a growing number of NGOs that became involved when HIV infection spread into the communities in which they operate and due to concern over human rights issues. International organizations remained instrumental in providing technical and financial support--the majority of funds continued to be external in origin. The media also played a vital role in educational efforts, raising awareness and as a mouthpiece for other participants to voice their opinions. The media, however, was still guilty of communicating sensational stories.

During this period, those advocating change continued to be opposed by powerful interests, particularly in the tourism industry, who were concerned with adverse effects that AIDS publicity might have on the economy as well as their own business concerns.

These participants supported a limited and less publicized approach to the AIDS dilemma. The Chatichai government, itself with extensive business interests, was a coalition government dependent on strong economic performance. Consequently, the business community was able to wield strong influence within the government.

EVIDENCE OF THE EPIDEMIC'S SPREAD

As the epidemic continued to spread rapidly in Thailand, studies, both independent and governmental, were made public. By mid-1988, the results showed a rapid increase of HIV prevalence among the IVDUs population. On May 15, 1988, the Centre for the Prevention and Control of AIDS released a report which revealed that there were 748 registered HIV and AIDS cases. Nearly ninety percent of the total cases were IVDUs (CDC 1988). At the end of 1988, the AIDS Registrar reported 5075 infected persons (only 27 AIDS/ARC cases) and 93% were IVDUs (Division of Epidemiology 1989).

In 1988, the majority of HIV infected persons were IVDUs in Bangkok. The first volume of the *Thai AIDS Journal* presents the Bangkok Metropolitan Health Department's testing results of IVDUs in four Bangkok districts (Pathum Wan, Huai Kwang, Phra Khanong and Bang Khen). The tests disclosed seropositivity rates of greater than 30% in February 1988 (Vanichseniertal 1989). According to the Bangkok Metropolitan Administration (BMA), over a period of only six months in 1988, the number of HIV infected heroin addicts in Bangkok increased from 15 to 43 percent. Those who tested positive were drug users coming to BMA detoxification clinics for treatment (The Nation, 10-13-91). The Thanyarak Hospital in Bangkok reported an increase from one percent seropositivity in IVDUs in January to 32% by August 1988 (Uneklabh 1988).

In testing of female CSWs, from May 1985 through the end of 1988, all reported serosurveys in Thailand detected nil infections, or rates less than one percent. However,

by early 1989 there was evidence that the epidemic was spreading within the commercial sex industry in Northern Thailand. For example, the Chiang Mai Provincial Health Office reported that 208 AIDS cases had been discovered in Chiang Mai and 70% were from the CSW population (The Nation, 2-25-89).

Sentinel Surveillance Survey

A major policy development occurred in June 1989 when the Epidemiology Department of the MOPH conducted its first sentinel surveillance survey. This standardized testing estimates the prevalence of HIV in certain risk groups. The sentinel surveillance system is an indispensable tool for gauging the spread of the epidemic and for formulating prevention and control strategies. The first survey tested samples from 14 cities and provinces, and the December 1989 survey included another 17 provinces. By 1990, it was extended to all provinces. The system tracks six groups in all provinces: IVDUs, CSWs-low charge, CSWs-high charge, male STD patients, pregnant mothers and blood donors. Male CSWs in Bangkok, and the provinces of Chonburi, Chiang Mai, Phuket and Songkla--all popular spots for foreign tourists--are also tested.

The results of the June 1989 survey revealed that HIV infection had clearly penetrated deep into particular risk groups especially in the northern provinces. In Chiang Mai, 44% of the low-charge brothel based CSWs were infected with HIV (Division of Epidemiology 1989). Moreover, by 1989, three percent of all blood donors in Chiang Mai were HIV positive (Vithayasai 1990).[1]

The December 1989 sentinel survey found that the median percentage of HIV infection in low-charge CSWs was 6.3% nationwide. Also, from June to December 1989,

[1] The infection rate of blood donors is one indicator of the spread of HIV infection into the general populace. It is only a rough estimate because it is confounded by false positives, high-risk donors and prescreeeing affects. Other indicators of infection in the general public are the rates in new army recuits and pregnant women. The recruits, however, may not be a representative sample because they are likely to be from poorer families. Those from more advantaged families can substitute service, similar to ROTC, while in high school or can pay their way out of compulsarory service. The rate in pregnant mothers is considered the best gauge of infection in the general populace. Thai males from all social and economic classes frequent CSWs and, therefore, their girlfriends and wives are at risk.

prevalence in high-charge CSWs increased from zero to 1.2% and males visiting STD clinics rose from zero to two percent. The infection rate of blood donors at Chulalongkorn Hospital increased dramatically from .12% to .69% in 1989. The December 1989 survey also reported 30% median prevalency rates among IVDUs. The infection rates were greatest, approximately 40%, in central and northeastern Thailand. (Division of Epidemiology 1990).

By the end of 1989, there were 10,761 nationwide cases reported in the AIDS Registrar--113 were AIDS and ARC cases. The greatest number of infected persons continued to be IVDUs, 66%, but there was also a significant surge in seroconversion through heterosexual contact, 20% (Division of Epidemiology 1990).

In 1990, results from the sentinel surveillance survey continued to show a rapid progression of the disease. By December 1990, all 70 provinces were included in the survey. From the previous year, rates for low-charged and high-charged CSWs, male STD patients and blood donors had doubled to 12.2%, 2.5%, 4.4% and .40%, respectively (Division of Epidemiology 1991). The increase from practically nil infections among pregnant mothers to .3% was perhaps the most shocking increase, clearly evidencing a shift in the spread of the epidemic from "high-risk" groups to the general populace.

Increased Openness by the Government?

As a consequence of implementing the surveillance system and publicizing its results, many observers recognized that government policy was becoming more progressive. Khanchit Limpakarnarat, the Adjunct Director of the HIV/AIDS Collaboration, credits, in part, the implementation of the sentinel surveillance system for the greater acceptance of the AIDS problem (Khanchit 1993). The Hastings Center concluded: "The attitude of the government toward this new deadly disease was at first secretive. Statistics on AIDS cases were not disclosed to the public out of fear that they might stir up panic, damage tourism, and discourage foreign investment. Pressed by

newspapers and international agencies, the government has become more open" (Hastings Center, April 1990).

Steve Krause, Thailand's WHO Global Programme on AIDS (GPA) representative, confirmed that policy had become more open, but noted that AIDS was still considered only a public health problem and statistics were held tight (Krause 1993). So despite the signs that the policy was maturing, clearly the changes were slow and uneven. John Knodel, Professor of Sociology at the University of Michigan, explained that the transition from denial to openness was not going to happen overnight. There had been total denial only a few years before and it was only natural that it would take time for the policy to adjust. Every country faced with the AIDS epidemic has had to go through the same adjustment period, he added (Knodel 1993).

Furthermore, although it is true that the government had improved its reporting practices, official announcements were still at odds with estimates from other organizations. For example, in March 1990, the WHO's GPA released preliminary findings made by a team of Thai and international AIDS experts which approximated the number of HIV infected persons with AIDS in Thailand at 45,000 to 50,000,[2] more than three times the official figure of 14,000 (Bangkok Post, 3-30-90). Many observers still believed that the government was not being as forthright and objective in its reporting as possible. However, the statistics released by the WHO and the Thai government were not necessarily mutually exclusive. The government's figures often represented the number of cases reported in the AIDS Registrar. For example, through 1989, the registrar recorded 15,882 HIV infected persons (Vichai 1990), close to the reported figure of 14,000 cases. On the other hand, the WHO, used statistical models to estimate all HIV cases, not just those that had been reported. The differences in reporting methods often became blurred

[2] This estimate had increased significantly from a 1989 WHO estimate of 20-25,000 HIV positive (New York Times, 3-30-89).

in the media, and consequently, the government was blamed for under-reporting. To complicate this matter, the government was not successful at clarifying the differences.

A Government Directive to Limit Reporting

In addition, there were other governmental initiatives which indicated that policies were still in a period of transition. For example, in mid-1990, Jon Ungphakorn, Director of Thai Volunteer Service, and Dr. Praphan Phanaphak of Chulalongkorn University Medicine Department, revealed that the MOPH had ordered provincial public health offices to prevent the number of AIDS cases from rising more than 35% a year in tourist provinces and 30% in other provinces. Dr. Chanthakorn Chutithamrong, Director of the MOPH's Centre for AIDS Prevention and Control, confirmed that the order had been issued in a directive to make provincial health officials do their utmost to control AIDS. Dr. Praphan said the directive would likely result in wide-spread false reporting by provincial health officials; the officials would either falsify reports or stop testing for AIDS when the limit was reached (Bangkok Post, 7-22-90). Ostensibly, the purpose of the directives was to control AIDS. Some, however, believe that its more likely aim was to suppress the facts and limit publicity (Ungphakorn 1993).

Moreover, in many sectors and regions there was little evidence of any transition towards a more open policy. Areas other than Chiang Mai which also have extensive commercial sex industries were outstanding examples. *The Nation* noted, "Though Chiang Mai is one of the country's most famous tourist spots, the "flesh business" here is much less thriving than such places like Pattaya, Patpong, and Hat Yai where authorities remain tight lipped about the real (AIDS) situation" (The Nation, 2-25-89). The mayor of Pattaya--a popular seaside resort with tens-of-thousands of prostitutes--swore that there were no AIDS cases in the resort and promised that, if this were not true he would resign. After testing was conducted in Hat Yai, a southern resort, headlines declared that the town was AIDS-free.

100,000 HIV Infected Thais

During the latter half of 1990, the MOPH began to release more accurate estimates of the number of HIV infections in Thailand. In September, the Division of Epidemiology (MOPH) reported that there were 100,000 HIV infected Thais at a meeting with a UNDP representative, Thai health officials, representatives of foreign governments and organizations that had contributed funds to national efforts to stem the spread of AIDS. An increase in the heterosexual transmission of HIV was also acknowledged (Bangkok Post, 9-27-90). Many of the donor representatives were shocked by this figure. The UNDP representative called for increased top level support. (AIDS-Tech, September 1990).

This rather abrupt change in reporting practices not only resulted from an environment of increasing openness, but also reflected a change in the MOPH's senior health administration. Dr. Uthai Sudsak, who had just replaced Dr. Somsak Worakhamin as the Permanent Secretary of Health in September 1990, was responsible for the release of the new HIV estimates. Dr. Uthai had previously been an advisor in the Prime Minister's Office. When accepting the MOPH post, he publicly committed to fighting AIDS: "I will emphasize projects to fight AIDS and will improve medical service provided to low-income people across the country" (The Nation, 9-6-90). The change was significant because the previous administration would probably not have disclosed the figure of 100,000 HIV infected persons (AIDS-Tech, September 1990).

POLICY DEVELOPMENTS

Medium-Term Plan

In addition to implementing the sentinel surveillance survey, another major landmark in the maturation of AIDS policies occurred when Thailand became the first Asian nation to develop a comprehensive medium-term plan. The *Medium Term Programme for the Prevention and Control of AIDS* covered the years 1989-1991 and was initiated on April 1, 1989 (Bangkok Post, 3-30-90). The medium-term plan was much more extensive than the short-term plan. It followed the WHO's GPA guidelines which included provisions for taking in account internationally agreed policies and strategies to protect individual rights. It also sought to avoid the discrimination of individuals belonging to population groups associated with AIDS, and infected persons, their families and friends (CDC 1989). The medium-term plan included measures for program management, health education, counseling, training, surveillance, monitoring, medical and social care, and laboratory and blood safety control. The plan was intended to provide a working framework for government, NGO and private initiatives (Bangkok Post, 3-30-90). To launch the medium-term plan, the MOPH designated the week of November 25 to December 1, 1988, as "Anti-AIDS Week" and 1989 as "Anti-AIDS Year" (Xinhua News Service, 10-21-88).

To facilitate more cooperative anti-AIDS efforts, at an October 18, 1988, cabinet meeting chaired by Prime Minister Chatichai, the government decided to set up the Coordinating Committee for the Control of AIDS. In addition, a revision of the National Advisory Committee was approved by the cabinet in order to involve more government authorities and agencies, especially non-health workers (Prasert, 1989). The committee was chaired by the permanent-secretary of the MOPH. The Minister of Public Health, Chuan Leekpai, and his deputies were advisors to its thirty member panel (Xinhua News Service, 10-19-88).

As AIDS spread in to the CSW population, government agencies began implementing programs aimed at controlling the epidemic in the CSW industry. In August 1989, Dr. Wiwat Rojjanapittayakorn of the CDC initiated the "100% Condom Campaign" in Ratchaburi province by forming a political network between the provincial governor, brothel owners, police officers and health officials to address the issues of commercial sex, condom use and empowerment of women. The campaign targeted CSWs and their clients as a major group of HIV carriers and condoms as an effective protection against infection. Theoretically, CSWs were empowered to refuse any clients who would not use condoms. In a related effort the newly appointed Minister of Public Health, Marut Bunnag, and the Bangkok Metropolitan Administration (BMA) agreed to shift the focus of its strategy in Bangkok from CSWs to clients. They encouraged male clients to use condoms, rather than asking CSWs to request their customers to do so (The Nation 2-3-90).

Chatichai's Role

The Chatichai Government received much of the credit for the shift in AIDS policy; particularly for the development of the medium-term plan. In early 1989, the *New York Times* wrote, "In the last few months, despite the nervousness of influential businessmen, the Government of Prime Minister Chatichai Choonhaven has recognized the dangers of a coming calamity and begun to do something to forestall it, designing Asia's first medium-term plan to combat AIDS" (New York Times, 3-30-89).

Enthusiasm over the government's apparent commitment to policy development did not last, however, because Prime Minister Chatichai continually refused to publicly commit to fighting AIDS as a top government priority. In November 1989, Chatichai refused to chair a conference on AIDS for fear it might cause panic (Economist, 3-24-90). He also refused to chair the National AIDS Committee for the same reason (Daily Telegraph, 8-8-92).

Nonetheless, the AIDS issue continued to improve its position on the government agenda. On October 31, 1989, the cabinet elevated the AIDS Prevention and Control Programme to an operation to be conducted on a national level (MOPH, November 1991). On February 22, 1990, the Committee for AIDS Prevention was upgraded and renamed the "National AIDS Committee for AIDS Prevention and Control." The Minister of Public Health was named chairman and the Director-General of the CDC became its secretary (MOPH, November 1991).

It was not until January 1991--shortly before being ousted from power--that in his statement on health policy, Chatichai announced that the official campaign to control and prevent AIDS would be regarded as national policy. The Prime Minister said that the matter would receive urgent and high priority. Mechai said he supported the policy stance in what he described as the first clear-cut government policy stance to combat AIDS (Bangkok Post, 1-10-91).

Chatichai also added that the government would see to it that all relevant agencies, in both the public and private sectors, seriously and continuously battled the virus (Bangkok Post, 1-10-91). Subsequently, an advisory committee to the prime minister on AIDS was set up with Mechai as chairman. The committee was responsible for making policy recommendations to the prime minister and recommendations for broad scale intervention that could be channeled through the MOI, Defense, Education, Industry, Agriculture, etc. (AIDS-Tech, January 1991).

Budget

Financial commitment on the part of the government also reflected a transition in policy. In 1989, seventy-five percent of the $4.77 million in funds that the MOPH planned to spend on its campaign was to be supplied by international organizations and Western governments and 25% or US $ 1.2 million from the Thai government (CDC 1989). In actuality, the Thai government supplied only US $ 400,000 to the MOPH in 1989 while international donors increased their support to US $3.74 million (MOPH

1993). Since the budget allocation for AIDS-related activities reflects the degree of political commitment, and the majority of funds were still external in origin, the commitment of the Chatichai Government has been judged as being insufficient.

Finally in 1990, as a reflection of the policy changes occurring in 1989, the government increased its financial commitment to US $2.63 million. However, foreign donors still contributed the majority of funds or US $3.34 million (AIDS Division 1993). Through 1990, the Thai effort had attracted more than US $10.8 million from the government and 11 international sources. After the Thai Government, the UNDP was the second largest donor, contributing $1.9 million (Jenson, June 1990).

Legislation

AIDS-Bill

Although there were positive signs that the MOPH was developing AIDS-related policies, in retrospect it has become clear that the MOPH was using traditional contagious disease control methods and members of the health profession dominated the choosing of policy alternatives. Consequently, little regard was afforded to the social, legal and economic ramifications of the AIDS epidemic.

The MOPH attempted to formalize its methodologies to prevent and control the spread of AIDS through a major piece of legislation, the AIDS-bill. The first draft of the AIDS-bill was completed in October 1989 (Bangkok Post, 9-22-89). The AIDS-bill relied on medical and legal mechanisms to cope with AIDS. The bill included provisions to establish a control committee, a welfare fund, medical measures, AIDS patients' rights, legal obligations for employers of infected persons, legal power for health and law enforcement officials, and infected persons right to appeal decisions by the control committee (The Nation, 7-14-90).

On the positive side, it included measures to prevent employers from firing HIV infected employees and medical facilities from denying AIDS patients access to treatment. Also, the bill prohibited HIV infected persons from donating or selling blood

and organs (Bangkok Post, 3-19-90). Under the bill, pregnant women would be entitled to have an abortion without being considered in violation of the law (Bangkok Post, 9-22-89).

On the other hand, it proposed compulsory reporting of AIDS cases to officials, possible confinement of AIDS infected persons to special areas, and imprisonment of infected persons if they indulged in certain activities leading to the spread of AIDS, e.g., prostitution (Bangkok Post, 1-3-91). CSWs would be required to be tested periodically and removed from the work place if infected (Bangkok Post, 3-3-90). Those placed under official surveillance who did not follow the rules could be banned from entering certain places and sent to official "welfare and rehabilitation centers" to have their high-risk behaviors changed (Bangkok Post, 9-22-89). The bill would have also empowered officials to test anyone suspected of having AIDS and to imprison people found to be carrying the virus who do not comply with government regulations (The Nation, 3-23-91). There was a provision which gave MOPH officials the authority to enter private homes and take AIDS-infected persons to receive medical treatment (Bangkok Post, 7-14-90). The confidentiality of infected persons would have been threatened as HIV infected persons would have been required to reveal their condition to doctors and dentists before receiving treatment.

The politically appointed Deputy Prime Minister, Suthas Ngern-muen, was a staunch supporter of the bill and attempted to push the bill though the legislative process in 1989 and 1990. By 1990, a draft of the AIDS-bill had been approved by the Cabinet and the Juridical Council. The parliament was still required to pass the bill before it could be enacted. Leaders in the MOPH defended the law as the best way to combat the epidemic.

At a government sponsored AIDS conference, a supporter of the bill, Dr. Witoon Ungpraphan of Siriraaj Hospital said high-risk groups--prostitutes, IVDUs, blood donors, surgery patients and pregnant women--should face mandatory testing. "I don't think we

have to worry about any legal difficulties with mandatory testing of these people," he said. He also advocated mandatory testing for spouses of infected persons. Former Prime Minister Dr. Tanin Kraivixien, who chaired a legal panel at the conference, supported the measures proposed by Dr. Witoon (The Nation, 3-23-91).

Nevertheless, the draft bill was strongly criticized by many doctors, social scientists and representatives of NGOs. These participants along with certain influential donors lobbied against the passage of any law that made blood testing mandatory and restricted the freedom of movement of infected individuals (New York Times, 3-30-89). Vitit Muntarbhorn, Associate Professor of Law at Chulalongkorn University, explained that while this draft included provisions which would have provided protective measures for infected persons, the stipulations giving the authorities the powers of confinement, fines and imprisonment may ultimately lead to discrimination rather than respect for human rights. The punitive measures were viewed as being counterproductive; the infected persons would be driven underground for the fear of sanctions. There was also a lack of provisions for care, counseling and assistance for families with infected persons (Bangkok Post, 1-3-91).

Classical CDC Methods

An example of the MOPH attempting to adapt classical CDC methods to the AIDS dilemma were the proposed therapeutic communities for infected persons. The rationale for the establishing these communities rest on CDC principles similar to those used in controlling a communicable disease such as leprosy; that is, to quarantine infected persons or exclude them from many "normal" activities. Uthai Susak, then Director-General of the CDC Department, explained that a planned community would accommodate some 40 AIDS carriers as in-patients and another 200 as out-patients. Uthai claimed that participation was to be on a volunteer basis with an emphasis on WHO policies for human rights and dignity for AIDS patients (Xinhua News Service, 8-24-88). By early 1989, Uthai was replaced as the Director-General of the CDC by Dr.Tira

Ramasoot. The MOPH still maintained, however, that it would establish a relief center and a therapeutic community for patients suffering from AIDS. Tira said the patients would be given proper treatment and care (Bangkok Post, 2-17-89).

CSWs Targeted

In addition to the therapeutic communities, Dr. Tira planned to take legal action against CSWs who were HIV positive: "The Ministry will seek police help in arresting those who test positive for AIDS, and the courts will decide whether to jail them or put them in the women's house for at least a year." According to Dr. Tira, the MOI would also take legal action against both CSWs and brothel owners who would not cooperate in preventing AIDS (Bangkok Post, 8-6-89).

Dr. Tira had decided to execute control efforts by issuing "AIDS-free" cards to monitor each CSW and rid prostitution of HIV infected persons (Bangkok Post, 3-3-90). The AIDS-free cards program was formulated as part of the AIDS-bill. Although the legislation had not been passed into law, the Department of CDC went ahead and issued 80,000 cards to the provinces for registering all CSWs and recording the results of HIV blood tests every three months (AIDS-Tech, July 1990). The program was to be implemented nationwide but plans were canceled when many provinces objected. On March 29, 1990, reviewers of the *First Review of the Medium Term Programme* condemned the use of AIDS-free cards because they provided CSWs and their clients a false sense of security (MOPH, November 1991). Some provinces, however, continued to use the cards as a way of trying to encourage CSWs to use condoms and to evict those who seroconvert (AIDS-Tech, January 1991).

Restrict Foreigners

In another development, on August 26, 1989, the MOI issued Ministerial Announcement number 11 which added the AIDS issue to the Immigration Act (1979). The aim of this amendment was to prevent foreigners with HIV from infecting Thais by

barring their entry into the kingdom and by deporting infected aliens from the country[3] (Prasert 1989).

PARTICIPANTS

Tourism Industry Resists

Although Visit Thailand Year had concluded, the tourism industry continued to be the largest earner of foreign exchange for Thailand. In 1988, Thailand received 4.23 million international tourists, an increase of 21% over 1987. The tourism sector earned US $ 3.1 billion in 1988 (Tourist Authority of Thailand 1989). In 1989, tourism continued to grow to 4.81 million tourists and accounted for US $3.3 to $3.4 billion in revenue (Tourist Authority of Thailand 1993).

With such great economic affluence being generated, powerful interests in the industry sought to protect their concerns by keeping AIDS publicity to a minimum. When an article, entitled "The Lust Frontier," was run in the *Far Eastern Economic Review* (11-2-89) about AIDS and the sex industry in Thailand it offended the Tourism Authority of Thailand, which asked the police to ban the magazine and to refuse to renew the visa of the author, Paul Handley (New York Times, 5-11-92). At the time, *The Economist* wrote: "The moguls of Thailand's flourishing tourist industry do not want bad news to interfere with good times, especially among all those single men who crowd Bangkok airport" (The Economist, 3-24-90).

In 1989, when the Public Health Minister, Chuan Leekpai, publicized the HIV prevalency rates in southern Thailand, the Malaysian press also began reporting on the spreading AIDS epidemic in Thailand. Subsequently, the Malaysian government issued health warnings for people traveling to Hat Yai--a provincial capital in the South--and tourism declined. Thais reacted by vehemently accusing Malaysia of trying to destroy

[3] It excluded aliens who have permanent residency and aliens born in Thailand.

tourism in southern Thailand. Bangkok newspapers and Hat Yai hoteliers reasoned that Malaysia was attempting to aid their own tourism at Thailand's expense.

In a related fashion, a rehabilitation center planned by the MOPH and endorsed by the cabinet was rejected at a proposed site in Rayong because of the entrenched fear that its close vicinity to the Eastern Seaboard would have scared away tourists and investors while giving Thailand a bad image. There were indications that the inhabitants had no objections to having the rehabilitation center in their province (Bangkok Post, 4-5-90).

Koh Samuii Targeted

In spite of opposition from the tourism industry, the MOPH continued to undertake activities in areas frequented by foreigners. In 1990, the focus of media attention centered on Koh Samuii, a southern resort frequented by foreigners, some of whom took part in prostitution and drug use. There was growing concern over the rapid increase of AIDS on Koh Samuii which according to the Director of CDC Department, Dr. Tira Ramasoot, had the highest ratio of AIDS victims of any district in the country. Therefore, he proposed to test foreign tourists for HIV infection at a medical center to be set up near the island's ferry station. The Bangkok Post published a large front page article covering the story (Bangkok Post, 8-5-90).

Bungalow owners and the Surat Thani office of the TAT were staunchly opposed to the proposal. They felt that the screening measure, put forward in an effort to contain the deadly disease, would have had a disastrous effect on tourism in Koh Samuii. Thanongsak Somwong, a Koh Samuii businessman pointed to the previous AIDS panic in Hat Yai, in which there was a decline in tourists in the southern city for almost six months before things started to pick up again. He warned authorities to take great care not to repeat the mistake on Koh Samuii (Bangkok Post, 8-5-90).

Tourism Association of Koh Samuii president Kamnuan Somwong said the proposed measure would only destroy the atmosphere of the holiday resort and injure the feelings of tourists who would simply stop coming. Tourism Association of Koh Samuii

secretary, Mrs. Juthatip Thongsuk, said the consequences of an inspection of tourists would have been grave considering what tourist operators had invested. She added, "I think setting up an inspection post at the ferry harbor would result in more damage than good. What should be done is a public relations campaign against AIDS" (Bangkok Post, 8-5-90).

Kamnuan also pointed out that other groups of potential AIDS carriers were Thais such as CSWs, the so-called "hired wives,"[4] drug addicts and fisherman who frequent brothels. These Thais would not have been subjected to the inspections despite the fact they were more likely to be carriers of the disease and more susceptible to catch AIDS than ordinary tourist. He stressed, "Don't look at AIDS as a Samuii, Pattaya or Phuket disease" (Bangkok Post, 8-5-90).

Participants Advocating Change

The latter half of 1989 marks a major turning point in AIDS policy development. In addition to the establishment of the medium-term plan, the sentinel surveillance system and changes in the MOPH, initiatives by the Royal family, Chuan Leekpai, and Mechai Veravaidya were momentous. They all advocated the immediate and rapid development of AIDS-related policies. Due to their prominence and the news worthiness of the issues, their activities were widely covered in the press. Other participants who made important contributions at this time included the army, the MOI, NGOs, international organizations and the media.

Princess Chulabhorn

The support of the royal family to the anti-AIDS efforts was an important symbolic occurrence. The royal family, especially Princess Chulabhorn, the second daughter of the present Monarch, Bumibol Adulyadej, committed its prestige to the cause. In early 1990, an article in the *British Medical Journal* (BMJ) reported, "A few months

[4] "Hired wives" is a term used for CSWs who are paid by foreign, primarily western, male tourists to accompany them on their holidays. Hired wives commonly act as tour guides and provide sexual services (Meyer 1988).

ago there was a surge of articles an AIDS in the Thai press, following statements by HRH Princess Chulabhorn denouncing the sex industry and calling for greater awareness about AIDS. Given the deep respect held for the royal family by Thais, this was seen to be a turning point in public opinion" (Anderson, 2-17-90).

In early March 1989, the Princess gave the opening address at the International Conference on AIDS in Asia and the Pacific. The conference was held in Bangkok and was organized by the WHO, Thai MOPH, and Mahidol University. The Princess said that the Chulabhorn Research Institute which she directs was committed to assisting the Thai government in becoming a model for other Asian nations (WHO, 3-15-89). She strongly promoted a public campaign against AIDS and for the end of the sex business (New York Times, 3-30-89). Princess Chulabhorn was also one of the first national leaders to complain about the image of Thai women abroad (FEER, 11-2-89).

Chuan Leekpai

With the Princess' support, Chuan Leekpai and the MOPH were given impetus to keep the public informed through factual information (FEER, 11-2-89). The *BMJ* reported, "Similar statements (to the princess) from Public Health Minister Chuan followed closely, and his campaign is clearly associated with an irreversible shift in government policy" (Anderson, 2-17-90),

In September 1989, Chuan Leekpai, Minister of Public Health, became one of the first Thai politicians to publicly recognize the need to repress the sex industry. His proclamation stunned the country and the sex-entertainment industry (FEER, 11-2-89). As Chuan began publicly releasing statistics, the tourism industry reacted emotionally and exhibited strong opposition. Nevertheless, Chuan stated that Thailand should not defend the sex industry and continued to push for a more honest and frank policy by re-iterating that the number of AIDS cases in the South had greatly increased. As a result, Chuan repeatedly came under heavy opposition from the Hat Yai business community.

However, key policy makers in the government did not follow the examples set by the Princess and Chuan. Although some leaders were sympathetic to the cause, no one in the government risked coming out and giving overt support. In fact, while on a European tour, Prime Minister Chatichai announced that AIDS was not a problem in Thailand. TAT head, Dhamnoon Prachuabmoh, suggested that Chuan and the Hat Yai business community keep their argument quiet so as not to hurt tourism (FEER, 11-2-89).

As it became evident that necessary support was not forthcoming, Chuan soon toned down his unpopular rhetoric. He then suggested that an outside participant, the WHO, was to blame for generating unnecessary publicity. "Don't be misled by it (WHO's campaign)," Minister Chuan warned citing that the campaign's format was based on the alarming situation in western countries. "The number of AIDS patients in our country is still relatively low compared with some countries, so we should focus our efforts to prevent it from spreading further." Later he added, "I didn't mean that the (WHO) sympathy campaign will be ignored, but it will be carried out on a smaller scale." Although Chuan had eased up on his aggressive approach, he continued to advocate openness: "...what will happen in the next five years if we keep silent? We don't want to look back in five years and say 'Why didn't we do it?' Do we?" (Bangkok Post, 12-5-89).

Mechai

A key proponent of developments in the anti-AIDS campaign, and perhaps, the most vocal and visible anti-AIDS activist has been Mechai Veravaidya. Mechai has vehemently advocated mass communication as an effective means of raising awareness about AIDS and in pressuring leaders for policy development. He was able to use his personal resources and the vast resources of his NGO, the PDA, to promote his efforts.

Mechai did not believe that the MOPH's activities to combat AIDS were sufficient. In addition, he did not find the CDC Department, the MOPH agency

responsible for AIDS prevention and control efforts, very cooperative.[5] In 1990, *The Economist* reported of Mechai: "He lobbied Mr. Chatichai Choonhaven, Thailand's PM, to set up and lead a national AIDS committee. The lukewarm response led Mr. Mechai to go his own inimitable way. To get his campaign going, he raised 50 million Baht (two million US dollars) selling some land in Pattaya..." (The Economist, 11-10-90). Then, he gained the support of the Army, which due to its vast media network, would be instrumental in promoting AIDS education to the populace. Finally, Mechai approached the MOI, Thailand's most powerful ministry, for its support.

Although Chatichai did not consent to leading the anti-AIDS campaign, Mechai was able to obtain his permission to approach military leaders for support. He reasoned with the supreme commander of the armed forces, General Chavolit Yongchaiyudh, that there was a desperate need to educate his troops as well as to reach the rural and provincial-urban populations. In a skillful political move, Mechai secured the support of General Chavolit in the form of free advertising on the army's 126 radio stations and two television networks--which command 60-80% of the country's viewing (Anderson, 2-17-90). In a related development, the military admitted that there was an AIDS problem among soldiers and planned to test and educate its troops (FEER, 11-2-89).

Next, Mechai turned to the Ministry of Interior (MOI). The MOI has authority over provincial administration including governors as well as district and village leaders. In addition, the police force, community development and social welfare administrations are under the MOI's jurisdiction. Co-opting these groups into the anti-AIDS fight was seen as an important development by those espousing a more comprehensive approach to fighting the epidemic. These government organizations would prove to be indispensable in implementing various anti-AIDS programs.[6]

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[5] Mechai's previous work in population control was related to the Department of Health and Family Planning Division, MOPH.

[6] It should be noted, however, that support from within the MOI was not unequivocal. Some of the organizations under the jurisdiction of the MOI, the police in particular, enjoy a degree of independence and are not easily controlled in the provinces.

Although Mechai had done much to further the cause of AIDS through alliances with the army and the MOI, he still felt that the overall response was inadequate. Therefore, he sought to hasten the development of AIDS policy by advocating controls over the sex industry and by emphasizing the enormous economic costs that the epidemic would bring to Thailand if un-confronted.

Mechai decided to focus on the commercial sex industry once it had become clear that AIDS was spreading rapidly among the CSW population. On August 8, 1989, Mechai proclaimed that the sex industry should temporarily shut down to allow a major clean up as part of the anti-AIDS campaign (Bangkok Post, 8-9-89). According to Mechai's plan, brothels would be closed for several days or weeks. Then the brothels would be re-opened as safe-sex establishments by instituting a condom only policy. According to Bennet and Na Pattalung, the proposal received wide-spread support from the district governors. More significantly, the Director-General of CDC Department attended the orientation (where Mechai spoke) and publicly expressed his support for Mechai. This was the first official recognition of the contribution of Mechai and PDA to the national AIDS prevention program (Bennet and Na Pattalung 1990). Nonetheless, a government representative responded on the nightly news by officially denying that there was a sex industry.

In 1990, Mechai continued his efforts. For example, while at a conference in Canberra, Australia, Mechai again called for a temporary closing of Thailand's sex industry. Mechai said that while he realized his stance would be unpopular among many influential Thais because of the impact on foreign tourism, the country's highest income earner, the alternative was far worse. He aimed his remarks at Prime Minister Chatichai, who he believed needed to play a greater role in the anti-AIDS campaigns. "The Prime Minister will go down in history no matter what happens," Mechai said. "He will either be a saviour or the real unwitting devil." Mechai claimed the sex industry problems, including AIDS, were being officially denied because the local economy relied in part on

sex and because prostitutes were viewed as "throw-away women" (Bangkok Post, 8-9-90).

Mechai also attempted to convince key policy makers that ignoring the reality and potential impact of the AIDS epidemic would be detrimental to businesses and the economy. To study the possible economic impact of AIDS, a team of researchers was organized. From that effort, Mechai reported that Thailand was likely to face economic woes within five years unless the spread of AIDS was checked. He said the economy would be adversely affected, starting with the tourism industry--the country's biggest foreign-exchange earner. He also explained that labor problems, created by returning Thai workers from the Middle East because of the Gulf War, would worsen since other countries might refuse to allow Thai laborers to work in their countries, fearing they might be infected with AIDS. According to Mechai, the most productive Thai men, aged between 18 and 29 years old, were highly at risk of AIDS infection. He predicted a sharp rise in the number of HIV cases to three million by 1992 if the 1990 rate of infection continued in Thailand (Bangkok Post, 9-11-90).

Non-Government Organizations (NGOs)

In addition to the PDA, other Thai NGOs became increasing involved in 1988-89. Their participation, however, was not as strategically planned as Mechai's. According to Nitaya Prophochuenbun, the AIDS Project Director of the Duang Prateep Foundation (DPF), the DPF became aware of the spread of the epidemic in their community in 1988 and began to address the problem although the staff had little knowledge of the disease. In May, the DPF tested IDVUs in the Klong Toey slum and found 75% of the addicts HIV positive (DPF 1991). By 1989 the disease was spreading rapidly into the CSW community. On July 26-27, 1989, Family Health International sponsored a two day seminar to help the DPF establish an AIDS program for the slum community. Attendees included DPF staff, community leaders and police (DPF 1991).

Other NGOs virtually had the AIDS issue forced on them. Asked in 1988 what they thought about AIDS, groups like prostitute support organization Empower said they were already overwhelmed with work and unable to take on yet another issue (Panos 1990). By the following year, with AIDS spreading fast among CSWs, Empower and other NGOs were among the leaders of Thailand's fight against AIDS.

These groups joined a growing number of NGOs that became involved in the anti-AIDS efforts because of humanitarian concerns over the government's AIDS-bill. In particular, human rights issues were raised after the government proposed harsh punishment for AIDS victims. By late 1989, a group of 15 NGOs joined in a loose alliance. They submitted a letter to Prime Minister Chatichai that stated: "Laws to control AIDS will make criminals out of those who have contracted the disease unknowingly and will cause others to avoid detection, spreading the killer virus even more." The NGOs were also opposed to measures that separated AIDS patients from non-patients, detaining or punishing infected persons, and non confidential blood testing. They supported specific action plans, strict controls against sex and drug industries, and coordination between government agencies and NGOs. The letter was signed by Magsaysay Award winner Dr. Praves Wasi of Siriraaj Hospital (Bangkok Post, 10-12-89).

International Organizations

Under the Chatichai Administration the international community, particularly the WHO and UNDP, intensified their efforts in Thailand to influence AIDS-related policies. These organizations were instrumental in providing organization, guidelines, technical expertise and financing. In particular, the WHO's Global Programme (GPA) on AIDS provided the general policy framework for the Medium Term Programme for the Prevention and Control of AIDS (Jenson, June 1990).

In 1988, one of the WHO's first objectives was to educate and build a rapport with members of the MOPH. For example, a three day workshop organized by the WHO and MOPH was held to discuss ways of preventing and controlling the spread of HIV. The

focus of the workshop was infection among IVDUs. Then on August 1-2, 1988, the WHO sent technical consultants to a CDC organized meeting to assist in formulating the three year medium-term plan of action. Participants included health administrators, scientists and social welfare workers from government and private agencies (Prasert 1989). Then on November 28-9, 1989, the WHO and MOPH organized a seminar, "Resources Mobilization Meeting for AIDS Prevention and Control." Representatives of various international organizations and diplomats from 15 countries attended the two day meeting. They primarily discussed Thailand's medium-term program (Bangkok Post, 11-30-89).

Once Thailand had adopted the general framework for its national AIDS campaign, the international organizations focused on assisting the Thai government in the development of more progressive measures to better handle the spreading AIDS epidemic. Foremost, these organizations began advocating a multi-sectoral approach. "The Thai Government must mobilize many more resources ... immediate action must be taken by all, I repeat, all ministries. The strength of HIV infection cannot be held in check by the MOPH by itself," said Fabrizio Osella, Deputy Regional Representative of UNDP (Bangkok Post, 9-27-90). Dr. Prayoon Kumasol, then Deputy Director-General of CDC Department, responded to the calls for a multi-sectoral approach by admitting that it was not only a MOPH problem, but really a national problem. However, he also clearly stated the MOPH's sentiments concerning the manner of how to best combat AIDS: "We in the MOPH are best able to lead when it comes to infectious diseases" (Bangkok Post, 9-27-90).

Media

The information that the media was disseminating during the Chatichai period had both positive and negative consequences. On the positive side, awareness was greatly increased and educational messages were frequently dispatched. A review of the National Medium Term Programme for the Prevention and Control of AIDS in Thailand reported

that the media had been very open and instrumental in increasing awareness and in providing information on the situation (Bangkok Post, 3-30-90).

The spreading epidemic, the increasing openness by the government in releasing statistics, and the growing number and prominence of the participants involved in AIDS policy development, gave the media extensive opportunities for articles and stories. These messages were communicated through the press, and radio and television stations. The Thai public read, listened and watched AIDS educational messages with increased frequency. Additionally, articles stressing compassion began to frequent the newspapers.[7]

As mentioned, Mechai was instrumental in furthering mass media efforts. Once he had been granted air-time on television and radio by the army, Mechai was quick to publicize AIDS issues to increase awareness and to educate. He was able to enlist the services of the Oglivie and Mather advertisement agency to produce four, thirty second spots at cost (Anderson, 2-17-90). The cost was covered by a grant from the Rockerfeller Foundation and a personal contribution from Mechai. The spots were aimed at adolescents, CSWs, clients of CSWs, and clients' wives. They were placed on the military TV stations at a time when the Mass Communication Department's television stations refused to air any educational messages about AIDS (Bennet and Na Pattalung 1990). Mechai believed that the government media needed to be used more effectively. "The (privately owned) media have so far done a pretty good job, but the Government should ask their media to do more educational programmes on AIDS prevention," said Mechai (Bangkok Post, 9-11-90).

To assist in mass media efforts, Mechai's organization, the PDA, hired a Thai factory worker to become an AIDS educator. He had been infected with HIV through a blood transfusion and lost his job. He appeared with Mechai on a popular talk show to

[7] For example, The Nation news reporter, Malee Traisawsdichai, wrote an article entitled, "Fight AIDS with education and compassion." It presented views of activists and NGO leaders that Thais must learn to live with persons with AIDS/HIV. It also stressed that AIDS should be treated like other diseases and not as a disgusting and shameful plague (The Nation, 8-1-90).

discuss his disease and the discrimination he had suffered. The purpose was to show others how HIV is not spread and to describe the social injustice of AIDS discrimination. Mostly, the PDA hoped to establish, symbolically, that AIDS was a problem that all of Thai society would have to face (Bennet and Na Pattalung 1990).

On the negative side, the media still transmitted sensational stories which were often more intent on attracting an audience than investigating and reporting facts. On television, a news report of the 1989 WHO conference in Bangkok was followed immediately by a picture of Patpong (the area of the city most clearly associated with prostitution) with no accompanying commentary; Patpong became synonymous with AIDS. The press picked up another story in which a young girl was thought to be suffering from AIDS. They reported that she had been admitted to a hospital with a high fever and was so weak she could not walk. The story was accompanied by a photograph of a girl with her hands tied to the bed (Panos 1990). *The Nation* newspaper published an editorial which attacked a women activist and a television talk show host for frightening the audience with talk of AIDS (FEER, 11-2-89).

In other cases the media was not guilty of mis-interpreting the news, but was only reporting the misguided opinions of others. For example, various overseas studies showing mosquitoes to be a carrier of the AIDS virus found their way into the Thai media. Although there was no scientific proof, the erroneous beliefs flourished. Subsequently, the Minister of Public Health, Chuan Leekpai, publicly discussed the issue in order to set the record straight. Speaking at a news conference with a panel of medical experts he tried to calm public hysteria over local press reports that AIDS could be transmitted through mosquitoes and vegetables fertilized with human waste (Reuters, 8-17-89).

A Media Event: The Princess Chulabhorn Conference

In late 1990, a significant event occurred that brought publicity and awareness to the AIDS issue. A Thai law had been passed in August 1990, which banned people with

HIV/AIDS from entering the country. The Ministry of Interior (MOI) upheld this regulation by denying visas to two HIV infected persons who were to participate in an international AIDS conference in Bangkok organized by the Chulabhorn Research Institute (CRI) and the WHO. Tira Ramasoot, the Director-General of the CDC, spoke out against the MOI directives. Then after a request from the WHO, the MOPH sent a proposal to the cabinet to seek exemptions from the regulations.

On December 13, 1990, the WHO announced that it would not attend the conference because of human rights reasons and withdrew its financial support. A statement from the WHO explained, "Such restrictions have been shown to be ineffective in preventing the further spread of HIV/AIDS, and often counterproductive" (Bangkok Post, 12-14-90). On December 14, 1990, her Royal Highness Princess Chulabhorn resigned as friendship ambassador of the WHO. The CRI released a statement explaining that the Princess was not in a position to lobby the government to alter the controversial piece of legislation (Bangkok Post, 12-15-90). On December 15, 1990, the MOI again turned down a MOPH request to allow the AIDS victims to enter Thailand for the conference. The MOI had denied the requests for visas on the grounds that allowing AIDS infected persons to enter the country would worsen the epidemic. Some experts said it showed that the government had little understanding of AIDS. In actuality, the ban was most likely carried out for political, not public health, reasons (AIDS-Tech, December 1990). In any case, the conference had many other participants and went ahead on schedule (Bangkok Post, 12-16-90).

This event was significant because it generated a great deal of publicity about the AIDS dilemma. It also raised awareness; particularly over human rights issues. Subsequently, many participants became involved because of their concern with human rights issues. Professor Debanom agrees that the conference helped raise awareness, but notes that the attendees of the conference were all elites which limited its effectiveness (Debanom 1993).

CHAPTER V

THE ANAND PERIOD (March 1991 to September 1992)

INTRODUCTION

The Anand Panyarachun period is commonly divided into the Anand I and the Anand II governments. Anand I was installed by the military after a February 1991 coup de tats forced Chatichai from office. Anand I was in power until elections were held on March 22, 1992. Then, General Suchinda Krayapoon, a major participant in the coup and supporter of Anand, manipulated his way into the position of prime minister. This move precipitated mass protests throughout April and cumulated in the May massacre of civilians. In the aftermath, Suchinda was forced to resign and the Anand Government was restored to power. Named Anand II, it was appointed as the interim government from late May until September 1992. At this time, a new general election was held which resulted in the formation of Chuan Leekpai's coalition government. Politics often overshadowed the AIDS crisis during this period. In particular, the events of April and May 1992 absorbed the nation's attention.

Anand's caretaker government was unelected and temporary. His administration was not staffed with politicians but rather hand-picked technocrats and activists who were more concerned with good public policy than political objectives. Being apolitical, Anand was not forced to contend with political parties or outside interest groups. This extra-ordinary government also did not have to maneuver around the normal checks and balances that "democratically" elected governments must overcome. Therefore, the Anand government was able to pass 169 pieces of legislation in 1991 compared to 49 bills passed in 1990 by the previous, elected, Chatichai Government (Economist, 3-7-92).

During the Anand Period, the epidemic spread throughout the nation and was no longer limited to "high-risk" groups. The Anand administration responded with transparent and pragmatic policies. In August 1991, Anand firmly placed the AIDS issue high on the government's decision agenda by becoming the first prime minister to chair the National AIDS Committee. Anand promoted an atmosphere of openness and full recognition of the AIDS dilemma. His appointed minister, Mechai Veravaidya, took advantage of this opportunity, and his authority, to advance the national AIDS campaign.

At this time, the government was very forthright with AIDS-related statistics, and if anything, tended to overestimate its projections of HIV/AIDS cases and the epidemic's social and economic costs. There was also increasing concern for human rights of persons with HIV/AIDS. Previous draft legislation, including the AIDS-bill, was seen as discriminatory and discarded.

Major policy developments included the adoption of a national AIDS plan for the 1992 to 1996 period and a dramatic increase in budget allocation. The primary strategy for AIDS prevention and control was mass media education and condom promotion. The mass media played a vital role in the administration's strategy to create awareness for the prevention of AIDS. Television and radio stations aired AIDS education spots hourly. The media also began to question more fundamental social problems that are highlighted by the far reaching nature of the AIDS epidemic. Additionally, attempts were made to control the commercial sex industry as a method to stem the spread of HIV infection. For example, the "100% Condom Campaign" was implemented. The results were significant; By the end of the Anand period, condom use had increased dramatically and STDs had decreased.

Except for the mass media efforts, however, the MOPH continued to be the central government agency for AIDS prevention and control efforts. The MOPH has the health expertise and the infrastructure to most effectively implement many of the AIDS programs. However, in recognition of the increasing parameters of the epidemic, the

campaign was reorganized to include a wider range of participants. All ministries, and numerous government agencies and universities became involved. Moreover, the MOI, the Army and the NESDB, some of the strongest organizations in Thailand, gave their support to the prevention and control efforts. Coordination between the participants was also strengthened. NGOs were recognized as important participants in education and prevention efforts due to their close relationships with local communities. International organizations played a less prominent role in financing the campaign as donors withheld funds in protest over the overthrow of the democratically-elected Chatichai government. Nonetheless, many of the policy measures promoted by the WHO were adopted during this period.

On the other hand, many organizations and individuals refused to accept the realities of the epidemic, or at least, failed to give public recognition. The tourism industry actively disagreed with the highly publicized approach of Anand's national AIDS campaign. Although, the business community generally tended to ignore the AIDS threat, a few larger companies began to provide work place education. Individually, many Thais still refused to believe that AIDS was a "Thai disease" and continued to blame the marginal communities.

INCREASES in AIDS and HIV PREVALENCE

By the end of 1991, a cumulative total of only 1321 AIDS and ARC cases were reported to the MOPH (Division of Epidemiology 1992).[1] The number of AIDS cases, however, does not clearly represent the actual situation. In fact, as of December 1990, the MOPH estimated that there were 242,605 HIV infected persons.[2] In September 1991, the Thai Working Group, composed of representatives from various domestic and international AIDS surveillance and research agencies, estimated 200,000 to 400,000 infected individuals as of mid-1991. At that rate the group estimated that there would be between two to four million HIV infected persons and 350,000 to 650,000 persons with AIDS by the year 2000. Of those infected in 1991, it was estimated that 70% were heterosexual men, 15 % IVDUs, 7.5% wives of infected men and .5% babies. Only five percent of CSWs were believed to be infected. However, the disease had been able to spread rapidly through the male heterosexual population because of the large number of men that frequent the CSWs (AIDS-Tech, April 1991).

During this period, it became clear that the epidemic had entered the general populace. The most important single mode of transmission was heterosexual intercourse (MOPH 1991). Perhaps the best indication that the epidemic was spreading in the general populace was the finding from the June 1992 sentinel surveillance survey that one percent of pregnant women were infected nationwide. This rate increased from .3% in December 1990 to .7% in June 1991. In addition, as of November 1991, three percent of the nation's new army recruits (Thai males aged 21) were infected (AFRIMS 1992). Furthermore, .8% of blood donors, and 5.7% of male STD out-patients were HIV positive according to the June 1992 survey (Division of Epidemiology 1992). From June 1991 to June 1992, the

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[1] These figures under-represent the actual number of cases due to non-reporting and mis-diagnosis.

[2] The MOPH utilized a "Province Weighted Methodology" in which an estimate of HIV infected persons was given for each province by mutliplying the infection rates for the male and female populations times the total number of individuals. The rate for females was the antenatal clinics (ANC) rate and for males the blood donor rate was used.

testing results revealed a slight expansion in rates for IVDUs, from 36% to 38%, and a significant increase in HIV prevalence for low-charge CSWs, from 15% to 23%, high-charge CSWs, from 4% to 4.7%, and male CSWs, from 7.7% to 13.4% (Division of Epidemiology 1992).

Northern Thailand continued to experience the highest rates of infection and the greatest spread of the epidemic into the general populace. The northern epidemic had taken root in the commercial sex industry as early as 1989. Since northern Thai men commonly visit low-charge CSWs and only a small percentage used condoms, many became infected and passed the disease to their wives and girlfriends. Consequently, the infection rates among pregnant women in the northern provinces ranged from four to six percent. Among army recruits, blood donors and STD patients the highest rates in the nation occurred in the northern provinces of Phayao (19.8%), Mae Hong Son (12.3%) and Phayao (45%), respectively (Division of Epidemiology 1992).

There is also evidence that all other regions in Thailand were also experiencing a rapid spread of the epidemic. The central provinces of Rayong and Petchaburi reported seven percent rates of infection among pregnant women. Also in the central region, seven provinces (out of 25) reported infection rates of greater than five percent for military recruits (AFRIMS 1992). In addition, certain provinces, in regions other than the North, were discovered to have "high-risk" populations with very high prevalency rates. In fact, the highest rate for any province in the nation for low-charge CSWs was in Nakorn Pathom (Central region), 67.2%, high-charge CSWs, Sisaket (Northeast region), 40%, and IVDUs, Pattalung (Southern region), 71.4% (Division of Epidemiology 1992).

POLICY DEVELOPMENTS

Appointment of Anand

The appointment of Anand Panyarachun as Prime Minister in March 1991, proved to be one of the single most important events that precipitated a rapid development of AIDS-related policies. Anand quickly became involved with the AIDS issue and by July had agreed to serve as Chairman of the National AIDS Committee, with the Minister of Public Health serving as NAC Secretary (MOPH, November 1991). Then, for the first time, on August 14, 1991, the Prime Minister chaired the National AIDS Committee (NAC) meeting. Anand was also the first prime minister to include AIDS in the government's general policy statement (NESDB 1992). These steps represented significant commitment on the part of the highest level of government to give priority to controlling AIDS. It was clear at this point that the AIDS issue was firmly placed high on the government's decision agenda.

One of Anand's first and most important steps was to appoint Mechai Veravaidya to a ministerial position.[3] Mechai, an anti-AIDS activist and director of a Thai NGO, the PDA, was put in charge of coordinating the AIDS prevention and control campaign. Mechai was also designated chair on the Subcommittee for Public Relations on AIDS Prevention and the Chairman of the Tourism Authority of Thailand. Led by Mechai, the national AIDS campaign emphasized mass media education, AIDS legislation that protects human rights, controlling the commercial sex industry and broadening the number of participants involved in national AIDS efforts. Mechai's influence on the policies during this period should not be underestimated. He realized that with his position and the support of the Prime Minister much could be accomplished. "If the PM listens, no one is going to get in the way," Mechai said (FEER 2-13-92).

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[3] Mechai was named as a minister without a portfolio attached to the Prime Minister's Office. Minister's in the Prime Ministers Office act as advisors to the prime minister and are often placed as heads of agencies or committees. Most ministers are appointed to head ministries such as the MOPH, Ministry of Interior, Ministry of Defense, Ministry of Finance, etc.

Multi-Sectoral Approach

Although the international community and AIDS many experts had been advocating a multi-sectoral approach to fighting AIDS, it was not until the Anand period that government policy was tailored towards reaching this objective. Mechai was most vocal in calling for all government organizations, NGOs and business institutions to become involved (The Nation, 3-23-91). From the August 14, 1991, NAC meeting, guidelines for addressing the AIDS epidemic were agreed upon including a provision calling for increased participation and responsibility by every ministry, bureau and department. Each organization was responsible for developing its own AIDS prevention and control plans with the bureau of budget allocating funds for the implementation of these plans (NAC, 8-14-91).

To facilitate a policy aimed at broad participation, the NAC was restructured. The NAC had been originally set up under the Chatichai administration. Anand was persuaded to re-arrange the NAC after it had been criticized as insular and ineffective. The restructured committee was chaired by the prime minister and had a joint secretariat that included the permanent secretaries of the Office of the Prime Minister and the MOPH. The NAC during the Anand I included 41 key policy makers from all government ministries, and various universities, NGOs and other organizations (MOPH, November 1991). Groups represented on the committee included: The Federation of Thai Industries, The Thai Chamber of Commerce, The Private Hospitals Association, the National Women's Council, the Women's Lawyers' Association, the Thai Red Cross, the TAT, the Public Relations Department and a list of capable and respected figures. The reformed NAC added subcommittees for Human Rights Protection and Public-Private Sector Collaboration.

The Government also made it national policy to support the work of NGOs in AIDS prevention and control. During the NAC meeting, on August 14, 1991, Anand revealed a plan to strengthen NGO participation by streamlining rigorous registration

requirements and "by urging the bureaucracy to abandon its 'mistrust' of NGOs" (Grahm 1992).

On March 17, 1992, Anand approved the establishment of the AIDS Policy and Planning Coordination Bureau (APPCB) within the Office of the Permanent Secretary of the OPM. The purpose of the APPCB was to coordinate with the NAC, its subcommittees and working groups, agencies in the public and private sectors, and the international donor community (NESDB 1992). The Bureau's Steering Committee was co-chaired by the Permanent-Secretary of the OPM and the Permanent-Secretary of the MOPH. The AIDS Planning and Coordination Bureau successfully pushed the Budget Bureau to set aside Baht 1.2 billion (US $48 million) to fight AIDS (The Nation, 1-21-93).

The National Economic and Social Development Board (NESDB) and the Ministry of Interior (MOI) were also given a more prominent role in combating AIDS. In 1992, the NESDB was given responsibility to develop the *National AIDS Prevention and Control Plan: 1992-96* in coordination with Ministers to the OPM, Mechai Veravaidya and Sairusee Chutikul, and the Minister and Deputy-Minister of Public Health (NAC, 8-14-91). Mechai also facilitated greater involvement from the MOI which he believed was the most important government agency to be included in prevention efforts because it controls the police, public welfare, provincial administration, the BMA and many other departments that were faced with the task of AIDS prevention (AIDS-Tech, March 1992).

To have a comprehensive multi-sectoral campaign, the government realized that it needed to include the private business community. Due to its vast resources, this community has the potential to hasten policy development and reach a large segment of the Thai populace. Private business is extremely powerful because of the economic and political roles that it fills within society. Consequently, in 1991, Mechai began to collect information on the adverse effects that the epidemic might have on the economy. After his appointment as minister he accelerated his efforts. At an annual World Bank/IMF meeting on October 12, 1991, with the attention of numerous Thai economists and

businessmen, Mechai seized the opportunity to emphasize the adverse economic impact that the AIDS epidemic might have in Thailand while giving a speech entitled, "AIDS in the 1990's: Meeting the Challenge" (Mechai 1991).

MOPH Continues to Play a Central Role

The MOPH publicly gave its stamp of approval to the multi-sectoral approach. "AIDS is not just a health or medical problem but a very real social one," said MOPH Minster Dr. Phairote Ningsanonda. "Cooperation between all government and NGOs is essential in the National fight against AIDS" (Bangkok Post, 7-19-91). Nevertheless, according to the AIDS Division, the MOPH would remain as the focal point for the national AIDS strategy as it still served as the secretariat for the Prime Minister and the National AIDS Committee. Observers, such as AIDS-Tech, agreed that the MOPH had the most experience and the best infrastructure to deal with the epidemic. In the proceeding five years, the MOPH was expected to bear the greatest burden of handling the AIDS epidemic regardless of whom was directing policies (AIDS-Tech, January 1991).

To help implement prevention and control measures, the AIDS Division was established in the Department of Communicable Disease Control (CDC), in the MOPH. Staffed with technical experts and health care academicians, its purpose is to plan, monitor and evaluate national prevention and control activities. It also serves as the secretariat to the executive committee and the subcommittees within the MOPH as well as the NAC (MOPH, November 1991).

The Thai Government Increases Budget Allocation Dramatically

The Anand period witnessed a marked decrease in international support and a significant increase in financial commitment on the part of the Thai government. In 1991, international organizations and foreign governments, primarily the United States, discontinued financial assistance after the democratically-elected Chatichai government was overthrown and replaced by the military-backed Anand government. In addition,

Steve Krause, WHO-GPA representative, explained that donors had limited the allocation of funds because they felt that there were too many human rights violations, NGOs needed to be more included in the process, AIDS needed to be treated as more than a medical problem and the government had to be more open with information (Krause 1993). During this period only the WHO and UNICEF continued to source MOPH and government agencies. In both 1991 and 1992, external sources allocated less than one million dollars to the MOPH and government agencies for AIDS prevention and control activities (AIDS Division 1993).

On the other hand, the government's budget allocation for the anti-AIDS campaign increased dramatically from US $2.6 in 1990 to US $7.16 million in 1991. Then in 1992, the budget more than tripled to US $25.1 million (AIDS Division 1993). In addition to the funds funneled through the MOPH, additional funds were distributed directly to other government and non-government organizations. The Anand Government backed its commitment to a more inclusive multi-sectoral approach with an extra-ordinary budget of US $10 million (248 million Baht) that was assigned to the National AIDS Programme in September 1991. A total of US $6 million (148 million Baht) was allocated to government ministries and NGOs, and an additional US $4 million (100 million Baht) assigned to the Prime Minister's office for centrally-planned AIDS activities, principally public relations and mass media activities (Medium Term Programme Review 1991). The MOPH had already been assigned US $9 million (223 million Baht) for AIDS prevention and control activities. Perhaps the greatest legacy of the Anand period was the US $44 million budget that was designated for 1993 AIDS prevention and control activities (AIDS Division 1993).

Legislation

The Anand administration was instrumental in thwarting proposed legislation which had been criticized as being discriminatory and based on un-sound public health principles. Mechai had been a staunch critic of the AIDS-bill draft before being appointed

minister. Once appointed, he quickly proclaimed that the AIDS-bill would have to be radically changed before it passed into law (The Nation, 3-23-91). Then the NAC organized several public hearings and sought out international expert opinions before rejecting the AIDS-bill (MOPH, 1-11-92). *The National AIDS Prevention and Control Plans: 1992-96* summarized the conclusions:

> *"The NAC passed a resolution to abolish the proposal for an AIDS law for the reason that it is inappropriate given the present situation and the widespread distribution of infection, the large number of infected persons in every area of the country. Thus, it is appropriate to allow the infected to live in harmony and with full rights as the rest of society." (NESDB 1992)*

It soon became apparent that as long as Mechai was a minister in the OPM, no AIDS law that had repressive or inhumane aspects would be allowed to progress (AIDS-Tech, May 1991).

The government proceeded to promote a declassification of HIV as a reportable disease, a discontinuation of case reports and lifted the travel ban on infected foreigners. The MOPH issued a decree dated September 4, 1991, stating that HIV was no longer a disease that was required to be reported to authorities. Dr. Vichai Chokeviwat, former director of the Epidemiology Division--MOPH, announced that HIV was categorized as other communicable diseases (Bangkok Post, 11-15-91). The reversal of policy by the MOPH was based on human rights principles and ineffectiveness of the former policy. When classified as a reportable disease, the MOPH required the name and address of each infected individual and anonymity of HIV infected persons was difficult to maintain. This policy discouraged HIV infected persons from coming forward for fear of discrimination. "The change came about not because the ministry wants to cover up the increasing number of HIV infected people, but rather because we find it no longer necessary and that it causes more harm than good, especially concerning the loss of confidentiality aspect," Dr. Vichai said. "In the new system, we ask for cooperation, not coercion through the

law" (Bangkok Post, 11-15-91). However, medical personal were still required to report full-blown AIDS cases to the MOPH (AIDS-Tech, October 1991). Then, the mandatory reporting system in place since 1985, was replaced by a volunteer system in 1992. In this system, health institutions and physicians are still requested to send selected anonymous data on new patients with AIDS or ARC to the MOPH (MOPH, 4-26-93).

In March 1992, another policy development occurred when the MOI repealed Ministerial Regulation Number 11 which prohibited the entry of foreigners with HIV/AIDS into Thailand. AIDS was therefore removed from the list of diseases in which infected persons are banned from entry through immigration procedures (NESDB 1992). The ban was criticized as being based on irrational premises, causing Thais to perceive AIDS as a foreigner's disease and was not effective in its purpose; to stop the spread of the epidemic.

Prostitution Legislation

At the National AIDS Committee meeting chaired by Anand on August 14, 1991, the National AIDS Committee (NAC) resolved to "intensify and accelerate efforts to prevent the sexual transmission of HIV" by controlling the sex industry (NAC, 8-14-91).The NAC emphasized the necessity of "intensifying and maintaining the effort to reduce the number of women who become commercial sex workers." In particular, the "prevention of youth under 18 years from working in commercial sex" was identified as a primary objective. The NAC acknowledged that in order to accomplish this goal there was a considerable need to "seriously and diligently improve the enforcement, by every agency, of existing laws which promote the prevention of the spread of AIDS, such as laws which prohibit prostitution and commercial sex establishments, and modify existing laws to improve compliance" (NAC, 8-14-91).

In June 1991, the Anand administration began to lay the framework for accomplishing these objectives by advocating amendments in the Anti-Prostitution Act

(1960).[4] The proposed amendments would decriminalize prostitution establishments that could produce evidence of regular medical check-ups for their workers. In other words, the bill was to make it legal to sell sex, as long as a prostitute had a health card showing she or he did not have a sexually transmitted disease. The CSWs would be subject to check-ups by officials. The bill outlined measures aimed at imposing heavier punishment on procurers, pimps, and brothel owners and retain lighter penalties on prostitutes (Bangkok Post, 6-22-91). The minimum age of a legal prostitute would be 18. Penalties would be increased by 50% for establishments employing prostitutes under 18 years of age (Bangkok Post, 2-14-92).

Former Deputy Prime Minister Mechai Ruchupan said that although decriminalization is not a solution to prostitution, it would surely help reduce exploitation in the sex industry (Bangkok Post, 6-22-91). Assistant Professor Malee Pruengpongsawalee, Director of Women in Development Consortium in Thailand, said she welcomed a move to decriminalize prostitution. Many young girls who were forced into prostitution dare not seek help from the authorities for fear of being sent to jail, she explained (Bangkok Post, 6-22-91). Jon Ungphakorn recommended licensing brothels as well as prostitutes so health standards could be enforced (Ungphakorn 1993).

According to Mechai, legalization would serve to correct problems that the criminalization of prostitution facilitates. "The official position--that prostitution does not exist because it is illegal--is a severe handicap to campaigns that seek to provide safeguards for prostitutes and to limit the spread of AIDS" (Economist, 2-8-92). Even as late as 1992, the issue of prostitution was not always recognized. General Viroj Pai-in, the metropolitan police commissioner, was quoted as saying that there were no brothels in Bangkok "in the real sense." The general defined a brothel as a place that provides only

[4] The reviewers of the medium term programme in November 1991, called for the revision of Prostitution Probation Bill, 2503 B.E. (1950) and the Entertainment Places Bill 2509 B.E. (1956). The reviewers also urged that the CDC Control act be enforced even though AIDS-Bill would not be enforced (MOPH, November 1991).

sex to customers (Economist, 2-8-92). Mechai says that at a legal brothel the use of condoms could be encouraged. The brothel would be penalized if its staff had a bad record of sexually transmitted diseases.

Anand's attempt to amend the Anti-prostitution Act, which, like previous attempts, met strong criticism from non-government organizations and feminist groups. Much of the criticism was over the "health cards" issue. Critics claimed that the law would continue to penalize the prostitutes not the clients and pimps (Economist, 2-8-92). Prostitutes under 18, or infected with HIV or a STD would likely be forced underground where it would be difficult for health workers to reach them.

The Police Department concurred that the sex industry must be controlled but disagreed with the approach. Police Colonel Bancha Jarujareet, Deputy Commissioner of the Crime Suppression Division (CSD), believes that the criminal code is sufficient to deal with prostitution. Article 277 of the Criminal Code clearly states penalties up to life sentence for customers of child prostitutes (under 15 years old). Articles 282 and 283, provide penalties ranging up to death for procurers of under age prostitution. Instead of focusing on legislation, Bancha believes interested parties should rather demand that the Government enforce the law and take legal action against officials who are negligent of their duties, especially those covering brothels where there is forced prostitution (Bangkok Post, 2-16-92).

Also in 1992, the police department proposed revisions of the Entertainment Act which were widely perceived as being counterproductive. The recommendations included adding a clause to Article 16 of the Entertainment Act which would prohibit entertainment places from employing persons infected with serious communicable diseases which are sexually transmitted, specifically AIDS (Bangkok Post, 10-11-92). The effort to amend the entertainment act was kept secret from the public until September 1992, when news of forced HIV testing in Bangkok's Chinatown was uncovered. The police had been gathering data to support the amendments to the act. Police Major-

General Sombat Amornvivat, Deputy Chairman of the Committee of Coordination and Inspection of Crime Suppression, explained that the police initiative resulted from consultations with Sairusee Chutikul, a Minister attached to the OPM, and Police Chief Sawat Amornvivat. These proposed amendments were heavily criticized by NGOs and academicians who point out that not only does it put the blame on the prostitute but may also push the establishments and CSWs under ground where they are unreachable.

The cabinet decided on January 28, 1992, to back the bill to decriminalize prostitution (Economist, 2-8-92). Therefore, the proposed amendments were placed on the government agenda, but owing to the lack of time of the Anand administrations they were never deliberated (Bangkok Post, 10-11-92). The efforts, however, were not in vain as the Chuan Government continues to attempt to amend the existing legislation.

Condom Promotion

Efforts at controlling the commercial sex industry were viewed as being only part of the solution. The NAC stressed that continuing efforts to "prevent the sexual transmission of HIV through promoting condom use for both patrons and providers of sexual services" were necessary. This would be accomplished "by requiring commercial sex establishments to implement a condom only policy or requiring CSWs to use condoms with all customers" (NAC, 8-14-91).

The 100% Condom Campaign was one such program. In some provinces where the campaign had previously been initiated, by late 1991, there had been a tremendous rise in condom use and decline of STDs. Testing in one northern province, Phitsanulok, revealed an increase in condom use from 50% in December 1989, to 95% in December 1990, and the rate of STD infection decreased from thirty percent to approximately one percent over the same period (Venereal Disease Department 1991). Success was attributed to the 100% Condom Campaign, and it was subsequently adopted by the MOPH on a wider scale. On August 14, 1991, the campaign was made a national policy and 63 provinces were implementing it by March 1992 (The Nation, 4-1-92).

PARTICIPANTS

Transition in the Tourism Industry's Stance?

During the Anand period the tourism industry continued to oppose the 'negative' publicity that the anti-AIDS campaign generated. For example, Songchai Jirachodkumjon, Chairman of the Songkla Tourist Association, said reports by the Malaysian media that Hat Yai was infected with AIDS attributed to a drop in the number of Malaysian and Singaporeon tourists in 1991 to its lowest level in ten years. Mr. Songchai blamed ministers in the Anand government, who had allegedly made irresponsible and misleading comments on the AIDS situation in the South, for giving Malaysia the ammunition it allegedly needed to attack and destroy Thailand's tourism image (Bangkok Post, 11-21-91). Mechai was the Chairman of the TAT during the Anand I government. He came under fierce attack from businessmen, who feared his honesty about AIDS was damaging Thailand's tourism trade (Economist, 2-8-92).

Although the policies of Anand I were condemned by the tourism sector, they were vindicated in the press. It is unfair and incorrect to blame the previous anti-AIDS public relations campaign for contributing to the decline in tourist arrivals from almost 5.3 million in 1990 to 5.1 million in 1991, wrote a Bangkok Post editor. "The truth of the matter is that the 1991 tourism decline here was part of a global trend reflecting a terrorist scare and economic recession in western countries in the aftermath of the Gulf War. If anything, last year's February 23 coup also aggravated the tourism slowdown" (Bangkok Post, 4-29-92).

Nonetheless, at the beginning of the Anand II period, key leaders in the tourism industry, who met to discuss promotion plans, decided to present a unified front in opposition of Mechai being renamed as TAT Chairman. They agreed to encourage Anand to select "more proper" ministers to take care of tourism. The international attention that Mechai attracted to Thailand's problems was deemed unwarranted. Many expressed concern that if the PM's office appointed Mechai to chair the TAT, he would scare

visitors away from Thailand (Bangkok Post, 6-16-92). Soon after, Deputy Prime Minister Kasemsamosorn Kasemsri was appointed as chair of the TAT.

In spite of this resistance, there were signs that the tourism industry was starting to comprehend the magnitude of the epidemic and the possible adverse consequences that it might have on their businesses. For example, the hotel industry in Phuket expected tourism to suffer in 1992 because visitors from Europe and Japan feared Thailand's AIDS outbreak and political uncertainty. "The increase in AIDS cases in Thailand will hurt the tourist industry," said Phuket Island Resort Hotel's Ken H. Khoo. The only way to help the industry, he explained, was for the TAT to educate people in Japan and European countries to understand Thai politics and the AIDS situation (Bangkok Post, 12-23-91).

Then on July 24, 1992, Anand became the first Thai prime minister to publicly address the problems of AIDS and tourism in a speech given at the Australian Federation of Travel Agents conference in Bangkok:

> *"The travel industry as a whole is much more concerned about AIDS and travel worldwide. This situation which has become more serious than anyone ever anticipated. This is a global pandemic and every country is forced to face the realities that it brings with it. Thailand also faces a severe problem in this virus. However, we do have a clear, open, and honest national policy on AIDS. We know what we need to do to control and stem the spread of the virus. We have allocated a budget to every government ministry for education and prevention programmes, as well as pushed hard on the private sector to participate. Now, starting in the final two years of primary school, children learn about AIDS and how to adopt a proper code of behavior. It is not only fruitless but eventually most harmful to ignore or hide the truth. My government has made a top level political commitment and a comprehensive financial commitment to fight AIDS. No traveler need worry about AIDS in Thailand--every unit of blood is screened by the red cross. For those looking for specific carnal pleasures, anywhere in the world is suicidal--as it is not the place but the act which is dangerous." (PTN, September 1992)*

Conference chairman Mr. Phil Hoffman later commented, "It was the first time we have had a PM talking about AIDS" (PTN, September 1992).

The TAT, not wishing to contradict Anand, developed a proper media response position for the first time since Mechai was the chair. It recognized Thailand's open door policy and the efforts of the Thai government in combating AIDS. Nevertheless, the TAT still believed that increased publicity would discourage tourism. "Ironically, precisely because Thailand is attempting to deal with the issue of AIDS in a frank, responsible manner, it seems to be singled out for intense worldwide media coverage while those nations that deny the existence of the problem or restrict information on AIDS escape the glare of international scrutiny," said TAT Chairman Kasem. "Foreign visitors to Thailand who do not frequent prostitutes and do not use drugs have no reason to fear contracting the AIDS virus in Thailand" (PTN, September 1992).

Mass Media Efforts

A major component of the government's strategy to limit the spread of AIDS was better utilization of the mass media campaign through both government and private channels. The campaign was placed under the control of the OPM. As minister in charge of the government's Public Relations Department, Mechai led the mass media campaign for AIDS prevention and control. Making use of his appointment, he required national radio and television networks to broadcast messages on AIDS (FEER, 2-13-92). He also persuaded an international advertising giant, Saatchi and Saatchi, to produce seven professional TV spots (15 to 45 seconds) and a series of twelve radio spots (15 seconds) (The Nation, 7-24-92). At this point, mass media effort included 488 radio stations and five television networks. Thirty seconds of free air-time was provided per hour (NESDB 1992).

The PDA, Mechai's NGO, also arranged a traveling group composed of HIV infected persons. Its purpose was to personalize the disease, show that anyone can be infected and prove that HIV infected persons are not a threat to anyone through casual contact. When two of the team members appeared on the nation's top television talk show, *Si Toom Square*, the program had more impact than any single event in the anti-

AIDS campaign according to one critic. The two told of wanting to commit suicide, being cast out by friends and later being convinced that they had no reason to give up (FEER, 2-15-92).

The publicity generated by Mechai during his 14-month tenure (1991-92) as Chairman of TAT--including two cover stories in *Newsweek* and the *Far Eastern Economic Review*--won Thailand praise for not sweeping the problem under the carpet as well as for its AIDS prevention work (PTN, September 1992). At the same time this high profile approach magnified international attention on Thailand's AIDS and prostitution problems.

After the eighth international Conference on AIDS was held in Amsterdam in the Summer of 1992, the *Thai Rath* newspaper (the largest Thai mass daily) published an editorial that questioned the manner in which AIDS awareness had been generated in Thailand and the ensuing international reaction. The feeling conveyed was that due to the Thai government's openness with the anti-AIDS campaign, foreigners were given the impression that Thailand was a bad case scenario because it had reacted too slowly to the epidemic. In particular, the editor felt that the method of using frightening projections to estimate future AIDS cases had resulted in undeserving negative international publicity for Thailand (Thai Rath, 7-24-92).

During this period the media continued to chart the spread of the epidemic and occasionally published sensational stories. Moreover, a growing number of stories in the press began to question the more humane aspects and the underlying causes of the epidemic. Basic issues such as prostitution, sexual behavior, the role of tourism in Thai society, and the relationship between the police and the mafia were investigated and questioned. Additionally, as the realization set in that there would be no quick cure for AIDS, journalists began to examine more traditional approaches to fight AIDS and care for infected persons; foremost being Buddhism. These trends in reporting reflected the opinions of government representatives, activists and AIDS experts.

As various policy alternatives developed, human right issues came to the forefront and the media found these controversial topics very newsworthy. Numerous articles began focusing on human rights issues. Vaccine testing was one such example which was perceived as threatening to the human rights of Thais and received much press. The debate brought publicity to the AIDS campaign as well as involvement from many concerned with possible human rights abuses. In 1991, the WHO sent a team to Thailand to begin preparations for a vaccine trial. Human rights groups protested the use of Thailand as a site for vaccine trials.

The *Thai Rath* newspaper branded the selection of Thailand by WHO as a site for vaccine trials as "Thais Being Used as Laboratory Rats," and "AIDS Gang Picks Thailand for Experiments." AIDS-Tech explained that many were under the misconception that Thais would be used as guinea pigs without understanding the details of the project (AIDS-Tech, April 1991). The MOPH tried to calm the media by explaining that participation in the trials could benefit Thailand in the form of earlier availability of vaccines. It espoused that Thailand was chosen because of its readiness and capability in carrying out the trials. Mechai said decisions for participation should be made by the government and not by a single agency (AIDS-Tech, October 1991).

Responding to growing criticism and concerns, Thailand became the first country in the world to establish AIDS vaccine research guidelines, said Chris Breyer, a Johns Hopkins researcher in Chiang Mai (Breyer 1993). The NAC and the WHO met several times in preparing the draft. The guidelines state that vaccine research can only be undertaken with the authorization of the NAC. The main objective is to protect human rights while giving Thailand an opportunity to be involved in vaccine development (Bangkok Post, 7-30-92).

It should be noted that media coverage was not consistent during the Anand period. In the first half of 1992, the AIDS epidemic took a back seat to politics and Thai attention focused on the political disturbances. There was less prime media coverage

concerning the AIDS epidemic at this time. Also many NGOs concentrated on fighting for political principles rather than AIDS-related problems. However, the restoration of Anand as prime minister ensured that the AIDS issue would return to its prominent position in the headlines.

International Organizations

During the Anand period, there was less financial support from the international community because the democratically-elected government of Chatichai Choonhaven had been overthrown. Yet, the Anand Administration selected policy alternatives very similar to the ones advocated by the WHO's GPA. Both the WHO and the Anand Government advocated greater human rights and a multi-sectoral approach.

At this time, WHO influence was more cooperative and less coercive. The WHO continued to work closely with the MOPH. It was instrumental in providing the general guidelines for the *National AIDS Prevention and Control Plan: 1992-96* and in supplying technical assistance. There was a visit of WHO legal experts in mid-1991 to review the status of laws and draft-legislation pertaining to AIDS and to advise the government based on their experience of similar laws in other countries (Medium Term Programme Review 1991). Subsequently, an external review of Thailand's National Medium Term Programme for the prevention and control of AIDS was conducted from November 4-15, 1991. It was undertaken in support of recommendations by the WHO-GPA (MOPH, November 1991).

In spite of the relatively enlightened approach by the Anand Government, there were still occasions that members of the international community tried to ensure that Thailand did not become complacent in its anti-AIDS efforts. For example, Elizabeth Reid, Director of the United Nations HIV and AIDS Development Programme, stated at a conference in Melbourne that one in four Thai adults could be infected with HIV by the end of the decade if Thailand did not significantly increase its efforts. This proclamation brought protest from the MOPH. Dr. Tira Ramasoot, Public Health Deputy-Permanent

Secretary, responded to the report by saying the forecast was exaggerated. He reportedly said that persistent campaigns against AIDS had slowed the spread of the disease considerably so that it was limited to IVDUs, pregnant women and laborers (Bangkok Post, 5-27-92).

CHAPTER VI

THE CHUAN PERIOD (September 1992 to the present)

INTRODUCTION

In spite of the progressive efforts to combat the disease and tremendous amount of resources invested, the epidemic continues to spread rapidly. The national AIDS campaigns have been able to raise awareness but have had minimal success in changing behaviors. Consequently, the epidemic has clearly entered into the general populace as not only are the wives of Thai men who visit CSWs being infected but their babies as well. As the realization sets in that no AIDS cure will be forthcoming in the near future, the policy alternatives being generated in Thailand place more emphasis on care of infected persons and learning to live with persons with AIDS.

Under the Chuan administration, the AIDS issue has been normalized as a high priority issue; normalized, in the sense, that it remains high on the government's decision agenda. The high status does not signify, however, that policies continue to develop as rapidly as occurred during the Anand period. In contrast to the extraordinary political conditions that the previous administration operated under, Chuan heads a loose coalition government that maintains a slim majority. Consequently, the government has not been able to render the quick and rapid changes which distinguished the Anand government. Politics within the government and between government and non-government participants have become more prominent in influencing the direction and substance of the AIDS prevention and control campaign. The MOPH has re-asserted itself as the focal point of the campaign by gaining significant control over the budget and the National AIDS Committee (NAC). Other participants, outside the MOPH, continue to promote greater emphasis on a multi-sectoral approach.

The most obvious measure of the government's commitment to support AIDS prevention is evidenced in the budget which remains at a level similar to the one that the Anand government established. Furthermore, the emphasis continues to be on education programs as opposed to regulations that aim to control AIDS by placing restrictions on infected persons.

Non-government organizations continue to be vital participants in the implementation of programs and are particularly valuable at the grass roots level. In 1993, the coalition of NGOs Against AIDS included 37 Thai NGOs. The government continues to promote coordination between government agencies and NGOs.

Some private businesses are responding progressively to the AIDS threat by training employees and establishing work-place policies to deal with AIDS infected persons. In general, however, the business community still ignores the epidemic. Moreover, the manner in which the tourism and insurance industries are reacting to the epidemic is considered by many to be detrimental to AIDS prevention and control efforts.

In 1993, the international media intensified its scrutiny of Thailand's prostitution and AIDS dilemmas. Faced with mounting pressure both abroad and at home, the Chuan administration has emphasized curtailing child and forced prostitution. Locally, the media continues to question the root causes of the epidemic and to search for alternative solutions. An increasing number of academicians, activists and government officials acknowledge that some fundamental societal woes need to be addressed.

THE EPIDEMIC SPREADS RAPIDLY THROUGH THE GENERAL POPULACE

As of August 31, 1993, the cumulative number of reported AIDS and ARC cases was only 5,624. Sexual intercourse accounted for 77.1% of AIDS/ARC cases while infection among IVDUs accounts for 8.9% of AIDS and 13.6% of ARC cases. Only 1.3% of the instances were homosexual/bisexual and .5% had acquired HIV from blood transfusions. More than 80% of these infected persons were aged from 15-44 years old. The male to female ratios for the AIDS and ARC categories were seven to one and 5.8 to one, respectively (MOPH, 8-31-93).

The number of HIV infected persons provides a more accurate picture of the spreading epidemic. The MOPH estimated that through 1993, .74% of the populace (or 418,475 persons) was infected. Professor Debanom Muangman of Mahidol University estimated that by the Summer of 1993 as many as 600,000 Thais may have been infected (Debanom 1993). The results of the December 1992 Sentinel Surveillance Survey seemed to indicate a leveling off of prevalence rates in pregnant women, blood donors, low charge CSWs, male STD patients and IVDUs. The June 1993 Sentinel Surveillance Survey[1] confirmed a leveling off of the infection rate in IVDUs to 35.2% nationwide, and the median prevalence of blood donors decreased slightly to .72%. However, results from the other groups suggested that the spread of the epidemic had continued in spite of the positive signs from the December 1992 survey.

A dramatic development was the increase of HIV infection among pregnant women. The Deputy Bangkok Governor Chaiyant Kampanatsalyakorn said the latest MOPH survey showed three percent of Bangkok housewives [pregnant women] were HIV carriers. (Bangkok Post, 1-28-94) Nationwide, infections in pregnant women increase from one percent in December 1992, to 1.4% in June 1993. An increase of

[1] By 1993 the survey was lauded as the most comprehensive in the world for monitoring the spread of the disease by the World Bank in its 1993 report "Investing in Health" (Bangkok Post, 7-7-93).

infection in the sex industry also continued as the median prevalency rate for low-charge CSWs was 28% (up from 24%) and 7.3% for high-charge CSWs (up from 6.5%). HIV sero prevalency rates for private soldiers averaged almost four percent nationwide and infections in male STD patients increase from 6.1% to 7.7% (Division of Epidemiology 1993).

In June 1993, the northern provinces reported the highest rates of infection in blood donors (Mae Hong Son, 8.4%) and male STD patients (Phayao, 33%). Also, 7.6% of new army recruits in the North were found to be HIV positive. The infection rate for IVDUs was greatest, 70.8%, in the southern province of Chumpon. Pregnant women in the province of Ranong (South) had a prevalence rate 7.6%. In the commercial sex industry the greatest rates for low-charge CSWs and high-charge CSWs were 62.7% in Nakorn Pathom (Central) and 37.3% in Sisaket (North), respectively (Division of Epidemiology 1993).

POLICY DEVELOPMENTS

The OPM and the MOPH Struggle for Control

The MOPH had directed the country's anti-AIDS program until the Anand government adopted its "revolutionary" methods. During the Anand period, the government advocated a multi-sectoral approach based on the view that AIDS was more than a public health dilemma. In order to facilitate coordination between the various agencies and ministries, control of the campaign centered in the OPM. Therefore, ministries other than the MOPH had greater access to resources. Advocates, such as Werasit Sittitrai of the Thai Red Cross, and former OPM's Minister Sairusee Chutikul, maintained that AIDS is not just a medical problem or a public health issue, but a national crisis threatening the country socially and economically (The Nation, 2-13-93).

Nonetheless, after Chuan took office in the Fall of 1992, the MOPH reasserted itself as the core of the anti-AIDS crusades by regaining significant control of the AIDS

budget and increasing its influence on the National AIDS Committee. "What they (MOPH) have done is stage a coup to regain control over the committee and AIDS budget. They've undone all of the Anand's government's efforts to set up an effective anti-AIDS campaign," said an observer (The Nation, 1-21-93).

A parliamentary debate was fought over where the center of control for the national AIDS program should be located in; the OPM or the MOPH. A powerful lobby was behind the move to return overall control and coordination of government AIDS prevention efforts back to the MOPH. This debate sparked editorials on all sides in both English and Thai press (AIDS-Tech, December 1992).

Behind the debate was the 1.2 billion Baht (US $48 million) budget for anti-AIDS programs in 1993 (The Nation, 1-21-93). According to Steve Krause, WHO-GPA representative for Thailand, approximately US $40 million in budget was channeled into the MOPH and approximately another US $10 million to other ministries and agencies for 1993 (Krause 1993).

The majority of the budget has continually been allocated to the MOPH. However, during the Anand era additional funding was funnelled through the OPM to other government and non-government agencies. Of particular concern for the MOPH were the funds--approximately ten million US dollars in 1992--designated to the OPM for mass communications campaign. The MOPH, therefore, battled not only to retain its budget but to regain control of funds allocated to the OPM and other agencies during the Anand period.

On one side, in December 1992, the AIDS Policy and Planning Steering Committee, established by and residing in the OPM, decided that the publicity budget would remain with the OPM. The committee's planning and budgeting chief, Werasit Sittitrai, said that since the disease could be reduced by social factors like informing and changing people's behavior, the MOPH could not handle the problem alone; therefore, the OPM and other ministries should be involved. "AIDS publicity budget has to be with the

OPM because the MOPH has not been successful in providing information to people about the disease," he added (Bangkok Post, 12-23-92).

Nonetheless, the MOPH did not relent and continued to maneuver for funds. According to Deputy Minister Rakkiat Sukhtana, the MOPH should be the sole recipient of government funding. "The ministry is directly responsible for this matter, but the budget provided is comparatively small," said Mr. Rakkiat (Social Action Party). He said even the Public Health House Committee (PHHC) felt the AIDS budget should go to his Ministry (Bangkok Post, 1-13-93). The PHHC is the parliamentary committee staffed by members of parliament that had the final decision on budget allocation.

Ultimately, the PHHC decided to assign the responsibility of handling the AIDS campaign budget to the MOPH. Sources said the PHHC would allocate the University Affairs Ministry funds to conduct AIDS research and confirmed that the OPM would be in charge of publicity. PHHC first deputy chairman Songtham Panyadee (Chart Thai Party, Chiang Rai) said the budget, like some research funding for certain ministries, had been slashed and transferred to the MOPH because the committee felt the ministry was directly concerned with solving the AIDS problem. He said the committee had carefully considered each request and reduced the budget allocated to ministries such as Education in favor of Public Health (Bangkok Post, 2-10-93). Professor Thavitong Hongvivatana, the Vice President for Policy and Planning at Mahidol University, explained that the politically-appointed Minister of Public Health, Boonphan Kaewattana of the Social Action Party, was able to politically manipulate the budgeting scrutiny committee--which is composed of politicians--to gain control over much of the AIDS budget (Thavitong 1993). Thamarak Karnpisit, Deputy-Secretary General of the NESDB, pointed out that the Minister of Public Health was able to use his political influence to increase the MOPH's control of the national AIDS campaign even though everyone involved realized that AIDS is an inter-sectional issue (Thamarak 1993).

The MOPH also attempted to gain back the influence on the NAC that it had lost during Anand's "liberal era." In order to increase its prominence, the MOPH attempted to reduce the number of committee members from 50 to 21. The reduction would have meant that pro-ministry members dominate the panel. Prayoon Kunasol, Director General of the CDC Department, said trimming the committee would facilitate decision making. "The large number of members has made each meeting difficult--with members who are academics always talking at length. AIDS is an old story. We don't need to talk about details much. We should focus on policies in order to save the time of senior officials in the committee." Under the plan, the academics would be transferred to subcommittees which would not be involved in policy and decision making (The Nation, 1-21-93).

In the end there was a compromise as a total of thirty members sat on the panel at the NAC meeting on June 3, 1993 (Churnatai 1993). The MOPH had a greater percentage of members on the committee but disperse points of view were still represented.

It was the committee's first meeting in a year and a half. The long delay may be attributed to political turmoil and changes in government. At the meeting the *National Plan for the Prevention and Control of AIDS: 1992-96* was adopted and four sub-committees were approved; planning and policy, technical affairs, protection of rights of AIDS sufferers or HIV carriers and the prevention and control of AIDS (Bangkok Post, 6-4-93).

Politics within the MOPH

Not only was there friction between the MOPH and other government organizations over the control of the national AIDS campaign, there were also internal conflicts within the MOPH. In September 1993, adversity between a political appointee and career bureaucrats surfaced. Public Health minister Boonphan Kaewattana of the Social Action Party (SAP) transferred CDC Department Director-General Dr. Prayoon Kunasol and Food and Drug Administration Secretary-General Dr. Morakot Korenkasem

to inactive posts (Bangkok Post, 9-14-93). This move was deemed politically motivated in nature and was widely criticized.

By late September, the situation altered when the SAP was replaced in the governing coalition by the Seritham Party. On September 24, the government announced that Seritham's highly respected party leader Dr. Arthit Urairattana was to be rewarded with the appointment as Minister of Public Health. Many involved in the anti-AIDS campaign felt that this political move would be beneficial to administering a successful campaign. Dr. Arthit is the head of the Phayathai Hospital and the rector of Rangsit University. His reputation was enhanced after the political turmoil of May 1992, when he recommended that Anand lead the interim government.

The NESDB Increases its Role

The National Economic and Social Development Board (NESDB) was included in the national AIDS campaign during the Anand period. It is a respected government agency responsible for planning Thailand's economic and social development. At the June 1993 NAC meeting, the NESDB was given the authority to coordinate the execution of the AIDS Prevention and Control Plan. The NESDB will also incorporate the AIDS plan in the 8th National Development Plan which is to commence in 1997 (Bangkok Post, 6-4-93).

The NESDB realized that AIDS would have adverse effects on the economy. It was particularly concerned with Thailand's human resources. Following the pattern begun by Mechai Veravaidya, Wirat Wattanasiritham, Deputy-Secretary General for the NESDB, used economic reasoning in attempts to stimulate Thais into action (Forbes, 12-21-92). Thamarak Karnpisit, Deputy-secretary General of the NESDB, stresses that Thailand already has as a labor shortage and believes that the AIDS epidemic will further exacerbate the problem (Thamarak 1993). Then at the Third Annual AIDS Seminar, the NESDB predicted that in order to maintain and further generate growth in the economy,

Thailand would have to speed up its education and training programs to develop the human resources to replace those lost to AIDS (Bangkok Post, 7-11-93).

Adjusting the National Plan

By early 1994, new policy developments were being promulgated. On February 15, the NAC, chaired by Prime Minister Chuan Leekpai, approved, in principle, a draft of a new strategy. The *National AIDS Prevention and Control Plan 1992-96* which was initiated by the Anand government in 1992 is being altered to reflect the rapidly changing AIDS situation. The new plan is called the *Action Plan on AIDS Prevention and Control for 1995-96.* It places more emphasis on care of infected persons and living with HIV/AIDS. Government spokesman Abhisit Vejjajiva said the new plan would emphasize four main points in addition to those outlined in the current National AIDS Prevention and Control plan: (1) To reach the risk groups; (2) To encourage families, communities, and religious, non-governmental and business organizations to participate in reducing the burden in taking care of HIV carriers; (3) To encourage all types of counseling, starting at the district level; and (4) To develop management strategies and ask all organizations concerned and all provinces to draft individual working plans under the government committee, to suit the action plan (Bangkok Post, 2-15-94).

The NAC was unable to resolve human rights issues as several people, including political administrators, could not understand why people should be protected from having their blood tested (Bangkok Post, 2-15-94). AIDS Division Director Viput Phoolcharoen said that the MOPH would hold a public hearing on the human rights issue, saying both legal and ethical aspects must be considered (Bangkok Post, 2-16-94).

Public Health Minister Arthit Urairat added that a new administrative committee has been set up to replace the coordinating sub-committee. It will be chaired by the Minister of Public Health and would work directly under the NAC. It is responsible for coordinating the distribution of the annual budget for AIDS prevention and control.

Legislation: Controlling AIDS by Regulating the Sex Industry

Soon after Chuan came to power, the nation was in an uproar when a prostitute was brutally murdered at the Songkhla Provincial Hall. She had escaped from a nearby brothel only to be rejected by officials in the hall (Bangkok Post, 11-6-92). The event intensified the mounting activism among legislators to deal with the commercial sex industry. In a continuation of the trend that began during the Anand period, controlling child prostitution, forced prostitution and the spread of HIV in the sex industry were specified as government objectives.

The Chuan Government acknowledges that little can be done to eradicate the culturally entrenched prostitution business. Chuan explained, "This government does not have the immediate objective to close down all the brothels in the country. I accept the truth that we cannot do this in a short period of time as the problem of prostitution exists everywhere" (Bangkok Post, 6-28-93). Instead, much of the focus of its attention is on preventing the exploitation of children. Chuan emphasized that "there must be absolutely no girls under 18 in the flesh trade" (Inter Press Service, 1-29-93). He vowed to rid Thailand of child prostitution not only to protect the youth from exploitation but also to stem the supply of females to the sex industry and rectify the image of Thailand in the eyes of the world community. To fund a program to stop child prostitution and rehabilitate victims of the trade, the government approved a budget of over US $3.5 million (Inter Press Service, 1-29-93). The Department of Public Welfare declared 1994 as the "Year of Freezing Prostitute Numbers." A move praised by Chuan, but critics doubted that it would have much impact.

Like Anand, Chuan has attempted to amend the Anti-Prostitution Law. There have been several previous attempts at legislative amendments to tackle prostitution and to curb the spread of deadly disease primarily by penalizing prostitutes. In a breakthrough, the newest version would be the first to punish clients who have sex with children, agents who supply child prostitutes, and brothel owners who employee child prostitutes. The bill

would also protect male child prostitutes. The proposed revisions include punishing customers who have sex with girls younger than 18 years old (Bangkok Post, 7-29-93). Those who are involved with illegal activities concerning prostitutes under 15 years of age will be most severely punished. The penalties for establishments employing child prostitutes are much stricter than those proposed during the Anand period. However, men visiting prostitutes over 18 would not be prosecuted (Bangkok Post, 8-19-93).

The Public Welfare Department proposed an amendment that would punish parents who sell their daughters into prostitution by depriving them of parental rights (Bangkok Post, 2-14-93). A significant development is the abolishment of the clause which required CSWs to carry health cards. The requirement was deemed ineffective in preventing the spread of HIV. It also misled the CSWs and their clients into believing that they were safe because the girls were receiving regular medical check-ups.

Another piece of legislation, the Anti-Trade of Women and Girls Bill is also being revised to cover the import and export of both females and males. The present law only allows police to deal with the 'import' of women and girls. The revised law will empower them to also deal with the "export" side of the business in what has become a more complex international sex trade. Police Colonel Surasak Suttarom, Vice-Commissioner of the Crime Suppression Division, believes that the revisions will allow the police to handle the international trade of not only those sent into Thailand but also those who are sent out (Bangkok Post, 7-29-93).

Bangkok Post columnist Sanitsuda Ekachai reports that the revised bill will give police additional power to arrest conspirators before an actual crime takes place. Runaway or rescued prostitutes will get accommodation under police care while they give testimony, testimony which can be used in a trial without their having to be present. Presently, police complain that they often lose their witnesses during the trial, and therefore, must abort efforts to imprison those involved in the sex trade. The girls are often threatened or find they cannot afford the time-consuming legal procedures. Judge

Charan Padithanakul, one of those spearheading the bill revisions, exclaimed, "The point is not the sex trade but the heinous crime of human trade" (Bangkok Post, 7-29-93).

Commenting on the proposed changes in legislation, feminist lawyer Naiyana Supapueng comments, "The core problem is law enforcement. It's certainly better to have a better law, but I doubt very much whether it can solve the problem of selective use and corruption" (Bangkok Post, 7-29-93). Professor Bhassorn of Chulalongkorn University notes that in spite of the good intentions, the effects of the proposed legislation may have negative consequences on the child prostitutes. Bhassorn notes that in the South women under 18 years of age do not go to STD clinics because they are considered child prostitutes. How can they be helped if they go underground, asks Bhassorn (Bhassorn, 1993).

Supporters of the revised bills on prostitution are hoping that the increased international focus on Thailand as a sex haven in the Summer of 1993, and consequent local outrage, will help push the changes through--even if it is only a symbolic gesture from a government concerned with its image. "I think our efforts will receive a more positive response this time around," said Khunying Chantanee Santabur, chairperson of the Legal Division of the National Women's commission which backs both bills (Bangkok Post, 7-29-93).

PARTICIPANTS

Business Community

Private Companies Join the Fight

An increasing number of Thai and multi-national corporations operating in Thailand have begun to implement work place policies against AIDS. Activities in large private organizations are most apparent. For example, the Dusit Thani Hotel, Robinson's Department Stores and Thai Farmers bank have all implemented educational programs. Then on September 29, 1993, Thai and foreign business executives launched the *Thailand Business Coalition on AIDS*. Its purpose is to assist companies in developing HIV/AIDS policies in accordance to WHO principles. Companies that join the coalition have access to training and information (Bangkok Post, 9-29-94). The coalition was organized by Bill Black, general manager of the Regent Bangkok, James Reinholdt, managing director of Northwest Airlines, Steve Krause, WHO-GPA representative, and Peter Deinken, USAID representative. The coalition's strategy is to use sound business principles as rationale behind work place education rather than moralistic preaching, said Black. The coalition tries to tailor its message to the business community by showing companies how the epidemic might adversely affect their profits. Once the companies understand how the epidemic will affect their businesses, hopefully, they will decide to establish work place policies for AIDS, added Black (Black 1993).

The military, not generally considered the most enlightened institution in Thailand, has the country's most progressive work place policy to date (Los Angeles Times, 5-17-93). The military revised its policy and now accepts infected transcripts. It conforms to the national AIDS policy of non-discrimination of infected persons. Previously persons with HIV were discharged (FEER, 7-29-93).

Many Thai business leaders, however, prefer to ignore the issue. Since they do not personally know of anyone who is infected with AIDS, they believe that the press and leaders such as Mechai have exaggerated the impact of the disease. At an American

Chamber of Commerce meeting in January 1993, local businessmen reportedly scoffed at the notion that they or any of their employees might be HIV positive.

Insurance Companies Resist

Although some companies are taking progressive steps to confront the epidemic, an increasing number of private insurance companies now screen all policy applicants and decline to issue a policy if the applicant is HIV positive. American International Assurance Company Limited Thailand (AIA), which controls over 50% of the Thai life insurance market, not only screens new applicants but also started re-screening "high-risk" policy holders in the Summer of 1993. Other companies may soon follow (The Nation, 7-19-93). Larger companies and banks have also initiated a policy of screening new employees, said Jon Ungphakorn. Only a few companies have established AIDS education for their personnel and have policies guaranteeing work benefits for employees with HIV, noted Steve Krause (Bangkok Post, 6-6-93).

Tourism Industry

The tourism industry continues to oppose anti-AIDS activities and publicity. According to the TAT, 5.76 million tourists visited Thailand in 1993. This represents a 12.5% increase from 1992 (Reuters, 2-15-94). Black commented that beneficiaries of the four billion dollar industry would not likely not deal with the AIDS issue (Black 1993). When discussing plans to make a large AIDS quilt to raise awareness at the National AIDS Committee meeting on June 3, 1993, a representative of the TAT voiced strong opposition and the representative of the Thai Chamber of Commerce advocated keeping publicity at a minimum (Ungphakorn 1993). Then at Thailand's third annual AIDS seminar, the TAT warned that should the international mass media continue to publicize Thailand negatively, income from tourism will be seriously affected (Bangkok Post, 7-11-93).

Media Coverage

International Media Attention

The international image that Thailand's fame is due more to prostitution and AIDS than temples, teak or smiling faces continues to be a major concern in Thailand and may affect policies. In reply to international condemnation, in November 1992, both Prime Minister Chuan and the Foreign Ministry, through Thai embassies, affirmed the government's commitment to abolish child prostitution and child labor. When the US announced that GSP (Generalized Systems of Preferences) privileges would be discontinued for countries exploiting children, Interior Minister General Chavalit Yongchaiyudh responded that Thailand would not use child labor and would stress human rights (Bangkok Post, 11-6-92).

In the Summer of 1993, debate over Thailand's international reputation erupted after international media highlighted Thailand's prostitution and AIDS problems. First, *Longmans English Language and Cultural Dictionary* released its latest edition which defined Bangkok as being "often mentioned as a place with a lot of prostitutes." Then the June 21 issue of *Time Magazine* published a photograph of a Thai prostitute in the embrace of a foreign tourist on its front cover. These events caused an uproar in the Thai press and official circles. The government and officials denied such a label. Nitya Pibulsonggram, ambassador and permanent representative to the UN, submitted a letter of opposition to Time Magazine's headquarters. Alongkorn Pollabut, spokesperson for the House Tourism Committee, said the committee would send a letter of protest.

Faced with international scrutiny, the Chuan Leekpai government re-emphasized the need to fight child prostitution and carried out numerous raids against brothels. The foreign ministry attempted to gain favorable coverage in the press by appearing responsible for the repatriation of a group of female CSWs from Japan.

Chuan also criticized the Thai media and NGOs for exaggerating the situation and the number of prostitutes which serves the foreign media in attacking Thailand. "An

example is the report of Thailand having over 800,000 child prostitutes in addition to some two million other prostitutes," said Chuan (Bangkok Post, 9-29-93). The Time Magazine article used the figure of two million prostitutes. [2]

Many others believe that Thailand's reputation as an international symbol of prostitution is deserved. "While the problem in Thailand may not be the worst in the world, Thai prostitutes rank number one the world over. They are undeniably the worldwide symbol for the sex trade," writes Thai columnist Suwanna Asavaroengchai. Calling it the most successful industry in the country, Tiziano Terzani, an Italian journalist for the German weekly magazine *Der Spiegal*, added that there is nowhere in the world where prostitution is so prominent, so open and so easily accessible (Bangkok Post, 6-27-93).

Thai Media Coverage

Thailand's domestic media continues to contribute towards raising awareness about the AIDS epidemic and the commercial sex industry. It also regularly charts the spread of the epidemic and policy changes. Moreover, the tendency towards investigating basic societal concerns related to the AIDS epidemic continues a trend that began during the Anand period. Subjects that the media have focused on include: Buddhism's role in the anti-AIDS fight, exploitation and empowerment of women, the evolving sexual mores of Thais, living with AIDS, drug issues, and abortion rights. This type of coverage reflects the views of both media personnel and the various participants involved in prevention and control activities.

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[2] The Time article used figures from a UNESCO study which estimated that two million Thai females work as CSWs and that there are 800,000 adolescents and child CSWs. NGOs commonly cite figures ranging from 500,000 to 800,000. University of Michigan demographer Professor John Knodel disagrees with the figures arguing that they do not make demographic sense. On the other hand in 1992, the MOPH's survey found only 76,863 CSWs. Knodel and Werasit Sittradrai believe that the most credible numbers are from the Thai Red Cross which estimated that there are about 200,000 CSWs in Thailand.

Thais often look to Buddhism for answers when problems brought on by outside forces are not congruent with their beliefs or practices. The case of Phra Alongkod of Wat Phra Bath Nam Phru is an example of applying Buddhist principles as a solution to the AIDS dilemma. Phra Alongkod has been operating a hospice for AIDS sufferers in Lopburi since September 1992. Phra Alongkod, who obtained a Master's degree at the Australian National University, believes that AIDS is a social problem and that monks are the best people to treat AIDS carriers on the basis of compassion and understanding. "Buddhism is deep-rooted in our society, and no one can persuade the people as much as temples. Therefore, monks should play a role in helping society because we are part of society" (Bangkok Post, 2-21-93). In addition to acting as a hospice, a home care project has been initiated which comprises of monks, doctors, nurses and psychologists who visit home of HIV infected persons and give advice on how to cope with the illness (Bangkok Post, 9-7-93).

Living with AIDS is also a topic that the media is highlighting. There have been numerous stories focusing not only on how to care for infected persons, but also on promoting compassion and nondiscrimination towards neighbors and friends who are HIV/AIDS infected. In addition, editors and critics argue that laws must be passed and measures be taken to ensure protection for infected individuals and to provide the necessary support systems.

There has also been a proliferation of stories which point out the exploitation of Thai women and the double standards in Thai society. Debate over these issues has intensified with the spread of the AIDS epidemic and its relationship with the commercial sex industry. Feminists, women's support groups and columnists provide their vocal support to this movement. For example, Sanitsuda Ekachai, columnist for the Bangkok Post, wrote an article entitled "AIDS and the Double Sexual Standard" (Bangkok Post, 6-4-93). Others have stressed the need to empower women and the efforts that have occurred to date. For example, at Thailand's National AIDS Conference (July 6-9, 1993),

the media paid special interest to Thailand's attempts at empowering women. Dr. Phaichitr Pavabutr, Permanent-Secretary of Public Health, said the ministry was committed to developing ways to empower women. For example, a large-scale female condom trial was underway in Udorn Thani. Such a device may enable women to protect themselves if their partner is uncooperative. At that time, only three institutions in Thailand were undertaking serious research to empower women; the MOPH, HIV/AIDS Collaboration and Chiang Mai University (Bangkok Post, 7-5-93).

Coverage in the media has also focused on the right of pregnant HIV infected mothers to have abortions. Of particular concern is their right to counseling and accurate information before and after making the decision to abort or have a child (Bangkok Post, 9-5-93). There is also worry over the regulations of pipeline drug protection and the consequences on AIDS drugs (Bangkok Post, 7-11-93).

On a more disturbing trend, articles that explore the sexual behaviors of Thais are quite telling. There are indications that in spite of the AIDS epidemic, the sexual networks among Thais are prevalent and extensive (Bangkok Post, 8-8-93). A new phenomenon called "swinging"--clubs where middle-class couples socialize which may lead to swapping of partners--has also become popular among a small segment of Bangkok's population (Bangkok Post, 8-17-93). Professor Bencha Yoddamnern of Mahidol University said that there is evidence that fewer teenagers are frequenting CSWs, but pre-marital sex is rising and there is little condoms use (Bencha 1993).

CHAPTER VII
PARTICIPANTS

This chapter analyzes the roles that participants both inside and outside the government play in the agenda setting process. The major government participants in the AIDS policy development process include the prime minister, political appointees, members of parliament (MPs) and bureaucrats. Those outside the government include the business community, academicians, NGOs, medical doctors, international organizations and the media.

In Thailand, no single individual or group dominates the process but elected politicians and their appointees have the most influence in agenda setting. Bureaucrats were found to have more influence in choosing alternatives and in implementing policy. Groups outside the government have had varying degrees of influence throughout the process. The business community was initially successful at blocking the AIDS issue from reaching higher levels of the political agenda. While the other outside participants were very active in pressuring policy makers for change.

For each participant, this discussion first focuses on the general conclusions about their role in the AIDS policy process. Then, particular attention is given to the participant's contributions during the different administrations. To maintain consistency, Kingdon's work on participants--which is an intricate part of his process model--will be used as the basis of study. However, since Kingdon's research focuses on the presidential system, research by Lindblom and Woodhouse (1993) on agenda setting in the parlimentary system supplements the Thai case.

PARTICIPANTS INSIDE THE GOVERNMENT

PRIME MINISTERS

As the representative of the strongest political party in the government or coalition, the prime minister is the most influential individual to affect the setting of agendas. Although, the parliamentary system does not grant the prime minister the power that a president yields, such as veto power, both the prime minister and the president enjoy resources--organizational powers and command of public attention--that allow for strong agenda setting potential. Therefore as Kingdon discovered in his examination of the president's role in agenda setting (1984, 25), no other single actor in the political system has the capability of the head of state to set agendas in given policy areas.

In a democratically structured political system, the amount of personal influence that each prime minister has in agenda setting is dependent on his organizational powers such as personal power within his party, relative size and strength of his party in the coalition, degree of cooperation between political parties within the coalition, and relative size of the coalition compared to the opposition. For example, the prime minister's power and influence is greatly affected by his relationship with the MPs. When MPs belong to the opposition they feel less restraint in pursuing their own agendas than they do when the prime minister is from their own coalition. They are even more restrained if the prime minister is from their own party. In other words, political parties can be a particularly powerful organizing force because elected members almost always vote with other members of their party.[1] Lindblom writes:

> *"Once legislators concede any significant authority to party leaders, the leaders can strengthen their control by indirect use of authority. In Parliamentary systems, where members of the majority actually become cabinet ministers and take charge of running the government, the prospects of receiving a ministerial position is sufficiently*

[1] Kingdon discovered that political parties affect the agenda more than they affect the detailed alternatives considered by policy-makers (Kingdon 1984, 68).

attractive that party leaders can usually hold a legislator to a party program by threatening to deny him or her a leadership role." (Lindblom 1993, 51)

The prime minister is usually the most influential person in his party and normally receives support from the representatives of his party, even though factions within the parties are not uncommon. As the leader of the strongest political party, the prime minister has significant influence over the choice of political appointees. In Thailand, the number of political appointees chosen from each political party is determined by their relative strength in the governing coalition. The actual appointments are secured by back room politics within the coalition.

	PRIME MINISTER'S	ABILITY TO SET	THE POLITICAL	AGENDA
Factor/Prime Minister	**PREM**	**CHATICHAI**	**ANAND**	**CHUAN**
Organizational Resources	High	Low	Very High	Very Low
Command of Public Attention	Moderate	High	High	Low
Ability to Set Agenda	High	Moderate	Very High	Low
Prime Minister's Response	Block from Higher Agenda	Gives Partial Recognition	Raise to Highest Level	Maintains Agenda Status
Agenda Status Reached	Systematic Agenda	Government Agenda	Government Decision Agenda	Government Decision Agenda
SCALE: Very Low	Low	Moderate	High	Very High

In Thailand, Prime Ministers Prem and Anand had the greatest organizational powers (see chart above). Prem's political base in the army and position with in the Chart Thai party were powerful enough that party members--and consequently the government--generally followed his leadership. In contrast, due to the temporary nature of his government, Anand was able to proceed with his own agenda without having to worry

about party politics or significant opposition from other participants. Both Prem and Anand had the luxury of choosing most of their political appointees. Of course the opportunities for diverse participation outside the small circle of cabinet members and political advisors was reduced under these governments. On the other hand, a prime minister in a weak coalition government, such as Chuan, and to a lesser degree Chatichai, is unable to rapidly execute policy, because members of parliament are not necessarily accountable to the prime minister or his party. Chuan and Chatichai also had less input in choosing political appointees because the positions were divvied up between the many political parties that made up the coalition governments.

Perhaps the most obvious resource of a prime minister is his command of public attention. His every appearance, statement and action are thoroughly scrutinized in the media. Depending on the ability of the prime minister to utilize this resource, the attention may be converted into pressure on other governmental officials to adopt his agenda. However, the mere mention of an issue by the prime minister often is not enough, rather personal involvement, such as phone calls or personal notes that show his commitment may often precede agenda setting. Also the degree of partisan support is dependent on the state of the prime minister's popularity. The more popular support a prime minister has, the more likely he will gain parliamentary backing because there is more cost at crossing a popular leader for the MPs.

While all prime ministers in Thailand are widely covered in the media, their command of public attention varies depending on their personal ability to use the media, and the respect that they are afforded. Although not a charismatic leader, Prem was well-respected. His strong backing in the army was widely recognized and he provided the government with stability. Chatichai had the ability to command public attention and did so in the beginning of his administration. However, he was not able to utilize this asset in the second half of his administration due to the highly publicized corruption in his government. Anand also had a high level of ability to command public attention. He was

highly respected to begin with and his stature grew as he made quick and progressive changes. He was quite skilled at choosing the time and content of his public announcements. For a prime minister, Chuan does not command a great deal of public attention because of his relatively weak position in the government and his bureaucratic manner of politicking.

Prime Minister Prem

Prime Minister Prem Tinsulanonda (1984 to August 1988) had the ability to greatly influence political agendas because he possessed both organizational powers and command of public attention. Prem's Chart Thai Party was strongly entrenched as the dominant political party in Thailand. As the most influential member of the ruling party, Prem was able to surround himself with handpicked political appointees who owed their allegiance. Moreover, his strong power base in the army allowed him to weather periods of political and economic change.

Although Prem was not a charismatic leader, he was generally well-respected. He was viewed as an experienced elder statesman, who most importantly, provided Thailand with stability. In comparison to some of the previous Thai military leaders, Prem's approach was moderate and conciliatory. This helped assure the business community that an atmosphere for economic growth would be maintained.

Even though Prem seemingly had the resources to place the AIDS issue on to the government agenda, he was primarily responsible for keeping it off the agenda. During this period, AIDS would remain a systematic agenda issue. A systematic agenda item is one of many issues vying for formal status; reaching this agenda level does not require governmental commitment.

Until the last year (1988) that Prem was in power, only a handful of persons had reportedly been infected with AIDS and there was little knowledge of the parameters of the disease. At this early stage, relatively few outside participants were actively pushing to place the AIDS issue on the government agenda. On the other hand, AIDS was seen as

a possible threat, although still distant, to economic and business interests. In the early to mid-1980s, Thailand was in the midst of a recessionary period and the Thai economy was forced to make structural adjustments. The business community supported Prem because he was able to offer stability at a tumultuous time. Furthermore, the Prem administration successfully targeted the tourism sector as an immediate growth area, and publicity about the spread of AIDS in Thailand was perceived as possibly damaging to this most profitable economic asset. Prem, therefore, had little to gain and much to lose by placing the AIDS issue high on the political agenda. Moreover, he failed not only to publicly recognize the urgency of the epidemic, but also actively blocked the AIDS issue from reaching the government agenda.

Prime Minister Chatichai

Prime Minister Chatichai Choonhaven (August 1987 to February 1991) placed the AIDS issue on the government agenda. He also had the resources necessary to raise the issue on to the government's decision agenda. However, he was forced to contend with competing demands--to protect business interests and to become more active in developing AIDS-related policies--in his decision making process. Although Chatichai's stance evidenced compromise, he decided that it was not in his best interest to place the AIDS issue on the decision agenda.

Chatichai had great skill in commanding public attention, but he was not as strongly entrenched as Prem. In the first year and a half that he was in power, Chatichai won wide-spread acclaim for his efforts at liberalizing the economy. His popular appeal also stemmed from unprecedented economic growth. In 1990, however, his popularity dwindled because of increasing awareness that corruption was rampant within his government and the perception that instability was imminent.

Furthermore, the coalition government headed by Chatichai did not have the organizational resources that Prem had. As an elected prime minister, Chatichai's coalition did not enjoy a large majority. Foremost, Chatichai lacked Prem's power base in

the army. His delicate relationship with the army was further jeopardized as Chatichai concentrated on increasing his personal wealth and the wealth of his companions while disregarding the Army's wishes.

As a general-cum-businessman, much of Chatichai's power was due to his pro-business orientation. He and some of his closest cronies had large business interests that benefited from Chatichai's powerful position. Consequently, his agenda often mirrored the interests of the business community. On the other hand, it was much more difficult for Chatichai, than Prem, to ignore the AIDS issue because of greater public awareness about the epidemic. Although many believe that there were conscious efforts to suppress facts concerning the spread of the epidemic, the truth began to surface by 1988. There were factions within the bureaucracy that called for acknowledgment of the AIDS crisis. In terms of the AIDS issue, Chatichai sought to regulate the flow of publicity so that information about the epidemic could be released, and at the same time, tourists and foreign direct investment would continue to flood into Thailand. However, the AIDS issue could not be secured on the government decision agenda without the support of the prime minister. Even when the politically-appointed Minister of Public Health, Chuan Leekpai, called for increased government action in 1989, there was little real change in Chatichai's position.

By the end of his term, however, Chatichai began making some concessions to pacify the increasing number of factions that demanded the AIDS issue be placed higher on the government agenda. The clearest sign of his growing commitment can be inferred from the dramatic growth of the AIDS budget. Chatichai did not, however, go as far as to place the AIDS issue on the government's decision agenda. That distinction would be left for Anand.

Prime Minister Anand

The very status of the AIDS issue on the political agenda was contested until Prime Minister Anand Panyarachun became head of the National Committee on AIDS in August 1991, almost seven years after the discovery of Thailand's first case.[2] Anand had extremely strong organizational powers and command of public attention.

The Anand I government was appointed by the Army after the coup de tat in February 1991. Anand was the Chairman of Saha Union (one of Thailand's largest conglomerates) and a former diplomat. The purpose of appointing Anand, a respected civilian, was to give the army-backed government legitimacy. Anand was an acceptable leader for the majority of the elite and mass populace. Most Thais welcomed the change in government because the corruption under Chatichai was perceived to have become excessive.

Since the army placed the Anand in power, it expected that he follow the Army's agenda. Anand, however, was quite adept at following his own agenda, often to the dislike of the army. As long as Anand did directly cross or confront the army, however, the army could not withdraw their support without weakening its own position. In addition, Anand quickly gained statue as a leader by initiating brisk changes--many seen as progressive--and his enhanced position made it difficult for detractors to challenge his leadership.

The Anand II Government was chosen after the political occurrences of April and May 1992. Anand was endorsed by His Majesty the King, prestigious Thai leaders and influential politicians. He was considered the most suitable leader for restoring stability at a time when the Thai populace and the world community needed reassurance that Thailand would continue to be stable and safe. Although Anand did not enjoy the ardent support of the military during Anand II, he was able to continue governing much as he

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[2] In the United States it took nearly six years into the epidemic before the first head of state (President Regan) publically recognized the disease.

had in Anand I. Publicly, Anand was cautious before taking a stand but his decisions were highly respected. His command of public attention remained high.

Anand's organizational resources were enhanced because he had far fewer obstacles to overcome than the previous government. Since he was not a politician and did not belong to a party or a political coalition, there was relatively little pressure on him to please the various political factions. Additionally he was not perceived as a politician; nor as someone who became prime minister to further his own interests. In fact, Anand clearly stated that he was not a politician nor that he would pursue politics in the future.

The Anand governments were somewhat unique in that they occurred in periods of political transition. Once in power, the Anand government was not subjected to the regular checks and balances of a parlimentary system. The MPs were busy campaigning and gathering support for the future elections, and the legislative process was streamlined. Consequently, there were fewer possibilities for the fragmentation of policy. Furthermore, the positions regularly held by political appointees--who are often from other parties in the coalition and have political agendas that very from that of the prime minister--were filled by non-political appointees of Anand. Many of these appointees were technocrats or represented institutions outside the government. In this un-democratic environment, there were fewer opponents within the government to contend with than during the "democratic" periods.

Prime Minister Suchinda

In the Spring of 1992, General Suchinda became prime minister for less than two months. Under his leadership, the government advocated a less visible AIDS campaign. Suchinda's Deputy Public Health Minister Charoon Ngamphichet said that the anti-AIDS campaign would continue but more caution would be executed to avoid affecting tourism. In publicizing the threat of the virus the MOPH would be more careful, he said, noting the Anand government's public relations campaign had seriously affected tourism. (Bangkok Post, 4-29-92) The reversal in policy by the short-lived Suchinda government

and the beliefs that his government would not continue to be as open and frank with information, supports the assertion that top leadership is a key participant. It also indicates that the evolution of policy is not a natural process (from denial to recognition), but is rather dependent on the orientation of the key participants and the type of political system in which they operate.

Prime Minister Chuan

The Chuan period (September 1992 to the present) offers a stark contrast in terms of the political environment and leadership. Relative to the previous prime ministers, Chuan is deficient in both organizational powers and command of public attention. Chuan's governing coalition is made up of five political parties and maintains a slight majority. The parties joined in an unnatural union in order to wrest power away from the traditionally powerful Chart Thai party. However, each party has its own agenda, constituencies and factions. Within the coalition, Chuan's Democracy Party maintains a slight majority. Therefore, Chuan has had less input in choosing political appointees. In sum, Chuan does not have the power base to work from that former prime ministers enjoyed.

To his credit, Chuan has kept the AIDS issue high on the government agenda and at the same time has been praised for his courage in declaring war on child and forced prostitution. As a former minister of public health, Chuan has perhaps the greatest knowledge and background concerning the AIDS situation. Enthusiasm for his efforts has dampened, however, because his bureaucratic style of governing is generally considered deficient.[3] Furthermore, Chuan has not exhibited the ability to command public attention. In the media, he is portrayed as being weak, and the general populace also shares this belief. Therefore, although Chuan has kept the AIDS issue high on the agenda, he has had

[3] The Bangkok Post reports that Chuan relies on official reports and in doing so has automatically adopted positions set forth by public officials (Bangkok Post, 9-29-93).

perhaps the least amount of impact on policy initiatives and in choosing policy alternatives.

Conclusion

In conclusion, the head of state is the most influential individual in agenda setting. Lindblom explains that democratically styled systems require leadership capable of restructuring political controversy, finding common grounds for action among groups otherwise in contention, and moving debate from profitless posturing toward new vision and action. In principle, this kind of leadership can spring from anywhere in the system, but the obligation and opportunities to provide it rest especially on the president or prime minister (Lindblom 1993, 52). In the Thai case, the prime minister has had considerably more influence on agenda setting when the political environment was less democratic (the Prem and Anand periods). At these times, the prime minister did not have to contend with pressures from as many participants and there were fewer opportunities for policy to fragment.

Although the prime minister has much influence on deciding which issues are placed on the government agendas, Kingdon notes that setting the agenda and getting one's own way are two very different matters (Kingdon 1984, 73). The head of state may be able to dominate and even determine the policy agenda, but is unable to dominate the alternatives that are seriously considered, and is unable to determine the final outcome. Of course during the Anand period, the administration included and worked closely with bureaucrats and technocrats and, therefore, had more influence on policy alternatives and implementation stages.

POLITICAL APPOINTEES

The political appointees include cabinet members, ministerial or deputy-ministerial positions, and key advisors to the prime minister. In theory, the political appointees evaluate issues from within their own agencies and their own parties, and arrive at some type of agreement from interaction with the OPM. They also generate various alternatives that the OPM chooses from. Kingdon provides insight into their vital role as policy makers:

> *"Even when the political appointees do not originate an idea, they still play a large part in placing it on the agendas of important people, both within and outside of their agencies. Many times, proposals and ideas float around within the executive branch agencies for some time, without being taken very seriously. But should a high level political appointee take an interest in the project, the issue suddenly attains much greater prominence." (Kingdon 1984, 31)*

Even though political appointees owe allegiance to the prime minister and his party because of the authority granted by the prime minister's commands, the appointees have many other competing interests. As Lindblom notes, political participants do not share a dominant common purpose; instead, each pursues some combination of private purposes and his or her own vision of the public interest (Lindblom 1993, 25). In Thailand, political appointees and cabinet members are regularly MPs which politicizes the situation even further. They are expected not only to conform to party line and that of the coalition government, but they also represent a geographic region and constituency in which they have vested interests.

The amount of influence that political parties have on political appointees' agendas depends on whether the political appointees belong to the prime minister's party or another coalition party. The relative amount of cooperation and subservience between the leading party in the coalition and the smaller coalition members are also relevant factors. In sum, the prime minister has much less control and influence over political appointees from parties other than his own.

Although political appointees have sufficient resources for influencing political agendas, most did not in the case of AIDS because of their political orientation. Political appointees usually hold their positions for a short period of time and often try to maximize the political benefits that these coveted positions afford. Moreover, political appointees are temporary representatives of the ministry or agency that they head. They do not have long-term vested interests in these organizations and often do not have the expertise or background to understand the issues that the organizations face.

In the case of AIDS in Thailand, the Minister of Public Health has been a key political appointee. Depending on the nature of the political environment and their personal orientation, the ministers have promoted their own interests, supported bureaucratic efforts, struggled for control over the national AIDS campaign and the AIDS budget, and down played or raised awareness to the AIDS threat.

Individual initiatives by political appointees have had limited success in impacting the agendas, because they lacked governmental support. During the Chatichai Period, a stance taken by the Minister of Public Health, Chuan Leekpai, to raise the AIDS issue to the government's decision agenda received little support within the government. This can be attributed, in part, to Chuan belonging to a minor party within the coalition. Without support, Chuan could not proceed with the same amount of vigor or success. In the Chuan Period, Minister Boonphan Kaewattana of the Social Action Party sought to consolidate his power within the MOPH which was incongruent with the wishes of Chuan's Democracy Party. This type of policy divergence occurred within the coalition because Boonphan's party exhibited little allegiance to the rest of the coalition.[4]

Again the Anand period was exceptional in that the positions normally filled by political appointees were held by technocrats and bureaucrats. Due to the unelected nature of the Anand government, Anand was able to personally choose his appointees. These

[4] The Social Action Party was replaced in the coaltion by the Seritham Party in September 1993.

appointees were not career politicians and did not represent a political party. Moreover, they were less likely to have political ambitions and more concerned with sound public policy. Within the administration, Anand chose technocrats from a wide-variety of backgrounds, and gave them considerable leeway. Those with technical expertise, such as bureaucrats and researchers, had considerable input not only in the choosing of alternatives but also in setting the agenda. In particular, those directly in contact with Anand, members of the OPM and the cabinet, were the most influential. Therefore, while most politicians were gearing up to secure a position in the next government, Anand and his technocrats pragmatically went about instituting changes.

The impact that they were able to make as appointees was outstanding. In previous years, as advocates of policy development, they were unable to make a serious dent in the status quo. But once given formal authority, the political appointees were able to further their interests and beliefs substantially. In regards to AIDS, the appointment of Mechai Veravaidya as Minister was most important. He was minister in charge of the National AIDS campaign, public relations and tourism (during the Anand I government). In addition to Mechai, prominent appointees included Dr. Sairusee Chutikul and Professor Werasit Sittitrai. Dr. Sairusee had tried in vain for years to amend the prostitution act as an activist. She was sternly against child prostitution and forced prostitution. As a Minister attached to the OPM under Anand she was able to bring the issues to the forefront. Although she did not have sufficient time to follow through on the amendments, Prime Minister Chuan has continued to build on her initiatives. Professor Werasit is a highly respected social researcher who was appointed to the OPM. He lent his credibility to Anand's anti-AIDS efforts and promoted the multi-sectoral approach to combating the epidemic.

A clear limitation to the political appointee's influence is their impermanence--often they do not last as long as the prime minister as a result of shake-ups in the government and the tenuous nature of coalition governments. These aspects tend to make

them history happy. For example, Minister Boonphan was able to make an impact on policy during his finite reign as Minister of Public Health by regaining control over the majority of the funds allocated to national AIDS campaigns. Mechai also accomplished much, with great fanfare, during his term as minister. Although some believe that Mechai is overly concerned with his personal stature, his contribution to developing AIDS policy can not be disputed.

MEMBERS of PARLIAMENT

Members of parliament (MPs) have a great degree of influence on the agenda setting and the choosing of alternatives stages in the policy development process (Kingdon 1984, 38). MPs possess assets that enhance their ability to set agendas including holding legal authority, allocating funds, receiving publicity and being privileged to blended information. Of course once they become political appointees, are on committees, or are influential members, MPs have increased power to promote their own agendas. Limitations to MPs' ability to set agendas include the loss of collective power due to divisions in parliament, being forced to follow party line and their tendency to dodge critical issues.

Although some Thai MPs backed progressive and controversial AIDS legislation, they generally followed the top leadership in the government. The MPs tended to dodge the controversial issues because they did not want to risk the alienation of their political cronies or their constituencies. The reaction by some MPs also may have been affected by the belief that publicity from the AIDS issue could be detrimental to the economy and their personal business interests--which are often extensive. In Thailand, MPs greatest impact on agenda setting has occurred when they are placed on key committees.

The parliament's power is based in its legal authority to enact legislation and appropriate funds as well as the influence and visibility of some of its key members (Palumbo 1988, 48). Perhaps its greatest strength lies in its legal authority. Any major

changes in policy usually require new legislation. Also issues in the OPM may be shaped, dropped or added because of support/opposition in the parliament.

In addition, the MPs receive formidable publicity; they hold hearings, introduce bills and make speeches which are covered in the media and communicated to other participants. The impact from publicity that each MP commands is dependent on his political power, potential political power and his personal ability to entertain the media. Publicity gives MPs a boost to any ambitions for re-election or higher office.

MPs are also privileged recipients of blended information. Since the parliament has access to many levels in the government, the information they receive is not detailed like bureaucrats but rather a blend of the substantive and the political. It is a mixture of the academic and interest group information, as well as the bureaucracy and the constituents. It is more rounded and informed than any one source.

The role of the committee is vital to the legislative process. The committee can be viewed as a government within a government. With a few exceptions, legislation comes to the floor of the parliament only after a committee has considered it and has made a positive recommendation. Not supervised by any supercommittee nor joined together via a coordinating body such as legislative cabinet, committees and even sub-committees practice a striking degree of autonomy. Lindblom warns, however, that such specialization and autonomy bring a likelihood that members of the relatively small committees, and the even smaller subcommittees, will neglect considerations that other legislators would consider important (Lindblom 1993, 50).

Thailand's Budget Allocation Committee is one of the most powerful committees. It allocates the various budgets to the government agencies as it sees fit. The committee is composed of MPs who do not have the technical expertise to understand the in-depth nature of each area that funds are assigned. Although they receive technical input from various agencies, their decisions are often influenced by political concerns. In addition, leaders of the ministries and agencies, which are competing for the limited resources, are

usually MPs themselves. At times, they are more concerned with gaining the greatest possible share of resources for their organization in lieu of good public policy.

In the case of budget allocation to the national AIDS campaigns, the increase in funds has been exponential and the battle over these resources has been fierce. Overall, the MOPH has been allocated the majority of the budget. During the Anand period, however, a significant amount was appropriated to the OPM. The OPM controlled the budget for the mass communications campaign and allocated funds to other government and non-government organizations. The stated reason for shifting control of the budget was that the AIDS campaign should be multi-sectoral in nature and not confined to public health measures. Once the Chuan government was installed, the MOPH was able to regain control over a great proportion of the budget by winning approval from the Budget Committee. Thavitong Hongvivatana, Vice-President for Policy and Planning at Mahidol University, explained that the ability of the Minister of Public Health to influence the members of the budget committee was a decisive factor in transferring control of the budget from the OPM to the MOPH (Thavitong 1993).

Although the parliament has strong incentive to engage in agenda setting, it will dodge controversial issues if it can (Price 1978). Dr. Apichart Chamratithirong, the Director of Mahidol University's Institute of Population and Social Research, explained that while politicians are serious about AIDS, they are reluctant to confront the issue, because they are often more concerned with being re-elected. People do not want to hear bad news and the politicians do not want to be seen as the bringers of bad news, Apichart added (Apichart Chamratithirong 1993). When MPs do face an issue, it is very rare that they delve into policy detail, Kingdon ascertains. Rather, the members are likely to set the direction and leave the details to the staffers, who then consult with the bureaucrats, interest group representatives, researchers and other specialists (Kingdon 1984, 74).

The impact of leadership in the parliament also affects agendas. Lindblom explains, "Once the Prime Minister and senior cabinet ministers have debated a policy

problem and reached a verdict--within very broad limits, set partly by what they think their junior colleagues in the party will go along with--the actual parliamentary vote is close to a formality" (Lindblom 1993, 51). Therefore, as with political appointees, political parties can influence the agendas of MPs. This asset is enhanced if the governing party controls the majority of seats in parliament.

In a parliamentary system, however, the collective power of the MPs is reduced when there are a multitude of parties and divisions within the coalition and opposition parties. Thailand's parliament has 535 individual agendas, various political parties incapable of coordination, is deficient in the expertise to draft detailed proposals, and is under the influence of interest groups, constituencies, and administration pressures which may prevent them from setting an agenda of their own. The collective power of the MPs has been particularly weak during the Chuan period and to a lesser degree during the Chatichai period when the coalition government was divided.

BUREAUCRATS

Bureaucratic Assets

Bureaucrats play an important role in policy development. Their influence, however, is most prominent in choosing alternatives and in implementing policy rather than in agenda setting. The strengths of the bureaucrats are many. In his book, *Bureaucracy, Politics, and Public Policy,* Rouke observes, "Within its own ranks, public bureaucracy numbers a wide variety of highly organized and technically trained professionals personnel, whose knowledge and skills powerfully influence the shape of official decisions" (Rouke 1969, 2). The resources that bureaucrats hold are longevity, expertise, dedication to the principles embodied in their programs, an interest in program expansion and a set of relationships with the parliament and interest groups. Weber emphasizes expertise as a major source of bureaucratic power (Weber 1949).

Within the bureaucracy there are two general types of bureaucrats: line and staff. Line bureaucrats administer existing programs and are usually preoccupied with these programs. In Thailand's national AIDS program, line bureaucrats implement projects in education, condom promotion, counselling, blood testing, etc. On the other hand, staff bureaucrats are located in planning and evaluation or legislation offices and often have more time to spend on policy issues. They concentrate on legislative proposals, studies of future problems, and the directions public policy may proceed. In the MOPH, there are staff bureaucrats in the CDC Department, Division of Epidemiology and the AIDS Division.[5] The NESDB, OPM and all ministries involved in AIDS prevention and control activities also have staff assigned to AIDS programs.

Contrary to Palumbo's assertion that bureaucrats can have the greatest impact on agenda setting in the early stages of deliberation when policy makers are just beginning to assign relative importance to various policy problems and government administrators are often consulted (Palumbo 1988, 47), Thai bureaucrats played a relatively minor role in the AIDS agenda setting process during the Prem period. As Sombat points out, a few doctors in the MOPH and at the universities were the only Thais interested in the AIDS problem in the first few years of the epidemic (Sombat 1993). However, the early efforts--which were both sparse and sporadic--by these participants were easily blocked by Thai leaders who had other interests at stake.

Nonetheless, the MOPH staff bureaucrats have became the source of many policy initiatives because they possess the necessary expertise in public health and the AIDS issue has generally been considered a public health dilemma. Some of the ways that the bureaucrats promote their ideas include gaining influence over the political appointees in their agencies, shaping the flow of information essential to policy proposals, and forging powerful relationships with interest groups and members of parliament.

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[5] The AIDS Division was created for staff functions but the Division has been critcized for attempting to overextend itself by participating in line functions.

As a bureaucrat and planner, Thamarak Karnpisit, the Deputy-Secretary General of the NESDB, attempts to initiate policy development by influencing key leaders. He argues that the message must be tailored to the crowd by using economic reasoning, social reasoning--quality of life arguments--and political reasoning. Moreover, to obtain the capability to pressure leaders on policy matters, a base of support must be built within the bureaucracy. One must find those responsible in each ministry by targeting high-ranking career civil servants, not ministers or deputy generals.[6] Then these persons must be brought together through networking and workshops to build a core group from which to work from, he added (Thamarak 1993). And indeed, there are that indications that joining the bureaucratic efforts contributes towards policy development. According to Steve Krause, Thailand's WHO-GPA representative, development of AIDS policy can be attributed, in part, to a broader base of support within the MOPH and with bureaucrats in other ministries (Krause 1993).

Bureaucratic Limitations

Participants and observers have noted that in the AIDS arena Thai bureaucrats have been limited by a preoccupation with protecting their own budgets, power, or policy turf, concerned with the process instead of results, and have become captured by ones narrow set of interests. Lindblom explains that this quite common for bureaucrats:

> *"Personal ambition may be placed ahead of achieving a program's goals; bureaucrats may self-protectively cover up errors instead of correcting them; procedural rigidity may be used as a means of escaping responsibility, even if it means willful persistence in actions that are not succeeding, or that clearly are not worth the expense. All lead to marked deterioration in bureaucratic intelligence." (Lindblom 1993, 63)*

In Thailand, these limitations have manifested themselves in the MOPH's narrow approach and fierce competition for AIDS funds. Until recently, AIDS in Thailand has

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[6] The political appointees who usually fill these position are often preoccupied with political matters and have different interests than the civil servants.

been considered a medical and public health crisis. The ministry, specialized in its orientation, has been blamed for not giving serious consideration to the vast interests that are outside its sphere of expertise. This is not surprising considering agencies with one task by definition tend to ignore or under emphasize other concerns. With the added incentive of controlling the AIDS budget, the MOPH has fiercely fought to protect turf that it considered its own. Moreover, there is a strong tendency to protect their existing programs even if they are not going smoothly because bureaucrats are concerned with personal liability, the uncertainty of change, and being criticized.

Bureaucratic Agencies

Although bureaucrats from each Thai ministry and numerous government agencies have been involved in the national AIDS campaigns, the majority are in the MOPH. Within the MOPH, control of AIDS-related activities was originally given to the Venereal Disease Department and then the CDC Department--when AIDS was labelled as a communicable disease. The Epidemiology Division and the AIDS Division are other bureaucratic agencies within the MOPH which are pivotal in AIDS policy development. The Epidemiology Division is responsible for tracking the spread of the epidemic. The AIDS Division provides support to the other government organizations' anti-AIDS activities and advises the National AIDS committee and its subcommittees. Ungphakorn notes, however, that it became clear at the June 1993 national AIDS meeting that the Epidemiology Division and the AIDS Division have little political power (Ungphakorn 1993). Rather, their influence is greatest in generating and choosing policy alternatives.

In the Anand period, both the OPM and the National Economic and Social Development Board (NESDB) were given prominence as agencies in the national AIDS campaign in order to promote a multi-sectoral approach. The OPM coordinated the national AIDS program, allocated funds to agencies outside the MOPH, controlled mass communication efforts and proposed legislation. As the agency responsible for Thailand's development plans, the NESDB was given responsibility to develop the national plans for

AIDS prevention and control. Furthermore, the AIDS plan was incorporated in the overall national development scheme. This signalled a shift in policy from one that promoted AIDS control as a sole responsibility of the MOPH to one which included agencies such as the NESDB, MOI and MOE. It reflects the realization by the Anand Administration that AIDS is not only a public health/medical problem but is also a major concern for all sectors of the society. Placing the AIDS issue in this context also exhibits the government's high level of commitment to confronting the dilemma.

MOPH Remains Primary Bureaucratic Agency

Nonetheless, the MOPH did not relinquish its leading position and has remained the focal point of the anti-AIDS campaigns. Except during Anand administration, when the OPM was responsible, the coordination of the national programs has come under the MOPH. However, even during Anand's administration, the MOPH controlled the majority of funds and had the greatest say in the programs that were undertaken. Outwardly the MOPH gave in to pressure from the Anand administration, but the bureaucrats were well aware that the government was temporary and the changes impermanent. This situation demonstrates the bureaucrat's vital resource of longevity. Moreover, the expertise found in the MOPH could not be replaced.

A ministry can make the greatest impact on policy when the bureaucrats and political appointees representing their ministry work hand in hand. During the Chatichai period, there was some convergence in policy objectives between the Minister of Public Health, Chuan Leekpai, and the bureaucrats in the MOPH. However, many of their initiatives were blocked in the parliament or by the administration. On the other hand, the Anand/Mechai leadership promoted many of the same policy goals as the bureaucrats. In addition, positions normally held by political appointees were filled with career bureaucrats and technocrats. The objectives, relationships and communication between the ministries and government leaders was therefore greatly improved. Civil servants proposed and initiated changes that would not have received such support during other

administrations. Also, more liberal factions within the MOPH were afforded greater input at this time.

On the other hand, an intense struggle between the career bureaucrats and the temporary political appointees often occurs. An extreme case took place in September 1993 under the Chuan government in which a conflict between a political appointee and career bureaucrats went public. The politically appointed Minister of Public Health, Boonphan Kaewattana of the Social Action Party, was influential in wresting control of the AIDS budget away from the OPM and back to the MOPH. His motives were viewed with skepticism and distrust both inside and outside of the MOPH. In August 1993, he transferred two respectable career bureaucrats, CDC Deputy Director-General Dr. Prayoon Kunasol and Food and Drug Administration Secretary General Dr. Maorakot Korenskasem, to inactive posts for questionable causes. In the end, the minister and his party--a minority party in the coalition which had been uncooperative with the government--were replaced in the coalition. The bureaucrats were reinstated to their former positions.

In the above example, the career bureaucrats ability to outlast the political appointee is evident. Nonetheless, the appointee was able to make a significant impact on policy in his relatively short (one year) tenure. As Kingdon discovered in the United States, it is the political appointee, the ministers, the deputy-ministers and the agency heads who have the ultimate influence in the ministries for agenda setting (Kingdon 1984, 33). The staff bureaucrats are often under and responsible to the political appointees. They make proposals in the hope that they will be later requested by upper level policy makers. However, they depend on political appointees, the parliament and OPM to evaluate their ideas to the point of receiving serious consideration on the policy agenda. Kingdon adds that setting the agenda still depends on the political appointees, and the civil servants are obliged to convince those appointees to highlight the subjects they prefer (Kingdon 1984, 36). For example, career bureaucrats at the director and deputy-

director levels have more influence and visibility than most bureaucrats in the MOPH, but they can not rival the influence of the politically-appointed minister in agenda setting matters.

Although relatively weak in influencing agenda setting, it should be reiterated, however, that the staff bureaucrats in these departments and divisions are extremely influential in generating and choosing alternatives. Perhaps more importantly, the line bureaucrats actually make policy in the implementation phase of the policy cycle. If a program in which they are working on is going poorly they often initiate changes and contribute to policy development. However, line bureaucrats are usually so involved in administrating existing programs that they have little time left for promoting new agenda setting ideas.

PARTICIPANTS OUTSIDE THE GOVERNMENT

Participants outside the government that have the ability to impact policy development include the business community, academics, non-government organizations, medical doctors, international organizations and the media. In Thailand, the line dividing those within the government and those outside the government is not, however, always distinct. Academics and consultants become advisors, NGO leaders become ministers, and international organizations work in communion with government agencies. The communication channels inside and outside the government are open and ideas often freely circulate. In addition, common values, orientations, and world views form bridges, at least to some degree, between those inside and those outside the government. Kingdon notes that the distinction is nonetheless important because those in the government hold official authority (Kingdon 1984, 48).

Nevertheless, the outside participants play an important and necessary role. The government agencies do not have the resources or the expertise to consider all policy issues or their various aspects. They must limit themselves to focusing on a manageable amount of problems by limiting themselves to: considering policies fairly close to the status quo, only focusing on a handful of policy alternatives, focusing primarily on the most pressing problems, or trying a trial and error approach (Lindblom 1993, 27-29).

The inevitable result is that individual political participants and government agencies neglect important considerations outside the scope of their immediate pursuits. Fortunately, the outside participants fulfill this need by representing various interests that may differ from the government. "Rather than relying on any one set of analysts or partisans to attend every issue in superhuman fashion, different people become watchdogs for different social problems and needs" (Lindblom 1993, 30). In Thailand, the NGOs, academics, international organizations and the media have strongly advocated the need for AIDS policy development and pressured policy makers into confronting the issues.

Interest Groups

Interest group leaders can be considered as part of the elite who set policy. In this research, interest groups include the business community, academics, private medical community, NGOs and international organizations.[7] The involvement of these participants over the period from 1984 to 1993 varied depending on environmental factors. Furthermore, their effectiveness at influencing policy was largely dependent on their access to policy makers and the degree of involvement they were granted in government affairs.

Lindblom writes that interest groups are helpful and perhaps necessary for bringing diverse viewpoints, factual information, and other ideas into the policy making process. In addition, the interest groups help the politicians in reducing the numerous policy alternatives into a manageable amount. Therefore, interest groups help overcome enormous diversity and conflict of individual interests. The interest groups do not consider all views of all individuals, they do, however, help structure the conflicts. Additionally, they do not accomplish policy positions on their own, but rather through a shaping process affected by the media and other social factors (Lindblom 1993, 75-76). Since the interest groups bring in diverse viewpoints, theoretically, the decision-making process should be more intelligent, or in other words, based on a broader set of perspective that incorporates important factors that participants involved in a narrower may overlook. However, if one interest group is successful in dominating political attention, their views will be over-represented to the detriment of other interest groups. In this case, the process may actually become less democratic.

The interest group activities are varied. Their action can affect the agenda or alternatives. An interest group that mobilizes support, writes letters, sends delegations, and stimulates its allies to do the same can get government officials to pay attention to its

[7] Some observers also characterize the media as an interest group. However, the media most often reflects the views of the other participants rather than acting as an independent interest group.

issues. There are also some more informal methods of influencing policy makers such as golfing outings or social activities in which influential leaders of interest groups interact directly with policy makers (Apichart Nirapathpongpor 1993).

A resource that gives interest groups an advantage in affecting the government agenda is cohesion. The groups have the ability to convince the government that it speaks with one voice and truly represents the preference of its members. Groups with electoral clout, the ability to affect the economy, cohesion, and organization have better initial resources than those lacking in such respect (Kingdon 1984, 55, 71).

There are numerous limitations to the interest groups successfulness. Officials disregard some group leaders because they may be perceived as cranks, fools and troublemakers. Of course interest groups often neglect common welfare in pursuit of their own narrow interests (Lindblom 1993, 85-86). Policy makers cannot listen to all interest groups, so those with the greatest access are often the most influential. Again it is the elite, wealthier and more educated, who have the most access which may skew the representative nature of the process.

In Thailand, the business community is the most powerful interest group. It's primary role has been to keep the AIDS issue from reaching higher agenda status. The business community, and more specifically the tourism industry, was most successful during the less democratic Prem period when AIDS was relatively a new phenomenon, and during the Chatichai Period when there was a close relationship between business and government. The other outside participants have been instrumental in pushing for policy development by attempting to influence government policy with external pressure, most often manifested through the press. More effective involvement has occurred when interest group leaders have been granted authority in the government or given special access to leaders as advisors.

Additionally, the interest groups had greater influence when the AIDS issue was less visible, and there was less ideological and partisan the debate about it. For example,

at an early stage of the epidemic in Thailand, NGO leaders and academics were active and influential in shaping opinion. Once the AIDS issue was given greater importance and the debates began taking place in parliament, these groups had relatively less input. Likewise, the business community was quietly able to influence the policy makers early on, but as more formalized controls went in effect, the informal channels utilized by the business community decreased in relative effectiveness.

BUSINESS COMMUNITY

This section first describes how the business community's tremendous resources make it the most influential interest group. To protect its interests, the business community used these resources to keep the AIDS issue off the government and decision agendas. The tourism sector has exhibited particular concern because AIDS directly threatens its profitable relationship with the commercial sex industry. To better understand the situation, the development of the tourism and commercial sex industries since the 1960s is briefly presented. However, the tourism sector is not an isolated entity in the economy, but rather, it has links throughout the private and public sectors. The discussion therefore focuses on the different participants who have interests in the business community, tourism sector and sex industry. Next, the efforts of the participants to promote sex in the tourism industry are mentioned. Finally, some indications of the consequences of placing the AIDS issue high on the government's agenda are presented.

The most recognized interest group, and often the strongest, is business and industry. The business community is extremely influential because of its domineering role in the economy and its ability to affect politics.[8] Lindblom observes that in market-oriented societies, business managers organize the labor force, allocate resources, plan capital investments, and otherwise undertake many of the organizational tasks of

[8] The term "interest group" can be misleading. As an interest group, the business community cannot be considered a single entity. Business enterprises do not form groups in the normal sense of the word.

economic life. These public officials give the private sector a system of control over society's directions that rivals government in overall importance (Lindblom 1993, 8).

The resources favoring the business community in influencing policy development include: (1) No other interest group has the disposable funds like the business community; (2) The ease that business leaders gain access to government functionaries; and (3) Business already has functioning organizations from which to launch business activities. In other words, business mangers do not have to assemble a team of political activists, but rather use of their own enterprises as political organizations has become common practice. As political organizations, the most obvious business activity is conducting public relations campaigns. However, government's efforts to retain influence are especially difficult because business executives also are major participants in political life. They "contribute to campaign funds, put their own energies to work in political parties and interest groups, and organize to further the candidacies of persons favorable to them" (Lindblom 1993, 99-103).

In Thailand, the business community's primary role in the policy making process has been to block the AIDS issue from rising to higher levels of the government agenda.[9] The fact that interest groups have much more success blocking an item from reaching the agenda than putting one on the agenda, is in part, a consequence of a democratically structured system. To reach the government's decision agenda, an issue had to pass through many checkpoints. To pass legislation and develop official policies during the Prem and Chatichai periods required support by the executive branch and in the parliament. Important legislation was scrutinized by various committees and had to be ratified by both the Senate and House of Representatives. Furthermore, the steps to pass legislation often took an extended period of time, sometimes longer than the elected

[9] As Kingdon observed, the actual creation of policy agenda items by interest groups may be a less frequent activity than blocking agenda items or proposing amendments to or substitutions for proposals already on the agenda (Kingdon 1984, 54).

politicians were in office. The involvement of multi-party coalition governments and opposition parties complicates this process. Each individual member and political party have different agendas which they try to fulfill. In this situation, the possibilities for fragmentation in policy making are numerous. If an interest group is successful at influencing those inside the government at any point in the process then the issue can be blocked from the agenda. Since politicians have strong interest in the business community's continued success, it is not surprising that the AIDS issue was kept off the government's decision agenda even though it went against sound public policy.

The Thai case illustrates that the central role of business in politics can render the task of intelligent, democratic governmental policy making extremely difficult. According to Lindblom, when government officials and representatives of public interest groups try to oppose or circumvent the business community in the policy making process, three influential forces stop their action. First, government officials fear that regulations will cripple business or industry, causing harm to workers, communities, the society, and to the officials as well. Second, many citizens share the fears of government concerning "excessive" restrictions on business. Third, electoral and other political activity by business works to enlarge the fears of both governmental officials and ordinary citizens (Lindblom 1993, 102-3). Moreover, an additional concern of many Thai government functionaries is to protect their own business interests.

A significant systematic difference that characterized the Anand period was that the political leaders did not have to overcome the constraints of a democratic system. During the caretaker governments of Anand, the checks and balances of a democratic government were largely absent. Furthermore, not only were there less points where policy could be fragmented, but the swiftness that policies were passed left opposition forces little time to defend their positions. Without these "obstacles," Anand and the technocrats in his administration were able to pursue their own agenda which happened to be considered good public policy.

Leaders in the Anand administration were also astute enough to realize the potential benefits that support from the business community could have on AIDS policy development. Therefore, they attempted to reason with business leaders by using an economic and business approach. Foremost, they emphasized the negative impact that an unchecked AIDS epidemic would have on the Thai economy and their companies' profits. This approach was somewhat successful because the message was communicated clearly and some business leaders took it to heart.[10] On the other hand, many business leaders were alienated by the aggressive style of the national AIDS campaign because it emphasized the alarming projections of AIDS/HIV cases and the epidemic's dire consequences.

In the case of AIDS policy development in Thailand, business is not a homogeneous or cohesive political class and does not attempt to shape policy as a unified pressure group.[11] Within the business community, the tourism sector has had the biggest impact on AIDS policy. As a result of exponential growth over the last 30 years, revenues from the tourism industry now exceed four billion dollars annually and tourism has been the largest single contributor of foreign exchange since 1982. In addition, the groups and individuals who have interests in the sector are diverse and numerous. The web of interests include a rather intricate set of relationships between the tourism industry, the broader business community, politicians, government officials, the Thai police and the Thai military.

The advent of the AIDS epidemic was perceived by many leaders as threatening to continued growth in the tourism industry. Moreover, political leaders feared that they would lose key political support from the business community if they supported AIDS

[10] Some companies, mostly large Thai companies and Western MNCs, have taken positive steps to deal with the AIDS epidemic. In 1993, the Thai AIDS Business Coalition was formed to assist companies in dealing with epidemic. Activities have been primarily limited to educational efforts although some companies are developing work-place policies. The business leaders have stopped short of pressuring the government for more progressive policies.

[11] It is often not actual groups of individuals that are in a position to influence policy rather it is a few top managers or organizational leaders who determine the interest groups activity.

policy development. Some leaders were also concerned with their own direct interests in the industry. Consequently, both business and political leaders sought to block the AIDS issue from rising on the political agenda.

Their fears stemmed from the belief that a highly publicized national AIDS campaign would scare away tourists and foreign direct investment. Concern was based on two main factors: (1) Publicity about the epidemic was potentially damaging to Thailand's international reputation; (2) The fact that the tourism industry has a close relationship with the commercial sex industry directly links it to the AIDS threat. To better understand the relationship between the commercial sex and tourism industries, and the involvement of the various participants, a brief presentation on tourism development since the 1960s follows.

Development of the Tourism Industry

In the 1950s, the potentiality of tourism as a source of growth for the Thai economy was largely ignored. However, during the 1960s, tourism blossomed due to the unexpected influx of US military personnel on rest and relaxation (R & R) leave from the Vietnam War. As the war progressed, Thailand became the only R & R location for US personnel. From 1965 to 1973, the results were dramatic as the number of annual tourist arrivals increased four-fold and tourism receipts by a factor of seven (Tourism Authority of Thailand 1989).

This boom in tourism was accompanied by haphazard investment in supporting infrastructure and services. From 1964 to 1968, the number of hotel rooms in Thailand increased at annual rates of 18.5%, 21.0%, 95.8%, 31.1% and 26.0%, respectively (Tourist Authority of Thailand 1989). Loans were supplied by various domestic and international financial institutions.[12] Many hotels were financed by short-term, high-

[12] Financial support originated from various sources such as the US Export-Import Bank, Thai Board of Investment and the Industrial Finance Corporation of Thailand, a consortium including the Bank of America, Chase Manhatten, International Finance Corporation and the Deutsche Bank AG (Permtanjit 1982, 215).

interest loans. At this point, the primary goal was short-term benefits for those directly involved in the industry. It would not be until the late 1960s, however, that tourism emerged in official policies.

It was during the Vietnam War era that tourism and prostitution became closely linked. Two laws, contradictory in nature, were passed that allowed prostitution to flourish under the cloak of legalized entertainment establishments. The Prostitution Suppression Act (1960) defines prostitution as a crime. However, the Service Establishment Act (1966) legitimized entertainment as an industry and legalized places which allowed women to provide "special services." The act gave the entertainment industry legal formalization aimed at capturing the R & R market. Consequently, there was a proliferation of prostitution disguised within the entertainment industry such as go-go bars, massage parlors and tea houses. These types of establishments continue to be an intimate part of many tourist's Thailand itinerary.

In the 1970s, two trends occurred in the tourism industry: One, the void left by the end of the Vietnam War was filled, in part, with sex tourism; Two, tourism became an integral part of the nation's long-term development plans. With the withdrawal of American troops from Vietnam, growth in Thailand's tourism slowed immediately. The hotel industry was hit hard by the absence of American military and by a over supply of rooms--a consequence of the erratic nature of investment that occurred in the 1960s. Many of the first and second class hotels turned to sex tourism to boost business.[13] The random manner of combining prostitution with other tourism services became more systematized as enormous revenues were realized.

Nonetheless, in the 1970's, Thailand integrated tourism in to the nation's economic development plans. By 1970, spending by US military personnel had reached as much as

[13] One example is the Grace Hotel, a first-class hotel built in 1966 with 104 rooms to host US R & R tourists. In the 1970s, the hotel developed into a 'sex farm' (and expanded to over 300 rooms) whose services were contracted to tour operators from Switzerland and Germany, and to visitors from the Middle East and the Pacific region (Business in Thailand, November 1981, 44).

one-forth of the total value of rice exports for that year (Bangkok Bank Monthly Review, October 1973, 666). As Truong notes, "The effects of Rest and Recreation tourism on the balances of payments were so substantial that when the market declined, alternatives had to be found to maintain the operation of the tourist infrastructure for investment returns and benefits" (Truong 1990, 199). After the World Bank recommended more investment in tourism infrastructure and sites, the Thai Government commissioned the *National Plan on Tourist Development* (Business in Thailand, December 1981, 60). Large infrastructure projects were undertaken to bolster this strategy. The TAT has listed ten major tourism development projects undertaken in the 1970s, including the construction and expansion of 17 deluxe hotels with a total of over 9,000 rooms (Rojanasoonthon 1982). In 1979, the Tourist Organization of Thailand (TOT) was upgraded to the Tourist Authority of Thailand (TAT) and was given the power to develop infrastructure and tourism-realted facilities (Rojanasoonthon 1982).

In the early 1980s, the world economy experienced a slump in primary product prices. Thailand became increasingly dependent on the service and manufacturing sectors of its economy. By 1982, tourism had become the largest single earner of foreign exchange. Muscrat writes that although the World Bank ceased to support the tourism industry in the late 1970s and Thailand's Fifth Plan (1981-1986) failed to address the industry, tourism promotion became Prime Minister Prem's single most important export policy strategy (Muscat 1994, 197).

During the early Prem period, tourism arrivals and earnings grew at over ten percent annually (except 1983). As a bright spot in a recessionary period, the Prem government decided to make an extraordinary effort to promote the industry, because of its potential to increase foreign exchange earnings in a relatively short period of time. The government appointed economic managers to organize public and private organizations, and to oversee the development of an integrated program of international promotion, and domestic investment in accommodations and services, built around the Visit Thailand

Year, 1987. The result was to increase tourism earnings from approximately US $1 Billion in 1985 to nearly US $2 Billion in 1987 and over US $3 Billion in 1988 (Tourist Authority of Thailand 1989). (See the following chart).

Number of Visitors and Tourism Receipts

	Number of Visitors (millions)	Receipts (Baht billion)
1983	**2.19**	**25.05**
1984	**2.35**	**27.32**
1985	**2.44**	**31.77**
1986	**2.82**	**37.32**
1987	**3.48**	**50.02**
1988	**4.23**	**78.86**
1989	**4.81**	**98.39**
1990	**5.20**	**120.0**
1991	**5.09**	**110.0**
1992	**5.14**	**100.0***
1993	**5.76**	

(*) estimate
Source: TAT

A Labyrinth of Interests

To support the government's strategy of promoting the tourism industry, private and public organizations (the hotel industry, tourism companies, TAT, Thai Airways, the Airport Authority, etc.) worked together to reach tourism objectives. The direct beneficiaries of tourism receipts are the hotels, airline companies, tour operators and agents. The labyrinth of individuals and companies that have interests or relationships with these organizations is immense. For example, accompanying the growth in tourism were multiplier effects on such activities as construction, land transaction, public investment in airport facilities, handicrafts and recreation services (Muscrat 1994, 197). Furthermore, as the number of tourists soared, there were growing demands for more varied attractions. Consequently, an expansion in tourism services and the geographic diversity of tourism destinations followed. In other words, interests in the success of the industry were no longer concentrated in Bangkok, Chiang Mai and a few coastal resorts.

Participants with direct and indirect interests in the sex-tourism industry include government officials and politicians, military personnel, the mafia, the police and financial institutions. The Bangkok Post reported that police and military officers as well as government officials are known to be involved in hotels, entertainment places, prostitution and in the traffic in Thai women abroad (Bangkok Post, 11-7-83). The *Far Eastern Economic Review* wrote that underlying the defense of business interests in the commercial sex industry "is of course the triumvirate of brothel owners, police and politicians who have a financial interest in keeping the industry going. This is not a petty group: senior politicians and their staff are known to have interests in brothels" (FEER, 11-2-89).

Thailand's military/political leaders have had a history of collaboration with the commercial sector which has continued to flourish with the growth of the tourism industry.[14] From the beginning of the R & R period, high ranking Thai military personnel were intimately involved in tourism industry activities and, consequently, many developed financial interests in the industry. For example, the negotiations for the R & R treaty were conducted by a general of the Thai Airforce, whose wife was a co-director with a foreign air force officer, of a tour agency--Tommy Tours. The monthly net income of Tommy Tours in its first year of operations was estimated to be US$ 150,000 (Le Monde Diplomatique, 7-4-70). As the industry grew in the 1970s, key military figures

[14] The relationship between military/political leaders and the commercial sector began with the abolishment of the absolute monarchy in 1932 and intensified after World War II. In particular, the 1950s witnessed a proliferation of close ties established between the communities. This relationship can expressed in the number of ministers and officials who became board members in private companies, often holding seats in many companies. Fred Riggs analysed the Thai bureaucracy and reported that "61 out of the 237 men who had been cabinet members between 1932 and 1962 held positions on boards of director of business and industrial corporations from 1952 to 1957" (Riggs 1966, 266). In particular, seven generals who orchestrated the 1947 coup de tat, occupied 91 board of director positions (Riggs 1966, 266). Their involvement extended to most sectors including banking, trading, mining, manufacturing, construction and services. A significant portion of this integration resulted from the development of collaboration between military/political leaders and ethnic Chinese business leaders. Some of these ethnic Chinese businessmen formed business groups which now control much of Thailand's commercial sector activity. During a period when anti-communist and anti-Chinese sentiment ran high in the 1950s, it was impossible--even for the largest business groups--to continue to develop their enterprises without political patronage of the military command (Suehiro 1989, 138).

became involved in the national efforts to develop tourism. Perhaps most importantly, key organizations such as the Tourist Authority of Thailand and Thai Airways have been chaired by military leaders.

Dr. Sairusee Chutikul, a former cabinet member under the Anand administration, explained that the sex industry is under mafia influence: "I have heard, unofficially, that they [the mafia] exercise a great influence over high-ranking police officials." The mafia consolidates sex establishments into networks which increases their power, she added (Bangkok Post, 9-17-91). Police Colonel Banch describes these networks: "They (brothel owners) join together in an association which handles everything which will be needed to keep them in business. Each pay a membership fee and a head fee for each prostitute to the chairman of the association. The fee can be between 250 and 700 Baht [US $10 and $28] per head. The money is then distributed to all concerned" (Bangkok Post, 2-16-92).[15]

To protect their interests, the proprietors of "entertainment establishments" rely on police cooperation which they obtain with financial favors. Consequently, the police are an integral participant in the protection of the sex and tourism industries. The police have not enforced the Prostitution Suppression Act because many policemen of both high and low rank have some type of business relationship with entertainment establishments (Plukpongsawalee 1982, 160). Even honest policemen are helpless because of the powerful participants involved: "Often, the police can't do anything because they know that the men behind the operation of some brothels are those whose pictures are frequently seen in the newspapers, attending big parties with top ranking policemen and government officials" (Business in Thailand, November 1982, 160). Although, some police are alleged to have ownership in businesses that offer prostitution services, more commonly, police reap benefits from turning a blind eye on illegal activities. The coexistence of the two contradictory laws (the Prostitution Suppression Act and the

[15] One association Narathiwat province has 50 member brothels (Bangkok Post, 2-16-92).

Services Entertainment Act) permits prostitution to flourish while at the same time making it illegal. The police can easily ignore the activities being undertaken in these establishments or crack down on them depending on their personal relationship with the establishment and the nature of the establishment's ownership.

Attempts to enforce anti-prostitution laws have been sporadic and largely ineffective. One effort occurred during the Anand period when a special task force was organized with high ranking police officers. They were given the authority to free child CSWs (under 18 years of age) from brothels. They were quite successful as hundreds of CSWs were released each month. Strong protests were heard from the brothel owners and the police officers were threatened. Nonetheless, the task force was able to continue operations due to the strength and independence of the Anand government. Once the Anand Government was replaced, however, the task force was abolished and the officers were transferred to the inactive list (Debanom 1993).

One of the most important participants in tourism development have been Thailand's financial institutions.[16] The institutions first got involved with hotel development in the 1960s, and then became an integral player in the efforts to develop tourism on a national scale beginning in the 1970s. Although most loans supported infrastructure projects and large hotel development, banks have also been involved in financing entertainment establishments. The larger legal entertainment establishments, such as massage parlors with 700 to 1000 service girls, are able to borrow money directly from the banks and other investment companies (Srisang 1990, 43). For example, the Industrial Finance Corporation of Thailand gave loans to seven companies involved in prostitution activities (Permtanjit 1982, 215).

[16] The leading banks, a central part of the Thai business groups, are an intregal part of the Thai economy and are linked to all sectors of the economy.

Political Leaders Rely on a Strong Economy

Although some elected officials have direct interests in the tourism industry, more often than not, their relationship is indirect in nature. Politicians often rely on financial contributions from the business community to run their election campaigns and to reward their loyal supporters. Additionally, the politicians rely on a strong economy to maintain power. Therefore, even if business executives did not play a direct role in influencing elections, political activities, or governmental actions, they would still be important to policy making because the politicians must favor private industry in order to stay politically healthy.

The rules and structure of the free market system limits the government's ability to control business. To maximize economic gains government officials must listen to business executives to find out what business needs. The government must provide supporting policies that promote a business environment conducive to profit making activities. Neglect of business, on the other hand, may lead to unemployment and stagnation; or political suicide. Although business can demand that the government act in a certain manner to support business activities, more often business managers strike no explicit bargain. Business leaders simply operate under circumstances in which both they and government officials know that continued performance depends on (Lindblom 1993, 93-95).

The influence of the business community on AIDS policy rose and fell in the different periods. During the Prem period, the political strength of business grew because there was widespread concern about the state of the economy.[17] Although the army was Prem's main source of support, backing by the business community was crucial as well. Conservative fiscal management, well-planned structural changes in the economy, and strong leadership during a recessionary period were reasons that the business community

[17] For an indepth analysis of the political strength of businesses over the business cycle see Vogel (1989).

provided backing for the Prem administration. Prime Minister Chatichai did not have as strong of a power base in the army, and perhaps more than any other prime minister, he relied on strong economic performance and the vital support of the business community. It was not until corruption by Chatichai and his cronies became "excessive" that the business community, and the army, relinquished support. Anand, on the other hand, did not rely on the business community for support, and consequently, was able to forge ahead with highly publicized anti-AIDS and anti-prostitution campaigns much to the displeasure of many in the business community. Prime Minister Chuan's coalition government has been able to maintain a slight majority while the economy has expanded rapidly. Although Chuan's relationship with the business community is indirect, it is questionable whether Chuan would be able to maintain power without continued economic growth. The Chuan administration has promoted AIDS policies similar to those of Anand, but is less threatening to the business community because of the relative ineptitude of the government.

Domestic Commercial Sex Industry

An additional factor to consider is that the domestic commercial sex industry[18] shares, with the sex-tourism industry, the common interest of keeping AIDS off the government's decision agenda. Those catering to Thai customers have benefitted from the maintenance of the status quo in the sex-tourism industry. The domestic sex industry has been left to flourish, in part, because tourism's importance to the economy has allowed sex tourism to grow unhindered and has provided a shield to protect the domestic industry from prosecution. Moreover, the two sectors overlap in many respects: some establishments service both Thais and foreigners,[19] owners have interests in both sectors,

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[18] The number of establishments and commercial sex workers servicing Thai males is greater than those that primarily service tourists. Although there is no agreement as to the economic significance of the domestic market, the tourist market is widely considered to provide greater contributions.

[19] The segregation between those establishments which cater predominantly to the foreign clientele and those which draw their clients from the local population has gradually broken down over the years (Cohen 1988, 481).

and there is a sharing of resources between the sectors--including CSWs. Therefore, those catoring to the domestic customers have also supported the stance that Thailand should deal with the AIDS epidemic in a restrained manner.

Government Promotes Prostitution as an Asset of Tourism

Although the actual number of tourists that visit Thailand for its prostitution services has not been accurately gauged,[20] it is evident that the airlines, hotels, tour operators and entertainment places have a clear interest in promoting prostitution as a tourist attraction (Truong 1990, 181). Furthermore, leading officials have gone to the extent of publicly endorsing prostitution as a critical economic asset of the tourism industry. A former director of the TAT stated his position:

> *"Yes, we have to admit that we have prostitution, but it is the same for every country ... It might be partly true [that tourism encourages prostitution], but prostitution exists mainly because the state of our economy, because everyone needs to earn their income. If we can create jobs, we can promote per capita income and do away with prostitution." (FEER, 1-9-76)*

Late in 1979, the Deputy Minister of the Interior, Police-General Choompol Lohachala, declared that his department would "respond to the cabinet's resolution (to promote tourism) by lengthening service hours of entertainment places in Bangkok to welcome tourists" (Srisang 1990, 40). Speaking at a national conference of provincial governors in October 1980, Boonchu Rojanasathian, former Deputy-prime Minister for Economic Affairs, encouraged governors to contribute to national tourism efforts by developing scenic spots while encouraging "certain entertainment activities which some of you may find disgusting and embarrassing because they are related to sexual pleasures" (Sanakhaw Prachachon Judaakhon, 11-20-80, 1-2).

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[20] A 1979 survey of Bangkok tour operators found that 90 % of the visitors from the Middle East were men coming for the night life (Business in Thailand, January 1979). Studies in Japan indicated that between 60 to 80% of Japanese men who visited Thailand went to establishments that provided sexual services (Daily Telegraph, 8-8-92). A study in 1991 found that 75% of German males who visited Thailand went there expressly for sex tours (Graham 1992).

Direct and Indirect Promotion

The tourism industry has successfully used prostitution as a marketable feature to attract foreign consumers. The government, tour operators, hotels and airlines have utilized both indirect and direct ways of exploiting Thailand's sexual attributes. The government's role in tourism promotion efforts has been indirect. Most importantly, it has established policies and laws which allow prostitution to flourish. Tour operators directly participate by organizing sex tours, and indirectly, by promoting sex as a tourist attraction and providing customers with information on places of entertainment. Some hotels have become directly involved by offering prostitution services or hosting sex tours. Indirectly, hotels provide information to clients on services available in entertainment places outside the hotel or by charging a 'joiner fee' for visitors who bring in a guest. Airlines are indirectly involved with the sex tours and tourism promotion (Truong 1990).

Effects of High Agenda Status on Tourism

Thai leaders perceived that the tourism industry would be devastated by excessive publicity if the AIDS issue was placed high on the government's decision agenda. On the other hand, advocates of high agenda status for the AIDS issue argued that an open and frank policy would benefit, rather than hurt, the tourism industry. The rationale being that tourists would feel safer about coming to Thailand if they knew the situation was under control. As it has turned out, placing AIDS on the highest level of the government agenda (in 1991) and promoting a highly publicized national AIDS campaign has not ruined the tourism industry. In fact, from 1991 to 1993, tourism arrivals increased 12% (TAT 1993). It is not clear, however, whether tourism growth would have been greater if the AIDS issue did not reach such high agenda status. Foreign tour agents have reported that tourists bookings decreased during periods when the media and the government of their home country publicly reacted to the AIDS problem in Thailand.[21] Furthermore, some

[21] When the Malaysian government introduced random blood tests of citizens returning from Thailand in late 1989, the number of Malaysian tourists dropped significantly. Some hotels along the Thai-Malay

studies have reported that certain groups of tourists, decreased their patronage of Thailand in favor of 'safer' places because of the fear of AIDS.[22]

ACADEMICS

By being active and vocal, academics have played a key role in developing AIDS policy (Thamarak 1993).[23] Academics have had an impact on policy development as members of committees and subcommittees, and by having direct access to policy makers. In the long-run, they play a major role in shaping other participant's knowledge and attitudes. Throughout the policy process evidence of their input remains. Ideas from academic literature are regularly discussed by parliamentary staff and bureaucrats. Prominent academics are well known by name, and referenced repeatedly. Committees and agencies call on the expertise of researchers and analysts in hearings, meetings and advisory panels (Kingdon 1984, 57). Researchers have been prominent among the people to whom politicians turned for ideas of how to cope with the AIDS dilemma once it was place on the government agenda. Therefore, academics and researchers affect the generating and choosing of alternatives more than setting the government agenda.

Their ability to have a direct impact on policy has been limited to those academics who are members of policy committees, included in the government or are political advisors. For example, academics regularly hold positions on the national AIDS committee and most of its sub-committees. They have a chance to express their views at NAC meetings. However, they are greatly outnumbered by politicians on the NAC, and

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border reported over 70% declines in room occupancy (Reuters, 9-15-89). Johnny Lim of the Raya Travel Agency in Singapore, a tourist agency that specializes in sex tours to Thailand, said business had gone down 30% because of the AIDS threat (Los Angeles Times, 1-7-92).

[22] Singapore men began trying new locations such as Tanjung Pinang in Indonesia and Johor Baru in Malaysia believing such places were safer because no cases of AIDS had been detected. In Japan, operators began to concentrate Japanese sex tours in South Korea and Taiwan, which they believed to be safer than Thailand and the Philippines (Daily Telegraph, 8-9-92).

[23] The term academics (or academicians) includes professors, researchers, consultants and advisors. In Thailand, academics are quite independent; they are free to express their ideas on any subject except some highly sensitive areas related to the military and the royal family.

the academics usually do not make a significant impact on agenda setting. Once a general policy has been passed, academics play an active role on technical committees. At this alternative generating stage of policy making, academics play a major role because of their expertise.

Academics most obvious and direct impact on AIDS policy has occurred when they were included in the government. For example, during the Anand period Werasit Sittitrai was appointed to a position in the OPM. Thavitong Hongvivatana, Mahidol University's Vice-President for Policy and Planning and a social scientist, believes that Werasit is the only social scientist to directly influence policy (Thavitong 1993). Werasit was intimately involved in promoting and adapting a multi-sectoral approach that emphasized the social and economic aspects of the epidemic in addition to the public health ones. In addition, there were instances when academics, such as Debanom Muangman, were advisors to the prime minister. As an advisor to Chatichai, Debanom was able to assert his views that an open and progressive approach to the AIDS situation would not hurt tourism. In fact, he believed that Westerners would appreciate the security of knowing that the government was handling the epidemic in a responsible fashion (Debanom 1993).

These are exceptions, however, as academicians have generally expressed frustration at their relatively limited access to policy makers (Thavitong 1993; Debanom 1993; Chayan 1993). Although academics are well respected and often quoted in Thailand, Professor Debanom explained that when they send letters and reports to the policy makers they are ignored. Therefore, academics only recourse is voice their opinions in the media. Once their ideas go public there is hope that external pressure on the leaders--who are not accessible by other means--will mount and changes will be initiated (Debanom 1993).

On the other hand, academics can access mid-ranking officials through direct contact or seminars. Thamarak explained that since the top ranking officials in the

ministry are often hard to reach because of their political orientation, educating the mid-level officials may be a more effective way to influence the bureaucrats (Thamarak 1993). The mid-level bureaucrats influence policy when policy makers turn to them for advise. Again, however, bureaucrat's ability to impact policy is greatest in the choosing of alternatives because they are referred to for their expertise.

The nature of academic participation in policy making often limits the influence of academics, because the information that they provide often can not be easily transferred into policy. In the short-run, policy makers in the government listen to the academics most when their analyses and proposals are directly related to problems that are already occupying the officials' attention. However, a great deal of work by academics and other professional analysts is wasted in that government officials and citizens do not find what is offered them to be useful (Lindblom 1993, 16). Leaders may value the work, but believe that practically its recommendations cannot always be implemented (Kingdon 1984, 60). Critics claim that analytical policy making is inevitably limited, and people believe it to be so. It cannot wholly resolve conflicts of value and interests, it is too slowly and costly, and it cannot provide conclusive answers on which problems to attack (Lindblom 1993, 22).

There is also a distrust of, and even a destain for, academic work by some. In Thailand, politicians on the National Aids Committee complain that academic members waste time by talking at length and by delving too far into the detail (The Nation, 1-21-93). Satichai Liengchetz, Deputy-Director of the OPM under Prime Minister Chuan, said that his office does not encourage spending much on long-term social research projects because the results are not very practical. He added that the researchers are often more concerned with the process than applying the results. Furthermore, many of the results only tend to glorify the researcher (Satichai 1993).

Part of the difficulty in applying academic research is due to the complexity of the AIDS epidemic and the type of research that is being conducted to deal with the situation.

AIDS research has gone through three phases. The first two, epidemiology and knowledge, attitude and practice studies, were rather simple. They provided understanding of the situation and assisted in deciding basic responses. In 1992, social science researchers began to focus on issues such as sexual behavior, social context, affects on the political economy and coping methods (Chayan 1993). These subjects are complex in nature, and the research is difficult, timely and costly. Furthermore, the results are often measured in qualitative terms which can not be easily transferred into practical policies (Bencha 1993). To complicate the problem even more, effective coordination between the researchers has been lacking (Churnurtai 1993).

Although many of the research efforts do not provide easily applicable short-term solutions, they can shape the knowledge and understanding of participants which may influence policy in the long-term. Weiss writes that the principle influence of researchers and academicians lies in their ability to affect the general climate of ideas about a policy (Weiss 1981). Palumbo adds that researchers do not have a direct impact on a program in the sense of changing or stopping a specific policy; instead, they have an indirect and long-term impact because they influence how government officials perceive issues (Palumbo 1988, 51).

NON-GOVERNMENT ORGANIZATIONS

Non-government organizations (NGOs) first became involved in AIDS prevention and control activities in 1987. The Population and Community Development Association (PDA), headed by Mechai Veravaidya launched its educational activities that year. In addition, a few women's groups and activists, such as Sumatra Troy, became involved because they believed that sex tourists might infect Thai CSWs. There was also a dance troupe that gave performances to the gay community in order to educate them about AIDS (Natee 1993). In the next few years, other NGOs, such as the Duang Prateep Foundation

and Empower, became embroiled in the AIDS dilemma because populations--IVDUs and CSWs--that they represent were being infected with HIV at alarming rates.

In 1989, controversial AIDS legislation attracted the attention of a large group of NGOs who were concerned with human rights issues. In particular, the AIDS-Bill brought the issue onto the public forum, explains Thavitong. NGO leaders, such as Jon Ungphakorn, the founder of ACCESS, became involved because they believed that this type of legislation was discriminatory in nature and would be counterproductive to AIDS prevention and control activities (Thavitong 1993). Human rights issues also spurred on the cooperative efforts NGOs. They began to collectively express their views and the NGO Coalition Against AIDS was soon organized. By 1993, the NGO Coalition had 37 members (Bangkok Post, 12-1-93).

According to Sombat Thanprasertsuk of the AIDS Division, NGOs perform three types of activities: (1) education and public relations, (2) providing care, and (3) training. The strengths of the NGOs are their abilities to react quickly and to provide resources in areas that the government can not reach (Sombat 1993).

NGOs influenced the development of AIDS policy by voicing their views in the media, reasoning with government and business leaders for change and by having their leaders included in the government. The NGOs attempted to influence policy development by dramaticizing the situation and bringing attention to their point of view, says Thamarak (Thamarak 1993). Stories originating from NGO leaders frequently reach the press, and their activities are often covered on television. For example, Apichart Nirapathpongpor of the PDA, said that although education was the most obvious goal of the high-profile condom shows that the PDA conducted in the Patpong redlight district, the main reason was to get on TV in order to desensitize the issue (Apichart Nirapathpongpor 1993).

NGOs lack the funds and access that the business community uses to influence government leaders. Therefore, they must rely on the ability of persuasion. NGO leaders

have directly addressed groups of politicians and business leaders in attempts to motivate them into changing policy. Perhaps, more importantly, NGO leaders, such as Mechai, have used informal opportunities such as golfing to reach politicians (Apichart Nirapathpongpor 1993). Mechai understands politics and was particularly apt in this regard. He previously worked for the NESDB and is an economist who knows what motivates leaders, added Thamarak (Thamarak 1993). Mechai attempted to persuade policy makers by arguing that the AIDS epidemic was going to have an adverse impact on the Thai economy and society if appropriate measures were not taken..

NGO participation has affected both agenda setting and choosing alternatives. In the Prem and Chatichai periods, the NGOs increased awareness through the media. In particular, they pressed for attention to issues that directly affected the communities they represented. As alternatives were being formed, NGOs were influential in pushing for choices that did not exhibit potential human rights abuses. They also helped shape perceptions and opinions about the AIDS epidemic.

During the Anand period, Mechai was appointed as a minister and the inclusion of NGOs in AIDS prevention and control activities became formalized. The NGOs were given a better opportunity to express their views to a higher level of the government. They received greater support and cooperation from the government, and were allowed greater participation in the policy debates. NGOs had more impact on policy during the Anand period than at any other time.

By the time Chuan reached office, the NGOs had formally become part of the national AIDS campaign. Now there are standard lines of communication between the NGOs and GOs. The NGO coalition has a NAC representative--Jon Ungphakorn of ACCESS--and NGO representatives are included on some government committees. However, the NGOs do not directly impact agenda setting. The limited influence that they still retain is in choosing alternatives. For example, the NGOs continue to fight against human rights abuses and policy alternatives that include discriminatory measures.

The impact of NGOs has been limited by some leaders perceptions that NGO input is less than professional. Vichai argues that although the role of the NGOs has its benefits, they do not conduct work on a long-term basis and the technology being employed is antiquated (Vichai 1993). On the other hand, some NGOs feel that the government does not treat them as an equal partner. NGO efforts have not been optimized because of the poor cooperation between the government and the NGOs. Chumpon adds that NGOs rely on cooperation from the government in order to conduct its programs, but the government often lacks supporting policies (Chumpon 1993).

DOCTORS

Since AIDS has generally been considered a medical and public health dilemma, medical doctors are in a strong position to make a significant impact on AIDS policy. Medical doctors virtually own the way problems are defined in the health area (Palumbo 1988, 53). In addition, doctors in Thailand are one of the most revered professions and are naturally turned to for solutions and advice.

"In the beginning, the only people interested in the problem were health personnel; particularly doctors in the MOPH and in the Universities," remarked Sombat Thanprasertsuk of the AIDS Division in the MOPH (Sombat 1993). Early efforts by individual doctors to uncover evidence and confirm testing results were vital for raising awareness to the fact that AIDS had indeed been introduced into Thailand. Since the doctors who made the initial discoveries were highly respected, their findings were considered credible. Mahidol University's Dr. Thavitong Hongviatana provided the example of Dr. Somsak Pakdeowongse, the Director of the Bangkok Venereal Hospital. Dr. Somsak was active in early case detection efforts. He helped prove that the number of HIV infected persons was increasing. This information heightened potential participant's awareness of the need to fight the AIDS epidemic (Thavitong 1993). Sombat added that Dr. Somsak had warned him many times that the MOPH should establish a center to fight

AIDS. At a very early stage, he also recognized the importance of convincing health policy makers of the need for taking appropriate measures (Sombat 1993).

Although doctors made key contributions, the potential impact of the medical community has never been fully realized. Many doctors, especially from the older generations, have had a hard time accepting the reality of the epidemic, said Dr. Somsit Tansuppasawddikul, Director of the Bamrasnaradura Hospital's AIDS ward. He added, however, that much greater progress is being made with young doctors. Furthermore, as more and more doctors come face to face with AIDS patients, they begin to realize that they should not fear the epidemic; especially when they apply universal precautions (Somsit 1993). Dr. Suporn Koetsawang of Siriraaj Hospital, points out that to have a successful response to the epidemic, the medical profession must be educated and convinced because people will look to them for advise (Suporn 1993).

Many of the doctors who have committed to fighting the epidemic are criticized for treating AIDS as purely a medical problem. Uthayan Utayanaka, the chief of the AIDS Planning and Coordination Bureau, OPM, stresses the need to make doctors feel that AIDS is more than a medical problem (Uthayan 1993). The situation is changing, however, as more and more doctors accept that medical solutions can not solve all the problems that the epidemic causes (Somsit 1993).

In addition, many doctors in the private sector have resisted from fully participating in the AIDS fight because they have other interests at stake. A doctor from an established private hospital in Pattaya said, "First of all, we must accept that private medical institutions are businesses, and if news spreads that we have taken in only one single AIDS patient, we will lose many others" (Bangkok Post, 7-8-92). Very few hospitals private, or public, want to deal with AIDS patients because of fear and stigmatization, adds Dr. Somsit (Somsit 1993).

Dr. Jamroon Mikhanorn, honorary secretary general of the Association for Strengthening Integrated National Population and Health Development Activities of

Thailand (ASIN), urged the private medical institution to take a greater role in the fight against AIDS. He explained that the private institutions were becoming more and more vital because the government system would not be able to oversee all the operations in the context of an ever more diverse society and in the face of the AIDS epidemic (Bangkok Post, 7-8-92).

INTERNATIONAL ORGANIZATIONS

International organizations have played a major role in developing AIDS policy in Thailand. They have affected both agenda setting and choosing alternatives. The international organizations were particularly influential in providing financial and technical support for the short-term and medium-term plans. The WHO provided the lone funding, US $500,000, for the short-term plan (1988). It was largely based on international guidelines. It is questionable if there would have been a short-term plan without WHO support. International organizations also provided the greatest amount of resources for the first two years of the medium-term program (1989-90). Although, as external participants, the international organizations could not set the agenda, they provided resources, support and framework for the Thai participants who advocated the development of policy.

By the Anand Period, impact by international organizations was limited to influencing the choosing of alternatives. Since the AIDS issue had reached the government's decision agenda, more government officials and representatives became involved in policy making. Consequently, there were fewer opportunities and less need for external participation in agenda setting. Moreover, most international organizations withdrew their funding after the 1991 overthrow of the elected Chatichai regime, and the Thai government became the primary financier of the national AIDS campaigns. Consequently, the international organizations lost much of their clout.

Nonetheless, international organizations continued to influence the generating and choosing of alternatives. The WHO/GPA has been able to influence alternatives through

its close relationship with the MOPH. In fact, the WHO has provided funding and technical advise since 1987, and the WHO/GPA representative works directly with the MOPH. The international organizations advocate alternatives which promote a multi-sectoral approach and protest any measures that might violate human rights.

Although the WHO has been the most influential, other international organizations have been very active in AIDS prevention and control efforts in Thailand. The UNDP and foreign governments were most instrumental in providing funding for prevention and control activities in 1989 and 1990. Although government agencies received some funding, Thai NGOs were the primary recipients of their support. USAID is another major external funding source which allocates its funds through Family Health International (FHI). For the 1992-96 period, approximately US $9.3 million will be spent on AIDS projects (AIDS Division 1993). FHI usually supports projects of Thai NGOs. It also attempts to educate and influence policy makers (from government officials to grass roots level health workers) by conducting seminars and training sessions.

MASS MEDIA

Mass media--television, newspapers, magazines and radio--have a unique ability to influence policy because its daily coverage reaches all participants involved in the agenda setting process as well as the general public. Although the media can create issues; more often they reflect issues and the views of others. An issue develops if there is an interest in it either in government, among politicians, or among outside participants. However, a group must gain some initial success before the media will focus on an issue. When media coverage of a particular issue or story stimulates its audience, the media will continue to report on it, generating greater and greater attention and concern. In other words, the media may affect the agenda by magnifying movements that already started elsewhere, as opposed to originating those movements. They can accelerate an issue's development and magnify its impact.

However, not all issues can maintain their news worthiness. To receive continued coverage in the media an issue must have certain characteristics that appeal to a mass public. AIDS is a highly salient issue because medical stories are particularly attractive to the media (Colby 1991). Furthermore, in Thailand, having AIDS linked to homosexuality, drug use, frequenting CSWs, and its potential threat to "innocent victims," made it much more controversial than if the initial coverage had addressed purely medical problems. When the Thai media associated AIDS with both high fatalities and stigmatized sexuality, the stories made for banner headlines.

With highly salient issues, like AIDS, mass media has great potential to make an impact on policy because these issues are frequently covered in the media and are highly controversial. In Thailand, mass media has contributed to AIDS policy development in three major ways: (1) It has helped to create and shape perceptions about the nature of the epidemic and the appropriateness of the government's response; (2) It has acted as a mouthpiece for participants involved in AIDS policy development; (3) International coverage focusing on AIDS and prostitution in Thailand has pressured leaders for change.

Media Increases Awareness and Helps to Educate

Mass media plays an important role in defining the nature of an issue it is covering. The media often reinforce or alter the prevailing definition of the conflict. In Thailand, mass media contributes to shaping perceptions and creating opinions about AIDS by raising awareness and educating its audience.[24] Furthermore, it contributed to pressuring the government into releasing more reliable and thorough information. On the other hand, the media frequently reported sensationalized stories which led to the stigmatization of certain population communities.

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[24] Although the press provides the most consistent and thorough coverage, television has had perhaps an even greater impact on shaping perceptions about AIDS in Thailand. Professor Apichart Chamratithirong, Director of Mahidol University's Institute of Population and Social Research, stressed that addressing the AIDS issue on television in a humane manner was vital for desensitization of the issue (Apichart Chamratithirong 1993). Having AIDS infected persons appear on popular television talk shows is considered by some critics as having a greater impact on the AIDS prevention and control efforts than any other events (FEER, 2-15-92).

One of mass media's greatest contributions to the AIDS dilemma has been to raise awareness throughout the populace and with key policy makers. Mass media regularly chronicle the spread of the epidemic by reporting the increase in AIDS/HIV incidence and the government's stated policy developments to deal with the epidemic. Furthermore, the Thai media often expands its coverage to provide its audience with insight into AIDS-related events and issues that the government does not highlight. Most often these topic driven stories originate from outside participants such as academics, NGOs and international organizations.

The media has also been instrumental in educating its audience about the AIDS epidemic and its related issues. By promoting a clearer understanding of the nature of the disease, the media has helped to create an atmosphere suitable for progressive changes in policy. General education in the media provides a larger group of people greater and more similar knowledge. Therefore, as the populace and its representatives became more knowledgeable about the parameters of the epidemic, their demands that the government respond responsibly became more vocal and numerous. In addition, many policy makers have also received an education through the media which may have affected their policy stance.

The media's role as an educator is limited, however, because of its over-riding objective to attract an audience. For example, some of the positive input that journalist provide is offset by their tendency to report sensational stories such as the rare or bizarre ways in which HIV might be spread, rather than concentrating on the common modes of transmission (Mann 1992, 722).

Media as an interest group

Although the media usually reflects the views of other participants, they also have the ability to create their own demands. For example, in the Prem period, the press's insistence upon better information, particularly regarding the number of infected persons, assisted in eliciting reluctant responses from the authorities. In a more indirect example,

The Nation newspaper reported that as a result of the sensational nature of the stories, particularly in 1987, the press was charged with provoking national panic. Consequently, the government urged the media to be more responsible in its reporting, and in exchange offered more complete and reliable information on the AIDS situation from the health authorities (The Nation, 10-13-87).

Sensational Stories

Sensational AIDS stories reported in the media have also contributed to raising awareness. AIDS is a sensational issue that deals with death, disaster, sex, prostitution and drugs. By focusing on these aspects of the disease the media was able to attract large audiences. However, the negative consequences of the sensational stories were far more damaging and long lasting as they reinforced stereotypes and stigmatized the groups perceived as at risk. In Thailand, the first groups identified by the media as being highest at risk were homosexual men and foreigners; followed by IVDUs and CSWs. Although the media's attention would later focus on the risk to the general public, the earlier beliefs that AIDS is a disease associated with these high risk groups did not disappear. Moreover, irresponsible journalism, especially in the 1980s, generated fear and contributed to the discrimination and alienation of HIV/AIDS infected persons. Stigmatization of this kind is still echoed in the beliefs of the general populace and leaders. Perhaps more importantly, at an early stage of the epidemic, the belief that these marginalized groups were at risk established an environment in which the government could easily disregard the epidemic. Additionally, little pressure was exerted by the main stream populace--who did not consider themselves at risk--for action and change.

Media as a Communicator

Since the media in Thailand is the principle source for interpreting events, it is one of the main architects of the public policy debate. In particular, the press has been used as an open forum for the various participants--both inside and outside the

government who are involved in AIDS prevention and control activities. Mass media acts as a communicator within the policy community.

In an attempt to avoid national panic, the government used the media to present the AIDS epidemic in Thailand as being under control and unthreatening to the main-stream populace (Bangkok Post, 2-8-87). The government sought to create an atmosphere of security and safety by blaming the marginalized populations, under-reporting AIDS/HIV incidences and announcing its prevention and control activities--aimed at the marginal communities. However, the government was only partially successful because the Thai media, especially the press, is extremely independent and resourceful. Against the government's wishes, information indicating that prevalency rates were significantly greater than the government's figures was released by international organizations, academics, NGOs, and even government officials, and reported in the media. The media also questioned the government's honesty, motivations and methodologies in regard to its AIDS prevention and control plans. This tended to undermine the populace's confidence in the government's response.

Mass media has also acted as a public forum for the AIDS policy debate. In the early stages of the epidemic, AIDS was considered a medical and public health problem. At this time, the medical and political sources "converged on a storyline that reassuringly noted science doggedly at work to master the epidemic" (Colby 1991, 241). Later, as the parameters of the epidemic widened and a growing number of participants became involved, beliefs diverged and competing interests formed. The ensuing policy debates often played out in the media. For example, in 1989, Chuan Leekpai, then Minister of Public Health, used the media to publicize the high HIV prevalence rates in southern Thailand and argued for measures to combat the epidemic. However, without significant support in the government and after a stiff display of opposition by the tourism community in the media and in political circles, Chuan was forced to back down on his position. A more recent (1992 to 1993) example was the struggle between the Office of

the Prime Minister and the Ministry of Public Health over control of the national AIDS prevention and control activities and, more importantly, responsibility for budget allocation. The OPM was granted the authority to coordinate the national program during the Anand period and promoted a multi-sectoral approach. The MOPH regained control early in the Chuan period and maintains that the MOPH is best suited for coordination and control efforts. The debate was chronicled in the press and participants from all sides had a chance to be heard.

Outside the government, those--like the business community--with direct access to policy makers, do not need to communicate through the media to make an impact. However, participants with little direct access, such as NGOs, use the media to influence leaders. Telephone calls and letters are usually ineffective methods of putting pressure on policy makers. Therefore, these participants have no other means to pressure policy makers except by going public. To gain attention in the media, NGOs frequently present alarming stories and frightening projections. Although they often succeed in gaining attention, their credibility has been damaged by the release of information that many deem outrageous. Academics also use the press to voice their opinions and pressure leaders (see Academics Section). These outside participants were particularly influential in raising awareness when the epidemic was just beginning to spread rapidly and the government was not yet forthright in its reporting practices.

International Media Coverage

International media coverage has indirectly influenced policy development by focusing on prostitution and AIDS in Thailand. Perhaps, the greatest impact was caused by high profile stories on the covers of international magazines such as *Time*, *Newsweek* and the *Far Eastern Economic Review*. In addition, in the Summer of 1993, a controversial reference to Bangkok in *Longmans English Language and Cultural Dictionary* resulted in strong protests from government officials. International scrutiny of this type has made it difficult for politicians and influential Thais to continually ignore

the issues. Whether Thais believed that there was truth in these messages or only that the integrity of Thailand was being threatened, they were forced to examine the state of affairs and take a stand. Some officials chose to deny that Thailand deserved its reputation as a place infested with prostitution and AIDS. Others, including Prime Minister Chuan, tailored their policies and responses to reassure the world community and the Thai people that the government was addressing the situation. For example, Chuan announced that the elimination of forced prostitution and child prostitution were major objectives of his administration.

Politicians Respond to Mass Media

The media's identification and definition of public issues work not only on mass audiences. Policy makers are also very attentive to news coverage. Kingdon writes, "Media attention to an issue affects legislators' attention, partly because members follow mass media like other people, and partly because media affect their constituents" (Kingdon 1984, 61). In Thailand there has been little research on the media's direct impact on policy making. However, it is clear from their reactions that leaders are very attentive and often adjust their responses to problems or aspects targeted in the media.

Price noted that politicians generally avoid an issue on which action would occasion severe conflict unless that issue has considerable public salience--which is often greatly influenced by the media. With issues that have high public salience, the potential pay off for action--or, perhaps more correctly, the potential cost for inaction--is correspondingly high (Price 1978, 569). In the Prem and Chatichai periods, the leaders sought to avoid the AIDS issue because the perceived costs for action were high and the payoffs limited. The controversy surrounding the AIDS epidemic and its association with marginalized groups made it less likely that most politicians would be willing to serve as authoritative sources of news on AIDS, further dampening the ability of the media to report the story. On the other hand, after Anand placed the AIDS issue high on the government's agenda, the potential cost for inaction was very high for Prime Minister

Chuan. Moreover, Cook notes that when leaders do respond to highly salient issues, even those that provoke considerable conflict, they do so largely in the context that the media have provided (Cook 1989).

The Media Cycle from 1984 to 1993

Despite its contributions to policy development, mass media has been remarkably inconsistent. If the media were merely reflecting a growing problem, the expected trajectory of media coverage should resemble the exponential increase in HIV and AIDS prevalence. However, the frequency of AIDS media coverage has risen, peaked and declined several times since 1984. One reason for the media's less-than anticipated effect on policy is its tendency to cover a story prominently for a short period of time and then to turn to the next story, diluting its impact. The media are also less likely to cover slow moving disasters, such as droughts or famines, than fast-breaking ones, such as earthquakes or floods (Colby 1991, 246).

Initial Peak in Media Attention (1984)

In 1984 and 1985, the first few reported cases of AIDS in Thailand received much coverage in the media. The initial shock and novelty of the stories grabbed the attention of the nation. However, the frequency of coverage rapidly declined because there were few additional cases reported until 1987, and AIDS was generally perceived as a homosexual and foreign disease.

Second Peak in Media Attention (1987)

The latter half of 1987 marked the next peak in media attention. Blood testing revealed an upsurge in HIV prevalence among IVDUs, especially in Bangkok. Moreover, 1987 was Visit Thailand Year and many Thais were afraid that Western tourists were going to introduce AIDS into the nation by infecting the commercial sex workers that cater to tourists. Journalists contributed to the media blitz by communicating the belief that the government was not being frank in its reporting because it sought to protect the tourism industry from 'bad' publicity. In late 1987, a series of sensational stories startled

Bangkok. The case of Miss Spun Selakhum, a popular model, caught the attention and the imagination of all Thais, regardless of socio-economic class. She was allegedly an HIV carrier and rumored to be a high-class call girl. This event shocked the Bangkok populace, which up to then had felt it did not have any real association to a disease that infected only marginalized groups. After the Spun Selakhum case, AIDS become recognized as newsworthy and it became a topic for multiple journalists in multiple news beats. Although the frequency of AIDS coverage in the media would decline again after 1987, complete neglect of the disease would never be repeated.

Third Peak in Media Attention (1989)

The next peak in media coverage occurred in the latter half of 1989. The government was becoming more open and forthright in releasing information about the epidemic. The MOPH conducted the first sentinel surveillance survey that summer and later publicized the results. In addition, influential leaders such Minister of Public Health Chuan Leekpai, Princess Chulabhorn and Mechai Veravaidya publicly pushed for policy development and were widely covered in the media. Mechai was particularly influential as he persuaded the Army to provide free air-time for AIDS educational messages on its vast radio and television networks. In addition, the government's attempt to pass the controversial AIDS Bill, and the subsequent opposition from a disperse group of interests, was also reported frequently in the press.

1989 was a period of transition for the media in terms of its stance on AIDS coverage. In early 1989 some media members still followed the government's line--that minimal publicity best served the interests of the nation. When controversy broke out over the release of AIDS figures and information, some media members backed the conservative line. However, as the environment began to change and important policy makers got behind the anti-AIDS movement, media coverage reflected this change.

Forth Peak in Media Attention (1991)

In 1991 media attention again peaked after Prime Minister Anand placed the AIDS issue on the government's decision agenda. This peak in media coverage lasted longer, in part, because Mechai Veravaidya was named minister in charge of the national AIDS mass media campaign. Mechai was able to stimulate interest in the AIDS issue by stressing the risk to the Thai populace as a whole, by incorporating shocking statistics and by emphasizing the negative social and economic consequences that the epidemic could cause.[25] Moreover, AIDS messages were frequently broadcast on television and radio networks each day.

Normalization

At times when there was serious political controversy in Thailand, attention to the AIDS issue declined. This was never more true than in the Spring and Summer of 1992 when political events[26] dominated the headlines. Then with the election of Chuan in September 1992, the AIDS issue began a phase of normalization in the media. The government now cooperates with the media and releases information in a responsible open manner. For the most part, stories reported in the media are no longer novel or sensational in nature. The topics that the media present focus more on how to live with infected persons and how to show compassion, rather than the sex and disaster themes of the past. This normalization process follows a trend that has occurred in other nations.[27]

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[25] Critics argue that although mass communication efforts headed by Mechai were very successful in raising awareness, there were negative consequences as well. Vichai Poshyachinda, Director of Chulalongkorn's Institue of Health Research and a member of the NAC, says that Mechai's campaign had a lot of positive impact on creating awareness in the short-term but the negative impacts are greater and longer lasting (Vichai 1993). In particular, the use of shocking messages in the campaign created fear, myths and the rejection of HIV/AIDS infected persons (Chumpon 1993). Furthermore, raising awareness is only the first step, Vichai added. Mass media has never been successful in changing the behavior of people (Vichai 1993).

[26] The events included: the Spring election, the short but controversial reign of Suchinda, the April and May mass demonstrations, the May massacures, the ousting of Suchinda, the reinstatement of the Anand II government, and preparations for the September elections.

[27] A British news editor proclaimed in 1989 that the disease was a 'boring story ... the only stories now would be a miracle cure or a massive rise in the heterosexual spread--AIDS is a buried subject.' (Berridge 1991, 180).

Conclusion

> *"The media's construction of AIDS has thus influenced not merely how we as individuals will react but also how we as a society and as a polity will respond. In short, the media have played and continued to play a critical role in the construction of the syndrome, the epidemic, of persons living with AIDS, and the range of possible social and political responses." (Colby 1991, 218)*

In general, the media report what is going on in government, or at least things that they are aware of, rather than having an independent effect on governmental agendas. The media is cable of directly influencing general attitudes about a policy issue by stimulating discussion. In other words, news media can "tell the public what to think about if not exactly what to think" (Mann 1992, 729). Although the policy makers may have already been aware of the issues, knowledge that the Thai people were also aware may have influenced policy. Moreover, when participants were successful in getting the media to publicly cover their views, it was much harder for leaders to ignore the issue. Vichai credited the media with keeping AIDS in the public view:

> *"The awareness of the public was further stimulated by the extremely intensive media campaign about fatal danger of HIV infection initiated by government and private bodies. From thereon, the sense of urgency about devastating impact of HIV infection to the whole country was never far from the interest of the government, professionals and public." (Vichai 1990)*

Due to its ability to shape perceptions, the media had greater impact when the AIDS issue was just emerging and opinions just starting to be formed. Media's impact was also greater during agenda setting (a process more general in nature with greater public salience) than in choosing alternatives (a more detailed process that is often conducted behind closed doors). However, the media's ability to directly influence agenda setting was limited by biases of their sources. Politicians, officials, academics and NGO leaders, had some success in manipulating journalists to cover the AIDS issue from their point of view, thus helping these participants to set the political agenda.

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CHAPTER VIII
CONCLUSION

APPLYING KINGDON'S PROCESS MODEL

Chapters III through VI chronicled the spread of the AIDS epidemic in Thailand over a ten year period (from 1984 to 1993). This historical presentation exhibits the manner in which Thailand's anti-AIDS efforts evolved into one of the most comprehensive and progressive national AIDS campaigns in the world. As the spread intensified, counter-measures were developed by the Prem, Chatichai, Anand and Chuan administrations, various government agencies and by participants outside the government. Consequently, during the first three administrations, the AIDS issue reached successively higher levels on the political agenda.

During each period, the AIDS issue in Thailand took on different characteristics: The Prem period was marked by a strong sense of denial; The Chatichai period by a transition from denial towards recognition; The Anand period by full recognition; and in the Chuan period a normalization phase began. In addition, there is a correlation between the degree of the epidemic's spread and the development of AIDS-related policy. Recognition of these aspects has led some observers to conclude that the development of AIDS policy was a logical and natural process dependent on the characteristics of the AIDS epidemic.

Other observers have concluded that participants inside and outside the government are most responsible for policy development. They argue, that as the epidemic spread, AIDS was infecting a more diverse spectrum of the Thai populace--not only the marginalised communities. Consequently, a growing number of concerned participants, representing disperse interests, began pressuring the government for policy

development. Furthermore, as some influential leaders realized that the epidemic threatened the social and economic fabric of the nation, they also sought to influence policy makers. Chapter VII analyzed the roles of the major participants in the agenda setting and choosing of alternatives stages of policy making.

Although both the issue characteristics of AIDS and the role of the participants are intricate and necessary parts of the policy development puzzle, this discussion will demonstrate how the nature of the political system was the determinant variable in policy development. In other words, the degree of impact that the other factors had in the policy development process depended on the nature of the political environment. This is not to imply that issue characteristics and participant involvement have not made important contributions. In fact, within the parameters of the political environment, these variables have been most instrumental in shaping the response to the AIDS epidemic.

This discussion draws on information presented in the previous chapters and analyzes the policy making process within the context of John Kingdon's process model. As previously explained, Kingdon presents three streams of processes (problem recognition, policy alternatives and politics) that must be joined together to raise an issue onto the government's decision agenda. Each stream has certain conditions which must be met before the stream is predisposed to being joined. In addition, a window of opportunity often opens and provides a policy entrepreneur with a chance to join the three streams.

During the Prem period, the epidemic was at its infant stage, and consequently, conditions necessary to raise the issue on to the government agenda were not met. In the Chatichai period, conditions in two of the three streams, problem recognition and policy alternatives, were sufficiently met, but the conditions in the third, the political stream, were lacking. The appointment of the Anand government was the major turning point in the AIDS policy development process. The Anand administration quickly established an environment conducive for fulfilling the conditions in the political stream. The

government was able to rapidly develop policy because of a lack of restrictions, that democratically-styled governments normally face, and by a prime minister and his appointed cabinet members who were committed to confronting the AIDS epidemic. In particular, as a policy entrepreneur, Mechai Veravaidya took advantage of this window of opportunity to join the streams and assist in placing the AIDS issue on the government's decision agenda. In the present period of Prime Minister Chuan, the conditions in the three streams are sufficient enough to maintain the AIDS issue on the government's decision agenda. However, the conditions are less than ideal which makes the development of additional policies very difficult and cumbersome.

Prem Period

While the Prem Government was in power, AIDS was a systematic agenda issue--or one of many issues vying for government recognition and action. The conditions necessary for raising the AIDS issue onto the government agenda were not fulfilled.

In the problem stream, indicators that allow for problem recognition had not yet been established. Although HIV testing results became increasingly available, there was not an established system of testing. There was also a limited amount of feedback from the MOPH, the primary government agency responsible for monitoring and controlling AIDS, to policy makers. In the Prem period, the most obvious indicators of the problem were highly publicized dramatic events. Dramatic events that brought attention to the AIDS issue included the discovery of the first few AIDS infected persons, stories of HIV infection in celebrities, and the discovery of a large number of HIV infected persons in Bangkok jails. Nonetheless, the testing results, feedback and dramatic events were conveniently cast off as irrelevant because of the limited number of infected persons and because of the marginal nature of the population communities that the infected persons belonged. Moreover, many leaders believed that it was in their best interest not to recognize the indicators. Consequently, the AIDS issue was defined as a problem limited in nature; not as a national priority.

The necessary conditions in the policy stream were also not met. There were few policy alternatives, in the form of proposals (bill introductions, speeches, testimony, papers and conversation), to deal with the AIDS epidemic. This was due to the relative youth of the epidemic in Thailand, a negligible amount of resources allocated to AIDS-related activities and the small number of participants focusing on the disease. In any case, the proposals that did exist were not compatible with the dominant values of the policy community or free of constraints. The dominant values of policy makers were shaped by political and economic interests and the belief that AIDS was not personally threatening. The constraints on the proposals were numerous considering the lack of resources available and the strong resistance from many potential participants.

The political stream was also not predisposed to raising the issue onto the government agenda. As mentioned, the political leaders did not make the AIDS issue a top priority. In fact, it never even became a subject seriously considered by the parliament, nor did the public demand that action be taken. Most importantly, the extremely influential business community actively blocked the AIDS issue from reaching the government agenda in order to protect its own interests. Other interest groups, NGOs, international organizations, academics and activists tried to push the issue onto the government agenda but were met with strong resistance. With his power base in the army and the support of the business community, Prem was not forced to answer to the demands of the other participants. Nonetheless, by the end of the Prem period, policy, such as the short-term plan for the prevention and control of AIDS, was being implemented which suggests that these groups had some success in influencing policy development.

Chatichai Period

During the Chatichai period the AIDS issue was placed on the government agenda--or one of the issues up for serious consideration by the government. In this period the necessary conditions for the problem and policy stream were nearly complete. However, the conditions in the political stream were not met, and consequently, the AIDS issue was not elevated on to the government's decision agenda.

Conditions in the problem recognition stream were greatly enhanced with the establishment of the sentinel surveillance system in 1989. This system provides the necessary indicators for bringing the problem to the attention of policy makers. In addition, dramatic news such as the rapid spread of HIV into the CSWs populace attracted high levels of media coverage. There was also feedback from established programs within and outside the government that indicated the types of problems that needed to be addressed. Furthermore, to address those needs, the feedback indicated that the AIDS issue should be given higher priority by the Thai government. Nonetheless, conditions in the problem recognition stream were limited by government reporting practices that did not fully disclose all of the available information, and at times, down played the information's significance. The ability to recognize the wide-range of problems associated with the epidemic was also limited, because the AIDS issue was classified as a public health crisis and addressed accordingly. Broader economic, legal, social and cultural aspects were largely ignored.

While conditions in the policy stream were not ideal, the main requirement--the availability of proposals to deal with the problem--was fulfilled. Numerous scientific papers were written, speeches given, and conferences held concerning the AIDS epidemic in Thailand. In addition, the government introduced legislation aimed at preventing and controlling the spread of AIDS. There was also a great deal of conversation taking place at various levels between government representatives, academics, public health workers, the media, NGO leaders and international organization officials. For the most part, the

proposals were technically feasible. However, the proposals were still not consistent with the dominant values of some key policy makers. Furthermore, there were resource constraints placed on the proposals, and the possibility for implementation was limited.

Although the conditions in the problem and policy streams were sufficiently met, the political conditions in Thailand did not allow the AIDS issue to reach the government's decision agenda. While the indicators necessary for problem recognition existed, there was still wide-spread denial by key leaders and the Thai public. Moreover, the priorities of the Chatichai administration necessitated that political and economic concerns take precedent over public health problems. The business community continued to be instrumental in blocking the issue from reaching the highest level of the agenda. Within the parliament there was debate over proposed bills, but reluctance to deal with issue by the majority of members--regardless of their political affiliation--was pervasive. However, the growing involvement from participants within the government (primarily the MOPH, the MOI and the army) and participants outside the government (activists, NGOs academics, the media and the royal family) increased the pressure on policy makers to address the AIDS epidemic.

It is difficult to make general conclusions about the developments during the Chatichai Period because of the rapid change in the environment surrounding the AIDS issue. The epidemic, and the policies developed to control it, transformed swiftly. Although the AIDS issue did not reach the government's decision agenda, it was placed on the government agenda. Moreover, the Chatichai administration's financial commitment to combating the disease increased significantly. There were also signs that the administration was getting closer to publicly recognizing the AIDS issue as a top government priority shortly before Chatichai was ousted from power.

Anand Period

After the appointment of the Anand Administration in March 1991, the AIDS issue was soon elevated to the highest level of the government agenda; a high priority item on the government's decision agenda--or an issue up for active decision making. Problem recognition during this period was enhanced as indicators of the problem became increasingly publicized. Rather than hiding the facts or down playing their significance, government representatives instead highlighted the most dramatic indicators to increase awareness and stimulate change. Dramatic events continued to be covered widely in the media. There was also considerable feedback from the existing programs, implemented under the medium-term plan, which indicated where problems existed and the policy developments needed to address these problems. During the Anand period, the AIDS issue was classified not only as a public health problem but as a social, legal and economic issue as well.

There were many technically-feasible policy proposals available at this time and many were seriously considered. A major difference, in comparison to the Chatichai period, was that the proposals became relatively free of constraints due to the political commitment of the Anand Government. In addition, the proposals were compatible with the values of key leaders in the policy making community. The crucial distinction was that the composition and nature of this community had transformed under the Anand administration.

The nature of the political environment during the Anand period was the deciding factor in elevating the AIDS issue on to the government's decision agenda. The appointment of the Anand government was the major change in the political stream which provided a window of opportunity for moving the AIDS issue onto the government's decision agenda. The previous elected government had been forced to answer to interest groups from whom they were dependent on for support. In addition, the AIDS issue had not been able to pass the rigorous legislative process that is necessary to

place an issue on the government's decision agenda. In contrast, the Anand government was unelected and temporary. In this extraordinary period, the Anand government was granted the authority to pass legislation without having to contend with the obstacles of a democratically structured system. Moreover, Anand was less dependent on the external support of interest groups.

Within this political framework, the orientation of government participants helped shape the national AIDS campaign. The administration was composed of a prime minister and his appointees who gave the AIDS dilemma high priority. Mechai took advantage of the window of opportunity to play the role of policy entrepreneur.[1] As policy entrepreneur, he was able to join the three streams--problem recognition, policy alternatives (proposals) and politics--together. He used resources, both personal and institutional, to complete the task.

Chuan Period

In spite of the transfer of power to an elected government, led by Chuan Leekpai, which must contend with obstacles similar to those that the Chatichai government confronted, the AIDS issue has remained on the government's decision agenda. The AIDS issue remains at this level because of the substantial accomplishments of the Anand period and due to the fact that interest groups have lost their greatest resource for influencing policy

During the Anand period, notable achievements included: heightened awareness about the AIDS issue, multi-sectoral involvement, implementation of extensive AIDS programs, an exponential increase in the AIDS budget, and commitment from key leaders to address the AIDS epidemic. By the time Chuan came to power, there were too many vested interests in maintaining the high status of the national AIDS program to make a

[1] Although Mechai was the most influential, visible and successful policy entrepreneur, he was by no means the only one. Other appointed members of the cabinet, such as Chutikul Sairusee, technocrats, such as Werasit Sittradrai, and numerous other participants were also involved in entrepreneurial activities.

policy reversal. In particular, the enormous budget allocated to the AIDS prevention and control campaign is vigorously coveted by a wide-range of participants.

Additionally, interest groups no longer have their most effective tool; the ability to block the AIDS issue from achieving higher agenda status at any of the numerous stages of policy making. Once the issue reached the government's decision agenda during the Anand period, the interest groups, particularly the business community, were deprived of the power to block the AIDS issue.

Since the issue remains firmly established on the government's decision agenda, the only recourse of interest groups is to try to influence policy alternatives. Therefore, the question is not whether the AIDS issue will remain a decision agenda item, but which policy alternatives will be chosen and how quickly will policies be adapted?

The fact that agenda status has not altered in the Chuan period should not, however, be misinterpreted as indicating that policy has continued to develop as it had in the Anand period. In contrast, the Chuan administration has been relatively ineffectual, because it is deficient in both institutional and personal resources. There has also been a shift in the balance of power away from the prime minister to political appointees and bureaucrats in the MOPH. Without strong leadership, policy development has stagnated during the Chuan period.

IMPLICATIONS

Although circumstances vary in each case, the findings of this research have implications for other nations that are struggling through the earlier stages of the AIDS policy development process. In particular, it has important lessons for participants who seek to raise the AIDS issue onto the government agendas. This research has shown that Kingdon's theoretical model can be a useful tool for analyzing the policy development process. By using agenda status as a measure, it identifies the conditions which must be met in order to raise an issue onto the government's decision agenda. By discovering which conditions have been fulfilled, as well as those that are lacking, one can judge the progress of an issue in the agenda setting process. This knowledge can assist those advocating higher agenda status in determining the best strategy to follow for influencing policy.

In analyzing policy development, the major factors to consider are the political environment, issue characteristics, policy alternatives and participant involvement. First of all, it is necessary to have a good understanding of the political environment. All other variables are dependent, in part, on how conducive the political environment is to change and policy development. Although it is theoretically possible for participants to initiate changes that will promote a more suitable environment for policy development, most participants do not have the capability or opportunity to seriously affect the political environment. There are, however, more ample, and feasible, opportunities for participants to influence other participants, and to make an impact in the problem recognition and policy alternatives streams.

Perhaps the best opportunity for impacting policy is to influence other participants. The degree and manner that each participant has made an impact and their potential contributions should be ascertained. Then those pushing for policy development can try to elicit support from the participants who are not realizing their potential and who are reachable.

In the problem recognition stream, participants can indirectly affect policy by influencing how an issue is perceived by the public and by policy makers. Although perceptions are not easily changed, activities like mass education are essential. When perceptions have been altered, participants may then be more successful in promoting policy changes.

In the policy stream, participants advocating higher agenda status can ensure that there are sufficient policy proposals available, that the proposals are feasible and that the proposals are known by the policy makers. Although participants can use seminars or directly contact policy makers to get out their message out, using the mass media is a very effective method.

It should be re-emphasized, that although it is helpful to conceptualize the situation by analyzing the various parts, it is often difficult to predict or determine the causality between the factors. For example, it may take the majority of policy makers, or those with the most influence on policy, to realize that action should be taken, before changes can be initiated by policy proposals and participant involvement. On the other hand, it may be the policy proposals and participant involvement that influence the policy makers into changing their beliefs. However, rather than having independent affects on one another, the variables are most likely interdependent and the process dynamic.

After identifying the needs and opportunities for promoting AIDS policy development, examples from the Thai case may indicate possible responses to the various situations. However, lessons from the Thai case should not be viewed in an isolated manner, but in conjunction with the experiences of other nations. Although conditions vary in each nation, there are commonalties across nations--especially the factors affected by the characteristics of AIDS--which may be anticipated.

LIMITATIONS

The intent of this research is not to provide a final answer to the policy development puzzle, but rather, to give an indication of the basic processes that are taking place and the roles of the major participants. The research is limited because it can not account for all of the aspects and variables. This research applies Kingdon's work on the policy process and participant involvement. Although Kingdon's process model is very comprehensive and attempts to explain most of the factors, it can only do so in a broad fashion. Therefore, each process, variable, and period of time must be investigated in greater depth. In addition, to arrive at a better understanding of AIDS policy development in Thailand, research should be conducted from other perspectives. Some of the alternative approaches include applying issue characteristics models, power models and motivational models.

For example, Kingdon takes in account the nature of the issue in his problem recognition stream. However, applying Cobb and Elder (1984) model on issue characteristics would add value because it indicates the factors that predispose an issue to be placed on the government's agenda. This model is also based on the assumption that the process and outcomes of policy-making vary in systematic ways depending on the type of issue or policy alternative under consideration.

Kingdon's research provides a comprehensive breakdown of the various participants' roles in policy making, but it does not explore the relationships between participants in detail. Relationships between participants such as the members parliament (MPs) and the Office of the Prime Minister (OPM), MPs and bureaucrats, MPs and parliamentary staff, bureaucrats and the OPM, the OPM and political appointees, political appointees and bureaucrats, etc., must be analyzed more closely. Another type of relationship that needs to be identified and investigated is the policy "sub governments" or "policy networks" (Palumbo 1988). Policy sub governments are informal groups of professionals, administrators, parliamentary staffers and other participants who form

together for a common cause and whose influence on agenda setting becomes very powerful. Palumbo explains that sub governments may involve just about anyone interested in the many benefits that flow from a policy domain, including bureau chiefs, administrators of line agencies, university academicians, consultants, representatives of resource suppliers, and members of state and local governments (Palumbo 1988, 51). The relationships between government and non-government participants also need further attention. One such special relationship is called an iron triangle. It is composed of bureaucrats, parliamentary committees and interest groups. In Thailand there are numerous cases of networks between various government and non-government participants involved in anti-AIDS activities. One example is the cooperative efforts of representatives from the OPM, NGOs and international organizations, to promote non-discriminatory legislation.

Furthermore, the amount of influence each participant has on the process is partly dependent on the power relationships between participants. The power models cover the contrasting degrees of influence over policy decisions by different social strata and the set of participants expected to dominate the policy process. The concepts range from the elitist models (see Crenson 1971) to the pluralist models (see Dahl 1961). Additionally, the coalition models investigate the scope and range of political negotiations that occur between politicians and may provide a useful framework for understanding the forming of political behavior. Finally, the motivational models focus on the factors that explain why decision-makers choose certain policies over others.

A limitation to applying Kingdon's research--as well as other models--to the Thai case is the lack of both primary and secondary research materials.[2] There has been very little research completed on the policy making and agenda setting processes in Thailand. Furthermore, since the Thai political system has just recently begun to transform into a

[2] Factors that this research did not take in account because of a lack of information are the affects of public opinion, elections and the role of the parliamentary staff.

more democratic system--in the Western sense--the majority of research that has been conducted in Thailand is based on a political system dominated by the military and bureaucratic elite. Therefore, to validate the applicability of Western based models to the Thai case additional basic research is necessary.

Another inherent limitation to analyzing policy from an agenda setting perspective is that the actual implementation of policy is not used as a gauge of policy development. For a truly successful national AIDS campaign, it is necessary to have a great deal of political commitment which can be measured by the level of political agenda that an issue reaches. However, it is not sufficient. To have a comprehensive and effective campaign, the policy must be successfully implemented. Research utilizing program evaluation methods needs to be conducted in order to gauge the achievements of policy implementation. Then a comparison between the agenda setting and implementation stages can be conducted.

REFERENCES

Agence France Press. Various issues.

AIDS Division. Budget for AIDS Prevention and Control Programmes in Thailand (1988-1993). Bangkok: MOPH - unpublished. May 5, 1993.

"AIDS' Grip on Asia". *Boston Globe.* Nov. 15, 1992. p. A34.

"AIDS in Asia". *Asia Magazine.* May 3, 1987.

"AIDS in Thailand: Fighting a Dismal Disease". *Business International.* Nov. 9, 1992.

AIDS Policy & Planning Coordination Bureau. *AIDS Program Description.* Bangkok: Office of the Prime Minister. 1992.

AIDS-Tech Division. Monthly Activity Report. Bangkok: unpublished. Various reports.

Akin Rabibhadana. Personal interview with the social development advisor of the Thailand Development Research Institute. Bangkok. May 26, 1993.

Armed Forces Research Institute of Medical Sciences (AFRIMS). Update of HIV/AIDS Prevalency Rates in New Recruits. Bangkok: Royal Thai Army. 1992.

Armstrong, Jill. "Socioeconomic Implications of AIDS in Developing Countries". *Finance & Development.* Dec. 1991. pp. 14-17.

Apichart Chamratithirong. Presentation by the director of the Institute of Population and Social Research, Mahidol University, at an AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 13, 1993.

Apichart Nirapathpongpor. Presentation by the director of Nursing and Medical Bureau, PDA, at an AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 15, 1993.

Apisook Chantiwapa, McDowell, Elain. "Thailand: The Foreign Disease". In: *The Third Epidemic.* London: Panos. 1990. pp. 161-181.

Anderson, Jon. "AIDS in Thailand". *British Medical Journal.* Feb. 17, 1990. vol. 300, pp. 415-416.

Bahiddha-Nukara, Parnpriya. *Thai Bureaucratic Elite in the Ministry of Foreign Affairs.* UMI Dissertation. 1989.

Bachrach, Peter, Morton Baratz. *Power and Poverty.* New York: Oxford University Press. 1970.

Bangkok Bank Monthly Review. Oct. 1973. p. 666.

Bangkok Post. Various issues.

Baranthan, Joyce, et. al. "The AIDS Disaster Unfolding in Asia". *Business Week.* Feb. 22, 1993. pp. 52-53.

Bennett, Anthony. Personal interview with the Thailand director of Family Health International (AIDSCAP). Bangkok. May 22, 1993.

Bennett, Anthony, Racitta Na Pattalung. *Private Sector Initiatives: AIDS Prevention in Thailand.* Bangkok: unpublished. Aug. 1990.

Berridge, Virgina. "AIDS, the Media and Health Policy". *Health Education Journal.* 1991. vol. 50, no. 4, pp. 179-185.

Becker, Charles M. "The Demo-Economic Impact of the AIDS Pandemic in Sub-Saharan Africa". *World Development.* 1990. vol. 18, no. 12, pp. 1599-1619.

Bell, Stuart. "AIDS in the Workplace". *Vancouver Sun.* Nov. 2, 1991. p. F1.

Bencha Yoddamnern. Personal interview with a professor of the Institute of Population Studies, Mahidol University. Salaya, Thailand. June 9, 1993.

Beyrer, Chris. Personal interview with the Thailand field director of the Pave Project, Johns Hopkins University. Chiang Mai, Thailand. July 29, 1993.

Bhassorn Limanonda. Personal interview with an associate professor of the Institute of Population studies, Chulalongkorn University. Bangkok. May 25, 1993.

Black, Bill. Personal interview with the general manager of the Regent Hotel-Bangkok and a member of the executive council of the Thailand Business Coalition On AIDS. Bangkok. Sept. 15, 1993.

Black, Robert F. et. al. "The Hidden Cost of AIDS". *U.S. News & World Report.* July 27, 1992. pp. 49.

Bloom, David E. (ed.). *Economic Implications of AIDS in Asia.* New Delhi: UNDP. 1993.

Bonnachi, Mark. *Senseless Casualties: The AIDS Crisis in Asia.* Washington D.C.: IVS Publishers. 1992.

Bowornwathama, Bidhyu. *Public Health Bureaucrats in Rural Thailand.* Bangkok: Chulalongkorn University. 1984.

Burr, Barry B. "AIDS Clouds Thai Outlook: Disease Overshadows Strong Economy, Stock Market". *Pensions & Investments.* Oct. 26, 1992. p. 20.

Business in Thailand. Various issues.

CDC Department, MOPH and WHO. *National Medium Term Programme for the Prevention and Control of AIDS in Thailand: 1989-1991.* Bangkok: MOPH. 1989.

_____. *Operation Handbook on Guidelines for Implementation of Prevention and Control of AIDS.* Bangkok: MOPH. 1988. Document no. 14.

_____. *Current Status of HIV/AIDS Epidemic and Anti-AIDS Campaign in Thailand.* Bangkok: MOPH. 1993.

Chawalit Natpratan. Personal interview with the director of the Center for Communicable Disease, Region 10. Chiang Mai, Thailand. July 27, 1993.

Chayan Vaddhanapataya. Personal interview with the director of the Institute of Social Research, Chiang Mai University. Chiang Mai, Thailand. Aug. 10, 1993.

Chumpon Apisuk. Personal interview with the national coordinator of the Nam Chewitt Program, Empower. Bangkok. June 1, 1993.

Churnrutai Kanchanachitr. Personal interview with the Chief of Health and Planning Sectors, NESDB. Bangkok. June 3, 1993.

Cobb, Roger, Jenie-Kieth Ross. "Agenda Building as a Comparative Political Process". *American Political Science Review.* 1976. vol. 50, pp. 126-138.

Cobb, Roger W., Charles D. Elder. *Participation in American Politics: The Dynamics of Agenda Building.* Boston: Allyn and Bacon, Inc. 1972.

Cohen, Erik. "Thai Girls and Farang Men: The Edge of Ambiguity". *Annals of Tourism Research.* 1985. vol. 9, no. 3, pp. 421-436.

_____. "Tourism and AIDS in Thailand". *Annals of Tourism Research.* 1988. vol. 15, no. 3, pp. 467-486.

Cohen, Michael, James G. March, and J. P. Olsen. "A Garbage Can Model of Organizational Choice". *Administrative Science Quaterly.* 1973. vol. II, pp. 1-25.

Colby, David C., Timothy E. Cook. "Epidemics and Agendas: The Politics of Nightly News Coverage of AIDS". *Journal of Health Politics, Policy and Law.* Summer 1991. vol. 16, no. 2, pp. 215-249.

"Condom King and I". *In Health.* Sept./Oct. 1991. pp. 64-73.

"Country Report: Thailand". Hastings Center Report. Mar./Apr. 1990. p. 26.

Crenson, Matthew. *The un-politics of Air Pollution.* Baltimore: Johns Hopkins Press. 1971.

Dahl, Robert. *Who Governs? Democracy and Power in an American City.* New Haven: Yale University Press. 1961.

Daily Telegraph. Various issues.

Dearing, James W. "Setting the Polling Agenda". *Public Opinion Quaterly.* 1989. vol. 53, pp. 309-324.

Debanom Muangman. Personal interview with the Dean of the Faculty of Environment and Resources Studies, Mahidol University, and a member of the National AIDS Committee. Salaya, Thailand. Sept. 16, 1993.

Division of Epidemiology. "First Sentinel Surveillance, June 1989". *Weekly Epidemiology Survey Report.* Bangkok: MOPH. 1989. vol. 20, pp. 376-389.

_____. Results of Sentinel Surveillance Tests. Bangkok: MOPH. Various reports (1990-1993).

Donaldson, Peter J. Personal interview with the senior representative for the South and Southeast Asian region, Population Council. Bangkok. Sept. 8, 1994.

Duang Prateep Foundation (DPF). "Klong Toey AIDS Control Project: A Two Year Summary". Bangkok: unpublished. Aug. 1991.

_____. "Klong Toey AIDS Control Project". Bangkok: unpublished. June 1993.

"Effective Approaches to AIDS Prevention". Report from a WHO/GPA meeting. Bangkok. May 26-29, 1992.

EPCAT. "Children in Prostitution: Victims of Tourism in Asia". Conference Statement, International Conference. Bangkok: EPCAT. 1992.

Economist. Various issues.

Ecumenical Coalition on Third World Tourism. *Tourism Prostitution Development.* Bangkok: Ecumenical Coalition on Third World Tourism. 1983.

Enloe, Cynthia. *Bananas, Beaches and Bases.* Berkeley: University of California Press, 1990.

Edgar, Timothy, et al. "The Role of Mass Media and Interpersonal Communication in Promoting AIDS-Related Behavioral Change". *AIDS Public Policy Journal.* 1994. vol. 4, no. 1.

Elliot, D. L. *Thailand: Origins of Military Rule.* London: Zed Press. 1978.

Erbes, R. *International Tourism and the Economy of Developing Countries.* Paris: OECD. 1987.

Erlanger, Steven. "A Plague Awaits". *New York Times Magazine.* July 1991.

Eyestone, Robert (ed.). *Public Policy Formation.* Greenwich Connecticut: Jai Press Inc. 1984.

FEER (Far Eastern Economic Review). Various issues.

"Fighting a Killer". *Newsweek.* June 29, 1992. pp. 10-16.

Ford, Nicholas, Suporn Koetsawang. "The Socio-Cultural Context of the Transmission of HIV in Thailand". Social Science Medicine. 1991. vol. 33, no. 4, pp. 405-414.

Gandy, Oscar H. Jr. *Beyond Agenda Setting.* Norwood, New Jersey: Ablex Publishing Company. 1982

Garrison, Lloyd. *AIDS: Which Way To Go?.* UNDP report. June, 1990.

"Global Slowing Takes Bite Out of Thai Tourism". *Business International; Business Asia.* Nov. 11, 1991.

Graham, Jim. "Face of AIDS in Thailand". Washington D.C.: Whitman-Walker Clinic - unpublished. 1992.

_____. Telephone interview with the director of the Whitman/Walker Clinic. Washington D.C. Mar. 5, 1993.

Havanon N., J. Knodel, and T. Bennet. "Sexual Networking in a Provincial Thai Setting". *Family Health International Monograph.* Bangkok. 1992.

Hayes, Michael T. *Incrementalism and Public Policy*. New York: Longman. 1992.

Inter Press Service. Various issues.

IVS/Empower AIDS Prevention Program In Thailand. International Voluntary Services Inc. Washington D.C.: unpublished. 1993.

Jackson, Peter. "From Kamma to Unnatural Vice: Buddhism, Homosexuality and Intolerance in Thailand." Paper presented at the International Thai Studies Conference: University of London. July 1993.

Jenson, Lois. "Thailand: From Secrecy to an All-out War on AIDS". *World Development*. June 1990.

Knodel, John. Personal interview with a professor of sociology, University of Michigan. Bangkok. June 11, 1993.

Khanchit Limpakarnjanarat. Personal interview with the adjunct director of the HIV/AIDS Collaboration (Project between the Thai MOPH and the US Centers for Disease Control). Bangkok. Sept. 13, 1993.

Khanchit Limpakarnjanarat, Bruce G. Weniger, et. al. *Epidemiology of HIV Infection and AIDS in Thailand*. Bangkok: HIV/AIDS Collaboration. 1991.

Kingdon, John W. *Agendas, Alternatives and Public Policies*. United States: Harper Collins Publishers. 1984.

Krause, Steven. Personal interview with the Thailand representative of the WHO Global Project on AIDS. Bangkok. June 10, 1993.

Krause, Steven, Doberstyn, E. B. Presentation by the Thailand WHO-GPA representative and the Thailand WHO representative, respectively, at a AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 14, 1993.

Kumnuan Ungchusak. Personal interview with a member of the Division of Epidemiology, MOPH. June 2, 1993.

Ladda Jitwatanapataya. Personal interview with the head of the AIDS Project, Planned Parenthood Association. Bangkok. Sept. 9, 1993.

Le Monde Diplomatique. July 4, 1970.

Likhit Dhiravegin. *Thai Politics: Selected Aspects of Development and Change*. Bangkok: Tri-sciences Publishing House. 1985.

_____. *Demi Democracy: The Evolution of the Thai Political System.* Bangkok: Tri-sciences Publishing House. 1993.

Lipsky, Michael. *Street Level Bureaucracy.* New York: Russel Sage Foundation. 1980.

Lindblom, Charles E., Edward J. Woodhouse. *The Policy Making Process, Third Ed.* New Jersey: Prentice Hall. 1993.

Los Angeles Times. Various issues.

Mahdrok Gantahng Gotmai Geogap Ganpawnggan Lah Kuapkoom Roke AIDS. (Measuring the Laws for the Prevention and Control of AIDS). Bangkok, Thailand: Chulaporn Foundation. 1991.

"Major Thai, Foreign Firms, Alarmed by Data on AIDS Infection, Rally to Combat Disease". *Asian Wall Street Journal Weekly.* Feb. 15, 1993. p. 1.

McDermott, Jim. *AIDS Epidemic in Asia.* Report to the Speaker of the House of Representatives. June 6, 1991.

Mann, Jonathan M. "AIDS-The Second Decade: A Global Perspective". *The Journal of Infectious Diseases.* February 1992. pp. 245-250.

_____. *AIDS in the World.* Cambridge: Harvard University Press. 1992.

Matichon (Thai language mass daily newspaper). Various issues.

Mayer, Harris. "Prostitutes, Politics Heightens Thailand's AIDS Dilemma". *AMN.* June 1990.

Meyer, Walter. *Beyond the Mask.* Fort Lauderdale: Verlagbreitenbach Publishers. 1988.

Meyers, Charles. "AIDS in Thailand: Some Preliminary Findings". *TDRI Quarterly Review.* Winter 1992. pp. 8-11.

Meyers, Charles, Stasia A. Obremskey, and Mechai Veravaidya. "The economic impact of AIDS on Thailand". In: *Economic Implications of AIDS in Asia.* New Delhi, India: UNDP. 1993. pp. 7-34.

MOPH. *Gan Patrroop Krong Sang Satarinah Suksat* (The Reformation of the Structure of the MOPH). Bangkok: MOPH. 1989.

_____. *Third Year Plan for the Medium Term programme.* Bangkok: MOPH. 1990.

_____. *Thailand: Medium Term Programme Review.* Bangkok: MOPH. Mar. 1990.

_____. *Thailand: Medium Term Programme Review.* Bangkok: MOPH. Jan. 1991.

_____. *External Programme Review of Medium Term Plan.* Bangkok: MOPH. Nov. 4-15, 1991.

_____. *Thailand's National AIDS Programme: Progress and Programme Update.* Bangkok: MOPH. Jan. 11, 1992.

_____. *AIDS Situation in Thailand: Update.* Bangkok: MOPH. Mar. 31, 1993.

_____. *Thailand's National AIDS Programme: Progress and Programme Update.* Bangkok: MOPH. Apr. 4, 1993.

_____. *AIDS Situation in Thailand.* Bangkok: MOPH. Apr. 26, 1993.

_____. *HIV Situation in Thailand.* Bangkok: MOPH. Aug. 31, 1993.

_____. *Thailand's National AIDS Programme.* Bangkok: MOPH. Sept. 14, 1993.

Muscat, Robert J. *The Fifth Tiger: A Study of Thai Development Policy.* Armonk, New York: University of New York University Press. 1994.

Natee Teerajjanapongs. Personal interview with the director of the Fraternity AIDS Cessation Thailand (FACT). Bangkok. May 25, 1993.

Nation, The. Various issues.

National AIDS Committee. Resolutions of the National AIDS Committee Meeting. Bangkok: unpublished. Aug. 14, 1991.

NESDB. *National AIDS Prevention and Control Plan: 1992-1996.* Bangkok: Office of the Prime Minister. 1992.

New York Times. Various issues.

Nittaya Promorchuenban. Personal interview with the AIDS Program director of the Duang Prateep Foundation. Bangkok. May 28, 1993.

Palumbo, Dennis J. *Public Policy Making in America.* San Diego: Harcourt Brace, Jovanovich Publishers. 1988.

Panos Institute. *The Third Epidemic: Repercussions of the Fear of AIDS.* London: Panos Publications. 1990.

Peck, Grant. "AIDS: Frightening Economic Costs". *Asian Business.* Dec. 1991. pp. 20-21.

Permtanjit, G. *Political Economy of Dependent Capitalist Development.* Bangkok: Social Research Institute, Chulalongkorn University. 1982.

Plukspongsawalee, M. "Women and the Law". In: *Proceedings of the Seminar on Women in Development.* Suchart Prasith-Rathsint (ed.). Bangkok: The National Institute of Development Administration. 1982.

Phongpaichit, Pasuk. "The Open Economy and its Friends: the 'Development of Thailand'". *Pacific Affairs.* 1980. vol. 53, no. 3, pp. 440-60.

_____. *From Peasant Girls to Bangkok Masseuses.* Geneva: International Labour Office. 1982.

Praphan Phanaphak. Presentation by the director of the Thai Red Cross at an AIDS symposium, Chiang Mai University. Chiang Mai, Thailand. July 22, 1993.

Praphan Phanaphak, et. al. "A Report of 3 Cases of AIDS in Thailand". *Asian Pacific Journal of Allergy Immunology.* 1985. no. 3, pp. 195-199.

Population and Community Development Association. *PDA's AIDS Prevention Activities.* Bangkok: unpublished. Oct. 1992.

Prasert Thongcharoen, Wiwat Rojanapithaykorn, et al. *AIDS Situation in Thailand.* Bangkok: WHO Collaborating Centre on AIDS, Mahidol University. 1989.

Prasert Thongcharoen, C. Wasi, and Y. Wangroongsarb. "HIV Infection in Thailand". Stockholm: IV International Conference on AIDS. June 1988.

Ramasoot, Tira. "First Five Years of the AIDS Epidemic and its Prevention and Control in Thailand". *Thai AIDS Journal.* Bangkok. 1989. vol. 1, pp. 4-32.

Roemer, M. I. *National Health Systems of the World.* New York: Oxford University Press. 1991.

Rojansoonthon, T. "Thailand". *Social and Economic Impact of Tourism on the Asian Pacific Region.* Tokyo: Asian Productivity Organization. 1982.

Reuters. Various issues.

Riggs, Fred. *Thailand: The Modernization of a Bureaucratic Polity*. Honolulu: East-West Center Press. 1986.

Sabatier, Renee. *Blaming Others: Prejudice, Race and Worldwide AIDS*. Philadelphia: New Society Publishers. 1988.

Samnakhaw Prachachon Judaakhon. Nov. 20, 1980. pp. 1-2.

Satichai Liengchetz. Presentation by the deputy-director of the OPM at an AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 14, 1993.

Shaw, Donald L., Maxwell E. McCombs. *The Emergence of American Political Issues*. St. Paul: West Publishing Co. 1977.

Sivavudh Devahastin Na Auydhya, et al. *The Impact of Transnational Companies in the Hotel and Tour Business*. Bangkok: Chulalongkorn University Social Research Institute. Oct. 1981.

Smith, Lee C. "Shaking the Hand of AIDS". Address by the former president of Levi Strauss at the inauguration of the Thailand Business Coalition on AIDS. Bangkok. Sept. 29, 1994.

Sombat Thanprasertsuk. Personal interview a with member of the AIDS Division, MOPH. Bangkok. June 2, 1993.

_____. Presentation by a member of the AIDS Division, MOPH, at an AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 14, 1993.

Somsit Tansuppasawddikul. Personal interview with the head of the AIDS ward, Bamrasnaradura Hospital. Bangkok. Sept. 13, 1993.

Sontag, Susan. *AIDS and its Metaphors*. New York: Farrar, Strauss and Giroux. 1989.

Srisang Koson, et al. (eds). *Caught in Modern Slavery: Tourism and Child Prostitution in Asia*. Bangkok: Ecumenical Coalition on Third World Tourism. 1990.

Stodghill, Ron. "Managing AIDS". *Business Week*. Feb. 1, 1993. pp. 48-65.

Suchart Prasith-rathsinted. *Thailand on the Move*. Bangkok: Thai University Research Association. 1990.

Suchart Prasith-rathsinted. *Thailand's National Development: Policy Issues and Challenges*. Bangkok: Thai University Research Association. 1987.

Suehiro, Akira. *Capital Accumulation in Thailand: 1855-1985.* Tokyo: Centre for East Asian Cultural Studies. 1989.

Suporn Koetsawang. Presentation by the medical advisor to Family Health International at a AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 17, 1993.

Suwanagool, S., S. Kobwanthanakun. "Prevalence of HIV Infection in Populations at Risk in Thailand". *Journal of Infectious Disease Antimicrob Agents.* Bangkok. 1988. vol. 5, pp. 47-55.

Tawesak Nopkesorn. Presentation by the director of the Program on AIDS, the Third Army, at an AIDS symposium, Chiang Mai University. Chiang Mai, Thailand. July 22, 1993.

"Thai HIV Revision". *World AIDS.* Mar. 1994. p. 5.

"Thai Premier Presents Policy Statement". *Summary of World Broadcasts.* BBC. Nov. 21, 1992.

Thai Rath (Thai language mass daily newspaper). Various issues.

"Thailand: A Closer Aim at a Moving Target". *Business International.* Aug. 3, 1992.

"Thailand: AIDS Crisis Looms". *Lancet.* March 31, 1990. vol. 355, pp. 781-2.

"Thailand: Tackling the Problem Head On". *Pata Travel News* (PTN). Sept. 1992.

Thamarak Karnpisit. Presentation by the deputy-secretary general of the NESDB and a member of the National AIDS Committee at an AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 13, 1993.

Thavitong Hongvivatana. Personal interview with the Vice-President for Policy and Planning, Mahidol University. Bangkok. Sept. 15, 1993.

"Thirty Percent of Firms Would Isolate AIDS Victims". *Asahi Evening News.* Apr. 16, 1993.

Truong, Thanh-dam. *Sex Money and Morality.* London: Zed Books. 1990.

Tourist Authority of Thailand (TAT). *Annual Statistical Report on Tourism in Thailand: 1988.* Bangkok: TAT. 1989.

_____. *Annual Statistical Report on Tourism in Thailand: 1992.* Bangkok: TAT. 1993.

Uneklabh, C., T. Phutiprawan. "Prevalence of HIV Infection among Thai Drug Dependents". A paper presented at the IV International Conference on AIDS in Stockholm. June 1988. (Abstract no. 5524).

Ungphakorn, Jon. Personal interview with the Director of AIDS Counselling Centers and Education Support Services (ACCESS) and a member of the Nation AIDS Committee. Bangkok. June 4, 1993.

USAID. *HIV/AIDS Strategic Action Plan for Asia.* Washington D.C.: USAID. June 1993.

Uthayan Utayanaka. Presentation by the chief of the AIDS Policy and Planning Coordination Bureau, OPM, at an AIDS policy seminar for Indonesian leaders. Bangkok. Sept. 17, 1993.

Vichai Poschinda. *Overview of HIV Infection in Thailand: A concise Review of Status and Epidemiology.* Bangkok: Institute of Health Research, Chulalongkorn University. Oct. 1990.

_____. "Drug Injections and HIV Infection Among Drug Abuse Population in Asia". Bangkok: Institute of Health Research, Chulalongkorn University and the MOPH. A paper presented at the VIII International Conference on AIDS in Amsterdam. July 19-24, 1992.

_____. "Drug and AIDS in Southeast Asia". Bangkok: Institute of Health Research, Chulalongkorn University & the MOPH. A paper presented at a Drug Abuse symposium in Berlin. Sept. 15-19, 1992.

_____. Personal interview with the director of the Institute of Health Research, Chulalongkorn University. Bangkok. May 24, 1993.

Vichai Poschinda, et. al. *HIV and the Opiate Dependents in Thailand.* Bangkok: Institute of Health Research, Chulalongkorn University & the MOPH. April 1989.

Virada Somswasdi, Kobkun Rayanakorn. *Women's Legal Position in Thailand.* Chiang Mai, Thailand: Women's Studies Program, Chiang Mai University. 1991.

Veravaidya, Mechai. "AIDS in the 1990's: Meeting the Challenge". Speech at the World Bank/ IMF Annual Meeting in Bangkok. Oct. 12, 1991.

Vithayasai, V., Vithayasai, P. "An Analysis of HIV Infection Rates in Northern Thailand". *Thai AIDS Journal.* 1990. no. 2, pp. 99-108.

Vithayasai, Prakong. Personal interview with a medical doctor in the Division of Eurology, Suan Dok University. Chiang Mai, Thailand. Aug. 6, 1993.

Vivit Muntarbhorn, et al. Status of Women: Thailand. Bangkok: Unesco Principal Regional Office for Asia and the Pacific. 1990.

Vogel, David. *Fluctuating Fortunes: The Political Power Of Business America.* New York: Basic Books. 1989.

Wahnshafft, Ralph. "Formal and Informal Tourism Sectors: A Case Study in Pattaya, Thailand". *Annals of Tourism Research.* 1985. vol. 9, no. 3, pp. 437-461.

Washington Post. Various issues.

Werasit Sittitrai, Tim Brown. "Asian AIDS Epidemic". Paper presented to Congressional forum on HIV/AIDS Pandemic, U.S. Congress in Washington D.C. June 23-25, 1992.

WHO. "WHO Press Release / 16". WHO. Mar. 15, 1989.

_____. *Global Strategy for the Prevention and Control of AIDS, 1992 Update.* WHO. 1992.

WHO-GPA. *The HIV/AIDS Pandemic: 1993 Overview.* WHO. 1994.