

**EMERGENCY HIV/AIDS****Sector Analysis**

There is already an existing HIV/AIDS problem in the tsunami-affected provinces. Cases of HIV/AIDS have been recorded in all affected provinces. In 2004, as of 30 November, 174 AIDS cases were recorded in Ranong, 45 in Phang Nga, 196 in Phuket, 92 in Krabi, 70 in Trang and 29 in Satun (Bureau of Epidemiology, MOPH, December 2004). While the official figures are relatively low in comparison to other parts of the country, they do not include foreign migrants and unregistered population groups, such as some Mogen communities. Sentinel surveillance data suggests that the HIV prevalence among these groups is relatively high. In the June 2004 survey, a prevalence of 6.50% was found among fishermen in Ranong, and a rate of 3.74% among those in Trang (Bureau of AIDS, TB and STIs, MOPH, 2004). As many Burmese migrants and Mogen people work in the fishing industry, it is very likely that rates of HIV are high in their communities too. Anecdotal information obtained during brief discussions with people in Bang Muang camp appears to support this conclusion.

Sentinel surveillance data also indicates that HIV may now be spreading from high risk groups to the general population. For example, the high prevalence in some Southern provinces among women attending ANC is of some concern. These include tsunami affected provinces such as Ranong and Phuket, with 2.11% and 2.43% respectively (Bureau of AIDS, TB and STIs, MOPH, 2004).

**Impact of tsunami**

The tsunami can be expected to affect the HIV/AIDS situation in several ways. These include the disruption, already seen, to normal prevention and care services by displacement of populations, service providers and resources. This impact can be expected to be relatively short-term in duration, being addressed as regular services are re-established as part of the rehabilitation effort. However, in addition to disruption to existing services, the tsunami will create new contexts. These include the possibility of opportunities for transmission among residents of shelters, in particular young people, and also among the expected influx of migrant workers, both domestic and foreign, necessary for the reconstruction effort. There is also a possibility that displacement and loss of livelihood or family members may affect women and force them into the sex industry. Also, the tsunami has revealed needs among sections of the population, in particular the Moken people, who while born in Thailand, have not been able to access services because of lack of Thai nationality papers or because they live in remote locations.

*Services*

Information available suggests that for the most part services for people living with HIV/AIDS have not been affected. However some specific services were disrupted, for example supplies of formula intended for the PMTCT programme were utilized to supply mothers in camps. It is important that these supplies are replenished in time to prevent disruption of the supply to HIV +ve mothers. Also, while no specific reports have been received, it is likely that some people and families affected by HIV/AIDS have lost livelihoods due to the tsunami, so it will be important to ensure that they are included in welfare assistance programmes.

### *Young people*

There are many young people in the shelters. Few are working, and boredom is likely to be a factor. There were reports of some young people engaging in music and drinking sessions at night. This increases the likelihood of sexual activity and possibly drug-taking (although we had no reports of drug use) and thus opportunities for HIV transmission. Condoms are available in Bang Muang shelter by the Health Department, but distribution appears to be mainly to adults and for contraceptive purposes. The situation in other shelters is not clear. There does not appear to be any dissemination of literature or other Public Health media with HIV prevention messages.

### *Migrants*

Reconstruction is well underway in Phuket, and will shortly accelerate in Phang Nga as the clean up process is completed. Already there are teams of construction workers and labourers to be seen travelling to and from the areas affected. It is likely that the numbers will be increased, with an influx of labour from other areas in Thailand, especially the Northeast, and Myanmar. The presence of large numbers of migrant workers in the area will very likely bring an increased risk of HIV transmission. Accordingly, in the medium-long term plan for assistance to the region, HIV prevention must be given priority.

### *Gender concerns*

Generally the rate of participation of Southern Thai women in the sex industry is much lower relative to other provinces. However there is still a possibility that displacement and loss of livelihood or family members may affect women and force them into the sex industry. Also, disruption to schooling may make girls vulnerable to entry into the sex industry.

### *Minority populations*

It is clear that some population groups affected by the disaster have not previously had adequate access to HIV/AIDS prevention and care services. These include minority populations such as the Mogen, many of whom are reported to be unregistered citizens, and Myanmar migrants, especially unregistered migrants. Reports from shelter residents, in particular Mogen and other people from fishing villages, suggest there is a pre-existing HIV/AIDS problem, including cases of children orphaned by AIDS. People from some of these communities appear to have had little access to health services, so it is likely that they are unaware of their HIV status, or if known have not disclosed it to health workers in the shelters.

## **5 Future Activities and Recommendations for Programming**

It is anticipated that most of the issues described above will be included in the response by the MOPH, through the Departments of Disease Control and Department of Health, and through the Ministry of Social Development and human Security. However it is anticipated that additional advocacy and support will be needed in order to address certain issues. These include ensuring that attention is given to HIV prevention, including distribution of condoms, in camps/shelters, ensuring that people living with HIV/AIDS and families are included among recipients of welfare assistance, extension of HIV/AIDS prevention and care services to migrants and Mogen communities, and scaling up of prevention activities among incoming migrant workers involved in reconstruction.

Many HIV/AIDS network partners have already been working in the area to offer support. These include major partners, such as the Raks Thai Foundation, and World Vision

Thailand (both of these organizations have previously been working to address the problem of HIV/AIDS prevention and care amongst seafarers in the South), as well as others such as the Mirror Group (Krajok Ngaw, MAP and Empower. The National People Living with HIV/AIDS Network has a branch in the south with people living with HIV/AIDS self-help groups in the affected provinces and there are other small HIV/AIDS NGOs in the area such as the Life Home in Phuket, which may have potential for development of HIV/AIDS prevention and care activities with young people, women and children in the affected provinces.

Long-term community support will be required for rebuilding lives, social structures and services. Linkages with religious leadership initiatives, for example the Sangha Metta project, could offer models for assistance, for example by support for training of monks so that they can play a role in counselling and support in Buddhist communities. The Muslim youth associations in the far south may also offer alternative pathways to provision of assistance to Muslim communities in affected areas. Apart from these, there is an extensive network of small community development NGOs in the South whose members could be supported to provide on-going assistance to communities.

### **Objectives**

- Ensure that existing HIV/AIDS prevention and care services are maintained;
- Ensure that young people in shelters have access to HIV prevention services, including condoms, information and counseling;
- Ensure that girls continue to stay in school and that women affected have adequate support and occupational opportunities;
- Provide increased focus of HIV prevention activities for migrant workers, both domestic and foreign;
- Extend access to HIV/AIDS prevention and care services to ethnic minority populations.

### **Suggested Actions**

- Discussions with MOPH to ensure the key issues are included in the Ministry's response plan for the 6 affected provinces, in addition to other Health and Nutrition issues. Priorities include:
  - Prevention activities in camps, with special emphasis on condom distribution among young people;
  - Ensuring that PMTCT services are maintained, in camps and communities;
  - Inclusion of affected families who have lost livelihoods, in welfare assistance schemes
  - Support access to HIV/AIDS prevention, care and support for migrants, Mogen, and Muslim communities
- Liaise with education and social welfare agencies to ensure that girls continue to stay in school and that women affected have adequate support and occupational opportunities
- Follow-up with NGOs working in the area to identify capacity for HIV/AIDS prevention activities. Including links with people living with HIV/AIDS networks, Muslim and youth networks;
- Explore links to NGO projects with skills and experience in the use of art therapy;
- Support for an active role for religious leaders, including Buddhist monks and nuns and Muslim groups in provision of counseling and support services;