



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
11 October 2006

Original: English

UNITED NATIONS POPULATION FUND

Country programme for Thailand

Proposed UNFPA assistance: \$8.8 million: \$7.9 million from regular resources and \$0.9 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Ninth

Category per decision 2005/13: C

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	5.20	0.70	5.90
Population and development	1.95	0.20	2.15
Programme coordination and assistance	0.75	-	0.75
Total	7.90	0.90	8.80

I. Situation analysis

1. Over the last three decades, Thailand has reduced poverty, increased availability and access to basic social services, and made remarkable progress in the area of human development. The Government is committed to the Programme of Action of the International Conference on Population and Development (ICPD). The population and development plan within the ninth national development plan (2002-2006) calls for the integration of reproductive health and family planning within overall health strategies.

2. The population of Thailand, estimated at over 62 million in 2005, is expected to reach 70 million by 2025. Currently, young people aged 10-24 years constitute 24.5 per cent of the total population. Life expectancy at birth has steadily risen and now stands at 67 years for males and 75 years for females. The proportion of persons aged 60 years and older has been increasing; it currently exceeds 10 per cent. The draft tenth national development plan (2007-2011) calls for policies and programmes to address the needs of the ageing population.

3. Health services in Thailand have been decentralized. In 2001, the Government introduced the universal health care scheme, commonly known as the "30 baht scheme". While coverage has been successful, questions remain concerning the quality of care and the long-term sustainability of the scheme. Although development indicators at the national level are very good, challenges remain in remote areas of the north and northeast, and in the southernmost provinces. These areas are home to many marginalized and vulnerable people, including ethnic minorities, migrants, refugees and persons with disabilities. Within these populations, children and women are particularly vulnerable to trafficking and to sexually transmitted infections (STIs), including HIV/AIDS. Challenges include the continuing unrest in the deep south and the adverse health indicators in these areas.

4. Thailand expects to achieve most of the global Millennium Development Goal (MDG) targets well before 2015. More ambitious national development targets (outlined in the MDG-plus agenda) have been set and integrated into national plans. Maternal mortality declined to 22 deaths per 100,000 live births by 2004, while infant mortality declined to 17 deaths per 1,000 live births. However, the maternal mortality ratio in the three southernmost provinces is twice as high as the national average. A large number of cross-border migrants have limited access to skilled attendants at delivery; a significant proportion of them deliver with traditional birth attendants.

5. The total fertility rate, which reached replacement level in the early 1990s, declined to approximately 1.7 children per woman in 2005, a drop associated with an increase in the contraceptive prevalence rate. However, there is still a high unmet need for contraception among young people, with 46.8 per cent of induced abortions reported in Thai hospitals occurring among women younger than 25. Contraceptive use is also low among members of hill tribes, cross-border migrants and people living in remote areas and in the southernmost provinces.

6. Thailand is one of the few countries to have reversed the spread of HIV/AIDS. However, there have been warning signs of resurgence in recent years, as transmission appears to be moving from groups with high-risk behaviour to the general population. In 2003, women aged 15-29 accounted for 61 per cent of new HIV infections. A recent study reported a condom use rate of 89 per cent in Bangkok and 51 per cent in three other provinces. Prior to 2000, condom use in commercial sex workers was as high as 96 per cent. In response, the Government plans to redouble its HIV-prevention efforts, focusing on young people, women, commercial sex workers and their clients, and injecting drug users. Following the technical support division of labour of the Joint United Nations Programme on HIV/AIDS, the UNFPA country team in Thailand has requested UNFPA to serve as the lead agency for HIV prevention among young people and commercial sex workers.

7. Despite equality in education in Thailand, many women are confined to traditional roles and have

fewer opportunities than men for career advancement. Women account for less than 12 per cent of the members of the parliament. To address the situation, the Government hopes to double the proportion of women in parliament, local government bodies and executive positions in civil service by 2006. Some studies suggest that gender-based violence is also a significant concern.

8. The United Nations partnership framework focuses on reducing disparities, especially in reproductive health outcomes between geographical regions and among vulnerable population groups. The framework aims to reduce poverty and increase social protection, strengthen local governance and address gender- and youth-related concerns regarding exposure to HIV/AIDS.

II. Past cooperation and lessons learned

9. Since the 1970s, UNFPA cooperation in Thailand has evolved to meet changing needs in maternal and child health; family planning; information, education and communication and behavioural change communication; data management; population and development policies; gender equity; and emerging issues such as migration and ageing.

10. The eighth country programme (2002-2006) sought to improve reproductive health in underserved areas, focusing on the provision of high-quality, integrated and gender-sensitive services to border and mobile populations in the southern and northern provinces. The programme expanded sexual and reproductive health services tailored to the needs of youth in the underserved provinces of Chiang Rai and Lampang in the north and Pattani, Yala and Narathiwat in the south. At youth-friendly reproductive health centres, trained young people provided information and services at the district level. An interactive website targeting Thai youth reached nearly 30,000 visitors in the first year after its December 2004 launch. The programme also launched a pilot project supporting male involvement in antenatal care, to protect pregnant women from HIV infection.

11. Continuing unrest in southern Thailand has affected programme implementation. A related constraint has been the limited capacity of provincial and local administration to engage in participatory planning and management. Another weakness has been the limited availability of and access to data, and its limited use by managers at different levels.

12. On 26 December 2004, a tsunami hit southern Thailand, causing thousands of deaths and leaving thousands without livelihoods. Among those affected were residents of fishing villages along the Andaman coast and workers in the tourism industry, including a large number of undocumented migrants from Myanmar. UNFPA responded quickly with relief and rehabilitation efforts, which included the provision of emergency medical care through mobile clinics. These efforts supplemented ongoing reproductive health interventions of the regular country programme.

13. In collaboration with the Thailand International Development Cooperation Agency of the Ministry of Foreign Affairs, UNFPA supported South-South cooperation in reproductive health and HIV/AIDS prevention and care, encouraging the sharing of experience among countries in the subregion. The programme focused on capacity-building related to HIV counselling and prevention services for young people. As part of these efforts, the agency provided resources for training and networking in the region. Another UNFPA-supported effort was carried out in northern Thailand among older people whose families were affected by HIV/AIDS. Support included data collection and the designing of care and services for such people.

14. One of the lessons learned was the need to avoid a fragmented project approach and to adopt a specific geographical focus. The programme should focus on reducing disparities in accessing reproductive health services, particularly in underserved geographical areas and among underserved population groups, including migrants. Women in these groups are more likely to give birth without skilled attendants and are more vulnerable to HIV/AIDS and other reproductive health problems. There is considerable unmet need for reproductive health services for young people, including family

planning and HIV-prevention services. Population ageing is an issue that also requires attention.

III. Proposed programme

15. The proposed programme is consistent with national priorities as well as with the four priority areas of the United Nations partnership framework, which includes: (a) access to quality social services; (b) decentralization; (c) HIV/AIDS prevention, care, support and treatment; and (d) global partnership for development.

16. The proposed programme has two components: (a) reproductive health; and (b) population and development. Gender is mainstreamed in both components. The programme will contribute to improved reproductive health, with special attention paid to population groups vulnerable to maternal and newborn ill health and HIV infection. UNFPA will focus on policy advocacy, using reliable data and best practices in policy formulation, planning and programme management.

Reproductive health component

17. The reproductive health component will contribute to the national priority to reduce disparities of opportunities. It will seek to reduce the number of new HIV infections and mitigate the socio-economic impact of HIV and AIDS. There are two outcomes within the reproductive health component: (a) increased utilization of reproductive health information and services among vulnerable groups and in underserved areas; and (b) improved HIV prevention through safer sexual practices. Building on the experience of the previous country programme, the focus will be on in-school and out-of-school youth, people in the southernmost provinces and cross-border migrants.

18. Output 1: Improved access to high-quality, gender-sensitive reproductive health information, counselling and services, including HIV prevention for vulnerable groups and underserved areas. The strategy will be to

improve the quality of reproductive health services, ensure that they are culturally sensitive, and make family planning, HIV prevention and maternal and newborn care services more easily available to rural women, migrants, young people and commercial sex workers. The programme will promote HIV prevention within reproductive health services, thereby linking HIV/AIDS with sexual and reproductive health. This may include the restructuring of reproductive health services, by providing non-clinical based services or by adjusting the operating hours of clinics. The programme will also enhance the capacity of service providers to meet the specific needs of target groups.

19. Output 2: Enhanced institutional capacity at national and subnational levels for planning, implementing, managing and monitoring reproductive health programmes. Key strategies include increasing data-based planning and management skills at all levels, promoting effective monitoring and undertaking corrective action. This output will enhance the ability of programme managers and service providers to involve primary stakeholders, including young people, migrants, commercial sex workers and rural women, in programme planning and in providing culturally appropriate reproductive health services.

20. Output 3: Improved access to information, counselling and services for HIV prevention among young people, commercial sex workers, clients of commercial sex workers and migrants in underserved areas. Key interventions include behaviour change communication focusing on gender roles and the negotiation of safer sex; voluntary counselling and testing for HIV infection; and the provision of youth-friendly services. The programme will address commercial sex workers and their clients in targeted geographical areas, based on the sociocultural determinants of HIV transmission. The programme will also target migrants and their dependents through outreach to communities, at workplaces and at service delivery points.

Population and development component

21. The population and development component has two outcomes: (a) increased utilization of

disaggregated data for policy and strategy formulation; and (b) improved knowledge sharing and networking mechanisms for South-South cooperation on population, reproductive health, HIV prevention, gender and emerging issues, such as population ageing and cross-border migration. The second outcome relates to the national priority of Thailand to enhance its contribution to global partnerships for development, called for in the eighth Millennium Development Goal. As in previous years, UNFPA will cooperate with the Thailand International Development Cooperation Agency, which will provide resources for training and networking to supplement the proposed South-South cooperation.

22. UNFPA will contribute to these outcomes by developing capacity at the national and subnational levels to collect, analyse and use data by line ministries for policy and strategy formulation in population, reproductive health, gender and HIV/AIDS prevention. This output will include technical support for the 2010 census.

23. Output 1: Enhanced capacity at national and subnational levels to collect and analyse data and to conduct policy research on issues relating to reproductive health, HIV/AIDS, gender, migration and population ageing. Key interventions include the integration of HIV/AIDS and gender issues into population and reproductive health policies; the formulation and implementation of effective policies and programmes for population ageing; and the availability and dissemination of analytical reports on gender-related topics.

24. Output 2: Enhanced capacity and improved mechanisms for South-South cooperation in sharing experiences, information, and professional and technical know-how in population-related areas. Key actions include: (a) compiling statistical information on key population-related issues for intercountry comparisons; (b) undertaking regional-level analyses of population-related issues; and (c) supporting advocacy for

countries to take joint action on population-related issues.

25. Gender will be mainstreamed in both components of the country programme. The reproductive health component will increase the institutional capacity to mainstream gender in planning and implementing reproductive health programmes, including HIV prevention, in order to provide gender-sensitive reproductive health services and behaviour change communication interventions. The programme will also promote male involvement. In the area of population and development, sex-disaggregated data will be used for policy formulation and programme development on gender issues, including gender-based violence. The programme will also produce analytical reports on gender-related topics.

IV. Programme management, monitoring and evaluation

26. The Thailand International Development Cooperation Agency will coordinate the country programme, which will be monitored and evaluated in accordance with UNFPA procedures. The Ministry of Public Health and the National Statistical Office will be key partners. In collaboration with UNFPA, they will monitor the implementation of the annual work plans, as well as the achievement of outputs specified in the country programme action plan.

27. The UNFPA country office in Thailand consists of a Representative, who is also the Director of the UNFPA Country Technical Services Team (CST) in Bangkok; an assistant representative and two administrative support staff. Programme funds will be earmarked for four national programme posts and one support post within the framework of the approved country office typology. The CST in Bangkok will provide technical assistance.

National priority: to reduce the number of new HIV infections and the socio-economic impact of HIV and AIDS in Thailand UNDAF outcome: by 2011, Thailand ensures increased access to and utilization of comprehensive prevention, treatment, care and support services for HIV and AIDS				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<u>Outcome:</u> Improved HIV prevention through safer sexual practices among vulnerable groups <u>Outcome indicators:</u> In selected areas: <ul style="list-style-type: none"> • Percentage of young people demonstrating behavioural change towards safer sex practices • Percentage of commercial sex workers reporting consistent use of condoms with clients and non-client partners • Condom use at last high-risk sex 	<u>Output 3:</u> Improved access to information, counselling and services for HIV prevention among young people, commercial sex workers, clients of commercial sex workers and migrants in underserved areas <u>Output indicators:</u> <ul style="list-style-type: none"> • Percentage of service delivery points providing youth-friendly information, counselling and services for HIV prevention • Percentage of service delivery points providing high-quality voluntary counselling and testing for HIV infection • Percentage of young people, commercial sex workers, clients of commercial sex workers, and migrants (workers and dependents) having access to target group-specific information, counselling and services for HIV prevention • Percentage of young women who are confident they have the skills to get their partners to use condoms 	Ministry of Public Health Ministry of Education Provincial public health offices NGOs/civil society organizations	
National priority: to promote participatory democracy and good governance within the framework of the 1997 Constitution of Thailand, including decentralization of duties to local administrative organizations and civil society development UNDAF outcome: by 2011, subnational administrations effectively respond to people's rights in a participatory and transparent manner, based on quality data and evidence-based planning				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development	<u>Outcome:</u> Increased utilization of disaggregated data for policy and programme formulation at national and subnational levels for addressing maternal and newborn health, adolescent reproductive health, HIV/AIDS, gender, migration and population ageing <u>Outcome indicators:</u> <ul style="list-style-type: none"> • Key policies and programmes are evidence-based • Policymakers support formulation and implementation of elderly friendly policies and programmes 	<u>Output 1:</u> Enhanced capacity at national and subnational levels to collect and analyse data and to conduct policy research on issues relating to reproductive health, HIV/AIDS, gender, migration and population ageing <u>Output indicators:</u> <ul style="list-style-type: none"> • HIV/AIDS and gender issues are integrated into reproductive health and population and development policies • Effective policies and programmes to deal with population ageing formulated and implemented • Analytical reports on gender-related topics available and disseminated 	National Statistical Office Ministry of Public Health Ministry of Social Welfare and Human Security Provincial health offices Provincial statistical offices District administration offices NGOs/civil society organizations Academic institutions	\$2.15 million (\$1.95 million from regular resources and \$.20 million from other resources)

