

***Long Term Socio-Economic Impact of
HIV/AIDS on Children and Policy Response
in Thailand***

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Preface

Thailand is widely acknowledged to have effectively contained its HIV/AIDS epidemic. Despite the country's success in reducing the number of new HIV infections over the last decade, however, infection of females by husbands and children by mothers has gradually increased. Studies suggest that approximately 4,000 Thai children contract HIV each year. By the end of 2000, some 47,000 children had died of AIDS, another 63,000 children were HIV-positive, and a total of 109,000 children under the age of 15 had lost their mothers to AIDS-related illnesses. By 2005, the number of children in the latter group will have risen to 232,000.

Children infected with HIV fall into two categories. Members of the first group, roughly 15-20 percent of the total, progress very rapidly towards AIDS and die within the space of a few years (Thai Working Group, March 2001). Children in the second category, by far and away the largest group, develop AIDS more slowly and remain alive for longer periods of time. The result is a steady growth in the number of children living with HIV.

Most will require ongoing medical treatment and counseling support. Many will also require help with educational costs, as income losses stemming from AIDS-related illnesses and deaths will make it difficult for many families to bear the burden alone. The economic problems of school-age orphans are even more acute; as a result of the AIDS-related deaths of family members and relatives, they have been effectively deprived of traditional economic safety nets.

In considering the impact of HIV/AIDS on children, a number of important questions must be addressed. At the outset, it is necessary to assess the long-term socio-economic impact of HIV/AIDS on children, the present scope of the problem, and the potential difficulties that are likely to arise in the future. At the same time, consideration must be given to the optimal policy responses of the public sector and society as a whole.

With funding from UNICEF Thailand, a research team led by Ms. Suwanee Khamman, Deputy Director of the Social Division, National Economic and Social Development Board (NESDB) undertook to prepare this report. To do so, they drew upon a vast body of information, empirical studies, and research reports on HIV/AIDS and government policy responses. They also conducted extensive interviews with Thai academics, AIDS workers, and people living with HIV/AIDS, as well as international experts in order to better understand how the HIV/AIDS epidemic can best be prevented and controlled.

Existing information has been analyzed and synthesized with an eye towards helping policy makers use limited resources to develop effective policies for the control, prevention, treatment, and mitigation of the HIV/AIDS problem and its impact on children, including those living with HIV/AIDS. It is hoped that this report will provide guidance to help minimize the negative impacts of the disease on children.

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Abbreviation

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AZT	Zidovudine
CDC	Communicable Disease Control Department, Ministry of Public Health
CBO	Community-Based Organization
DDI	Dipanosine
ESCAP	Economic and Social Commission for Asia and the Pacific
FY	Fiscal year
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IDU	Intervenous Drug User
MOPH	Ministry of Public Health
NAC	National AIDS Prevention and Control Committee
NESDB	National Economic and Social Development Board
NGOs	Non-Governmental Organization
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
PHA	People Living with HIV/AIDS
SIP	Social Investment Project
SIF	Social Investment Fund
SOFO	Social Fund Office
STD	Sexually Transmitted Disease
SW	Sex Workers
UK	United Kingdom
UNAIDS	Joint United Nations program on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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