



# Thailand

## Snapshot (2017-2030)

### Executive Summary

#### Overview

The National Strategy for Ending AIDS: 2017-30 includes the following three goals:

- (1) Reduction of new HIV infections to no more than 1,000 cases per year;
- (2) Reduction of AIDS mortality to no more than 4,000 cases per year; and
- (3) Reduction of negative discrimination related to HIV and sexual orientation by 90%.

The Thailand National Strategy is based on 2 key pillars to achieving the vision that “Thailand is jointly free from AIDS problems by 2030 with due consideration to the principles of human rights and gender equality.” The 2 pillars are (i) Treatment as Prevention, thereby reducing likelihood of HIV transmission from people living with HIV and (ii) expanding service packages to key affected areas and target populations including an approach called “Reach-Recruit-Test-Treat-Retain”, which is an intensive effort to maximise reach of programs (both through outreach workers and on line), particularly to those within key populations most at risk, and to ensure linkage to testing and treatment services.

#### Key Populations

The National Strategy identifies target populations with high HIV transmission as:

gay men and other men who have sex with men, transgender women, sex workers and their clients, people who inject drugs and other drug users, sexual partners of key affected populations and HIV-infected persons, prisoners and juvenile detainees; and other populations who are highly vulnerable.

The National Strategy aims for 90% and 95% of targeted key affected populations to receive HIV service packages by 2020 and 2025 respectively.

#### HIV Epidemic and Behavioural Data

It is estimated that in 2019, 470,000 people were living with HIV. The annual number of new infections has declined markedly since peaking around 150,035 in 1990 to around 5,400 in 2019.

Although the official testing, treatment and viral suppression target data for UNAIDS’ 90-90-90 targets is incomplete, current official estimates suggest around 80% of all people living with HIV in Thailand were on treatment as of 2019. Of those on treatment, viral suppressed is below 95%.

HIV prevalence among Men who have sex with Men (MSM) is estimated at 11.9%. Among key populations HIV is increasing most among MSM who account for around 40% of new infections each year.

#### Program Coverage

The estimated percentage of the key population that have received an HIV test during the reporting period and who know their results ranges from 9.6% among People who inject drugs (PWID) to 53% among high risk MSM. It is projected that in 2023 key services gaps among KPs will be 38% of PWID (defined package of services), 22% of MSM (HIV testing services), 22% of transgender people (HIV testing services) and 36% sex workers (HIV testing services).

#### National Strategy Funding

Domestic sources cover approximately 75% of total funding needs. It is estimated that by 2023 there will be a funding gap of just over 60 million dollars (13.6% of funding needed) to implement the national strategy.

#### Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Sex work is criminalised. Compulsory detention centres are maintained for people who use drugs (PWUD). Same sex relations are not criminalised. The state has no laws that protect gender identity. Stigma related to HIV is common in Thailand.

#### Meaningful involvement of the Community

Civil Society, including key population community organisations, are recognised as an essential partner in governance and implementation of the National Strategy.



## Overview of the National Strategic Plan

On January 17, 2017, the Thai Cabinet approved the National Strategy for Ending AIDS: 2017-30 and assigned the relevant agencies to use the strategy as a framework for implementation of the prevention and response to AIDS going forward<sup>2</sup>.

This strategy includes the following three goals:

1. Reduction of new HIV infections to no more than 1,000 cases per year;
2. Reduction of AIDS mortality to no more than 4,000 cases per year; and
3. Reduction of negative discrimination related to HIV and sexual orientation by 90%.

Key challenges to be addressed include issues of key affected populations and vulnerable groups with high HIV prevalence, social stigma and discrimination against HIV and diverse sexual preferences.

Strategic Priorities: The Thailand National Strategy is based on 2 key pillars to achieve its vision that “Thailand is jointly free from AIDS problems by 2030 with due consideration to the principles of human rights and gender equality.”

The pillars are (i) Treatment as Prevention (thereby reducing likelihood of HIV transmission from people living with HIV and (ii) expanding highly effective service packages to key affected areas and target populations through a new approach called “Reach-Recruit-Test-Treat-Retain” which is an intensive effort to maximise reach of programs (both through outreach workers and on line), particularly to those within key populations most at risk and to ensure linkage to testing and treatment services.

To enable treatment as prevention, antiretroviral drug treatment is free under all health insurance schemes. The Ministry of Social Development and Human Security has delegated the provision of social support to local administration offices, namely an HIV allowance of 500 baht/ month and social protection system for HIV-infected and their families.

Prevention strategies in addition to “Reach-Recruit-Test-Treat-Retain” include:

- Support and increase access to prevention tools, for instance, condoms, female condoms, lubricants, clean needles, and syringes, ensuring adequacy and appropriateness for each population groups
- Promote and develop new alternatives of effective technology to support HIV prevention efforts, including communication and media, to encourage safe behaviours among target populations

Though not mentioned in the National Strategy, self-testing and PrEP are included in the funding request to the Global Fund covering the period 2021-2023<sup>3</sup>.

The National Strategy also includes measures to facilitate a supportive environment and improve strategic information.



## Key Populations

The National Strategy identifies target populations with high HIV transmission as:

- A. Gay men and other men who have sex with men.
- B. Transgender women
- C. Sex workers and their clients
- D. People who inject drugs and other drug users
- E. Sexual partners of key affected populations and HIV-infected persons
- F. Prisoners and juvenile detainees
- G. Other populations who are highly vulnerable

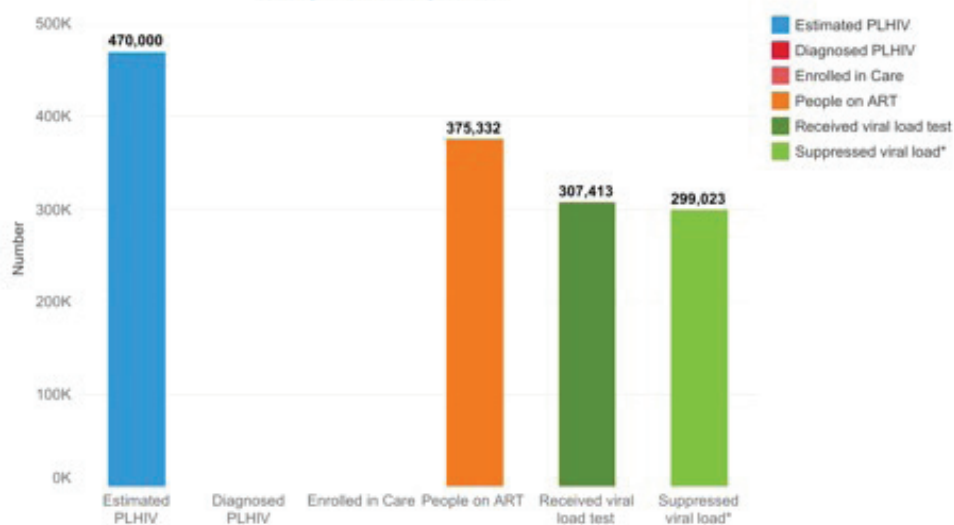
The National Strategy aims for 90% and 95% of targeted key affected populations to receive HIV service package by 2020 and 2025, respectively.

## HIV Epidemic and Behavioural Data

It is estimated that in 2019, some 470,000 people were living with HIV. The number of new infections has declined markedly since peaking around 150,035 in 1990 to around 5,400 in 2019<sup>4</sup>.

Although official testing, treatment and viral suppression target data for UNAIDS' 90-90-90 targets is incomplete, current estimates suggest around 80% of all people living with HIV in Thailand were on treatment as of 2019. Of those on treatment, more than 95% are virally suppressed<sup>5</sup> (see diagram below<sup>6</sup>)

**Cumulative cross-sectional cascade for HIV treatment and care, Thailand, 2019**



\* Number of patients on ART who received a viral load test in the past 12 months and have VL of <1000 copies/ml



Given that over 50% of HIV infected persons come in for antiretroviral drug treatment when their CD4 count has already fallen below 200mm<sup>3</sup>, the estimate that 80% of all people living with HIV in Thailand were on treatment as of 2019 is questionable.

Thailand's HIV epidemic is concentrated among certain key populations. Those most affected are men who have sex with men (MSM), who account for around 39% of new infections each year, male and female sex workers and their clients, around 14% of new infections, around 2% of transgender people and people who inject drugs (PWID), around 3% of new infections. Migrants and prisoners are also more vulnerable to HIV than others in the country<sup>8</sup>.

Population size estimates and HIV prevalence data for key populations are in the table below.

Population	Size estimate	HIV prevalence
Men who have sex with Men	527.9k (2016)	11.9% (2018)
Transgender people	62.8k (2016)	11% (2018)
Sex workers	43k (2017)	2.8% (2019)
People who inject drugs	42k (2015)	N/A

The following table provides data reported to UNAIDS for condom use, ART coverage and HIV testing and status awareness for key populations<sup>9</sup>.

Population	Condom Use	ART Coverage	HIV status awareness
Men who have sex with Men	82.7% (2018)	Data not reported	42.9% (2018)
Transgender people	76.9% (2018)	Data not reported	41.6% (2018)
Sex workers	83.1% (2018)	9.3%	66.4% (2019)
People who inject drugs	51.2% (2014)	Data not reported	Data not reported



## Program Coverage

The table below identifies current service coverage, coverage targets and projected gaps in service coverage taking account of domestic budget allocations and other funding sources <sup>10</sup>.

Population group	Target Population Size	Baseline Coverage	Target for 2023 from all funding sources (domestic and external) and % of target population	Coverage % of target	Gap in coverage target
<b>Percentage of Key Populations reached with prevention programs- defined package of services</b>					
People who inject drugs and their partners	42650	10431 (24%)	36679 (86%)	26267 (62%)	16383 (38%)
<b>Percentage of the key population that have received an HIV test during the reporting period and who know their results</b>					
People who inject drugs and their partners	42650	4088 (9.6%)	32414 (76%)	18,389 (43%)	24,261 (57%)
men who have sex with men	184582	102816 (53%)	184582	144,343 (78%)	40,239 (22%)
transgender people	30836	10821 (35%)	26211 (85%)	9651 (31%)	21,185 (69%)
Male sex workers	25699	3820 (15%)	22615 (88%)	16,383	6232 (28%)
<b>Number of needles and syringes distributed</b>					
People who inject drugs and their partners	42,650	463,320 10.86/person/year	1,760,592	1,112,720 (63%)	647,872 (37%)
<b>Percentage of eligible key populations who initiated oral antiretroviral PrEP in the last 12 months</b>					
men who have sex with men	123,209	5731	30802	16654	14148 (46%)
transgender people	9,816		2454	1,525	929 (38%)

The promotion of behaviour change (safe sex, safe injecting) is promoted among key populations.

Services along the spectrum of reach, recruit, test, treat, and retain (RRTTR) will be provided. This will occur primarily through direct service delivery. However, offline (internet, mobile phone) interventions will also be implemented.

There are significant gaps in strategic information publicly available which can be used to assess the likely impact of intended programs for MSM and Transgender people. In particular, information is lacking with regards to the level of risk among those (approximately two thirds of these populations) that are not being targeted.



**Female sex workers:** There are an estimated 132,000 female sex workers in Thailand. Although Female sex workers have significantly higher HIV prevalence compared to the overall adult population (1.9% in 2014)<sup>11</sup> and are included as a priority population (as sex workers and their clients), there is very little said about them in either the National Strategy or Global Fund submissions. It is stated that in the year prior to the national strategy adoption 54.2% received prevention services<sup>12</sup>. The Thailand GFATM funding request for 2021-2023 states that 200 million baht was made available through the Thai budget for prevention among MSM, TG, PWID and sex workers<sup>13</sup>.

## National Strategy Funding

In 2021, the estimated cost of implementing the national strategy is US\$ 345,399,591 of which 83.5% is available. The estimated cost will increase to US\$ 365,866,686 in 2023 of which an estimated 86.4% will be available.

Domestic sources fund approximately 75% of total funding needs.

### Funding required and anticipated funding and sources<sup>14</sup>

	2021		2023	
Total Funding needs for the National Strategic Plan	345,399,591		365,866,686	
Domestic source: Government revenues	177,394,888		191,545,705	
Domestic source: Social health insurance	81,076,625		87,702,085	
Domestic source: Private sector contributions (national)	96,931		96,931	
Total previous, current and anticipated DOMESTIC resources	258,568,443	74.5%	279,344,721	76.4%
United States Government (USG)	13,200,000		13,200,000	
Unspecified - not disaggregated by sources	1,729,201		270,000	
Total previous, current and anticipated EXTERNAL Resources (non-Global Fund)	14,929,201		13,470,000	
Total previous, current and anticipated Global Fund resources from existing grants (excluding amounts included in the funding request)	1,896,588			
External Resources	30,117,570	8.7%		
Total anticipated resources (annual amounts)	275,394,232		292,814,721	
Annual anticipated funding gap	70,005,359		73,051,966	
GFATM Funding request within the country allocation	13,291,781		12,855,726	
Total Remaining Funding Gap (annual amounts)	56,713,578	16.5%	60,196,240	13.6%



## Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Sex work is criminalised in Thailand. While laws are rarely imposed, criminalisation creates opportunities for exploitation of sex workers.

The maintenance of compulsory detention centres creates barriers in accessing People who use drugs (PWUD). Furthermore, current drug laws are a barrier to providing clean injecting equipment. Under the current national strategy measures are included to develop a national guideline of inclusion of harm reduction services as part of drug treatment with (i) clear understanding of principles of harm reduction, (ii) sensitise and train health care providers on how to provide care to PWID as well as PWUD aligned with harm reduction principles; (iii) link harm reduction to services provided by CSOs; and (iv) coordination and understanding with law enforcement for roles and guideline of law enforcement in harm reduction services <sup>15</sup>.

Same sex relations are not criminalised. However, there are no laws or policies that protect or provide social services for the LGBTI community regarding family rights, such as same-sex marriage, adoption of children, and legal access to assisted reproductive technologies.

The state has no laws that protect gender identity. The results are discrimination towards transgender persons in the judicial system, customs and re-entry into the country, access to health, education, and employment. <sup>16</sup>

Table <sup>17</sup>



Stigma related to HIV is common in Thailand. This is reflected in Goal 3 of the national strategy: Reduction of negative discrimination related to HIV and sexual orientation by 90%.

### Strategies proposed to address stigma include:

- Interventions to improve understanding and attitudes about HIV/AIDS, human rights and gender diversity.
- Development of stipulated standards for organisations/agencies to develop policies and measures to promote understanding on AIDS, human rights, absence of social stigma and discrimination and gender sensitivity.
- Improvement/amendment in the laws, rules and regulations that present obstacles to access to service by HIV-infected persons and key affected populations





### Population survey on HIV related stigma 2014<sup>18</sup>

Statement	Agree
People are hesitant to take HIV test due to fear of people's reaction if the result is positive	76.3
People living or thought to be living with HIV usually lose respect or standing from surrounding people	68.9
You could contract HIV through saliva of people living with HIV	57.7
I would be ashamed if someone in my family has HIV/AIDS	37.5
Don't buy fresh vegetable or cooked food from vendors who are living with HIV	51.8
Children living with HIV should not be in the same class as other ordinary children	23.9

## Meaningful involvement of the Community

Civil Society, including key population community organisations, are recognised as an essential partner in governance and implementation of the National Strategy. Community representatives are included in key governance structures. This includes the establishment of a community think tank as a national technical platform to foster a data-driven approach for community monitoring/oversight, accreditation and certification<sup>19</sup>.

Specific measures in the national strategy to strengthen community involvement include:

- Linkage and integration of community systems with health services and other services such as social protection, are essential components of the service continuum underpinning the National Strategy.
- Manage and adjust legal mechanisms and regulations, policy and social environment and mindset of society and related agencies, to facilitate access to service by target populations.
- Increase the budget and develop a financing mechanism that is able to support effective implementation by concerned agencies, including participation by civil society organisations, thereby ensuring inclusiveness and continuity of efforts.
- Help to strengthen capacity of the civil society, including target populations, communities and private NGOs, enabling them to participate and make important contributions. Help strengthening capacity of target populations to access services and make appropriately informed decisions.

2. National Committee for the Prevention and Response to AIDS (2017) Thailand National Strategy to End AIDS 2017 – 2030 (available at <https://hivhub.ddc.moph.go.th>)  
3. Thailand CCM. Funding Request Form Allocation Period 2020-2022 p52  
4. UNAIDS 'AIDSinfo' <https://kpatlas.unaids.org/dashboard> (accessed May 2021)  
5. Ibid  
6. <https://www.aidsdatahub.org/country-profiles/thailand> (accessed May 2021)  
7. National Committee for the Prevention and Response to AIDS (2017) Thailand National Strategy to End AIDS 2017 – 2030 (available at <https://hivhub.ddc.moph.go.th>) p14  
8. <https://www.aidsdatahub.org/country-profiles/thailand> (accessed May 2021)  
9. UNAIDS 'AIDSinfo' <https://kpatlas.unaids.org/dashboard> (accessed May 2021)  
10. Thailand CCM. Funding Request Form Allocation Period 2020-2022. HIV/AIDS Programmatic Gap  
11. National Committee for the Prevention and Response to AIDS (2017) Thailand National Strategy to End AIDS 2017 – 2030 (available at <https://hivhub.ddc.moph.go.th>) p9  
12. Ibid  
13. Thailand CCM. Funding Request Form Allocation Period 2020-2022.  
14. Ibid  
15. Thailand CCM. Funding Request Form Allocation Period 2020-2022.p68  
16. SOGIESC caucus. (May 2016).SOGIESC Advocacy Paper. Presented during the 25th UPR Working Group Sessions. <https://www.ohchr.org/en/hrbodies/upr/pages/uprmain.aspx> (accessed May 2021)  
17. <https://www.aidsdatahub.org/country-profiles/thailand> (accessed May 2021)  
18. National Committee for the Prevention and Response to AIDS (2017) Thailand National Strategy to End AIDS 2017 – 2030 (available at <https://hivhub.ddc.moph.go.th>) p11  
19. Thailand CCM. Funding Request Form Allocation Period 2020-2022.p6