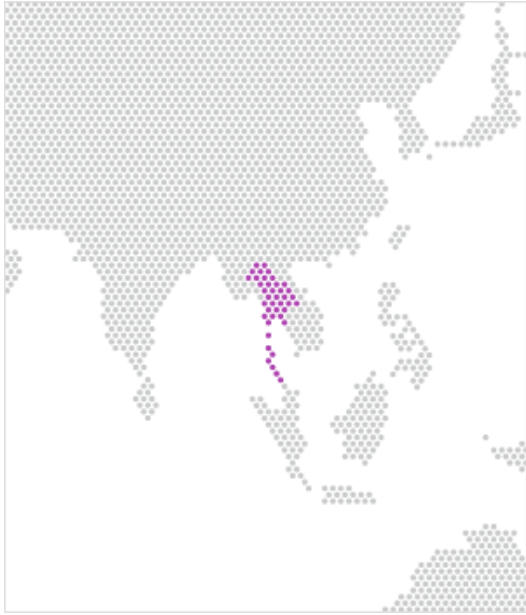


HIV and AIDS in Thailand



Thailand (2019)

470,000 people living with HIV

1% adult HIV prevalence

5,400 new HIV infections

14,000 AIDS-related deaths

80% adults on antiretroviral treatment*

66% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2020

KEY POINTS

- Thailand has one of the highest HIV prevalences in Asia and the Pacific, accounting for 9% of the region's total population of people living with HIV.
- Although the epidemic is in decline, prevalence remains high among key affected groups, with young people from key populations particularly at risk.
- Thailand is the first country to effectively eliminate mother-to-child transmissions, with a transmission rate of less than 2%.
- In 2018, Thailand began to scale up PrEP in order to make it nationally available to people at high risk of HIV, making it a leader in the region.
- Thailand hopes to be one of the first countries to end AIDS by 2030. However to achieve this, significantly more young people and key affected populations need to be reached.

Explore this page to read more about [populations most affected by HIV](#), [HIV testing and counselling programmes](#), [HIV prevention programmes](#), [antiretroviral treatment availability](#), [civil society's role](#), [HIV and tuberculosis \(TB\)](#), [barriers to prevention](#), [funding for HIV](#) and [the way forward for Thailand](#).

Of Thailand's population of nearly 70 million, an estimated 470,000 people were living with HIV and 14,000 people died of AIDS-related illnesses in 2019.¹ After [East and Southern Africa](#), [Asia and the Pacific](#) is the region with the largest number of people living with HIV, with Thailand home to a large proportion of the region's HIV positive people.²

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, >95% are virally suppressed. ³

Thailand's HIV epidemic is concentrated among certain key populations. Those most affected are [men who have sex with men](#) (sometimes referred to as MSM), who account for around 40% of new infections each year, [sex workers](#) and their clients, around 10% of new infections, [transgender people](#) and [people who inject drugs](#) (sometimes referred to as PWID), around 10% of new infections each. Migrants and prisoners are also more vulnerable to HIV than others in the country.^{4 5}

[Young people](#) from key populations are particularly at risk of acquiring HIV. In 2018, around half of new HIV infections in Thailand occurred among people aged 15-24.⁶

HIV prevalence is declining in Thailand due to successful HIV prevention programmes. A study has shown that nearly 10 million people avoided HIV transmission because of early intervention programmes with key affected populations between 1990 and 2010.⁷ Between 2010 and 2018, AIDS-related deaths declined by a third (32%) and new infections fell by 59%.⁸

In 2019, 5,400 people in Thailand became HIV positive.⁹ Unprotected sex is estimated to account for 90% of all new HIV infections. Unsafe injecting drug use is the second biggest transmission route.¹⁰

Although increased access to prevention services has resulted in new infections decreasing overall, they are rising among certain groups. For example, while the rate of new infections through injecting drug use steadily decreased between 1995 and 2015, the rate of new infections through male-to-male sex dramatically increased over the same period.¹¹

THAILAND Progress towards 90 90 90 targets (all ages)



Source: UNAIDS Data 2020

Avert www.avert.org

Key affected populations in Thailand

Men who have sex with men (MSM)

In Thailand between 12% and 15% of men who have sex with men were estimated to be living with HIV in 2018, although prevalence varies greatly depending on location.¹²¹³ For example, in 2015 around 29% of men who have sex with men in Bangkok were thought to be living with HIV.¹⁴

Around 40% of new HIV infections among adults in the country each year occur among men who have sex with men, with young men from this population group particularly vulnerable to infection.¹⁵

Condom use among men who have sex with men is high, with around 80% reporting consistent condom use in 2018, a rate that has remained steady for the past five years.¹⁶ However although the availability of prevention services has improved, new infections have not declined as much as intended.¹⁷

A 2015 study estimated that there were 185,000 men who have sex with men living in metropolitan Bangkok, 60,000 of whom were at high risk of HIV infection. It found that, while there are enough clinics and health personnel in Bangkok to support testing and treatment for all men who have sex with men at risk of HIV, there was limited take up of these services. Of those 60,000 considered high-risk, only 14,000 tested for HIV in the course of a year, of whom 4,000 were diagnosed as HIV-positive. Yet fewer than 1,000 of these men started taking antiretroviral treatment despite it being available for free.¹⁸

Prevention programmes haven't reached enough young men who have sex with men, meaning they are less likely to know where to get an HIV test, or understand their risk.¹⁹ This, alongside a perception of low risk and multi-partner sex alongside use of performance enhancing drugs, can result in low condom use.²⁰

A 2013 study of men who have sex with men in Bangkok found HIV incidence to be much higher in younger men (8.8 per 100 person-years among those aged 18 to 21, compared to 3.7 per 100 person-years among men over 30).²¹

Sex workers

In Thailand, HIV prevalence is higher among male sex workers than female. In 2018, of the estimated 145,000 sex workers in the country, HIV prevalence was approximately 4% among male sex workers and 1.7% among female sex workers.^{22 23} However, urban settings have shown to yield exceptionally high HIV prevalences among female sex workers, as high as 20% in Bangkok, for example.²⁴

Data from 2013 suggests female sex workers account for 10% of all new HIV infections in Thailand.²⁵ This may be the result of a lack of information about HIV or a lack of access to services. For example, a 2015 UNICEF study of young key populations in Thailand found only 31% of young female sex workers in Bangkok and 50% in Chiang Mai had received any HIV-related information or services in the past 12 months, compared to 80% of the other key populations surveyed.²⁶

Globally, transgender people are the most at-risk group of sex workers, with HIV prevalence estimated to be on average nine times higher than for female sex workers and three times higher than for male sex workers.²⁷

Transgender people

There are an estimated 62,800 transgender people living in Thailand.²⁸ HIV prevalence among this group was estimated at 11% in 2018, making transgender people a particularly at-risk population.^{29A} 2015 UNICEF study found 39% of young transgender people had sold sex, making them particularly vulnerable to HIV.³⁰

Data reported by UNAIDS in 2019 suggests around three quarters (77%) of transgender women in Thailand use condoms regularly and around half have access to HIV prevention programmes. Around 40% of HIV positive transgender women are estimated to be aware of their status.³¹ Discriminatory health systems, transphobia, family rejection and a lack of access to education and employment all discourage transgender people from seeking HIV services, leaving them behind in prevention and treatment work.³²

A study conducted in 2015 and 2016 found younger transgender women were also more likely to be HIV positive than older transgender women. Having an STI, having a low education level and using amphetamine-type stimulants were found to be more common among HIV positive transgender women, suggesting these factors further heighten transgender women's risk of acquiring HIV.³³

People who inject drugs (PWID)

Within the first few years of Thailand's epidemic, HIV prevalence among people who inject drugs (sometimes referred to as PWID) rose from 0 to 40%. By 2011, prevalence had halved to 22%.³⁴ Prevalence has remained at a similar level since then, standing at 20.5% in 2014, the most recent data available.³⁵

Although the need for harm reduction is increasingly accepted in Thailand, a largely punitive policy and legal environment focused on drug control continues to undermine access to essential health services. There is intense social stigmatisation of people who inject drugs, and the country still operates compulsory detention centres for people who use drugs, both of which deter many from seeking healthcare, including harm reduction services.³⁶

There are some signs of progress in this area as Thailand has begun to revise its drug laws, suggesting the government may be moving towards a more health-based approach to drug use. In 2017, the government reduced the penalties for drug possession, trafficking and production, and abolished the death penalty for selling drugs. This goes against an overall shift in the region towards more hostile approaches to drug use, as countries such as the Philippines and Indonesia implement more punitive policies.³⁷

In 2014, the last data available, it was estimated that around half of people who inject drugs used condoms.³⁸ However, Thailand's National AIDS Committee (NAC) reported an increase in the proportion of people testing for HIV, from 40% in 2009 to 61% in 2016, but warns that its data is limited as it is based on research from a small number of areas.³⁹

Migrants

Migration can put people in situations that heighten their vulnerability to HIV, due to factors such as social exclusion and a lack of access to healthcare services or social protection. In South-East Asia, HIV prevalence among migrants to Thailand from neighbouring countries is up to four times higher than among the general population.⁴⁰

The highest prevalence among migrants in Thailand was found in the fishing industry, with rates of 2% among fishermen and 2.3% among fishery workers, compared to HIV prevalence of 1.1% and 0.74% among factory workers and farm workers respectively.[41](#)

In a behavioural survey conducted in 24 provinces among migrant workers aged 15-49, 21.6% of male workers had sex with more than one partner in the previous year compared with 4.6% of female workers. Fishermen and those working in the sea-food processing industry were particularly likely to pay for sex.[42](#) A 2016 study of more than 2,000 migrant workers from Myanmar found more than half did not know or were not certain where to test for HIV.[43](#)

In Thailand, the vast majority of sex workers are migrants from villages, who use the income from sex work to support families in their home communities.[44](#) Migrant sex workers in low-income places appear to be at particularly high risk of HIV.[45](#)

In 2013, Thailand's Ministry of Public Health announced a policy to provide health insurance (with antiretroviral treatment coverage included) for cross-border migrant workers who are not covered by social security, including both registered and unregistered migrants. As of September 2014, the number of migrants who registered with the migrant health insurance stood at 1.4 million, an increase from previous years.[46](#) However, national debates have occurred in recent years as to whether the Thai government should fund health services for migrant workers.[47](#)

In addition, implementation on the ground has been difficult because undocumented migrants are hesitant to claim their right to healthcare due to fear of being deported.[48](#)

HIV testing and counselling (HTC) in Thailand

Thanks to successful HIV testing and counselling (HTC) programmes, Thailand has reached the first 90 of the UNAIDS 90-90-90 targets as 94% of people living with HIV in 2018 were aware of their status.[49](#) However, only 43% of men who have sex with men and a similar proportion of transgender women are estimated to have had an HIV test and received their result in the past year - testing rates that are lower than for any other key populations.[50](#)

HIV-related stigma and experiences of stigma and discrimination in healthcare are recurring barriers that prevent people from testing for HIV. Criminalisation is also an issue, especially for people who use drugs who fear arrest or detention. Ethnicity or migrant nationality, sexual orientation, mental health issues or being co-infected with tuberculosis, are additional layers of stigma that prevent people from testing.[51](#)

Age has also been a barrier to HIV testing, although a ban on people aged 18 and under testing for HIV without parental consent was lifted in 2012.[52](#)

New approaches have been introduced to increase access to, and demand for, HIV testing among key affected populations, including the following:

- implementing community-based HTC to expand outreach work
- providing index testing (HIV testing for the sexual and injecting partners of people diagnosed with HIV)
- ensuring HTC outlets provide same-day results.[53](#)

One such programme is the USAID and PEPFAR-funded LINKAGES programme. This five-year project started in 2015 and is being implemented in Thailand by FHI 360 and local community-based organisations. LINKAGES sees members from key populations (known as 'peer mobilisers') reach out to their peers to link them to HTC services. Those who test positive for HIV are then supported by their peers to access antiretroviral treatment (ART) and care.

Results from one of the main implementers of LINKAGES in Thailand, the Rainbow Sky Association show that in 2017 it provided HIV prevention to around 17,600 people from key populations, of whom 6,600 tested for HIV (38%). Around 6% of those testing were diagnosed with HIV, of whom 73% started ART. Around 8% of those testing HIV negative went on to access PrEP.⁵⁴

In April 2019, Thailand's Food and Drug Administration made it legal for pharmacies to sell HIV self-testing kits. Previously, HIV self-testing kits could only be sold to medical professionals. A number of self-testing pilots with key populations are also being conducted to assess whether the technology should be further utilised by national HIV programmes.⁵⁵

CASE STUDY: Trialling HIV self-testing among men who have sex with men and transgender women

In order to examine whether oral HIV self-testing kits were acceptable for use, between 2017 and 2018 LINKAGES conducted a self-testing trial with around 1,400 men who have sex with men and 1,000 transgender women. The study mainly recruited young, single participants who had not accessed community-based interventions before.

Participants could opt for either unassisted self-testing, whereby they received a self-testing kit directly from a peer supporter, at a drop-in centre or via the mail, or assisted self-testing at a nearby, friendly venue. Participants demonstrated a clear preference for assisted testing (81% of men who have sex with men and 87% of transgender women). The majority of those who opted for unassisted testing asked to receive kits through the mail.

Overall, 81% of participants found self-testing to be acceptable (acceptability levels were the same among men who have sex with men and transgender women). More than a third of participants had never tested for HIV. Around 6% of men who have sex with men tested positive for HIV, as did 7% of transgender women.⁵⁶

HIV prevention programmes in Thailand

In 2018, 6,400 people in Thailand became infected with HIV. Roughly two-thirds were men (4,400 infections among adult men, compared to 1,900 infections among adult women). Under 100 new infections were among children (0-14 years).⁵⁷

New infections are declining significantly, though the rate has slowed in recent years. Between 2010 and 2018 new infections fell by 59%, the steepest decline for any country in the Asia and the Pacific region.^{58 59}

In 2018, it was estimated that around 40% of new infections occurred among men who have sex with men and transgender women, 10% among sex workers and their clients, and 11% among people who

inject drugs. Around 29% of new infections are estimated to occur from spousal transmission, 21% of these from husbands to wives.⁶⁰

Thailand's 2017–2030 National AIDS Strategy aims to cut annual new infections to less than 1,000 by supporting combination prevention programmes for key populations and working in partnership with community-led organisations to reach people at higher risk in the locations where they live and work.⁶¹

Condom availability and use

Thailand's 100% Condom Program, which began in 1991 to offer condoms free of charge nationwide, particularly to sex workers and brothels, is widely credited with averting a generalised HIV epidemic in the country.

Subsequent condom distribution and awareness campaigns have since run and often target young people. In 2016, health authorities launched a new, three-year condom campaign aimed at young people, distributing about 40 million free condoms per year.⁶² Despite this, condom use among this age group is low. For instance, Thailand has the second highest rates of teenage pregnancy in South East Asia.

Among adults of all ages, it is estimated that around two thirds use condoms with non-regular partners.⁶³

HIV education and approach to sex education

Nearly all general secondary and vocational institutions provide comprehensive sexuality education (CSE), either as an integrated or standalone subject or both. It is not available for children of younger ages.

Diverse topics are covered in the CSE curriculum including the prevention of teenage pregnancy, sexually transmitted infections and HIV, and sexual anatomy and development. However, topics that relate to gender, sexual rights, sexual and gender diversity, gender inequality, safe abortion and safer sex for same-sex couples are less often taught.⁶⁴

Surveys show that people in Thailand under the age of 25 have lower levels of HIV knowledge and HIV testing and counselling than those over age 25.⁶⁵ In 2016, only around 45% of young people (ages 15-24) had adequate knowledge about how to prevent HIV.⁶⁶ New sexually transmitted infections (STIs) are rising among this age group, suggesting HIV testing and prevention programmes need to be better prioritised.⁶⁷

Preventing mother-to-child transmission (PMTCT)

Thailand has made great strides in reducing its [mother-to-child-transmission](#) (MTCT) rate. In 2015 the rate of MTCT of HIV stood at 1.9%. This equates to 86 children becoming infected with HIV through this route, a decline of more than 90% over the past 15 years.

A transmission rate of 2% or below is considered by the World Health Organization (WHO) as effectively eliminating mother-to-child transmission of HIV.⁶⁸ Thailand was the first country in the Asia Pacific region to reach this important milestone, followed by Malaysia in 2018.⁶⁹

In 2018, more than 95% of pregnant women in Thailand were tested for HIV and more than 95% of those living with HIV received antiretroviral drugs to reduce the risk of MTCT.⁷⁰ In the same year, more than 95% of infants born to HIV-positive women were tested for HIV within two months of birth.⁷¹

Despite these successes, areas for improvement include:

- coverage of couples testing for HIV in antenatal care (ANC) increased from 38% in 2013 to 41% in 2014, but remained significantly below the 2016 target of 60%
- a number of pregnant women still have not registered for ANC, so the full picture is not known
- access to PMTCT services for foreign pregnant women who are living with HIV is not universal with many having to pay.⁷²

Harm reduction

Harm reduction services for people who inject drugs, such as [needle and syringe programmes](#) (NSPs), are available in Thailand, although they are limited. On average, a person who injects drugs in Thailand received just 10 clean needles and syringes per year in 2018, fewer than in previous years.⁷³

Despite this, there has been a significant increase in the proportion of people who report using sterile injecting equipment the last time they injected (from 42% in 2009 to 95% in 2014).⁷⁴

A reduction in the number of NSPs in Thailand began in 2014 as a result of a sudden termination of a partnership with local pharmacists due to reduced funding. Two years later, 24 out of 38 sites had shut.⁷⁵ By 2018, only 14 NSP sites were operating.⁷⁶

In Thailand, detoxification and [opioid substitution therapy](#) using methadone has been provided free since 2014, as they are included in the country's universal health insurance and social security schemes. However, methadone treatment is currently available only in district- and province-level hospitals and a few remote drug treatment centres, reaching only 5% of all people who require it.⁷⁷

In order to increase access to OST, O-zone, a Thai non-governmental organisation, has been implementing a peer-led, community-based methadone delivery service in the mountain village of Santikhiri in Chiang Rai province under supervision from Mae Chan Hospital. Initiated in 2013, the initiative attracted media attention and support from government agencies and has since been replicated in Huay Pung in Chiang Rai province.⁷⁸

Pre-exposure prophylaxis (PrEP)

[Pre-exposure prophylaxis](#) (PrEP) is antiretroviral treatment taken by HIV-negative people before potential exposure to HIV in order to stop transmission. It began being piloted in Thailand in 2014. Two years later PrEP pilots were operating at five sites for men who have sex with men and transgender women, reaching around 4,500 people.⁷⁹

In 2018, PrEP was expanded further as pilot projects were scaled up and integrated into the country's national health system. There are also plans to include PrEP as part of the benefits package available through the country's universal health coverage insurance scheme.⁸⁰ By the end of 2018, around 9,500 people were accessing PrEP.⁸¹

We hope that other countries can learn from Thailand so that they can move faster. Don't wait too long. Delayed roll-out of PrEP means more new HIV infections and slower progress to ending AIDS.

- Panumard Yarnwaisakul, Deputy Director-General, Department of Disease Control, Ministry of Public Health⁸²

Antiretroviral treatment (ART) in Thailand

Thailand provides [antiretroviral treatment](#) (ART) for free as part of the country's universal health insurance scheme. In 2014 it adopted World Health Organization guidance to provide immediate ART to anyone testing positive for HIV, regardless of their CD4 count (known as 'test and treat').⁸³ It is one of only four countries in Southeast Asia that has enabled 70% or more people living with HIV to access ART, with 75% on treatment as of 2018 - the others being Cambodia (81%), Myanmar (70%) and Singapore (78%).⁸⁴

In 2016, 75% of HIV positive adults were receiving treatment, as were 83% of children.⁸⁵ Women are more likely than men to be on treatment, with 77% of women living with HIV on treatment compared to 73% of men.⁸⁶ This is partly due to the fact that men who have sex with men are less likely than other groups to access treatment. In 2018, only 61% of men who have sex with men and transgender women who were newly diagnosed received ART in the same year. However, this rate is higher than among female sex workers (45% began ART within a year), male sex workers (38%) and people who inject drugs (37%). PEPFAR (2019) '[Asia Region Operational Plan, ROP 2019 Strategic Direction Summary](#)', p51. [pdf]

Overall, 73% of people living with HIV have suppressed viral loads, meaning HIV has been suppressed to such an extent in their body that they are likely to be in good health and, if maintained, will not pass the virus onto others.⁸⁷ Viral suppression rates among people living with HIV have increased significantly in recent years - in 2015 just 53% of HIV positive people were virally suppressed.⁸⁸ This rapid increase is the result of focused efforts to provide more immediate treatment, including the provision of same-day ART initiation in some centres.

Adherence support is also another major focus area, and has resulted in 90% of people on ART still retained in care after 12 months in 2018.⁸⁹ Treatment programmes tend to be particularly strong in large cities; to fully realise the potential of these strategies they need to be extended to other parts of the country.⁹⁰

Viral suppression rates are lower among certain groups, standing at 66% among men who have sex with men and transgender women and 67% among people who inject drugs. Sex workers fare better in this area, with viral suppression rates of 70% among female sex workers and 73% among male sex workers.⁹¹

Young people from key populations particularly struggle to access and adhere to treatment. This is due to a number of factors, including tense relationships with parents and caregivers, forgetfulness

due to busy schedules and fear of disclosing HIV status to boy/girlfriends and others.[92](#)

As access to ART in Thailand increases, so does the potential for transmission of drug-resistant HIV. Findings from a study published in 2018, based on data collected from ART clinics in Thailand in 2006, 2007, 2008/09 and 2013, suggests HIV drug resistance is rising. Drug resistance among people who had not been on treatment before was found in 2% of cases in 2006 but 5% of cases in 2013, while drug resistance among those on treatment, or who had previously been on treatment, was found in 0% of cases in 2006, 3% in 2007, 11% in 2008/09 and 14% in 2013.[93](#)

Civil society's role in Thailand

Dozens of human rights defenders, pro-democracy activists and others have been investigated and prosecuted by Thailand's military government since it took power in 2014. A decree issued by Prime Minister Prayuth Chan-o-cha in 2015, bans 'political gatherings' of five or more persons. Authorities have frequently used this order to detain and charge peaceful protesters.[94](#) [95](#)

The Thai authorities have created a fearful environment where people cannot speak or assemble peacefully without risking arrest and prosecution.

- *Champa Patel, Southeast Asia and Pacific Director of Amnesty International.*[96](#)

There are numerous civil society organisations (CSOs) that represent the interests of people most affected by HIV in Thailand. These are co-ordinated by the Thai Network for People Living with HIV/AIDS (TNP). Particularly crucial has been their support for the production of generic antiretrovirals (ARVs) and their representation of particularly marginalised key population groups. For instance, CSO-driven projects have made up almost the entire response to HIV among people who use and inject drugs and provided critical leadership in moving the advocacy agenda forward.[97](#)

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HIV and tuberculosis (TB) in Thailand

The World Health Organization (WHO) classifies Thailand within the top 30 high burden countries for tuberculosis (TB).⁹⁸ In 2018, just over 85,000 cases of TB were diagnosed, and 81% of these people had a known HIV status. Of these, 10% were HIV-positive, of whom 80% were on antiretroviral treatment.⁹⁹ In the same year there were 2,900 TB-related deaths among people with HIV.

Thailand's 2017-2030 National AIDS Strategy outlines plans to increase the integration of HIV health services with services for TB in order to close this gap.¹⁰⁰ In 2018, the Thai government issued national guidelines that recommended TB screening and TB preventative therapy be provided to all people accessing HIV services. National integrated TB/HIV surveillance is also being established to generate more reliable, segregated data on TB among people living with HIV.¹⁰¹

Barriers to the HIV response in Thailand

Legal and cultural barriers

Law enforcement can act as an obstacle to HIV treatment and prevention; Thailand is one of several Asian countries that have programmes in place to prevent this.¹⁰² This includes protective legislation that guarantees the right to basic healthcare for migrants.¹⁰³

HIV stigma and discrimination

Although laws and policies to protect people living with HIV have been improved, research shows stigmatisation is common, with around one in four people (26%) holding discriminatory attitudes towards people living with HIV in 2015.¹⁰⁴

People living with, and most at risk of, HIV also report experiencing [stigma and discrimination](#) from healthcare workers. Overall, one in 10 people living with HIV surveyed in 2017 reported experiencing stigma and discrimination in a healthcare setting, and one in three said they avoided health facilities as a result.¹⁰⁵ This is also one of the main barriers undocumented migrants say prevents them from accessing treatment.¹⁰⁶

In its 2017-2030 National AIDS Strategy, the Ministry of Public Health of Thailand has set a target of reducing HIV-related discrimination in healthcare settings by 90% by 2030.¹⁰⁷

Despite same sex activity long being legal in Thailand, and the passing of the Gender Equality Act in 2015 to quell discrimination against lesbian, gay, bisexual, transgender people and men who have sex with men,¹⁰⁸ homophobia can still prevent people from accessing HIV services.¹⁰⁹

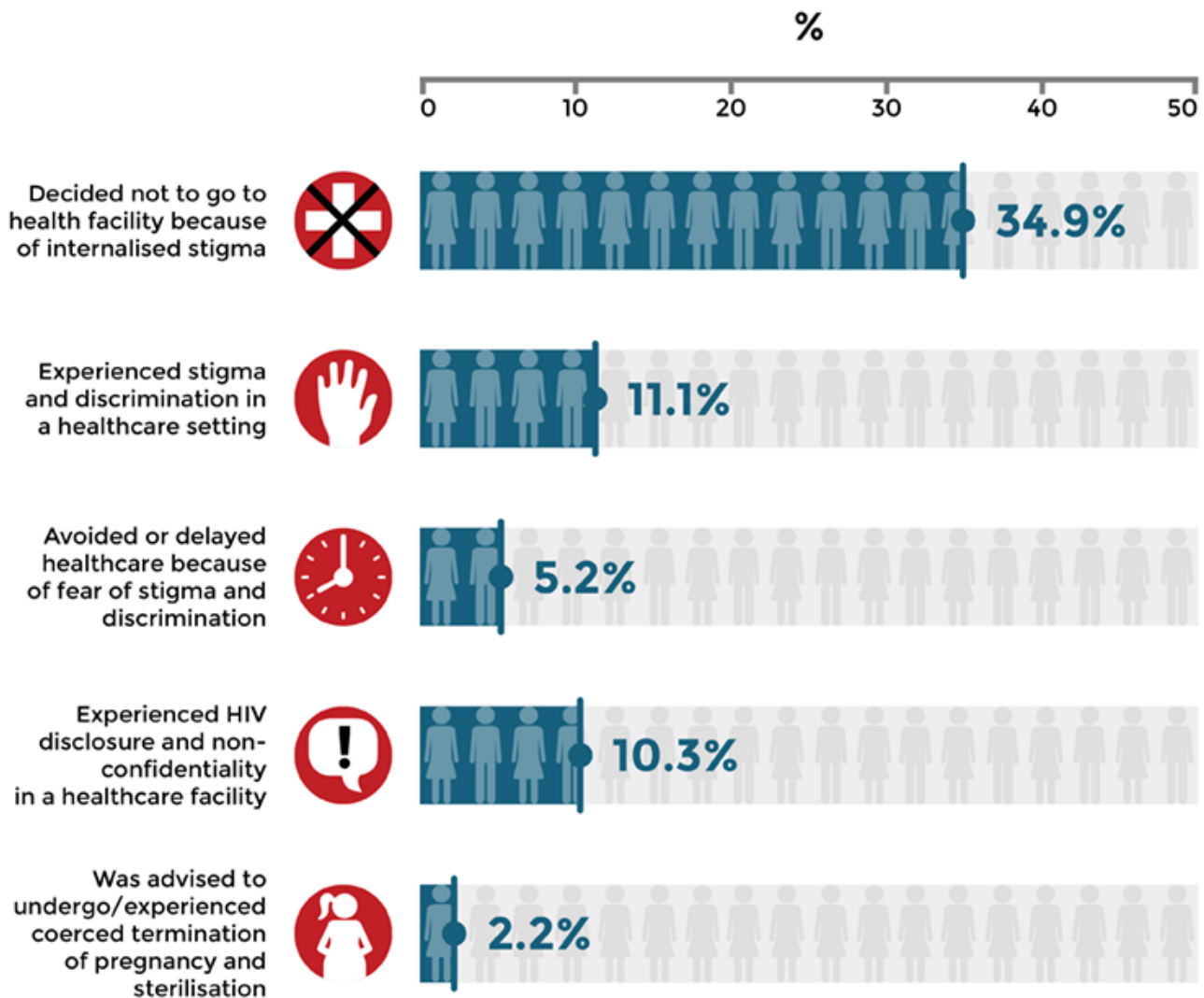
Factors preventing people who inject drugs from accessing services include misconceptions such as the distribution of needles promoting drug addiction. People who inject drugs also experience prejudice and stigma from public health service providers and law enforcement, and tackling this has been highlighted as a priority in Thailand's HIV strategy.¹¹⁰

In 2014, the Thai Ministry of Public Health, in collaboration with civil society and international partners, developed initiatives to sensitise healthcare workers in both clinical and non-clinical settings. These initiatives followed research showing that HIV stigma was a major barrier to service uptake.

Early results indicated that improving the attitude of healthcare workers doesn't just improve care for people living with HIV but has wider societal benefits as they are seen as role models.

As of 2017, Thailand had collected data from 22 provinces. The Thai Ministry of Public Health is rolling out an accelerated system-wide stigma reduction programme, in collaboration with civil society and concerned communities.

The community-led approach goes a long way to reduce stigma. "People most at risk of becoming infected with HIV are reached by sympathetic peers, often MSM or transgender people within the community who often prefer not to visit traditional medical facilities for fear of discrimination," says Beth Paige, director of USAID's Regional Development Mission for Asia.



Source: UNAIDS Data 2019

Avert) www.avert.org

Structural and resource barriers

Although an upper-middle income country, Thailand’s economic growth has slowed in recent years compared to other developing South-East Asian countries. Poverty continues to be a huge challenge, particularly among the half of the population (of a total of 68.9 million in 2016) that live in rural areas, as it can increase vulnerability to HIV. However, Thailand’s basic health system infrastructure is good and universal health coverage means most people are within reach of health services.¹¹¹

Funding for HIV in Thailand

In 2018, around 90% of Thailand’s HIV response was funded domestically, with PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria contributing about 6% and 5%, respectively, mainly to support HIV prevention for key populations, strategic information, and health system strengthening.¹¹²

In 2017, 77% of domestic funding was spent on HIV treatment and care, 13% was spent on preventing HIV and 7% was spent on social protection services. [113](#)

Funding from international donors continues to fall. Particularly important in this regard is funding from the Global Fund, which dropped from US \$39 million in 2014 to US \$13.1 million in 2018 and US \$12.8 million in 2019. A total of US \$11.7 million is allocated for 2020.[114](#)

The future of HIV in Thailand

Although Thailand made enormous progress with HIV prevention in the 1990s, the rate of decline in HIV prevalence has slowed down in recent years. Access to prevention services and behaviour change communication has not been enough to significantly reduce the rate of new infections, particularly among men who have sex with men.[115](#)

Thailand's 2017-2030 National AIDS Strategy provides a roadmap for ending the AIDS epidemic as a public health threat by 2030.[116](#) From 2015, the Ministry of Public Health increased its budget to prepare for implementing its strategy to end AIDS.[117](#) Its spending commitments must remain if real progress is to be made.

But to be in with a real chance of ending AIDS by 2030, Thailand will also need to give significant focus to new and innovative intersectional strategies to improve data on certain key populations, such as people who inject drugs, and reach migrant communities and young people from all key affected populations with HIV prevention, testing and treatment. Efforts to reduce HIV-related stigma and discrimination will be essential to achieving this, as will continuing to create more enabling legal and policy environments for people at increased HIV-risk.

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