Thailand National Strategy to End AIDS

2017 - 2030

National AIDS Committee

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2017 - 2030

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Acknowledgement

AIDS is a problem which impacts on society and development of the national. Thailand has acquired lessons learned and experience in confronting the HIV epidemic over a period of more than 30 years. The prevention and response to AIDS requires the collaboration of the government, Civil Society, networks of PLHIV, and the private sector to join forces in the task of implementation and resource mobilization. So far, Thailand has had remarkable success in its response to the HIV epidemic, and this achievement is recognized around the world. Noteworthy accomplishments by the Thai AIDS Program include the "100 Percent Condom Program,"Prevention of Mother-to-Child Transmission of HIV, research into an HIV vaccine, and the expansion of coverage of ART nationwide. Key factors behind this success is the use of social and medical innovations. In addition, Thailand has mobilized funding in support of the AIDS response and, at present, 90% of the cost of the program is supported by domestic sources. Another success factor is the collaboration of all sectors in pursuit of a common vision and mission. There is also a robust and comprehensive data system so that decision-making is evidence-based. Results of research are efficiently applied to program implementation. Finally, Thailand has implemented a strong and intensive response since the beginning of the HIV epidemic up to the present.

During the international meeting on AIDS from June 8-10, 2016, delegates endorsed the goals of the political declaration of 2016 as follows: (1) Reduction of global new infections of HIV to below 500,000 cases per year by 2020; (2) Reduction of AIDS mortality to below 500,000 cases per year by 2020; and (3) Elimination of stigma and discrimination against AIDS by 2020. All participating countries were called upon to adopt the 90-90-90 targets as a strategy to achieve these goals within the time frame.

Implementation of Thailand's national strategy for prevention and response to AIDS for 2014-16 has concluded. The Department of Disease Control, via the National AIDS Management Center, in its capacity as the secretariat for the National AIDS Committee, has coordinated with the various partners in the public and private sectors, Civil Society and relevant international organizations to produce this National Strategy for Ending AIDS during 2017-30. This strategy includes the following three targets: (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%. Those targets are consistent with the global goals. The National AIDS Committee approved these targets at its meeting on August 26, 2016.

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.

Executive Summary
Thailand National Strategy to End AIDS 2017 – 2030

Thailand has had over 30 years of experiences and development in fighting HIV/AIDS with successful results in terms of prevention by reducing new HIV incidence, and treatment and care for patients and affected individuals. However, challenges remain, including issues of key affected populations and vulnerable groups with high HIV prevalence, social stigma and discrimination against HIV and diverse sexual preferences. These challenges continue to affect the quality of life and overall social development.

There is an opportunity for Thailand to eliminate HIV/AIDS as the public health problem, if Thailand increases investment in measures that are highly effective and more focus, upon with maintenance, and assurance of existing policies and interventions which have proven to be effective. This National Strategy is a long-term strategy, dating to 2030, which sets the goal to successfully eliminate AIDS problems in Thailand. The strategy is in line with Thailand's 20-year National Strategy and United Nations Resolutions to which Thailand is a signatory, for instance, the Sustainable Development Goals (SDGs) in October 2015, and the Political Declaration on HIV in June 2016 to fight against HIV and to End AIDS epidemic by 2030.

Thailand's National Strategy to End AIDS has defined a vision as

"Thailand is jointly free from AIDS problems by 2030 with due consideration to the principles of human rights and gender equality."

Three goals and targets are stipulated, including:

1. Reduce new HIV infections fewer than 1 000 cases per year.
2. Reduce AIDS-related deaths fewer than 4 000 cases per year.
3. Reduce HIV and gender related discrimination by 90%.

The following key principles shall be observed in the implementation of the Strategy.

1. Promote fairness, reduce inequality, and address all sectors of the population.
2. Respect, prevent and protect human rights, and gender equality.
3. Promote ownership and accountability of networks and related partners of government agencies, civil societies, and private sectors.

To achieve the three goals abovementioned by 2030, six strategies are set below.

Strategy 1: Focus and expedite effective and inclusive package of services to locations and populations with high HIV transmission.

Strategy 2: Strengthen and integrate currently effective prevention efforts into existing system ensuring quality and sustainability.

Strategy 3: Develop and enhance differentiated treatment, care and social support, ensuring quality, comprehensiveness and sustainability.

Strategy 4: Adjust HIV perceptions and build capacity of individuals, families and communities along with strengthening a rights protection mechanism.

Strategy 5: Enhance joint accountability, investment and efficiency of administrative efforts in all sectors at the international, national, provincial and local levels.

Strategy 6: Support and improve accessibility and utilization of strategic information and research that are inclusive and efficient.

The National AIDS Strategy is a guiding framework to develop detailed operational plan for the country for the next 13 years. The strategic objectives and measures contained herewith will be reviewed at least every five years. The strategy will be cascaded down at the sub-national levels, and developed into cohesive action plan for the key and related agencies and organisations. A national monitoring and evaluation plan will also be developed, going forward.

Implementation and oversight of the national policy and strategy will be undertaken by the National AIDS Prevention and Alleviation Committee and Sub-committees appointed for each Strategic Objective. At the local levels, the Bangkok and Provincial Ending AIDS Sub-committees will be the main mechanism to drive, support, and guide all concerned sectors in implementing the strategies and measures to achieve the ending AIDS goals for Thailand.

A. Status and Efforts on HIV/AIDS Prevention and Alleviation

1. Overall Status

AIDS continues to be an important national and international agenda that affects population health, overall social and economic development as well as national security. AIDS is a problem not only in terms of infection and morbidity, but it also relates to the fundamental social issues and problems from social stigma, discrimination, and violation of human rights towards people with living with HIV (PLHIV) and other affected individuals.

HIV infections in Thailand continued in Thailand for more than 30 years since the first Thai patient was diagnosed in 1984. HIV infection reached its height with approximately 100 000 new infections during 1987 – 1996, while HIV mortality stood above 50 000 persons/year. During 1997 – 2006, Thailand adopted a systematic approach for HIV prevention and response. The first National Plan on AIDS Prevention and Alleviation was developed for the period 1992 – 1996 and revised every five years thereafter to align with the National Economic and Social Development Plan.

In the past, Thailand has been successful in implementing key policies and strategies on AIDS prevention and alleviation, for example, collaboration between the government and private NGOs to organize public awareness campaigns, promote condom use, prevent mother to child transmission, provide HIV antiretroviral drug treatment, and provide care and social support to HIV affected people, their families and other affected individuals. These programmes have successfully prevented HIV infections and deaths among up to five million Thai people.

2. Estimates of people living with HIV/AIDS, new infection, and AIDS related deaths

Using data up to end-2015, estimation by the AIDS Epidemic Model and Spectrum (in April 2016) revealed that in 2015, there were 6 900 new HIV infections (19 persons/day), divided into 2 100 females and 4 800 males and 6 800 adults (over 15 years of age) and 80 children (less than 15 years of age). The number of new infections in 2015 decreased by 77% from the year 2000, when there were almost 30 000 new infections, and decreased by more than 95% from 1990, when there were as many as 150 000 new infections.

Mortality among HIV infected persons in 2015 was estimated at over 16 100 persons, divided into 4 630 females and 11 470 males and 16 040 adults (4 600 female adults, 11 440 male adults) and 60 children (30 each female male children). On the whole, HIV mortality decreased by 71% from 2000, when the figure stood at 55 500 deaths.

At the end of 2015, it was estimated that there were 437 700 people living with HIV in Thailand, divided into 181 600 females and 256 100 males and 433 600 adults and 4 100 children. HIV prevalence in adult populations (15-49 years) stood at 1.0% – 1.1% in males and 0.7% in females as depicted in Table 1.

Table 1 Estimates of new HIV infections, HIV mortality and people living with HIV, using AIDS Epidemic Model (AEM) for adults (over 15 years of age) and Spectrum for children (under 15 years of age)

Estimates	1990	1995	2000	2005	2010	2015
New HIV infections (persons)	**150 035**	**62 449**	**29 619**	**16 014**	**10 215**	**6 900**
- Females (persons)	**20 967**	**26 997**	**16 385**	**7 600**	**3 393**	**2 050**
• New HIV infections in adults*	149 865	61 328	28 241	15 266	10 011	6 800
- Females*	20 884	26 456	15 716	7 237	2 294	2 000
• New HIV in children	170	1 112 541	1 378	748	204	<100
- Female	83	30 977	669	363	99	<50
HIV mortality/year (persons)	**2 402**	**3 683**	**55 531**	**31 211**	**20 670**	**16 100**
- Females (persons)	**172**	**30 734**	**12 257**	**7 352**	**6 212**	**4 630**
• HIV mortality in adults*	2 383	3 564	55 079	30 805	20 422	16 040
- Females*	163	243	12 036	7 153	6 079	4 600
• HIV mortality in children	19	119	452	406	248	<60
- Females	9	732 511	221	199	133	<30
People living with HIV (persons)	**262 772**	**167 688**	**683 841**	**555 808**	**493 932**	**437 700**
- Females (persons)	**31 223**	**729 361**	**221 703**	**217 779**	**203 976**	**181 600**
• Adults living with HIV*	262 562	166 148	676 005	544 743	485 646	433 600
- Females*	31 120	3 150	219 860	212 351	199 978	179 600
• Children living with HIV	210	1 540	7 836	11 065	8 286	4 100
- Females	103		3 843	5 428	3 998	2 000

Main causes and modes of infection in adults included sharing of needles and syringes among people who inject drugs (PWID) (10%) and unprotected sex (90%) – the latter comprised of sex between males (45%), unprotected sex among married couples without knowledge of partners' infection (30%), sell and buy sex (11%), and casual sex (4%).

3. Behavioral and epidemiological situation

Epidemiological information and studies of high-risk behaviours indicated that HIV prevalence in the general population continued to decline albeit at a slower rate. There remained high concentration among some key affected populations, for example, men who have sex with men (MSM), PWID and those who sell sex.

Survey data of prenatal registration of females in all provinces undertaken in June 2015 showed a mean HIV prevalence of 0.6% (309/51 227) and a median of 0.5%. HIV prevalence in individual provinces ranged from 0 to 2.9. For females aged 15 – 24 years old, HIV prevalence stood at 0.55% while for females above 25 years of age, the figure stood at 0.69%. Meanwhile, survey data from the military conscripts in 2014 found the mean HIV prevalence to be 0.5%. Details are shown in Table 2.

Table 2 HIV prevalence in the general population

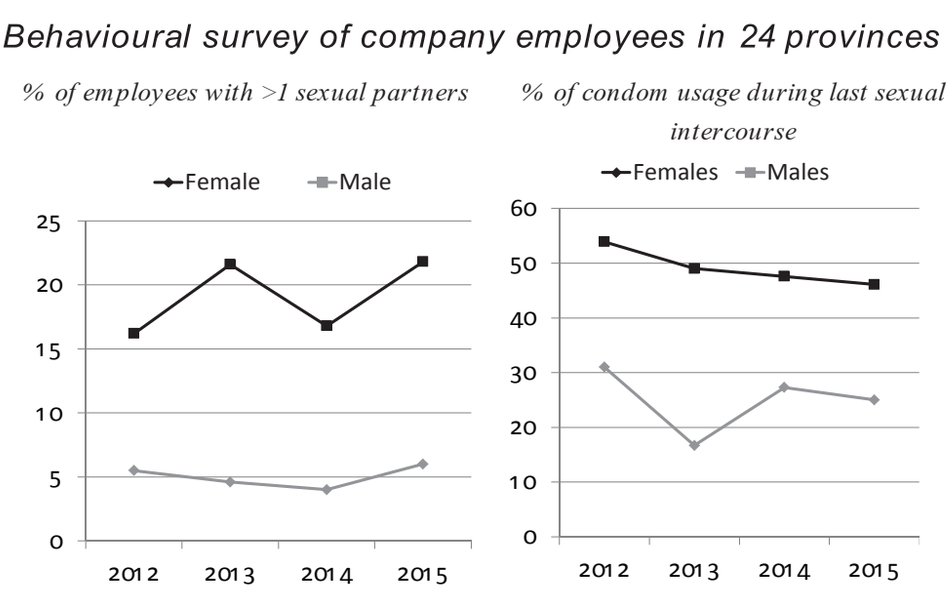
Population	HIV infection (%)
Adults (according to AEM 2015)	1.0
- Males	1.1
- Females	0.7
Women in antenatal care (HSS 2015)	0.6
- 15 – 24 years of age	0.55
- Over 25 years of age	0.69
Men in Army conscription (2014)	0.5

Source : AEM, HSS, IBBS and Royal Thai Army

A behavioural survey among military conscripts in 2015 found that 17.4% of males had their first sexual intercourse before 15 years of age and 30% have sex with people other than their spouses/ partners. During the past 12 months, 95% of males had sex with female partners, 16% of whom had used condoms. Meanwhile, 36% of males had sex with females other than their partners, 75% of whom had used condoms. In addition, 19% of males had sex with sex workers and 74 % of whom had used condom. Moreover, 3.2% of males had sex with other men, 56% of whom had used condoms. In terms of understanding of HIV and service usage, 34.8% of males answered all five questions on HIV correctly while 17.9% were tested and aware of their HIV status during the last 12 months.

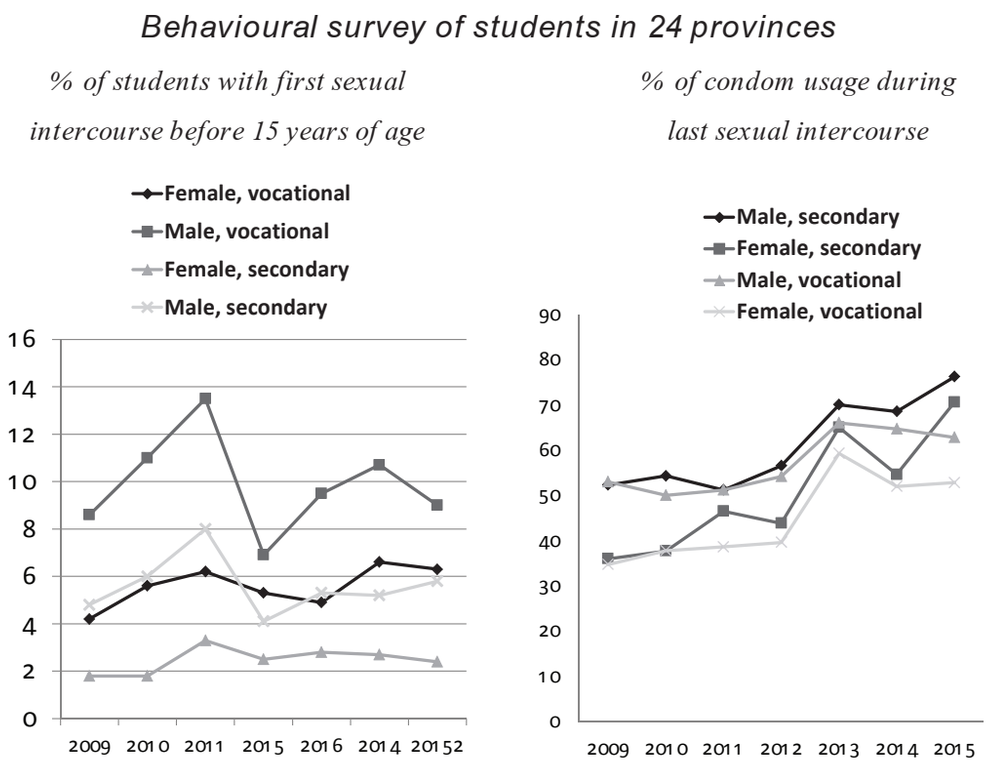
A behavioural survey of company employees in 24 provinces in 2015 revealed that 6.8% of males had their first sexual intercourse before 15 years of age, 21.8% had more than one sexual partners and 46% had used condoms when they last had sex. On the other hand, 1.7% of females had their first sexual intercourse before 15 years of age, 6% had more than one sexual partner and 25% had used condoms when they last had sex. During the last 12 months, 21.2% of males and 21.4% of females were tested and aware of their HIV status. Details are shown in Figure 1.

Figure 1 Behavioural survey of company employees in 24 provinces, showing % of employees with more than one sexual partners and condom use during the last sexual intercourse



A behavioural survey of mathayom 5 (grade 11) secondary students and second year vocational students, undertaken in 2015 in 24 provinces, found that 5.8% of male secondary students and 2.4% of female secondary students and 9.0% of male second year vocational students and 6.3% of female vocational students had their first sexual intercourse before 15 years of age – lower than the findings in 2011. The proportion of those using condoms during the last sexual intercourse (with partners) for male and female secondary students was 76.2% and 70.6%, respectively, rising continuously. Meanwhile, the proportions of condom use during the last sexual intercourse (with partners) for male and female vocational students were 62.8% and 52.8%, respectively. Annual trends between 2009 and 2015 are shown in Figure 2.

Figure 2 A behavioural survey of students in 24 provinces, showing % of students with first sexual intercourse before 15 years of age and % of condom usage during the last sexual intercourse (with their partners) in the last 12 months



The Thai Working Group on Population Estimation estimated that in 2015, approximately 3.3% of Thai males between 15 – 59 years of age having sex with other men in the last 12 months (defined as MSM), equivalent to around 571 000 males. Of these, transgenders (TG) accounted for 50 000 while another 521 000 males identified as gay and other men.

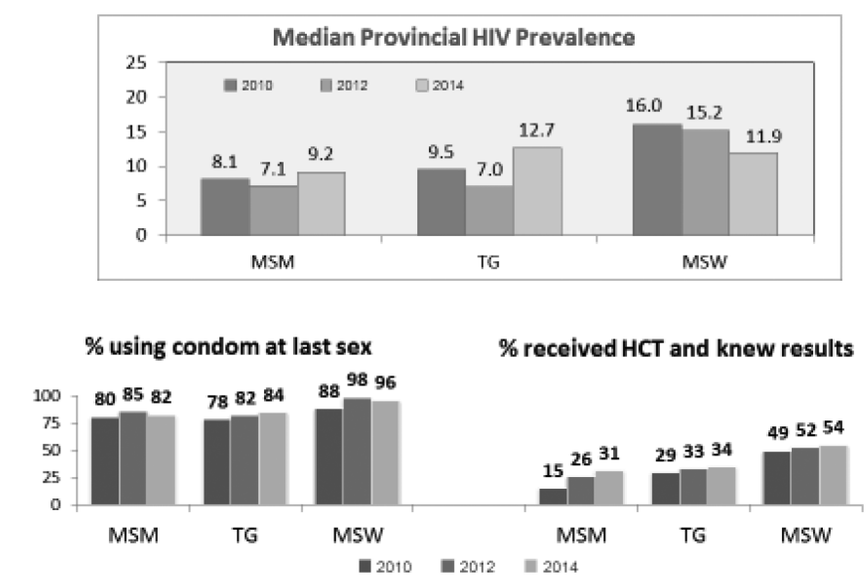
The Integrated Biological Behavioral surveillance (IBBS) survey of MSM in five provinces in 2014 indicated that the median HIV prevalence was 9.2% while 1.3% of MSM had gonorrhea infection; and 5.9% had chlamydia infection. Moreover, during the last year, 43.6% of MSM received HIV prevention services, 28.7% were tested and aware of their HIV status, and 82.1% reported using condoms when they last had sex.

It is estimated that there are 250 000 transgender females in Thailand, equivalent to 1.5% of the adult male population, 20% of whom had sex during the last year, equivalent to 50 000 sexually active transgender females. IBBS survey data in five provinces in 2014 showed that the median HIV

prevalence was 12.7% while 0.8% of transgender females had gonorrhea infection and 4.2% had chlamydia infection. Moreover, during the last year, 50.8% of transgender females received prevention services, 34.4% were tested and aware of their HIV status and 84.4% reported using condoms when they last had sex.

In addition, it is estimated that there are 15 000 male sex workers (MSW). IBBS survey data in 2014 showed that the median HIV prevalence was 11.9%; 3% of MSW had gonorrhea infection and 14.1% had chlamydia infection. Moreover, during the last year, 64% of MSW received prevention services, 52.4% were tested and aware of their HIV status and 95.5% reported using condoms when they last had sex with a client. Details are shown in Figure 3.

Figure 3 Survey of HIV infection and access to service in MSM, TG and MSW

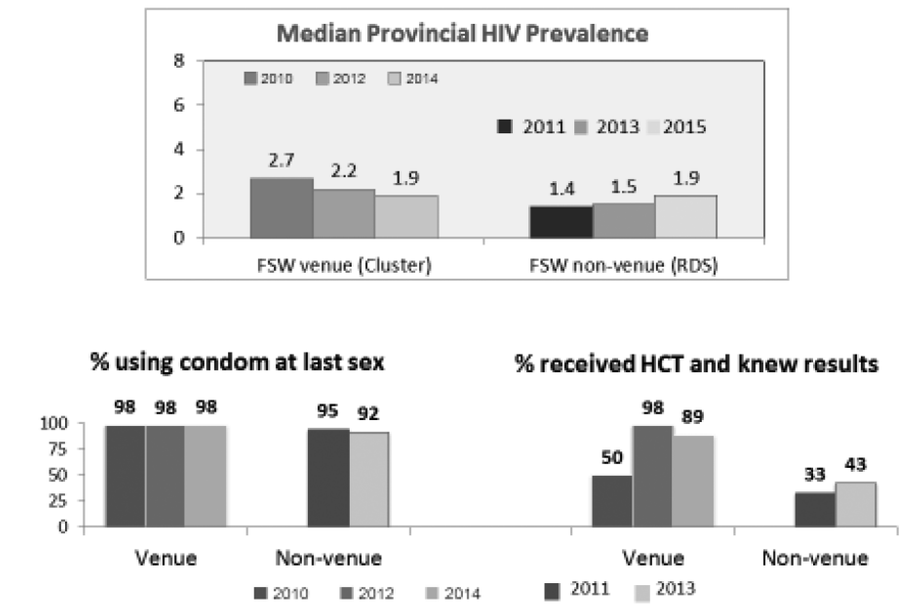


Source: IBBS among MSM using TLS sampling, BoE, Thailand MoPH, 2010-2014

It is estimated that there are 132 000 female sex workers (FSWs) in Thailand. IBSS survey data for venue based FSWs in 12 provinces in 2014 showed that the median HIV prevalence was 1.9%, declining from 2.7% in 2010. Meanwhile, 4.2% of FSW had gonorrhea infection and 18.6% had chlamydia infection. Moreover, during the last year, 54.2% of FSW received prevention services, 88.8% were tested and aware of their HIV status and 92.1% reported using condoms when they last had sex with a client.

Furthermore, survey data of non-venue based FSWs using Respondent-Driven Sample (RDS) method in six provinces in 2015 revealed HIV prevalence of 2.2%, gonorrhea infection of 7.3% and chlamydia infection of 4%. Moreover, during last year, 77.4% of non-venue FSW were tested and aware of their HIV status and 92.6% used condoms when they last had sex with a client. Details are shown in Figure 4.

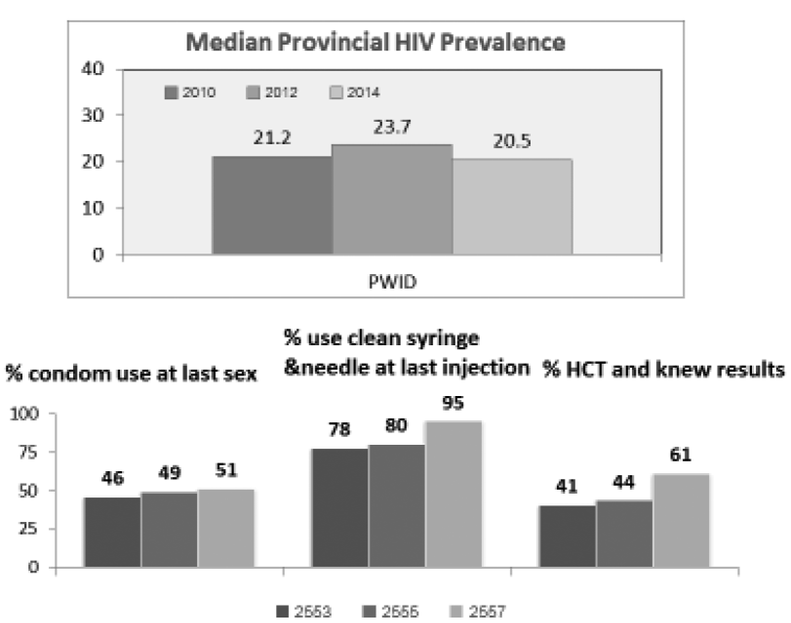
Figure 4 Survey of HIV infection and access to service in venue based and non-venue FSWs



Source: BoE, Thailand MoPH, 2010-2014

It is estimated that there are 71 000 persons who inject drugs atleast once. 60% of whom (42 000 persons) injected drugs at least once a month. In 2015, there were 5 956 persons received treatment with opioid substitution therapy (using methadone) while more than 266 000 sterile needles and syringes were distributed over a period of nine months. Survey data in three provinces using RDS methodology in 2014 revealed HIV prevalence in PWID of 20.5% (ranging from 9.8 – 27.5%). Moreover, during the last year, 61.3% (ranging from 28.8 – 61.8%) of PWID were tested and aware of their HIV status, 51% (raning from 33 – 52%) reported using condoms when they last had sex and 95.3% (ranging from 66.4 – 98.1%) used clean needles and syringes when they last injected. Details are shown in Figure 5.

Figure 5 RDS survey of HIV prevalence and access to service in PWID



Source: IBBS among PWID using RDS sampling, BoE, Thailand MoPH, 2010-2014

The Ministry of Justice database in 2015 showed that there were 341 750 prisoners in total, divided into 310 399 adult prisoners (266 048 males and 44 351 females) and 31 361 juvenile prisoners in juvenile observation and protection centres (29 252 males and 2 109 females). Data on voluntary HIV tests in 2015 showed HIV prevalence among adult prisoners of 1.8% (206/13 196).

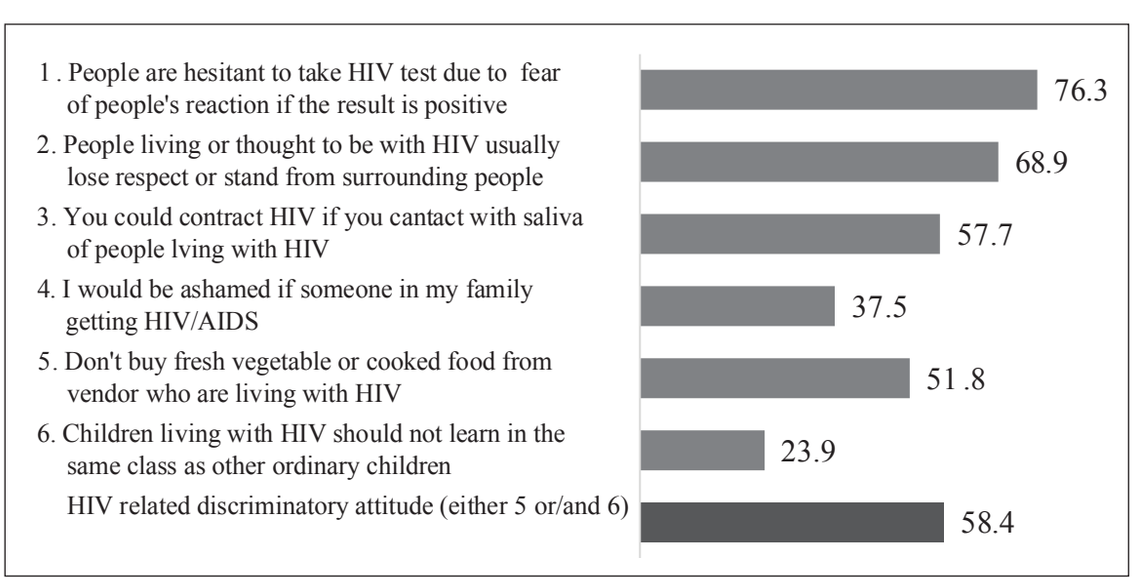
Furthermore, it was estimated that there were more than three million migrants in Thailand, divided into 250 000 migrants with official work or study permits and approximately 2.7 million permit-extension and illegal migrant workers and dependents. In this regard, 85% of migrants were Myanmar, Cambodia and Lao PDR nationals. Moreover, there were 120 000 refugees in temporary refugee shelters and more than 500 000 persons awaiting nationality verification and stateless persons. Thus, there were 3.7 million migrants and stateless persons overall. IBBS survey data of migrant workers from Cambodia, Myanmar and Lao PDR in ten provinces in 2014 revealed HIV prevalence among these populations to be 1.0%, 0.7% and 0.2%, respectively.

4. Social stigma and discrimation related to HIV

Incidence of social stigma, exclusion and discrimination against HIV-infected persons and their families are still persistently reported in communities, workplaces, educational institutions, childcare centres and healthcare facilities. Moreover, some government and non-government organisations also impose direct and indirect regulations to refuse employment of HIV-infected persons. Some were also dismissed from employment.

The National Health Examination Survey conducted on households in 2014 found that 76% of respondents agreed that people were hesitant to receive an HIV test due to fear of positive reaction while 58.4% had discriminatory attitude toward HIV either uncomfortable to buy fresh or prepared food from HIV-infected vendors or felt that HIV or AIDS-infected children should not be allowed to attend class with other children. Details are shown in Figure 6.

Figure 6 Population survey on HIV related stigma 2014



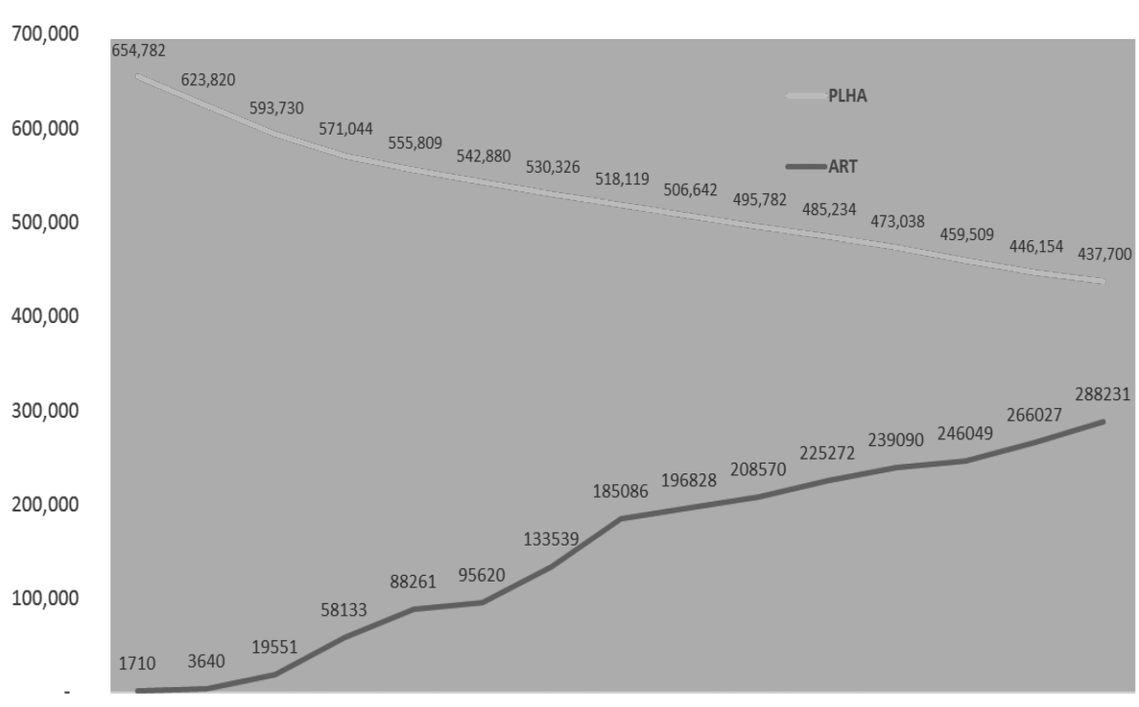
A survey of HIV-infected persons in two provinces in 2014 found that 7% and 16% of respondents claimed that they were refused medical treatment in the past 12 months while 26% and 34% indicated that their rights were violated, for example, by being forced to take an HIV test before an operation, or having their blood test results disclosed in the patient records.

Moreover, a survey of health service personnel in the same two provinces in 2014 found that 14% and 25% of respondents observed a situation in which there were unwilling to provide services to HIV patients or those whom they suspected of being HIV positive in the past 12 months; another 8% and 18% reported observed a situation of giving inferior services to HIV patients.

5. Antiretroviral treatment and social support

Thailand has been increasing its capacity to offer timely antiretroviral drug treatment to HIV patients in the general health service system since 2002. For instance, the Government Pharmaceutical Organization's success in producing fixed dose combination antiretroviral drugs (GPO-vir) coupled with enforcement of compulsory licensing for certain essential medicines has resulted in a significant decrease in prices and rapid expansion of antiretroviral treatment (ART) with inclusion ART into the Universal Health Care benefit package in 2006. Thus, the number of patients receiving antiretroviral drug treatment increased from 3 000 persons/year before 2000 to almost 300 000 persons/year today. In Fiscal Year 2015, Thailand started to administer antiretroviral drug to HIV patients without restrictions on CD4 cell count, making the country one of the first to implement "test and treat" in Asia. As of 30 September 2015, the number of HIV patients under antiretroviral drug treatment stood at 288 231 persons (66% of the estimated number of people living with HIV), divided into 272 750 persons under the three public health insurance schemes and 15 481 persons outside the schemes (estimates from GPO sales of antiretroviral drug).

Figure 7 Number of patients receiving antiretroviral drug treatment and estimates of people living with HIV



By analyzing health insurance data on HIV patients' access to service, it is observed that from the estimate of 437 700 persons living with HIV, 389 027 persons (89% of total estimate) were diagnosed with HIV infection, 336 641 persons were registered for treatment, 272 750 persons (70% of diagnosed cases) received antiretroviral drug treatment, 223 372 persons were tested for viral load and viral suppression was successfully achieved for 231 794 persons (82% of all those on ART).

As for social support, 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.

6. AIDS expenditures

Thailand's AIDS expenditures totaled 8 827 million baht in 2013, equivalent to 1.87% of total health expenditures and 0.07% of the country's GDP. Of the total expenditure, 89% was the Thai government's budget while the remaining 11% was from international sources.

AIDS expenditures can be divided into 1 506 million baht (17%) spent on prevention interventions, 5 955 million baht (68%) spent on treatment, 622 million baht (7%) spent on care, protection and social support, 131 million baht (1.5%) on enabling environment, 144 million baht (1.6%) on research, and 469 million baht (5%) on programme management, and monitoring and evaluation.

Expenditures on prevention of the three key affected populations, including MSM, MSW and FSW and drug users, totaled 167 million baht (11% of prevention expenditure) of which 86% came from international sources, particularly the Global Fund for Fighting AIDS TB and Malaria (GFATM).

7. Key progress and activities

Progress of prevention research, especially HPTN 052 (which demonstrated that if HIV-infected persons were given antiretroviral drug treatment early, and viral suppression was achieved, the probability of the spread of HIV to a serodiscordant partner could be reduced by more than 96%), was considered a major turning point in prevention concepts as well as an opportunity to enhance secondary prevention. Hence, the principle of "Treatment as Prevention" (TaSP) was developed. Subsequently, Thailand adapted this principle to develop an integrated prevention model and found that by combining effective treatment using ART combined with effective primary prevention approaches, aimed at key affected populations, the country could potentially reduce new HIV infections by more than 50%. Such investment required an additional budget of approximately USD 95 million over a period of 10 years though it would result in as much as USD 313 million budgetary savings by helping to prevent 20 000 new infections and 22 000 deaths, representing an important opportunity in eliminating AIDS as a public health problem.

Thailand, through the National AIDS Prevention and Alleviation Committee, thus endorsed policies and goals on AIDS elimination and approved a budget framework for a 5-year Operational Plan for Ending AIDS in Thailand (2015 – 2019). The Operational Plan aims at expanding the package of service to key affected areas and populations through a new approach called "Reach-Recruit-Test-Treat-Retain" (RRTTR), providing HIV-infected persons with early HIV diagnosis and antiretroviral drug treatment without imposing a CD4 cell count criteria. This also required ensuring systems improvement in the areas of strategic information, programme management and monitoring and evaluation.

In June 2016, Thailand received the WHO's validation for successfully eliminating mother to child transmission of HIV and congenital syphilis at the UN General Assembly High-level Meeting on HIV/AIDS, making it the first country in Asia and second country in the world to successfully achieve a <2% target of mother to child transmission (MTCT). In 2015, MTCT rate of HIV in Thailand measured at 1.9%.

Thailand was among the first 15 countries in the world to have a policy and offer antiretroviral drug treatment to HIV-infected persons of irrespective of CD4 cell count. The practice was announced as national guidelines at the beginning 2014, and implemented in all health insurance schemes since 1 October 2014.

Moreover, in FY 2016, Thailand made an additional budgetary provision of 230 million baht to support AIDS elimination efforts by adding a prevention service category in the HIV Care Fund for prevention among the highest risk groups, namely men having with men (MSM), transgernder persons (TG), sex workers (SW), and people who inject drugs (PWID), totaling 200 million baht, and increasing the budget for reducing social stigma, strategic information development and management through the Department of Disease Control, totaling another 30 million baht.

Thailand has accelerated its efforts on reducing problems from social stigma and discrimination by developing an information system to ensure awareness, understanding, situation monitoring as well as evidence-based plan development. Four dimensions of data will be included in the system, namely status of the general population, status of the health service system, status of persons living with HIV and key affected populations, and violation of rights. An implementation package for the health service system and a national implementation plan has also been developed.

8. Key challenges

8.1 Reducing new HIV infections. Despite progress, coverage of key affected populations at high risk of HIV infection, including MSM, TG, and non-venue based SW and PWID remains inadequate for Thailand to achieve its desired goals and results. Efforts and human resources must be stepped up while work processes need to be more responsive to specific needs and contexts. Moreover, efforts for other vulnerable populations are beginning to lack continuity; thus, appropriate adjustments need to be made to ensure strong and sustainable preventions, going forward.

8.2 Life-time care and antiretroviral drug treatment. Although antiretroviral drug treatment is free under all health insurance schemes, a number of HIV-infected persons are not yet in the system and may only come in for treatment once HIV/AIDS related complications occur. Over 50% of HIV-infected persons come in for antiretroviral drug treatment when the CD4count has already fallen below 200mm3. As a result, some patients die despite commencing treatment due to the damage to the immune system. With the implementation of Thailand's policy to offer antiretroviral drug irrespective of CD4 count. Therefore, more patients can be expected, reaching thousands in some hospitals. Because this is a life-time care issue, it presents a steep burden and challenge in maintaining quality of care under the current situation and system arrangement.

8.3 Social stigma, exclusion and discrimination against HIV-infected persons, including key affected populations. These social problems can become more severe than the disease itself, presenting a major obstacle for access to service. Integration of issues relating to diverse sexual preferences and human rights in various plans remain unclear, resulting in sub-optimal success. However, Thailand has identified activities to expedite responses for reducing social stigma, exclusion and discrimination

to be among the top priorities. Other priorities include evidence-based decision making, treating HIV/AIDS as a general chronic disease, social climate adjustment for health service personnel and the general public, and development and expansion of complaints resolution and rights protection systems.

8.4 Resource support. Although Thailand has recently earmarked additional budgets to address prevention among key affected populations, challenges of legal restrictions on providing financial support to civil society and local organizations using government funding remain. Restrictions also exist in using domestic budget to provide prevention and treatment services to non-Thais and some disadvantaged groups. At present, efforts are being made to develop a new health financing mechanism to ensure sustainability and flexibility in responding to and addressing threats to programmatic sustainability in a timely manner. Moreover, there is a lack of socio-demographic and cultural information that would assist in the efficient development of operational plans that are specific to the situation and context of each area.

B. Thailand National Strategy to End AIDS 2017 – 2030

1. Vision and Goals

To align with Thailand's 20-year National Strategy (yuthasart pratet Thai), the country's commitment to the UN Sustainable Development Goals (SDGs) 2030, along with the political declaration on HIV at the UN General Assembly High-Level Meeting on HIV in New York, U.S., in June 2016, this National AIDS Strategy shall serve as a long-term strategy, effective until 2030. The strategy is founded on considerations of fairness, social equity, broad-based and equal access which takes into account all population groups, respect for human values and dignity, gender sensitivity and engagement and ownership by all sectors. The vision, goals and key principles are set here forth.

Vision

"Thailand is jointly free from AIDS problems by 2030 with due consideration to the principles of human rights and gender equality"

Goals

The following 3 objectives and goals are set to achieve by 2030.

1. Reduce new HIV infections fewer than 1 000 cases per year
2. Reduce AIDS-related deaths fewer than 4 000 cases per year
3. Reduce HIV and gender related discrimination by 90%

Key principles

1. Promote fairness, reduce inequality, and address all sectors of the population.
2. Respect, prevent and protect human rights, and gender equality.
3. Promote ownership and accountability of networks and related partners of government agencies, civil societies, and private sectors.

2. Strategies

Given that the National Strategy to End AIDS is a long-term framework; it has been formulated based on consideration of maintaining sustainability of Thailand's previous efforts on AIDS prevention and response, while expediting new and highly effective measures and focusing on inclusiveness and adequacy in addressing important issues that would be crucial in eliminating AIDS within the set time-frame. The strategy seeks to include all populations, to promote equity, respect and protect the principles of human rights and gender equality and foster engagement and ownership by all sectors. Six strategies are set as follows.

Strategy 1: Focus and expedite effective and inclusive package of services to locations and populations with high HIV transmission.

Strategy 2: Strengthen and integrate currently effective prevention efforts into existing system ensuring quality and sustainability.

Strategy 3: Develop and enhance differentiated treatment, care and social support, ensuring quality, comprehensiveness and sustainability.

Strategy 4: Adjust HIV perceptions and build capacity of individuals, families and communities along with strengthening a rights protection mechanism.

Strategy 5: Enhance joint accountability, investment and efficiency of administrative efforts in all sectors at the international, national, provincial and local levels.

Strategy 6: Support and improve accessibility and utilization of strategic information and research that are inclusive and efficient.

3. Details

<u>Strategy 1:</u> Focus and expedite effective and inclusive package of services to locations and populations with high HIV transmission

<u>Objective</u>

1. To ensure that key affected populations, both Thais and non-Thai residents, have access to and utilization of effective service package at high coverage in a sustained manner

<u>Target populations with high HIV transmission</u>

A. Gay men and other men who have sex with men
B. Transgender women
C. Sex workers and their clients
D. People who injecting 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

<u>Intended results/targets</u>

1. 90% and 95% of targeted key affected populations receive HIV service package by 2020 and 2025, respectively

<u>Responsible parties</u>

Ministry of Interior, Ministry of Social Development and Human Security, Ministry of Justice, Ministry of Public Health, Thai NGO Coalition on AIDS, civil society organisations, Thai Network of People Living with HIV/AIDS, business sector, community organisations

<u>Measures</u>

1. Expand highly-effective service package to key affected areas and target populations through a new approach called "Reach-Recruit-Test-Treat-Retain", combined with services on reproductive health, STIs prevention and control, TB, drugs and Hepatitis, which will align with the principles of human rights, gender sensitivity and alignment with the local context and ways of life.
2. Review, develop and improve technology and/or new service models that are highly effective and appropriate to support delivery of service package to ensure wider access and greater effectiveness.
3. 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.
4. Increase 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.
5. Help strengthen capacity of the civil society, including target populations, communities and private NGOs, enabling them to participate and make important contributions. Help strengthen capacity of target populations to access service and make appropriately informed decisions.

Strategy 2: Strengthen and integrate currently effective prevention efforts into existing system ensuring quality and sustainability

Objectives

1. To ensure that all populations are well informed, able to assess risks, and carry on HIV-safe behaviours/lifestyles.
2. To ensure quality of HIV prevention and sustainable integration with all concerned systems.

Strategic issues or/and target populations

A. Maintenance of elimination of mother to child transmission (EMTCT) status
B. Prevention in children and youth
C. Prevention in adults
D. Prevention in border populations, stateless persons and migrants

Intended results/targets

1. All provinces achieve targets of EMTCT of HIV and syphilis
2. % of target populations with HIV-safe behaviours
3. HIV prevention services are integrated into work plans of the key agencies responsible for target populations

Responsible parties

Office of the Prime Minister, Ministry of Defense, Royal Thai Police, Ministry of Labour, Ministry of Education, Ministry of Social Development and Human Security, Ministry of Tourism and Sports, Ministry of Culture, Ministry of Interior, Ministry of Justice, Ministry of Public Health, Thai NGO Coalition on AIDS, civil society organisations, Thai Network of People Living with HIV/AIDS, business sector, community organisations.

Measures

1. Develop a system to pursue elimination of MTCT of HIV and syphilis that ensures quality, comprehensiveness, continuity and sustainability. Establish a process to monitor and analyse causes of MTCT and ensure systematic responses at both the national and local levels
2. Promote and integrate HIV prevention services as part of the work plans and budget of all organisations, both public and private, as well as local administrative offices
3. Advocate and support implementation and quality assurance of sexuality and HIV education according to the Prevention and Alleviation for Adolescent Pregnancy Act B.E. 2559
4. Develop programmes on prevention that are tailored to the populations, ensuring appropriateness for different age groups, namely children, youths, adults (males and females) and the elderly
5. Develop and promote access to comprehensive and quality prevention service among migrant and border populations, and ensure availability of health insurance schemes that are appropriate to their contexts and ways of life
6. Develop an HIV prevention service package that can be integrated with other services, for example, STDs, reproductive health, drugs, youth development, hepatitis and TB
7. Support and increase access to prevention tools, for instance, condoms, female condoms, lubricant, clean needles and syringes, ensuring adequacy and appropriateness for each population groups
8. Promote and develop new alternatives of effective technology to support HIV prevention efforts, including communication and media, to encourage safe behaviours among target populations

<u>Strategy 3:</u> Develop and enhance differentiated treatment, care and social support, ensuring quality, comprehensiveness and sustainability

<u>Objectives</u>

1. To ascertain that HIV-infected persons received diagnosis, antiretroviral drug treatment and successful viral suppression, including treatment of coinfections, complications and treatment side effects, initially and in the long-term, while ensuring quality, comprehensiveness, convenience and continuity of service
2. To provide HIV-infected persons, their families, vulnerable children and AIDS-affected persons with social protection services and linkage to health service system, and connect them to community networks that appropriately cater to their requirements

<u>Intended results/targets</u>

1. HIV-infected persons receive diagnosis, antiretroviral drug treatment and successful virus suppression according to the targets 90-90-90 by 2020 and 95-95-95 by 2025
2. 75% of HIV-infected and affected persons receive social support
3. Reduction in TB mortality among HIV-infected persons by 75%
4. Health service system, social support system and community systems are linked, integrated, sensitive and responsive to problems of HIV infection

<u>Responsible parties</u>

Ministry of Defense, Royal Thai Police, Ministry of Education, Ministry of Social Development and Human Security, Ministry of Interior, Ministry of Public Health, Thai NGO Coalition on AIDS, civil society organisations, Thai Network of People Living with HIV/AIDS, business sector, community organisations

<u>Measures</u>

1. Promote awareness of HIV status through self-learning and active learning from inside and outside healthcare facilities on the basis of readiness and voluntary participation, using new technologies that are convenient and discrete
2. Develop, strengthen and expand a service model that can be operated by communities, persons living with HIV and civil society organisations, to be used in HIV screening and treatment and ensure linkage with healthcare facilities. This requires systematic capacity building, appropriate regulatory adjustments and continual quality monitoring and assurance
3. Develop an appropriate care system that offers differentiated care for PLHIV, life-long care, task sharing and quality assurance, ensuring linkage and complementarity between all levels of healthcare facilities and the communities
4. Review and develop guidelines/procedures on diagnosis, antiretroviral drugs treatment, treatment of complications/joint diseases and usage of antiretroviral drug for prevention, to catch up with advancement in technology and knowledge as appropriate to the national context. Consider including antiretroviral drug in the benefit package of all health insurance schemes and reduce obstacles to access to new medicines and technology that stem from patent and price issues. Improve existing data system to ensure quality, standardization, seamlessness and convenient access.
5. Develop and integrate screening and care services for TB and other important joint diseases, for instance, hepatitis B and C, STIs, non-communicable diseases, reproductive health and cancer.

6. Develop and expand the social support system that pays due respect to sensitivities of HIV. Integrate and strengthen social protection system, health service system and community system, including social data system, to enhance service efficiency for HIV-infected persons, their families, vulnerable children and children affected by AIDS, at both the policy and operational levels.

Strategy 4: Adjust HIV perceptions and build capacity of individuals, families and communities along with strengthening a rights protection mechanism

Objectives

1. To ascertain that people possess better understanding on HIV, human rights and gender diversity, thereby ensuring non-exclusion, non-discrimination and ability to live normally with HIV-infected and HIV-affected persons
2. To ensure that public and private services for health, education and society are based on policies, measures and implementation efforts that are gender-sensitive and free from bias, social stigma, exclusion and discrimination
3. To enable HIV-infected and affected-persons to realise their self-worth and be able to face and handle problems appropriately, including access to support and protection when their rights are violated because of their HIV status and/or sexuality
4. To develop an efficient mechanism to protect the rights and respond to problems of HIV-infected persons, key affected populations and affected persons, at the local levels

Intended results/targets

1. % of populations with understanding and correct attitude about HIV/AIDS, human rights and gender diversity
2. Number of organisations/agencies with policies and measures to promote understanding on AIDS, human rights, absence of social stigma and discrimination and gender sensitivity, in accordance with stipulated standards
3. Improvement/amendment in the laws, rules and regulations that present obstacles to access to service by HIV-infected persons and key affected populations
4. All provinces possess a mechanism for complaint resolution and rights protection concerning AIDS and gender, in accordance with stipulated regulations

Responsible parties

Ministry of Justice, Office of the Attorney General, National Human Rights Commission of Thailand, Ministry of Social Development and Human Security, Ministry of Labour, Ministry of Education, Public Relations Department, Ministry of Interior, Ministry of Public Health, Thai NGO Coalition on AIDS, civil society organisations, Thai Network of People Living with HIV/AIDS, business sector, community organisations

Measures

1. Support and work with the media (main-stream and alternatives), concerned agencies and private sector partners in formulating positive public communications regarding HIV/AIDS to increase awareness and understanding as well as correct society's attitude and beliefs about HIV/AIDS, human rights and sexuality. Communication should convey that HIV is a treatable and preventable chronic disease and include contents on risk assessment; HIV and the community, society and family; living and working with HIV-infected persons; treatment, privacy and sexuality.

2. Promote learning and activities that are tailored to HIV-infected persons, key affected populations and affected people, to instill self-worth and understanding on human rights so that they can handle problems appropriately as well as promptly access rights protection service as required.
3. Generate understanding on the importance and role of families in fostering self-worth for HIV-infected persons, key affected populations and affected persons. Efforts should be integrated into the work plans and family law.
4. Improve knowledge, tools and processes as well as arrange for learning and training that fosters basic understanding of human rights, gender rights and equality among health services personnel, education and social services and other concerned persons, public and private. Drive implementation of the National Guidelines on Prevention and Management of AIDS in the Workplace, and linkages with existing health insurance schemes to ensure sustainability.
5. Improve laws on processes of community and social participation to promote AIDS-related rights protection and revise/amend rules, regulations, laws as well as policies that present obstacles to access prevention and treatment
6. Improve and support collective efforts and ownership of the public sector, civil society and community in ensuring efficient and integrated mechanism to provide care, support and protection of human rights to HIV-infected persons, key affected populations and AIDS-affected persons in all provinces
7. Develop and utilise tools, systems and processes to monitor incidents of social stigma, exclusion, discrimination and violence based on sexual preferences in health service and social service systems, quantitatively and qualitatively. Report cases of violations in order to provide remedies and improve/develop policies, work plans and actions at the national and local levels.

Strategy 5: Increase joint accountability, investment and efficiency of administrative efforts in all sectors at the international, national, provincial and local levels

Objectives

1. To ensure that all concerned sectors take joint responsibility and make efficient resource allocations for AIDS elimination
2. To ensure availability of work plans, budget and administration at the local levels to ensure efficiency and sustainability of efforts
3. To make community-led services are part of the national health service system, thereby ensuring government support in terms of quality improvement and service standardisation and sustainability
4. To establish regional and international collaborations on AIDS elimination

Intended results/targets

1. Number of public agencies with allocated budget for AIDS operations
2. Amount of budget to support efforts of private NGOs and community organisations on AIDS elimination
3. Number of private NGOs and community organisations meeting the standards for community-led services
4. Number of provinces with work plans, budget and administration meeting the standards for AIDS elimination

Responsible parties

Ministry of Foreign Affairs, Ministry of Interior, Bureau of Budget, Office of the Prime Minister, NESDB, Ministry of Public Health, Thai NGO Coalition on AIDS, civil society organisations, Thai Network of People Living with HIV/AIDS, business sector, community organisations

Measures

1. Mobilise resources from all sectors and all levels (local, community, district, province, national and international) and manage the transition from being partially reliant on international support to being fully self-reliant in terms of financing and operations, with support from the civil society
2. Revise legislations, financing regulations and governance mechanisms to support collaborations between communities, government agencies (central and regional), local administrative offices and the business/private sectors, to enhance the efficiency and effectiveness in efforts to achieve the goals of AIDS elimination within the given timeframe
3. Promote and support the role of the civil society in developing and enhancing services as well as quality assurance conducted by private NGOs and community organisations, ensuring standardization and integration with the national health service system so as to ascertain continuous budget support
4. Clearly stipulate roles and responsibilities of concerned agencies for AIDS elimination to facilitate integration of AIDS work plans. The National AIDS Prevention and Alleviation Committee will be the main platform in directing and overseeing resource allocations to ensure alignment of the National AIDS Elimination Strategy
5. Strengthen and develop capacity of local organisations, including community organisations, private NGOs, local administrative offices and public organisations, to ensure united and holistic AIDS responses, including work plan development, budget, human resources, implementation and M&E, thus assuring standardization, quality, population inclusiveness and suitability to the local context.
6. Develop, drive and utilise regional and international collaboration mechanisms to develop and coordinate policies, actions and resource mobilisation, particularly for works on migrants. Share knowledge and experience on key efforts with other countries.

Strategy 6: Support and improve accessibility and utilization of strategic information and research that are inclusive and efficient

Objectives

1. To ensure that policy decision, planning, strategy development and resource allocation at the national and local levels is evidence-based and responsive to changes and specific local contexts
2. To enable the country to utilise knowledge and innovation stemming from social and biomedical researches to enhance the efficiency of AIDS prevention and response
3. To ensure structure and efficient mechanism that foster participation by the public, business and private sectors as well as civil society, in supporting and managing information systems, M&E and research

Intended results/targets

1. % of agencies/provinces/organisations that possess and utilise information for evidence-based planning, policy formulation and resource allocation for AIDS prevention and alleviation
2. Number of researches that utilise knowledge and innovation to enhance efficiency of AIDS prevention and alleviation efforts

Responsible parties

Ministry of Defense, Ministry of Education, Ministry of Labour, Ministry of Social Development and Human Security, Ministry of Interior, Ministry of Public Health, NESDB, Ministry of Science and Technology, research-related agencies, business sector, Thai NGO Coalition on AIDS, Thai Network of People Living with HIV/AIDS

Measures

1. Develop and promote the use of tools, systems and mechanisms to monitor the epidemiological ituation and social context that will facilitate the identification of strategic areas and target populations specific to each region, as well as prioritize them for appropriate decision makings. Develop processes to assess the impact of new HIV infections on achieving the goal to eliminate AIDS at the national and local levels
2. Improve and adapt technologies to develop a work plan monitoring system, ensuring efficiency, timeliness, reduction in complexity and reporting burden, linkages with service points and coverage of all sectors (public, civil society organisations and private healthcare facilities)
3. Develop an information system to be used in monitoring AIDS expenditures and reviewing operation-cost effectiveness that would feed into the formulation of policies, operating costs and resource allocation at the national and local levels
4. Develop a system for the assessment of measures/programmes/work plans to ensure that quality and sufficient information is available for policy development and operations improvement
5. Encourage and develop structures and mechanisms for collaboration between the public sector, civil society and the private sector, in compiling, analyzing and utilizing information for the purpose of planning, strategy development, monitoring and resource mobilisation at all levels (national, provincial, district, and local)
6. Promote and develop social and biomedical research that constitute new knowledge, innovation and intervention, with participation by the target populations, to achieve greater efficiency in AIDS elimination
7. Develop and conduct holistic research on AIDS vaccines, from basic science to commercial manufacturing

C. Governance and Management

The National Strategy to End AIDS sets a framework of directions and operational activities for the country for the next 13 years (ending 2030), to be under the directorship and oversight of the National AIDS Prevention and Alleviation Committee. Sub-committees/working groups will be established in line with the key strategic objectives to support implementation and drive efforts at the national level. The sub-committees/working groups will also be tasked with developing additional strategies, overseeing and monitoring implementation progress, responding to problems and constraints and proposing additional recommendations to the National AIDS Prevention and Alleviation Committee, thereby enabling Thailand to achieve the key targets set forth in the National Strategy.

At the local level, the Bangkok and Provincial Ending AIDS Sub-committees will act as the main mechanisms to steer efforts and facilitate collaboration between government agencies, local public administration offices, the civil society and the business sector in formulating local policies and targets, supporting implementation, monitoring progress and addressing problems and constraints, thereby ensuring achievement of local targets.

The National Strategy to End AIDS requires periodic assessment and review at least every five years. The strategy will be communicated and disseminated as well as adapted into action plans (integrated and specific) for concerned agencies and partners, including government agencies at the central, regional and local levels, private NGOs, the civil society and the business sector. A national monitoring and evaluation plan will also be devised. In this regard, the Department of Disease Control, through the National AIDS Management Center and the Bureau of AIDS, TB and STIs, will act as Secretary of the National AIDS Prevention and Alleviation Committee and collaborate and support various agencies in their operations in accordance with this National Strategy.

คณะกรรมการแห่งชาติ
ว่าด้วยการป้องกันและแก้ไขปัญหาเอดส์
NATIONAL AIDS COMMITTEE

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