After Thailand’s first case of HIV/AIDS was reported in 1984, the incidence of infection increased steadily in the country. In 1991, the Government adopted a strategy to combat the disease, and in recent years, the number of new infections has declined. However, the spread of HIV in some provinces is still severe, especially in those that receive a large number of tourists and those along the eastern seaboard and Gulf of Thailand. HIV prevalence remained the same from 2003 to 2007 (1.4 percent), with more people receiving antiretroviral therapy (ART).

Thailand’s early cases of HIV/AIDS occurred primarily among men who have sex with men (MSM). The virus then spread rapidly to injecting drug users (IDUs), followed by sex workers and their clients. IDUs had the highest levels of infection, ranging from 30 to 50 percent. After 1991, prevalence among IDUs gradually declined, reaching its lowest level at 30 percent in 1994; however, it increased again, reaching a peak of 50.8 percent in 1999. According to the 2010 report of the United Nations General Assembly Special Session (UNGASS), HIV prevalence among IDUs attending detoxification centers is between 30 and 40 percent. HIV prevalence among direct female sex workers (FSWs) showed steady increases until reaching a peak of 33.2 percent in 1994; it then showed steady declines to 5 percent in 2007. However, new infections among indirect sex workers and street sex workers nearly doubled since 2005 (UNGASS, 2010). HIV infection among MSM is high and shows no sign of decreasing. In Bangkok, the prevalence rate among MSM was 24.7 percent in 2009.

Several factors put Thailand at risk of a resurgence in HIV/AIDS cases. Awareness of HIV status is low. For example, 80 percent of HIV-positive MSM had never been tested or thought they were HIV negative, according to a 2006 study cited by the Joint United Nations Program on HIV/AIDS (UNAIDS). Risk behavior surveys of IDUs in Chiang Mai, Songkla, and Samut Prakan demonstrated a large percentage (26 to 53 percent) uses nonsterile injecting equipment or allows someone else to use their needle (18 to 34 percent) (UNGASS, 2010). Although condom use by sex workers with clients is high at 94 percent, it is quite low (40 percent) with spouses or cohabitating partners. Finally, premarital sex, once taboo, is increasingly common among young Thais. A survey conducted in 2007 in 11 provinces among youth aged 15 to 22 found 49 percent believe sex among unmarried adolescents is acceptable. Only 20 to 30 percent of youth uses condoms consistently, according to the United Nations Development Program.

According to the World Health Organization (WHO), Thailand had 140 new tuberculosis (TB) cases per 100,000 population in 2008, one of the highest incidence rates in the region. HIV-TB co-infection is significant. With 17 percent of new TB cases occurring among HIV-infected individuals, the country is in danger of a combined epidemic. HIV-TB co-infection poses a challenge to providing treatment and care for both diseases.
National Response


- People adopt behaviors and the ability to safely and appropriately protect themselves and families from HIV infection and transmission.
- People living with HIV/AIDS (PLWA) and those who are affected by AIDS have good quality of life and the ability to live together peacefully and enjoyably in society.
- Families and communities have value and an environment favorable for HIV prevention with understanding and can live together with PLWA peacefully and enjoyably, including full participation in HIV/AIDS prevention and alleviation.

Thailand’s HIV/AIDS activities include conducting a public education campaign targeting the general public and most-at-risk populations (MARPs), improving sexually transmitted infection (STI) treatment, discouraging men from visiting sex workers, promoting condom use, and requiring sex workers to receive monthly STI tests and carry records of the test results. There are also guidelines for HIV/AIDS prevention in the workplace that were finalized in 2009.

Since the change of government in 2006, Thailand has reinvigorated its HIV/AIDS prevention and control efforts. In 2007, Thailand adopted a three-year strategic plan that focuses on scaling up HIV prevention efforts, particularly for people most likely to be exposed to HIV and for difficult-to-reach populations. Early in 2007, the Government announced it was breaking patents on drugs to treat HIV. Thailand has the policy to provide full coverage of care and treatment for PLWA throughout the country as part of universal coverage. In 2009, 76 percent of HIV-infected people were receiving ART, according to the WHO/UNAIDS/UNICEF Towards Universal Access report.

One strength of Thailand’s AIDS prevention and control program is that 80 to 90 percent of the budget is domestic. This reflects the Government’s commitment to the epidemic and its ability to be self-reliant. A weakness is that the allocation of resources is not balanced between treatment and prevention, with the majority of the budget going toward treatment.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has made significant investments in Thailand since 2003, disbursing more than $174.2 million for HIV prevention, care, and treatment activities. The most recent were three eighth-round grants in 2009. The U.S. Government (USG) provides nearly 30 percent of the Global Fund’s contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Thailand received $1.25 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID’s HIV/AIDS programs in Thailand are implemented as part of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately $32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President’s Global Health Initiative (GHI), which commits $63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.
USAID’s Regional Development Mission for Asia, working together with the U.S. Centers for Disease Control and Prevention, has supported the development, evaluation, dissemination, and replication of prevention models aimed at MARPs and capacity building tied to the Global Fund’s program implementation for Thailand. Through Global Fund support, models were implemented by nongovernmental organizations (NGOs) and Thai Government entities (the Ministry of Public Health and local governments) with the goal of national scale-up. The models were developed using proven approaches to address populations at risk and, in collaboration with the Government and civil society, Global Fund support for replication was secured. Models are based on the USG-developed concept of a comprehensive prevention package, which includes a “minimum package of services.” The strategies used in these models are:

- Outreach for education, risk reduction, and condom promotion in communities where MARPs congregate
- Drop-in centers that serve as “safe spaces” for MARPs to meet and for project implementers, including peer educators, to reach their target audiences with behavior change communication and prevention education, as well as providing access or referral to clinical services such as STI and voluntary counseling and testing (VCT) services
- Linking prevention services, focusing particularly on expanding VCT through piloting of serial rapid test algorithms with same-day results and with targeted care and treatment services, to facilitate access for marginalized populations
- STI and VCT services that are “user friendly” and accessible to the target high-risk populations and include risk reduction counseling with comprehensive messages

The program supported a comprehensive prevention package model for MSM (Bangkok, Chiang Mai, and Phuket), male sex workers (Bangkok, Chiang Mai, Pattaya, and Phuket), and transgenders (Pattaya and Chiang Mai). In addition, activities continued to build the model in Udon Thani and Khon Kaen provinces and provided capacity building for the Global Fund, which focused on 14 provinces in FY 2009 and plans a national scale-up over subsequent years. In FY 2009, the program reached nearly 14,400 MSM at USG-supported clinics.

For HIV-positive MSM, positive prevention counseling, improved care and treatment referrals, and MSM-specific care and support models were under development through an adaptation of a positive prevention curriculum for PLWHA. Without such models, MSM risk disappearing after testing positive through VCT or showing up for clinical care after becoming very sick with late-stage disease, when treatment outcomes are considerably poorer.

Outreach worker training continued in 2009 through the Rainbow Sky Association of Thailand (RSAT), the NGO chosen as subrecipient for MSM-related Global Fund program implementation. Capacity building activities focused on providing organizational development for RSAT in order to support its management of 19 Global Fund implementing partners and its lead technical role on training activities, in collaboration with the Ministry of Public Health, for MSM-appropriate prevention services. MSM community groups were formed in USG sites in areas where they did not previously exist in order to conduct outreach and promote condom use, VCT, and STI screening. In all six USG sites, pilot tests of VCT using rapid testing are being implemented and monitored in order to improve the low uptake of counseling and testing among MSM. The goal is to provide evidence needed for national policy change and adoption of rapid testing through the National AIDS Plan.

**Important Links and Contacts**

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