Country Situational Analysis on the State of Gender Justice and Sexual Rights in the Context of HIV and TB in Thailand

Service Workers In Group Foundation
SWING | BANGKOK, THAILAND

"Diversity is the richness of humanity."

Key informant: Ms. Naiyana Supaphueng, Foundation for SOGI Rights and Justice (For-SOGI)

29 November 2024

ACKNOWLEDGEMENTS

Acknowledgment is given to the key informants who participated in the interviews for their valuable insights and contributions. Gratitude is also extended to the organizations and publications that provided relevant data for the desk review. Additionally, appreciation is expressed for the feedback and assistance offered by colleagues and peers throughout the preparation of this report.

SWING is supported by L'Initiative implemented by Expertise France. The content of this report is the sole responsibility of SWING and does not necessarily reflect the views and opinions of L'Initiative and Expertise France.

Executive Summary

This report is part of a partnership initiative between APCASO and SWING Thailand, united by a shared commitment to promoting gender justice and sexual rights in Human Immunodeficiency Virus (HIV), tuberculosis (TB), and malaria (HTM) responses across the Asia-Pacific region. This review evaluates gender justice and sexual rights within HIV and TB programs in Thailand, focusing on marginalized populations, including men who have sex with men (MSM), transgender individuals, sex workers, and migrants. It highlights ongoing challenges and underscores the importance of inclusive, gender-sensitive approaches to improving health outcomes. The review aims to build an evidence base for advocacy, policy development, and interventions that reduce health disparities and improve access to care. Through a desk review and key informant interviews, the report identifies gaps and opportunities in gender-sensitive health programming.

Key Findings and Implications

Health System and Access to Services

Thailand's Universal Health Coverage (UHC) ensures access to essential services for all citizens, including HIV and TB care. Initiatives like the Reach, Recruit, Test, Treat, Prevent, and Retain (RRTTPR) approach target high-risk populations, while key populations-led health services (KPLHS) and programs help expand access. However, challenges remain, particularly regarding stigma, structural barriers, and limited access for migrants.

Gender Sensitivity and Data Integration

Although Thailand has made strides in integrating gender-sensitive policies, gaps persist in capturing gender-disaggregated data, which is vital for informing targeted interventions. The HIV Info Hub and other data platforms show promise but require further refinement.

Impact of International Support

While Thailand funds most of its HIV and TB programs domestically, a reduction in international funding could affect capacity-building efforts and advocacy. Proactive resource mobilization, including support for community-based organization (CBOs), is crucial for sustaining progress.

Gendered Disparities and Barriers to Health Equity

Systemic gender-based barriers—such as stigma, discrimination, inadequate gender-responsive care, and gender-based violence—continue to hinder progress in HIV and TB responses. These challenges disproportionately affect transgender women, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other diverse sexual orientations, gender identities, and expressions individuals (LGBTQI+), female individuals who inject drugs, adolescents, people living with HIV (PLHIV), sex workers, and migrants, leading to delayed or limited access to care and poor health outcomes. Despite policy efforts, these structural inequities persist, underscoring the need for more inclusive and gender-sensitive health strategies.

Access to Sexual and Reproductive Health (SRH) Services

Access to SRH services remains inequitable, especially for marginalized groups. Despite initiatives like UHC, barriers such as stigma, discrimination, and financial inaccessibility persist. Transgender individuals face challenges in accessing gender-affirming care, while migrant sex workers encounter exclusion from public health schemes.

Gender-Based Violence (GBV) and Healthcare

GBV affects HIV and TB care, particularly among marginalized groups. Intimate partner violence worsens HIV outcomes, with young women, sex workers, and economically disadvantaged individuals at higher risk. Despite integration into UHC, GBV services are underfunded, and stigma limits their effectiveness.

Intersectionality and Comprehensive Interventions

The intersection of gender, socio-economic status, and legal status creates compounded barriers to healthcare. Addressing these requires an intersectional approach, including:

- Transgender Health Needs: Bridging gaps in gender-affirming care.
- Migrant Populations: Ensuring healthcare access for undocumented and marginalized migrants.
- Youth and Disability: Providing tailored services for youth and individuals with disabilities.

Expanding gender-sensitive mental health support and comprehensive healthcare services is essential for overcoming these barriers.

Gender Norms and Social Attitudes Impacting LGBTQI+ and Women's Rights

Thailand's progressive policies on LGBTQI+ rights contrast with persistent societal biases and gender norms that hinder full inclusion, particularly for transgender individuals and sex workers. Despite legal advancements, stigma and discrimination continue, particularly in rural areas.

The Role of Policy Reforms

Policies and laws in Thailand are often framed within a binary gender model. Reforms such as decriminalizing sex work and developing anti-discrimination and gender recognition laws are crucial for improving health outcomes for marginalized groups.

Policy Integration and Coordination

While progress is being made in gender-sensitive policies, greater coordination is needed between healthcare, legal, and community sectors. Addressing gaps in policy enforcement and raising public awareness are essential for creating a more inclusive healthcare system.

Conclusions

Thailand has made notable progress with UHC, which provides equitable care to marginalized groups. Initiatives like key population-led health services (KPLHS), free antiretroviral therapy (ART), HIV self-testing, and pre-exposure prophylaxis (PrEP) have been key in improving access, but challenges persist, especially regarding stigma and legal barriers. A rights-based, gender- sensitive approach is vital to address gendered disparities, including gender-based violence and legal constraints, ensuring responsive HIV and TB services for marginalized populations.

Recommendations

1. Address Policy and Legal Barriers

- **Advocate for Inclusive Legal Reforms:** Continue efforts toward decriminalizing sex work, ensuring legal gender recognition, strengthening anti-discrimination measures, and providing labor protections for sex workers. These reforms are vital for safeguarding rights and improving healthcare access for marginalized groups, including sex workers and transgender individuals.
- **Engage Key Stakeholders:** Strengthen collaboration with policymakers, civil society, and affected communities to drive policy changes and raise public awareness of the broader public health benefits.

2. Strengthen Gender-Responsive Healthcare and Services

- **Expand Gender-Sensitive Healthcare Frameworks:** Integrate gender-responsive approaches into HIV and TB services, building on existing Global Fund-supported frameworks. Prioritize services for transgender individuals, sex workers, and migrants, while ensuring healthcare providers adopt standardized gender-based service guidelines.
- **Improve Access to SRH and Mental Health Services:** Ensure equitable access to SRH services, including gender-affirming care. Establish safe spaces for LGBTQI+ youth and adolescent girls to access mental health support.
- **Support Community-Led Initiatives:** Sustain and strengthen CBOs that advocate for gender-sensitive care, focusing on domestic funding to mitigate the impact of reduced international aid.

3. Enhance Data Collection, Monitoring, and Evaluation

- **Strengthen Gender-Disaggregated Data Systems:** Collaborate with national health agencies to collect comprehensive data on gender identity, sexual orientation, and intersectional risks, improving analysis of healthcare gaps and disparities.
- **Integrate Gender and Human Rights into monitoring and evaluation (M&E):** Ensure monitoring systems assess gender and human rights outcomes, leveraging tools like the Global Fund's key performance indicator (KPI) and adapting frameworks such as the WHO Gender Responsiveness Assessment Scale for LGBTQI+ populations.
- **Involve Communities in Data Collection:** Expand community-led monitoring (CLM) to include gender-focused data collection and analysis, ensuring affected populations contribute to program improvements.

4. Reduce Stigma and Discrimination

- **Expand Stigma Reduction Initiatives:** Strengthen national stigma-reduction campaigns that highlight community voices and integrate gender-sensitive strategies. Promote peer-led education and support initiatives such as national stigma-reduction campaigns amplifying community voices and gender-sensitive integration into programs to enhance healthcare access for marginalized groups affected by these diseases.
- **Improve Stigma Monitoring:** Incorporate gender-sensitive variables into the stigma index and strengthen CLM to capture stigma-related incidents in healthcare settings. Continue advocating for stigma measurement in hospital accreditation.

5. Strengthen Coordination and Capacity Building

- **Institutionalize Gender-Responsive Approaches:** Expand gender-sensitive training for healthcare providers across HIV and TB programs, leveraging initiatives like Tangerine Academy and KPLHS. Consider establishing a dedicated working group under the Ministry of Social Development and Human Security (MOSDHS) to develop and enforce gender-integrated service guidelines.
- **Improve Intersectoral Coordination:** Enhance collaboration between health, social welfare, and human rights sectors to ensure cohesive gender-responsive policies.

6. Secure Sustainable and Gender-Responsive Funding

- **Expand Gender-Responsive Budgeting (GRB):** Strengthen the application of GRB within HIV and TB programs, using examples like the Bangkok Metropolitan Administration (BMA) as models.
- **Mitigate Funding Gaps:** Address financial shortfalls due to reduced international funding (e.g., PEPFAR cuts) by promoting domestic funding sources, public-private partnerships, and innovative financing mechanisms.

7. Prioritize Further Research

- **Explore Gender-Specific Risk Factors:** Conduct research on gender-related risk factors for TB and HIV, particularly for marginalized populations such as transgender individuals, sex workers, and migrants.
- **Assess Impact of Gender-Responsive Interventions:** Study the effectiveness of tailored approaches in improving health outcomes and service accessibility.
- **Examine Intersectionality and Risk Behaviors:** Investigate how gender identity, sexual orientation, and factors like migration and substance use intersect to influence HIV and TB risks.

Table of Contents

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
BMA	Bangkok Metropolitan Administration
CBO	Community-based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CLHS	Community-led Health Services
CLM	Community-led Monitoring
CLMQI	Community-led Monitoring for Quality Improvement
CSE	Comprehensive Sexuality Education
CSMBS	Civil Servant Medical Benefit Scheme
CSOs	Civil Society Organizations
DDC	Department of Disease Control
DOC	Department of Corrections
DWF	Department of Women's Affairs and Family Development
FSW	Female Sex Worker
GBV	Gender-based Violence
GRB	Gender-Responsive Budgeting
HCV	Hepatitis C Virus
HICS	Health Insurance Card Scheme
HIV	Human Immunodeficiency Virus
IHRI	Institute of HIV Research and Innovation
IOM	International Organization for Migration
IPV	Intimate Partner Violence
JIMM	Joint International Monitoring Mission
KPI	Key Performance Indicator
KPLHS	Key Population-Led Health Services
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other diverse sexual orientations, gender identities, and expressions
MDR/RR-TB	Multidrug-resistant or Rifampicin-resistant TB

M&E	Monitoring and Evaluation
MMT	Methadone Maintenance Therapy
MOPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NAP	National AIDS Program
NGOs	Non-governmental Organizations
NHRC	National Human Rights Commission
NHSO	National Health Security Office
NTIP	National Tuberculosis Information Program
OECD	Organization for Economic Co-operation and Development
OSCCs	One-Stop Crisis Centers
PDSS	Program and Disease Specific Standards
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PoDS	People of Diverse SOGIESC
PrEP	Pre-exposure prophylaxis
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RRTTPR	Reach, Recruit, Test, Treat, Prevent, and Retain
SGBV	Sexual and Gender-Based Violence
SIGI	Social Institutions and Gender Index
SOGIE	Sexual orientation, Gender Identity, and Expression
SOGIESC	Sexual orientation, Gender Identity, Gender Expression, and Sex Characteristics
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSS	Social Security Scheme
STIs	Sexually Transmitted Infections

SWING	Service Workers in Group Foundation
TB	Tuberculosis
TGW	Transgender Women
TGSW	Transgender Women Sex Workers
TNP+	Thai Network of People Living with HIV/AIDS
UCS	Universal Coverage Scheme
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
WVFT	World Vision Foundation of Thailand
YFHS	Youth-Friendly Health Services

SECTION I: Background

1.1 Introduction

Thailand has made significant strides in addressing public health challenges, particularly in combating infectious diseases such as HIV and TB. However, the burden of these diseases remains disproportionately high among certain populations. HIV continues to be a critical public health concern, with prevalence rates significantly higher among key populations. While the overall HIV prevalence among adults aged 15–49 is approximately 1.1%, new infections are concentrated among adult men, who account for 79%–82% of cases, and young people aged 15–24 years, who represent nearly 48% of all new infections (UNAIDS Asia Pacific, 2023; UNAIDS, n.d.-a.).

These trends highlight the importance of exploring the intersection of gender and health, as gender norms and inequalities play a crucial role in shaping both vulnerabilities and access to care (Heise et al., 2019). Marginalized groups such as men who have sex with men (MSM), transgender individuals, sex workers, and migrants often face compounded challenges from intersecting stigma, discrimination, and structural barriers.

Within the health care settings, stigma and discrimination, deeply rooted in gender norms, remain significant challenges (Heise et al., 2019). In 2023, 65% of healthcare workers in Thailand reported stigmatizing attitudes toward people living with HIV (PLHIV), while discriminatory practices were observed in 19% of cases (Figure 1). Additionally, internalized stigma—reflecting societal biases—saw a marked increase in 2023, with more individuals avoiding healthcare services due to self-stigma (Figure 2).

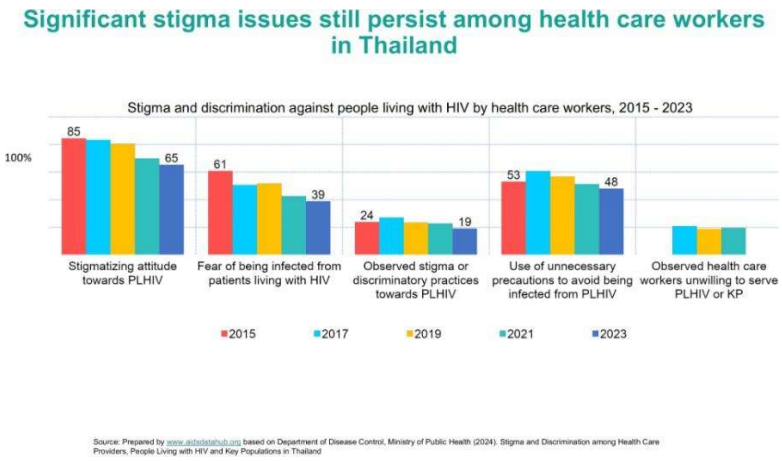


Figure 1

Source: Presented by Dr. Ye Yu Shwe, Data Analyst, UNAIDS Asia and the Pacific. Slide content on stigma and discrimination among health care workers in Thailand.

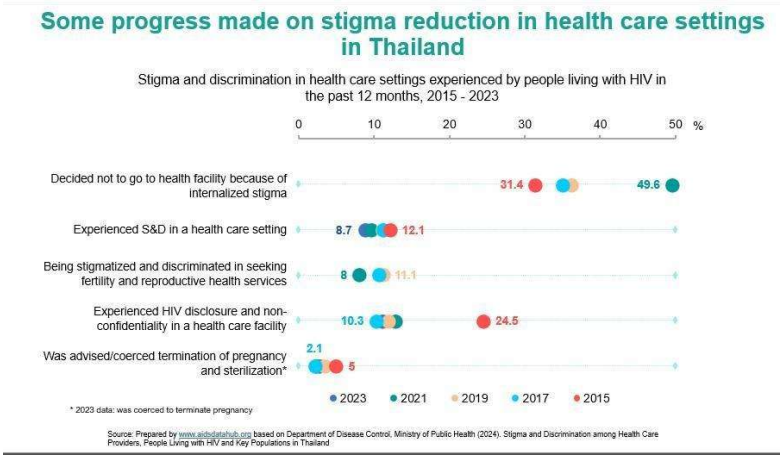


Figure 2

Source: Presented by Dr. Ye Yu Shwe, Data Analyst, UNAIDS Asia and the Pacific. Slide content on stigma and discrimination among health care workers in Thailand.

People of diverse gender and sexuality have faced multifaceted stigma and discrimination in several areas, including disparities in health and mental health (Newman et al., 2021). This has exacerbated their vulnerabilities and limiting timely access to care. For example, while pre-exposure prophylaxis (PrEP)-a medication that significantly reduces the risk of HIV infection when taken consistently-has been available under Thailand's Universal Health Coverage scheme since 2019, gaps in knowledge and access persist even among key populations, reflecting broader gender-related inequities (Janyam et al., 2024). These challenges underline the urgent need for targeted interventions to address the unique needs of marginalized and gender-diverse populations.

Thailand's efforts in combating TB stand out in the region, particularly compared to other high-burden nations. The country has made significant progress in improving access to TB care, as evidenced by a service coverage index[1] of 82 in 2021. This achievement, coupled with a low level of catastrophic health expenditures[2] (2% of households), highlights the effectiveness of Thailand's universal health coverage (UHC) scheme, which ensures healthcare access for all citizens, regardless of employment status or income level. However, achieving full UHC still requires substantial increases in healthcare investment (World Health Organization [WHO], 2024).

The WHO's recognition of Thailand's success in TB control underscores the strength of the country's healthcare system, which has effectively reached vulnerable populations and minimized the financial burden of TB treatment. Established in 2002, Thailand's UHC, supported by a robust primary health care infrastructure, has been critical in expanding access to TB and HIV services and essential healthcare. However, despite these advancements, ongoing challenges in TB prevention and treatment, particularly among marginalized groups, require continued attention to sustain and further build on these positive outcomes.

[1] The Universal Health Coverage service coverage index (SCI) (SDG 3.8.1) ranges from 0 (lowest) to 100 (highest) and is based on 16 indicators, including TB treatment coverage. The latest values are estimated using interpolated data from 2000–2021. (World Health Organization [WHO], 2024)

[2] The percentage of the population facing catastrophic health expenditure (SDG 3.8.2) is defined as households spending ≥10% of their total consumption or income on healthcare. Data for the 30 high TB burden countries is available for years ranging from 2007 to 2021. (World Health Organization [WHO], 2024)

Globally, pulmonary TB cases are more prevalent among males than females, and Thailand mirrors this trend. The male-to-female ratio of TB patients in the country is approximately 2:1, with 48,612 male patients and 22,876 female patients (Division of Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023). The disparity in the sex ratio of TB patients across various settings highlights the significant influence of gender-based factors over biological sex in shaping TB risk and care engagement (Mason, 2017). In Thailand, the observed male-to-female ratio of 2:1 among notified TB patients cannot be attributed solely to biological differences. Instead, it reflects the impact of gender-related risk factors and differences in health-seeking behaviors. This variation in sex ratios across different contexts underscores the intricate interplay of biological, social, and cultural determinants, rather than being the result of biological or sociocultural factors alone. Thus, understanding disparities in TB cases requires considering both gender as a sociocultural determinant and biological determinants of sex (Mason, 2017).

The convergence of these health challenges underscores the critical need for gender-sensitive approaches in national health policies and programs. Addressing the social determinants of health, including gender inequality, discrimination, and barriers to gender justice and sexual rights[3], is essential to achieving equitable health outcomes for all. This report aims to explore how gender-related factors contribute to health inequities in Thailand, with a particular focus on HIV and TB, to inform the development of more inclusive and effective public health strategies.

1.2 Objectives:

1. Develop a country stock-take report on the state of gender justice and sexual rights in HIV and TB programs.
2. Produce a policy brief to highlight key findings and policy implications.
3. Contribute to evidence-building on gender justice and sexual rights in health programs.
4. Support the development of baseline information for future project initiatives.

1.3 Purpose & Scope of the report

Gender norms and inequalities, such as stigma and discrimination disproportionately affect marginalized populations like MSM, transgender individuals, and sex workers. These factors can create barriers to prevention, diagnosis, and treatment, leading to worse health outcomes. Addressing gender and sexual rights ensures that interventions are inclusive and effective,

[3] As defined in the APCASO's proposal "The Gender Justice and Sexual Rights in Health Initiative": Gender justice in the HTM context refers to achieving full equity between all individuals—regardless of gender—in access to resources, participation in policies and programs, capacity development, and decision-making spaces. Sexual rights, as fundamental human rights, are essential for sexual health and well-being. These rights encompass freedom from discrimination and violence based on sexual orientation, gender identity, or expression (SOGIE); access to sexual and reproductive healthcare; comprehensive sexuality education; bodily autonomy; the right to choose a partner, engage in consensual sexual relationships or marriage, and make decisions regarding childbearing and sexual well-being.

particularly for those facing compounded vulnerabilities, and helps reduce health disparities and improve care access.

This report is part of a partnership initiative between APCASO and its Thai partner, SWING, united by a shared commitment to promoting gender justice and sexual rights in HIV, TB, and malaria (HTM) responses across the Asia-Pacific region. The report provides an analysis of the current landscape of gender justice and sexual rights within HIV and TB programs, aiming to build a solid evidence base on these critical issues and establish baselines that will support sustained advocacy and advance equity and rights throughout the region.

Due to limited access to information, this report will primarily focus on analyzing gender issues related to HIV and, where data is available, TB. Malaria programs are not within the scope of this report.

1.4 Methodology

This study employed a two-pronged approach: an exploratory desk review of existing literature and key informant interviews to examine gender-sensitive approaches within Thailand's national health policies for HIV and TB. These methods were integrated to provide a comprehensive understanding of the topic.

Desk Review

An exploratory desk review was conducted to identify and analyze relevant literature, including peer-reviewed articles, reports, and grey literature. Key sources included publications from government agencies, international organizations, and non-governmental organizations (NGOs) focusing on gender and health in Thailand, with a particular emphasis on HIV and TB.

Search terms included "HIV," "TB," "PLHIV," "gender," "Thailand," "gender assessment in health," "gender-sensitive health policies," "key populations," "MSM," "transgender women," "adolescents," "prisoners," "sex worker," "PWID," "migrants," "stigma," and "gender-based violence." These terms served as initial points of reference, though the search was not strictly confined to them. Additional relevant keywords were incorporated as they emerged. This review employed an exploratory approach that prioritizes material relevance over strict systematic criteria, ensuring diverse insights and emerging trends are captured.

In addition to academic and institutional reports, media articles and online sources were examined to capture evolving public discourse on gender-sensitive health issues. The inclusion of social media discussions provided insights into current societal attitudes and emerging challenges.

Key Informant Interviews

Semi-structured key informant interviews (Appendix I) were conducted with representatives from NGOs implementing Global Fund-supported programs, international partner, and policy advocates with expertise in gender and health issues related to HIV and TB in Thailand. These interviews aimed to capture practical insights into challenges, gaps, and opportunities in implementing gender-sensitive health policies.

A total of 10 interviews were conducted between November 25, 2024, and January 24, 2025. Informants were selected based on their expertise and roles in the field, ensuring a diversity of perspectives. Interviews were guided by open-ended questions covering key themes, including:

- Barriers to healthcare access for marginalized populations (e.g., women, gender-diverse individuals).
- The effectiveness of gender-sensitive health interventions in HIV and TB programs.
- Policy gaps and challenges related to gender and health.

Data Integration

Findings from the desk review and key informant interviews were analyzed thematically. Themes identified in the literature were cross-referenced with interview insights to validate, contextualize, or challenge existing knowledge, ensuring a comprehensive understanding of gender-sensitive health programming.

1.5 Limitations

This study has certain limitations. The desk review was exploratory in nature, with keywords broadly applied to gather relevant information. Additionally, there is limited availability of gender-related data on TB in Thailand, and much of the existing data is outdated, with some dating back over a decade or more. While key informant interviews provided valuable insights, they reflect the perspectives of selected individuals and may not fully capture the broader population's experiences. Nevertheless, the report endeavours to offer a thorough analysis of gender and sexual rights considerations in Thailand’s HIV and TB programs, despite these challenges in the available data.

Section II: National Overview of HIV and TB

2.1 HIV in Thailand

Thailand is home to approximately 580,000 PLHIV, including both adults and children. In 2023, the country reported substantial progress toward achieving the global 95-95-95 targets: 91% of PLHIV were diagnosed and aware of their status, 91% of those diagnosed were receiving antiretroviral therapy (ART), and 98% of individuals on ART were virally suppressed (Department of Disease Control, n.d.-a). These achievements highlight advancements in expanding treatment access and improving quality of life for many PLHIV.

However, the HIV epidemic in Thailand remains concentrated among key populations, including people who inject drugs (PWID), MSM, transgender individuals, youth, and migrants. Each group faces unique challenges and requires tailored interventions to address their specific needs. The overall HIV prevalence rate among adults aged 15–49 is 1.1% (1.3% among men and 0.9% among women), but rates are higher within certain key populations (see Table 1 for exact figures of HIV prevalence and condom use data across key populations), underscoring the need for targeted responses.

While new infections have declined by 49% since 2010, the epidemic persists. An estimated 9,100 new HIV infections occurred last year, with 7,200 cases among men aged 15 and older, highlighting the urgent need for focused interventions within this demographic. The incidence rate of new infections stands at 0.27 per 1,000 adults, indicating that sustained efforts are essential (UNAIDS, n.d.-a). Table 2 summarizes prevention gaps and treatment outcomes by key populations, further illustrating ongoing challenges. Continued efforts are crucial to further increase coverage and support adherence, ensuring more comprehensive and sustained treatment outcomes.

Table 1. HIV Prevalence and Condom Use Across Populations

Populations	**% HIV prevalence**	**% Condom use report**	**Year surveyed**
Antenatal care (ANC) women	0.5		2023
Military conscripts	0.8		2022
2nd -year vocational education student		80.3	2019
Men who have sex with men	1.7	86.4	2022
Transgender women	2.2	79.5	2022
Male sex workers	4.2	94.7	2022

Venue-based Female Sex Workers	0.7	80.6	2018
Non-venue Female Sex Workers	1.1	82.1	2021
People who inject drug	8.2	32.6	2022

Source: Department of Disease Control, Ministry of Public Health, Thailand. (n.d.). HIV Info HUB. Retrieved 23 January 2025, from HIV Info HUB

Table 2. Prevention Gaps and Treatment Outcomes by Key Populations

Population	Prevention Gaps	Treatment Outcome Gaps
People Who Inject Drugs (PWID)	- Low awareness of HIV status 21.2%, limited condom use 32.6%, inadequate prevention coverage 62.1%, low access to opioid substitution therapy 9.4%	- ART coverage 77.3%, delayed treatment initiation due to low awareness
Sex Workers	- Prevention programs reach 77.2% of the population	- ART coverage at 70.4%, despite 74.9% awareness
Transgender Women	- Very limited prevention coverage 34%	- ART coverage 75.9%
Men Who Have Sex with Men (MSM)	- Low uptake of prevention programs 36.3%	- ART coverage 79.7%
Prisoners	- Inadequate comprehensive prevention strategies for HIV and TB, limited prevention despite condom distribution efforts	- ART coverage 62.5%, challenges in managing co-infections, TB: 8.2%, HCV: 0.6%
Youth	- Low HIV testing rates (5–7% among students), inconsistent condom use as low as 53%, rising STI rates	- Gender disparities in treatment outcomes, with young females experiencing higher virological failure rates and more treatment switches

Migrants	- Restricted access to HIV/TB services, especially among undocumented migrants, limited systematic data on HIV prevalence	- Increased ART uptake but treatment success rates are lower compared to Thai nationals
Source: UNAIDS Thailand: https://www.unaids.org/en/regionscountries/countries/thailand		

People who inject drugs

The estimated population of PWID targeted for HIV services in Thailand is approximately 57,600, based on 2021 national IBBS data using methods such as RDS, SSPSE, and service multipliers. HIV prevalence among this group is notably high at 8.2%, according to the 2022 behavioral surveillance survey, while condom use is low at 32.6%. Awareness of HIV status is relatively low, with only 21.2% of PWID being aware of their HIV status. ART coverage is more widespread, with 77.3% of individuals receiving treatment, as reported by the National AIDS Program (NAP) 2023. Although 62.1% of PWID are reached by HIV prevention programs, coverage remains inadequate. However, safe injecting practices are reported by 86.7% of PWID (UNAIDS, n.d.-a).

Studies of drug users in Thailand identify heroin and amphetamines as the primary substances of use (Research Institute for Health Sciences, Chiang Mai University, 2019; CARE Evaluations, 2020). The Thai government has integrated harm reduction into national policies, with methadone maintenance therapy (MMT) serving as a cornerstone since at least 2018 (Sooktong, Suttajit, & Suwannaprom, 2024). MMT is offered through 146 sites nationwide under the universal health insurance scheme, providing free detoxification and long-term maintenance (Department of Disease Control, n.d.-b). Harm reduction efforts include the distribution of 17 needles and syringes per person who injects drugs, and opioid substitution therapy coverage is limited at just 9.4%, as per national program data. Additionally, co-infection with HIV and Hepatitis B is relatively low, affecting 0.8% of PWID, according to the 2019-2020 IBBS data (UNAIDS, n.d.-a).

Sex workers

Among sex workers in Thailand, the estimated population is approximately 106,600 (UNAIDS, n.d.-a). In 2022, 67,000 female sex workers (FSW) and 13,700 male sex workers (MSW) were targeted for intervention, with HIV prevalence among MSW reported at 4.2% and 3.2% among those under 25 years old (Thai Ministry of Public Health, 2022). Among FSWs, HIV prevalence in 2021 was 1.1% among non-venue-based FSWs.

Encouragingly, 74.9% of sex workers are aware of their HIV status, showing progress in testing initiatives, though it remains below the global 90-90-90 target for diagnosis. The NAP data based revealed that ART coverage is at 70.4%, indicating gaps in treatment linkage despite relatively high testing rates. Prevention efforts have been effective in promoting safer practices, with condom use reported at 94.7%. Additionally, 77.2% of sex workers are reached by HIV prevention programs, suggesting significant outreach efforts but room for improvement to achieve universal coverage. (UNAIDS, n.d.-a).

Transgender women

The overall population size estimate for transgender women (TGW) in 2022 was 206,800, of whom

59,700 (29%) were considered at risk and targeted for HIV intervention (Thai Ministry of Public Health, 2022). HIV prevalence among TGW in Thailand is reported at 2.2%. Awareness of HIV status is relatively high, with 75.6% of transgender individuals aware of their HIV status, as indicated by both the survey and the NAP report from 2023. ART coverage is also notable at 75.9%. Condom use among TG individuals is reported at 79.5%, highlighting a relatively high level of protection during sexual activity. However, coverage of HIV prevention programs remains limited, with only 34% of transgender individuals reached by these services, suggesting that there are still significant gaps in prevention coverage for the transgender community (UNAIDS, n.d.-a)

Men who have sex with men

The estimated population of MSM in Thailand was approximately 608,000, of whom 194,700 (32%) were considered at risk and targeted for HIV intervention (Thai Ministry of Public Health, 2022). The HIV prevalence among MSM in Thailand is reported as 1.7% for all age group in 2022 and 3% for MSM who were under 25 years old (Thai Ministry of Public Health, 2022). Awareness of HIV status is relatively high, with 84.5% of MSM reporting they have been tested. ART coverage is strong, with 79.7% of those living with HIV receiving treatment, as reported by the NAP in 2023. Condom use among MSM is high at 86.4%, reflecting efforts in prevention. However, the coverage of HIV prevention programs remains limited, with only 36.3% of MSM accessing these services (UNAIDS, n.d.-a). The data point to ongoing progress but also highlight gaps in prevention service coverage for MSM in Thailand

Prisoners

As of March 2025, Thailand's prison population is estimated at 283,984, according to data from the Department of Corrections (DOC) registration report, approximately 12% are women (Department of Corrections, 2025). The HIV prevalence rate among prisoners is relatively low at 0.9%, as per the NHSO's NAP database (UNAIDS, n.d.-a). ART coverage is reported at 62.5%. HIV prevention efforts in prisons have included the distribution of 171,969 condoms, as reported by both the NAP and DOC. In addition to HIV, TB infection is a concern, with a prevalence rate of 8.2% among prisoners, according to reports from the NAP, DOC, and the National Tuberculosis Information Program (NTIP). Hepatitis C (HCV) infection is also present at a rate of 0.6%, with this figure representing only HCV infections, as indicated by the same sources. These data highlight ongoing public health challenges in the prison system, especially regarding HIV and TB prevention and treatment (UNAIDS, n.d.-a).

Youth

Data indicate that young people aged 15–24 years account for nearly half (4,400 out of an estimated 9,100) of new HIV infections in Thailand (UNAIDS, n.d.-a). In 2024, NAP service data reported an overall HIV-positive rate of 1.3% (6,666 out of 517,423) among individuals receiving HIV testing. While the HIV-positive rate was similar at 1.3% for both the general population and the 15–24 age group, adolescents aged 15–24 years made up 22% (1,453 cases) of all identified HIV-positive cases. Gender analysis showed that the HIV-positive rate was 1.9% among young men and 0.7% among young women. Additionally, young men aged 15–24 accounted for 24% of all male HIV-positive cases, while young women in the same age group represented 17% of all female cases. These findings underscore the need for tailored prevention and treatment strategies that address the specific vulnerabilities and needs of both young men and young women (National Health Security Office [NHSO], n.d.-a).

Notably, there is minimal difference in HIV-related knowledge between young men and women, with both groups demonstrating nearly equal levels of awareness regarding HIV prevention and treatment (46% among young women and 45.1% among young men). This parity highlights the effectiveness of educational efforts targeting young populations in Thailand (UNAIDS, n.d.-a).

A behavioral survey conducted among 11th-grade students in 2019 revealed that condom use during the most recent sexual encounter ranged from 76% to 84% among male students and from 57% to 83% among female students. The rates varied depending on whether the partner was a boyfriend/girlfriend, a casual partner, a sex worker, or a same-sex partner (for male students only). However, condom use with boyfriends was notably lower, with only 53% of female students reporting condom use in this context. Access to HIV testing was also limited, with only 7% of male students and 5% of female students reporting having undergone HIV testing (Ministry of Public Health [MOPH], n.d.)

Sexually transmitted infection rates (STIs) among youth aged 15–24 years have increased significantly. From 2006 to 2019, the rate rose from 49.3 cases per 100,000 population to 124.4 cases, followed by a slight decrease to 106.2 cases per 100,000 in 2021 (Thailand TB/HIV Funding Request, 2023). While this decline is notable, it remains insufficient to address the ongoing risk and underscores the persistent need for targeted interventions.

Particular gaps remain for adolescent girls and young women, especially concerning gender-based violence and the need for adolescent-focused programming both inside and outside school settings. The increasing, though still low, rates of STIs in this subgroup suggest a potential risk of transmission to other groups, highlighting an emerging area of concern (Department of Disease Control, Ministry of Public Health, 2022a). These trends reflect the evolving dynamics of STI transmission, suggesting that HIV-risk behaviors remain prevalent among young people.

For young PLHIV aged 15-24, a retrospective study revealed gender differences in treatment outcomes. Specifically, young females in this age group had a 96% higher incidence rate of virological failure compared to males and a higher incidence of switching to second-line ART. These findings suggest that gender may have influenced the disease outcomes (Teeraananchai et al., 2023).

Addressing these challenges requires sustained and targeted efforts. Youth remain a priority population within Thailand’s HIV intervention strategies aimed at ending AIDS. According to a key informant, ongoing initiatives, such as integrating youth-specific interventions into existing programs like PrEP and condom distribution, aim to reduce HIV risk and promote prevention practices tailored to the unique needs of young people.

Migrants

Migrants constitute approximately 7% of Thailand's total population, with nearly half originating from Cambodia, Laos, Myanmar, and Vietnam. Among the more than 2.3 million registered foreign workers, Myanmar nationals represent 73% of the workforce, with the majority (around 75%) registered locally (International Organization for Migration (IOM) Thailand, 2023). Data from the Thai Publica website indicates that, in 2024, female migrants represented approximately 44% of the total migrant population (Thai Publica, 2024). Despite their significant presence, access to HIV and TB services within migrant populations remains restricted, particularly for undocumented migrants

who are excluded from the social security system available to documented workers (Thailand TB/HIV Funding Request, 2023; Neupane, S.R., 2024).

Service data from SWING indicates an HIV prevalence of approximately 6%–7% among key population migrants in Bangkok and 9%–10% in Pattaya (Table 3 and 4). However, systematic data collection on HIV prevalence within this group remains limited. While TB incidence among migrants decreased from 4,268 cases in 2020 to 3,067 cases in 2022, treatment success rates remain lower than among Thai nationals. At the same time, the number of migrants diagnosed with HIV and receiving ART has increased significantly, rising from 1,104 in 2020 to 3,597 in 2023. This progress reflects enhanced screening and testing efforts aimed at improving health outcomes among migrant populations (International Organization for Migration [IOM] Thailand, 2024)

Table 3: HIV Prevalence Among Migrant Key Populations Tested at SWING Clinic in Bangkok, Categorized by Year and Population Type

	Bangkok 2023				Bangkok 2024			
ALL KP	**Reach**	**HIV Tested**	**HIV Positive**	**%**	**Reach**	**HIV Teste**	**HIV Positive**	**%**
FSW	167	163	-	0.0	216	214	2	0.9
MSM	235	221	16	7.2	202	184	7	3.8
MSW	636	546	46	8.4	854	805	66	8.2
TGM	2	2	-	0.0	1	1	-	0.0
TGSW	47	44	3	6.8	37	37	4	10.8
TGW	14	13	-	0.0	20	20	-	0.0
Total	**1,101**	**989**	**65**	**6.6**	**1,330**	**1,261**	**79**	**6.3**

Table 4: HIV Prevalence Among Migrant Key Populations Tested at SWING Clinic in Pattaya, Categorized by Year and Population Type

	Pattaya 2023				Pattaya 2024			
ALL KP	**Reach**	**HIV Tested**	**HIV Positive**	**%**	**Reach**	**HIV Teste**	**HIV Positive**	**%**
FSW	122	118	-	0.0	148	145	1	0.7
MSM	28	2	-	0.0	18	5	1	20
MSW	217	199	33	16.6	278	257	38	14.8
TGM	-	-	-		-	-	-	
TGSW	94	90	8	8.9	89	85	6	7.1
TGW	1	-	-		1	-	-	
Total	**462**	**409**	**41**	**10.0**	**534**	**492**	**46**	**9.3**

2.2 TB

TB remains a significant public health challenge in Thailand, contributing to a high disease burden and mortality. According to the 2024 Global TB Report, Thailand remains on WHO's high- burden lists for TB and HIV-associated TB (World Health Organization [WHO], 2024). The World Health Organization (WHO) estimated 103,000 TB cases in 2021, with an incidence rate of 143 per 100,000 population. However, approximately 30% of cases were not reported, highlighting the need for stronger detection mechanisms and improved reporting systems (AIDS Data Hub, 2023).

Treatment coverage for TB in 2022 was 65%, highlighting gaps in access to care. However, among those who received treatment, the success rate for new and relapse cases registered in 2021 was

85%, demonstrating the effectiveness of Thailand's TB treatment programs. Drug-resistant TB remains a challenge, with 875 laboratory-confirmed cases of MDR/RR-TB in 2022. Among those who started second-line treatment in 2020, the success rate was 72% (AIDS Data Hub, 2023). Despite these challenges, Thailand has transitioned out of WHO's MDR/RR-TB high-burden list for 2021–2025, indicating progress in drug-resistant TB management (World Health Organization [WHO], 2024).

HIV co-infection further complicates TB management. In 2022, 8.8% of TB patients with known HIV status were HIV-positive, with 88% of these individuals receiving ART. Despite progress in integrated TB-HIV care, TB continues to be a leading cause of mortality among people living with HIV, with an estimated 2,000 TB-related deaths annually and approximately 9,400 incident TB cases occurring among this population each year (AIDS Data Hub, 2023).

Certain populations are disproportionately affected by TB in Thailand, including prisoners and migrants. The Thailand Operational Plan to End Tuberculosis, Phase 2 (2023), indicates that TB incidence in prisons is approximately 6 to 8 times higher than in the general population (Division of Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023). The prevalence of TB infection among prisoners is 8.2% (UNAIDS, n.d.-a). Overcrowding in prisons and limited access to healthcare among migrant populations exacerbate TB transmission and hinder timely diagnosis and treatment (Division of Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023; Lerskullawat & Puttitanun, 2024; Tschirhart, Nosten, & Foster, 2016).

Gender disparities in TB incidence are evident and influenced by a combination of social, cultural, and biological factors (Stop TB Partnership, 2021). Data from Thailand in 2022 revealed that men aged 15 and above accounted for 68% of TB cases, while women represented 31%, and children aged 0–14 years made up just 1% (AIDS Data Hub, 2023).

The current TB operational plan, however, does not explicitly address gender-responsive interventions (Division of Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023). Recognizing the importance of tackling gender-specific challenges, the Global Fund has advocated for rights-based, gender-sensitive approaches to TB, and these interventions are beginning to gain traction.

Gender roles and norms significantly shape health-seeking behaviors and treatment adherence, contributing to delays in diagnosis and perpetuating TB transmission (Mason et al., 2017). Incorporating gender perspectives into TB control programs is essential to overcoming these barriers. Targeted strategies that address gender-specific challenges, such as delayed diagnoses and adherence issues, can enhance TB prevention and care efforts, leading to more equitable health outcomes. Additionally, strengthened co-management of TB and HIV, alongside comprehensive care for drug-resistant TB, is critical for reducing Thailand's TB burden and advancing broader public health goals.

Summary

HIV and TB are major health challenges in Thailand, particularly among vulnerable populations like PWID, MSM, TGW, sex workers, prisoners, youth, and migrants. While 91% of PLHIV are aware of their status and on ART, significant prevention gaps remain, especially for TGW, PWID, and prisoners. HIV prevalence is higher in these groups, and youth account for nearly half of new infections. TB adds

to health burden, with 103,000 cases in 2021, and HIV co-infection complicates treatment. Prisoners and migrants are at higher risk, and men account for 68% of TB cases. Addressing these challenges requires gender-sensitive strategies, improved access to care, and better HIV-TB co-management.

2.3 Health infrastructure and coverage

Thailand Health Infrastructure and Capacity to Responses

Every Thai citizen is entitled to essential health services through the UHC scheme established in 2002. This policy ensures access to preventive, curative, and palliative care for all age groups. It also extends coverage to high-cost services like renal replacement therapy, cancer treatment, and stem-cell transplants, enhancing financial protection for patients. Well-coordinated district health systems enable care or referrals at health units close to home, contributing to a low prevalence of unmet needs for outpatient and inpatient services (World Health Organization [WHO], 2019)

Thailand's UHC policy aims to provide all citizens with comprehensive health services while reducing financial barriers, particularly for marginalized populations. The program separates roles between service providers, led by the Ministry of Public Health (MOPH), and purchasers, managed by the NHSO, to ensure efficiency, sustainability, and stakeholder participation. The UHC complements the Social Security Scheme (SSS) and the Civil Servant Medical Benefit Scheme (CSMBS), achieving nearly 100% health coverage for all Thais. Recognized as a significant health system reform, the UHC affirms "access to healthcare" as a fundamental right and underscores the government’s duty to provide equitable medical services for everyone (National Health Security Office [NHSO], n.d.-b).

Thailand has integrated comprehensive HIV care into its UHC framework, significantly enhancing access and affordability. HIV self-testing is now included in the national UHC mechanism, reducing testing kit costs from US$15–20 to US$2–3. This initiative has increased demand among individuals at higher risk of HIV infection. The number of people accessing PrEP services also rose by 38% between 2021 and 2023, demonstrating Thailand’s commitment to expanding preventive measures. Furthermore, all PLHIV receive free ART (UNAIDS, n.d.-b; National Health Security Office [NHSO], n.d-b.).

Regarding TB services, Thailand's UHC policy includes essential TB care, encompassing treatment with TB medications, related services, and active case-finding initiatives (Rungthanathada, n.d.). The integration of TB services into the UHC framework ensures individuals can access diagnosis and treatment without financial hardship, aligning with the global definition of UHC, which prioritizes equitable access to needed health services without economic strain (World Health Organization [WHO], n.d.).

Thailand’s UHC model provides a strong foundation for equitable healthcare access, financial protection, and comprehensive service delivery. While it has made remarkable strides in integrating HIV and TB services, addressing factors beyond the provision of free healthcare, such as social, economic, and structural barriers to accessing services, will be important to fully realize its potential. This includes ensuring inclusivity for all populations, including migrants and other marginalized groups.

Core Strategies for HIV and TB

Thailand's HIV and TB program operates based on the Reach, Recruit, Test, Treat, Prevent, and

Retain (RRTTPR) strategic framework,[4] which emphasizes people-centered and integrated services for HIV, TB, and STI prevention and treatment. This framework also incorporates health services for HCV, sexual and reproductive health (SRH), mental health, and social support, ensuring comprehensive approach to addressing the health needs of key populations (Department of Disease Control, 2022a; Thailand TB/HIV Funding Request, 2023).

These strategies are implemented through a multi-stakeholder approach, with a range of key actors playing vital roles in addressing the HIV epidemic. The Department of Disease Control (DDC) under the MOPH leads the national strategy, coordinating the RRTTPR framework across both government and non-government sectors. Civil society organizations (CSOs) play a crucial role, particularly in providing comprehensive HIV prevention, testing, and treatment services for vulnerable populations. For example, World Vision Thailand focuses on community-based HIV prevention and education, reaching marginalized groups such as migrants and children with targeted interventions. The Service Workers In Group (SWING) Foundation specializes in HIV services for key populations, including FSWs, MSM, transgender individuals, and people with hearing disabilities, offering outreach, testing, and care. The Raks Thai Foundation is also instrumental in providing healthcare and social support services for high-risk groups, particularly in rural and border areas. Additionally, CSOs like the Thai Network of People Living with HIV/AIDS (TNP+) provide critical support in advocacy, education, and retention, working alongside local health authorities. While this list highlights some key organizations, it is by no means exhaustive, as other important civil society groups, such as Rainbow Sky Association of Thailand (RSAT) and the MPLUS, Sisters Foundation, also play vital roles in addressing the needs of specific populations. At the policy and service delivery level, the NHSO plays a key role in financing and ensuring access to HIV-related services for all Thai citizens, while local government units and health offices are essential for tailoring RRTTPR activities to meet the specific needs of communities, particularly in high-burden areas.

Thailand's RRTTPR services are built on a comprehensive approach that integrates essential HIV prevention and treatment interventions, including outreach, condom promotion and distribution, PrEP, PEP, MMT, needle exchange programs, and same-day ART. These services, offered free of charge through both government and community-based facilities, are largely funded by the NHSO. The aim is to ensure early HIV diagnosis, rapid treatment for those testing positive, and continuous retention in care for people living with HIV, while also helping at-risk individuals stay HIV-negative. By leveraging both key population-led health services (KPLHS) and government facilities, Thailand has created a robust system addressing both the treatment and prevention needs of its populations. However, challenges remain in ensuring consistent access to services and reducing stigma (Department of Disease Control, Ministry of Public Health, 2022a).

[4] Thailand's HIV response follows the Reach-Recruit-Test-Treat-Retain-Prevention (RRTTPR) framework, a comprehensive approach targeting key populations. 'Reach' involves identifying individuals at high risk, while 'Recruit' ensures their engagement in services. 'Test' promotes regular HIV screening, and 'Treat' facilitates immediate ART initiation. 'Retain' focuses on sustaining treatment adherence to achieve viral suppression, and 'Prevention' integrates biomedical, behavioral, and structural interventions*, including PrEP and harm reduction. This strategy, supported by government and civil society collaboration, aims to reduce new infections and improve health outcomes.* (National AIDS Committee, 2017)

For TB, the program in Thailand is implementing various measures to address the TB challenge, with a focus on improving diagnostic and treatment access, enhancing regional collaboration with neighbouring countries, and targeting prevention efforts for high-risk populations. These initiatives also aim to strengthen the coordination between TB and HIV programs. The ultimate goal is to reduce TB prevalence, mitigate its impact, and ensure that vulnerable groups receive the necessary care and support (Neupane, 2024).

Specifically, the Deputy Director of the Department of Disease Control announced four key strategies in 2024 that align with the WHO's End TB Strategy. These strategies focus on targeted screening for high-risk groups, expanding molecular testing for diagnosis, strengthening treatment monitoring, and providing preventive treatment for at-risk individuals. The plan prioritizes proactive screening of high-risk populations—household contacts of TB patients, inmates, and people living with HIV—to enhance early detection and public health safety. It also aims to increase the use of molecular testing methods, such as PCR or GeneXpert, for rapid and accurate TB diagnosis, facilitating timely treatment and reducing disease transmission (Division of Tuberculosis, 2024).

Although Thailand's TB treatment success rate exceeds 90%, challenges remain with patients lost to follow-up. To address this, the plan emphasizes improving tracking and monitoring systems to ensure treatment adherence and the early detection of latent TB infections. Additionally, preventive therapy is provided to individuals exposed to TB or living with HIV to reduce the risk of progression to active TB. Collectively, these strategies aim to eliminate TB in Thailand through proactive screening, improved diagnostics, enhanced patient support, and preventive measures (Division of Tuberculosis, Department of Disease Control, 2024).

2.4 Programmatic responses

Key Population-Led Health Services (KPLHS) in Thailand

The Thai National AIDS Program Review 2022 highlighted that many key populations remain hesitant or resistant to accessing services in traditional healthcare facilities. This reluctance stems from stigma, discrimination, and systemic barriers within healthcare systems. In response, KPLHS have emerged as a critical strategy for delivering HIV/TB prevention, treatment, and care to these populations, particularly through Reach-Recruit-Test-Treat-Prevent-Retain (RRTTPR) services. The programs have been widely recognized as among the most advanced and inclusive in the region and globally (Department of Disease Control, Ministry of Public Health, 2022a).

A significant milestone was achieved in 2019 when, after strong advocacy and demonstration of best practices by KPLHS, the MOPH issued a decree enabling certified lay providers to deliver essential HIV services. These services include counselling, sample collection for HIV and STI testing, rapid/point-of-care testing, and ART dispensing. By September 2021, this certification process was implemented nationally, representing a major regulatory reform (Pengnonyang et al., 2022). At the time of this review, 39 community organizations have registered and become service units with the NHSO (United Nations Thailand, 2023). Recognizing the capacity of trained lay providers to enhance service delivery, this policy shift generated political and legal support while reaffirming the feasibility of KPLHS integration into Thailand's healthcare system. However, it is important to note that these CBOs have not yet received certification to provide TB services as a comparable certification and training process for TB has not been established.

The focus has since evolved from community engagement to community leadership, positioning key populations at the forefront of designing and implementing HIV services. For example, communities now lead efforts to provide PrEP under medical supervision. In 2024, PrEP data revealed that out of a total of 32,991 PrEP users, over 80% received services either exclusively from KPLHS (30%) or through KPLHS in partnership with government hospitals (52%) (Department of Disease Control, Ministry of Public Health, 2023)

At the forefront of this success is the Institute of HIV Research and Innovation (IHRI), which has further bolstered these efforts by spearheading innovations to increase service uptake and reduce new infections among key populations. IHRI's programs include integrated gender-affirming and sexual health services for transgender people at the Tangerine Clinic[5], differentiated service delivery approaches for PrEP and same-day ART, and initiatives for CBO accreditation and domestic financing. IHRI and its CBOs counterparts also contributed significantly to the conceptualization and implementation science of the Thailand PrEP Programme. These programs have been recognized as Best Practices under the Bangkok Fast-Track Cities Initiative, highlighting their pivotal role in advancing gender-sensitive and inclusive healthcare services (Fast-Track Cities, 2023).

Reflecting this progress, the NHSO increased investments in local CBOs delivering KPLHS. Funding for Reach & Recruit services and indirect reimbursement for HIV testing rose from USD 167,000 in 2016 to USD 914,000 in 2019 (Pengnonyang et al., 2022) and to approximately over USD 5,3 million 2023 (United Nations Thailand, 2023). These advancements underscore the pivotal role of targeted investments and community leadership in strengthening Thailand's HIV response. By prioritizing key populations-led services, Thailand ensures that sexual and gender minorities, sex workers, and people who use substances can access essential HIV services. This inclusive approach fosters greater health equity and improves health outcomes for marginalized groups, through gender-sensitive services tailored to the needs of LGBTQI+[6] populations. Currently, there are 11 KPLHS clinics across the country that provide HIV testing, PrEP, and ARV in collaboration with partner government hospitals.

While KPLHS has made significant strides in HIV service delivery, CSOs and CBOs are also indispensable partners in promoting TB awareness, ensuring access to diagnosis and treatment, and supporting adherence to care among high-risk communities. In Thailand, community-level interventions for migrant workers with TB are notably more advanced than those for Thai nationals, supported by Global Fund resources (Sub-Committee on AIDS Rights Promotion, 2023).

[5] The Tangerine Clinic, established in 2015, is Thailand's first transgender-specific health clinic, run by the Institute of HIV Research and Innovation (IHRI) in Thailand. The clinic is staffed by a team of trained

[6] LGBTQI+ refers to Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other diverse sexual orientations, gender identities, and expressions. This term is used throughout the report to acknowledge and include a broad spectrum of identities beyond those explicitly listed

An example of such community-driven efforts is the TEAM2-TB project, which partnered with organizations like SWING to focus on tuberculosis prevention among migrant service workers. The project utilized a hands-on approach, offering health education, symptom screening, and mobile chest X-ray services to ensure early detection and treatment. Mapping activities identified high-risk areas, allowing for targeted interventions, and trained volunteers played a crucial role in improving healthcare access. By collaborating with local health services and addressing barriers such as language, stigma, and irregular work hours, the project tailored its efforts to meet the specific needs of migrant communities.

Building on these efforts, the STAR 2024–26 program, also supported by the Global Fund, aims to strengthen community-based TB responses and expand healthcare access for key populations, including both migrants and Thai nationals. Led by organizations such as Raksthai and World Vision, with local CBO partners like SWING, the STAR program works to reduce TB incidence and new HIV infections while addressing the health needs of marginalized groups, including migrants. Through its community-centered approach, STAR 2024–26 continues the work of initiatives like TEAM2-TB, with a broader scope to contribute to Thailand's goal of eliminating AIDS, TB, and HCV by 2030. Key interventions include scaling up molecular diagnostics, achieving the 90-90-90 TB targets, expanding harm reduction initiatives, and improving treatment adherence. Special attention is given to addressing health barriers for migrants and prisoners, with efforts to enhance cross-sector collaboration and ensure universal access to healthcare. The program also prioritizes expanding PrEP and HIV self-testing, same-day ART initiation, and treatment for latent TB infections, particularly for vulnerable populations.

Government-led Services

The Thai government provides a comprehensive range of HIV services through its public health facilities, with a strong emphasis on accessibility and inclusivity for all genders. Key services include the provision of free condoms, HIV testing and counselling, HIV self-test kits, Hepatitis B and C screenings, PrEP, Post-Exposure Prophylaxis -PEP, and ART for all Thai citizens.

Condoms are widely accessible through government health facilities, CBOs, drugstores, and the *Pao Tung* mobile application. HIV self-test kits can be obtained at government facilities and registered CSO sites under the NHSO. Thai citizens are eligible for free HIV testing twice a year at government facilities. PrEP and PEP services are also available through government clinics and collaborating CSOs.

Additionally, the Division of AIDS, in collaboration with the World Health Organization (WHO), has introduced the HIV/Syphilis Duo Rapid Test initiative in nine selected provinces. This program, targeting youth, operates under the concept of “Rapid Test, Rapid Treat.

A public relations pamphlet by the Division of AIDs outlining the benefits package for HIV, Hepatitis B, Hepatitis C, and dual HIV/Syphilis testing.

For individuals diagnosed with HIV, ART is accessible at public hospitals and clinics nationwide. The Thai government's commitment to universal treatment ensures that ART is available to all who need it.

Public health facilities collaborate closely with CSOs to enhance outreach and strengthen service delivery for key populations. As the primary domestic and sustainable funding source for RRTTPR activities, the NHSO has shown significant commitment to this partnership, fostering synergy between public providers and CSOs to expand their reach to more KPs. Together, government providers and CSOs play essential roles in the shared mission to end AIDS through the RRTTPR approach (Pudpong et al., 2019).

Bangkok Metropolitan Administration (BMA) has emerged as a leader in delivering gender-sensitive services, working closely with CSOs and government programs to address the needs of LGBTQI+ populations. Insights from key informant interviews highlight BMA's efforts to integrate gender considerations into its health services, ensuring equitable access through all-gender facilities, specialized clinics, and tailored programs such as ARV clinics, Save Love clinics, and TB screening initiatives.

BMA is committed to promoting gender diversity and equality through policy, services, and symbolic actions that make the city more inclusive. Key initiatives include recognizing Pride Month as a major festival, establishing gender-diverse health clinics, and integrating gender diversity education into schools. Embedded in BMA's 214 policies, these efforts emphasize equal access, gender sensitivity, and anti-discrimination. To support this, BMA has implemented measures such as training officials, offering flexible dress codes, addressing sexual harassment, and creating reporting mechanisms for unequal treatment. Additionally, the expansion of counseling, hormone therapy, and gender-affirming surgery consultations through Pride clinics in public health centers further demonstrates its commitment (Governor of Bangkok, 2022).

BMA is also participating in the Gender Equality Seal for Public Institutions, a UNDP initiative that

supports government agencies in advancing gender equality, aligning with SDG 5 (Gender Equality) and SDG 16 (Peace, Justice, and Strong Institutions). Through this initiative, BMA aims to standardize gender equality efforts, strengthen gender perspectives across departments, and identify areas for improvement. The program fosters collaboration, systematic gender mainstreaming, and prioritizes gender-sensitive policies for city officials and employees (Bangkok Metropolitan Administration, 2022)

With multiple departments engaged in gender equality initiatives, the BMA's Bureau of Administrative Development serves as the main coordinator to oversee progress. Budgeting for gender-related programs is currently in development, with United Nations Development Programme (UNDP) providing training on integrating gender considerations into financial planning. These initiatives span health, education, economic development, and social support, with a focus on gender-diverse health clinics and livelihood support for people with disabilities and other vulnerable groups.

BMA provides comprehensive care, including sexual and mental health screenings, harm reduction programs, and referral services, strategically placing clinics near public transit to enhance accessibility. This has led to a significant increase in LGBTQI+ service users, from just over 100 to approximately 1,500–1,600 users. A major advancement is the expansion of Bangkok Pride clinics in 31 of BMA's 69 public health centers, offering free HIV and STI-related services. This strategic approach, as highlighted by key informants, underscores BMA's commitment to inclusive healthcare, ensuring that services are both accessible and responsive to community needs.

The government has prioritized TB prevention and treatment, approving the Ministry of Public Health's action plan and establishing a subcommittee under the National Communicable Disease Committee to accelerate TB control efforts, as outlined in the National Anti-Tuberculosis Action Plan Progress Report 2017-2021 by the Division of Tuberculosis, Department of Disease Control (Division of Tuberculosis, 2021). Despite some progress, challenges remain in achieving the set targets. To meet these goals, efforts must be expedited, with increased engagement from private and civil society sectors in collaboration with government agencies. Key actions include improving TB case detection, providing rapid diagnostic tools to district hospitals, and enhancing the monitoring system for non-Ministry of Public Health hospitals. The use of the Communicable Disease Act of 2015 is emphasized, alongside fostering community involvement, with local governments playing a crucial role in supporting TB patient care within communities.

Building on this progress, the Thailand Operational Plan to End Tuberculosis, Phase 2 (2023–2027) (Division of Tuberculosis, 2023) highlights the importance of inclusive and equitable access to TB services. The plan prioritizes vulnerable and marginalized groups while addressing the social determinants of health, such as poverty and malnutrition, which indirectly influence gender disparities in TB care. Although the plan does not explicitly address gender-specific issues, it identifies key populations for targeted interventions, including individuals with HIV or diabetes, children, the elderly, prisoners, and healthcare workers. Migrant workers are particularly highlighted due to their heightened risk from crowded living conditions and limited access to healthcare, with tailored prevention and control measures being recognized as essential. These efforts aim to reduce barriers to care, address inequalities, and lower Thailand's overall TB burden.

The success of the plan hinges on collaboration among diverse stakeholders. The MOPH leads with its hospital network, while the Ministry of Defense, Royal Thai Police, university hospitals, BMA, and the Department of Local Administration contribute through their medical facilities. Private hospitals and clinics, supported by the

NHSO and Social Security Office, ensure access to treatment through health insurance and SSS. Additional support comes from the Thai Health Promotion Foundation and WHO Thailand. Key interventions include scaling up molecular diagnostics, achieving the 90-90-90 TB targets and improving treatment adherence. Special attention is also given to addressing health barriers for migrants and prisoners, enhancing cross-sector collaboration, and ensuring universal access to healthcare. The program prioritizes expanding PrEP, HIV self-testing, same-day ART initiation, and treatment for latent TB infections, particularly for vulnerable populations.

Community-led approaches are central to the plan, focusing on monitoring, research, advocacy, and partnerships with civil society organizations (CSOs). These efforts aim to reduce stigma and discrimination, address gender inequality, and promote legal and structural reforms to enhance access to healthcare and justice. Additionally, the program fosters provincial-level collaboration to target high-burden areas and secure domestic funding to ensure sustainability, with the Subdistrict Health Security Fund providing budget support for community-based TB screening and case-finding activities.

Other Initiatives

Several initiatives have emerged to address gender inequity and support the transgender community in Thailand, yet their sustainability remains uncertain due to limited resources and institutional support. The Thai Transgender Alliance (ThaiTGA) plays a crucial role in raising awareness, advocating for policy change, and empowering transgender individuals through education on rights and gender issues (Thai Transgender Alliance, n.d.). Similarly, university-affiliated clinics, such as the Gender Variation Clinic (Gen V Clinic), provide specialized medical services, including gender identity counselling, mental health support, pre- and post-gender affirmation surgery consultations, hormone therapy management, and transgender-specific health screenings (Mahidol University, n.d.). However, ensuring the long-term success of these initiatives may require stronger policy integration, sustained funding, and increased institutional support to maintain access to gender-affirming care and advocacy efforts. While gender-focused programs are more visible in general health services, similar targeted efforts for TB remain less documented, highlighting a gap in gender-responsive approaches within these disease programs.

Service for Migrants

Thai citizens are covered under the Universal Coverage (UC) system, which provides access to free healthcare services. In contrast, migrants are not eligible for the same benefits and are required to pay for health services unless they are registered under specific health schemes. However, the government provides an insurance option known as the Thailand Health Insurance Card Scheme (HICS), which offers a comprehensive benefits package, including outpatient and inpatient care, health promotion, disease prevention, and HIV/AIDS treatment. Migrants must pay an annual premium of THB 1,600 if they are registered with the One-Stop Service[7], or THB 2,200 if not. While enrolment is officially compulsory, the scheme is only semi-compulsory in practice due to the absence of penalties for non- enrolment. As of 2016, 1.45 million migrants were enrolled, but many face challenges in registering, such as a fluctuating employment status and the lack of portability of insurance coverage, which disrupts continuity of care. These issues underscore the need for policy adjustments to improve health coverage for migrants in Thailand (Neupane, S.R., 2024).

Summary: *Thailand's health infrastructure, supported by the UHC scheme, ensures access to essential services for all citizens, with a strong focus on marginalized populations. The UHC framework integrates services for HIV, TB, and other health issues, enabling widespread access to care, including free HIV treatment and PrEP. The government collaborates with CSOs and community-based services, particularly through the RRTTPR approach, which targets high-risk groups. Despite successes, challenges remain in ensuring consistent access, reducing stigma, and addressing structural barriers, especially for migrants and other vulnerable populations. The Thai government and local authorities, such as the BMA, continue to advance gender-sensitive services and inclusivity through policy and service delivery initiatives. However, further improvements in migrant health coverage and reducing health disparities are needed for full equity in healthcare access.*

[7] The One-Stop Service (OSS) in Thailand is a government initiative designed to streamline the registration and documentation process for migrants, enabling them to complete essential procedures such as work permit applications and health insurance registration in a single location. This initiative improves access to legal and social services, particularly for migrant workers, and supports their enrollment in programs like the HICS. (Neupane, S.R., 2024)

2.5 Capacity Building Efforts

Examples of training initiatives that are critical to strengthening program interventions are outlined below. Some of these core essential trainings are integrated into the national system. These courses are mandatory for compliance and capacity-building within the national framework, for example, the CBO certification mandatory course for HIV. Others, while not formally part of the national system, are critical initiatives designed to address specific gaps or emerging needs. These trainings provide knowledge and skills for those working in HIV and TB programs, enhancing their ability to deliver effective and targeted services.

Strengthening Community-Based Approaches: The CBO Certification Course

Community-led organizations eligible to provide HIV and STI services can register as service providers under the National Health Security System if they meet specific criteria. These include at least one year of service experience and accreditation by the MOPH or other certified bodies. Additionally, community health workers with relevant experience must be certified by a government agency or accredited organization (UNAIDS, 2022).

To support these requirements and ensure the sustainability of community-based approaches, the MOPH offers a comprehensive CBO Certification Course. This initiative strengthens the capacity of CBOs to deliver high-quality, community-led health services like KPLHS. Certified CBOs can provide a broad spectrum of services, including HIV and STI care, gender-affirming hormone therapy, mental health support, legal aid, and harm reduction services. The course incorporates training, mentoring, coaching, and certification processes to enhance CBOs' ability to address the diverse health needs of marginalized populations (Community Base Services program, n.d.; Institute of HIV Research and Innovation, n.d.-a)

By fostering collaboration between healthcare workers and community-led organizations, this initiative creates a more inclusive and supportive environment for individuals affected by HIV. It underscores the critical role of community involvement in achieving sustainable and equitable health outcomes.

Innovative Training Models for Transgender Health

Another initiative in place to build capacity of providers to respond to the needs of Transgender individuals is the Tangerine Academy, established by the IHRI. In response to growing local and international interest, the academy serves as a regional platform for technical assistance, focusing on the development of tools, training curricula, and resources for HIV and health service models tailored to transgender individuals. Notable achievements of the Tangerine Academy include the publication of Thailand’s first "Thai Handbook of Transgender Healthcare Services," a collaborative effort between IHRI and the Center of Excellence in Transgender Health at Chulalongkorn University. This handbook, along with the self-learning module "Trans Health," provides essential educational resources to enhance healthcare providers' understanding of transgender healthcare needs, ultimately supporting the creation of transgender-friendly health services (Institute of HIV Research and Innovation, n.d.-b)

Gender-Based Violence and Stigma Reduction Initiatives

The Training Curriculum on Gender-Based Violence and Stigma and Discrimination Prevention, developed in late 2023 through a collaboration involving the Ministry of Social Development and

Human Security (MSDHS), Mahidol University's Faculty of Public Health, and the Rainbow Sky Association of Thailand, is another significant effort to equip healthcare staff with a gender-sensitive lens. Supported by the United States Agency for International Development -USAID under the President's Emergency Plan for AIDS Relief (PEPFAR), United Nations Office on Drugs and Crime (UNODC), and United Nations Development Programme (UNDP), the curriculum aims to reduce stigma and discrimination against LGBTQI+ communities while empowering youth with the tools to promote sexual diversity and inclusivity. According to a key informant responsible for the program, the curriculum is currently being used to train private sector organizations to raise awareness about gender issues.

Similarly, a 2019 UNDP initiative partnered with Thailand's Department of Rights and Liberties Protection to develop a curriculum for law enforcement on sexual orientation, gender identity, and expression (SOGIE). Sessions conducted biannually have fostered inclusivity in law enforcement practices. (Sub-Committee on AIDS Rights Promotion, 2023)

Gender Needs in Correctional Systems

The Thailand Institute of Justice promotes gender-sensitive practices in correctional systems through its Bangkok Rules Training, a program for senior correctional staff in the ASEAN region. Based on the UN Bangkok Rules (2010)—the first international guidelines addressing the gender-specific needs of women in the criminal justice system—the training enhances participants' understanding of these standards and the unique needs of women prisoners. In 2024, The Thailand Institute of Justice hosted the 5th Bangkok Rules Training, contributing to the broader regional effort to improve the treatment of women in correctional facilities (TIJ Thailand Institute of Justice, 2024).

Gaps in Migrant Health Volunteer Training

In 2022, the Joint International Monitoring Mission (JIMM) for TB in Thailand concluded that the country was missing an important opportunity by not fully utilizing the potential of migrant health volunteers in TB control efforts. These volunteers, part of a project funded by the Global Fund, have received training in TB control and treatment in communities but have not yet been trained in human rights and gender issues (Sub-Committee on AIDS Rights Promotion, 2023). This gap in training highlights the need to integrate gender-sensitive and human rights approaches into the work of migrant health volunteers, which would help them provide more comprehensive care to migrant populations affected by TB and HIV.

In line with efforts to strengthen the capacity of migrant health volunteers, World Vision Thailand, in collaboration with the Foundation for Action on Inclusion Rights (FAIR), organized a workshop in 2024 focused on human rights, gender, stigma, discrimination, and legal knowledge for migrants. This workshop brought together staff, field officers, and community health volunteers to equip them with the tools and knowledge needed to integrate human rights principles, reduce stigma, and address discrimination in their work. By enhancing their ability to effectively support key populations, particularly migrants, the initiative aimed to strengthen the role of migrant health volunteers in ensuring more inclusive and gender-sensitive health services. This effort aligns with the broader goal of integrating human rights into healthcare programs, which is essential for effectively addressing TB and AIDS in vulnerable communities (World Vision Thailand, 2024c).

Curriculum to Strengthen Core TB Knowledge for Healthcare Providers

To address the problem of drug-resistant TB, the Division of Tuberculosis, Department of Disease Control, developed the Drug-Resistant TB Counseling Training Curriculum in 2021 to equip healthcare providers with the knowledge and skills necessary to support drug-resistant TB (DR-TB) patients. In addition to this structured training, TB awareness sessions are also available for communities. However, these community-based trainings are not standardized and are instead organized based on the specific needs and priorities of each local area (Division of Tuberculosis, Department of Disease Control, 2021b)

Summary

Capacity-building efforts in Thailand aim to improve healthcare services for marginalized populations, with various training initiatives addressing community-based healthcare, transgender health, gender-based violence, and correctional facility reform. While these efforts contribute to gender-sensitive approaches in their respective areas, they often operate in silos, limiting their broader impact. A more coordinated approach—fostering collaboration among healthcare providers, community-based organizations, and legal entities—could help integrate gender-sensitive principles more effectively across sectors. Streamlining training frameworks to ensure consistency, reduce redundancy, and encourage cross-learning could further strengthen gender-based programming. Regular evaluations should also assess how these initiatives collectively contribute to more inclusive and sustainable healthcare outcomes, ensuring they remain responsive to emerging challenges.

2.6 National-Level Programs to Foster an Enabling Environment

The Crisis Response System (CRS): National Level Mechanisms to Prevent Rights Violations

The Crisis Response System (CRS), introduced in 2019, is a web-based platform developed to address HIV-related rights violations, gender-based discrimination, and vulnerability-based discrimination. Designed as a centralized hub, the CRS streamlines the process of receiving and managing complaints while providing care and support in a systematic, efficient, and accessible manner. It employs a standardized, step-by-step approach for recording and responding to grievances, complemented by comprehensive data collection mechanisms across national, organizational, and agency levels (Sub-committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2022; Department of Disease Control, n.d.-c)

Insights from the 2019–2021 report on HIV, AIDS, and gender-related human rights violations reveal that complaints were lodged regarding discrimination based on gender and drug use in various settings, including educational institutions, workplaces, healthcare facilities, and blood donation centers. Additionally, issues arising from gender-affirming surgeries highlight the intersecting vulnerabilities linked to gender and HIV (Suwannapattana, n.d.).

Thailand's National Efforts to Reduce Stigma and Discrimination in HIV and TB:

Thailand has committed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 10-10-10 targets, incorporating stigma and discrimination reduction into its national HIV response. A central initiative in this effort is the 3 by 4 Facility-Based HIV-Related Stigma and Discrimination Reduction Package. This participatory training program for healthcare providers has demonstrated

effectiveness in improving their understanding and attitudes toward PLHIV and key populations, thereby enhancing access to HIV-related services (Department of Disease Control, Ministry of Public Health, 2019). The 3x4 intervention is designed to address stigma and discrimination among individual health facility staff, enhance systemic outcomes within healthcare facilities, and strengthen linkages between health facilities and communities. Developed in collaboration with CSOs and individuals affected by stigma, this theory-based intervention includes five training modules conducted over 12 hours (Department of Disease Control, Ministry of Public Health, 2022a).

Aligned with the National Strategy to End AIDS (2017–2030), Thailand's National Costed Action Plan to Eliminate HIV-Related Stigma and Discrimination outlines comprehensive measures to combat stigma across health, education, workplaces, justice, communities, and humanitarian sectors. The plan incorporates gender-based strategies, recognizing the intersection of HIV-related stigma and gender discrimination. Key objectives include fostering understanding of HIV, human rights, and gender diversity to reduce discrimination. Activities within the plan focus on raising awareness about gender and HIV-related stigma in healthcare, educational, and workplace settings (Sub-committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2022)

However, the action plan highlights significant funding gaps for stigma and discrimination reduction programs. Resource shortages for 2021–2023 pose challenges across various sectors. While community and justice settings have relatively better resource availability, workplace and education settings face substantial shortfalls, requiring an additional 14.3 million baht and 12.2 million baht, respectively. Furthermore, two critical programs—sensitization of lawmakers and law enforcement, and efforts to reduce discrimination against women living with HIV—currently lack any funding sources, despite their relatively modest budget requirements (Sub-committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2022).

The lack of funding for initiatives addressing discrimination against women living with HIV is particularly concerning from a gender equity perspective. Women living with HIV frequently face compounded stigma due to both their HIV status and their gender, leading to heightened vulnerabilities such as exclusion, violence, and unequal access to services. Addressing this funding gap is essential to ensuring that the action plan effectively mitigates intersecting stigmas and promotes gender equity within HIV responses (Sub-committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2022).

Thailand's strategy to address tuberculosis (TB) stigma and discrimination is an integral part of the 4th National Strategic Plan, which aims to strengthen the healthcare system and improve TB management. The country's approach focuses on three main areas: policy advocacy to integrate anti-stigma measures into national TB strategies, developing a monitoring system to track stigma and discrimination, and supporting the creation of networks to promote anti-stigma initiatives. Key activities include enhancing the capacity of healthcare workers, fostering positive attitudes towards TB, and creating environments that reduce stigma both in healthcare settings and the broader community. These efforts align with the national goal to end TB by 2030. As part of this strategy, Thailand conducted its first systematic TB-related stigma and discrimination survey in 2021, which has been integrated into the biennial surveillance system previously focused on HIV-related

stigma. The survey, conducted every two years since, collects data from healthcare workers, individuals living with HIV, and TB patients, aiming to assess stigma and discrimination in public healthcare facilities (Division of Tuberculosis, 2023b, Division of Tuberculosis, 2023c).

Hospital Accreditation and Non-Discrimination Standards[8]

Efforts to integrate stigma and discrimination reduction into the Hospital Accreditation Program are underway, as noted by a key informant. Notably, some hospitals have adopted stigma and discrimination as a quality indicator for assessing their HIV services under the Healthcare Accreditation System. The system also includes the Program and Disease Specific Standards (PDSS), which aim to enhance quality in hospitals specializing in specific diseases or systems, including HIV. These standards focus on creating learning opportunities, fostering quality assurance, and building strong clinical teams. By helping hospitals integrate care services for specific patient or disease groups and recognize healthcare advancements, PDSS plays a vital role in improving outcomes. Incorporating stigma and discrimination as a measurable component within the accreditation system underscores hospitals' commitment to advancing patient-centered care and ensuring equitable access to healthcare, particularly for individuals living with HIV.

Additionally, advanced e-learning modules have been developed for medical and nursing students as well as healthcare staff, with plans for further rollout, continuous quality improvement, and outcome monitoring (Department of Disease Control, Ministry of Public Health, 2022a).

2.7 National Strategic Information Infrastructure:

Strategic Information plays a critical role in identifying, assessing, and addressing inequalities and inequities in health, enabling evidence-based decision-making for designing and refining gender-responsive interventions. It systematically uncovers disparities between groups of women and men, based on sex or gender, across various dimensions—such as risk factors, exposures, health-seeking behaviors, access to care, and health outcomes. In Thailand, several existing monitoring frameworks can be explored to support the tracking of gender-based elements, which are vital for planning gender-sensitive HIV and TB programs. Some of these frameworks are described below:

Social Institutions and Gender Index

Thailand systematically monitors its status on gender issues, including the Social Institutions and Gender Index (SIGI). Developed by the Organisation for Economic Co-operation and Development (OECD), SIGI measures gender inequality in social institutions, such as laws, norms, and practices, that perpetuate gender gaps. It evaluates four key dimensions: discrimination in the family, restricted physical integrity, limited access to productive and financial resources, and restricted civil liberties. By combining these dimensions into an overall score for each country, SIGI provides a comprehensive assessment of structural barriers to gender equality. In Thailand, SIGI evaluates both formal and informal laws, as well as social norms and practices that restrict women's and girls' access to rights, justice, empowerment, and resources (OECD Development Centre, 2023).

[8] The accreditation process is voluntary, and hospitals must choose to participate. The Hospital Accreditation Institute (HAI) provides tools, training, and certification to hospitals that aim to meet its standards, fostering quality improvement and specialization in specific areas, like the Program and Disease Specific Standards (PDSS)

In 2023, Thailand's SIGI score[9] was 33, indicating medium levels of gender-based discrimination. This is slightly below the regional average of 39 for Southeast Asia, but higher than the global average of 29. While progress has been made in areas such as women's education and healthcare access, significant challenges remain, including gender-based violence, unequal inheritance rights, and cultural norms that limit women's economic opportunities. For instance, 24% of women aged 15-49 report having experienced intimate-partner violence at least once in their lifetime (OECD Development Centre, 2023).

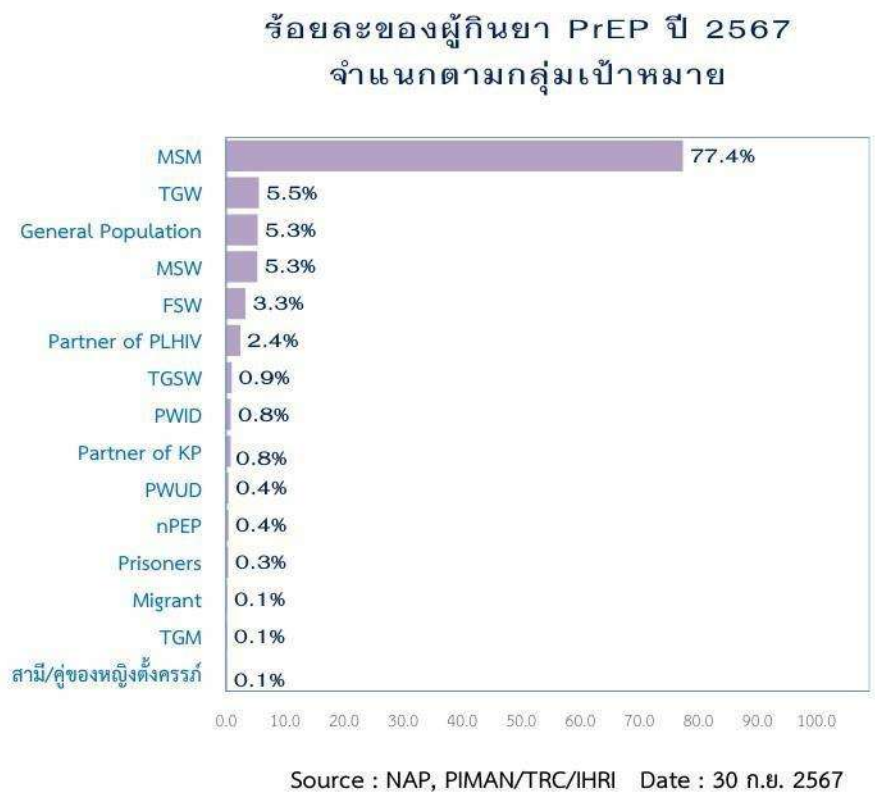
SIGI is a valuable tool for monitoring gender equality in health, as it highlights areas where gender-based discrimination can impact health outcomes. By integrating SIGI scores into health monitoring frameworks, policymakers can identify and address gender disparities in healthcare access, quality, and outcomes. SIGI helps pinpoint regions with high levels of gender-based discrimination, enabling targeted interventions to improve healthcare access for women and girls. It also guides resource allocation, ensuring that areas with the greatest gender disparities receive focused attention. Additionally, SIGI can inform the development of gender-sensitive health education campaigns to address challenges in preventing and treating HIV and TB. Policymakers can leverage SIGI data to create and implement gender-sensitive health policies, promoting equitable access to services and improving health outcomes for all genders.

While there is no direct evidence that Thailand has specifically utilized the SIGI to enhance its HIV and TB programs, the existing framework, including SIGI, provides a valuable opportunity to identify and address gender-based disparities that impact health outcomes. This framework serves as a strong foundation for advancing equitable healthcare and achieving better health outcomes nationwide.

National AIDS Program Data Base

The NAP in Thailand is a comprehensive database and management system developed by the NHSO to support Thailand's HIV and AIDS response, aligning with the UHC scheme (National Health Security Office, n.d.-c). As a critical tool for monitoring and evaluating HIV-related services, the NAP enables health providers to track HIV testing, treatment, care, and prevention programs nationwide. It also monitors the distribution of ART, PrEP, PEP, and prevention services like Reach and Recruit, as well as condom distribution. The real-time access to patient data helps reduce duplication, improve continuity of care, and support informed decision-making for resource allocation. Through its monitoring capabilities, the NAP supports the achievement of UNAIDS' 95-95-95 goals, ensuring that PLHIV are aware of their status, receiving treatment, and achieving viral suppression. Importantly, the NAP also provides a centralized platform for collaboration between the NHSO, the MOPH, hospitals, and CSOs.

[9] Scores range from 0 to 100, with 0 indicating no discrimination and 100 indicating absolute discrimination. The 2023 SOGI data can be accessed here : Social Institutions and Gender Index (Edition 2023), OECD International Development Statistics (database), https://doi.org/10.1787/33beb96e-en. Details of the 2023 SOGI report can be found here country_profile_THA_Thailand.pdf



Example of PrEP service data from NAP: The graph illustrates the percentage of individuals using PrEP in 2024, categorized by targeted population groups.

In terms of gender-specific monitoring, the NAP plays a crucial role in collecting and analyzing data to track disparities in HIV prevention, treatment, and care across genders. It disaggregates data by gender and key population groups such as MSM, PWID, FSW, TGW, and others. This disaggregation is essential for understanding the disproportionate effects of HIV on different genders and for developing targeted interventions that address these disparities. The data collected through NAP also informs policies and advocacy efforts aimed at ensuring gender equality in HIV-related health outcomes and supporting international targets for gender equity in HIV care. For example, the NAP highlights regions or communities where women, men, or gender-diverse groups may face barriers in accessing care, enabling stakeholders to address these gaps with tailored interventions.

HIV Info Hub

The HIV Info Hub is an information center developed by the DDC under the MOPH in Thailand. It serves as a comprehensive resource for information on HIV, sexually transmitted infections (STIs), and Hepatitis B & C and S&D. The platform provides current information to support decision-making and monitoring of HIV-related services. It targets a wide range of stakeholders, such as policymakers, practitioners, and researchers, enabling them to track service delivery and outcomes.

Key features of the HIV Info Hub include educational resources for the public, tools for administrators and policymakers to monitor HIV programs, professional guidelines for healthcare workers, and data quality assessments to ensure accurate reporting. Additionally, it offers dashboards for tracking HIV-related statistics, which contribute to effective program monitoring and decision-making. The platform provides gender-based information, such as current transmission rates estimated by the Asian Epidemic Model and prevention outreach for key populations. It also

links to other platforms, such as CRS data entry, NAP web report, NAP data entry, TPT HIV, and TB urine LAM, facilitating data recording and access, thereby enhancing the integration and use of comprehensive information for more informed decision-making.

The HIV Info Hub provides tools for policymakers, including a one-page report summarizing key findings. However, these reports are not disaggregated by gender. To improve gender sensitivity, the platform could be enhanced by incorporating more detailed gender-disaggregated analyses. Since the HIV Info Hub already utilizes data from NAP and other sources, strengthening its reporting capabilities to highlight gender disparities in HIV service delivery would be beneficial. This approach would support stakeholders in developing targeted, gender-sensitive interventions, contributing to a more equitable HIV response.

National Tuberculosis Information Program

The NTIP is a centralized, online system that collects and manages TB-related data nationwide (National Tuberculosis Information Program, n.d.). It tracks information on screening, diagnosis, treatment, and patient referrals, enabling real-time monitoring and evaluation of TB control programs. The system integrates seamlessly with the TB Data Hub, which the NHSO uses to process reimbursements for TB-related services. This integration ensures continuity of care, facilitates effective resource allocation, and supports Thailand's vision for integrated, patient-centered TB care as outlined in the "Operational Plan to End Tuberculosis, Phase 2 (2023–2027) (Division of Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023).

HIV Surveillance in Thailand: Opportunities for Gender-Sensitive Monitoring

Thailand's HIV surveillance system, managed by the DDC under the MOPH, plays a crucial role in tracking the epidemic and guiding targeted interventions. The system includes several components: AIDS case reporting, HIV sero-surveillance, behavioral surveillance, HIV sero-incidence, and biological and behavioral surveillance (BBS). These components provide valuable insights into HIV prevalence, testing, and treatment trends, with a particular focus on key populations such as MSM, transgender individuals, PWID, and sex workers. Additionally, the behavioral surveillance monitors trends such as condom use and access to HIV testing, including among vocational and high school students (Department of Disease Control, 2022b).

Community-led monitoring

In Thailand, several community-based organizations are working on Community-led Monitoring (CLM), including the Thai Network of People Living with HIV/AIDS (TNP+), which leads the Community-led Monitoring for Quality Improvement (CLMQI) initiative. This program assesses the quality of HIV care and treatment services, including ARV regimens, multi-month dispensing, counseling, and the management of opportunistic infections. It also evaluates co-infection status, such as TB screening and advice on TB treatment for PLHIV. As part of this program, the CLM survey has already been conducted in 89 hospitals across 28 provinces. Gender data is included in the assessment, with participants categorized as females, men, MSM, TGW, lesbian women, and others. Quantitative data is gathered through online self-response surveys from ARV patients, while qualitative data comes from stakeholder meetings addressing service delivery challenges. TNP+ works closely with both central and local governments to ensure effective implementation, sharing data through meetings for feedback and quality improvement. The CLMQI dashboard will be integrated into the National M&E Platform, enabling public access and advocacy for improvements

in care and treatment services. As a result of CLM advocacy, a proposal has been made to enhance cervical cancer screening rights, reducing the interval between screenings from five years to three years for individuals aged 25 and older (UNAIDS Asia Pacific, 2024). This CLM initiative also provides a strong opportunity to integrate gender-based services monitoring, further enhancing the inclusivity of the HIV care approach.

Summary

Thailand's national HIV programs provide a strong foundation for addressing stigma, gender-based discrimination, and inclusive healthcare, but challenges remain in effectively integrating and utilizing gender-sensitive data. The HIV Info Hub serves as a central platform that consolidates data from multiple sources, including NAP, CRS, and, in the future, CLM data from TNP+. While these systems hold significant potential for informing gender-sensitive policies, they require more refined data collection methods and in-depth gender analysis to fully capture disparities. The National Costed Action Plan, though a crucial framework for stigma reduction, has limited availability and faces funding gaps, particularly for women-focused programs. Similarly, the 3x4 Stigma and Discrimination Reduction Package provides important training for healthcare providers but requires sustained implementation and monitoring to assess its impact on gender and stigma-related barriers. The TB stigma survey and NTIP platform provide valuable information, but the lack of disaggregated data often limits their ability to inform appropriate gender-sensitive enabling environment responses. Strengthening data integration, improving coordination between monitoring systems, and ensuring that gender-disaggregated insights directly shape policy and funding decisions would enhance their effectiveness in addressing HIV- and TB-related inequalities.

2.7 External support for disease response

Thailand has shown a strong commitment to funding its HIV/AIDS response, with domestic resources accounting for 90.5% of total AIDS expenditures in 2023 (Department of Disease Control, n.d.-e). While significant financing is available through the NHSO to cover recommended HIV services as part of clinical practice, international donors contribute approximately 9% of the total HIV/AIDS expenditures to address critical gaps and complement the government’s response to ensure an equitable approach across population groups. Key contributors, such as the Global Fund and PEPFAR, have historically supported technical assistance, capacity building, and pilot projects targeting key populations, including MSM, transgender individuals, sex workers, and PWID. Despite increased domestic funding for CBOs, international donors such as the Global Fund and PEPFAR remain essential in enhancing CBOs' technical capacity and supporting their efforts in funding mobilization and management, and delivery of HIV prevention information and services (Pudpong et al., 2019).

PEPFAR Support in Thailand

PEPFAR plays a key role in supporting HIV/AIDS initiatives in Thailand. It funds community-based HIV service delivery models, including HIV testing, PrEP, and differentiated care approaches, alongside efforts to create enabling policy environments and strengthen health systems for sustainability. PEPFAR has fostered strong collaborations between the government and CBOs, supporting KPLHS through groups like Mplus Foundation, RSAT, CAREMAT, and SWING, with the aim of integrating these services into Thailand's national health system (FHI 360, 2018).

PEPFAR emphasizes the involvement of civil society and key populations in HIV program planning and implementation, prioritizing person-centered, non-discriminatory services. It has made significant investments in capacity-building for local organizations, providing mentorship, technical support, and training on initiatives such as index testing, PrEP, and HIV self-testing for government and CBO partners. These efforts have also strengthened health systems and policy development, including the implementation of new regulations and certification for community-based staff along with their CBOs to receive domestic funding for conducting outreach, providing HIV counselling and testing and other prevention services and piloting National Operational Guidelines for Viral Load Networks and Services (APCOM, 2023; Centers for Disease Control and Prevention, 2024)

According to key informant insights, PEPFAR actively addresses structural barriers to HIV services by focusing on reducing stigma, discrimination, and marginalization. CLM activities enhance community involvement in refining program interventions and ensuring service quality.PEPFAR's support for the KPLHS model and its focus on MSM and TGW highlight its commitment to advancing gender-sensitive services. To further these efforts, PEPFAR can support sensitivity training for healthcare providers and integrate gender-related issues into youth interventions, CLM, and stigma and discrimination activities. Incorporating gender-based knowledge into KPLHS and CBO certification standards will ensure services are inclusive and accessible to all genders, improving equity in healthcare delivery.

The Global Fund's Role in Thailand's HIV and TB Response

The Global Fund complements PEPFAR by providing significant financial resources to scale up HIV and TB programs in Thailand. It supports initiatives like the STAR Program (Stop TB and AIDS through RRTTPR), which integrates HIV and TB responses with a focus on rights-based interventions. The Global Fund prioritizes transitioning these initiatives to domestic funding through its "sustainability, transition, and co-financing" frameworks. For the 2023-2025 period, the Global Fund has allocated $68.2 million to Thailand, with 70.5% dedicated to HIV and 29.5% to TB programs (The Global Fund, n.d.-b).

The Strategic Framework for Thailand's 2023-2025 funding emphasizes catalytic interventions, including scaling up PrEP, HIV self-testing, virtual and digital tools, and integrated, stigma-free services addressing HIV, TB, STIs, HCV, SRH, and mental health. A people-centered approach and the expansion of community-led health services are central to ensuring access and sustainability. For HIV, key goals include early diagnosis, rapid ART initiation, adherence to treatment, and achieving undetectable viral loads. Scaling up PrEP, HIV self-testing, and TB screening and treatment are vital for success. TB-specific efforts focus on early diagnosis, DR/MDR TB case detection, complete treatment, and expanding TB infection treatment to end TB (Thailand TB/HIV Funding Request, 2023)

The Global Fund's Thailand program addresses human rights and gender-related barriers to accessing HIV and TB services through a multi-sectoral approach. This includes implementing a national action plan to eliminate stigma and discrimination, promoting U=U (Undetectable = Untransmittable) messaging, and scaling up interventions across healthcare, workplace, education, and community settings. Notably, the program has introduced a KPI to evaluate the scale-up of efforts to address human rights and gender-related barriers, demonstrating its commitment to equitable health access (Sub-Committee on AIDS Rights Promotion, 2023).

Community engagement is integral, with platforms like the Community Think Tank facilitating community-led monitoring. The program also advocates for legal reforms to decriminalize key populations and improve human rights protections. Initiatives include harm reduction, gender equality promotion, and training programs for teachers, law enforcement, and workplace

administrators to address stigma and empower affected communities (Thailand TB/HIV Funding Request, 2023)

PEPFAR and the Global Fund play complementary roles in Thailand's HIV and TB programs, serving as catalysts for innovative approaches. Both initiatives often act as incubators, piloting programs such as KPLHS and PrEP, which are subsequently scaled up and integrated into the national response.

PEPFAR focuses on community-based service delivery, person-centered care, and capacity-building for local organizations, ensuring high-quality, non-discriminatory services. Meanwhile, the Global Fund emphasizes large-scale funding for integrated interventions and sustainability through domestic funding transitions. The introduction of KPIs to measure progress in addressing human rights and gender barriers underscores the Global Fund's dedication to equitable healthcare. Together, PEPFAR and the Global Fund address structural barriers, promote rights-based approaches, and extend services to underserved populations. Their collaborative efforts not only enhance Thailand's HIV and TB response but also exemplify how targeted international support can drive transformative, sustainable health system improvements.

UNAIDS Thailand

UNAIDS plays a central role in Thailand's HIV and TB response, collaborating with PEPFAR and the Global Fund. It provides technical support, mobilizes resources, and advocates for effective policies. In partnership with the Global Fund, UNAIDS helped secure US$69 million for programs targeting young people, migrants, and people who use drugs (PWUD), and US$3 million for initiatives addressing HIV-related human rights issues, stigma, and discrimination (UNAIDS, n.d.-b)

Since 2016, UNAIDS has supported Thailand in increasing national funding for community-led HIV services through the Universal Health Coverage scheme. This has empowered community-led organizations in the national response (UNAIDS, 2022). UNAIDS has also advocated for the accreditation of community health workers, ensuring the quality of community-led services, and collaborated with Thai partners to develop standardized curricula for peer-led HIV care (United Nations Thailand, 2023)

UNAIDS also works to eliminate HIV-related stigma by supporting the National Costed Action Plan and innovative interventions to shift public perceptions (UNAIDS, 2024). Through collaboration with PEPFAR, UNAIDS enhances HIV program effectiveness by providing crucial data analysis, ensuring evidence-based interventions (U.S. Department of State, n.d.).

Overall, UNAIDS serves as a coordinator and advocate, aligning the efforts of various stakeholders, including PEPFAR and the Global Fund, to strengthen Thailand's response to HIV and TB. Its role in mobilizing resources, providing technical support, and advocating for effective policies complements the contributions of these major donors, ensuring a comprehensive and unified approach to combating these epidemics.

It should be noted that while UNAIDS plays a central coordinating role in Thailand's HIV and TB response, other UN agencies, such as UNFPA, UNODC, and UNICEF, also make important contributions through complementary programs and initiatives. However, for the sake of brevity and focus, this report highlights primarily the key contributions of UNAIDS in addressing these public health challenges.

Implications of PEPFAR's Withdrawal on Thailand's HIV and TB Response

At the time of this report, the extent of PEPFAR's continued support through USAID remains

uncertain—particularly given the current U.S. administration—but there is a strong possibility of withdrawal. Such a shift could have significant implications for Thailand's HIV and TB response, especially for community-led initiatives and key population-focused services.

Although Thailand funds the majority of its HIV programs domestically, international support—particularly from PEPFAR and the Global Fund—has played a crucial role in driving innovation, strengthening health systems, and addressing human rights and stigma-related barriers. A reduction or withdrawal of PEPFAR's technical assistance and funding could challenge CBOs, particularly in sustaining capacity-building efforts and advocacy work.

This potential transition underscores the need for proactive domestic resource mobilization, including sustained government support for CBOs and sustainable financing mechanisms such associal contracting. Additionally, ensuring adequate funding for stigma and discrimination programs, improving data integration, and refining gender-sensitive monitoring will be critical to maintaining progress.

To mitigate potential disruptions, Thailand could explore alternative funding sources, such as regional financing initiatives and private-sector partnerships, while reinforcing national policies to institutionalize successful interventions previously supported by international donors.

2.8 Existing Challenges in Disease Response for Key Populations and People of Diverse sexual orientation, gender identity, gender expression, and sex characteristics

Thailand has made significant progress in ensuring access to HIV and TB services through a rights-based approach. However, key populations and people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (PoDS) continue to face systemic and structural barriers that limit their access to comprehensive care. Addressing these challenges requires not only policy and programmatic adjustments but also a fundamental shift in how accessibility is perceived and implemented.

Balancing Health Rights and Gender-Specific Barriers in HIV and TB Services

Key informants noted that HIV services in Thailand prioritize broad health rights over gender-specific barriers, focusing on fundamental access issues. This aligns with the Rapid Assessment of Human Rights- and Gender-Related Barriers to HIV and TB Services in Thailand (Sub-Committee on AIDS Rights Promotion and Protection, 2023), which found that informants offered more insights on general human rights obstacles than gender-related concerns. This emphasis on broad rights frameworks has led to gaps in gender-responsive services, leaving many gender-diverse individuals underserved. While Thailand has made progress in expanding HIV and TB services through a rights-based approach, achieving true inclusivity requires integrating gender considerations into policies and funding. Without this, key populations—such as transgender individuals, sex workers, women within key populations, and adolescents—remain disproportionately affected.

Stigma and Discrimination in Healthcare

Stigma continues to be a pervasive issue in healthcare settings for key populations, including transgender individuals and women within key populations. The absence of gender-affirming care, coupled with discriminatory attitudes among some healthcare providers, discourages PoDS from

seeking and staying in care. While stigma-reduction initiatives exist, many may lack a robust gender-sensitive component that fully addresses the unique challenges faced by PoDS.

The 2022–2026 National Costed Action Plan to Eliminate Stigma and Discrimination outlines a framework for promoting gender equality across its operational measures (Sub-committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2022). However, implementation gaps and limited funding continue to create systemic barriers to equitable access. Without sustained efforts to institutionalize gender-sensitive training, monitoring, and accountability within healthcare settings, discrimination will persist as a significant obstacle to effective service delivery.

TB patients continue to face stigma from healthcare providers. The 2023 TB stigma survey reveals persistent misconceptions and discrimination in healthcare settings. Only 17% of healthcare workers correctly identified TB transmission routes, and many were unaware that treated TB patients are non-infectious after two weeks. This lack of knowledge may inadvertently contribute to stigma and discrimination towards TB patients. Healthcare workers who are not fully informed may harbor misconceptions about TB contagion, leading to biased attitudes and behaviors. In fact, 22.7% of healthcare workers reported avoiding or fearing TB patients. While the results were not gender-disaggregated, they offer insight into the ongoing stigma faced by TB patients (Division of Tuberculosis, 2023b).

Legal and Policy Barriers

Despite Thailand's efforts to integrate human rights into health services, legal and policy frameworks continue to create significant obstacles for key populations. The criminalization of sex work, drug use, and the ongoing stigmatization of same-sex relationships—despite the recent passage of the Marriage Equality law—continue to foster an environment of stigma and fear, deterring individuals from seeking care. Migrant populations, particularly those without legal documentation, face additional barriers due to restrictive health policies that limit their access to essential HIV and TB services.

A critical gap in Thailand's legal framework is the absence of legal gender recognition for transgender and non-binary individuals (this will be discussed in the Policy Framework section). Without formal recognition, gender-diverse individuals face systemic barriers in accessing appropriate healthcare, including denial of gender-affirming care and inconsistent identification requirements in health records. Legal reforms that acknowledge and protect gender diversity are necessary to ensure equitable healthcare access.

The Importance of Gender-Responsive Analysis in Key Populations

Thailand's HIV program targets key populations—such as MSM, TGW, marginalized groups like migrants and prisoners, and adolescents—who are at heightened risk for HIV. While the program appropriately emphasizes MSM and TGW, whose vulnerabilities are intrinsically linked to gender, other key populations, including PWID, sex workers, migrants, and adolescents, are often not analyzed through a gender lens.

The absence of a gender-responsive framework within key population programming has resulted in systemic gaps in service delivery. For example, women within key populations, such as FSWs and women who inject drugs, remain underserved due to the assumption that gender-neutral

interventions are sufficient. Without dedicated policies and funding for gender-sensitive services, vulnerable populations continue to face significant barriers in accessing prevention, treatment, and care.

Data and Surveillance Gaps

A scoping review of human rights among LGBTQI+ individuals in Thailand (Newman et al., 2021) highlighted the lack of consistent collection of disaggregated data across key domains such as education, family, economics, personal security/violence, and health. This gap presents challenges in assessing indicators of inclusion and tracking progress in advancing human rights for LGBTQI+ people in Thailand. Similarly, in this report, challenges in existing databases were identified, where current categories often fail to capture the complexity of marginalized identities, complicating efforts to address their specific needs.

A critical challenge in responding to the needs of PoDS is the lack of comprehensive and disaggregated data. Existing systems, such as the CRS, NAP database, and NTIP database, fail to adequately capture the complexity of marginalized identities. The CRS classification options—limited to male, female, and TGW—do not reflect the full spectrum of gender identities, restricting meaningful gender analysis. Similarly, NAP's overlapping categories for key populations, such as MSM and MSW, can cause confusion in data interpretation. This overlap arises because individuals may identify with both categories, making it unclear whether they should be recorded as MSM or MSW, leading to inconsistencies in data. Additionally, fear of stigma and legal repercussions may lead marginalized groups to underreport their status, further skewing data accuracy.

The lack of robust gender-disaggregated data limits evidence-based policy development and resource allocation. Without systemic reforms in data collection methodologies and reporting mechanisms, health programs will continue to lack the necessary insights to design truly inclusive interventions.

Summary

Thailand has made notable progress in improving access to HIV and TB services through a rights-based approach, yet systemic barriers continue to limit access for key populations and PoDS. These challenges are compounded by limited gender-sensitive programming, persistent stigma and discrimination, legal and policy barriers, and gaps in data collection. While HIV and TB services often focus on health rights, they tend to overlook gender-specific barriers, leaving gender-diverse populations underserved. The absence of robust gender-disaggregated data further complicates policy development and resource allocation, hindering the design of inclusive interventions. Addressing these issues requires policy reforms, gender-responsive programming, and comprehensive data systems to ensure equitable healthcare for all.

SECTION III: Gender and Sexual Rights in the Context of HIV, TB

3.1 Gender Disparities in Health

Gender significantly influences the experiences of individuals affected by HIV and TB, shaping both their risk of infection and access to prevention and treatment services. The information below outlines key gendered dimensions of HIV and TB across various populations in Thailand. Understanding these dynamics is essential for developing effective strategies that address the unique needs of different gender groups in prevention and care.

Stigma, mental health, gender-based violence, suicidal thoughts and legal recognition among TGW and other LGTBTQI+ in Thailand

In Thailand, key populations continue to face significant gender-related stigma in healthcare settings. Stigma and discrimination contribute to the avoidance of healthcare services, with 5.3% of sex workers, 2.3% of MSM, and 15.4% of PWID reporting such experiences (UNAIDS., n.d.-a.). A nationally recruited sample of LGBTQI+ individuals in Thailand found that transgender and intersex participants reported higher levels of enacted stigma compared to their cisgender counterparts (2.09 vs. 1.67; $p < 0.001$) (Moallef, Salway, Phanuphak, Kivioja, Pongruengphant, & Hayashi, 2022). Transgender girls had higher past-year exposure to sexual violence than cisgender boys (APR = 2.74; 95% CI = 1.52, 4.95) and cisgender girls (APR = 4.93; 95% CI = 2.52, 9.67) (Wichaidit, Assanangkornchai, & Chongsuvivatwong, 2021). Anticipated stigma—such as healthcare providers' limited knowledge of LGBTQI+ issues, stereotyping, and expectations of non-acceptance—further exacerbates barriers to care, particularly in mental health services. These challenges exist alongside broader systemic issues such as overcrowded facilities, confidentiality concerns, and limited practitioner capacity (Ojanen, Ratanashevorn, & Boonkerd, 2016).

These figures underscore stigma as a significant barrier to healthcare access. The mere anticipation of stigma—regardless of its actual frequency—deters individuals from seeking care, highlighting the urgent need for sustained efforts to combat stigma and ensure equitable healthcare access for all key populations.

For TGW in Thailand, stigma and discrimination are reported across various aspects of life, including healthcare, education, and within their families. These challenges contribute to mental health struggles, social isolation, and a reluctance to seek necessary care. The lack of trained providers for hormone therapy, combined with stigma and discrimination, creates significant barriers to safe and effective treatment for many transgender individuals (Thunn, 2024). Additionally, rejection or discrimination from family members and peers further limits their support networks, exacerbating their mental health challenges (UNDP, 2020).

HIV-related stigma is particularly devastating for TGW, as it often surpasses the stigma associated with their transgender identity. In fact, within the transgender community, a transgender woman living with HIV may face rejection and discrimination, even from her peers. This stigma is especially severe in rural communities, where it can be more pervasive than in urban areas. As highlighted in a study by UNDP, one participant chose to pay for her HIV treatment privately and far away from her community in order to avoid the stigma associated with receiving government support. Even in a

relatively tolerant city like Pattaya[10] the dual stigma of HIV and transgender identity hinders Thai TGW's access to HIV and healthcare services (UNDP, 2020). This experience reflects a broader issue for TGW living with HIV, who face compounded stigma due to both their gender identity and HIV status, which significantly impedes their ability to access healthcare and support services.

This compounded stigma is further exacerbated by the issue of gender-based violence, which disproportionately affects transgender individuals and highlights the intersectional challenges they face.

The LGBTQI+ Health Strategy in Thailand (Channatee, K., Kosum, O., & Rattana, D., 2021) documented that approximately 27% of LGBTQI+ individuals have experienced violence from family members. This violence is often rooted in a lack of understanding of gender identity and sexual orientation, compounded by feelings of shame within families and societal prejudice or fear toward LGBTQI+ individuals. A recent study by SWING (Phaennongyang et al., 2024) further underscores the severity of this issue, reporting alarmingly high rates of gender-based violence among transgender sex workers (TGSW), with 45.5% having encountered such violence.

Additionally, 9% of LGBTQI+ participants in a separate survey reported experiencing physical or sexual assault at least once in the past five years, while 16% consistently avoided public displays of affection to mitigate the risk of violence (APCOM, 2024). This same survey involving 561 LGBTQI+ participants revealed that nearly 40% reported some level of depression, with an average self-assessed PHQ-9 score of 4.48, indicating mild depressive symptoms overall. Alarmingly, 79% of respondents reported persistent feelings of downheartedness, sadness, and generalized unhappiness. Among those who sought mental health services, the major barriers identified were: financial and logistical barriers (41% citing cost or lack of insurance coverage, and 27% citing distance from service providers); awareness and knowledge gaps (23% lacked awareness of LGBTQI+-friendly services, and 21% noted providers' lack of LGBTQI+-specific knowledge); and social and emotional barriers (21% feared judgment or discrimination, while 10% felt discomfort discussing sexual orientation and gender identity (SOGI) with professionals) (APCOM, 2024).

The study also highlighted significant gaps in mental health services provided by CBOs. Of the 17 CBOs surveyed, only three (18%) had mental health as a primary focus, with just two partially addressing mental health. The remaining eleven organizations lacked any specific focus on this critical area. Furthermore, only five CBOs employed mental health professionals with expertise in the needs of diverse sexual orientations and gender identities, severely limiting access to tailored support.

While screening and referral services were the most commonly offered, none of the organizations provided crisis intervention or immediate response services, creating a critical gap for individuals facing acute mental health crises. Positively, all services were free of charge, which helped reduce

[10] **Pattaya City** is a coastal city in Thailand, a major tourist destination known for its nightlife, beaches, and entertainment on the eastern Gulf of Thailand.

financial barriers. However, the limited scope and lack of specialized mental health expertise within CBOs underscore the urgent need for enhanced investment, capacity-building, and service expansion to address the mental health needs of LGBTQI+ communities effectively (APCOM, 2024)

Gender-based stigma has been linked to increased suicidal thoughts and behaviors among LGBTQI+ individuals. A national online survey of 1,290 Thai LGBTQI+ individuals (median age: 27) revealed that 16.8% reported lifetime suicide attempts, while 50.7% reported experiencing suicidal ideation. The study found that both perceived and enacted sexual/gender stigma was significantly associated with higher odds of suicide attempts and ideation. These findings underscore the urgent need for multi-level interventions, including the implementation of anti-discrimination policies and improved access to mental health support, to combat stigma and reduce suicide risks within Thailand's LGBTQI+ populations (Moallef et al., 2022).

In healthcare settings, transgender individuals often endure privacy violations, invasive questioning, and inappropriate placement in hospital units, which discourages many from seeking care altogether. Transition-related care remains particularly inaccessible, as public health insurance excludes such services, and private insurers frequently deny coverage based on assigned sex at birth. Additionally, the scarcity of trained providers for hormone therapy compels some to resort to unsupervised treatments. These barriers, compounded by stigma and the requirement for psychiatric referrals for transition-related services, significantly impede transgender people’s access to comprehensive and respectful healthcare (Human Rights Watch, 2021).

However, Thailand's UHC program anticipates offering free hormone therapy in the future, signaling a positive step toward improving access to transition-related care. Despite this, challenges remain, as services like those offered by the Tangerine Clinic and transgender-related care at events such as Bangkok Pride are still limited and not yet widely available.

Health and Gender-Specific Challenges in Thai Prisons

The prevalence of TB in Thai prisons is 8.2% significantly higher than in the general population, highlighting systemic challenges in prevention and control. Similarly, while the HIV prevalence of 0.9% (UNAIDS, n.d.-a) is lower than expected for key populations, it still reflects an elevated risk due to the confined environment of prisons. Structural barriers, such as overcrowding, frequent inmate transfers, and limited resources, contribute to conditions that facilitate the rapid transmission of diseases. Moreover, the inconsistent implementation of services like PrEP for high-risk male prisoners further exposes gaps in care delivery (Department of Disease Control, Ministry of Public Health, 2022a).

Gender-specific vulnerabilities add another layer to these challenges. Female prisoners often face poor-quality hygiene products, while transgender and LGBTQI+ prisoners encounter a lack of gender-sensitive care and safety, revealing significant systemic inequities (FIDH, 2023). Stigma and discrimination against former prisoners, as well as individuals who are PWID or PWUD, further hinder continuity of care post-release, increasing the risk of TB or HIV treatment interruptions (Division of Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023).

Thailand's DOC has introduced operational standards that incorporate a gender-sensitive approach to address the specific care needs of transgender prisoners. These standards are based on

recommendations from UNDP Thailand and an academic review of human rights-based approaches to prisoner care. Recognizing the unique challenges faced by transgender individuals, the department has committed to enhancing their rights and welfare within correctional facilities by incorporating these standards into staff training programs. To further these efforts, the Department has entered into a Memorandum of Understanding with UNDP to sustain collaborative work on issues related to gender diversity, disability rights, and mental health among prisoners. Key measures for transgender prisoners include access to hormone therapy, appropriate housing accommodations, gender-appropriate restroom and shower facilities, and the use of names and pronouns aligned with their gender identity. These initiatives mark a progressive step toward embedding gender-sensitive and inclusive practices within Thailand's correctional system (Sub-Committee on AIDS Rights Promotion, 2023).

Barriers to Healthcare and Legal Challenges for Female and Transgender Sex Workers in Thailand

Sex workers in Thailand face numerous barriers to accessing healthcare, particularly in HIV prevention and sexual health services. Many sex workers are reluctant to seek care at large state-run hospitals due to long wait times, overcrowded conditions, and potential discrimination from healthcare providers. The criminalization of condom possession further exacerbates their vulnerability to HIV, as it discourages condom use and undermines safe practices (Villar, 2019).

Despite their critical healthcare needs, sex workers receive limited attention in the National Strategy. These frameworks often fail to adequately address the unique challenges faced by sex workers, particularly FSWs, who are frequently overlooked or categorized under the broader umbrella of "sex work" without sufficient disaggregation to address their specific needs (APCOM, 2022). SWING's 2023 study on PrEP among 1,511 sex workers revealed significant gender disparities in access and uptake. Although PrEP use was low among sex workers overall (male sex workers, 14.8% and TGSW, 13.9%), FSWs had alarmingly low uptake at just 1.3% (Janyam, 2024). This disparity highlights a gender-based gap in access to essential HIV prevention tools, leaving FSWs disproportionately underserved. The study also shed light on the prevalence of gender-based violence (GBV), with TGSW reporting the highest levels. These findings underscore the urgent need for targeted, gender-sensitive interventions to address both health and safety concerns within the sex work community (Phaennongyang et al., 2024).

The Prevention and Suppression of Prostitution Act of 1996 further compounds these challenges. By criminalizing sex work, the law fosters stigma and discrimination, discouraging sex workers from seeking medical care due to fear of legal repercussions, such as arrest or the use of condom possession as evidence of prostitution. The closure of community clinics and overcrowded state hospitals exacerbate these barriers, leaving many without access to essential healthcare services. The criminalization and associated stigma also contribute to mental health challenges among sex workers, creating additional obstacles to care and further isolating this vulnerable population (Villar, 2019; Isaan Lawyers, 2023; Joint UPR Submission on the Human Rights of Sex Workers in Thailand, n.d.).

Gender-Specific Challenges and Service Gaps Among Female PWID in Thailand

Several studies indicate that male PWID outnumber female PWID in Thailand (Pongsavee & Hawangchu, 2024; Phuengsamran, et al., 2019; Phuengsamran et al., 2020). Despite their smaller proportion, the health and well-being of female PWID are equally important.

Female PWID face distinct challenges, including higher risks of gender-based violence, caregiving barriers to accessing services, and compounded stigma not only for drug use but also for defying traditional gender norms (Sub-Committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2023). The 2017 *Assessment of Thailand's Harm Reduction Program* highlights the need for tailored services, especially for women who are mothers, emphasizing psychosocial support, outreach, and specialized drop-in centers (CARE Evaluations, 2020). Although services targeting female PWID, such as those for HIV, syphilis, and hepatitis B and C, exist, these women often face increased vulnerability. Female PWID who are sex workers, in particular, tend to be less informed about HIV prevention and treatment options, making interventions less effective. In the context of human rights, there is a stark absence of rehabilitation facilities for women. For instance, Islamic boarding schools ("Ponoh") do not accept women, reflecting the broader reality of inadequate services and the lack of gender-specific rehabilitation and treatment programs.

From the key informant interview, it is clear that female drug users face unique challenges. Many have familial responsibilities and encounter societal judgment, which complicates access to services. APASS[11], a community-based services for PWID, estimated that 300-400 women require support from their organization. Unlike male drug users, female drug users may need more discreet approaches to service delivery. Many women, especially in rural areas, are hesitant to seek medical help due to social stigma and limited connections with healthcare providers. While APASS does not yet have a specific program for female drug users, their needs are integrated into broader services. These include preventive measures like female condoms, reproductive health supplies, and HIV testing. Through case experiences, APASS staff recognized that focusing solely on male drug users was insufficient and began to offer services tailored for women, including those who may be sex workers or coerced by partners into drug use.

Another issue highlighted by a key informant pertains to the allocation of funding in a manner that supports gender-sensitive practices. For instance, ensuring that training participants, such as individuals from PWID groups, have the option to stay in individual accommodations rather than shared rooms. This approach acknowledges that male and female PWID may experience discomfort in shared living arrangements, thereby fostering a more inclusive and respectful environment.

Barriers and Gendered Dimensions in Supporting LGBTQI+ Youth and Other At-Risk Adolescents

Despite significant advancements in HIV services, addressing the broader needs of LGBTQI+ youth remains a critical challenge, particularly in areas such as gender-based violence, mental health, and the development of inclusive, tailored programs. A study by Save the Children Thailand highlights

[11] APASS offers tailored outreach and education through community and online sessions on HIV, STIs, hepatitis, TB, and harm reduction. Drop-in centers provide safe spaces with clean needles, condoms, infection prevention kits, and referrals for testing and treatment. HIV, STI, hepatitis, and TB testing (including self-testing) are available onsite and via mobile units. Specific services include free HCV treatment at C-Free-CSEA Clinics in Bangkok and Narathiwat, with a new clinic opening in Pattani in February 2024. Methadone substitution therapy, needle exchange programs, psychosocial support, legal aid, and emergency assistance address comprehensive needs.

alarming rates of violence and mental health issues among LGBTQI+ adolescents. Of the 3,094 participants, 75% reported being bullied, 31% experienced physical abuse, and 42% faced pressure to change their sexual identity from family, school, or community. Mental health concerns are particularly acute, with 71% experiencing depression, 78% anxiety, 58% suicidal thoughts, and 25% engaging in self-harm; 15% reported attempting suicide, with trans men experiencing the highest levels of distress. These experiences of violence and mental health challenges not only harm overall well-being but also increase vulnerability to HIV by disrupting healthcare access, reducing adherence to prevention practices, and contributing to risky behaviors such as unprotected sex or substance use, which heighten the risk of infection (Ojanen, Freeman, Kittitheerasak, Sukkulphong, Sopha, Thongphaiboon, Tiansuwanna, & Supalak, 2023).

Service data from the CU Buddy Clinic at Chulalongkorn Hospital, which specializes in services for adolescents aged 15 to 24, highlights further concerns. Adolescents living with HIV face a higher rate of suicide attempts compared to their HIV-negative peers (6.9% vs. 1.4%, respectively) (Promsena, 2023).

Despite the evident need, access to mental health services remains limited. Among the 57% of LGBTQI+ youth who felt they needed mental health support in the past year, only 1 in 5 were able to access such services. Barriers include distance to facilities, long waiting times, high costs, parental consent requirements, and stigma (Ojanen et al., 2023).

UNICEF developed the *Action Plan to Develop Integrated Mental Health Services for Children and Adolescents (2023–2027)*, which may help address these gaps by providing a framework for coordinated, inclusive mental health services for youth (UNICEF, 2023). Incorporating the unique needs of LGBTQI+ youth within this framework presents an opportunity to ensure tailored, equitable support in the future.

Besides LGBTQI+ youth, adolescent girls and young women at risk also face limited access to tailored HIV services, highlighting the need for more inclusive and comprehensive programs. For example, PrEP campaigns primarily target MSM, leaving significant gaps for other at-risk groups. A pilot PrEP program revealed that adolescent girls face greater challenges with adherence (Rungmaitree et al., 2024). Counseling sessions highlighted stigma as a significant barrier, with participants fearing assumptions that they were HIV-positive or engaged in multiple sexual partnerships.

Deeply entrenched social norms further exacerbate these challenges. Cultural attitudes discourage young, unmarried women from expressing interest in sexual health, contributing to stigma and limiting access to essential HIV services (UN Women, 2017). Key informants have emphasized that these pervasive norms significantly hinder adolescent girls from seeking and receiving sexual health services.

Additionally, the relatively low prevalence of HIV among adolescent girls has led to their classification as a lower-priority group for intervention. This inadvertently excludes them from essential services, despite some being at high risk. To address this gap, the MOPH is developing guidelines for providing PrEP to at-risk youth, based on the 2021 *Thailand National Guidelines on PrEP Services for HIV Prevention*. These guidelines represent a critical opportunity to ensure

equitable access for all at-risk youth, including LGBTQI+ youth and adolescent girls.

Stigma and Gender Disparities in PLHIV and stigma faced by TB patients

Although ART coverage among Thai PLHIV exceeds 90%, stigma and discrimination continue to pose significant barriers. In 2023, 27.9% of adults expressed discriminatory attitudes toward PLHIV, while 8.7% of PLHIV reported experiencing stigma in healthcare settings. Additionally, 52% of PLHIV indicated that self-stigma led them to avoid seeking hospital care (Department of Disease Control, n.d-a).

Gender disparities create additional barriers to accessing HIV services. Men are often delayed in initiating ART, while women face persistent inequalities, including gender-based violence, that hinder their ability to seek and adhere to treatment (Joint United Nations Programme on HIV/AIDS, 2024). Data from Thailand's 2022 program review further illustrate these disparities, showing a median CD4 count of 164 cells/mm³ among the general population. Women had a slightly higher median CD4 count (217 cells/mm³) compared to men (205 cells/mm³), while the highest median CD4 count was observed among pregnant women in antenatal care (ANC) at 398 cells/mm³ (Department of Disease Control, Ministry of Public Health, 2022a). These figures highlight ongoing delays in HIV diagnosis and treatment initiation, particularly among men and non-ANC populations.

Studies across ASEAN countries indicate that women living with HIV and key affected female populations face greater barriers and stigma in accessing HIV and healthcare services compared to their male counterparts (UN Women, 2017). One of the key challenges in ensuring early HIV diagnosis is the gendered impact of index testing, a widely used approach to identify and test partners of people living with HIV. In patriarchal contexts, women who disclose their HIV status or encourage their partners to get tested may face heightened risks of gender-based violence. In Thailand, intimate partner violence (IPV) is often considered a private family issue, making it difficult for women to seek help without facing public shame or skepticism (Joint UPR Submission on the Rights of Marginalized Women in Thailand, 2021).

Similarly, transgender individuals and MSM encounter discrimination that limits their engagement with healthcare services. Addressing these barriers requires targeted interventions, including healthcare provider training to screen for IPV and community sensitization to reduce stigma toward women and marginalized groups. Recognizing these challenges, Thailand's Division of AIDS and STIs under the MoPH has integrated a section on IPV and first-line support for survivors of gender-based violence into its national index testing guidelines (Department of Disease Control, Ministry of Public Health, 2021). However, the coverage remains limited, providing only a brief mention of IPV and support services. Expanding this guidance with more comprehensive resources and training could better address the complex needs of survivors while tackling broader structural and cultural factors that perpetuate violence and inequality.

Women with HIV also face a sixfold higher risk of cervical cancer. TNP+ advocates for expanded screening services, urging the NHSO to include HPV DNA testing every three years starting at age 25 for women with HIV and other immune-compromised conditions. Current policies, which provide screening every five years, inadequately address the needs of high-risk groups and may stigmatize women labelled as "high risk." Expanding screening benefits, as recommended by the Royal Thai College of Obstetricians and Gynaecologists, would ensure equitable access to life-saving care

(Thaiplus.net, 2024).

The 2023 TB stigma survey highlights persistent misconceptions and discrimination against TB patients in healthcare, family, and workplace settings. 9.1% of patients reported discrimination from healthcare providers. At home, 40% were asked to sleep separately, and 38.3% were asked to eat alone. In the workplace, stigma led to job reassignments (7.4%), hiring rejections (3.7%), and dismissals (4.1%). While the data were not gender-disaggregated, it is notable that the majority of survey participants were male (65.8%, n = 4155) (Division of Tuberculosis, 2023b). Given that men are disproportionately affected by TB in Thailand, gender-disaggregated data would offer valuable insights into how stigma is experienced differently by men and women. Understanding these differences could help tailor more effective, gender-responsive interventions to address the unique barriers each group faces in accessing care and adhering to treatment.

Additionally, a 2018 TB study documented the intersectional stigma between HIV and TB, showing that participants who reported higher levels of TB stigma experienced longer delays in seeking care ($p < 0.001$). This delay was particularly pronounced among HIV-positive patients, whose status compounded the stigma. Disaggregating data by gender in this context could provide a clearer understanding of how these delays and stigmas affect men and women differently, leading to more targeted strategies to improve healthcare access (Chaychoowong, Watson, & Barrett, 2023).

Barriers to HIV and TB Care for Migrant Populations

Key barriers to TB services among migrants include stigma surrounding the disease, which makes it difficult to encourage individuals to get screened and seek treatment after testing positive. Many are also reluctant to isolate for extended periods due to financial and familial responsibilities, particularly when they experience no symptoms. Additionally, language barriers, cultural differences, and a lack of trust further complicate efforts to effectively communicate the importance of screening and treatment (Alazas, 2024). Findings from the TEAM2-TB project by SWING highlight other challenges, including frequent migration, unstable work conditions, and fear of discrimination or deportation, all of which hinder treatment adherence. Limited health awareness and logistical issues, such as remote service locations and irregular work hours, further reduce access to care. To address these obstacles, flexible service models, mobile health units, and digital follow-up tools like SMS reminders can improve accessibility. Offering services during off-peak hours, enhancing community-driven education, and fostering strong partnerships with local leaders are essential to increasing engagement and ensuring long-term success.

Thailand's MOPH has set an ambitious goal to reduce TB incidence to 10 per 100,000 people by 2035. This objective is supported by strategies that focus on testing, treatment, and retention, specifically tailored to address the unique vulnerabilities of migrant populations (World Vision Thailand, 2024e). The IOM plays a key role in these efforts, implementing TB programs that address the specific barriers faced by migrant men and women. For example, the program in Mae La[12] collaborates with local volunteers and community leaders to raise awareness and provide support to families of those undergoing isolation. Through tailored health education and care, IOM promotes a more comprehensive approach to migrant health (Alazas, 2024; Neupane, 2024).

Despite these efforts, gender-related barriers to TB and HIV services for migrant women remain under-documented but are likely significant. Migrant women in Thailand face exploitation due to low-wage, informal jobs, legal insecurity, language barriers, and limited rights awareness, making

them vulnerable to labor abuses and trafficking (UN Women, n.d.). Challenges also include limited access in health for women in domestic and sex work, exposure to sexual and gender-based violence (SGBV), the high cost of care for undocumented female migrant workers, and exploitation by brokers who profit from women seeking work permits or migrant health insurance. Limited awareness about HIV and TB exacerbates these issues. The 2022 TB JIMM Thailand has emphasized the need for comprehensive documentation of these gender-specific challenges, particularly among FSWs, domestic workers, and trafficked or undocumented women. To address these gaps, JIMM has recommended that the Department of TB, NGOs, and CSOs collect, monitor, and analyze data on TB among migrant women, focusing on gender-related barriers. Additionally, the Department of TB is urged to analyze disaggregated data to evaluate whether gender norms, such as poor health-seeking behavior among men, hinder access to TB services (Sub-Committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, 2023).

Migrants with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) are often excluded from official data, yet their challenges are becoming more recognized. These individuals face barriers such as the absence of legal gender recognition in their home countries, restricting their ability to access safe migration routes. Additionally, they encounter elevated risks of violence and harassment during their journey and face specific difficulties accessing essential services and skill-building opportunities. Updating and reforming laws, policies, and procedures to better safeguard the rights and well-being of women migrants and those with diverse SOGIESC would benefit both the countries of origin and destination (International Organization for Migration [IOM] Thailand, 2024).

Summary

In brief, systemic gender-based barriers such as stigma and discrimination, inadequate gender-responsive care, and gender-based violence continue to hinder progress in addressing HIV and TB in Thailand. These barriers disproportionately affect TGW, LGBTQI+ individuals, female PWID, adolescents, PLHIV, and migrant populations, each facing unique challenges that restrict their access to healthcare, education, and essential support services.

In the context of HIV and TB, these barriers can result in delays or limited access to testing, treatment initiation, and adherence, ultimately leading to poor health outcomes. Moreover, the intersection of these challenges contributes to heightened mental health struggles, including suicidal ideation, and increased vulnerability to physical violence. Addressing these barriers requires comprehensive, multi-level interventions. These should prioritize inclusive policies, raise awareness about the unique needs of affected populations, and expand access to specialized services, including mental health support and gender-sensitive healthcare.

---

[12] a temporary shelter in north-western Thailand which hosts over 34,000 refugees, predominantly from the bordering Kayin State

3.2 Sexual Rights and Gender Justice

Sexual rights are a fundamental aspect of human rights, granting individuals the autonomy to make decisions about their sexuality free from coercion, discrimination, and violence. These rights are essential for achieving the highest standard of sexual health. The World Health Organization (WHO) defines sexual rights as the application of human rights to sexuality and sexual health, ensuring that all people can express and satisfy their sexuality while respecting the rights of others (World Health Organization, n.d.-b).

In Thailand, sexual rights are supported through the provision of SRH services, which include family planning, HIV/STI testing, prevention, and treatment. These services are integrated into the UHC scheme, providing access to the general population. Public health facilities, clinics, and community-based organizations such as KPLHS offer these services, with specific initiatives targeting key populations like MSM, transgender individuals, FSWs, PWID, and migrants. While UHC serves as a critical foundation for ensuring SRH rights for all, challenges remain in accessing services, particularly for certain groups whose needs may not be fully addressed by the UHC system. Examples of key challenges in fully addressing the sexual rights needs of affected populations are outlined below.

The Right to Access Sexual and Reproductive Health Services

Transgender Needs for Gender-Affirming Healthcare

Specialized gender-affirming healthcare services, including counselling, hormone treatment, gender-affirming surgery, and other transgender-related procedures, are available through both private and public hospitals in Thailand. Notably, the Tangerine Clinic, the first clinic in Thailand dedicated to trans-specific healthcare and counselling, provides these services (Boonyapisomparn et al., 2023). Thailand is also a key destination for TGW from neighbouring countries, such as Vietnam, seeking hormone therapy or gender-affirming surgery (Singh, 2019). However, these services are not included in the Universal Health Coverage (UHC) scheme.

In Thailand, gender-affirming surgery and related healthcare services are not covered by public or private health insurance, requiring transgender individuals to pay out of pocket for these services. Additionally, a study on factors associated with gender-affirming care found that approximately 15% of transgender individuals were unaware of the availability of such healthcare options in Thailand. Those who were unaware were four times more likely to avoid counseling (aOR = 3.70; 95% CI = 1.11–12.36) (Boonyapisomparn et al., 2023).

This lack of awareness and access not only impacts the decision to seek necessary healthcare but can also contribute to greater health risks, including mental health issues, substance abuse, and physical harm. Many transgender individuals who are unaware of available services may delay or forgo treatment altogether, further marginalizing them from necessary care. To improve overall health outcomes for the transgender population, it is essential that awareness campaigns, outreach programs, and education initiatives are strengthened. Furthermore, there is ongoing advocacy to integrate gender-affirming care into the UHC benefit, which would help ensure that transgender individuals can access the healthcare they need without financial barriers, promoting more equitable access to these vital services.

Freelance sex workers and migrant sex workers

Sex workers, particularly freelancers and migrant sex workers, are highly vulnerable to various risks and violations. These individuals often face exploitation, violence, and stigma, which can significantly

hinder their access to essential health services and protections. The lack of legal recognition and the social marginalization they experience can lead to adverse health outcomes and further exposure to human rights abuses.

Freelance-based sex workers, known as "freelancers," do not work in brothels or massage parlors, which are typically under strict supervision by owners. Instead, freelancers negotiate directly with clients and may take on other jobs, such as waitstaff, to conceal their work. This lack of institutional oversight makes them especially vulnerable to violence, harassment, and limited access to justice. Freelancers also often lack access to accurate information about HIV and STI prevention, as well as adequate health care services (Joint UPR Submission on the Human Rights of Sex Workers in Thailand, n.d.).

Migrant sex workers face additional barriers, including fear of exposing their immigration status or illegal profession. Key informant interview confirmed that migrant sex workers, particularly FSWs, are especially vulnerable to violence, and the lack of identification cards further exacerbates their inability to access critical HIV and TB services. While Thai law allows migrants from neighbouring countries to access the SSS or health insurance, migrant sex workers remain excluded from these benefits. They are unable to register for legal employment or access government-supported health services. To obtain health care, they must navigate a complex web of challenges: avoiding arrest, overcoming language barriers, facing discrimination, and risking deportation. Furthermore, they bear the full cost of medical care, as they are ineligible for government health schemes (Joint UPR Submission on the Human Rights of Sex Workers in Thailand, n.d.).

The denial of SRH services for freelancers and migrant sex workers not only violates their fundamental human rights but also increases their vulnerability to exploitation, violence, and poor health outcomes. Ensuring that these populations have access to inclusive, stigma-free health care is a critical step toward upholding their rights and promoting equitable access to essential services.

Addressing the Needs of Other Marginalized Populations

Marginalized groups, such as LGBTQI+ individuals, forcibly displaced persons, and migrants, often face significant barriers to accessing SRH services. The "Calls for Action"[13] campaign highlights these challenges and offers key recommendations to address the sexual and reproductive health and rights (SRHR) needs of these populations. It urges the Government of Thailand to collaborate with civil society, development partners, and other stakeholders to fully implement its international commitments and ensure inclusive SRH services. Specifically, the campaign calls for a national plan that guarantees SRH services for all, including migrants and forcibly displaced persons, by integrating SGBV services, conducting education campaigns, and providing migrant-friendly health services.

The campaign also stresses the importance of making UHC truly accessible to all. This includes developing comprehensive health schemes for migrants that are not tied to specific employers, ensuring access to quality SRH services, including abortion, and recognizing migrants' rights to health.

Additionally, the campaign advocates for a more humane and inclusive approach to migration policies by expanding alternatives to detention. For those in immigration detention centers, it emphasizes the need to provide quality SRH services and essential commodities, such as sanitary products and hormone replacement therapy, to safeguard their health and dignity (Asia Pacific Alliance for Sexual and Reproductive Health and Rights & Equal Asia Foundation, 2024)

Adolescents' Access to Sexual and Reproductive Health Rights

In response to issues regarding sexual and reproductive health, the WHO launched a policy encouraging the provision of youth-friendly health services (YFHS). Many countries have adopted YFHS, integrating them into school-based, clinical service-based, community-based, technology-based, and evidence-based management programs. Thailand has embraced YFHS under the *National Policy and Strategy on Prevention and Solution to Adolescent Pregnancy Problems 2017–2026*, which emphasizes improving youth access to SRH services (Wiwatkamonchai et al., 2023).

Nevertheless, the study exploring youths' perception of accessing SRH services in northern Thailand highlighted dissatisfaction with the services offered, such as the lack of private consultation rooms, which raised concerns about privacy and confidentiality. Some youths also reported negative reactions from healthcare providers when seeking contraceptives, STI testing and treatment, or general consultations. They also identified several persistent barriers despite the services being free under UHC. One key issue was societal stigma, where community members viewed youths accessing SRH services negatively, labelling them as lacking self-restraint. Youths reported feeling judged for seeking SRH services, reflecting deep-seated cultural and societal norm (Wiwatkamonchai et al., 2023).

Separate story was shared by a 16-year-old mother illustrating the challenges faced by young female in accessing SRH services. She described being dismissed by teachers and health providers when she sought reproductive health support, with comments suggesting she was too young to need such services. Gossip and judgment from community members further discouraged her from accessing care, highlighting how societal attitudes can become a significant barrier (United Nations Thailand, 2023b).

Female adolescents, especially those with disabilities, face significant challenges in decision-making about their SRHR. In some instances, parents have forced sterilization on girls or female adolescents with disabilities, increasing their vulnerability to sexual abuse as perpetrators exploit their infertility. According to a 2019 survey by the Thai Health Promotion Foundation, unintended pregnancies remain a major concern, with 250,000 teenage pregnancies annually among adolescents aged 15–19. Alarmingly, 65% of adolescents lack adequate knowledge about preventing pregnancy and sexually transmitted diseases, and only one-third can effectively use contraception. This knowledge gap results in approximately 120,000 births annually among this age group, compounded by limited understanding of pregnancy, childbirth, and parenting. To address these challenges, a mid-2020 Memorandum of Understanding between the Ministries of Public Health, Social Development and Human Security, and Education allows pregnant adolescents to continue their studies at their previous schools. This initiative underscores the importance of education for young mothers, advocating for support systems involving teachers and classmates while prohibiting stigmatization. However, ensuring effective implementation of these policies remains critical (United Nations Population Fund [UNFPA], n.d.)

[13] The Calls for Action campaign originated from two workshops held in Bangkok, Thailand, on 2 November 2023 and 28 April 2024, where 45 representatives from community organizations, NGOs, and development partners convened. Organized by Equal Asia Foundation and the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), these meetings addressed the specific needs, gaps, and challenges faced by women and LGBTIQ forcibly displaced persons, asylum seekers, and refugees in Thailand.

Summary

Access to SRH services in Thailand reveals ongoing inequities and challenges faced by marginalized groups. Despite initiatives like UHC and youth-friendly health services, barriers such as societal stigma, discrimination, and financial inaccessibility persist. Transgender individuals struggle with awareness gaps and out-of-pocket costs for gender-affirming care, while migrant sex workers face compounded risks due to undocumented status and exclusion from public health schemes. Adolescents face significant challenges, including limited knowledge of contraception and disease prevention, leading to high unintended pregnancies. Female adolescents with disabilities are especially vulnerable, facing risks like forced sterilization and exploitation. Stigma, privacy concerns, and inadequate support deter them from seeking essential care.

While the examples presented highlight critical issues, they do not represent the full spectrum of affected populations. Addressing these gaps requires strengthened advocacy, inclusive policies, and efforts to eliminate stigma, ensuring SRH services are accessible, equitable, and supportive for all.

3.3 The Right to Sexual Health Education

Thailand began integrating Comprehensive Sexuality Education (CSE) into its national curriculum in 2001 under the broad subject of Family Life Education, a component of health and physical education (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2021). In 2008, the Ministry of Education and the Office of Basic Education Commission further incorporated sexuality education into the Basic Education Core Curriculum. However, this approach faced criticism for adopting a "one-size-fits-all" framework, which failed to account for the diverse needs and ages of students.

The 2016 Act for the Prevention and Solution of the Adolescent Pregnancy Problem (B.E. 2559) and the Ministry of Education's 2018 Ministerial Regulation (B.E. 2561) placed greater emphasis on age-appropriate sexuality education. These regulations mandated educational institutions to provide such education and to support pregnant students, including prohibiting their expulsion and ensuring continued access to education and services.

Despite the inclusion of CSE within the health and physical education learning areas, it has not yet been introduced as a compulsory standalone subject. While nearly all general secondary and vocational institutions provide some form of CSE—either as an integrated component of existing subjects, a standalone subject, or both—the extent of its implementation varies significantly across schools. This variation reflects inconsistencies in the delivery and depth of CSE instruction (Ministry of Education & UNICEF, 2016; Chiba, 2023).

Scope of Sexual Health Education

Sexual health education in Thailand addresses a wide range of topics, including teenage pregnancy prevention, STIs, HIV, sexual anatomy and development, gender, sexual rights, citizenship, sexual and gender diversity, gender inequality, safe abortion, safe sex for same-sex couples, and bullying. However, the CSE curriculum often focuses primarily on the negative consequences of sexual activity, emphasizing biological topics such as STIs, HIV, and pregnancy prevention, while neglecting critical issues like gender, rights, and diversity. This limited approach restricts students' ability to develop analytical and critical-thinking skills related to sexuality (Ministry of Education & UNICEF, 2016)

A 2019 online survey of Thai youth and adolescents revealed general satisfaction with sexuality education in academic institutions. However, the findings indicated a need to improve content by incorporating a stronger focus on reproductive rights and shifting away from the emphasis on the negative impacts of sexual activity. It is also crucial to enhance the capacity of teachers and school personnel in counselling and maintaining the confidentiality of personal information. However, attitudes of parents and communities continue to be barriers to effective learning and attitude adjustment, even though young people need these essential skills for their future (United Nations Population Fund [UNFPA], n.d.)

A 2015-2016 review involving 8,837 students, 692 teachers, and 307 stakeholders revealed significant gaps in CSE in Thailand (Ministry of Education & UNICEF, 2016). Key topics such as LGBTQI+ issues, sexual consent, mutual pleasure, emotions in relationships, sexual harassment, and internet safety were rarely addressed. School administrators and parents often viewed sexuality education narrowly, focusing primarily on preventing sexual behavior and underestimating the importance of gender equality and sexual rights. This perspective was especially prevalent among parents, many of whom believed that Thai society had already achieved gender equality and therefore considered discussions about gender and rights unnecessary.

This lack of comprehensive CSE is further evident in the inadequate representation of LGBTQI+ topics. Despite 10-15% of students identifying as LGBTQI+, the curriculum often portrays these topics negatively, perpetuating myths and stigma. Teachers, hindered by limited training and societal attitudes, struggle to address LGBTQI+ issues effectively. The 2008 Basic Education Core Curriculum exacerbates this challenge by categorizing sexual and gender diversity under “sexual deviation,” reinforcing stigma and inequality. This inadequate representation not only limits understanding but also creates a hostile school environment for LGBTQI+ students, preventing them from fully benefiting from a supportive and inclusive education system.

The review also highlighted the inconsistent implementation of CSE across Thai secondary schools, with most schools offering only limited content. While the focus primarily remains on preventing sexual behavior, critical areas such as human rights, gender equality, and sexual diversity are often overlooked. Teaching methods, largely reliant on lectures, also fail to engage students effectively, leading to discomfort and disengagement. Additionally, the societal attitudes of many teachers—such as opposition to sex among unmarried students—further limit students' understanding of their sexual rights. Alarmingly, nearly half of the students surveyed believed that domestic violence was sometimes justifiable, underscoring the urgent need to improve CSE. Addressing these gaps will require a more inclusive, rights-based approach to education that challenges societal norms and fosters an environment of equality and respect.

Challenges for LGBTQI+ Students

For LGBTQI+ students, school environments remain hostile. A survey of 1,088 LGBTQI+-identified secondary school students found that 35% held homonegative attitudes. Factors contributing to these attitudes included transgender identity, low academic performance, and ineffective CSE programs addressing LGBTQI+ bullying and safe same-sex practices. To combat stigma and foster inclusivity, CSE must prioritize gender equality, sexual rights, and strategies to address social disparities, supporting LGBTQI+ teens in embracing their identities without shame (Shrestha et al., 2020).

Summary

Sexual health education in Thailand, while evolving, continues to be shaped by gendered norms and unequal access for key populations, including LGBTQI+ individuals. The inclusion of CSE within the national curriculum is a significant step toward promoting reproductive and sexual rights; however, challenges in delivering inclusive, rights-based curricula persist. The existing framework often neglects the unique needs of marginalized groups, such as sexual and gender minorities, and fails to fully integrate gender equality into the teaching process. Moreover, inconsistent implementation across schools further exacerbates these disparities, leaving many students without the critical knowledge and skills they need to navigate their sexual rights and identities. Efforts to make CSE more inclusive and gender-sensitive are crucial to fostering a more equitable, supportive environment for all students, particularly those from key populations. National education systems and health programs must prioritize inclusive curricula that uphold the rights of all individuals, regardless of gender or sexual orientation, and equip young people with the knowledge to make informed decisions about their sexual and reproductive health.

3.4 Gender-based violence and its intersection with HIV and TB care

As Dr. Julitta Onabanjo, Country Director of UNFPA Thailand and UNFPA Representative for Malaysia, aptly stated, “Addressing gender-based violence (GBV) within the healthcare system is not merely about responding to violence but about reinforcing the principles of justice, dignity, and human rights for all” (Puapunsri, 2024). GBV is not only a grave violation of human rights but also a structural barrier that exacerbates health inequities, including those affected by HIV and TB. Persistent gender inequalities and GBV hinder women’s access to services. Studies have linked women’s experiences of sexual and physical partner violence to their HIV treatment outcomes (Joint United Nations Programme on HIV/AIDS. (2024). The interplay between IPV and HIV is especially concerning in high-prevalence settings. Research indicates that women experiencing IPV face a higher risk of HIV acquisition due to the high-risk behaviors of male perpetrators. Young women aged 15–24 with HIV-positive, abusive partners face an elevated HIV risk. Both victims and perpetrators of IPV tend to be younger, less educated, and economically disadvantaged, though IPV spans all socioeconomic groups. Among FSWs, recent violence is strongly linked to a 49–100% higher likelihood of HIV infection (Joint United Nations Programme on HIV/AIDS, 2024).

These links between GBV, sexual violence, and health conditions highlight the need for integrated solutions. GBV affects individuals across genders and backgrounds. It disproportionately impacts women and marginalized groups, including LGBTQI+ individuals, people with disabilities, and those from lower socioeconomic backgrounds (Puapunsri, 2024). Individuals with intersectional identities are particularly vulnerable. For example, women who inject drugs face elevated risks from unsafe injecting practices, sexual violence, and exposure to HIV due to sex work and abusive intimate partner relationships (Joint United Nations Programme on HIV/AIDS. (2024).

Women refugees are another group at heightened risk of SGBV. Violence during migration and in transitional settings is common, and displacement worsens socio-economic vulnerabilities. Poverty forces many displaced people into informal sectors, where they face exploitation and violence. Some are coerced into commercial sex work due to a lack of safe housing or other options (Jesuit Refugee Service - JRS Asia Pacific, n.d.).

While women and girls remain the primary victims of GBV, men and boys are not immune (Jesuit

Refugee Service - JRS Asia Pacific, n.d.). In a cross-sectional survey among young MSM and TGW, 21.3% of participants reported forced sex (Logie et al., 2016). While research on male survivors is limited, data from the 2024 Human Security Emergency Management Center 1300 Hotline[14] revealed that of 4,833 reported cases of physical and sexual violence, 72% were women and 28% were men (Ministry of Social Development and Human Security, n.d.).

GBV is driven by socioeconomic, cultural, and patriarchal factors, where harmful power dynamics and abusive authorities normalize male superiority and the sexual objectification of women and non- conforming sexual identities. These beliefs are ingrained from a young age, often reinforced by parents and husbands. GBV may be under report as Thai culture often views partner violence as a private matter, with the belief that domestic issues between spouses should not involve outsiders (FemNimitr, n.d.). Economic struggles and poverty further fuel GBV, as patriarchal traditions can lead to domestic violence when women fail to meet family needs. The unequal power structure, dominated by men, places women under pressure, increasing their risk of GBV and sexual violence. A key concern is that survivors often fail to recognize or disclose their abuse, which limits access to support and exacerbates their vulnerability (Jesuit Refugee Service - JRS Asia Pacific, n.d.)

Cyberbullying is another significant form of harassment that contributes to the perpetuation of GBV in Thailand. Cyber violence is predominantly gendered, with men targeting women and the LGBTQI+ community, reflecting societal expectations around masculinity and gender roles. Women, especially those in the public eye such as activists, journalists, and singers, face harassment that often leads to victim-blaming, while perpetrators are rarely held accountable. LGBTQI+ individuals are also heavily targeted, facing online abuse and misgendering, with low reporting rates due to marginalization. This type of violence is often normalized in Thai society, with survivors stigmatized and blamed for having online presences. Younger people, particularly students, are more at risk, with online harassment frequently stemming from offline disputes. Additionally, image-based abuse and online sexual exploitation are prevalent, especially among children, who are more vulnerable due to their increased online presence. In 2020, the police-led Internet Crimes Against Children (TICAC) taskforce identified and registered cases of over 100 children who were subject to online sexual abuse—a figure that had doubled since statistics were recorded in 2018 (NORC & ICRW, 2022).

Healthcare System Response to GBV

Thailand has made significant progress in addressing GBV through its healthcare system by integrating GBV services into its UHC framework. UHC aims to provide all Thai citizens, including migrants and individuals without official identification, with access to essential health services, ensuring survivors of GBV receive necessary support regardless of their legal or citizenship status (Puapunsri, 2024; UN Women, n.d.-b). This inclusive approach reflects a more comprehensive understanding of health, encompassing physical, mental, and social well-being.

One of the key services available is the One-Stop Crisis Centres (OSCCs), which offer medical care, legal assistance, and psychosocial support to survivors of GBV. Established in 1999 under the MOPH, OSCCs operate in collaboration with various agencies, including healthcare providers, law enforcement, and legal professionals, ensuring a multidisciplinary response to GBV cases. These centers are present in major hospitals across Thailand, providing immediate support to individuals affected by violence. In 2023 alone, OSCCs helped 92,739 individuals, with a majority of them being young females (89.3%) between the ages of 10 and 20 (Puapunsri, 2024). Individuals experiencing

gender-based violence can file complaints and seek assistance through the 1300 Hotline operated by the MSDHS, which provides services 24/7. The hotline offers counselling, coordination, and referrals to relevant agencies for further support (Ministry of Social Development and Human Security., n.d.-b).

Despite this effort, challenges persist in ensuring the accessibility and cultural appropriateness of these services, particularly for marginalized groups such as migrant workers, ethnic minorities, and LGBTQI+ individuals. Barriers such as geographic remoteness, cultural norms, and discrimination continue to hinder equitable access to GBV services, leaving some survivors underserved (Puapunsri, 2024). While the establishment of OSCCs and their multidisciplinary methodology is a positive development, experts from the Working Group on Discrimination Against Women and Girls have highlighted that the safety of survivors is often jeopardized by chronic underfunding, societal stigma, and a reliance on mediation with perpetrators. These challenges undermine the effectiveness of OSCCs in providing protection and justice for survivors of violence (UN OHCHR, 2024)

Another significant challenge in addressing SGBV in Thailand is the lack of reliable data, which hinders effective response and prevention efforts. The country's data void on GBV is primarily caused by unreported cases, which stem from a combination of factors such as a lack of trust in the judicial system, police neglect, and survivors' fear of being blamed. Additionally, the trivialization of sexual violence in the media, including its romanticization in soap operas, reinforces a culture of rape and silences discussion. The absence of comprehensive sex education also contributes to the data void, as individuals, including potential survivors, may not recognize GBV or understand how to respond (Phetlam, 2022). In general, data on SGBV, when available, predominantly focus on women, making it challenging to find comprehensive data on LGBTQI+ individuals. For instance, although data from the 1300 Hotline are publicly accessible, they are not disaggregated by gender, missing the opportunity to capture the scale of violence experienced by genders beyond men and women. This gap hinders a comprehensive understanding of the impact of gender-based violence on individuals outside the mainstream gender categories and the complexity of intersecting issues. In response, Femnimitr, a website dedicated to addressing data challenges through creative data visualization, presents content in an accessible and engaging format (FemNimitr,n.d.). While this community-driven initiative is commendable, it remains unclear to what extent the project has been sustained or continues to make an impact.

Summary

Gender-based violence in Thailand significantly impacts HIV and TB care, especially for marginalized groups. Intimate partner violence is linked to worsened HIV outcomes, with young women, sex workers, and economically disadvantaged individuals at higher risk. Socioeconomic, cultural, and patriarchal factors fuel GBV, further hindering access to healthcare. In response, Thailand has integrated GBV services into its UHC framework, with One-Stop Crisis Centers providing medical, legal, and psychosocial support.

[14] 1300 provides rapid response and initial assistance for urgent social crises, coordinates support with relevant agencies, and monitors social issues through various media for timely intervention.

However, access to these services remains limited for marginalized groups, and challenges like chronic underfunding and societal stigma undermine their effectiveness. Additionally, gaps in data—especially regarding LGBTQI+ individuals—and underreporting of GBV hinder accurate understanding and response. The lack of comprehensive sex education and media romanticization of violence also contribute to the persistence of GBV, while initiatives like Femnimitr address data challenges, though their long-term impact remains uncertain.

3.5 Stigma reduction and protection from discrimination

HIV and TB are diseases heavily associated with stigma. However, TB-related stigma in Thailand is generally less severe than HIV stigma, as it is not linked to moral judgments about sexuality or drug use. Instead, TB stigma arises primarily from fear of infection and the perception of TB as a highly communicable disease. Stigma disproportionately affects marginalized groups, including poor Thai individuals, people living with HIV, and low-income migrants from neighbouring countries, exacerbating their vulnerabilities and creating barriers to timely diagnosis and treatment. These delays contribute to poorer health outcomes and increased transmission risk. Furthermore, the lack of gender-specific data limits a comprehensive understanding of intersectional issues, despite clear overlaps in vulnerabilities among groups such as migrants. (Sub-Committee on AIDS Rights Promotion, 2023).

Addressing stigma and protecting individuals from discrimination are critical to ensuring equitable access to healthcare and support services. A rights-based approach is central to combating stigma, emphasizing dignity and respect for all individuals regardless of their HIV or TB status. This approach empowers individuals and communities to assert their rights and challenge harmful stereotypes that perpetuate social exclusion.

Thailand's National Strategy to End AIDS: Tackling Stigma and Promoting Gender Equality

Thailand's National Strategy to End AIDS 2017–2030 reflects a strong policy commitment to reducing stigma and promoting gender equality. The strategy envisions Thailand as "jointly free from AIDS problems by 2030," with specific goals aimed at:

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

Achieving these goals requires a comprehensive framework that promotes fairness, reduces inequality, and includes all sectors of the population. Thailand emphasizes respect for human rights and gender equality, integrating these principles into its policies and actions. The strategy also underscores the importance of collaboration, fostering ownership and accountability among government agencies, civil society, and private sector partners to comprehensively address HIV and gender-based stigma (National AIDS Committee, 2017).

Commitment to UNAIDS 10-10-10 Targets

Thailand's commitment to the UNAIDS 10-10-10 targets further strengthen its focus on reducing stigma and discrimination. One key initiative—the 3 by 4 Facility-Based HIV-Related Stigma and Discrimination Reduction Package—provides participatory training for healthcare providers to address biases and promote equitable care. Complementing this initiative is the National Costed Action Plan, which integrates multi-sectoral measures to eliminate HIV-related stigma, incorporating

gender-based strategies to address the intersection of HIV and gender discrimination.

Policy Measures and Universal Health Coverage

Policy-level measures, including anti-discrimination laws and inclusive healthcare frameworks, play a crucial role in combating stigma. Thailand's UHC policy exemplifies this approach, ensuring comprehensive and equitable healthcare services for all citizens, including those living with HIV and TB. Beyond direct treatment, UHC encompasses essential services such as mental health support, assistance for survivors of gender-based violence, and other social and health interventions critical to holistic well-being.

Legal Protections Under Human Rights Frameworks in Thailand

While Thailand does not have comprehensive HIV or TB-specific laws, legal protections are embedded in broader human rights frameworks. Key legal safeguards include:

- The National Human Rights Commission Act (1999), which allows any citizen, including individuals with HIV, to file complaints about human rights violations.
- The 2007 Constitution, which prohibits discrimination based on health conditions.
- The Disabled Persons Promotion and Development Life Quality Act (2007), which offers protections for individuals with disabilities, potentially benefiting those living with HIV. (REF: HIV and the Law in South-East Asia)

To combat workplace discrimination, the National Committee for HIV Prevention and AIDS Alleviation issued a Code of Practice for HIV Prevention and Management in the Workplace (2009). Additionally, the National Health Security Act (2002) underpins Thailand's universal health coverage scheme, ensuring free access to ART and other essential treatments for PLHIV (UNDP, 2015).

Legal Frameworks [15]and the Exacerbation of Stigma

Despite these protections, legal frameworks can also exacerbate stigma, particularly against key populations such as sex workers, transgender individuals, and PWID. In Thailand, sex work is illegal, and sex workers are frequently arrested under related offences, including soliciting, immoral conduct, or public disorder. The *Prevention and Suppression of Prostitution Act* (1996) criminalizes various aspects of sex work, such as soliciting (Article 5), pimping, advertising, or procuring sex workers—even with their consent (Article 9)—and managing sex work businesses (Article 11). This legal framework not only perpetuates stigma and marginalization against sex workers but also creates barriers to accessing vital health services, including HIV prevention and treatment. To address these challenges, SWING implements a police cadet internship program and cadet training curriculum. This initiative educates police recruits about sex workers' health rights and exposes them to peer-based HIV prevention activities, fostering understanding and reducing discrimination.

While Thailand does not criminalize male-to-male consensual sex, it lacks legal recognition for transgender individuals. In contrast, neighbouring countries like Singapore and Indonesia allow post-operative transgender individuals to change their gender on identity documents and marry (UNDP, 2015). Legal recognition of transgender individuals is crucial for affirming equal citizenship status and improving access to HIV prevention, treatment, care, and support services. Moreover, recognizing gender identity in legal documents helps reduce stigma and discrimination.

A notable advocacy success was achieved by the Thai Transgender Alliance, which worked with the Thai military to end a discriminatory conscription policy. Previously, TGW were labelled as "mentally

unstable" because they could not serve in the military. This label, recorded permanently, created barriers to employment and education. The successful removal of this policy highlights how targeted advocacy can challenge discriminatory practices and improve the legal and social status of transgender individuals.

For PWID, legal barriers present additional challenges to HIV prevention efforts. In Thailand, possession of needles and syringes can be used as evidence of an offense related to narcotic use. This discourages individuals from carrying or using clean injecting equipment, obstructing the implementation of needle and syringe programs and increasing the risk of HIV transmission. However, the introduction of a new narcotics law in December 2021 marks a positive shift, emphasizing prevention and community-based treatment over punishment. This law aligns with public health objectives by broadening the role of the MOPH and healthcare agencies in leading prevention and treatment efforts. A community-based treatment model for substance users is currently being designed for nationwide implementation (Sub-Committee on AIDS Rights Promotion, 2023).

Challenges and Opportunities

Thailand has developed a robust rights-based framework and progressive health policies to combat stigma and promote equitable healthcare for PLHIV and TB. However, challenges persist, including:

- Stigma toward key populations in healthcare settings,
- Uneven enforcement of workplace protections, and
- Limited awareness of legal redress mechanisms among marginalized groups.

Despite these challenges, Thailand's legal frameworks and policy initiatives reflect both progress and ongoing efforts to combat stigma. Multi-sectoral collaboration and community-driven interventions remain essential to ensuring equitable access to healthcare, reducing discrimination, and protecting the rights of all individuals.

Summary

Thailand has adopted rights-based policies to reduce HIV and TB stigma, though challenges remain. HIV stigma, tied to moral judgments, is more severe than TB stigma, which stems from fear of infection. Marginalized groups, including people living with HIV, low-income migrants, and poor Thai individuals, face delayed diagnoses and poorer health outcomes. The National Strategy to End AIDS (2017–2030) aims to cut new infections, AIDS-related deaths, and gender-related discrimination. While legal protections exist, laws criminalizing sex work and the lack of transgender legal recognition perpetuate stigma. Advocacy efforts have led to positive changes, like ending discriminatory military policies and reforming narcotics laws. However, stigma in healthcare settings and limited awareness of legal rights persist, requiring continued rights-based approaches and multi-sectoral collaboration.

[15] Section V discusses policy and legal frameworks in more detail.

3.6 Intersectional Vulnerabilities

Understanding intersectionality – how compounded social and other external determinants - can affect individuals' risk profiles and access to health care services is critical in providing comprehensive health care. Various social identities—such as age, socio-economic status, migration status, disability, and SOGIESC—intersect to create unique experiences of advantage or disadvantage to individuals affected by TB or HIV. Health care program that are sensitive to intersectionality has a better chance of being inclusive

HIV and TB are both stigmatized diseases, but TB is less often associated with moral judgments and more with fear of infection, being perceived as a dangerous communicable disease (Sub-Committee on AIDS Rights Promotion, 2023). The characteristics outlined below intersect with this fundamental stigma, creating compounded barriers that further hinder healthcare access for individuals experiencing multiple forms of stigma. Many of these challenges are exacerbated by gender disparities, as discussed in the previous section, where marginalized populations face disproportionate risks and barriers to HIV prevention and care. The factors working intersectionally with the stigma attached to these diseases are further exemplified below, illustrating how individuals must navigate compounded stigma. Evidence of these challenges has already been raised in the Gender Disparities section.

Age

Young people, particularly those aged 15–24, face unique vulnerabilities to HIV due to age-related challenges. This group accounts for nearly half of new infections in Thailand, driven by stigma, limited knowledge of sexual and reproductive health, and inadequate access to youth-friendly services. Younger individuals often lack awareness of effective contraception and STI prevention, leading to unintended pregnancies and a heightened risk of transmission among female adolescents. Evidence has shown that adolescents living with HIV are disproportionately affected by mental health struggles, including higher rates of suicide attempts compared to their peers, while stigma and fear of judgment deter them from seeking timely care. These age-specific barriers highlight the need for targeted interventions that address both prevention and care for young populations. See Section III for evidence-based data on the compound impact on young people.

Socio-Economic Status

Financial hardship is a critical issue for both HIV and TB patients, reflecting broader socioeconomic inequities. As mentioned earlier, among LGBTQI+ individuals seeking mental health services, financial and logistical barriers are prominent, including costs or lack of insurance and distance from providers. Transgender individuals also face challenges, such as awareness gaps and out-of-pocket expenses for gender-affirming care. TB-affected patients in Thailand experience significant socioeconomic challenges that intersect with the stigma of the disease, compounding financial hardship. Despite free treatment under UHC, non-medical costs such as transportation, food, accommodation, and productivity loss account for the majority of expenses, with 31% of TB-affected households experiencing catastrophic costs. These financial pressures push many households below the international poverty line, with rates rising from 2.2% pre-TB to 11% post-TB. Financial assistance and social protection policies remain inadequate, with no specific measures to support patients, particularly marginalized groups such as migrant workers, who often lack mandatory health insurance and are excluded from public health schemes (Youngkong et al., 2024); Division of

Tuberculosis, Department of Disease Control, Ministry of Public Health, 2023).

Further complicating this situation is weak collaboration within community health systems, which limits effective screening, follow-up, and efforts to prevent stigmatization. Additionally, budget support is urgently needed to address key risk factors, such as malnutrition, smoking, alcohol consumption, and substance abuse. To address these systemic issues, multisectoral collaboration is crucial to enhance patient-centered care, reduce treatment-related costs, and implement income replacement and recovery programs. Comprehensive action is essential to mitigate the compounded socioeconomic burden of TB and protect vulnerable populations (Department of Disease Control, Ministry of Public Health, 2023).

As outlined in the previous section, migrant populations face additional barriers to TB services, including stigma that discourages screening and treatment adherence. For migrants, financial and familial responsibilities make extended isolation difficult, particularly for asymptomatic individuals. Migrant sex workers face further challenges due to their undocumented status and exclusion from public health schemes. Similarly, transgender individuals struggle with awareness gaps and out-of-pocket costs for gender-affirming care.

Low education levels are also a documented socioeconomic risk factor for TB. Many TB-affected individuals in Asia, including Thailand, have only completed high school or primary school, with approximately 10% having only primary education (Jiamsakul et al., 2018).

Factors such as unemployment can link low socioeconomic status to increased risk of infection and unfavourable treatment outcomes. For example, a study on the prevalence of TB in Bangkok found that the highest prevalence of TB was observed among unemployed individuals, with unemployed TB patients having increased risk of hypertension as a comorbidity (Mphande-Nyasulu et al., 2022). These challenges are deeply connected to the experience of living with TB, as they exacerbate the financial and social burdens that patients face while seeking care and managing the illness. Non-medical costs, insufficient financial support, and limited policy coverage highlight systemic issues that intersect with the health and socioeconomic vulnerabilities of TB patients. Furthermore, the added complexities for marginalized groups, such as migrant workers and individuals with underlying risk factors, reinforce the intersectional nature of these hardships.

Migration Status

Migrants often face legal and language barriers, discrimination, and lack of social support, which hinder their access to healthcare services. Undocumented migrants may avoid seeking care due to fear of deportation. A study conducted in Thailand found that migrant workers experienced higher TB infection rates due to poor living conditions and limited access to preventive care (Neupane, 2024). For HIV, migrants face increased risk due to limited healthcare access, economic vulnerability, social marginalization, and legal barriers. Female migrants encounter additional risks, including gender-based violence, restricted reproductive health services, and power imbalances in relationships, all of which complicate HIV prevention and care. As illustrated in the previous section, these intersecting risks emphasize the need for gender-sensitive health interventions, inclusive policies, and enhanced legal protections to ensure equitable access to healthcare services.

Disability

Individuals with disabilities face significant barriers to accessing healthcare, which can delay the

diagnosis and treatment of both HIV and TB. These individuals often experience social isolation and have limited access to healthcare facilities that are not equipped to meet their specific needs. As a result, timely care and proper diagnosis are frequently hindered. This is especially true for female adolescents with disabilities, who face compounded challenges in making decisions about their SRHR. In some cases, parents may force sterilization on girls with disabilities, making them more vulnerable to sexual abuse, as perpetrators exploit their infertility. Such practices, along with stigma, privacy concerns, and inadequate support, deter these individuals from seeking essential care (see Section "The Right to Access Sexual and Reproductive Health Services").

Gender-based violence (GBV) also intersects with disability, affecting individuals across various genders and backgrounds. Women, marginalized groups, LGBTQI+ individuals, and people with disabilities face disproportionate risks (Puapunsri, 2024). LGBTQI+ individuals, children, adolescents, and people with disabilities are also at heightened risk. These vulnerabilities are further exacerbated for people with disabilities who are living with HIV, as they face additional barriers to accessing care and support. Legal frameworks like the Disabled Persons Promotion and Development Life Quality Act 2007 aim to offer protections for individuals with disabilities, which could help address some of the challenges faced by those living with HIV (UNDP, 2015).

In addition to these barriers, certain vulnerable populations, such as migrant women and young people with disabilities, often lack access to tailored health services that are responsive to their specific needs. This gap in access can be especially detrimental to those who may already be living with HIV or at higher risk for TB (UNFPA, 2024). Given these challenges, disabilities are listed as a target population in the Costed Action Plan to address stigma and improve healthcare access for marginalized groups. By acknowledging the intersection of disability with health issues like HIV and TB, policies and healthcare systems can better support the unique needs of individuals with disabilities and improve their overall health outcomes.

SOGIESC: Stigma, Discrimination, and Barriers to Healthcare in Thailand

Throughout this report, various examples illustrate how people with diverse SOGIESC in Thailand face significant stigma, discrimination, and violence. These factors often deter them from accessing healthcare services. Despite Thailand's reputation for relative tolerance toward LGBTQI+ communities, legal and societal barriers persist, marginalizing these individuals and increasing their vulnerability to HIV and TB.

Many LGBTQI+ individuals seeking healthcare services in Thailand face unequal treatment, breaches of confidentiality, denial of care, and misgendering in hospital wards, often stemming from the prejudices of healthcare providers who perceive LGBTQI+ persons as mentally unstable (UNDP & USAID, 2014). Discrimination within these settings manifests as verbal abuse, inadequate medical attention, and a pervasive fear of being judged, leading many to avoid seeking care altogether.

A 2023 survey found that transgender women sex workers (TGSW) reported the highest levels of verbal and physical abuse compared to male and FSWs (Phaennongyang, 2024). Qualitative data from the same study revealed that both TGSW and male sex workers (MSW) prefer community-led clinics over hospitals due to stigma, lack of privacy, and fear of being labelled as having HIV/AIDS. Concerns over gossip, breaches of confidentiality, and societal judgment further discourage hospital visits and limit access to essential healthcare services (SWING & BIRD, 2024). Additionally, transgender individuals often face significant barriers to accessing gender-affirming care, including

hormone therapy and surgical procedures, due to high costs, a shortage of trained providers, and systemic stigma within healthcare institutions. A study on transgender individuals in Thailand found that healthcare discrimination was significantly associated with the avoidance of gender-affirming services, often due to prior negative experiences, fear of mistreatment, and institutional barriers (Boonyapisomparn et al., 2023).

HIV-related stigma further compounds these challenges, negatively affecting the health behaviors of HIV-negative MSM and transgender individuals at high risk of infection. Higher levels of stigma have been linked to lower HIV testing rates, reduced acceptability of preventive measures, and increased exposure to violence, including forced sex (Logie et al., 2016). A broader scoping review on LGBTQI+ inclusion and human rights in Thailand highlighted intersecting social barriers such as marginalization, economic insecurity, and mental health disparities, all of which contribute to healthcare avoidance and heightened vulnerability to HIV and TB (Newman et al., 2021).

Thailand has made progress in recognizing LGBTQI+ rights, such as the 2015 Gender Equality Act, which prohibits discrimination based on gender identity, and the 2024 Marriage Equality Bill, which came into effect in January 2025. This legislation legalizes same-sex marriage and ensures equal marriage rights for all individuals, regardless of sexual orientation or gender identity. However, legal and societal barriers persist. Transgender individuals are often unable to change their gender markers on official documents, resulting in mismatches between their gender identity and legal identity. This discrepancy can lead to discrimination and denial of services in healthcare settings. Key informant interviews have highlighted that the issue extends beyond changing the honorific title to broader systemic barriers that prevent transgender individuals from accessing equal rights.

Societal attitudes toward LGBTQI+ individuals also vary widely across Thailand. In urban areas like Bangkok, LGBTQI+ communities experience greater acceptance, whereas in rural areas, traditional gender norms and conservative attitudes prevail. This geographic disparity further marginalizes LGBTQI+ individuals in rural regions, limiting their access to healthcare services (UNDP, 2019)

Intersection between TB and HIV

Intersectional stigma between tuberculosis (TB) and HIV is a significant barrier to timely healthcare seeking, particularly as many individuals mistakenly believe TB is caused by HIV. This fear of dual stigma often leads to delays in seeking care. A Thai study has shown that higher TB stigmatisation scores are associated with longer delays in accessing healthcare, worsening the impact of both diseases. These findings align with other studies that highlight the role of stigma in delaying healthcare seeking for TB and HIV. Addressing this stigma through education and interventions is crucial for improving diagnosis and treatment outcomes (Chaychoowong, Watson, & Barrett, 2023).

Summary

Intersectionality plays a crucial role in the accessibility and effectiveness of HIV and TB programs. Marginalized populations, such as youth, migrants, individuals with disabilities, and LGBTQI+ individuals, face compounded barriers to healthcare due to overlapping vulnerabilities like stigma, discrimination, and socio-economic disadvantage. These intersecting factors increase the difficulty of accessing timely care and prevention services, particularly for those who experience both health and social inequities. Programs that fail to account for these intersecting vulnerabilities risk further marginalizing already vulnerable groups. To improve healthcare access and outcomes, it is essential to adopt an intersectional approach, ensuring inclusive, gender-sensitive, and comprehensive interventions that address these complex layers of disadvantage.

SECTION IV: Social and cultural factors affecting gender justice and sexual rights

4.1 Gender Norms and Social Attitudes Impacting LGBTQI+ and Women's Rights

Thailand is often celebrated as a global exemplar of LGBTQI+ tolerance, recognized for its vibrant LGBTQI+ communities and progressive health policies. However, despite these public displays of tolerance, significant barriers remain for LGBTQI+ individuals and women due to entrenched gender norms and societal biases. The 2019 report *Tolerance but Not Inclusion* reveals a complex landscape of both support and discrimination. A survey of 2,210 participants, both LGBTQI+ and non-LGBTQI+, found strong backing for inclusive legal reforms, including same-sex unions and the recognition of multiple gender options on official documents. Notably, 69% of non-LGBTQI+ Thais expressed positive attitudes toward LGBTQI+ individuals, although 20.5%–23.3% of respondents were neutral, and support for LGBTQI+ rights outweighed opposition (UNDP, 2019)

This broad public support aligns with Thailand's commitment to advancing gender equality, exemplified by the 2015 Gender Equality Act, which extended protections to all gender identities, including LGBTQI+ individuals. More recently, the passage of the same-sex marriage bill marked a significant legal step, albeit after decades of advocacy (United Nations Thailand, 2025). However, these policy advancements, while vital, have yet to fully translate into social inclusion for marginalized groups. Social media plays a crucial role in public education and awareness, such as in the YouTube video *Decoding LGBTQI+ Through the Lens of Evolution* by The Standard Podcast, which challenges binary classifications of gender and sexuality (The Standard Podcast, 2025). In employment-related social spaces, such as the Facebook group "Executive Drivers Group", (Executive Drivers Group, Jan 20,2025) LGBTQI+ individuals have begun to publicly express their identity, reflecting an increasing comfort level. However, such openness remains rare for other marginalized groups like PWID and sex workers.

Despite these strides, full societal integration of LGBTQI+ individuals remains elusive, especially within family structures and rural areas. While 69% of non-LGBTQI+ respondents showed support for LGBTQI+ people generally, this dropped to 42% when it came to LGBTQI+ family members. Attitudes toward transgender individuals were even less favourable, with support for transgender rights standing at just 37% (UNDP, 2019).

This divide is also evident in recent online discourse, where a U.S. policy announcement limiting gender recognition was widely supported by Thai Facebook users, reflecting a deep-seated bias against sexual and gender diversity (Around the World, 2025). Comments included: "Acceptance is fine, but it should not be overemphasized," "Humans are only male and female; anything else is a social construct," and "Two genders are enough; everything else is unnatural." One user stated, "I support LGBTQI+ rights, but I do not agree with their existence—God created only men and women." These comments underscore the reality that, despite Thailand's reputation for tolerance, full acceptance of LGBTQI+ individuals remains contested. Some also expressed support for a recent policy by the U.S. President to end gender recognition in the workplace under the Diversity, Equity, and Inclusion - DEI policy[16], which was praised by many Thai users who believed such policies granted excessive privileges to marginalized populations.

Barriers to full inclusion are further compounded by traditional gender norms and cultural stigma. Thailand's patriarchal framework has long shaped gender relations, where women are often seen as

subordinate to men, contributing to widespread gender-based violence, workplace harassment, and underrepresentation of women in leadership roles (International Labour Organization, 2021). At the same time, the rigid gender binary marginalizes those who do not conform, particularly LGBTQI+ individuals, who face stigmatization and limited access to healthcare, employment, and legal protections (UNDP, 2019). While women have made some progress, such as higher representation in senior leadership positions compared to regional averages, challenges remain. For instance, women still face significant underrepresentation in government and legal systems, and many continue to experience poverty and discrimination in rural areas (UN Women, n.d.-c)

For women who are sex workers, the perception of promiscuity in the sex trade contradicts the prevailing beliefs and morals of the general public in Thailand. This has led to the stigmatization of sex workers, often being labelled as "dirty women" or "vectors of disease," as previously mentioned. Such negative attitudes are sometimes reflected by health service providers, who may exhibit discriminatory behaviors and stigma toward sex worker clients. This results in inadequate access to necessary healthcare services for sex workers (Joint UPR Submission on the Human Rights of Sex Workers in Thailand, n.d.).

These examples demonstrate how deeply ingrained gender norms continue to hinder the progress of marginalized groups. Despite advances in policies and public opinion, entrenched cultural attitudes and social structures remain substantial obstacles. Ongoing advocacy, education, and awareness efforts are essential to dismantling these barriers and ensuring that all individuals, regardless of gender or sexual identity, can fully enjoy their human rights.

Summary

Thailand is often praised for its LGBTQI+ tolerance, but deep-rooted gender norms and societal biases continue to hinder full inclusion for LGBTQI+ individuals and women. While legal reforms like the Gender Equality Act and same-sex marriage bill mark progress, acceptance remains surface-level, with many still uncomfortable with LGBTQI+ family members and less supportive of transgender rights.

Online discourse often reveals lingering prejudice, with some Thais expressing support for gender-related policies abroad that emphasize traditional gender definitions. Women also face systemic challenges, including workplace harassment, underrepresentation in leadership, and gender-based violence. Sex workers, in particular, face heavy stigma, limiting their access to essential services. Despite legal strides, societal attitudes continue to restrict true inclusion, especially for marginalized groups in conservative settings.

[16] Many organizations in the US, including businesses and schools, have implemented Diversity, Equity, and Inclusion (DEI) standards to foster inclusive environments, ensuring that individuals from all backgrounds feel welcomed and supported. These policies aim to promote equal opportunities and success for traditionally underrepresented groups.

SECTION V. Legal and Policy Frameworks

5.1 International Commitments and Frameworks

Thailand has aligned its national policies with several international legal standards and commitments. The government's approach reflects adherence to global frameworks such as the Universal Declaration of Human Rights and the Sustainable Development Goals—particularly Goal 5 on Gender Equality and Goal 3 on Good Health and Well-being. As a party to key treaties and declarations, Thailand ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1985, which has been pivotal in shaping national policies and strategies on gender equity. The country also ratified its Optional Protocol in 2000, endorsed the Beijing Platform for Action in 1995, and committed to the 2030 Agenda for Sustainable Development in 2015 [17](Government of Thailand, 2020; UN Women, n.d.-c).

5.2 National Legal Framework and Strategic Policies for Gender Equality

At the national level, the 2017 Constitution of Thailand (B.E. 2560) enshrines the principle of equality and explicitly prohibits discrimination, including gender discrimination, as stipulated in Article 27[18]. The Constitution also mandates Gender Responsive Budgeting in Article 71 to ensure fair resource allocation including support for vulnerable groups such as women and persons with disabilities, and further promotes gender considerations in political representation and legislative processes through Articles 90 and 128 (Government of Thailand, 2020).

Complementing constitutional guarantees, the Gender Equality Act (2015) protects individuals from gender-based discrimination and supports initiatives such as legal gender recognition. The Labour Protection Act (No.7) B.E. 2562 (2019) mandates equal pay for equal work regardless of gender. The Labour Protection Act (1998, Section 15) requires equal treatment of male and female employees unless job conditions necessitate otherwise (Government of Thailand, 2020).

Thailand's national strategic policies—including the 20-year National Strategic Plan, the National Reform Plan on Social Affairs, and the Women Development Plan (2017-2021)—work in tandem with regional commitments under ASEAN frameworks, such as the Ha Noi Declaration and the ASEAN

[17] Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1985) is a key international treaty for women's rights, with an Optional Protocol (2000) allowing individuals to file complaints. The Beijing Platform for Action (BPFA) (1995) outlines strategies for advancing gender equality, and the Sustainable Development Goals (SDGs) (2015) include specific targets for gender equality and women's empowerment.

[18] Section 27 states: All persons are equal before the law, and shall have rights and liberties and be protected equally under the law. Men and women shall enjoy equal rights. Unjust discrimination against a person on the grounds of differences in origin, race, language, sex, age, disability, physical or health condition, personal status, economic and social standing, religious belief, education, or political view which is not contrary to the provisions of the Constitution, or on any other grounds shall not be permitted.

Regional Plan of Action on Ending Violence Against Women (EVAW)[19], to reinforce the country's dedication to gender equality (Government of Thailand, 2020).

However, mainstream gender policies predominantly focus on binary gender categories—male and female. To achieve true inclusivity, gender policies must go beyond this binary framework and address the identity struggles and marginalization of individuals outside these categories, recognizing them as part of the broader queer/LGBTQI+ rights agenda (Ocha, 2013).

5.3 Institutional Mechanisms

Institutional mechanisms have been established to translate these legal commitments into practice. The Department of Women's Affairs and Family Development (DWF) serves as the principal agency responsible for promoting gender equality and women's empowerment. Although its core mandate is focused on women's issues, the DWF has broadened its scope to address the challenges faced by individuals whose gender identity does not align with their sex assigned at birth. This includes supporting initiatives for legal gender recognition and measures to counter discrimination against transgender individuals, in collaboration with organizations such as the United Nations Development Programme (UNDP & MSDHS, 2018).

In addition, the National Human Rights Commission (NHRC) plays a vital role in monitoring human rights violations, mediating disputes, and recommending policy reforms. The NHRC investigates complaints, including those related to discrimination affecting transgender rights, and works to ensure that domestic laws align with international human rights principles. It also has the mandate to propose amendments to address shortcomings in existing legislation, such as the Gender Equality Act (UNDP & MSDHS, 2018).

While these frameworks primarily focus on the binary understanding of gender—centering on men and women—they also provide a robust foundation for promoting broader gender equality. The principles enshrined in the 2017 Constitution and related legal instruments, such as the Gender Equality Act, emphasize non-discrimination and equality, which can be extended to include LGBTQI+ rights. Although these documents do not explicitly mention LGBTQI+ individuals, their core values offer a crucial legal basis from which more inclusive protections and policies can evolve. This serves as an important stepping stone toward developing a comprehensive legal framework that supports the rights of all gender identities, including those of the LGBTQI+ community.

5.4 Existing policies related to HIV & TB

The Gender Equality Act B.E. 2558 (2015): Strengthening Legal Protections Against Gender Discrimination

Thailand's Gender Equality Act B.E. 2558 (2015) is a landmark law aimed at eliminating gender-based discrimination and protecting all individuals, including men, women, and LGBTQI+ individuals. This legislation aligns with Thailand's obligations under CEDAW and builds on prior legislative efforts since 2005 to strengthen gender protections (Government of Thailand, 2020). Notably, Thailand

[19] The Ha Noi Declaration and the ASEAN Regional Plan of Action on Ending Violence Against Women (EVAW), are key frameworks that guide Southeast Asian countries in addressing gender-based violence. These initiatives outline commitments and strategies to prevent and eliminate violence against women in the region, emphasizing the importance of a regional approach to support women's rights, safety, and empowerment.

became the first country in Southeast Asia to enact a national law explicitly protecting individuals based on gender expression, prohibiting discrimination against those whose gender identity differs from their sex assigned at birth (Human Rights Watch, 2021)

The Gender Equality Act underwent over a decade of policy development, ensuring alignment with international standards and constitutional principles. It establishes clear definitions of sex, gender, and sexual orientation, reinforcing principles of equality, non-discrimination, and human rights while fostering multi-stakeholder collaboration, particularly at the policy-making level. A key strength of the Act is its explicit protection of diverse gender identities and its mechanisms for addressing unfair gender-based discrimination (Department of Women's Affairs and Family Development, 2020)

Beyond its immediate legal impact, the Act lays a critical foundation for broader policy advancements, including healthcare. By embedding gender-sensitive frameworks into public policy, it sets a precedent for integrating gender considerations into the health, education, and labor sectors. The law's recognition of gender diversity provides a legal basis for inclusive healthcare policies, ensuring LGBTQI+ individuals can equitably access medical services, mental health care, and gender-affirming treatments. Additionally, by mandating anti-discrimination protections, the Act challenges structural barriers that have historically restricted access to health services, insurance coverage, and workplace protections for gender-diverse individuals.

The Act establishes three key mechanisms to address complaints, promote equality, and provide remedies (UNDP & MSDHS, 2018; Department of Women's Affairs and Family Development, 2020)

1. The Committee on Consideration of Unfair Gender Discrimination – Investigates complaints, mandates corrective measures, and enforces penalties, including challenging discriminatory laws in the Constitutional Court.

2. The Committee for the Promotion of Gender Equality – Proposes policy changes, promotes gender equality, and ensures legal frameworks align with the Act's objectives, playing a vital role in legal gender recognition advocacy.

3. The Gender Equality Promotion Fund – Offers financial aid, compensation, and rehabilitation support to victims of gender-based discrimination.

To strengthen implementation, the Act required subordinate regulations, which took effect in September 2016. These regulations clarified legal procedures, including a formal complaint mechanism that allows transgender and intersex individuals facing discrimination to file petitions with the MSDHS (UNDP & MSDHS, 2018).).

Despite these advancements, the Act's scope remains limited, as it does not fully recognize gender diversity or intersectionality, leaving individuals facing multiple layers of discrimination without adequate legal protection. Additionally, enforcement remains a challenge, as both the Gender Equality Act and the National Human Rights Commission lack punitive powers, relying solely on recommendations rather than legally binding decisions. In response to these gaps, UNDP has collaborated with the Department of Women's Affairs to evaluate the Act and develop a handbook to improve its implementation. While the Gender Equality Act represents significant progress for

gender rights in Thailand, its practical implementation and effectiveness in addressing diverse gender identities continue to evolve (Sub-Committee on AIDS Rights Promotion, 2023).

Thailand's 1954 Military Service Act

Military conscription is mandatory for all male citizens at age 21, and TGW, still legally recognized as male at birth, must report for the draft unless they secure an exemption. Previously, they were classified as having a "permanent mental disorder," but in 2012, this designation was updated to "gender identity disorder" in an attempt to reduce stigma. Despite this change, TGW are still required to present medical documentation for exemption, as legal gender recognition remains unavailable. Their presence in traditionally male-dominated spaces challenges conventional norms and prompts a broader discussion on redefining service and duty in an evolving society. This highlights the urgent need for policies that uphold dignity and recognize gender diversity beyond rigid classifications (Transvitae, 2024).

The Marriage Equality Act

On January 23, 2025, Thailand enacted the Marriage Equality Act, becoming the first Southeast Asian nation to legalize same-sex marriage. This legislation grants LGBTQI+ couples the same legal, financial, and medical rights as heterosexual couples. The law was passed with minimal opposition marking a significant milestone in the country's journey toward equality (Public Relations Department of Thailand, 2024).

Thailand's legalization of same-sex marriage provides legal recognition and equal rights to same-sex couples, ensuring protections in areas such as inheritance, medical decision-making, and adoption. This development strengthens Thailand's position as a leader in LGBTQI+ rights in Southeast Asia and may inspire similar reforms in neighboring countries. However, challenges remain, including broader legal recognition of diverse gender identities and protections against discrimination beyond marriage rights. The law's implementation and societal acceptance will shape its long-term impact on the LGBTQI+ movement.

The Universal Health Coverage Policy

The UHC Policy in Thailand is a pivotal achievement in the nation's healthcare sector, ensuring access to health services for all citizens, regardless of financial status, employment, or health condition. The policy is implemented through three main schemes: the Universal Coverage Scheme (UCS), the SSS, and the CSMBS. Among these, the UCS is the most widely used, covering around 75% of the population and providing healthcare services to over 47 million Thai citizens. Together, the three schemes cover 99.99% of the population.

The UHC policy is underpinned by the National Health Security Act of 2002, which was developed in response to a grassroots movement and emphasizes good governance and community involvement. The Act links healthcare providers with the population, ensuring efficient service delivery and promoting citizen participation in refining services and managing the National Health Security Fund for maximum benefit (National Health Security Office, n.d.-b).

UHC is essential for ensuring equitable access to health services for all, including vulnerable populations affected by HIV and TB. This policy also aligns with broader efforts to provide gender-sensitive health services, ensuring that all individuals, irrespective of gender, can access quality healthcare.

Thailand's National Strategy for Ending AIDS (2017–2030) and Gender Sensitivity

Thailand's National Strategy for Ending AIDS (2017–2030) aims to reduce new HIV infections and AIDS-related mortality while addressing stigma and discrimination against key populations, including MSM, transgender individuals, sex workers, and PWID. The strategy envisions a Thailand free from AIDS by 2030, with a strong emphasis on human rights and gender sensitivity (Sub-Committee on AIDS Rights Promotion, 2023; National AIDS Committee, 2017)

A core component of the strategy is gender-sensitive programming, which seeks to integrate gender considerations into HIV prevention and care efforts. While the vulnerabilities of MSM and transgender individuals are acknowledged, national policies place comparatively less emphasis on FSWs, despite their identification as a priority population (APCOM, 2022). These disparities raise concerns about the equitable distribution of services across different key populations.

The strategy promotes access to HIV testing, treatment, and prevention services while tackling barriers linked to societal discrimination and gender-based violence. However, key informant interviews highlighted gaps in implementation, noting that while gender is mentioned in the national plan, responsibilities for its execution remain unclear. The lack of clear accountability weakens the strategy's effectiveness in addressing structural gender inequalities.

Despite the strategy's commitment to gender-sensitive approaches, a broader policy review using the Gender Responsiveness Assessment Scale[20] reveals persistent gaps in addressing women's HIV vulnerabilities. An analysis of Thailand's HIV policies from 1984 to 2019 found that the term "gender" is largely absent from key policy documents, appearing primarily as an add-on in response to United Nations recommendations. The understanding of gender and sexuality remains weak among policymakers and the public, limiting progress toward meaningful gender transformation in the HIV response. Even in the National AIDS Strategy (2017–2030), gender considerations are primarily linked to transgender persons, with little attention given to transforming gender norms or addressing power disparities in heterosexual relationships. For instance, the RRTTR program, designed to enhance HIV testing and treatment access, has focused predominantly on MSM, overlooking the needs of heterosexual women and their partners, as well as broader gender-related risks and vulnerabilities (Thaweesit & Sciortino, 2020).

The National AIDS Strategy (2017–2030) is guided by three key principles:

1. Promoting fairness, reducing inequality, and ensuring inclusivity across all sectors.
2. Respecting, preventing, and protecting human rights and gender equality in all HIV-related efforts.

[20] WHO Gender Scale: The World Health Organization (WHO, 2011) outlines five levels of gender responsiveness: (1) Gender unequal – reinforces traditional norms and inequalities; (2) Gender blind – ignores gender differences and disparities; (3) Gender sensitive – acknowledges gender influence without addressing inequalities; (4) Gender specific – actively works to correct gender disparities; (5) Gender transformative – promotes structural change by challenging and redefining gender norms.

3. Encouraging accountability and collaboration among government agencies, civil society, and private sector partners.

Ultimately, while the National AIDS Strategy acknowledges gender concerns, it falls short of integrating a gender transformation approach into Thailand's HIV response. Addressing these persistent gaps—particularly in the implementation of gender-sensitive policies—will be critical to achieving the goal of eliminating AIDS as a public health threat by 2030.

Thailand's National TB Plan

The Thailand Operational Plan to End Tuberculosis, Phase 2 (2023–2027) provides a strategic framework to reduce TB incidence from 143 per 100,000 in 2021 to 89 per 100,000 by 2027, aligning with the WHO's End TB Strategy to eliminate TB by 2035. The plan prioritizes intensified case finding, particularly for drug-resistant TB, using active screenings, molecular diagnostics, and strengthened laboratory networks. It enhances treatment access with standardized regimens, multidisciplinary support, and expanded services for latent TB infection through preventive treatments and infection control in high-risk settings.

Recognizing migrants as a vulnerable population, the plan incorporates screening and treatment efforts for migrant communities, along with prisoners, people living with HIV, and other high-risk groups. It acknowledges barriers such as legal status, language, and financial constraints, aiming to improve cross-border TB control and healthcare continuity for migrants. The plan also reinforces support systems through strategic management, improved data reporting, and capacity building, while promoting research and innovation via a national TB research roadmap (Division of Tuberculosis, 2023).

Unlike the National AIDS Plan, which explicitly integrates gender-sensitive strategies, including stigma reduction and targeted services for MSM, transgender individuals, and FSWs, the National TB Plan lacks a dedicated gender-responsive framework. While it acknowledges social determinants of health, it does not systematically address gender-specific vulnerabilities in TB prevention, diagnosis, and treatment. Instead, it focuses on broader health equity, indirectly supporting gender inclusion through universal access efforts. (Division of Tuberculosis, 2023; World Vision Thailand, 2024c)

5.5 Advocating for Legal Reforms to Support Key Populations and Gender Equality

Removing criminal penalties and implementing supportive laws would lead to substantial health benefits by reducing stigma and improving access to essential services (Sub-Committee on AIDS Rights Promotion, 2023). This aligns with a broad body of international evidence demonstrating that such legal measures not only enhance health outcomes but also empower key populations to engage openly in the planning and delivery of HIV services, ensuring they are both accessible and effective (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2021).

In Thailand, the introduction of a new narcotics law in December 2021 has shifted the narrative in a more positive direction for PWUD although drug use remains criminalized (United Nations Thailand, 2023c). Meanwhile, sex work continues to be criminalized under the *Prevention and Suppression of Prostitution Act* of 1996 (APCOM, 2022). These evolving legal landscapes, along with ongoing advocacy, underscore the importance of further reforms to advance gender equality and support key populations in accessing necessary services.

The Narcotics Bill B.E.2564 (2021)

Thailand's new Narcotics Code, introduced in December 2021, marks a shift toward a more health-centered approach to drug policy. Historically, Thailand's drug laws have been highly punitive, but the new law introduces differentiated sentencing for drug offenses and alternatives to imprisonment for certain cases, reflecting a growing recognition of the health and well-being of PWUD (United Nations Thailand, 2023c).

The updated legal framework aligns with UNGASS – the UN General Assembly Special Session operational recommendations and international guidelines by emphasizing proportionate sentencing and alternative measures to incarceration. While compulsory drug treatment remains in place, efforts are underway to develop community-based recovery models, with the MOPH designing nationwide treatment programs. CSOs are also expected to play a key role in community-based treatment, providing an opportunity to address human rights and gender-related barriers to service access (Sub-Committee on AIDS Rights Promotion, 2023).

Despite this progress, the law lacks a clear definition of "harm reduction", creating challenges in its implementation (Sub-Committee on AIDS Rights Promotion, 2023). Additionally, while the Code allows for amendments to sentencing thresholds, these have yet to be revised, limiting its immediate impact (UNODC Regional Office for Southeast Asia and the Pacific, 2022). Nevertheless, this reform represents a significant step toward shifting Thailand's drug policy away from punitive measures and toward a framework centered on human development. UN Resident Coordinator Gita Sabharwal emphasized the importance of ensuring that this opportunity leads to a lasting paradigm shift in drug policy, particularly for young people (UNODC Regional Office for Southeast Asia and the Pacific, 2022).

Beyond drug policy, ongoing legal advocacy efforts are also pushing for reforms in other areas, such as sex work laws and broader policies that could advance gender equality.

Legal Framework and Criminalization of Sex Work

In Thailand, sex work is criminalized under the Prevention and Suppression of Prostitution Act of 1996, which treats sex workers as offenders while exempting customers from prosecution. This legal framework exacerbates the vulnerability of sex workers to human rights violations, discrimination, and exploitation, undermining their safety, health, and well-being. It has also contributed to institutional trauma, particularly for commercial sex workers and victims of sex trafficking (Hung, 2023).

A key informant highlighted one of the significant challenges arising from criminalization—the treatment of condoms as evidence of prostitution. This creates a barrier to sex workers' access to protective measures and exposes them to the risk of arrest based on law enforcement's discretion. To address these challenges, multiple movements are advocating for changes in both legal frameworks and labor protections for sex workers. One movement focuses on labor rights advocacy, seeking to extend labor protections to service workers, including sex workers, under the Ministry of Labor's regulations. The National Human Rights Commission of Thailand is currently prioritizing this initiative, with a draft regulation being developed that would recognize service workers, such as riders and street-based sex workers, for voluntary employment if they are over the age of 18. This regulation aims to provide sex workers with similar health benefits and welfare protections as other

workers within two to three years. However, the issue of prostitution itself is not yet directly addressed in this context.

Key informant interview revealed further that, in addition to these labor protections, activists are pushing for the complete decriminalization of sex work. A draft bill to decriminalize sex work has already gathered over 10,000 signatures and is awaiting discussion in the Thai parliament. The proposed bill seeks to abolish criminal offenses related to prostitution and create a legal framework that recognizes sex work as a legitimate profession under labor protection laws. The framework includes a zoning system that would provide protections similar to those of other labor sectors. This movement has gained traction, with political parties like the People's Party showing support, but it remains subject to negotiation. Both state and political party support will be necessary for the reform to succeed.

The criminalization of sex work has affected migrant sex workers in Thailand. Due to the law, many migrant workers, mostly women, are unable to obtain work permits, making them highly vulnerable to exploitation. Though migrant workers are entitled to health insurance, fear of being identified and deported often prevents them from purchasing it. As a result, many migrant sex workers rely on community organizations for support, and few state hospitals are willing to provide free services to undocumented workers. This has a significant impact on their ability to support themselves and their families (Sub-Committee on AIDS Rights Promotion, 2023). Advocates argue that decriminalizing sex work would reduce police abuse, protect workers' rights, and enable sex workers, both local and migrant, to access essential services, such as healthcare and HIV prevention, without fear of arrest or discrimination. The ongoing legal reform efforts, including the push for decriminalization and the establishment of protective labor laws, present a promising opportunity to dismantle the systemic barriers that continue to harm sex workers in Thailand.

The Need for Legal Gender Recognition in Thailand

Thailand has made strides in LGBTQI+ rights, yet transgender individuals still lack fundamental legal recognition. The Gender Identity Bill, currently under review, aims to provide transgender people with the right to legally align their gender identity with official documentation. This legislation, if passed, would ensure greater protection and equal rights under Thai law (iLaw, 2023). However, the process remains complex, involving government agencies, CSOs, and public consultation to ensure its inclusivity.

Without legal gender recognition, transgender individuals face widespread discrimination in education, healthcare, employment, housing, and financial services. The mismatch between their gender identity and official documents creates challenges, particularly during job applications, healthcare access, and emergency situations, including border crossings (UNDP, & MSDHS, 2018).

Currently, Thailand lacks any legal mechanism that allows transgender individuals to change their sex or gender marker on official documents. The Persons' Name Act of 2007 permits name changes but does not extend to legal gender changes, leaving decisions at the discretion of administrative officers (Human Rights Watch, 2021). This limited provision falls short of addressing the systemic discrimination faced by transgender individuals.

Challenges in Rights Protection

Despite Thailand's global reputation as a center for transgender healthcare, legal protections remain inadequate. The Gender Equality Act of 2015, while aimed at preventing gender-based discrimination, suffers from weak enforcement, rendering its protections ineffective (Thunn, 2024). Similarly, the Marriage Equality Act of 2024 marked progress in LGBTQI+ rights but did not address legal gender recognition for transgender individuals, leaving them vulnerable to workplace discrimination and healthcare barriers.

Thailand's 2017 Constitution, Section 27, guarantees equality before the law, stating that "men and women shall enjoy equal rights" (Constitute Project, 2017). However, this language fails to explicitly include non-binary and transgender individuals, reinforcing their exclusion from essential protections. The absence of explicit legal recognition has led to workplace discrimination, where employers often prioritize gender identity over professional qualifications.

5.6 The Path Forward: Legal Reform for Inclusion

The absence of legal gender recognition continues to strip transgender individuals of their dignity and human rights. Advocacy efforts stress the need for:

- Legal gender recognition mechanisms to allow transgender individuals to update official documents.
- Non-binary gender markers to acknowledge diverse gender identities.
- Stronger enforcement of anti-discrimination laws in professional and healthcare settings.

While Thailand has made progress, achieving true equality requires a legal framework that explicitly recognizes and protects transgender individuals. The Gender Identity Bill represents a critical opportunity to bridge this gap and align Thailand's legal system with international human rights standards. Continued advocacy and legislative reform will be essential in ensuring a more inclusive and just society (Thunn, 2024).

Thailand's Anti-Discrimination Bill: A Step Toward Reducing Inequality

Thailand is currently working on revising laws and policies to foster a more inclusive environment for key populations within the HIV response. CSOs, in partnership with UNAIDS, UNDP, and relevant government bodies, have played a central role in driving these changes. In 2022, the Foundation for AIDS Rights and other organizations proposed the Draft Act on the Elimination of All Forms of Discrimination. This legislation is designed to safeguard vulnerable groups—including women, the elderly, individuals with disabilities, people living with HIV, ethnic minorities, and LGBTQI+ people—against discrimination, particularly in areas such as employment and access to services (Sub-Committee on AIDS Rights Promotion, 2023).

Building on this, Thailand is preparing to submit a comprehensive Anti-Discrimination Bill to the cabinet. This bill, which seeks to eliminate discrimination based on factors such as nationality, ethnicity, gender, age, disability, HIV status, and others, aligns with international human rights covenants like the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. While some protections already exist under current laws,

the bill is expected to strengthen and clarify provisions, promoting greater equality and social harmony (Post Reporters, 2023).

In November 2024, Thai CSOs launched a campaign to reduce discrimination, presenting five key recommendations to improve awareness of diversity, ensure inclusive healthcare, invest in equality initiatives, encourage community participation, and revise discrimination laws to support the Anti-Discrimination Bill (Tangsathaporn, 2024). If enacted, the bill could play a significant role in advancing gender equality and addressing intersectional barriers in healthcare, fostering a more equitable system where individuals, regardless of gender, ethnicity, disability, or HIV status, can access care without discrimination.

The Anti-Discrimination Bill has the potential to advance gender equality and address intersectional barriers in healthcare. By establishing a legal foundation for inclusive, non-discriminatory practices, it could help create a more equitable healthcare system where individuals—regardless of their gender, ethnicity, disability, or HIV status—can access care without bias or exclusion.

5.7 Barriers to Policy Implementation

Thailand has introduced various legal and policy frameworks aimed at promoting gender equality and protecting the rights of marginalized populations. However, despite these frameworks, gaps in enforcement, limited protections, and systemic barriers continue to hinder meaningful progress.

Legal Gaps and Limited Protections

Laws and policies in Thailand often assume equal citizenship without acknowledging how gender identity and sexual orientation shape access to resources, welfare, and public spaces. While Thailand does not actively criminalize LGBTQI+ individuals, its legal framework lacks explicit protections. The inability to change one's legal gender and the absence of comprehensive anti-discrimination laws leave many vulnerable to exclusion (Human Rights Watch, 2021; Human Rights Watch, 2021b).

For instance, between 2016 and 2019, 27 cases of alleged discrimination were reviewed under the framework of the Gender Equality Act. B.E. 2558, yet none of the eight parties found responsible received penalties. The high evidentiary burden discourages complaints, undermining the law's effectiveness (Human Rights Watch, 2021b).

Advocacy efforts are ongoing, but Thailand at present also lacks legal gender recognition, preventing transgender individuals from updating official documents. This results in discrimination, particularly in employment and healthcare (Human Rights Watch, 2021; Human Rights Watch, 2021b).

Beyond gender identity and sexual orientation, broader human rights protections also suffer from weak enforcement. Thailand's human rights laws and agencies, such as the National Human Rights Commission and the Gender Equality Act, lack real legal power. While policies exist to protect rights in health, employment, and education, implementation at the local level remains weak due to the absence of enforcement mechanisms. For example, despite guidelines against mandatory HIV testing before employment, the practice persists. Stronger legal protections, such as prohibiting job termination due to HIV or TB, are needed. The proposed Anti-Discrimination Act, submitted to the Cabinet, aims to address these gaps by ensuring enforceable rights protections across all sectors (Sub-Committee on AIDS Rights Promotion, 2023).

Limited Inclusivity and Political Positioning in Policy Discussions

A key informant highlighted that while policies should recognize the distinct needs of diverse gender identities and sexual orientations, public messaging and advocacy efforts must frame rights as universal issues rather than concerns of specific groups. When framed too narrowly, rights-based discussions risk facing greater societal resistance. Additionally, the lack of inclusive and neutral language in policy debates reinforces exclusion, making it harder to gain broad public support. To advance LGBTQI+ health policies, they must be positioned as issues of political and social justice, empowering all citizens to advocate for change.

Legal Barriers

The implementation of the Gender Equality Act (B.E. 2558) faces several legal challenges that hinder its effectiveness. The Act does not adequately address intersectional discrimination, which often overlaps with gender-based discrimination. Additionally, exemptions for religious principles and national security create loopholes that allow discrimination to persist. Another limitation is that only directly affected individuals can file complaints, restricting access to justice for those who may face systemic barriers in doing so (UNDP, 2020b).

Procedural and Administrative Barriers

The Gender Equality Commission, while multidisciplinary, suffers from lack of legal expertise, delaying case resolution. Complaints frequently exceed the 90-day limit, with some cases taking over a year. Between 2016 and 2019, only 27 cases were filed, a significantly lower number than expected, suggesting barriers to accessing legal remedies (UNDP, 2020b).

Similarly, transgender individuals face challenges during military conscription, including costly medical certificates for exemption, long wait times at military hospitals, gendered titles used by officers, physical exams despite medical certificates, and discomfort with male-only staff during exams (Committee on the Observation of Military Conscription for the 2024 Annual Military Service, 2024).

In the Narcotics Bill B.E. 2564, a lack of clear guidelines on drug abuse screening, treatment, and rehabilitation has created challenges. Sub-district health staff report difficulties in referrals and case follow-ups, highlighting gaps in inter-agency coordination. Addressing these issues requires e-learning capacity-building programs and stronger provincial-level integration (Jingsomjetpaisan, Poompuang, Sihirunwong, & Thanasitchamroon, 2023).

Societal and Structural Barriers

Deep-rooted stigma and discrimination hinder policy implementation across multiple sectors. This include LGBTQI+ discrimination where societal biases reinforce exclusion in education, employment, and healthcare. Transgender individuals, in particular, face harassment in schools and workplaces (Human Rights Watch, 2021b).

HIV and AIDS stigma in healthcare settings impacts retention in care. Nearly 50% of PLHIV reported missed services in 2021 due to internalized stigma, as illustrated in the stigma data while overall reported discrimination in healthcare only slightly declined from 12.1% (2015) to 9.6% (2021). Limited public funding further restricts stigma-reduction efforts (Department of Disease Control, Ministry of Public Health, 2022a).

For TB, barriers are evident for migrants who face financial and legal obstacles in accessing TB treatment. Misconceptions about TB transmission contribute to social stigma, discouraging people from seeking diagnosis and care. (Ngamvithayapong-Yanai et al., 2019; Tschirhart et al., 2017).

Funding and Resource Constraints

Despite the pressing need for enforcement and awareness, funding remains insufficient. HIV-related stigma interventions receive inadequate funding, particularly from public sources, undermining Thailand's ability to meet its 95-95-95 targets. (Department of Disease Control, Ministry of Public Health, 2022a). TB programs struggle with underreporting of migrant cases, limiting surveillance and treatment accessibility (Tschirhart et al., 2017).

Limited Public Awareness and Engagement

Despite being the first of its kind in Southeast Asia, the Gender Equality Act (2015) has had little public impact due to low awareness and complex complaint processes (Sinen, 2017). Similarly, HIV-related stigma, TB misconceptions, and drug rehabilitation gaps persist due to low public understanding and limited community involvement. CSOs play a key role, but engagement remains insufficient at the national level (UNDP, 2020b).

Summary

The barriers to policy implementation in Thailand reflect a combination of legal limitations, insufficient enforcement, procedural inefficiencies, societal stigma, limited awareness, and resource constraints. While advocacy efforts and policy frameworks exist, their impact remains limited in achieving comprehensive protections and systemic improvements. Addressing these challenges requires stronger legal enforcement mechanisms, inclusive policy language, increased funding, and enhanced public engagement. Bridging these gaps is essential for ensuring gender-sensitive and rights-based approaches in Thailand's health policies, particularly in relation to HIV, TB, and broader gender justice initiatives.

SECTION VI. Challenges & Gaps in Gender Responsiveness in HIV&TB Programming

Throughout the report, it has been highlighted that Thailand has incorporated gender-sensitive elements into its HIV and TB responses, as well as gender recognition in certain program areas. However, to establish a truly gender-responsive health system, critical policy gaps and barriers must be addressed, alongside improvements in service provision and data collection mechanisms. Challenges remain in translating gender commitments into actionable policies, ensuring adequate funding for gender-responsive programming, and integrating gender perspectives into national health strategies. This section outlines key gaps and considerations for advancing gender-responsive HIV and TB programming in Thailand.

6.1 Policy and Legal Challenges to Gender-Responsive Health Services

Achieving Gender Equality in Health Programs

Achieving gender equality in Thailand's health programs requires comprehensive policy reforms. The absence of legal gender recognition, decriminalization of sex work, and robust anti-discrimination laws creates systemic barriers, limiting healthcare access and human rights protections for marginalized populations. Addressing these gaps is essential to ensure that gender-responsive health services are accessible to all.

Criminalized Policies and Their Impact on Health Equity

Thailand's Prevention and Suppression of Prostitution Act (1996) criminalizes sex work, exposing sex workers—particularly women and transgender individuals—to stigma, police abuse, and limited access to healthcare. Laws that use condoms as evidence of prostitution discourage safe sex practices, which heightens the risk of HIV transmission. Migrant sex workers face additional challenges due to work permit restrictions, leaving them uninsured and vulnerable. Decriminalizing sex work would reduce health risks, enhance protections, and improve access to healthcare services.

Legal Gender Recognition and Healthcare Access

Despite progress in LGBTQI+ rights, transgender individuals lack legal gender recognition, leading to discrimination in healthcare, employment, and education. Mismatched identification documents result in stigma, misgendering, and denial of services. The proposed Gender Identity Bill, which aims to grant legal recognition, could help ensure access to gender-affirming care and broader legal protections.

Strengthening Anti-Discrimination Protections

Thailand's Gender Equality Act (2015) has limited enforcement mechanisms and does not fully address intersectional discrimination. The proposed Anti-Discrimination Bill, currently under review, seeks to strengthen protections based on gender, sexual orientation, HIV status, ethnicity, and disability. This is in line with international human rights standards. Strengthening enforcement and advocating for the passage of this bill are necessary to ensure meaningful improvements in healthcare access.

Recognizing Sex Work as Labor for Health Equity

Advocacy efforts to decriminalize sex work and establish labour protections are gaining momentum. A draft bill, supported by civil society and political stakeholders, aims to remove criminal penalties and ensure sex workers receive social security, healthcare, and workplace protections. Expanding labour protections would improve gender-sensitive health services for sex workers and reduce healthcare barriers, such as police abuse.

TB Policy and Gender Sensitivity

Thailand's TB policy lacks explicit gender considerations, which limits its effectiveness in addressing the unique needs of various gender groups. Differences in gender—such as those related to women's reproductive health or transgender individuals' access to care—can affect diagnosis, treatment, and support. Thailand's UHC offers an opportunity to integrate gender-sensitive approaches into TB care. Incorporating gender-specific strategies in prevention, diagnosis, and treatment, and leveraging existing frameworks like the Gender Equality Act, could enhance TB care.

6.2 Service Provision Gaps

Gaps in Gender-Responsive Healthcare Services

Healthcare services in Thailand often fail to meet the gender-specific needs of marginalized populations. In prisons, structural barriers, stigma, and a lack of gender-sensitive care heighten health risks, especially for women and transgender inmates. FSWs face barriers to PrEP uptake, while TGSW experience heightened gender-based violence. Female PWID face compounded stigma and caregiving burdens, limiting access to harm reduction services. LGBTQI+ youth, especially transgender individuals, encounter mental health crises and violence but struggle with inadequate support. Migrants, especially those without legal status, face restricted healthcare access due to legal, economic, and linguistic barriers. Female and LGBTQI+ migrants are particularly vulnerable to exploitation and health neglect. Stigma-reduction initiatives often lack a comprehensive gender lens, which limits their effectiveness in addressing these systemic issues. Additionally, while MSM have higher access to PrEP compared to other key populations, the reported prevention coverage remains low, with the reasons for this gap still unclear. Stigma, gender norms, and delayed HIV and TB treatment further disadvantage PLHIV, underscoring the need for more inclusive, equitable policies.

Barriers to Sexual and Reproductive Health Services

Despite Thailand's strong healthcare foundation, access to SRH services remains inequitable, particularly for marginalized groups. Transgender individuals struggle to access gender-affirming care, as these services are not included in UHC, making them less accessible and costly. Migrant and freelance sex workers face legal and social barriers, including fear of deportation, which hinder their ability to seek healthcare. LGBTQI+ individuals and displaced persons encounter systemic discrimination and lack of legal recognition, further complicating their access to SRH services. Adolescents, particularly young mothers and those with disabilities, face judgment and a lack of privacy in healthcare settings, restricting their ability to access necessary services. These challenges underscore the urgent need for policy reform and more inclusive healthcare strategies to address the unique needs of marginalized populations.

6.3 Data and Monitoring Gaps

Weak Gender-Disaggregated Data and Surveillance Issues

Current data systems fail to provide a nuanced understanding of gender-related disparities in HIV and TB programming. The lack of consistent, gender-disaggregated data for gender-diverse populations hampers the design of targeted interventions. While some surveillance reports include sex-disaggregated data, they often lack deeper analysis of behaviors, such as needle sharing among PWID or the impact of emerging trends like online sex work on HIV transmission risks. When collecting gender-disaggregated data, it is crucial to focus on behaviors rather than solely on gender identity, as overemphasizing identity may unintentionally stigmatize populations. Understanding the behaviors and risk factors that affect different groups is key to improving trust and engagement with services.

Baseline Assessment of Gender and Human Rights Barriers in HIV and TB Programs

Gender considerations are occasionally integrated into HIV and TB prevention efforts, but a coordinated approach is lacking. Interviews with key informants revealed that, for populations such as migrants and PLHIV, the focus remains on fundamental health rights, with limited attention to gender-specific concerns. The Global Fund's KPI assesses human rights and gender-related barriers in HIV and TB programs. In Thailand, baseline scores reflect limited geographic coverage, with an HIV score of 2.57, indicating small-scale efforts reaching less than 20% of the country, and a TB score of 1.3, reflecting minimal pilot activities (Sub-Committee on AIDS Rights Promotion, 2023). Despite these limitations, the Global Fund's efforts to assess and scale up human rights and gender-related programs represent progress, though gaps remain.

6.4 Stigma and Discrimination

Intersectional and Internalized Stigma

Stigma remains a critical barrier in HIV and TB programming. Marginalized populations not only encounter external stigma—rooted in societal biases and discriminatory practices—but also face internalized self-stigma. This compounded intersectional stigma, where factors like gender, age, socioeconomic status, and HIV/TB status intersect, intensifies marginalization and creates additional barriers to accessing care. Efforts to reduce stigma, such as the National Costed Action Plan, have made progress, but funding gaps limit its full implementation. As gender-sensitive initiatives are introduced, targeted strategies and secured funding are necessary to ensure these efforts lead to meaningful improvements in access to services and overall health equity.

6.5 Program Coordination and Capacity

Strengthening Gender-Sensitive Trainings and Coordination in HIV and TB Programs

Efforts like the KPLHS model, Tangerine Academy, and various training initiatives demonstrate commitment to addressing gender-related barriers and promoting inclusivity in healthcare. However, challenges remain in fully integrating gender perspectives into healthcare and prevention services. Key informant interviews indicated that most programs devote minimal attention to gender-related issues. Comprehensive, gender-sensitive training is essential to ensure healthcare providers adopt inclusive practices and understand gender dynamics. Continuous capacity-building, alongside the establishment of a dedicated working group led by the MSDHS, can develop practical, culturally appropriate, and non-discriminatory service delivery guidelines to integrate gender considerations in HIV services.

Barriers in Sexual Health Education and Gender Inclusivity

Sexual health education in Thailand is shaped by gendered norms, with unequal access for marginalized populations, particularly LGBTQI+ individuals. While CSE is included in the national curriculum, its delivery is inconsistent and often fails to address the needs of marginalized groups. The current framework neglects gender equality and sexual diversity, leaving many students without essential knowledge to navigate their sexual rights and identities. To address these disparities, CSE should be made more inclusive and gender-sensitive, ensuring that all students, particularly those from marginalized groups, have access to accurate and relevant information.

6.6 Funding Challenges

Challenges and Opportunities in Gender-Responsive Budgeting for HIV and TB Programs

Thailand has a general gender-responsive budgeting (GRB) framework, but it has not yet been fully implemented in HIV and TB programs. Domestic funding primarily supports HIV and TB

efforts through UHC and NHSO funds, while international donors, particularly the Global Fund, continue to support community-based initiatives for HIV and TB. However, the recent reduction in PEPFAR funding has exacerbated existing gaps. Without this critical support, Thailand's capacity to sustain and expand HIV and TB programs, particularly those targeting high-risk populations, could be severely impacted. This underscores the urgent need for a more integrated, GRB approach to ensure sustainability and inclusivity.

Summary

This section outlines the key policy, legal, and service provision barriers that hinder the implementation of gender-responsive health services in Thailand, particularly in the context of HIV and TB prevention and care. It highlights the critical need for legal reforms, such as the decriminalization of sex work and the introduction of legal gender recognition, as well as improvements in anti-discrimination protections and healthcare access for marginalized populations. Furthermore, gaps in gender-sensitive healthcare services, data collection, stigma reduction, and program coordination are identified as significant obstacles. While there are positive developments, including advocacy for decriminalization and the integration of gender considerations into health policies, substantial challenges remain in ensuring equitable and inclusive health services. Addressing these barriers will require a concerted effort from both governmental and civil society actors to strengthen policies, improve service delivery, and promote gender equality in health programs across the country.

SECTION VII. Conclusion and recommendations

Conclusion

This review assessed the state of gender justice and sexual rights within HIV and TB programs, focusing on barriers and gaps disproportionately affecting marginalized populations such as MSM, transgender individuals, and sex workers. By analyzing the current landscape, it underscores the urgent need for inclusive, gender-sensitive health approaches while building an evidence base to inform policy development, advocacy, and interventions that enhance health equity.

Thailand has made significant progress in implementing gender-sensitive HIV and TB programs. The country benefits from a robust healthcare infrastructure, notably its UHC system, which promotes equitable access to care. Community-led initiatives, particularly KPLHS, and policies such as free ART, HIV self-testing, and PrEP and the Global Fund's community-led support for TB strategies have been instrumental in reaching marginalized groups. Additionally, training programs like the Tangerine Academy have enhanced gender sensitivity within the healthcare system, specifically targeting the needs of transgender individuals.

However, persistent challenges hinder full gender inclusivity. Stigma and discrimination, particularly against gender-diverse individuals, remain significant barriers. Legal constraints, including the criminalization of sex work and the lack of legal gender recognition for transgender people, further complicate access to care. Additionally, mainstream gender policies continue to center on a binary framework of male and female, overlooking those whose identities fall outside these categories, which exacerbates marginalization and limits tailored interventions. The absence of comprehensive, disaggregated data further makes it difficult to track progress and allocate resources effectively. Moreover, while Thailand primarily funds its HIV and TB programs domestically, international donors continue to play a crucial role in supporting community-led innovations that address service delivery gaps.

To advance Thailand's HIV and TB response and address these gaps, it is essential to center a right-based approach through a gender-sensitive lens. A rights-based approach ensures equitable access to health services while acknowledging how gender identities, roles, and norms profoundly shape individuals' experiences of healthcare. This perspective goes beyond simply providing services—it addresses the root causes of gendered disparities, including gender-based violence, social stigma, and legal barriers, which often prevent marginalized populations from receiving care.

A gender-sensitive rights-based approach is key to ensuring that HIV and TB services are not only accessible but also responsive to the distinct needs of marginalized genders, including transgender people, women, and gender-diverse individuals. For instance, transgender individuals continue to face obstacles in accessing gender-affirming care, while women in key populations experience unique vulnerabilities such as intimate partner violence and limited autonomy in healthcare decision-making. Integrating this approach into policies and programs will help create a healthcare environment that is not only inclusive but also proactive in addressing systemic inequalities.

Yet, challenges remain, including societal resistance, entrenched cultural norms—especially in rural areas—and ongoing GBV. Financial sustainability remains uncertain, particularly for new initiatives and migrant aid programs that still rely on international support.

Moving forward, Thailand must reinforce its commitment to gender-sensitive, rights-based approaches, ensuring that policies and programs address the unique needs of marginalized populations. By tackling legal, social, and cultural barriers, and by embedding gender justice into the core of health interventions, the country can build a more inclusive and effective HIV and TB response—one that ensures no one is left behind in the pursuit of health equity.

Recommendations[21]

1. Policy and Legal Barriers

1.1 Advocacy for Legal and Policy Reforms: Advocacy for policy changes—such as the decriminalization of sex work, labor protections for sex workers, legal gender recognition, and anti-discrimination measures—should continue, with a focus on inclusivity across all genders. These legal reforms are crucial not only for protecting the rights of marginalized groups, including sex workers and transgender individuals, but also for ensuring equitable access to health services for all individuals affected by HIV and TB.

Advocacy efforts should actively engage key stakeholders—including policymakers, civil society, human rights organizations, and affected communities—to drive legal and policy changes that remove structural barriers to HIV and TB prevention, treatment, and care. Raising public awareness should emphasize that these reforms are not just about protecting the rights of specific groups, but about fostering a more just and accessible healthcare system for everyone, ultimately benefiting broader public health and society as a whole

2. Service Provision Gaps

2.1 Strengthen Gender-Responsive Healthcare: Leverage existing funding to explore the incorporation of gender-responsive frameworks into healthcare services, with a focus on marginalized groups such as transgender individuals, sex workers, and migrants. Continue the Global Fund's support for gender-responsive services, particularly in HIV and TB, with a more streamlined approach. A core set of gender-based service guidelines should be developed for healthcare providers to ensure gender- sensitive care. The joint HIV and TB gender assessment, supported by the Global Fund, along with the development of gender-sensitive guidelines and training on gender-related barriers in HIV and TB, can serve as an existing framework, reducing the need to develop new materials from the beginning. Strengthening HIV and TB co-management will also be essential, ensuring integrated care that addresses the needs of affected populations more effectively.

2.2 Enhance Data Collection on Gender and Health: Improve gender-sensitive data collection to identify and address health disparities among key populations. HIV and TB programs should designate M&E staff to conduct deeper gender analysis of service data. This will help better understand the scope of gender-based issues in healthcare services and allow for more targeted interventions.

2.3 Improved Access to Sexual and Reproductive Health Services: Continue advocacy for the incorporation of gender-affirming care within national health systems, including hormone therapy

[21] These recommendations apply to both HIV and TB programs, ensuring an integrated approach to addressing gender-sensitive needs and barriers.

and related services. This should remain a priority to ensure transgender individuals and other marginalized groups have equitable access to SRH services.

2.4 Support Migrant and Sex Worker Health Needs: Address health barriers faced by migrants and sex workers by exploring their unique health needs through available service data. Leverage funding to offer mobile clinics and community-based healthcare services that cater to these populations' SRH needs, especially given the reduction in US aid support.

2.5 Harm Reduction and Mental Health Support: Develop gender-sensitive harm reduction services to meet the specific needs of female PWID, incorporating mental health support and caregiving assistance where necessary. This approach should ensure comprehensive care for women in harm reduction programs.

2.6 Provide Mental Health Services for LGBTQI+ Youth: Allocate resources to establish safe spaces where LGBTQI+ youth, particularly transgender individuals, can access mental health services. Ensure that adolescent girls are also provided with safe spaces for mental health support, helping to address issues of discrimination and exclusion.

2.7 Empower Community-Led Initiatives: Provide ongoing support to CBOs that promote gender-sensitive care. These organizations play a crucial role in ensuring marginalized voices are represented in healthcare and policy decisions. Given the potential reduction in funding from international donors, it is important to help CBOs sustain their HIV and TB activities and continue to work toward securing domestic financing.

2.8 Adopt Comprehensive Stigma-Reduction Initiatives: Strengthen and continue stigma-reduction campaigns at the national level, highlighting community voices. Integrate gender-sensitive stigma reduction into HIV and TB interventions, and expand peer-led initiatives to provide education and support. These efforts are key to reducing barriers to healthcare for marginalized populations.

3. Data and Monitoring Gaps

3.1 Enhance Gender-Disaggregated Data Collection: To address gaps in gender-disaggregated data and monitoring in HIV and TB programs, the following actions are recommended: Work with national health agencies to revise data collection frameworks to capture gender identity, sexual orientation, and intersectional risks with a focus on marginalized groups and risk behaviors such as needle sharing among PWID. Move beyond basic sex-disaggregation and analyze the intersections of gender, behavior, and other factors (e.g., stigma, access to services) to provide a clearer picture of risks and service gaps. This can be done periodically at a specific interval.

This deeper gender analysis will help to understand the gender impact of the HIV and TB programs. Consider to revisit and enhance tools to collect data on gender-diverse populations, ensuring these groups are included in surveillance systems. Focus on understanding nuanced risk factors rather than relying solely on gender identity.

3.2 Maximize the usefulness of existing data bases: Ensure privacy protections to promote accurate reporting. Consider to integrate TB-related rights violations into the CRS and maximize the utility of the NAP database by developing guidelines for integration with other relevant data systems, ensuring gender-disaggregated reporting.

3.3 Integrate Gender and Human Rights into M&E Systems*:* Ensure that monitoring and evaluation systems assess both gender and human rights outcomes, allowing for a more nuanced understanding of the effectiveness of HIV and TB programs.

3.4 Working together and streamline KPI: Establish a coordinated monitoring framework with inter- agency collaboration to address gender-related health data gaps.

3.5 Conduct regular baseline assessments of gender and human rights barriers to inform program design, ensuring programs address stigma, discrimination, and access issues: Regularly conducting assessments is crucial to identify gender-related barriers in accessing HIV and TB services, especially for marginalized groups such as migrants, PLHIV, and gender-diverse populations. The existing Global Fund's KPI, which tracks progress in removing service barriers for marginalized groups in HIV and TB programs (Sub-Committee on AIDS Rights Promotion, 2023), can be adapted to the national context. Additionally, the WHO Gender Responsiveness Assessment Scale (World Health Organization, 2011), though primarily based on a binary understanding of gender, offers potential for adaptation to assess the inclusivity of programs for LGBTQI+ populations. By integrating intersectionality and recognizing gender as a spectrum, the tool can help evaluate how health programs address the unique challenges faced by LGBTQI+ individuals. Together, these tools can be streamlined to effectively assess and monitor national HIV and TB responses, ensuring they tackle the specific barriers faced by marginalized populations.

3.6 Involve community in data collection: Strengthen stakeholder engagement by involving marginalized communities in data collection and partnering with CSOs. Strengthen the CLM activities ensure that they integrate gender approach in both data collection and analysis and support data use for program improvement. Finally, integrate gender and human rights into monitoring and evaluation systems, ensuring continuous review and adaptation of programs to address emerging needs.

3.7 Develop a Coordinated Monitoring Framework: Establish an inter-agency platform to oversee gender-related health data. Strengthen collaboration between health, social welfare, and human rights sectors for a holistic approach.

3.8 Regularly Review and Adapt Programs*:* Continuously monitor program progress and adapt strategies based on real-time data, ensuring gender-related barriers are consistently addressed, and interventions are adjusted as needed.

3.8.1 Stigma Monitoring and Data Collection

Gender-Responsive Stigma Index: Ensure the stigma index incorporates gender-sensitive variables and analyzes gender-disaggregated data to track stigma in various settings (healthcare, workplaces, legal systems). This will help identify persistent barriers faced by marginalized populations.

*Community-Led Monitoring for Stigma Reporting***:** Strengthen CLM as a platform where affected communities—particularly transgender people, sex workers, and PLHIV—can directly report stigma- related incidents in healthcare settings. Ensure these reports are systematically reviewed and addressed.

Stigma Measurement in Hospital Accreditation: Continue advocating for the integration of stigma measurement into the hospital accreditation system. Stigma-related reports should trigger institutional responses, such as service audits and corrective action plans.

4 Advocacy and Policy Reform

4.1 Legal and Policy Advocacy: Continue advocating for legal reforms that reduce stigma, such as strengthening anti-discrimination protections and decriminalizing sex work to minimize systemic barriers and social exclusion.

4.2 Comprehensive Funding for Stigma Reduction: Advocate for sustained funding to fully implement the National Costed Action Plan and ensure intersectional stigma reduction is integrated into HIV and TB programs. Encourage both public and private sector involvement in financing these initiatives.

5 Public Awareness and Campaigns

5.1 Intersectional Stigma Awareness Campaigns: Develop public campaigns addressing HIV and TB stigma, emphasizing the intersectional nature of stigma related to gender, socio-economic status, and legal vulnerabilities. These campaigns should promote inclusivity and challenge harmful stereotypes.

6 Program Coordination and Capacity

6.1 Institutionalizing gender-responsive approaches

Strengthen Gender-Sensitive Training and Capacity-Building in HIV and TB Programs: Expand and institutionalize gender-sensitive training for healthcare providers across both HIV and TB services to ensure inclusive, non-discriminatory care. Existing initiatives like Tangerine Academy and KPLHS should be expanded, incorporating TB-specific training to ensure gender-responsive healthcare across both diseases. Consider to establish a dedicated working group under the MSDHS to create and enforce gender-integrated service guidelines for HIV and TB programs.

6.1.1 Intersectoral coordination

Improve Coordination Among Key Stakeholders: Enhance collaboration between HIV and TB programs to ensure gender considerations are integrated across both sectors. Formalize, partnerships, if this are not yet available, between MoSDHS, the MOPH, and CSOs to develop and implement gender-responsive policies in healthcare. Identify technical assistance and funding for organizations working on gender-sensitive approaches in both HIV and TB responses.

6.1.2 Inclusive education

Strengthen Inclusive Sexual Health Education: The CSE curriculum could be revised to ensure it is gender-sensitive and addresses the needs of LGBTQI+ individuals and other marginalized populations. Teacher training programs on gender and sexual diversity could help to improve the quality and inclusivity of sexual health education. Explore the possibility of developing community- based education initiatives to supplement formal CSE, particularly targeting populations underserved by the school system.

7. Funding challenges

7.1 Strengthening Gender-Responsive Budgeting for HIV and TB Programs

Expanding GRB Implementation: While Thailand has a GRB framework, its application to HIV and TB programs remains limited. Strengthening GRB in these programs is essential for sustained funding of

gender-sensitive interventions. The BMA could serve as a model, given its efforts to integrate gender-responsive planning into public health programs.

Enhancing Gender-Responsive Resource Allocation: Advocate for gender-based budgeting in national health programs to ensure targeted financial support for marginalized populations, particularly transgender individuals, sex workers, and migrant communities.

7.2 Addressing Funding Gaps Due to Reduced International Support

Mitigating the Impact of PEPFAR Reductions: The recent decline in PEPFAR funding has widened financial gaps in HIV and TB programs. Diversifying funding sources is essential to maintain critical services. NGOs such as RSAT and SWING have explored public-private partnerships, offering valuable lessons for further expansion.

Ensuring Sustainable Domestic Funding: Government funding for NGOs has increased in recent years, but further strengthening national commitments is necessary to reduce reliance on international donors. Expanding domestic funding access for CBOs and supporting capacity-building initiatives can enhance financial sustainability. Innovative financing mechanisms, such as social impact bonds, should also be explored to support community-led health initiatives.

Aligning Domestic and International Funding Strategies: Improve coordination between domestic resources and international funding streams, such as the Global Fund, to maximize efficiency and impact in delivering inclusive health programs.

8. Further Research Needs

Based on the data gathered during this review, it is evident that there are significant gaps in gender-specific research related to both TB and HIV in Thailand. These gaps highlight the need for further studies to better understand the gender-related factors that influence outcomes for both diseases and inform more effective gender-responsive interventions in HIV and TB programs. The following areas of research are recommended

8.1 Gender and TB Risk Factors: Conduct research to identify specific gender-related risk factors for TB, particularly for marginalized populations such as transgender individuals, sex workers, and migrants. This could include exploring how gender roles, stigma, and access to healthcare influence TB incidence and outcomes.

8.2 Impact of Gender-Responsive Interventions: Research the effectiveness of gender-sensitive interventions in HIV and TB programs, assessing how tailored approaches impact the health outcomes of marginalized groups. This will help determine if gender-based interventions lead to better health outcomes or increased access to services.

8.3 Intersectionality and Risk Behaviors: Further study how the intersection of gender identity, sexual orientation, and other factors (e.g., substance use, needle sharing, migration status) affects risk for HIV and TB. This could help identify under-researched risk groups and inform future interventions.

References

AIDS Data Hub. (2023). *Thailand TB profile*. https://www.aidsdatahub.org/sites/default/files/resource/thailand-tb-profile.pdf

APCOM. (2022). *Thailand: National strategy for ending AIDS: 2017-30 key populations snapshot*. https://www.apcom.org/wp-content/uploads/2023/02/Country-summary-HIV-KP-snapshot- Thailand_v1.pdf

APCOM. (2023). *Fact sheet: PEPFAR COP/ROP23 – A summary of 2023 Country Operational Plans/Regional Operational Plans guidance, including community advocacy points*. https://www.apcom.org/wp-content/uploads/2023/03/2023_Factsheet-COP_20230317_v3.pdf

APCOM. (2024). *Research brief: Mental health of LGBTIQ+ communities in Thailand*. https://www.apcom.org/wp-content/uploads/2024/11/Research-brief-Mental-Health-of-LGBTIQ- Communities-TH_v1.pdf

Alazas, M. (2024, September 12). *On the road to ending tuberculosis: Voices from Thailand*. International Organization for Migration. https://roasiapacific.iom.int/stories/road-ending-tuberculosis-voices-thailand

Around the world. (2025, January 21). *The President of the United States, Donald Trump, announced yesterday (January 20) that the United States will recognize only two genders: "male" and "female."* [Facebook post]. Facebook. https://m.facebook.com/story.php?story_fbid=pfbid026atHsk7cxoenhR2btAaC55m2SHD7gPCj7FktbT qMMLb5FzgwT9WxCvPbZ1Ut1Sf1l&id=100064760106289

Asia Pacific Alliance for Sexual and Reproductive Health and Rights & Equal Asia Foundation. (2024, May 28). *Call for action to the Government of Thailand on SRHR of women and LGBTIQ forcibly displaced persons*. https://may28.org/apa-callforaction-thailand/?utm_source

Bangkok Metropolitan Administration. (2022, July 9). *Bangkok welcomes UNDP to exchange ideas and suggestions for developing a gender equality certification program for government agencies.* https://webportal.bangkok.go.th/pdbma/page/sub/20053/%E0%B8%82%E0%B9%88%E0%B8%B2%E0%B8%A7%E0%B8%9B%E0%B8%A3%E0%B8%B0%E0%B8%8A%E0%B8%B2%E0%B8%AA%E0%B8%B1%E0%B8%A1%E0%B8%9E%E0%B8%B1%E0%B8%99%E0%B8%98%E0%B9%8C/0/info/412678/-

Boonyapisomparn N, Manojai N, Srikummoon P, Bunyatisai W, Traisathit P, Homkham N. Healthcare discrimination and factors associated with gender-affirming healthcare avoidance by transgender women and transgender men in Thailand: findings from a cross-sectional online-survey study. Int J Equity Health. 2023 Feb 13;22(1):31. doi: 10.1186/s12939-023-01843-4. PMID: 36782169; PMCID: PMC9926841.

CARE Evaluations. (2020). *Final report: Risk factors and HIV transmission among people who inject drugs (PWID)*. https://www.careevaluations.org/wp-content/uploads/PWID_RTF-Final-Report_S.pdf

Centers for Disease Control and Prevention. (2024, May 15). *CDC in Thailand*. U.S. Department of Health & Human Services. https://www.cdc.gov/global-health/countries/thailand.html

Channatee, K., Kosum, O., & Rattana, D. (2021). *LGBTIQN+ health strategy in Thailand* [PDF]. ThaiHealth. https://www.thaihealth.or.th/wp-content/uploads/2021/06/723.pdf

Chaychoowong, K., Watson, R., & Barrett, D. I. (2023). Perceptions of stigma among pulmonary tuberculosis patients in Thailand, and the links to delays in accessing healthcare. *Journal of Infection Prevention, 24*(2), 77-82. https://doi.org/10.1177/17571774231152720

Chiba, M. (2023). 5 Sexuality education in Thailand: Contestation and reconciliation. In P. Bacon, M. Chiba, & F. Ponjaert (Eds.), *The Sustainable Development Goals: Diffusion and contestation in Asia and Europe* (pp. 97–112). Routledge. https://doi.org/10.4324/9781003205951-7

Committee on the Observation of Military Conscription for the 2024 Annual Military Service. (2024). *Human rights situation of individuals with gender incongruence in the military conscription process for the 2024 annual military service*

Community Base Services program. (n.d.). *Dashboard*. Retrieved from http://thaicbo.ddc.moph.go.th/dashboard

Constitute Project. (2017). *Thailand 2017*. Retrieved from https://www.constituteproject.org/constitution/Thailand_2017?utm

Department of Corrections. (2025, March 1). *[Nationwide Inmate Statistics Report]*. Thailand Department of Corrections. http://www.correct.go.th/rt103pdf/report_result.php?date=2025-03-01&report=

Department of Disease Control, Ministry of Public Health. (2019). *The impact of stigma and discrimination participatory training in health care facilities*. Ministry of Public Health. https://www.aidsdatahub.org/sites/default/files/resource/thailand-impact-stigma-and-discrimination-participatory-training-2019.pdf?utm_source

Department of Disease Control, Ministry of Public Health. (2021). *Guidelines for partner referral services for HIV-positive individuals to get tested for HIV in Thailand, 2021*. AIDS and STI Control Division, Department of Disease Control, Ministry of Public Health. https://www.prepthai.net/IndexGuidelines.aspx

Department of Disease Control, Ministry of Public Health. (2022a). *Thai National AIDS Program Review 2022*. Retrieved from https://ddc.moph.go.th/uploads/publish/1387420230220043246.pdf

Department of Disease Control. (2022b). *Epidemiological surveillance report 2022*. Ministry of Public Health. https://apps-doe.moph.go.th/boeeng/annual/Annual/Annual_Report_2565.pdf

Department of Disease Control, Ministry of Public Health. (2023). *Results of the implementation of antiretroviral therapy services for pre-exposure prophylaxis against HIV infection*. Bureau of AIDS, Tuberculosis and Sexually Transmitted Infections, Department of Disease Control. Retrieved from https://www.prepthai.net/PrEP_Thailand_2567(30%E0%B8%81%E0%B8%A22567).pdf

Department of Disease Control. (n.d-a.). *HIV response*. Ministry of Public Health. https://hivhub.ddc.moph.go.th/officer/response.php

Department of Disease Control. (n.d.-b). *HIV input*. Ministry of Public Health. https://hivhub.ddc.moph.go.th/officer/input.php

Department of Disease Control. (n.d.-c). *AIDS information system*. Ministry of Public Health. https://hivhub.ddc.moph.go.th/officer/aidsinfo.php

Department of Disease Control. (n.d.-e). *HIV Hub online system*. Ministry of Public Health. https://hivhub.ddc.moph.go.th/officer/input.php

Division of Tuberculosis, Department of Disease Control. (2021). *National Anti-Tuberculosis Action Plan Progress Report 2017–2021* [PDF]. Retrieved from 660615 แผนต่อต้านวัณโรค พ.ศ. 2560 - 2564_edit.pdf

Division of Tuberculosis, Department of Disease Control. (2021b). *Counseling curriculum for tuberculosis patients*. Department of Disease Control, Ministry of Public Health.

Division of Tuberculosis, Department of Disease Control, Ministry of Public Health. (2023). *Thailand operational plan to end tuberculosis, phase 2 (2023–2027)* (Vol. 2). Aksorn Graphic and Design Publishing House. ISBN 978-616-11-5158-4

Division of Tuberculosis, Department of Disease Control, Ministry of Public Health. (2023b). *Report on the survey of stigma and discrimination related to tuberculosis in public health service units in surveillance areas of the country, 2023*. Ministry of Public Health.

Division of Tuberculosis. (2023c). *Handbook of reducing stigma and discrimination in tuberculosis for healthcare personnel*. Division of Tuberculosis.

Division of Tuberculosis, Department of Disease Control. (2024). *END TB newsletter, Issue 1, 2024* [PDF]. Retrieved from จุลสาร END TB ฉบับที่ 1.pdf.

Department of Women's Affairs and Family Development, Ministry of Social Development and Human Security. (2020). *Three-Year Action Plan for the Promotion of Gender Equality (2020–2022)*. https://dmcrth.dmcr.go.th/ckeditor/upload/files/id147/pp_2563_2565.pdf

Executive Drivers Group, (2025, January 20). [Looking for an executive driver position.]. Facebook. https://www.facebook.com/groups/550295531832556/permalink/2649390068589748/

Fast-Track Cities. (2023). *Bangkok Fast Track City Report 2015-2020*. Retrieved from https://www.fast-trackcities.org/sites/default/files/Bangkok%20FTC%20Report_FINALFormatted29July2023_1.pdf

FemNimitr. (n.d.). *FemNimitr*. https://theread.co/femnimitr

FHI 360. (2018, May). *Success story: In landmark move to mark 15 years of PEPFAR support, Thai government and LINKAGES co-fund new key-population-led health center in northern Thailand*. https://www.fhi360.org/wp-content/uploads/drupal/documents/linkages-success-story-may- 2018.pdf

FIDH. (2023). *Thailand annual prison report 2023*. https://www.fidh.org/IMG/pdf/thailandprison804a.pdf

Global Fund. (n.d.). *Stop TB and AIDS through RRTTPR 2024-2026 (STAR 2024-26) - Thailand (01-Jan- 2024-31-Dec-2026), Grants THA-C-RTF & THA-C-WVFT.* Retrieved from https://data.theglobalfund.org/grant/THA-C-RTF/4/overview and https://data.theglobalfund.org/grant/THA-C-WVFT/1/overview

Global Fund. (n.d.-b). *Access to funding: Thailand*. Retrieved February 19, 2025, from https://data.theglobalfund.org/location/THA/access-to-funding

Government of Thailand. (2020). *National review: Implementation of the Beijing Declaration and Platform for Action (1995) and the outcomes of the twenty-third special session of the General*

Assembly (2000) in the context of the twenty-fifth anniversary of the Fourth World Conference on Women and the adoption of the Beijing Declaration and Platform for Action. Retrieved from https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/64/National-reviews/Thailand-en.pdf

Governor of Bangkok supports equality under democratic principles, avoiding discrimination against any group. (2022, June 4). *General news*. https://www.infoquest.co.th/2022/205246

Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., & Zewdie, D.; Gender Equality, Norms, and Health Steering Committee. (2019). Gender inequality and restrictive gender norms: Framing the challenges to health. *The Lancet, 393*(10189), 2440–2454. https://doi.org/10.1016/S0140-6736(19)30652-X

Human Rights Watch. (2021, December 15). *"People can't be fit into boxes": Thailand's need for legal gender recognition*. https://www.hrw.org/report/2021/12/15/people-cant-be-fit-boxes/thailands-need-legal-gender-recognition

Human Rights Watch. (2021b, December 16). *Thailand: Transgender people denied equal rights – Establish a path for legal gender recognition*. Retrieved from https://www.hrw.org/news/2021/12/16/thailand-transgender-people-denied-equal-rights?utm_source

Hung, J. (2023). Why legalizing prostitution in Thailand can help Bangkok regulate commercial sex and curb sex-trafficking systematically and institutionally. *Frontiers in Sociology, 8*, 1227247. https://doi.org/10.3389/fsoc.2023.1227247

iLaw. (2023, September 29). *Proposals for recognizing gender identity and honorifics from three draft laws*. https://www.ilaw.or.th/articles/6232

Institute of HIV Research and Innovation. (n.d.-a). *Toward sustainability of harm reduction community-led health services: Mental health HIV—An essential component in the last mile to ending AIDS in Thailand*. Retrieved from https://ihri.org/wp-content/uploads/2023/02/New_CLHS-factsheet-ENG.pdf

Institute of HIV Research and Innovation. (n.d.-b). *Our work: Transgender health*. Retrieved from https://ihri.org/transgender-health/

International Labour Organization. (2021). *"Who is going to believe us?" Work-related sexual harassment in Thailand, with a focus on women migrant workers.* International Labour Organization. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/documents/publication/wcms_830694.pdf

International Organization for Migration (IOM) Thailand. (2023). *2023 annual report*. Retrieved from https://thailand.iom.int/sites/g/files/tmzbdl1371/files/documents/2024-05/iom-thailand-annual-report-2023-english.pdf

International Organization for Migration. (IOM) Thailand. (2024). *Thailand migration report: Key messages*. International Organization for Migration. https://thailand.iom.int/sites/g/files/tmzbdl1371/files/documents/2024-12/thailand-migration-report-key-messages.pdf

Isaan Lawyers. (2023, July 24). *The sex trade in Thailand: The effects on workers and the laws*

surrounding it. https://isaanlawyers.com/the-sex-trade-in-thailand-the-effects-on-workers-and-the- laws-surrounding-it/

Janyam, S., Phaennongyang, C., Sumalu, S., Sukthongsa, S., Somwaeng, A., Manopaiboon, C., Clarke, D., Girault, P., & Vannakit, R. (2024). Factors associated with Pre-Exposure Prophylaxis (PrEP) uptake among female, male, and transgender female sex workers in seven provinces in Thailand: A national cross-sectional study. Abstract 8488, AIDS 2024. Factors associated with pre-exposure prophylaxis (PrEP) uptake among female, male and transgender female sex workers in seven provinces in Thailand - a national cross-sectional study | IAS Plus

Jesuit Refugee Service - JRS Asia Pacific. (n.d.). *Thailand: Gender-based violence among displaced people*. Regional Communications Officer. https://apr.jrs.net/en/story/thailand-gender-based- violence-among-displaced-people/

Jiamsakul, A., Lee, M.-P., Nguyen, K. V., Merati, T. P., Cuong, D. D., Ditangco, R., Yunihastuti, E., Ponnampalavanar, S., Zhang, F., Kiertiburanakul, S., Avihingasanon, A., Ng, O. T., Sim, B. L. H., Wong, W., Ross, J., & Law, M. (2018). Socio-economic statuses and risk of tuberculosis – A case-control study of HIV-infected patients in Asia. *International Journal of Tuberculosis and Lung Disease, 22*(2), 179–186. https://doi.org/10.5588/ijtld.17.0348

Jingsomjetpaisan, P., Poompuang, W., Sihirunwong, A., & Thanasitchamroon, R. (2023). *Evaluating the implementation of drug abuse screening, treatment, and rehabilitation for abusers according to the Narcotics Bill B.E. 2564 in 5 selected provinces in Thailand. Journal of Health Science of Thailand, 32*(3), 488–501. Retrieved from https://thaidj.org/index.php/JHS/article/view/14232

Joint United Nations Programme on HIV/AIDS. (2021). *Legal and policy trends impacting people living with HIV and key populations in Asia and the Pacific 2014–2019*. UNAIDS.

Joint United Nations Programme on HIV/AIDS. (2024). *The urgency of now: AIDS at a crossroads*. Joint United Nations Programme on HIV/AIDS. https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf

Joint UPR Submission on the Human Rights of Sex Workers in Thailand. (n.d.). *Joint UPR submission on the human rights of sex workers in Thailand*. United Nations Office of the High Commissioner for Human Rights. https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/session12/TH/JS6-JointSubmission6-eng.pdf

Joint UPR Submission on the Rights of Marginalized Women in Thailand. (2021, March 25). *Joint UPR submission to the UN Universal Periodic Review, 39th session of the UPR working group*.

Lerskullawat, A., & Puttitanun, T. (2024). Impact of migrants on communicable diseases in Thailand. *BMC Public Health, 24*. https://doi.org/10.1186/s12889-024-19503-9

Logie CH, Newman PA, Weaver J, Roungkraphon S, Tepjan S. HIV-Related Stigma and HIV Prevention Uptake Among Young Men Who Have Sex with Men and Transgender Women in Thailand. AIDS Patient Care STDS. 2016 Feb;30(2):92-100. doi: 10.1089/apc.2015.0197. Epub 2016 Jan 20. PMID: 26788978.

Mahidol University. (n.d.). *Gender Variation Clinic: Gen V Clinic for LGBTQIA+ of all ages.* Retrieved from https://sustainability.mahidol.ac.th/en/case-study/SDGs/detail/587

Mason, P. H., Snow, K., Asugeni, R., Massey, P. D., & Viney, K. (2017). Tuberculosis and gender in the Asia-Pacific region. *Australian and New Zealand Journal of Public Health.*

https://doi.org/10.1111/1753-6405.12619

Ministry of Education & UNICEF. (2016). *Review of implementation of comprehensive sexuality education, Thailand*. https://healtheducationresources.unesco.org/sites/default/files/resources/comprehensivesexualitye ducationthailand_en.pdf

Ministry of Public Health. (n.d.). *EIIS system*. Ministry of Public Health. http://aidsboe.moph.go.th/aids_system/Subindex_EIIS.php

Ministry of Social Development and Human Security. (n.d.). *Social Assistance Center, Helpline 1300*. Ministry of Social Development and Human Security. https://1300thailand.m-society.go.th/statyearly#

Ministry of Social Development and Human Security. (n.d.-b). *Social Assistance Center, Hotline 1300.* Retrieved from https://1300thailand.m-society.go.th/page/29

Moallef, S., Salway, T., Phanuphak, N., Kivioja, K., Pongruengphant, S., & Hayashi, K. (2022). The relationship between sexual and gender stigma and suicide attempt and ideation among LGBTQI+ populations in Thailand: Findings from a national survey. Social Psychiatry and Psychiatric Epidemiology, 57 (10), 1987–1997. https://doi.org/10.1007/s00127-022-02292-0

Mphande-Nyasulu, F. A., Puengpipattrakul, P., Praipruksaphan, M., Keeree, A., & Ruanngean, K. (2022). Prevalence of tuberculosis (TB), including multi-drug-resistant and extensively-drug-resistant TB, and association with occupation in adults at Sirindhorn Hospital, Bangkok. *IJID Regions, 2*, 141-148. https://doi.org/10.1016/j.ijregi.2022.02.005

National AIDS Committee. (2017). *Thailand National Strategy to End AIDS: 2017–2030*. Bureau of AIDS, TB, and STIs, Department of Disease Control, Ministry of Public Health. ISBN 978-616-11-3321-4. https://www.prepwatch.org/wp-content/uploads/2022/07/Thailand-National-Strategy-to-End- AIDS-2017-30.pdf

National Health Security Office. (n.d.-a). *NAP Web Report*. National Health Security Office. http://napdl.nhso.go.th/NAPWebReport/LoginServlet

National Health Security Office. (n.d.-b). *The journey of universal access to antiretroviral treatment in Thailand*. Retrieved from https://eng.nhso.go.th/assets/portals/1/files/10%20The%20Journey%20of%20Universal%20ART%20 Thailand.pdf

National Health Security Office. (n.d.-c). *NAP Web Report*. National Health Security Office. http://napdl.nhso.go.th/NAPWebReport/LoginServlet

National Tuberculosis Information Program. (n.d.). *NTIP lesson 01*. Ministry of Public Health. https://ntip-ddc.moph.go.th/lesson/Ntip_lesson01.pdf

Neupane, S.R. (2024). *Community, Rights and Gender Barriers Relating to Tuberculosis Prevention and Control among Migrants and Mobile Populations in the Greater Mekong Subregion*. International Organization for Migration, Bangkok

Newman, P. A., Reid, L., Tepjan, S., & Akkakanjanasupar, P. (2021). LGBT+ inclusion and human rights in Thailand: A scoping review of the literature. *BMC Public Health, 21*, 1816.

https://doi.org/10.1186/s12889-021-11798-2

Ngamvithayapong-Yanai, J., Luangjina, S., Thawthong, S., Bupachat, S., & Imsangaun, W. (2019). Stigma against tuberculosis may hinder non-household contact investigation: A qualitative study in Thailand. *Public Health Action, 9*(1), 15–23. https://doi.org/10.5588/pha.18.0055

NORC at the University of Chicago & International Center for Research on Women. (2022). *Case study: Technology-facilitated gender-based violence in Thailand*.

Ocha, W. (2013). Rethinking Gender: Negotiating Future Queer Rights in Thailand[1]. *Gender, Technology and Development*, *17*(1), 79–104. https://doi.org/10.1177/0971852412472125

OECD Development Centre. (2023, March 19). *Thailand SIGI Country Profile*. SIGI 2023 Country Profiles, OECD. https://oe.cd/sigi-dashboard

Ojanen, T. T., Ratanashevorn, R., & Boonkerd, S. (2016). Gaps in responses to LGBT issues in Thailand: Mental health research, services, and policies. *Psychology of Sexualities Review, 7*(1), 41.

Ojanen, T. T., Freeman, C., Kittitheerasak, P., Sukkulphong, N., Sopha, S., Thongphaiboon, K., Tiansuwanna, K., & Supalak, P. (2023). *Mental health and well-being of sexual minority children and youth in Thailand*. Child Assistance Foundation Thailand.

Pengnonyang, S., Ramautarsing, R. A., Janyam, S., Chaisalee, T., Chanlearn, P., Vannakit, R., Phanuphak, P., & Phanuphak, N. (2022). Certification of lay providers to deliver key population-led HIV services in Thailand's national healthcare system: Lessons learned. *Journal of the International AIDS Society, 25*, e25965. https://doi.org/10.1002/jia2.25965

Phaennongyang, C., Janyam, S., Sumalu, S., Sukthongsa, S., Somwaeng, A., Manopaiboon, C., Clarke, D., Girault, P., & Vannakit, R. (2024). High prevalence of gender-based violence among female, male, and transgender female sex workers in seven provinces in Thailand – A national cross-sectional study. *Abstract 8604*. International AIDS Conference 2024. SWING, Bangkok Interdisciplinary Research and Development.

Phetlam, J. (2022, October 20). *Spinning in the void: The data black hole of sexual and gender-based violence in Thailand.* Retrieved from https://th.boell.org/en/2022/10/20/sexual-and-gender-violence-thailand

Phuengsamran, D., Aramrattana, A., Talek, M., Darawutthimaprakorn, N., Thaikla, K., & Khemngern, P. (2019). *HIV integrated behavioral and biological surveillance surveys among people who inject drugs, Chiang Mai 2019*.

Phuengsamran, D., Talek, M., Darawutthimaprakorn, N., Thaikla, K., & Khemngern, P. (2020). *HIV, syphilis, hepatitis B and C surveys among people who inject drugs, Bangkok, Chiang Mai, and Songkhla, Thailand 2019-2020*. https://hivhub.ddc.moph.go.th/officer/Download/Report/Situation%20Analysis/PWID_Thai_Report_2020_final.pdf

Pongsavee, K., & Hawangchu, D. (2024). Health seeking behavior and access to health care service in Covid-19 pandemic among persons who inject drugs (PWID): A case study from 5 provinces in Thailand. *Health Science Journal of Thailand, 6*(3), 78–84. https://doi.org/10.55164/hsjt.v6i3.262384

Post Reporters. (2023, November 12). Ministry preps anti-discrimination bill. *Bangkok Post*. https://www.bangkokpost.com/thailand/politics/2683354/ministry-preps-anti-discrimination-bill

Promsena, P. (2023, August 25). *On-site comprehensive care service*. SEARCH Research Foundation, Bangkok, Thailand & Center of Excellence for Pediatric Infectious Diseases and Vaccines, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand. https://www.thaiaidssociety.org/wp- content/uploads/2024/01/D2S3_2-Onsite-comprehensive-service-TAS-2023-PPA-for-upload.pdf

Puapunsri, P. (2024). *Review of Universal Health Coverage (UHC) package for gender-based violence (GBV) cases in Thailand report*. Ministry of Public Health, Ministry of Social Development and Human Security, National Health Security Office, & United Nations Population Fund (UNFPA). https://thailand.unfpa.org/sites/default/files/pub-pdf/2025-01/GBV-UHC%20Report-Eng-FINAL.pdf

Public Relations Department of Thailand. (2024, September 25). Thailand legalizes same-sex marriage. *Public Relations Department of Thailand*. https://thailand.prd.go.th/en/content/category/detail/id/52/iid/327229

Pudpong, N., Patcharanarumol, W., Tangcharoensathien, V., Viriyathorn, S., Kulthanmanusorn, A., Witthayapipopsakul, W., Wanwong, Y., Wangbanjongkun, W., & Pongkantha, W. (2019). *Effective Contracting Model for HIV Service Delivery in Thailand*. International Health Policy Program Foundation.

Research Institute for Health Sciences, Chiang Mai University. (2019). *HIV integrated behavioral and biological surveillance surveys among people who inject drugs, Chiang Mai, Thailand 2019*. https://www.rihes.cmu.ac.th/research/wp-content/uploads/2020/07/Report-IBBSCMI2019book-EN.pdf

Rungmaitree, S., Werarak, P., Pumpradit, W., Phongsamart, W., Lapphra, K., Wittawatmongkol, O., Durier, Y., Maleesatharn, A., Kuttiparambil, B., Cressey, T. R., Hoffman, R. M., & Chokephaibulkit, K. (2024, February 22). A pilot program of HIV pre-exposure prophylaxis in Thai youth. *PLOS ONE*, *19*(2), e0298914. https://doi.org/10.1371/journal.pone.0298914

Rungthanathada, K. (n.d.). *Medical service fees (HIV/AIDS, TB, Hep.C, CKD, DM, PCC)* [Original in Thai]. National Health Security Office, Region 5, Ratchaburi. Retrieved from https://ratchaburi.nhso.go.th/files/Content/650000017/132790406538913750_5.%20PCC%20DM%2 0TB%20HIV%20(final).pdf

Shrestha, M., Boonmongkon, P., Peerawaranun, P., Samoh, N., Kanchawee, K., & Guadamuz, T. E. (2020). Revisiting the 'Thai gay paradise': Negative attitudes toward same-sex relations despite sexuality education among Thai LGBT students. *Global Public Health, 15*(3), 414–423. https://doi.org/10.1080/17441692.2019.1684541

Sinen, N. (2017, December 26). Thailand's invisible gender law. *Reporting ASEAN*. Prepared for the 2017 Developing Media Fellowship Program of the Southeast Asian Press Alliance (SEAPA). https://www.reportingasean.net/thailands-invisible-gender-law/#:~:text=Passed%20in%20March%202015%20and,from%20that%20person's%20original%20sex%E

Singh, S. (2019). *Country brief: Our right to health: Investing in the transformation of health care for transgender people*. The Asia Pacific Transgender Network (APTN). https://www.weareaptn.org/wp-content/uploads/2021/01/Vietnam_21.01.18.pdf

Sooktong, K., Suttajit, S., & Suwannaprom, P. (2024). Thai Bulletin of Pharmaceutical Sciences, *19*(2), 195–210. https://doi.org/10.69598/tbps.19.2.195-210

Stop TB Partnership. (2021). *Gender and TB: An overview of the 2021 TB REACH gender results*. https://www.stoptb.org/sites/default/files/imported/document/TB-REACH_Gender2021-web.pdf

Sub-committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation. (2022). *National multisectoral and costed action plan to eliminate all forms of HIV-related stigma and discrimination: 2022-2026* (Division of AIDS and STI, Ministry of Public Health). Ministry of Public Health. https://ddc.moph.go.th/uploads/ckeditor2/das/files/National%20Costed%20Action%20Plan%20to% 20Eliminate%20all%20Forms%20of%20HIV-related_Eng.pdf

Sub-Committee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation. (2023). *Rapid assessment of human rights- and gender-related barriers to HIV and TB services in Thailand: Report May 2023*.

Suwannapattana, N. (n.d.). *Report on the situation of human rights violations related to HIV/AIDS and gender identity*. FOUNDATION for ACTION on INCLUSION RIGHTS. https://fairthailand.org/magazine/read.php?list=1

SWING, & BIRD. (2024). *Investigating factors influencing decision-making on pre-exposure prophylaxis (PrEP) use among sex workers in Thailand* (Unpublished report).

Tangsathaporn, P. (2024, November 24). Campaign takes aim against discrimination in Thailand. *Bangkok Post*. https://www.bangkokpost.com/thailand/general/2907761/campaign-takes-aim-against-discrimination-in-thailand

Teeraananchai S, Kerr SJ, Ruxrungtham K, Khananuraksa P, Puthanakit T. Long-term outcomes of rapid antiretroviral NNRTI-based initiation among Thai youth living with HIV: a national registry database study. J Int AIDS Soc. 2023 Mar;26(3):e26071. doi: 10.1002/jia2.26071. PMID: 36943729; PMCID: PMC10029993.

Thai Ministry of Public Health. (2022). *HIV epidemic situation*. HIV Info Hub. Retrieved from https://hivhub.ddc.moph.go.th/officer/epidemic.php

Thai Publica. (2024, April). *Foreign worker statistics for 15 years in Thailand*. Thai Publica. https://thaipublica.org/2024/04/foreign-worker-statistics-for-15-years-in-thailand/

Thai Transgender Alliance (ThaiTGA). (n.d.). *Thai Transgender Alliance.* Retrieved from https://thaitga.org/

Thailand TB/HIV Funding Request. (2023). *Strategic Framework of Thailand TB/HIV Funding Request of the 2023-2025 Allocation Period*. Retrieved from https://ccmthailand.org/wp-content/uploads/2023/02/2_en_Thailand-strategic-framework-of-TB-HIV-FR-2023-2025-allocation-period.pdf

Thaiplus.net. (2024, September 11). *HIV/AIDS network proposes the NHSO to increase the right to cervical cancer screening using HPV DNA method every 3 years*. https://thaiplus.net/contents/3168

Thaweesit, S., & Sciortino, R. (2020). The invisible intersectionality of female gender in Thailand's response to the HIV epidemic. *Culture, Health & Sexuality*. https://doi.org/10.1080/13691058.2020.1751881

The Standard Podcast. (2025, January 20). "Decoding LGBTQIA+ Through the Lens of Evolution"

[Video]. YouTube. ถอดรหัส LGBTQIA+ ในมุมวิวัฒนาการ | Human-ศาสตร์ EP.14 - YouTube

Thunn, T. (2024, June 6). *Transgender rights in Thailand: A path to equality*. The Thaiger. https://thethaiger.com/guides/transgender-rights-in-thailand-a-path-to-equality

TIJ Thailand Institute of Justice. (2024). *The 5th Bangkok Rules training*. Thailand Institute of Justice. Retrieved from https://www.tijthailand.org/en/what-we-do/detail/the-5th-bangkok-rules-training-2024

Transvitae. (2024, April 23). The intersection of identity and duty: Transgender women in Thailand's military conscription. *Transvitae*. https://www.transvitae.com/transgender-women-thailands- military-conscription/

Tschirhart, N., Nosten, F., & Foster, A. M. (2016). Access to free or low-cost tuberculosis treatment for migrants and refugees along the Thailand-Myanmar border in Tak province, Thailand. *International Journal for Equity in Health, 15*, 100. https://doi.org/10.1186/s12939-016-0391-z

Tschirhart, N., Nosten, F., & Foster, A. M. (2017). Migrant tuberculosis patient needs and health system response along the Thailand–Myanmar border. *Health Policy and Planning, 32*(8), 1212–1219. https://doi.org/10.1093/heapol/czx074

UN OHCHR. (2024, December 13). *Thailand: Time to step up efforts to be role model for gender equality in Asia, UN experts say.* Retrieved from https://www.ohchr.org/en/press-releases/2024/12/thailand-time-step-efforts-be-role-model-gender-equality-asia-un-experts-say

UN Women. (2017, June). *Applying gender responsive budgeting to the HIV response: A case study of Cambodia, Indonesia, and Thailand*. UN Women.

UN Women. (n.d.). *Thailand*. UN Women. https://asiapacific.unwomen.org/en/countries/thailand

UN Women. (n.d.-b). *Global database on violence against women: Country profile - Thailand, Country snapshot*. UN Women. https://data.unwomen.org/global-database-on-violence-against-women/country-profile/Thailand/country-snapshot

UN Women. (n.d.-c). *Thailand Country Page.* https://asiapacific.unwomen.org/en/countries/thailand

UNAIDS Asia Pacific. (2023). *Thailand Data Book 2023*. AIDS Data Hub. https://www.aidsdatahub.org/sites/default/files/resource/thailand-data-book-2023.pdf

UNAIDS Asia Pacific. (2024, September 23). *Two regions team up to improve HIV services through community oversight*. UNAIDS Asia Pacific. https://unaids-ap.org/2024/09/23/two-regions-team-up- to-improve-hiv-services-through-community-oversight/

UNAIDS. (2022, June 24). *Ensuring sustainability of community-led HIV service delivery in Thailand*. Retrieved from https://www.unaids.org/en/resources/presscentre/featurestories/2022/june/20220624_Thailand_community_led_services?utm_source=chatgpt.com

UNAIDS. (2024, October 16). *Can this innovation change the way people think about HIV?* https://www.unaids.org/en/resources/presscentre/featurestories/2024/october/20241016_thailand

UNAIDS. (n.d.-a). *Thailand*. UNAIDS. https://www.unaids.org/en/regionscountries/countries/thailand

UNAIDS. (n.d.-b). *Thailand: Key results, joint programme results, joint team members, investments, and key results in 2022-2023*. Retrieved from https://open.unaids.org/countries/thailand

UNDP, & USAID. (2014). *Being LGBT in Asia: Thailand Country Report*. Bangkok.

UNDP. (2015). *HIV and the law in South-East Asia*. Bangkok, Thailand: UNDP.

UNDP. (2019). *Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. Bangkok: UNDP.

UNDP (2020). *Stories of Stigma: Exploring stigma and discrimination against Thai transgender people while accessing health care and in other settings*. Bangkok, UNDP

United Nations Development Programme. (2020b) *Progress review of the implementation of the Gender Equality Act B.E. 2558 (2015)* (Jitraporn Wanaspong & Piyawan Kaewsri, Authors). United Nations Development Programme. ISBN 978-974-680-441-7.

UNDP, & MSDHS. (2018, May). *Legal gender recognition in Thailand: A legal and policy review*.

UNFPA. (2024). *The way forward for ICPD 30+*. United Nations Population Fund. https://thailand.unfpa.org/sites/default/files/2024-10/Policy%20Brief-Thailand%27s%20ICPD30%20report.pdf

UNICEF. (2023, September). *Integrated mental health system and services development plan for children and youth (2023–2027)*. UNICEF.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2021). *Situation assessment: Comprehensive sexuality education in digital spaces – opportunities for formal education in Thailand*. UNESCO Bangkok Office. https://unesdoc.unesco.org/ark:/48223/pf0000378327/PDF/378327eng.pdf.multi

United Nations Population Fund (UNFPA). (n.d.). *EPISODE 1: Voices of adolescents in proposing policies for sexual and reproductive health and rights*. https://thailand.unfpa.org/sites/default/files/pub-df/good_practice_engl_ep_1_1sep_correction.pdf

United Nations Thailand. (2023, November 24). Thailand partners recognize communities' contribution to HIV response success. Retrieved from https://thailand.un.org/en/253567-thailand- partners-recognize-communities%E2%80%99-contribution-hiv-response-success

United Nations Thailand. (2023b, August 21). *Youth-friendly sexual and reproductive health services empower young mothers in Thailand*. https://thailand.un.org/en/242895-youth-friendly-sexual-and- reproductive-health-services-empower-young-mothers-thailand

United Nations Thailand. (2023c, July 22). *HIV: A 'critical health concern' amongst people who use drugs in Thailand.* United Nations Thailand. https://thailand.un.org/en/240257-hiv-%E2%80%98critical-health-concern%E2%80%99-amongst-people-who-use-drugs-thailand

United Nations Thailand. (2025, January 23). *Thailand's marriage equality law: Love wins and no one is left behind*. https://thailand.un.org/en/287933-thailand%E2%80%99s-marriage-equality-law-love-wins-and-no-one-left-behind

UNODC Regional Office for Southeast Asia and the Pacific. (2022, April). *Thai agencies and UNODC*

discuss the future of new Narcotics Code. United Nations Office on Drugs and Crime. https://www.unodc.org/roseap/en/2022/04/thailand-new-narcotics-code/story.html

U.S. Department of State. (n.d.). *The Joint United Nations Programme on HIV/AIDS*. Retrieved February 19, 2025, from https://www.state.gov/the-joint-united-nations-programme-on-hiv-aids

Villar, L. B. (2019). Unacceptable forms of work in the Thai sex and entertainment industry. *Anti-Trafficking Review, 12*, 108-126. www.antitraffickingreview.org

Wichaidit W, Assanangkornchai S, Chongsuvivatwong V (2021) Disparities in behavioral health and experience of violence between cisgender and transgender Thai adolescents. PLoS ONE 16(5): e0252520. https://doi.org/10.1371/journal.pone.0252520

Wiwatkamonchai, A., Mesukko, J., Klunklin, P., & Fongkaew, W. (2023). Youths' perceptions regarding access to sexual and reproductive health services. *Pacific Rim International Journal of Nursing Research, 27*(1), 121–137. https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/260337/177559

World Health Organization. (2011). *Gender mainstreaming for health managers: A practical approach*. World Health Organization. https://apps.who.int/iris/handle/10665/44516

World Health Organization (WHO). (2019). *Progress report on access to HIV, viral hepatitis and tuberculosis services*. https://iris.who.int/bitstream/handle/10665/325504/pmc6560367.pdf?sequence=1

World Health Organization. (2024). *Global tuberculosis report 2024* (WHO/UCN/TB/2024.1). World Health Organization. https://iris.who.int/bitstream/handle/10665/379339/9789240101531-eng.pdf?sequence=1

World Health Organization. (n.d.). *Universal health coverage*. Retrieved from https://www.who.int/publications/digital/global-tuberculosis-report-2021/uhc-tb- determinants/universal-health-coverage?utm_source=chatgpt.com

World Health Organization. (n.d.-b). *Sexual and reproductive health and rights*. World Health Organization. https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights#tab=tab_1

World Vision Thailand. (2024a, August 19). *Achieving sustainable elimination of TB and AIDS: The decade's challenge*. Retrieved from https://worldvision.or.th/en/news-en/achieving-sustainable-elimination-of-tb-and-aids-the-decades-challenge/

World Vision Thailand. (2024b, September 9). *Ending TB and HIV stigmatisation in Ranong: World Vision Thailand joins forces with the government to address challenges in ending TB and AIDS in key populations in Ranong*. Retrieved from https://worldvision.or.th/en/news-en/grant-en/ending-tb- and-hiv-stigmatisation-in-ranong/

World Vision Thailand. (2024c, September 13). *Because human rights and gender equality are essential to ending TB and AIDS*. World Vision Thailand. Retrieved from https://worldvision.or.th/en/news-en/grant-en/because-human-rights-and-gender-equality-are- essential-to-ending-tb-and-aids/

World Vision Thailand. (2024e, July 3). *Bringing issues out from under the rug: Stop TB and HIV*

among migrants. World Vision Thailand. https://worldvision.or.th/en/news-en/grant-en/bringing- issues-out-from-under-the-rug-stop-tb-and-hiv-among-migrants/

Youngkong, S., Kamolwat, P., Wongrot, P., Thavorncharoensap, M., Chaikledkaew, U., Nateniyom, S., Pungrassami, P., Praditsitthikorn, N., Mahasirimongkol, S., Jittikoon, J., Nishikiori, N., Baena, I. G., & Yamanaka, T. (2024). Catastrophic costs incurred by tuberculosis affected households from Thailand's first national tuberculosis patient cost survey. *Scientific Reports, 14*(1), 11205. https://doi.org/10.1038/s41598-024-56594-1

Appendix I

Project: A gender-sensitive approach within Thailand's national health policies for HIV, TB, and malaria

Proposed question guidelines for desk review and interviews

The following questions will be used to guide the desk review and key informant interviews for the project to help understand the current context, challenges, and gap, and propose the opportunities for enhancing gender equity and respecting sexual rights.

0. Please provide a brief description of your program focused on HIV/TB/Malaria

1. Context and Demographics

- What is the demographic breakdown (e.g., gender, age, sexual orientation) of people affected by HIV, TB in Thailand?

- How do social determinants of health (e.g., poverty, education, employment) influence gender justice and sexual rights in the context of these diseases?

- Are there specific marginalized groups (e.g., MSM, transgender people, prisoners, migrants) facing higher disease burdens?

2. Policy and Legal Frameworks

-What national or local policies exist to support gender justice and sexual rights in healthcare?

- What are the key national or local policies supporting gender equity and sexual rights in healthcare?

- How do these policies align with international standards on gender equality, sexual rights, and health access?

- Are there any legal barriers (e.g., criminalization of same-sex relationships, lack of gender recognition for transgender people) that affect access to HIV, TB services?

3. Access to Health Services

-Do existing HIV and TB programs provide gender-sensitive and inclusive services?

- What barriers (e.g., cost, stigma, geographical distance) do specific gender and sexual minority groups face in accessing these health services?

- Are there any legal barriers (e.g., criminalization of same-sex relationships, lack of gender recognition for transgender people) that hinder access to healthcare services?

- What stigma or discrimination exists within the healthcare system, and how does it impact access to services for key populations?

- Are there any specific service delivery gaps (e.g., cost, location, availability) that affect marginalized groups in accessing healthcare?

- Are there health services or initiatives specifically tailored for marginalized groups, and how effective are they?

- What existing programs or initiatives are being implemented to address gender equity and sexual rights in healthcare?

4. Quality of Health Services

- Are healthcare providers trained in gender sensitivity and aware of issues related to sexual rights?

- What mechanisms are in place to ensure that services are free from discrimination and that patients' rights are respected?

- How often are gender and sexual rights assessments conducted within these programs?

- What are the barriers to increasing training for healthcare providers in these areas?

- What initiatives are in place to reduce discrimination or biases among healthcare providers?

5. Community Engagement and Advocacy

- What role do community-based organizations play in supporting gender justice and sexual rights within these health programs?

- How can community-based organizations be better involved in addressing gender and sexual rights within healthcare?

- How are key populations involved in designing, implementing, and evaluating health services?

- What advocacy efforts are in place to address the specific needs of gender minorities and those at higher risk of these diseases?

- What are the most effective advocacy strategies to address the specific needs of gender minorities and those at higher risk of these diseases?

6. Data Collection and Monitoring

- Is data on gender, sexual orientation, and gender identity routinely collected and analyzed in HIV, TB, programs?

-Are there gaps in current data collection regarding gender, sexual orientation, and gender identity in health programs?

- How is data disaggregated by gender and other relevant demographics, and how is it used to inform program planning?

- Are there any notable gaps in data collection that limit understanding of gender and sexual rights issues in these programs?

7. Challenges and Gaps

- What are the main challenges in integrating gender justice and sexual rights into HIV and TB?

- Are there any service delivery or funding limitations that restrict access for certain groups?

- What gaps exist in healthcare provider capacity, program resources, or community outreach related to these issues?

- What specific needs are not being met for gender and sexual minorities in the context of HIV and TB prevention and treatment?

8. Opportunities for Improvement

- What opportunities exist for integrating more gender-responsive approaches across health programs related to HIV and TB?

- How can programs better integrate gender-responsive approaches across HIV and TB initiatives?

- What potential partnerships or funding sources could be leveraged to address these needs?

9. Sustainability and Long-Term Impact

-What financial or structural challenges limit the sustainability of gender equity and sexual rights initiatives in healthcare?

- How are programs working to ensure the sustainability of gender justice and sexual rights initiatives or what is being done to address root causes, such as stigma and discrimination, that hinder long-
term progress?

- How do these programs measure long-term outcomes related to gender equity and sexual rights?

List of key informants

	Organization	Key informant name	Focus area	Interview date
1.	Foundation for Action on Inclusion Rights (FAIR)	Pailin Duangmala	The Foundation for Action on Inclusion Rights (FAIR) is a non-profit organization in Thailand focused on promoting human rights, particularly in health and diversity. It advocates for the development of laws and policies that uphold human rights, conducts evidence-based research to support these policies, and builds capacity to reduce stigma and discrimination. FAIR also provides support services, such as counseling and legal assistance, to individuals whose rights have been violated, especially in health-related contexts. A key initiative, "Baan Sa-Mer," offers support for individuals living with HIV, people who use drugs, and their families, addressing human rights violations and discrimination. FAIR works towards an equitable society where diversity is respected and all individuals can access their rights without discrimination.	25 November 2024
2.	SWING	Surang Janyam	The Service Workers in Group Foundation (SWING) supports and advocates for the rights and well-being of sex workers of all genders. SWING provides comprehensive health services, including HIV and STI testing, and offers educational programs such as English language classes and non-formal education to enhance professional and personal opportunities for sex workers. The organization also engages in outreach activities to promote sexual health and safety within the sex industry. Additionally, SWING collaborates with law enforcement and other stakeholders to address stigma and discrimination, aiming to improve the legal and social standing of sex workers in Thailand.	25 November 2024

3.	Thai Network of People Living with HIV/AIDS (TNP+)	Apiwat Kwangkaew	The Thai Network of People Living with HIV/AIDS (TNP+) is a non-governmental organization established in 2004, advocating for the rights and well-being of individuals living with HIV/AIDS (PLHIV) in Thailand. TNP+ focuses on policy advocacy to ensure equal treatment and comprehensive healthcare for PLHIV, provides support for accessing diagnosis, treatment, and prevention services, and works to combat stigma and discrimination. The organization also engages the community, with peer-led initiatives to enhance HIV care and adherence. Additionally, TNP+ has developed a national certification program for PLHIV health workers to improve healthcare quality and recognition. TNP+ aims to improve the quality of life for PLHIV, ensuring dignity and access to necessary care.	28 November 2024
4.	Foundation for SOGI Rights and Justice (For-SOGI)	Naiyana Supaphueng	The Foundation for SOGI Rights and Justice (For-SOGI) is a Thai organization dedicated to promoting and protecting the rights of LGBTQ+ individuals. Established in 2012, For-SOGI focuses on advocating for gender equality and raising public awareness about sexual orientation and gender identity issues. The organization has been actively involved in legal efforts to achieve marriage equality in Thailand, including filing petitions with the Constitutional Court to challenge existing laws that limit marriage to heterosexual couples. Additionally, For-SOGI engages in social work aimed at preventing and treating HIV/AIDS and promotes gender equity in the workplace.	29 November 2024

5.	The National Human Rights Commission of Thailand - NHRCT	Supatra Nakaphiew	The National Human Rights Commission of Thailand (NHRCT) is an independent constitutional organization dedicated to promoting and protecting human rights in the country. Its primary responsibilities include monitoring and investigating human rights violations and abuses, advising government bodies on policies and laws to ensure they align with international human rights standards, and raising public awareness on human rights issues through education and outreach programs. Additionally, the NHRCT reports to international bodies on Thailand's human rights situation, including its treaty obligations. Acting as a bridge between civil society and the state, the NHRCT plays a critical role in strengthening human rights protections across various sectors.	4 December 2024
6.	World Vision Foundation	Chintana Thamsuwan	The World Vision Foundation of Thailand is a humanitarian organization focused on improving the well-being of children, families, and communities, particularly those in poverty or vulnerable situations. Its key areas include child protection and development, community empowerment, health and nutrition, and emergency relief. World Vision Thailand also promotes gender equality and women's rights through initiatives such as the REACH project, which empowers migrant women in construction, and training programs on human rights and gender equality in collaboration with FAIR. Additionally, World Vision Thailand is a recipient of funding from the Global Fund, supporting health-related initiatives, including those focused on HIV, tuberculosis, and malaria, particularly in providing services and support for key populations.	06 Dec 2024

7.	Access to Health and Social Support Promotion Group (APASS).	Nattapon Werapattanawong	The Access to Health and Social Support Promotion Group (APASS) is a non-profit organization in Thailand, established in 2019, with the primary mission of reducing new HIV infections among people who inject drugs (PWID) and minimizing drug-related harm. APASS works to enhance access to health and social services for marginalized groups, including people who use drugs, migrant workers, and LGBTIQ+ communities. It provides health services such as screening and testing for HIV, STIs, hepatitis, and tuberculosis, along with distributing clean syringes, condoms, and lubricants to reduce health risks. APASS collaborates with government, private, and civil society organizations to strengthen health service access and referral systems. The organization operates in six provinces: Bangkok, Pathum Thani, Nonthaburi, Pattani, Yala, and Narathiwat.	06 December 2024
8.	AIDS Division, Bangkok Metropolitan	Kanokrat Lerdtriphop	The AIDS Division of the Bangkok Metropolitan Administration (BMA) is responsible for coordinating and implementing HIV prevention, treatment, and care services in Bangkok. Its goal is to eliminate AIDS by 2030, aligning with the Fast-Track Cities initiative. The division manages 68 public health centers and collaborates with eight BMA hospitals to offer HIV counseling, testing, treatment, and prevention services. It also works with community organizations to support key populations such as men who have sex with men (MSM), transgender individuals, and sex workers. The division contributes to policy development to reduce stigma and ensure equitable healthcare access. Notably, BMA has introduced the "BKK Pride Clinic" to provide gender-inclusive health services and expanded services for migrants to ensure they have access to HIV prevention and care. These efforts aim to provide inclusive and accessible healthcare for all, regardless of gender or migration status.	09 December 2024

9.	International Donor Representative, PEPFAR/CDC Thailand	Farida Langkafah	Farida Langkafah, International Donor Representative, PEPFAR/CDC Thailand, plays a key role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in the country. In partnership with the Thai Ministry of Public Health and other stakeholders, CDC Thailand strengthens disease surveillance, enhances laboratory capacity, and supports HIV prevention efforts such as PrEP and case-finding strategies. Additionally, it aids in HIV care and treatment, works to reduce stigma and discrimination, and focuses on quality improvement. *Please note that this interview reflects the interviewee's personal expertise in the HIV field, based on her experience working with key populations, and does not represent the views of PEPFAR.*	12 December 2024
10.	Rainbow Sky Association of Thailand (RSAT)	Nopphanai Ritthiwong	The Rainbow Sky Association of Thailand (RSAT) is a non-governmental organization focused on improving the lives of LGBTQIA+ individuals in Thailand. Established in 1999, RSAT enhances healthcare access, promotes human rights, and encourages community participation. The organization provides sexual healthcare services, including HIV counseling and testing, and supports marginalized groups such as men who have sex with men, migrants, people who use drugs, sex workers, and transgender individuals. RSAT also advocates for LGBTQIA+ rights, works to eliminate stigma and discrimination, and fosters community engagement through volunteer leadership development. Additionally, RSAT offers free pre-exposure prophylaxis (PrEP) services in collaboration with government partners.	24 January 2025