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NATIONAL AIDS COMMITTEE

National Costed Action Plan

to Eliminate All Forms of HIV-related

Stigma and Discrimination

Thailand Partnership for Zero Discrimination : 2022-2026



National AIDS Committee

by The National Sub-Committee
on AIDS Rights, Promotion and Protection

Topic :

National Multisectoral and Costed Action Plan to Eliminate All Forms of HIV-related Stigma and Discrimination: 2022-2026

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Executive Summary

Thailand is a formal member of the “Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination”, a partnership co-convened by international agencies including GNP+, UNAIDS, UNDP, UN Women, PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Thailand has developed a national, multisectoral and costed Action Plan to eliminate all forms of stigma and discrimination within the country. This Action Plan is designed to support efforts to achieve the goal of ending AIDS by 2030, which is part of the UN Sustainable Development Goals and is at the heart of the Political Declaration on HIV and AIDS adopted by member states around the world.

Thailand’s National Strategy to End AIDS (2017-2030) consists of six key strategies. The fourth strategy focuses on reducing HIV related to stigma and discrimination or gender and has been used as the basis to develop this Action Plan.

This Action Plan centres around four strategic objectives, with a total of 14 result areas across a range of settings: health, education, workplaces, justice, communities and humanitarian/ emergency.

1. Strategic Objective 1 - To ensure that people better understand HIV, human rights and gender diversity, thereby reducing discrimination towards people living with and affected by HIV:

Result Area 1.1 : Raise awareness of HIV-related rights by disseminating information about policies, laws and practices to reduce gender and HIV-related stigma and discrimination in health care, education, and work settings.

Result Area 1.2 : Create a non-discriminatory environment through social media campaigns and building understanding and positive attitudes towards key populations and people living with or affected by HIV. Share information and facts to raise awareness about gender and HIV-related stigma and discrimination. Promote human rights with campaigns and communications across different levels from individual to family, community and the general public.

Result Area 1.3 : Adjust attitudes of family members and the wider community towards people living with HIV and key populations. Promote knowledge and understanding about prevention and control of drug use, including treatment, harm reduction and the rights of people who use drugs through the media and public information campaigns.

2. Strategic Objective 2 - To ensure that public and private in health care, education, workplace and community settings are based on policies, measures and interventions that are gender-sensitive and free from bias, stigma and discrimination.

Result Area 2.1 : Health care settings

- 1) Expand and develop the 3x4 facility-based stigma and discrimination reduction package linked to Continuous Quality Improvement (CQI) and Disease Specific Certification (DSC), including a focus on tuberculosis. Ensure community linkage through the Crisis Response System and Self-stigma Reduction Programme.
- 2) Promote the reduction of stigma and discrimination related to HIV, gender, and drug use in health facilities, prisons and community drug rehabilitation centres, and
- 3) Develop learning and practice guidelines on reduction of stigma and discrimination related to HIV, gender and reproductive health for maternal and neonatal health departments in hospitals.

Result 2.2 : Education settings - Develop operational guidelines and handbooks to protect children and young people and to reduce stigma and discrimination related to HIV and gender in all education settings. Develop monitoring mechanisms with participation from students and parents / caregivers. Promote comprehensive sexuality education in the opportunity expansion schools with a curriculum that includes Positive Learning to meet the needs of learners living with HIVs, reducing gender-related stigma and discrimination.

Measure 2.3: Workplace settings - Expand the AIDS-response Standard Organization (ASO) to reinforce the implementation of national guidelines on AIDS in the

workplace (endorsed by the National Committee for HIV and AIDS Prevention and Alleviation) and Ministry of Labour standard management of HIV/AIDS in the workplace. Develop employment policies and measures that are free from HIV-related discrimination to increase career opportunities for young people and adults living with HIV.

3. Strategic Objective 3 - To enable people living with and affected by HIV to realise their self-worth and deal with problems appropriately, including accessing support and protection when their rights are violated because of their HIV status and/or gender.

Result Area 3.1: Integrate anti-stigma and discrimination measures into community /key population-led health services through the Reach-Recruit-Test-Treat-Prevent-Retain (RRTPR) strategy to improve access to HIV prevention, testing and treatment services for key populations. Increase the communication capacity of community organizations through a mix of online social media.

Result Area 3.2: Support those who experience human rights violations and work to remove discriminatory practices. Build capacity of community/key population-led organizations to respond to rights violations and encourage community participation in the promotion and protection of rights through local mechanisms.

Result Area 3.3: Gather evidence to inform interventions and reduce stigma and discrimination. Develop and implement community-led monitoring systems in health services, educational settings, workplaces and the legal system in order to strengthen efforts to reduce stigma and discrimination.

4. Strategic Objective 4 - To develop laws, regulations and policy mechanisms at local level to protect the rights and respond to the problems of people living with and affected by HIV and key affected populations.

Result Area 4.1: Remove punitive laws that hinder people living with HIV and key populations from accessing services because of their HIV status, gender or drug use. Strengthen laws, regulations and policies to achieve gender equality and prevent discrimination against people living with HIV and key populations.

Result Area 4.2: Scale up mechanisms that prevent rights violations, build the capacity of multidisciplinary teams at all levels, organizations, and regions, and ensure gender and HIV-related stigma and discrimination is reduced in health care, educational settings, and workplaces.

The estimated resource needed to implement this Action Plan from 2022 to 2026 is 216.7 million Thai Baht. Between 2021 and 2023 the total resource need is 125.6 million Baht, yet the estimated resources available are 39.4 million Baht, just 31% of the total. The vast majority of the resources available (81%) are from external sources.

To monitor progress, Thailand has developed a national monitoring and evaluation framework for HIV-related stigma and discrimination with standardized tools. A set of questions to assess stigmatizing attitudes among the general population have been integrated into the Health Examination Survey and Multiple Indicators Cluster Survey (MICS). Measures to monitor experienced and internal stigma among key populations have been integrated into bio-behavioural surveys (BBS). Tools have been created to monitor stigma and discrimination in health

care settings and a real-time Crisis Response Reporting System monitors and responds to human rights abuses experienced by people living with HIV and key populations.

The People Living with HIV Stigma Index is an important key data source, it gathers evidence on how stigma and discrimination impact the lives of people living with HIV. Community-Led Monitoring system will also be routinely providing feedback to address stigma and discrimination at facility and community level.

The Action Plan will be managed by the Sub-Committee on AIDS Rights, Promotion and Protection under the National AIDS Committee. The Division of AIDS and STIs (DAS) in the Department of Disease Control at the Ministry of Public Health serves as the secretary of the Sub-Committee to support and drive implementation at a national level with a requirement for partner agencies to report progress periodically, or at least once a year.

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Abbreviations

ANC	:	Antenatal Care
APASS	:	Association to Promote Access to Health and Social Support
ART	:	Anti-Retroviral Treatment
ASO	:	The AIDS Standards Organization
BBS	:	Bio-Behavioral Survey
CCM	:	Country Coordinating Mechanism
CLM	:	Community Led Monitoring
CQI	:	Continuous Quality Improvement
CRS	:	Crisis Response System
CSO	:	Civil Society Organization
DSC	:	Disease Specific Certification
ECOT	:	Employers' Confederation of Thailand
E-learning	:	Electronic learning
FAR	:	Foundation for AIDS Rights
FHI 360	:	Family Health International 360
FOR-SOGI	:	Foundation for SOGI (sexual orientation and gender identity) Rights and Justice
GAM	:	Global AIDS Monitoring
GF	:	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	:	Global Network of People Living with HIV/AIDS
HR	:	Human Rights
ICW	:	International Community of Women living with HIV
IHRI	:	Institute of HIV Research and Innovation
KPs	:	Key Affected Populations
KPLHS	:	Key Populations Led Health Service
MSM	:	Men who have sex with Men
MSW	:	Male Sex Worker

Ozone	:	Ozone Foundation
PC	:	Partnership Committee
PEPFAR	:	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	:	People Living with HIV
PPAT	:	Planned Parenthood Association of Thailand
PPE	:	Personal Protective Equipment
RRITPR	:	Reach Recruit Test Treat Prevention Retain
RSAT	:	The Rainbow Sky Association of Thailand
RTF	:	Raks Thai Foundation
SDGs	:	Sustainable Development Goals
SISTER	:	Sisters Foundation
SRP	:	Self-Stigma Reduction Programme
SWING	:	SWING Foundation
TB	:	Tuberculosis
TGW	:	Transgender women
TBCA	:	Thailand Business Coalition on AIDS
TDN	:	Thai Drug Users Network
TNAF	:	Thai National AIDS Foundation
TNCA	:	Thai NGOs Coalition on AIDS
TNP+	:	Thai Network of People living with HIV/AIDS
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNAIDS PCB	:	UNAIDS Programme Coordinating Board
UNDP	:	United Nations Development Programme
UN Women	:	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	:	United States Agency for International Development

Background

HIV-related stigma and discrimination remain a barrier to achieving the goal of ending AIDS as a public health threat by 2030 as well as other targets in the Sustainable Development Goals, such as good health and well-being (SDG3) and gender equality (SDG5). In order to end all forms of discrimination, partnerships and collaborations are required from all sectors, at all levels.

In 2018, the “Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination” was formed, co-convened by international organizations and networks including GNP+, UNAIDS, UNDP, UN Women and the Global Fund. PEPFAR has since joined the effort. Thailand formally joined the Global Partnership in March 2020.

Participating countries are asked to translate commitments into action, to strengthen or revitalize partnerships and to continually generate and disseminate evidence-based data to inform policies and programmes. Endorsed by the National AIDS Committee for HIV and AIDS Prevention and Alleviation (NAC), Thailand has emphasized multi-sectoral responses, and taken a whole-of-society and whole-of government approach. Specifically, Thailand has developed a national Action Plan and taken concrete steps to eliminate all forms of HIV-related stigma and discrimination in six specific settings: households and

communities; workplaces; health settings; education settings; justice systems; and emergency and humanitarian settings. The plan builds on the previous efforts in this area and recognises the need to strengthen government and society as a whole in order to achieve the 10-10-10 global targets¹. The NAC has assigned the Subcommittee on AIDS Rights Promotion and Protection to coordinate with key partners to develop and implement the action plan.

A Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 was adopted by Member States at the UN General Assembly High-Level Meeting² on AIDS on 9 June 2021. It includes the goal of ending all forms of gender and HIV-related stigma and discrimination by 2025. In the declaration, member states affirm the right of every human being “to the enjoyment of the highest attainable standard of physical and mental health, and affirm that the availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health and social services, including sexual and reproductive health-care services, information and education, delivered **free from stigma and discrimination**, are essential elements to achieve the full realization of this right”.

¹ https://www.unaids.org/sites/default/files/2025-AIDS-Targets_en.pdf The UNAIDS 2025 targets include the following social enabler targets. Less than 10% of countries have punitive legal and policy environments that deny or limit access to services. Less than 10% of people living with HIV and key populations experience stigma and discrimination. Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

² https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids

Article 65 focuses completely on stigma and discrimination. It commits to “eliminating HIV-related stigma and discrimination and to respecting, protecting and fulfilling the human rights of people living with, at risk of, and affected by HIV, through concrete resource investment and development of guidelines and training for healthcare providers.” It calls on states to:

- create an enabling legal environment;
- to adopt and enforce legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV;
- expand investment in societal enablers including protection of human rights, reduction of stigma and discrimination and law reform;
- end impunity for human rights violations against people living with, at risk of and affected by HIV by meaningfully engaging and securing access to justice for them;
- work towards the vision of zero stigma and discrimination against people living with, at risk of and affected by HIV, by ensuring that less than 10% experience stigma and discrimination by 2025;

- ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination;
- ensure that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent.

The latest UNAIDS Global AIDS Strategy (2021 - 2026) focuses on ending AIDS as a public health threat by 2030. At the core of the strategy is a vision of zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination.

One of the key strategic priorities in the new strategy is to breakdown the social and legal barriers to achieving HIV outcomes. This includes the removal of punitive and discriminatory laws and policies, including laws that criminalize sex work, consensual same-sex sexual relations, and drug use or possession for personal use, as well as laws that criminalize HIV exposure, nondisclosure or transmission. The strategy also calls for protective and enabling legislation and policies.

HIV-related Stigma and Discrimination in Thailand



Thailand began work to reduce gender and HIV-related stigma and discrimination with the launch of its National AIDS Strategy for 2014-2016. This took the lead from UNAIDS global AIDS strategies:

1. **Getting to Zero**, also known as the “Three Zeros,” was a strategy aimed at reducing:
 - 1) new HIV infections; 2) AIDS-related deaths; and 3) HIV-related stigma and discrimination.
2. **Fast-Track Strategy**, created to improve access to antiretroviral treatment (ART), aimed for 90% of people living with HIV to know their HIV status, 90% of people diagnosed with HIV to receive sustained antiretroviral treatment (ART), and 90% of people on ART to achieve viral suppression.

Significant progress was made towards these **90 - 90 - 90 goals** in Thailand. The first and third targets were reached at the end of 2019³. However, over 50% of people living with HIV were still being diagnosed late, after their CD4 levels had dropped below 200.

In line with the global HIV response, the Thailand National AIDS Strategy 2017 - 2030⁴ aims to:

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

This latest National AIDS Strategy is based on 3 key principles:

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

³ 2020 Global AIDS Report, UNAIDS, July 2020.

⁴ Thailand National AIDS Strategy 2017 - 2030 by National Committee for the Prevention and Response to AIDS September

To achieve the three goals by 2030, six strategies have been identified. Strategy 4 focuses on stigma and discrimination and is the basis for the Action Plan described in this report.

In 2012, Thailand developed a comprehensive stigma and discrimination monitoring and evaluation framework to collect strategic information from key groups such as health care providers, people living with HIV, key affected populations, and general populations. A system to report on human rights violations relating to HIV was also established and became part of a routine monitoring system to track progress and design effective interventions to reduce stigma and discrimination.

2.1 Progress and challenges in implementation at policy level

Over the last 10 years, Thailand has been seen as a leader in efforts to reduce HIV-related stigma and discrimination. Starting with a Cabinet Resolution on HIV/AIDS in 2007⁵, the government adopted a policy to reduce inequality in society including under privileged groups. To promote social justice for people living HIV, people with disabilities, and drug users who have recovered from addiction, action has been taken to:

1. Prohibit legislation that infringes the rights of people living with HIV or AIDS, people with disabilities, and recovered drug users.
2. Prohibit discrimination on the basis of HIV status, disabilities, and drug use in education, scholarships and employment.

3. Ensure equal rights of people living with HIV, people with disabilities, and drug users in competitive examinations for higher education and employment, admission to academic institutions, access to scholarship opportunities, job applications, recruitment, and career promotion within civil service and business corporations.
4. Ensure personnel in the civil service and private sector understand the importance of providing education and employment opportunities for people living with HIV, people with disabilities, and recovered drug users while building positive attitudes about living alongside people living with HIV to prevent stigma and resistance from co-workers.

2.2 Progress and challenges with implementation in brief

1. **Health Care Settings** : Thailand was the first country in Asia to take innovative and systematic action to reduce stigma and discrimination in health care settings. The Division of AIDS and STIs (DAS) supported by UNAIDS established surveys to understand the levels of stigma and discrimination in health facilities. Health care providers conducted a

⁵ https://www.ocsc.go.th/sites/default/files/attachment/page/cl38_2550.pdf

survey that was then scaled up to become a national monitoring system. Later in 2014, a 3x4 facility-based stigma and discrimination reduction package was developed for health care settings. It was piloted in six hospitals across three provinces supported by USAID.

In 2018, the 3x4 Package merged with the Continued Quality Improvement (CQI) programme, expanding its implementation to 50 additional hospitals in 16 provinces to cover all health districts. 7,482 health professionals were trained, and the intervention was scaled up to more than 60 hospitals nationwide to cover almost every province. In addition, E-learning stigma and discrimination reduction modules were developed for the first time. Launched in Bangkok, in 2019, they have been accessed by over 10,000 participants and alongside this civil society developed a package of interventions to reduce stigma and discrimination in key population-led health services.

With support from the Global Fund for 2021-2023, Thailand hopes to enhance its efforts to reduce stigma and discrimination in health care facilities, expand its programme coverage and bring changes at a national level.

2. Workplace Settings : Since 2004, the Thai Business Coalition on AIDS (TBCA) has collaborated with the Department of Labour Protection and Welfare, Ministry of Labour to promote an understanding of HIV in the workplace. With cooperation from private business and civil society, the AIDS response Standard Organization (ASO) was created to promote workplaces that are free from stigma and discrimination and to improve policies, such as removing compulsory HIV blood tests for job applications or employment. Since 2014, the Division of AIDS and STIs (DAS), Department of Disease Control has been running a campaign entitled “We Care for AIDS in the Workplace”⁶ among government agencies.

In 2020, the Department of Labour Protection and Welfare, Ministry of Labour released a Notification⁷ calling on employers to protect and promote fair treatment and coexistence with people living with HIV in the workplace by eliminating discriminatory HIV testing in application and employment processes and not disclosing people’s HIV status. It also encouraged action to prevent, control, and reduce the impact of HIV transmission through voluntary testing and prevention services.

⁶ http://203.157.196.7/web_ssj/webmanager/uploads/2018-03-08105517คู่มือการดำเนินงานองค์กรดูแลห่วงใยใส่ใจป้องกันเอดส์ในที่ทำงาน.PDF

⁷ Notification of Ministry of Labour on “Standard Prevention and Management of AIDS in the Workplace” dated 5 November 2020.

Nonetheless, recent evidence has shown that people living with HIV continue to struggle to gain employment and lose their jobs due to their HIV status, while compulsory HIV testing still takes place as part of some recruitment processes. Partnership between the public and private sector is required to catalyze change effectively.

3. Education Settings: In 2014, the national health examination household survey found that 24% of respondents believed children living with HIV should not be allowed in class with other students. Children living with HIV have been excluded or expelled from school. There is clearly a need for urgent collaboration among stakeholders to ensure educational institutions are free from stigma and discrimination.

A policy for non-discriminatory applications, admissions and enrolment in education⁸ was introduced in 2017 to ensure all educational institutions affiliated with the public, private and local authorities are free from stigma and discrimination. If this policy is to succeed, effective monitoring and support are essential.

4. Justice Settings: Informed by an extensive review of laws and regulations supported by UNAIDS, the National subcommittee on AIDS Rights Promotion and Protection has drafted a bill on the elimination of discrimination and submitted it to the Thai parliament for consideration.

Despite sensitization efforts including training for justice personnel and officials to improve understanding and reduce stigma and discrimination, there is evidence that police continue to arrest people possessing needles, syringes and condoms. This has been a key barrier preventing people who use drugs and sex workers from accessing health and HIV prevention services.

Many countries in Asia and the Pacific region continue to have legal and policy barriers to the AIDS response⁹, for example, punitive laws and death sentences on drug offences, and failure to implement proven HIV prevention measures such as distribution of clean needles and syringes.

Thailand has legalised cannabis and hemp for medical treatment, and excluded Kratom from

⁸ http://www.dla.go.th/upload/document/type2/2017/3/17968_1_1489632683632.pdf?time=1489762931727

⁹ Legal and policy trends: Impacting people living with HIV and key populations in Asia and the Pacific 2014 - 2019 by Joint United Nations Programme on HIV/AIDS (UNAIDS)

the list of category 5 narcotics. There are policies to encourage treatment and rehabilitation for drug users rather than imprisonment, and consensual same-sex sexual activities between adults are legal. However, prostitution remains illegal and sex workers are criminalised; these measures need to be reviewed in order to create an enabling legal environment to end AIDS by 2030.

As part of a Global Fund-sponsored programme for 2021-2023, Thailand is developing an empirical and independent drug use rehabilitation and treatment system. The model is based on the principle that drug users are patients who need treatment and respect for their rights. It aims to reform the compulsory rehabilitation model into a voluntary treatment and support system led by the community.

Between 2017 and 2019, the Ministry of Public Health joined with the Office of the Attorney General, civil society and communities to develop a web-based Crisis Response System (CRS) called “Pokphong” to prevent human rights violation and stigma and discrimination against people living with HIV and key affected populations in 14 provinces. The intervention is now being scaled up across Thailand.

5. Community settings : The Thai Network of People Living with HIV (TNP+) in collaboration with GNP+, ICW and UNAIDS conducted a research project called the “Stigma Index” aimed at assessing the stigma and discrimination experienced by people living with HIV in many sectors. The results have led to recommendations for a set of interventions to be implemented by provincial networks in many areas.

The PLHIV Stigma Index (2009) found that more than half (52%) of the general population have discriminatory attitudes towards people living with HIV, one key indicator was their refusal to buy food from people living with HIV.¹⁰

HIV prevalence is rising among key affected populations and vulnerable groups and stigma and discrimination are a barrier to their good health and wellbeing. The integration of stigma and discrimination reduction into community-led services and interventions (including for women and young people) are needed to bring about changes in values and norms and consequently a reduction in stigmatising and discriminatory practices.

¹⁰ The 2014 National Health Examination Survey.

Social judgments, including within the family and community, lead to people living with HIV experiencing self-stigma, fearing discrimination from others, and can prevent them accessing health services. Surveys found that some people living with HIV chose not to seek essential treatment from health care services, at the same time there was an increase in self-stigma from 24% in 2015 to 35% in 2017¹¹. Self-stigma is widespread among key affected populations, but there are some signs of improvement as people are less embarrassed to be seen as a member of a key population group. For example, between 2016 and 2018 levels of embarrassment among transgender women decreased from 22% to 9%, and among MSM dropped from 19% to 14%.¹²

TNP+ continues to carry out community-based programmes and has integrated measures to reduce stigma and discrimination into the Strategic Plan for a comprehensive continuum of HIV services strategy for 2020-2022.¹³

6. Emergency and Humanitarian Settings :

Thailand has anticipated a number of emergencies previously but there is no systematic approach to ensuring human rights support is provided. During the recent COVID-19 pandemic TNP+ and relevant agencies/organizations delivered antiretroviral drugs to people who were unable to attend hospitals for follow-up treatment or medication.

2.3 Development of a national multisectoral and costed action plan to eliminate all forms of HIV-related stigma and discrimination

With support from UNAIDS, the Subcommittee on AIDS Rights Promotion and Protection was appointed to establish a working group for the development of a national Action Plan towards the end of 2020 and beginning of 2021. 19 government organizations (including Ministry of health and line ministries) and more than 20

¹⁰ The 2014 National Health Examination Survey.

¹¹ Stigma and discrimination among Health care providers, people living with HIV in health care settings in Thailand: Findings from 2014-2015 and 2017, Department of Disease Control, October 2019

¹² Siraprasiri, T., Srithanaviboonchai, K., Chantcharas, P., Suwanphatthana, N., Ongwandee, S., Khemngern, P., Benjarattanaporn, P., Mingkwan, P., Nyblade, L. (In press). Integration and scale-up of HIV-related stigma measurement and reduction towards ending AIDS: The experience of Thailand. AIDS

¹³ Strategic Plan for a comprehensive and continuum of HIV services 2020-2022, Thai Network of People Living with HIV/AIDS (TNP+), Dr. Yupadee Sirisnisuk and Ma Teresita Prombuth, July 2020.

civil society and community-based organizations (including people living with HIV, key populations and others) fully engaged with and significantly contributed to the development of this plan. Thailand also leveraged an existing mechanism, the People Living with HIV and Key Affected Population Partnership Committee of the Global Fund's Country Coordinating Mechanism.

79 national partners participated in multi-stakeholder consultations to ensure that diverse stakeholders were well informed and agreed with

the priorities and the desired outcomes of the Action Plan. Each organization was specifically encouraged to commit to and invest in the implementation of the activities proposed in the Action Plan. A draft of the Action Plan was also reviewed by independent experts.

In November 2021, the Action Plan was endorsed by the Subcommittee on AIDS Rights Promotion and Protection ready to be finally endorsed by the National AIDS Committee in 2022.



Vision, Goals, Strategic Action Framework, and Targets



Thailand has joined the international community in adopting the 2021 Political Declaration on HIV/AIDS to end AIDS by 2030 and sees ending HIV-related discrimination as fundamental to achieving the goal of zero new infections and zero AIDS-related deaths. To achieve this Thailand has developed a Strategic Action Framework and is committed to working to build multi-sectoral partnerships to take ownership of the Framework and work together to resource and implement it.

The strategic action framework has three broad components;

1. Promotion of broader social environment: raise awareness and understanding to increase positive attitudes towards people living with HIV among the general population (Strategic Objective 1)
2. Development of targeted, tailor-made packages for various target groups to ensure public and private organizations within health

care, education, workplace and community settings have non-discriminatory policies and services that are accessible and suitable for key populations and people living with or affected by HIV. (Strategic Objective 2-3)

3. Strengthening structural environment, policies, laws and rights protection mechanisms. (Strategic Objective 4)

Ownership

Ownership is key to the success of the Action Plan in order to achieve implementation and sustainable resource allocations. It is therefore essential to build leadership and multisectoral partnerships with collaboration between government, civil society and private sectors at all levels. The Subcommittee on AIDS Rights Promotion and Protection under the National Committee for the Prevention and Response to AIDS is responsible for driving forward the “Thailand Partnership for Zero Discrimination”. The figure below outlines the key elements of the Framework.

Figure 1 : Vision, Goal and Strategic Action Framework to Zero HIV-related Stigma and Discrimination

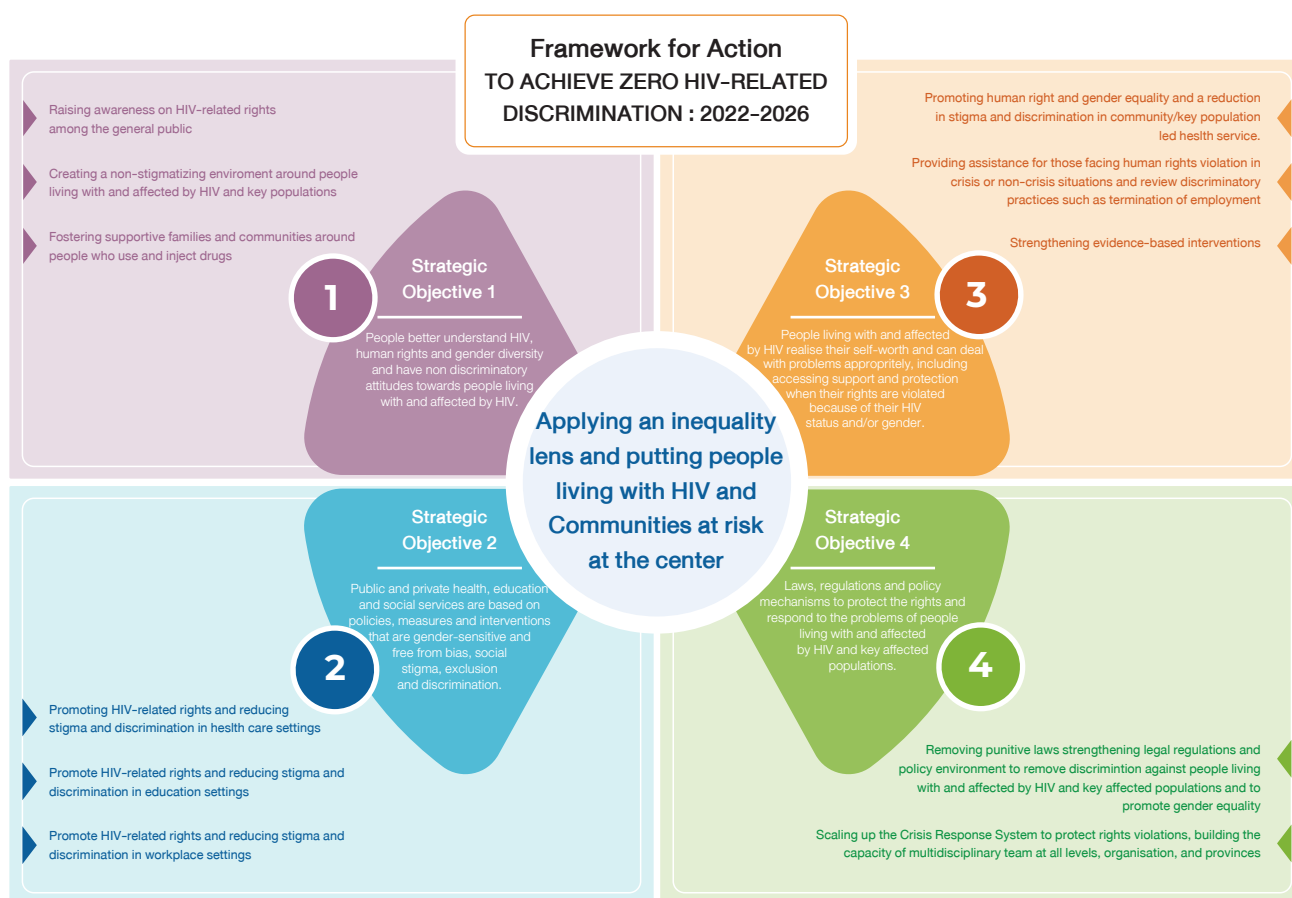


Framework for Action

Following consultations with multi-sectoral partners, 11 result areas have been identified across 6 settings: 1) Health care 2) Education 3) Work 4) Community 5) Justice 6) Emergency and Humanitarian. Throughout the development of the framework an inequality lens was applied, and people living with and affected by HIV were put at the centre.

The framework also contains three cross-cutting issues: 1) Ensuring rights protection in times of crisis (such as the COVID pandemic) 2) Promoting gender equality in all operational measures 3) Evidence-based monitoring and evaluation to ensure effective programme design, progress tracking, and timely adaptation of interventions where needed to achieve the objectives.

Figure 2 : Framework for Action to Zero HIV-related Stigma and Discrimination



Cross-cutting issues HIV in humanitarian and emergency settings, promotion of gender equality and monitoring and evaluation

Targets

The Strategic Action Plan also includes a set of 10 core targets to achieve by 2025 - see figure 3. There is an emphasis on putting in place discrimination-free policies and actions at organizational levels, including within government agencies, civil society, and private sector

organizations. While at outcome level, national targets are in line with global targets that aim to ensure that less than 10% of people living with or affected by HIV and members of key populations experience stigma or discrimination.

Figure 3 : Core Targets of Thailand Partnership for Zero Discrimination



Thailand Partnership for Zero Discrimination Action Plan 2022-2026



► **Strategic Objective 1** : To ensure that people better understand HIV, human rights and gender diversity, thereby reducing discrimination towards people living with and affected by HIV.

RESULT AREA 1.1 - RAISING AWARENESS OF HIV-RELATED RIGHTS AMONG THE GENERAL PUBLIC

Disseminate information about policies, laws and practices related to HIV, stigma and discrimination and gender in different settings to enable the general public to better understand human rights and the harmful laws and policies that hinder access to HIV services for people living with HIV and key populations and support changes to improve those laws and policies.

Build understanding on human rights and HIV-related laws among community and opinion leaders including journalists, civil society advocates and website administrators and encourage them to mobilize and foster general public support for change.

RESULT AREA 1.2 - CREATING A NON-DISCRIMINATORY ENVIRONMENT AROUND PEOPLE LIVING WITH AND AFFECTED BY HIV AND KEY POPULATIONS.

Sensitize the general public about issues facing people living with HIV and key populations through ongoing mass communication strategies, on social media.

Through these campaigns share facts and raise awareness about HIV-related stigma and discrimination, gender inequality and human rights with a focus on the different levels from individual to family, community and the general public.

RESULT AREA 1.3 - FOSTER SUPPORTIVE FAMILIES AND COMMUNITIES AROUND PEOPLE WHO USE AND INJECT DRUGS

Raise awareness among families and communities about HIV transmission and stigmatizing behaviour related to HIV and/or drug use. Interventions will focus on drug users as patients and will encourage people with family members who use drugs or are living with HIV not to discriminate against them. Work will be done with communities and opinion leaders to conduct stigma-reduction public events and media campaigns in selected communities, combined with advocacy and engagement with CBOs working in harm reduction. There will also be a focus on preventing the violence experienced by women who use drugs.

► Key Results Expected by 2025

1. At least 20% of the general population is exposed to information on stigma and discrimination and rights related to HIV, gender and drug use.

	Output	Measure	Responsible Organizations
1	Capacity building on human rights and the bill to eliminate discrimination against individuals for 80 civil society advocates and 40 website administrators from community networks.	<ol style="list-style-type: none"> 1. Training on human rights, HIV-related stigma and discrimination and gender equality, and understanding the bill to eliminate discrimination against individuals for website administrators. 2. Training to develop campaign communication capacity for civil society. 	Foundation for AIDS Rights (FAR), Partnership under the project of Thai Health Promotion Foundation, Partnership under the projects supported by Global Fund Offices, PC-CCM,
2	Production of online media and other communications to build an understanding of stigma and discrimination, and the bill to eliminate discrimination (10 publications per year by Communications Officers from civil society organizations.)	<ol style="list-style-type: none"> 1. Public communication to develop a mechanism to protect rights and promote the law to eliminate discrimination. 2. Campaign to disseminate information about policies, laws, and practices related to HIV/tuberculosis to reduce barriers to access services. 	Sub-Commission on the Promotion and Protection of Human Rights including the disabled, people living with HIV, elderly, juvenile, drug users, workers, people of different races and LGBTQ+
3	Production and dissemination of an information package about reducing HIV-related stigma and discrimination and gender inequality and promoting human rights.	<ol style="list-style-type: none"> 1. Social media communication to raise awareness on HIV, gender, and harm reduction, and to provide accurate information to counter myths and misunderstandings, in order to stop HIV transmission, and HIV-related stigma and discrimination. 2. Two-way communication approaches to encourage respect for rights, and to reduce stigma and discrimination among communities and networks. 	
4	Media and communications work on rights issues relating to people who use drugs including raising awareness on issues around treatment, harm reduction, and rehabilitation.	<ol style="list-style-type: none"> 1. Improving information dissemination channels to effectively raise public awareness about drugs programmes at national and sub-national levels. 2. Increasing knowledge and awareness of treatment and rehabilitation for drug users, involving their families and communities. 	Office of the Narcotics Control: Board Ministry of Justice.

	Output	Measure	Responsible Organizations
5	TV commercials and movies to build positive messaging about HIV-related rights, gender diversity, and harm reduction.	1. Development of TV and film media to promote positive messages and information around respect for gender diversity, and reduction of stigma and discrimination related to HIV and drug use.	The Government Public Relations, Division of AIDS and STIs/MOPH, Thai Health Promotion Foundation

► **Strategic Objective 2** : To ensure that public and private in health care, education, workplace and community settings are based on policies, measures and interventions that are gender-sensitive and free from bias, social stigma, exclusion and discrimination.

RESULT AREA 2.1 - PROMOTING HIV-RELATED RIGHTS AND REDUCING STIGMA AND DISCRIMINATION IN HEALTH CARE SETTINGS.

The 3 by 4 Approach to ensuring health facilities are free from stigma and discrimination

The 3x4 Facility-based Stigma and Discrimination Reduction Package aims to tackle four key drivers of stigma and discrimination:

- 1) **Awareness** - to sensitise health workers around HIV-related stigma and discrimination.
- 2) **Attitude** - to learn how certain stereotypes and judgements can lead to negative attitudes towards people living with HIV.
- 3) **Fear of Infection** - to understand the causes of any fear or anxiety, and to reinforce precautionary practices and service recipients' rights.
- 4) **Environment in health facilities** - to review service provision guidelines and regulations that can lead to stigma and discrimination.

There are 3 levels of interventions:

1) Individual training for health workers.

The course, developed from a global training curriculum, is a participatory and collective learning process across one or two days, and the E-learning programme allows learners to schedule their own time. At the core of these curricula is the inclusion of people living with HIV and members of key populations as co-speakers sharing experiences of discrimination.

2) System or health facility structural interventions.

Including stigma and discrimination surveys to study the situation in health care settings; health care provider-led development of service delivery guidelines; integration of stigma and discrimination into hospital service quality improvement strategies; and development of an operational plan.

3) Community Linkage Interventions.

To engage people living with HIV, key populations and civil society partners in consultations and listening to the voices of service recipients.

The 3x4 Facility-based Stigma and Discrimination Reduction Package was piloted at six community hospitals in 2016 before it was adopted as standard practice by hospitals in all health districts nationwide. Opportunities for E-learning have been increased to help more health care staff participate in the training.

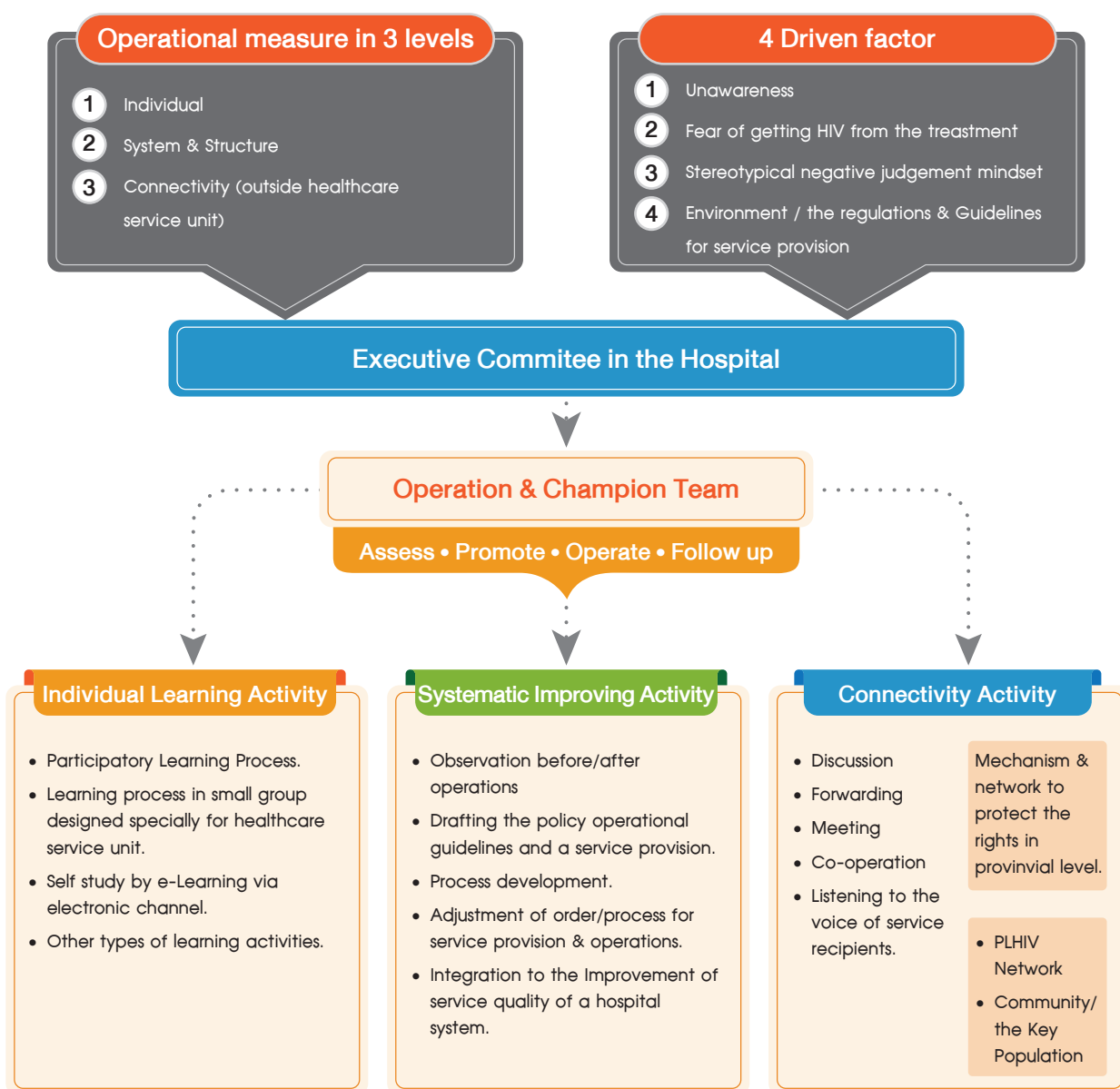
These efforts to reduce stigma and discrimination have been integrated with other processes including Continuous Quality Improvement (CQI), Disease Specific

Certification (DSC), an initiative to reduce self-stigma among people living with HIV and key populations, the tuberculosis programme, and the Crisis Response System (CRS) for people living with HIV and key populations experiencing human rights violations.

The 3x4 Package has also been adapted for use in community/key populations-led health services in some provinces.

Figure 4 : The 3x4 Facility-based Stigma and Discrimination reduction Package

A set/operational guideline 3x4 without any stigma and discrimination for healthcare centers



Source : Siriprasiri T., Srithanaviboonchai K., Chantcharas P., Suwanphatthana N., Ongwandee S., Khemngern P., Mingkwan P., Nyblade L., (In press). Integration and scaieup of HIV-related stigma measurement and reduction towards ending AIDS: The Experience of Thailand. AIDS

► **There are 3 specific action plans for this Result Area:**



[Action Plan 2.1.1](#) Expansion of the 3x4 Facility-based Stigma and Discrimination Reduction Package through:

- 1) Development of a broader scope of interventions to address stigma and discrimination reduction related to TB, self-stigma, and key populations.
- 2) Enhancing community linkage via the CRS and rights protection mechanism at provincial level.
- 3) Expansion of CQI and acceleration to an accredited hospital for disease-specific services through DSC. Also expansion of E-Learning programmes on stigma and discrimination reduction in health settings for health care providers and medical students with the aim of covering health facilities and medical schools across the country. This will be implemented by the Division of AIDS and STIs (DAS), Department of Disease Control, Ministry of Public Health in partnership with provincial health offices. Facilitated by the Health Department and Medical Service Department of the Bangkok Metropolitan Administration (BMA), the 3X4 package will be scaled up in hospitals and public health centres in Bangkok. Capacity building for community health workers in Key Population-Led Health Services will take place where service delivery guidelines have been developed by communities based on the RRTTPR (Reach Recruit Test Treat Prevention Retain) approach.

[Action Plan 2.1.2](#) Promoting the reduction of stigma and discrimination related to HIV and drug use in prisons and community drug rehabilitation centres. Interventions in prisons to be carried out by the Department of Corrections and supported by Division of AIDS and STIs (DAS), DDC, to reduce stigma and discrimination and to ensure prisoners can continue to access essential care, treatment and prevention services. The Office of the Narcotics Control Board will upgrade civil society's drop-in centres to provide rehabilitation for people who use drugs, and build capacity of health professionals on human rights, stigma and discrimination reduction, and gender, in line with the operational plan on drug abuse prevention and control of 2021, which focuses on harm reduction services.

[Action Plan 2.1.3](#) Development of learning process and practice guidelines on reduction of stigma and discrimination related to HIV, gender and reproductive health for Mother and Child Health Clinics in hospitals - promoting a participatory training through the 3x4 Package or E-Learning among antenatal care (ANC) providers, and creating discrimination-free ANC service delivery guidelines. To be carried out by the Department of Health, Ministry of Public Health, the plan includes organizing training on stigma and discrimination reduction in HIV and sexual and reproductive health service delivery for ANC professionals and ART clinics, stigma and discrimination reduction in pregnant women and women living with HIV, and producing a report and policy proposal on the development of a discrimination-free SRHR system to be implemented by the Women Living with HIV Foundation.

► Key results expected by 2025

1. Less than 10% of people living with HIV and people from key populations avoided or delayed access to health care services due to fear of HIV-related stigma and discrimination.
2. Zero pregnant women living with HIV report being advised by health care provider to terminate a pregnancy in the last 12 months because of their HIV status.
3. 807 public and private health facilities and prisons implement discrimination-free policies and measures and promote gender equality.
4. 80% of health care staff from public health facilities, prisons, and community health workers, as well as medical and nursing students from universities with medicine faculties in 77 provinces, are trained on the 3x4 package or CQI/DSC or E-Learning to reduce stigma and discrimination related to HIV, gender, drugs and other sensitive issues.

Outputs, Measures, and Responsible Organizations

	Output	Measure	Responsible Organizations
1	<p>80% of hospitals in 77 provinces (including Bangkok) implement at least one of the following stigma and discrimination reduction activities:</p> <p>1.1 At least 20% of health facility staff receive participatory training with communities of PLHIV/KPs on stigma and discrimination reduction.</p> <p>1.2 CQI to reduce stigma and discrimination related to HIV, TB and KPs in health setting is in place.</p> <p>1.3 80% of health facility staff in hospitals trained on E-Learning</p> <p>1.4 Self-stigma Reduction Programme (SRP) is implemented in at least one hospital in each province.</p>	<ol style="list-style-type: none"> 1. Monitor stigma and discrimination in health facilities in a high-risk area every 2 years. 2. Improve quality of service delivery based on the 3x4 approach, accelerate CQI, and encourage hospitals to register for DSC. 3. Facilitate participatory training for health professionals in health facilities following the 3x4 approach with two learning options: small-group training in the hospitals or self-learning via the E-Learning programme. 4. Scale up the Self-stigma Reduction Programme 5. Promote access to the 3x4 Package, CQI, DSC or E-Learning among health professionals in BMA hospitals. 6. Develop operational guidelines to reduce stigma and discrimination in relation to TB and services for KPs. 7. Conduct a civil society review of service delivery and develop service provision guidelines for RRTIPR without stigma and discrimination. 	<p>Division AIDS and STIs (DAS)/MOPH, Bangkok Medical Service Department, Centre for Disease Control and Prevention 1 - 12 and Urban Institute for Disease Prevention and Control, Provincial Health Office.</p>
2	<p>35% of prisons reduce gender and HIV-related stigma and discrimination.</p>	<ol style="list-style-type: none"> 1. Develop a learning process to reduce stigma and discrimination related to HIV and gender in prisons. 	<p>Department of Corrections, Division of AIDS and STIs/MOPH</p>

	Output	Measure	Responsible Organizations
3	80% of universities with health courses encourage medical and nursing students to enrol in stigma and discrimination E-Learning programme.	1. Develop and promote stigma and discrimination E-Learning programme for medical students and nursing students.	Division of AIDS and STIs /MOPH, Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University.
4	Production of media and communication material on stigma and discrimination reduction in health settings and share with 79 health facilities (11 hospitals and 68 community health clinics).	1. Monitor stigma and discrimination levels in health facilities in Bangkok. 2. Produce PR materials to reduce stigma and discrimination in health facilities.	AIDS, TB and STI Division/ The Health Department, BMA.
5	Preparation of discrimination-free health service delivery guidelines for ANC and related departments.	1. Reduce stigma and discrimination, improve services quality, and prepare service provision guidelines for Mother and Child Health Clinics in hospitals across the country. 2. Promote access to the 3x4 Package or E-Learning programme among mother and child health professionals in public hospitals. 3. Organize training on stigma and discrimination reduction in the context of SRHR and HIV for health professionals in ANC and ART clinics in public hospitals. 4. Summarise the outcomes and prepare discrimination-free policy recommendations on SRHR.	Department of Health, and the network of women living with HIV, Division of AIDS and STIs (DAS)/MOPH
6	55% of patients who are in the drug rehabilitation centres are retained in quality care until follow-up.	1. Improve operational guidelines to treat "drug users as patients" in collaboration with health facilities under MOPH. 2. Provide health professionals with media and communication tools to support the implementation of a community-led care programme for people who use drugs. 3. Provide harm reduction services to all drug-user patients in hospitals. 4. Establish Drop-In Centre as a rehabilitation centre for drug-user patients: 29 centres in 20 provinces.	Office of the Narcotics Control Board: Ministry of Justice, Raks Thai Foundation and Partners of Global Fund, Division of AIDS and STIs/MOPH

	Output	Measure	Responsible Organizations
7	50% of drug-user patients receive continuous treatment and care from community-based service providers.	<ol style="list-style-type: none"> Promote community involvement in support for people who use drugs. Provide information and tools to help families and communities understand about care and support for people who use drugs. 	Office of the Narcotics Control Board: Ministry of Justice, Raks Thai Foundation and Partners of Global Fund.

RESULT AREA 2.2 - PROMOTING HIV-RELATED RIGHTS AND REDUCING STIGMA AND DISCRIMINATION IN EDUCATION SETTINGS.

The rights of children and students living with HIV in education settings are protected by a cabinet resolution from 2007: "It is prohibited to regard any causes from AIDS, disability, or a past experience of drug abuse to be the cause of deprivation of rights to get access to medical treatment, academic scholarship, employment and any advancement of life/career, or in order to terminate academic status or employment."

The Office of the Permanent Secretary, Ministry of Education and Bangkok Education Office will translate these guidelines into practice, in particular developing and disseminating an operational handbook and building the capacity of officials working in academic institutions. Tools and mechanisms will also be developed or adopted¹⁴

to encourage students and guardians to support students and sex education will be expanded to more schools - with a focus on respect for gender difference and reducing stigma and discrimination between teachers and students and the right to confidentiality and recognize the presence of HIV positive learners.

► Key Results Expected by 2025

1. Less than 10% of students or school applicants are tested for HIV without their consent.
2. Less than 10% of students or school applicants living with HIV experience discrimination related to HIV in education settings.
3. 17,609 schools implement discrimination-free HIV policies and measures, and promote gender equality.

¹⁴ Positive learning: how the education sector can meet the needs of learners living with HIV, UNESCO. Link: <https://unesdoc.unesco.org/ark:/48223/pf0000380025>

Outputs, Measures, and Responsible Organizations

	Output	Measure	Responsible Organizations
1	Developing guidelines to protect children's rights and reduce gender and HIV-related discrimination in schools and distributing them to all academic institutions across the country.	<ol style="list-style-type: none"> 1. Set up operational guidelines and a handbook on stigma and discrimination in academic institutions for all levels, areas and sectors. 2. Develop and introduce the handbook to promote HIV-related rights protection in particular rights HIV positive learners in academic institutions, ensure they are put into practice. 3. Develop a training course for school and education management executives on rights protection for children and juveniles in academic institutions. 4. Develop tools and mechanisms to monitor policies of non-discrimination in academic institutions, and organize training for system administrators. 	Office of the Permanent Secretary for Education, Office of the Basic Education Commission: OBEC, Office of the Vocational Education Commission, Office of the Private Education Commission: OPEC, Office of the Non-Formal and Informal Education: NFE, Division of AIDS and STIs/MOPH, Path2health Foundation.
2	17,500 workers from schools and educational institutions in 77 provinces are aware of and implement policies and guidelines to protect children's rights and reduce gender and HIV-related discrimination ¹⁵ .	<ol style="list-style-type: none"> 1. Organize training on how to use the tools and monitor policies of non-discrimination and promoting HIV-literate and sensitize to the issues. 2. Ensure good quality, non-stigmatizing, comprehensive sexual education needed to be provided to children and young people and address particular needs of young People living with HIV. 3. Develop a clear system to support students in cases of rights violation due to HIV, gender, and/or drug use in all education settings and link to social protection services. 4. Develop a mechanism to monitor implementation of non-discrimination policies in collaboration with parents and youth leaders in schools. 	Ministry of Education
3	109 schools and educational opportunity expansion schools in Bangkok provide sensitization around HIV, stigma and discrimination issues, sex education and gender equality.	<ol style="list-style-type: none"> 1. Promote teaching about stigma and discrimination reduction and gender equality as part of the AIDS response and prevention project run by the educational opportunity expansion schools in Bangkok. 2. Support youth leaders in schools to campaign and organize activities about living with HIV. 	Education Department and Health Department/ BMA.

RESULT AREA 2.3 - PROMOTING HIV-RELATED RIGHTS AND REDUCING STIGMA AND DISCRIMINATION IN WORKPLACE SETTINGS.

In 2004, the Thailand Business Coalition on AIDS (TBCA) in collaboration with the Department of Labour Protection and Welfare, Ministry of Labour stipulated how HIV/AIDS should be managed in the workplace, known as the AIDS Standards Organization (ASO). In 2007, the Cabinet adopted a Resolution on HIV, it prohibits government agencies and state enterprises from discriminating on the basis of HIV status, disabilities, or drug use and requires stakeholders to ensure that civil service personnel and private businesses understand the importance of providing equal education and employment opportunities for people living with HIV, people with disabilities, and drug users who have recovered from addiction. It also calls on private businesses to recruit these populations.

In 2012, the National AIDS Committee endorsed national guidelines for HIV in the workplace, and more recently, in 2020, the Ministry of Labour announced a further notification¹⁶ regarding the prevention and management of AIDS in the workplace.

- **Article No.2 :** Requires equal treatment of people living with and affected by HIV. It prohibits mandatory HIV testing in recruitment processes, requires personal data regarding HIV status to be kept confidential, and encourages

sensitization of employees (including management) on issues around HIV.

- **Article No.3 :** Encourages health seeking behaviour and in particular calls on employers to ensure staff have the knowledge needed to understand the risks of certain behaviour, to promote voluntary HIV testing and to provide preventive supplies such as condoms.
- **Article No.4 :** Encourages employers to support people living with and affected by HIV by ensuring they have official employed status under the law, providing equal access to benefits and welfare, and supporting people's physical wellbeing whether that is to access treatment or take time off if they are unwell.

HIV-related discrimination in the workplace is prohibited by the Department of Labour Protection and Welfare through the Thai Labour Standard.¹⁷ It also contributed to supporting the following action plan:

Action Plan 2.3.1 To encourage the implementation of national guidelines on the management of AIDS in workplaces and organizations, particularly to prevent job applicants/ employees from being asked to conduct HIV tests and to ensure that the HIV status of all employees is confidential. This is to be done in collaboration with local medical service units, organized by the Division of AIDS and STIs (DAS), Department of Disease Control, the Office of Disease Control and Protection at district level, the Provincial Health Office and the TBCA.

¹⁵ <https://data.go.th/dataset/thailand-school> Number of workers was estimated from 35,000 schools under Ministry of Education with 1 worker per school.

¹⁶ Notification of Ministry of Labour on Prevention and Management of AIDS in the Workplace 5 November 2020.

¹⁷ Step 1 of Workplace Evaluation Form for Certification of Thai Labour Standard (8001-2563) Basic Level.

Action Plan 2.3.2 To develop guidelines on providing social welfare without stigma and discrimination against people living with HIV and those unwell with AIDS. The Department of Local Administration, Ministry of Interior, has categorized AIDS patients as a socially disadvantaged group and made a subsistence or monthly allowance available to them. To qualify for financial support various criteria must be met including, diagnosis from a doctor and evidence of financial difficulty.

This process has been shown to include a degree of stigma and discrimination, including the requirement for a medical certificate stating that they are an "AIDS patient". There is a commitment to improve the guidelines on how this welfare is provided to remove all aspects of HIV-related stigma and discrimination.

Action Plan 2.3.3 Under the leadership of the Department of Labour Protection and Welfare, Ministry of Labour, Labour inspectors will be trained to ensure rules to prevent HIV-related rights violations in the workplace are adhered to. In addition, a collaboration between the Territorial Defence Command Unit, under the Ministry of Defence and SISTER Foundation (a trans-led organization) will carry out sensitization trainings removing stigma and discrimination against the trans community within the military. Furthermore, promoting understand around the regulations on military conscription among transvestites and trans-women organized by FOR-SOGI (Foundation for SOGI Rights and Justice) and Territorial Defence Command, Ministry of Defence.

Action Plan 2.3.4 A campaign will promote ASO standards among the private sector under the TBCA. There is also a plan to promote policies and practices from the Confederation of Thai Labour (CTL) with support from the Foundation for AIDS Rights (FAR). They cover many issues including awareness of HIV, gender, harm reduction, the right to health, ending compulsory HIV tests and confidentiality. A pilot project will monitor stigma and discrimination due to HIV and /or TB in workplaces.

There is also a specific plan to promote non-discriminatory workplaces for young people living with HIV to be implemented by the Thai Network of Youth living with HIV (TNY+), Employers' Confederation of Thailand (ECOT), FAR and Thai National AIDS Foundation (TNAF) including public and private sectors.

► Key results expected by 2025

1. Less than 10% of applicants or employees are made to take an HIV test without their consent.
2. Less than 10% of applicants or employees living with HIV experience discrimination at work.
3. 8,177 public and private workplaces have non-discriminatory policies and measures that support good understanding about HIV, human rights, and promoting gender equality.
4. 90% of people living with HIV who receive a subsistence allowance from local authorities do not experience stigma and discrimination.
5. 80% of trans people have sufficient knowledge and understanding about conscription to the army.

Outputs, Measures, and Responsible Organizations

Output	Measure	Responsible Organizations
1 Public Health Offices in 77 provinces encourage the public and private sector to adhere to national practice guidelines regarding HIV in the workplace.	<ol style="list-style-type: none"> Promotion of how to use national practice guideline on HIV in workplaces. Development of tools and a system to monitor the situation in workplaces regarding stigma and 	Division of AIDS and STIs/ MOPH, Provincial Public Health Office, State Enterprise Policy Office, Workplaces, CTL/ECOT
2 50% of health facilities that process HIV tests only send the result to the service user.	<ol style="list-style-type: none"> Promotion of national guidelines on eliminating stigma and discrimination related to HIV and gender in health facilities. 	Division of AIDS and STIs/ MOPH
3 Developing a guideline to allocate social welfare and employment without HIV-related stigma and discrimination		
3.1 Allocation of social welfare without stigma and discrimination against PLHIV/ AIDS and their family members to Provincial Administrative Office and Department of Local Administration.	<ol style="list-style-type: none"> Development and distribution of handbooks and operational guidelines on allocating social welfare without HIV-related stigma and discrimination. 	Department of Local Administration, Ministry of Defence.
3.2 Conduct a campaign on non-discriminatory workplaces among young people living with HIV.	<ol style="list-style-type: none"> Engage businesses and partners A forum for business cooperation to support the elimination of HIV-related discrimination in work settings. 	ECOT, TNAF, TNY+, Department of Labour Protection and Welfare, Ministry of Labour.
4 4,773 Labour inspectors and other Ministry of Labour staff have the knowledge to ensure that the rights of people living with HIV and LBGTQ+ people are protected.		
4.1 90% of officers from the Provincial Administrative Office and Department of Local Administration (7,065 people) are trained to provide information on allocating social welfare to people living with HIV and their family members without stigma and discrimination.	<ol style="list-style-type: none"> Development and distribution of handbooks on allocating welfare to people living with HIV/AIDS and their family members without stigma and discrimination to Provincial Administrative Office and Department of Local Administration. Meetings/trainings for officers from Provincial Administrative Department and Department of Local Administration on allocating welfare to people living with HIV and their family members without stigma and discrimination. 	Department of Local Administration, Ministry of Defence.

	Output	Measure	Responsible Organizations
	4.2 50% of labour staff from the Department of Labour Protection and Welfare, Ministry of Labour have knowledge and skills to protect the rights of employees who are living with HIV or are LGBTQ+.	1. Trainings for officers from the Department of Labour Protection and Welfare (Labour Inspectors) about the problem of stigma and discrimination against employees due to HIV/AIDS.	Department of Labour Protection and Welfare, Ministry of Labour.
	4.3 2,000 officers in Territorial Defence Command, Ministry of Defence have an understanding of sensitive issues and conduct military conscription without stigma and discrimination against trans people.	1. Sensitisation about gender diversity/gender/sexuality for officers who conduct military conscription and for trans people who must report for military conscription. 2. Develop communications to increase knowledge among officers from the public sector and trans people who have to report for military conscription.	Ministry of Defence, FOR-SOGI
5	1,370 workplaces that participated in the project do not use HIV/drug use testing or gender as requirement for recruitment and/or termination.		
	5.1 Promoting "Non-Discriminatory Workplaces" in at least 5 locations per province by 2025.	1. Develop tools/ monitoring systems on HIV and gender related stigma and discrimination in workplaces. 2. Promote how to use national practice guidelines about HIV management in workplaces. 3. Renewal of AIDS Standard Organization-Thailand while addressing and promoting discrimination-free workplaces in 17 provinces.	Division of AIDS and STIs/ MOPH, Provincial Public Health Office, State Enterprise Policy Office and Bangkok Metropolitan Administration.
	5.2 80% of workplaces obtained renewed ASO-T certification to show that they are aware of gender and HIV policies and the need to eliminate discrimination.		TBCA
	5.3 80% of workplaces participating in the project only undertake voluntary HIV testing and keep the results confidential.		TBCA

	Output	Measure	Responsible Organizations
	5.4 80% of workplaces participating in the project are aware of the need to protect rights relating to gender and drug use and know how to do so.		TBCA
6	7 of 14 CTL locations have policies in place to promote knowledge and understanding about HIV, gender, harm reduction, right to health, voluntary HIV testing and the right to confidentiality.	<ol style="list-style-type: none"> 1. Pilot project to measure HIV and TB related stigma and discrimination in workplaces in 14 provinces. 2. Community mobilization and advocacy to reduce stigma and discrimination related to HIV and TB. 3. Promoting access to information on legal protection procedures. 	FAR

► **Strategic Objective 3** : To enable people living with and affected by HIV to realise their self-worth and deal with problems appropriately, including accessing support and protection when their rights are violated because of their HIV status and/or gender.

With support from UNAIDS and the Global Network of People Living with HIV (GNP+), the Partnership Committee (PC) of the CCM (Country Coordinating Mechanism) has led the development of this action plan. With full involvement from civil society, the PC has coordinated the planning process:

- In early November 2020, the framework and key operational issues for consultation were defined, based on the stigma and discrimination experienced by different population groups limiting their access to HIV treatment and prevention services.
- A two-day workshop was conducted on 26-27 November 2020. The evidence around stigma

and discrimination and possible responses was reviewed and an action plan formulated. The workshop was attended by 48 delegates from over 20 HIV organizations in the country.

- From December 2020 to January 2021, discussions with relevant agencies took place to decide on more details for each activity.
- During February and March 2021, the action plan was summarized, and detailed activities and a budget were set.

Framework of the community sector action plan to reduce stigma and discrimination and promote and protect human rights relating to HIV and gender

The community sector action plan was developed based on findings from Thailand's HIV and gender-related stigma and discrimination Situation Monitoring System, which looks at the general population, key populations, the health service system and the crisis response system. The findings can be grouped as follows:

- Self-stigma (relating to HIV status and other identifying features e.g. gender or drug use). The 2019 Integrated Biological and Behavioural Surveillance Survey (IBBS) among people who inject drugs (PWID) found that 84% felt guilty about injecting drugs, and 61% felt worthless because of injecting drugs. The 2018 IBBS survey found that 14%, 17% and 9%, respectively, of men who have sex with men (MSM), male sex workers (MSW), and transgender women (TGW) experienced self-stigma.
- Family rejection because of HIV infection, gender or substance abuse accounted for only 1.4, 0.4, 0.3 percent in the MSM, MSW, and TGW, respectively (IBBS 2018). While 50% of PWID reported that their family members had reacted negatively to their behaviour, such as

not speaking to them or speaking badly about them (IBBS 2019).

- The 2017 stigma and discrimination survey in health care facilities found that 27% of health care providers reported still seeing discrimination against people living with HIV in hospitals, and 11% of people living with HIV experienced discrimination. As for people who inject drugs, only 7% reported receiving inferior health services (IBBS 2019).
- Stigma and discrimination from communities and society is different in urban and rural areas. The national health survey for 2014-15 found that 58.6% of the general population would not buy food from a vendor living with HIV and/or think that a child living with HIV should not be allowed in class with other children.
- Data from hospital surveys and surveys of people living with HIV between 2015 and 2017, found that eight hours of participatory training resulted in a reduction in stigma and discrimination in the health care setting.

Figure 5 : Operational Framework from the Community on the Promotion and Protection of Human Rights and the Reduction of Stigma and Discrimination related to HIV, Gender and Drug Use.



The community sector-action plan includes three result areas to reduce stigma and discrimination and promote and protect the human rights of vulnerable populations, as follows:

RESULT AREA 3.1 : INTEGRATE STIGMA AND DISCRIMINATION REDUCTION, HUMAN RIGHTS AND GENDER INTO COMMUNITY/KEY POPULATION-LED HEALTH SERVICES

Community Health Workers (CHW) provide HIV services without stigma and discrimination and empower people living with HIV and/or key populations to reduce self-stigma, sensitise their families and help people to disclose their HIV status when they wish to. HIV services to

include prevention, testing, treatment, pre-exposure prophylaxis and retention in care (Reach-Recruit-Test-Treat-Prevent-Retain: RRTTPR).

Use social media to inform certain target audiences about HIV, gender, drug use, etc. Make the information accessible, accurate and appropriate. Eliminate misconceptions and myths, promote facts, not fear. Moreover, U=U will be accelerated as core strategy to reduce stigma and discrimination. Use two-way communication systems to promote human rights and reduce stigma and discrimination at the level of implementers, community networks, the general community and wider society.

Strengthen and support community networks both online and offline to reduce stigma and discrimination and encourage influencer engagement.

RESULT AREA 3.2 : SUPPORT THOSE WHO EXPERIENCE HUMAN RIGHTS VIOLATIONS AND WORK TO REMOVE DISCRIMINATORY PRACTICES.

Establish a mechanism to help when people living with HIV and members of key populations experience rights violations. Develop a digital tool for target populations to report violations and seek assistance.

Use digital technology to process and track requests for assistance, to enable better understanding, improve support systems and prevent further rights violations.

Set up a fund to help people in crisis situation, e.g. resulting from COVID-19, and improve access to existing relief funds.

RESULT AREA 3.3: GATHER EVIDENCE TO INFORM INTERVENTIONS TO REDUCE STIGMA AND DISCRIMINATION

Develop community-led systems to monitor stigma and discrimination and promote and protect rights relating to HIV and gender. The PLHIV Stigma Index Survey will also be conducted. Evidence will be used to drive a reduction in stigma and discrimination at operational and policy levels.

► Key results expected by 2025

1. 60% of people living with HIV and key populations accessed support to reduce self-stigma, understand their rights and learn about the crisis response channels available to them.

Outputs, Measures, and Responsible Organizations

	Output	Measure	Responsible Organizations
1	90% of community health workers from CSOs in 18 provinces are intensively trained on HIV-related stigma and discrimination including self-stigma reduction, understanding human rights, gender, drug abuse and other sensitive issues.	<p>Enhancing knowledge, understanding and awareness of rights, stigma and discrimination in terms of health, education, work, legal affairs and justice for communities working with and for people living with and affected by HIV.</p> <ul style="list-style-type: none"> • Developing curriculum to give advice to reduce self-stigma and enhance positive communication within families. To be implemented in every province. • Training for service providers on this curriculum. 	IHRI, FAR, TNCA, TNP+, SWING, RSAT, Mplus, Ozone, RTF

	Output	Measure	Responsible Organizations
2	80% of CSOs in 18 provinces accelerate the integration of stigma and discrimination and self-stigma reduction, fundamental rights, and gender as part of the RRTTPR approach.	Integrating interventions to reduce stigma and discrimination throughout the HIV service cascade following the RRTTPR approach. <ul style="list-style-type: none"> • Develop guidelines for CS-led RRTTPR service provision that is rights-based and free from stigma and discrimination. • Train community health workers from civil society on RRTTPR service provision that is rights-based and free from stigma and discrimination. 	IHRI, FAR, RTF, Mplus, RSAT, SWING, SISTERS, Caremat, Ozone, TDN, APASS, TNP+ and Division of AIDS and STs/MOPH
3	50% of CSOs in 18 provinces implement activities to reduce self-stigma among people living with HIV and key populations, and foster supportive environment within families.	Build capacity and strengthen communities and networks to develop, integrate and implement self-stigma reduction interventions among people living with HIV and key populations.	IHRI, FAR, TNCA, TNP+, SWING, RSAT, Mplus, Ozone, RTF
4	30% of CSOs implementing CRS participate in a multi-disciplinary team to help targeted groups who experience rights violations, discrimination, and /or crisis.	Integrating CRS into community systems. Strengthening community organization's knowledge and capacity to use the CRS system. Encouraging community organizations to promote and protect the rights of people living with HIV and key populations, and to work in partnership with multi-disciplinary teams at organizational, provincial and national level.	FAR, Mplus, RSAT, SWING, SISTERS, Caremat, Ozone, TDN, APASS, RTF, FAR, TNCA, TNP+ TNCA,
5	Online and offline communication on stigma and discrimination and rights protection established and disseminated.	Developing the capacity of community organizations to communicate via social media. Using social media in general and for certain key populations, addressing stigmatizing attitudes, promoting U=U and accelerating anti-stigma efforts.	FAR, IHRI + Mplus, RSAT, SWING, SISTERS, Caremat, Ozone, TDN, APASS, RTF, FAR, TNCA, TNP+ TNCA, DAS/MOPH
6	An efficient "Community-Led Monitoring" system developed and Stigma Index survey conducted.	The development of monitoring systems by and for people living with HIV to measure discrimination in health care, education, work and justice. <ul style="list-style-type: none"> • Develop community-led monitoring system to enable local evidence-informed policy and programme improvement. • Improve quality of work systems for policy implementation and resource mobilization. (Community Think Tank) • Carry out Stigma Index survey. 	PC-CCM, TNP+, TNY+, TNW+, Mplus, RSAT, SWING, SISTER, CAREMAT, TDN, Ozone, APASS,

► **Strategic Objective 4** : To develop laws, regulations and policy mechanisms at local level to protect the rights and respond to the problems of people living with and affected by HIV and key affected populations.

RESULT AREA 4.1 - REMOVE PUNITIVE LAWS AND STRENGTHEN LAWS, REGULATIONS AND POLICIES TO ACHIEVE GENDER EQUALITY AND PREVENT DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV AND KEY POPULATIONS.

The following legal issues that impede access to HIV services have been identified:

HIV : Lack of protection as well as punitive laws on compulsory HIV testing and disclosure without consent; The National AIDS Response action plan 2015-2019 indicated support to access condoms in prisons and more than 100,000 condoms were distributed in prisons in 2018, however, policy and practice were unclear.

Sex Work : The Prevention and Suppression of Prostitution Act 1996 criminalises soliciting and sex work. However, enforcement has been unclear and, in some areas, appears to go beyond the law.

Drug Use : Possession of narcotics is a criminal offense punishable by imprisonment. State guidelines allow people who use drugs to opt for treatment or community service instead of being held in a prison or detention centre. Government agencies subject people who use drugs to compulsory treatment in state treatment centres. The government has a Methadone Maintenance Treatment (MMT) policy in place for the use of opioid derivatives, but services are limited in some areas and not covered by prisons. The government appears to support a needle and

clean equipment program. However, operations are limited to just 12 locations across the country. So far there is no government agency providing clean needles and equipment, only services run by NGOs without legal support. The Council of State of Thailand has responded to the consultation of the Department of Disease Control insisting that the distribution of clean needles is considered a support for drug use under the Narcotic Drugs Act of 1979. This conclusion from the Council of State prevents progress of harm reduction policy previously recommended by NAC. It remains unclear whether parental consent is required for access to needles, hygienic equipment and MMT for people under 18 years.

Some improvements have taken place. The revision of clinical guidelines on HIV diagnosis and consultation in 2014 allowed young people under 18 to access services without parental consent and the Gender Equality Act 2015 increased protection against gender discrimination for trans people.

This Action Plan addresses three laws: the draft bill on Elimination of Individual Discrimination; the draft bill on Treatment, Rehabilitation, Protection, Care and Quality of Life Improvement for Drug Users, and the draft bill on Health Security for Non-Thai Populations. It also includes a rights protection situation report to be published every two years and The PLHIV Stigma Index every five years.

RESULT AREA 4.2 - SCALING UP MECHANISMS TO PREVENT RIGHTS VIOLATIONS AND BUILDING CAPACITY OF MULTIDISCIPLINARY TEAM AT ALL LEVELS, ORGANIZATIONS, AND REGIONS (CRISIS RESPONSE SYSTEM, THE CRS).

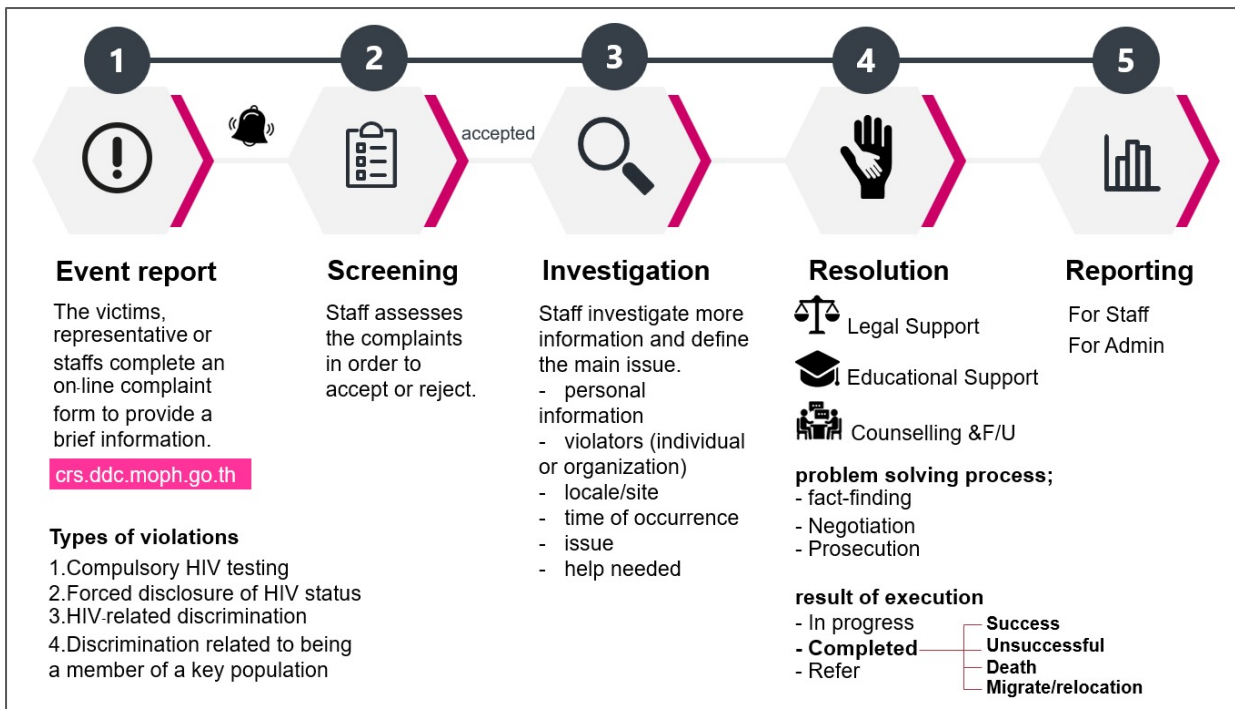
The CRS for HIV-related rights violations, and gender and vulnerability-based discrimination is a web application officially launched in 2019 to establish a system for receiving and handling complaints. It is also a tool for providing care and assistance in a way that is convenient, fast and efficient. The CRS system has been developed to help protect rights relating to HIV, gender and vulnerable groups with a standardized, step-by-step process for receiving and handling complaints, as well as data collection at a national, organizational, and agency level.

The Subcommittee on AIDS Rights Promotion and Protection has established a national working group to drive strategies to promote and protect HIV-related rights nationally, including overseeing management of the CRS, following-up on the report from the provincial working group, and developing a model for promotion and protection of HIV-related rights in 14 pilot provinces to be expanded nationwide. The national working group also develops an operational framework and supports the creation of the action plan, while the provincial working

group performs duties such as receiving complaints, developing systems to handle complaints, and reporting on the outcomes. Operational guidelines have been established to ensure analysis, planning, management and monitoring of responses to rights violations. In addition, local working groups have been set up (including community paralegals) to investigate and carry out preliminary consultations into cases of rights violations, to promote knowledge and understanding about rights as well as to make recommendations for provincial level.

As of mid-2020, 147 complaints had been received, on issues ranging from unequal access to health services among migrant workers, to problems accessing government assistance, and HIV testing and disclosure without consent - 75% of issues were resolved. The system allowed users to record complaints anytime and anywhere, and for them to be investigated, and where possible solved. Additionally, data collected via the system contributed to monitoring and advocating for policies and procedures to reduce stigma and discrimination and human rights violations related to HIV, gender and drug use. All civil society and community organizations can use the system.

Figure 6 : Crisis Response System Operational Flow



Future CRS guidelines focus on raising awareness of human rights and CRS among people living with HIV, key populations and migrant workers, as well as promoting the integration of monitoring and response to HR violations into programmes implemented by civil society and community organizations.

The action plan aims to expand rights protection mechanisms (including CRS) to support reduction of stigma and discrimination on the basis of HIV and gender in health care, education, and workplace settings by working with community paralegals, and the Multidisciplinary Team.

Awareness, understanding and sensitivity towards gender and HIV-related stigma and discrimination will be increased among those in authority such as parliamentarians, politicians, lawmakers, police, attorneys, administrative officers, courts, and correction officers. A mechanism to protect rights will be developed including the CRS and proactive interventions from community paralegals. The challenge will be to ensure there is coordination among all stakeholders and mechanisms including the Provincial Office of Attorneys (working at regional level), the Office of the National Human Rights Commission (investigating report of rights violations) and the Sub Committee (monitoring overall progress).

► **Key Results expected by 2025**

1. New laws eliminating discrimination passed; or amendment of laws that impede access to essential HIV services, diminish rights or lead to stigma and discrimination, including decriminalizing drug use, ending forced rehabilitation and revising laws on sex work.
2. Scaled up rights protection mechanism, CRS, and assistance by Multi-disciplinary team to 50 provinces, integrated into stigma and discrimination reduction programmes in health facilities, CSOs, school and workplaces by 2025.
3. 90% of human rights violation complainants receive response service.

Outputs, Measures, and Responsible Organizations

	Output	Measure	Responsible Organizations
1	A working group on promotion and protection of HIV-related rights, or Multi-disciplinary team, in 50 provinces established by 2025 with 30 community paralegals trained on CRS and local/organizational rights protection mechanisms.	<ol style="list-style-type: none"> 1. Building capacity and networks for driving the implementation (local rights protection mechanism - pilot community paralegals) related to labour laws and policies. 2. Providing advice/consultation services and taking legal action to protect rights and reduce barriers to accessing HIV/TB services. 3. Training community paralegals on rights and laws to protect community rights and reduce barriers to accessing HIV/TB services. 4. Improving and maintaining efficiency and availability of CRS and systems to report discrimination and rights violations. 5. Widely scaling up the CRS and local rights protection mechanisms. 6. Developing mechanisms to protect rights relating to HIV, gender diversity, and vulnerable populations. 7. Investigating complaints or omissions that discriminate on the basis of HIV and gender or violate human rights. 8. Developing and expanding rights protection mechanisms, and monitoring HIV-related discrimination in educational settings and workplaces. 	<p>FAR, Office of Attorney General, Division of AIDS and STIs/MOPH</p> <p>Office of Disease Prevention and Control Region 1-12, Institute for Urban Disease Control and Prevention, Provincial Health Office</p> <p>MOL, MOPH, MOE, Office of Human Rights Commission</p>

	Output	Measure	Responsible Organizations
2	20% Police, Attorneys, Administrative Offices, Courts, Correction Department are trained to have increased sensitivity in service provision and knowledge of CRS and rights protection mechanism.	<ol style="list-style-type: none"> 1. Training on CRS and HIV-related rights protection mechanism in 14 pilot provinces, and scaling up across all provinces. 2. Training on HIV and gender-related rights and stigma reduction for police, attorneys, administrative offices, courts, corrections, officials, civil servants and officers involved in justice and legal settings. 	Office of Attorney General, Department of Correction, Royal Thai Police
3	Members of Parliament and responsible parties in monitoring law enforcement understand the laws and collaborate with NGOs to promote them.	<ol style="list-style-type: none"> 1. Conduct a study project on strengthening laws to end discrimination and an advocacy campaign to promote the application of relevant laws with members of Parliament and law enforcement officers. 2. Pushing to eliminate individual discrimination through legislation. 3. Improving laws, regulations, and policies that impede access to HIV/TB services for drug users and migrant workers including the draft bill on Elimination of Individual Discrimination, the draft bill on Treatment, Rehabilitation, Protection, Care and Quality of Life Improvement for Drug Users, and the draft bill on Health Security for Non-Thai Populations. 	Department of Rights and Liberty Protection, FAR

Cross-cutting issues

Humanitarian and Emergency Action Plan for COVID-19 response - a collaboration of government and NGOs that receive funding from the Global Fund. This is an action plan aimed at mitigating and reducing the impact of stigma and discrimination, and promoting rights protection to be implemented by CSOs that are fund recipients and grantees.¹⁸

COVID-19 and related control measures have contributed to human rights violations and gender-based violence in various vulnerable groups. FAR gathered data

from a survey led by key populations, plus interviews with affected populations, government officials, CRS/hotline for HIV rights violations, and the media. It found the following:

Migrant Workers : During the lockdown, a “bubble and seal” measure to restrict factory workers movement was introduced. It separated at-risk groups from non-infected workers in factories that provide on-site accommodation. Infected workers were given treatment and confined in the factories or dormitories to reduce risk and limit onward transmission. A number of female migrants in these factories reported experiencing sexual violence. Many of them were forced to have sex without protection,

¹⁸ COPCAM - COVID-19 Prevention and Care Accessibility to Most At-Risk Populations Q2-Q4 2021: Global Fund COVID-19 Response Mechanism (C19RM) Funding Request

resulting in unplanned pregnancy and homelessness. Migrant workers were also affected by the closure or downsizing of many factories and businesses, without work they lacked food, shelter and health care. Without Thai citizenship, they were not entitled to social security assistance, and they faced difficulties accessing COVID-19 information in their language.

Sex Workers : Sex workers experienced similar issues as a result of the closure of nightclubs, bars, and entertainment places, the decrease in foreign tourists and strict quarantine policy. Many in-house sex workers become homeless, some became street sex workers and experienced sexual abuse by clients, arrest by police, and law enforcement abuse of power. They were unable to protect themselves from violence without support from an employer and lacked condoms or other protection. Sex workers are not eligible for government assistance as sex work is illegal in Thailand.

Injected Drug Users : Many people who inject drugs and receive MMT experienced challenges accessing services during the lockdown and curfew. Take-home methadone services were unavailable, those who could not travel to service centres discontinued their treatment. Many faced discrimination from law enforcement officers, including unlawful searches and forced rehabilitation.

Prisoners : Prisons were reportedly overcrowded with a lack of COVID-19 information and prevention

equipment (e.g. masks). The support includes distribution of PPE, prevention information and promotion of COVID-19 vaccines to be provided regardless of prisoners' nationality and gender.

In addition, there will be training of CHW and CSO staff on the CRS for HR violation, government and civil society coordinating mechanism. Plus, awareness raising and education about human rights and stigma and discrimination related to COVID-19 via Facebook and other social media with content that focuses on people living with HIV and key populations, including LGBT, migrants, and more.

Community and civil society organizations that initially took part in the COVID-19 response have collaborated with other key stakeholders and with support from the Global Fund formulated an action plan for humanitarian and emergency crises. The plan places an emphasis on local level engagement to respond to challenges and human rights violations, monitoring and advocacy.

► Key Results expected by 2025

1. Community-led monitoring and data system established
2. Provincial government agencies and civil society collaborated on COVID-19 response

Outputs, Measures, and Responsible Organizations

	Output	Measure	Responsible Organizations
1	Gender-based violence protection and post-GBV clinical care	<ol style="list-style-type: none"> 1. Training for migrant health volunteers and CSO staff on gender-based violence care, referrals and identifying human rights violations. 2. Establishing community food banks for street sex workers who encounter housing and economic insecurity, and are at risk of violence from law enforcement or clients. 	SWING
2	Response to human rights and gender issues that are key barriers to access to services.	<ol style="list-style-type: none"> 1. Scaling up support for community-led human rights violation monitoring system. 2. Linking rights violation cases to support. <ul style="list-style-type: none"> • Virtual training for government and civil society to raise awareness about CRS according to Article 50(5) under National Health Security Act • Virtual training to build capacity to respond to COVID-related rights violations. • Sharing lessons learned by provinces and advisors, and producing an evidence-based report on rights violation for advocacy. 3. Online training and building of sensitivity among community, law enforcement, and health workers. <ul style="list-style-type: none"> • Development of curricular for civil society workers and community leaders on rights violations and stigma and discrimination due to COVID-19. • Using media content developed by communications working group to spread information about rights violations and stigma and discrimination experienced by migrants on Facebook in three languages (Thai, Burmese and Cambodian). 	PR-Raks Thai
3	Local empowerment: Community-led monitoring	<ol style="list-style-type: none"> 1. Establishing Community-Led Monitoring (CLM) system including a database and training for community organizations and health care providers. CLM mechanism is used to identify issues to address and to strengthen advocacy to improve crisis response for health services and rights violations. 2. Monitoring by the provincial quality assurance committee. 	PR-Raks Thai migrant SRs, PPAT

	Output	Measure	Responsible Organizations
		<ol style="list-style-type: none"> 3. Implementing community vaccines access and M&E programme in Bangkok, Nonthaburi, and Patumthani. 4. Setting up a coordinating system between grant recipient organizations for migrants and migrants health volunteers/coordinators; performing CLM training and supporting the volunteers. 	
4	Local empowerment: Community-led research and campaign	<ol style="list-style-type: none"> 1. Promoting access to COVID-19 vaccines among migrants; Applying lessons learned from policy implementation in Samut Sakorn province. 2. Developing an executive summary on rights violations and stigma and discrimination reported on CRS; Conducting multi-stakeholder meetings to propose and advocate on key recommendations from the executive summary. 3. Community research to evaluate impact of COVID-19 on key populations including MSM, trans people, sex workers in Pattaya, and people who inject drugs in key provinces. 	PR-Raks Thai
5	Social mobilization	<ol style="list-style-type: none"> 1. Collective needs evaluation led by communities 2. Mapping and evaluating demand for COVID-19 information among communities. 3. Survey on need for condoms, hand sanitising gels, PPE among MSM, trans gender people and sex workers. 4. Increase capacity and use of communications technology to maintain levels of social movement during COVID-19. 5. Training of field workers for people who inject drugs on the use of social media to increase access to HIV and COVID-19 services. 6. Tracking outcomes from social media communications regularly. 7. Developing database of COVID-19 vaccines for LGBTQ with hearing impairment and sending a reminder for the 2nd dose via SMS. 	Ozone Foundation

	Output	Measure	Responsible Organizations
		<ol style="list-style-type: none"> 8. Monthly virtual meeting with visually impaired members via Zoom. 9. Virtual meeting with LGBTQ with hearing impairments to exchange information about the impact of COVID-19 and promotion of access to vaccines. 10. Improve coordination and planning between communities and official health services. 11. Promoting new partnership meeting between government agencies and CSOs at provincial level. 12. Building emergency response team from CSOs working with people who inject drugs in different areas to set up a coordination and referral system between health services, harm reduction services and psycho social support services. 13. Establishing working group of 12 members from academic institution partners and Thailand Association of the Blind, Thailand Foundation for the Blind, to plan, implement, and monitor programmes for the visually impaired community. 	
6	Local empowerment: Capacity building for community institutionalisation	<ol style="list-style-type: none"> 1. Building capacity of community organizations and networks on social empowerment, advocacy, and monitoring during COVID-19. <ul style="list-style-type: none"> • Training CSO workers on COVID-19 and access to services and vaccines. • Online training on communications, networking, and the role of community organizations in supporting migrants to access health services. • Building capacity of Raks Thai Foundation grant recipients through training on comprehensive COVID-19 prevention and control for migrant health volunteers. • Developing operation plans for COVID-19 prevention and control in local settings as part of the emergency response plan for migrant health organizations. 	RTF, TNAF

	Output	Measure	Responsible Organizations
		<ul style="list-style-type: none"> • Training and counselling on mental health for field workers and CSO workers. • Training of visually impaired volunteers on counselling via hotline 1414 and community education on COVID-19 in Bangkok. <ol style="list-style-type: none"> 2. TNAF will coordinate and provide academic support and action plans, monitor and report on programme implementation, evaluating demand for academic support from new partners, and providing training as needed. 3. Financial support on key programme expenditure and basic infrastructure for community-led organizations. <ul style="list-style-type: none"> • Phone / internet expenses for field workers from community-led organizations. 	
7	Medical equipment and waste management	<ol style="list-style-type: none"> 1. Integration of procurement and logistics databases. <ul style="list-style-type: none"> • Raks Thai Foundation as a main GF recipient: consultation fee to integrate procurement databases e.g. for PPE and real-time logistics. 2. Costs for distribution and logistics of medical equipment supplies and PPE. 3. PPE procurement and management officers. 	PR-Raks Thai migrant SRs, PPAT

Action Plan for Reduction of Stigma and Discrimination Related to Gender-based Violence and Inequality - implemented by Department of Women’s Affairs and Family Development, Ministry of Social Development and Human Security (MOSDHS).

This combines the plans from the Department of Women’s Affairs and Family Development, MOSDHS and the Foundation for Women Living with HIV. In the past, it focused on reducing stigma and discrimination

experienced by women living with HIV who receive ART in public hospitals. The programme attempted to address the impact of inequality and gender-based violence, promote self-stigma reduction and gender-related rights while also working with pregnant women in public ANC clinics to support access to HIV prevention and treatment services. In 2019-2020, the programme was scaled up in collaboration with Thai NGO Coalition on AIDS.

The 2020-2022 Women Development National Action Plan indicates that empowerment programmes for women are still essential despite progress in this area. With a number of ongoing challenges (especially people's values, beliefs and culture in Thailand) women are still oppressed, exploited, and discriminated against in various sectors. The vision for women's development is "Building an equal society free from discrimination for women to live lives with good quality of life, security and safety, and to play a part to develop our nation."¹⁹ The national action plan aims to change social attitudes on gender equality, empowerment and participation to improve quality of life for women in all groups and levels while developing monitoring measures, risk elimination, prevention, protection, assistance, financial support and key determinants of effective women's empowerment.

The plan identifies different areas of Thai society where challenges need to be addressed, for example in education settings where gender inequality is implied in teaching, and can be seen in school activities and assignments and the behaviour of teachers. Also encouraging the media to play a role in increasing knowledge, understanding and awareness of gender roles and positive attitudes towards creating a gender-equal society. Reducing the problem of sexual harassment in the workplace. Promoting opportunities for women in political offices. And reducing domestic violence, abuse and

injustice among tribal women and women subject to the use of traditional forms of justice.

Data shows there is an urgent need to address the different levels of violence experienced by women. Data from the One Stop Crisis Centre shows that 12,552 children and women who had experienced various form of violence sought help in 2016, an increase of 2,040 from 2014. Among them 52% were women while 47% were girls aged 10-15 years. The type of violence that most experienced was sexual assault (75%), and 49% experienced domestic violence by their sexual partners.

The Department of Women's Affairs and Family Development has a plan that aims to build positive public attitudes, increase women's participation in local politics, formulate policies and launch measures and mechanisms to protect women's rights all with the overall aim of achieving greater gender equality.

In collaboration with local authorities, there is also a plan to strengthen women's rights to encourage women to play a role in peace and security efforts including creating a safe space for protection of rights for women and community members. Finally, there is a plan to reduce gender inequality in society by ensuring that government budgets are gender conscious and providing assistance and protection for women who experience gender-based discrimination.

¹⁹ Women Development Strategy 2017-2021, Department of Women's Affairs and Family Development, Ministry of Social Development and Human Security, September 2017.



Resource Needs and Resource Availability

5.1 Resource Needs

Table 1 shows the budget for Strategic Objectives 1 - 4 for years 2022 - 2026. Programmes under the four Strategic Objectives require in total 216.7 million baht across the five years, with Strategic Objective 2 requiring the highest allocation of approximately 70.1 million baht.

In 2022-2026, budget comparison by settings in Table 2 demonstrates that the Community Setting requires the highest allocation of 85.4 million baht over the course

of five years, while the other settings require less than half of this budget.

Table 3 shows resource needs by programme with programmes to reduce stigma and discrimination needing the most - a total of 153.7 million baht in 2022-2026.

It should be noted that the resource needs for 2026 are the same as for 2025, as this national plan will be updated in 2026.

Table 1 : Required Budget Allocation for the Action Plan 2021-2026, Classified by Strategic Objectives

Strategic Objective	2021	2022	2023	2024	2025	2026
Strategic Objective 1 :						
To ensure that people better understand HIV, human rights and gender diversity, thereby reducing discrimination towards people living with and affected by HIV.	4,041,660	3,218,201	4,129,957	4,158,764	4,099,323	4,099,323
Strategic Objective 2 :						
To ensure that public and private services in health, education, work and community settings are based on policies, measures and interventions that are gender-sensitive and free from bias, stigma, and discrimination.	13,895,604	14,169,076	14,392,944	13,241,565	14,138,317	14,138,317

Strategic Objective	2021	2022	2023	2024	2025	2026
Strategic Objective 3 :						
To enable people living with and affected by HIV to realise their self-worth and deal with problems appropriately, including accessing support and protection when their rights are violated because of their HIV status and /or gender.	3,508,000	5,514,000	5,570,000	5,570,000	6,510,000	6,510,000
Strategic Objective 4 :						
To develop laws, regulations and policy mechanisms at local level to protect the rights and respond to the problems of people living with and affected by HIV and key affected populations.	12,025,056	14,979,144	14,601,364	14,584,193	13,528,717	13,528,717
Cross-cutting Issues: Crisis Response (COVID-19) ²⁰	5,194,453	5,194,453	5,194,453	5,194,453	5,194,453	5,194,453
Total	38,664,774	43,074,875	43,888,718	42,748,975	43,470,810	43,470,810

Table 2 : Required Budget Allocation for the Action Plan 2021-2026, Classified by Settings

Settings	2021	2022	2023	2024	2025	2026
Health Care	3,079,719	4,064,787	3,614,062	3,734,439	4,377,152	4,377,152
Workplace	5,709,129	6,479,733	5,047,429	6,038,930	4,417,369	4,417,369
Education	4,247,162	5,863,073	7,640,083	10,109,621	7,640,083	7,640,083
Justice	7,075,378	3,973,155	4,145,974	4,038,144	3,818,365	3,818,365
Community	13,358,933	17,499,673	18,246,716	13,633,388	18,023,388	18,023,388
Cross-cutting Issues: Crisis Response (COVID-19)	5,194,453	5,194,453	5,194,453	5,194,453	5,194,453	5,194,453
Total	38,664,774	43,074,875	43,888,718	42,748,975	43,470,810	43,470,810

²⁰ This budget was allocated from the support from GF under C19RF Programme only for 3 years (2021-2023). Budgeting for the following two years (2024-2025) is therefore similar.

Table 3 : Required Budget Allocation for the Action Plan 2021-2026, Classified by Programme

Programme	2021	2022	2023	2024	2025	2026
1. Reduction of Stigma and Discrimination ²¹	20,938,142	29,053,243	31,119,238	30,908,451	31,333,978	31,333,978
2. Increasing access to HIV-related legal services	3,134,181	1,537,961	652,529	343,491	143,491	143,491
3. Monitoring and reform of laws, policies, and regulations	2,898,071	801,525	1,341,091	721,173	1,237,261	1,237,261
4. Legal literacy improvement	1,537,677	1,367,207	619,157	619,157	619,157	619,157
5. Sensitisation of lawmakers and law enforcement	2,962,249	3,120,486	2,962,249	2,962,249	2,942,470	2,942,470
6. Reduction of discrimination against women in HIV context	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
7. Cross-cutting Issues: Crisis Response (COVID-19)	5,194,453	5,194,453	5,194,453	5,194,453	5,194,453	5,194,453
Total	38,664,774	43,074,875	43,888,718	42,748,975	43,470,810	43,470,810

5.2 Resources Available and Gaps 2021 – 2023

Tables 4-6 show the gap between the resources already secured from sources including government and international donors and what is needed for the action plan.

Table 4 is broken down by Strategic Objectives. It shows that activities under Strategic Objective 2 have secured the most funding already, and Strategic Objective 3 is the only one with no resources. Overall, the total resource gap for the three-years is 86.2 million baht.

Table 5 disaggregates the data by settings. The most resources available are for community and justice settings with a total of 6 million baht allocated from

government and external funding sources. On the other hand, there are limited recourses for activities under the workplace and education settings. Substantial additional funding of 14.3 million baht and 12.2 million baht, respectively, are needed to close the resource gaps.

As for the resources available by programmes, shown in Table 6, two programmes have relatively small budget requirements but currently have no funding sources at all - sensitisation of law makers and law enforcement, and reduction of discrimination against women living with HIV.

²¹ Activities under the "Reduction of Stigma and Discrimination" programme include training health care providers on human rights and medical ethics related to HIV.

Table 4 : Expected Budget and Gaps 2021-2023 Classified by Programme (Baht)

Programme	2021			2022			2023		
	Expected Budget	Gap	Expected Budget	Gap	Expected Budget	Gap	Expected Budget	Gap	
	Govern- ment	Other Funding Source	Govern- ment	Other Funding Source	Govern- ment	Other Funding Source	Govern- ment	Other Funding Source	
Strategic Objective 1 : To ensure that people better understand HIV, human rights and gender diversity, thereby reducing discrimination towards people living with and affected by HIV.	130,000	750,000	90,000	750,000	2,378,201	130,000	0	3,999,957	
Strategic Objective 2 : To ensure that public and private services in health, education, work and community settings are based on policies, measures and interventions that are gender-sensitive and free from bias, stigma and discrimination.	935,000	5,188,229	1,146,400	1,657,200	11,365,476	1,346,400	1,223,920	11,822,624	
Strategic Objective 3 : To enable people living with and affected by HIV to realise their self-worth and deal with problems appropriately, including accessing support and protection when their rights are violated because of their HIV status and /or gender.	0	0	0	0	5,514,000	0	0	5,570,000	
Strategic Objective 4 : To develop laws, regulations and policy mechanisms at local level to protect the rights and respond to the problems of people living with and affected by HIV and key affected populations.	2,182,900	6,016,200	915,300	591,400	13,472,444	615,300	156,000	13,830,064	

Programme	2021			2022			2023		
	Expected Budget		Gap	Expected Budget		Gap	Expected Budget		Gap
	Government	Other Funding Source		Government	Other Funding Source		Government	Other Funding Source	
Cross-cutting Issues : Crisis Response (COVID-19)	0	5,194,453	0	0	5,194,453	0	0	5,194,453	0
Total	3,247,900	17,148,882	18,267,992	2,151,700	8,193,053	32,730,122	2,091,700	6,574,373	35,222,645

Table 5 : Expected Budget and Gaps 2021-2023 Classified by Settings (Baht)

Programme	2021			2022			2023		
	Expected Budget		Gap	Expected Budget		Gap	Expected Budget		Gap
	Government	Other Funding Source		Government	Other Funding Source		Government	Other Funding Source	
Health Care	360,000	1,338,229	1,381,490	90,000	1,457,200	2,517,587	130,000	0	3,484,062
Workplace	458,600	1,850,000	3,400,529	300,000	0	6,179,733	300,000	0	4,747,429
Education	450,000	2,000,000	1,797,162	1,400,000	0	4,463,073	1,300,000	419,200	5,920,883
Justice	15,300	4,176,200	2,783,878	15,300	791,400	3,258,087	15,300	960,720	3,169,954
Community	1,964,000	2,590,000	8,804,933	346,400	750,000	16,403,273	346,400	0	17,900,316
Cross-cutting Issues: Crisis Response (COVID-19)	0	5,194,453	0	0	5,194,453	0	0	5,194,453	0
Total	3,247,900	17,148,882	18,267,992	2,151,700	8,193,053	19,295,236	2,091,700	6,574,373	35,222,645

Table 6 : Expected Budget and Gaps 2021-2023 Classified by Programme (Baht)

Programme	2021			2022			2023		
	Expected Budget		Gap	Expected Budget		Gap	Expected Budget		Gap
	Govern-ment	Other Funding Source		Govern-ment	Other Funding Source		Govern-ment	Other Funding Source	
1. Reduction of Stigma and Discrimination	3,002,600	5,728,429	12,207,113	1,636,400	2,092,600	25,324,243	1,376,400	1,223,920	28,518,918
2. Increasing access to HIV-related legal services	15,300	3,096,000	22,881	15,300	156,000	1,366,661	15,300	156,000	481,229
3. Monitoring and reform of laws, policies, and regulations	230,000	2,380,000	288,071	500,000	0	301,525	700,000	0	641,091
4. Legal literacy improvement	0	750,000	787,677	0	750,000	617,207	0	0	619,157
5. Sensitisation of lawmakers and law enforcement	0	0	2,962,249	0	0	3,120,486	0	0	2,962,249
6. Reduction of discrimination against women living with HIV	0	0	2,000,000	0	0	2,000,000	0	0	2,000,000
7. Cross-cutting issues: Crisis Response (COVID-19)	0	5,194,453	0	0	5,194,453	0	0	5,194,453	0
Total	3,247,900	17,148,882	18,267,992	2,151,700	8,193,053	32,730,122	2,091,700	6,574,373	35,222,645

Monitoring and Evaluation Framework



Empirical data is essential to strategic planning, intervention design, and monitoring programme implementation. Established in 2014, a comprehensive monitoring and evaluation framework is in use in Thailand, following these principles:

1. Translating subjective into objective.

The measurement mechanism needs to translate rights, attitudes, and stigma so they are concrete and tangible enough to be able to measure the level of the problems, progress and perceived changes. Empirical data is used to identify key issues, find solutions to problems and set goals.

2. Building ownership with front-line workers.

Thailand has successfully developed a standardised survey for both health care service providers and people living with HIV, making it easy to collect and analyse data in real time and track stigma and discrimination in health care facilities. Currently, 49 out of a total of 77 provinces are collecting this data.

3. **Community-led monitoring.** The PLHIV Stigma Index is a monitoring system developed and implemented by people living with HIV for people living with and affected by HIV. This and the Community-led Crisis Response System are used to monitor the problem and find solutions.

4. Sustainability of Monitoring Stigma and

Discrimination Data System – a minimum set of questions to track stigma and discrimination is integrated into the existing survey systems.

6.1 National Monitoring Framework

The national framework for monitoring stigma and discrimination is used to develop a data collection system to monitor levels of stigma and discrimination, rights violations, and gender inequality. It was designed to gather evidence relating to a range of target populations as detailed in Table 5.1.

Table 7 : National Framework to Measure HIV-related Stigma and Discrimination

National framework to measure HIV related stigma and discrimination			
Target	Frequency	Key Issues	Measurement
General population	3-5 years	Attitudes towards people living with HIV	Household surveys - Health Examination Survey - Multiple Indicators Cluster Survey
Key Populations (MSM, SW, TG, PWID and Migrant Workers)	2 years	Experienced and internal stigma	Bio-Behavioural Survey
Health care providers	2 years	Concerns about contracting HIV, attitudes and judgments about people living with HIV, stigma avoidance behaviour and observed stigma and discrimination towards people living with HIV and key populations	Survey in health care setting
Clients living with HIV in health facilities	2 years	Experienced stigma and discrimination	The PLHIV survey in health care settings
People living with HIV	5 years	Experienced stigma and discrimination across sectors, internalized stigma.	The Stigma Index survey
Reporting system on HIV-related human rights violations	Real-time	Events or complaints related to violence, abuse and human rights violations towards key populations and people living with or affected by HIV	Community-led Crisis Response System and mobile and web-based reporting and response tool.

6.2 Data source

The proposed targets reflect global recommended targets for reducing discrimination - the aim is that less than 10% of people living with HIV and key populations are experiencing stigma and discrimination by 2025. To track progress in 2022, data will be collected using The PLHIV Stigma Index. In addition, the Multiple Indicators Cluster Survey (MICS) which has key indicators based on recommendations from Global AIDS Monitoring (GAM), will be used to monitor the attitudes of the general population towards people living with HIV.

The framework includes monitoring experiences of discrimination (e.g. disclosure of HIV status) as well as the impact of discrimination (e.g. denial of health services). Many different indicators are used to measure the extent to which the Action Plan is being implemented including coverage of: crisis response systems, non-discriminatory policies and practices (within government and private organizations) and activities to reduce stigma and discrimination. The sources of the indicators are outlined in the appendices.

To monitor progress reducing stigma and discrimination, a survey system to track changes in the key drivers in health care workers and people living with HIV is developed and conducted every two years. In addition, the Division of AIDS and STIs (DAS) has a real-time system to track access to the E-learning programme.

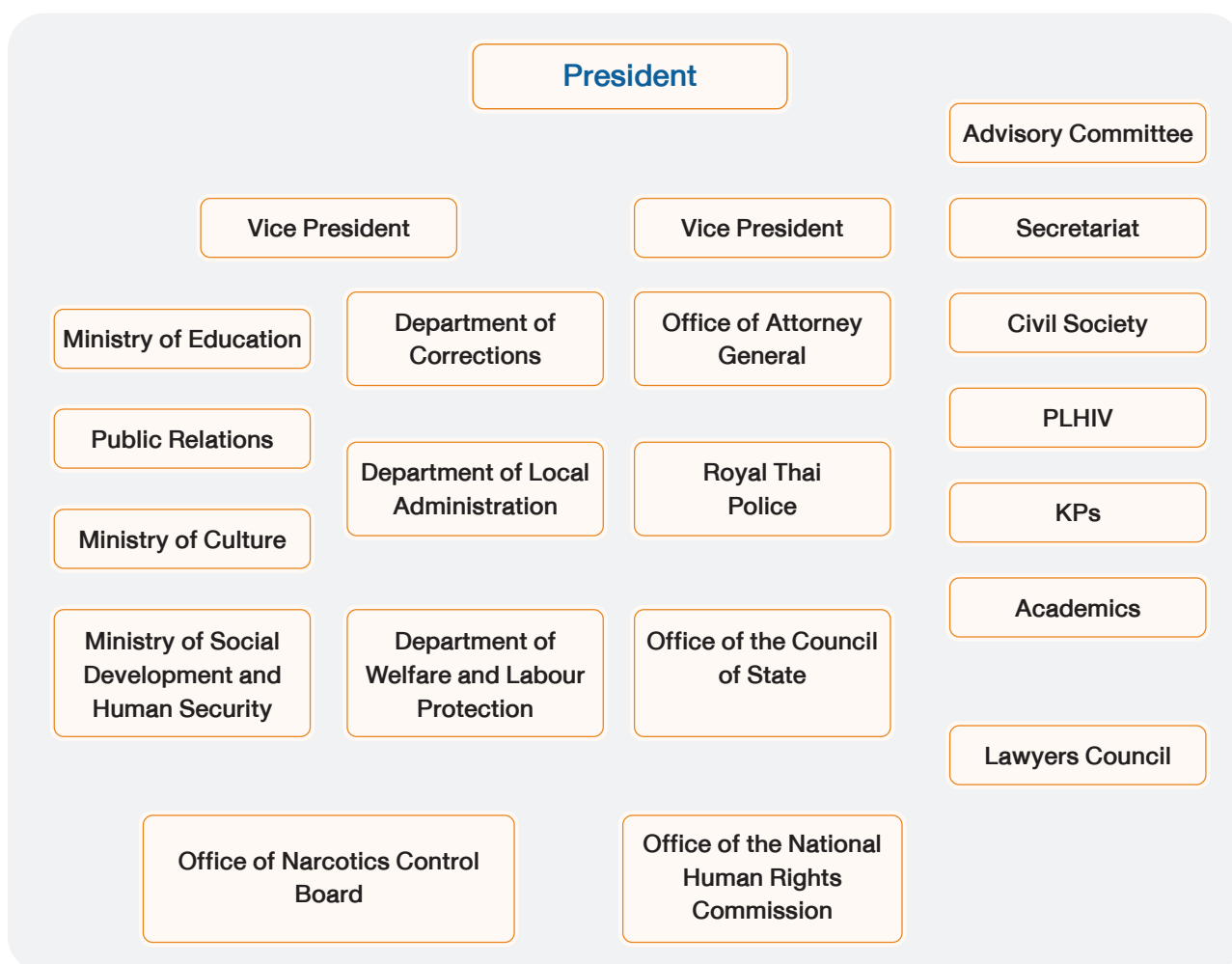
At community level, a community-led monitoring development plan has support from the Global Fund. It is a new system to show the situation faced by people living with and affected by HIV.

Outputs will initially be monitored based on progress reports from partner organizations and networks. Further proactive development of the system is recommended when resources allow.

6.3 Management of the Action Plan 2022-2026.

The National Multisectoral and Costed Action Plan 2022-2026 is undertaken by the Subcommittee on AIDS Rights Promotion and Protection under National Committee for HIV and AIDS Prevention and Alleviation, and includes stakeholders from all involved government agencies, civil society organizations, people living with HIV, and key populations. The Division of AIDS and STIs (DAS), DDC, MOPH serves as secretary of the Sub Committee driving and supporting the partnership, developing additional strategies, pushing for legal and policy reform, as well as fundraising to achieve the objectives and targets of the Action Plan.

Figure 7 : Subcommittee on AIDS Rights Promotion and Protection



At local level, the Provincial Sub Committee drives community partnership and collaboration, with Provincial Health Offices and BMA's Department of AIDS acting as secretary to the Sub Committee. In some provinces, a working group for stigma and discrimination reduction has been established. The Subcommittee on AIDS Rights Promotion and Protection also created a Multi-Disciplinary Team to act as a provincial taskforce to reduce stigma and discrimination in 14 provinces that are piloting the CRS to

see what lessons can be learned before scaling up the mechanism nationwide.

To monitor progress of the Action Plan, partnered organizations are required to report regularly, or at least once a year. In addition, regular meetings are held by the Subcommittee on AIDS Rights Promotion and Protection while the Division of AIDS and STIs (DAS), DDC, MOPH consistently monitors the Action Plan.

Appendices

Appendix 1 Targets of Action Plan to Protect Rights and Reduce HIV-related Stigma and Discrimination by 2025

Targets	Baseline	2021	2022	2023	2024	2025	2026
Strategic Objective							
G3.1 Percentage of PLHIV who experienced discrimination in the past 12 months.			TBD			10%	TBD
G3.2 Percentage of women and men age 15-49 years with discriminatory attitudes towards PLHIV.	26.7% (2562)		20%			10%	TBD
Key Indicators							
Strategic Objective 4.1 To ensure that people better understand HIV, human rights and gender diversity, thereby reducing discrimination towards people living with and affected by HIV.							
Percentage of populations age 15-49 years with access to information about stigma and discrimination, human rights, rights violation response system, gender diversity and vulnerable groups.		TBD			20%	TBD	
Strategic Objective 4.2 To ensure that public and private health, education and social services are based on policies, measures and programmes that are gender-sensitive and contribute to the elimination of social stigma, exclusion and discrimination.							
S4A.3 Number of organizations / agencies (government, business, and NGOs) with HIV policies and practice that are gender-sensitive and free from stigma and discrimination.	308 (2563)	1,262	6,006	5,801	9,334	5,877	TBD
Percentage of pregnant women living with HIV being advised by health care providers to terminate pregnancy.	2% (2560)		0%		0%		

Targets	Baseline	2021	2022	2023	2024	2025	2026
R7.2 Percentage of PLHIV and KPs that avoid accessing treatment and health services due to fear of HIV-related stigma and discrimination.			TBD			10%	TBD
Percentage of PLHIV who experienced compulsory HIV testing and status disclosure without consent. ²²			TBD			10%	TBD
Strategic Objective 4.3 To enable people living with and affected by HIV to realise their self-worth and deal with problems appropriately, including accessing support and protection when their rights are violated because of their HIV status and/or gender							
Percentage of PLHIV and KPs with access to activities to reduce self-stigma, Know Your Rights programme, gender equality as well as rights protection mechanisms.	30%	40%	50%	70%	80%	90%	TBD
R7.4 Percentage of PLHIV and KPs who stigmatise themselves. ²³	22% -61%		40%			20%	TBD
Strategic Objective 4.4 To develop laws, regulations and policy mechanisms at local level to protect the rights and respond to the problems of people living with and affected by HIV and key affected populations.							
S4A.1 Number of provinces with HIV rights protection mechanism in place.	14	14	14	36	42	50	TBD
S4A.4 Legal issues, laws, regulations that are key barriers preventing PLHIV and KPs from accessing services. ²⁴	N/A	6	5	4	2	1	TBD

²² Data from Health Care Provider Survey in 2017 is 10%, which may be lower than the reality. Stigma Index will be implemented in 2022 to collect data from additional groups.

²³ Self-stigma Data from PLHIV Survey in 2019 are 36%, MSM 19% (2017), TGW 22% (2017), MSW 20% (2017), FSW 52% (2017) and PWID 61% (2021), however, the method is not standardised.

²⁴ Laws and regulations that need to be improved are 1) Clean syringe distribution service 2) Punitive laws against drug users 3) Discrimination against LGBTIQ 4) HIV status disclosure without consent 5) Sexwork is work and 6) HIV services for Migrants.

Targets	Baseline	2021	2022	2023	2024	2025	2026
Cross-Cutting Issue: To end gender-based violence and reduce HIV risks and effects.							
Percentage of women living with HIV age 15-49 years who experience gender-based violence in the past 12 months.		TBD			10%	TBD	

Appendix 2 : Key Indicators, Data Source, and Responsible Organizations

Key Indicator	Data Source	Responsible Organizations
Objectives		
G3.1 Percentage of PLHIV who experienced discrimination in the past 12 months.	Multiple Indicators Cluster Survey (MICS)	Division of AIDS and STIs, DDC, MOPH
G3.2 Percentage of women and men aged 15-49 years with discriminatory attitudes towards PLHIV.	Stigma Index 2.0	The PLHIV Stigma Index Task Force
Results and Coverage		
Strategic Objective 4.1 To ensure that people understanding HIV, human rights and gender diversity, thereby reducing discrimination towards people living with and affected by HIV.		
Percentage of people aged 15-49 years with access to information about stigma and discrimination, human rights, rights violation response system, gender diversity and vulnerable groups.	Multiple Indicators Cluster Survey (MICS)	Division of AIDS and STIs, DDC, MOPH
Strategic Objective 4.2 To ensure that public and private health, education and social services are based on policies, measures and programmes that are gender-sensitive and contribute to the elimination of social stigma, exclusion and discrimination.		
S4A.3 Number of organizations / agencies (government, business, and NGOs) with HIV policies and practice that are gender-sensitive and free from stigma and discrimination.	Progress Report on E-learning	All agencies Division of AIDS and STIs, DDC, MOPH
Percentage of pregnant women living with HIV being advised by health care providers to terminate pregnancy.	PLHIV Survey at a provincial level	Division of AIDS and STIs, DDC, MOPH
Percentage of people living with HIV that avoid access to treatment and health services.		

Key Indicator	Data Source	Responsible Organizations
<ul style="list-style-type: none"> • PLHIV and KPs 	Stigma Index	The PLHIV Stigma Index Task Force
<ul style="list-style-type: none"> • KPs 	Bio-Behavioral Survey (BBS)	Division of Epidemiology and Division of AIDS and STIs, DDC, MOPH
Percentage of PLHIV who experienced compulsory HIV testing and status disclosure without consent.	Stigma Index	The PLHIV Stigma Index Task Force
<ul style="list-style-type: none"> • PLHIV and KPs 	Stigma Index	Division of Epidemiology and Division of AIDS and STIs, DDC, MOPH
<ul style="list-style-type: none"> • KPs 	Bio-Behavioral Survey (BBS)	The PLHIV Stigma Index Task Force
Percentage of health care providers with anxiety / fear of getting infected with HIV at work.	Health Care Provider Survey at a provincial level	Division of AIDS and STIs, DDC, MOPH
Percentage of health care providers with over protection.	Health Care Provider Survey at a provincial level	Division of AIDS and STIs, DDC, MOPH
Percentage of health care providers with stigmatising and discriminatory attitudes.	Health Care Provider Survey at a provincial level	Division of AIDS and STIs, DDC, MOPH
Percentage of health care providers who discriminate against PLHIV and KPs.	Health Care Provider Survey at a provincial level	Division of AIDS and STIs, DDC, MOPH
<p>Strategic Objective 4.3 To enable people living with and affected by HIV to realise their self-worth and deal with problems appropriately, including accessing support and protection when their rights are violated because of their HIV status and/or gender.</p>		
Percentage of PLHIV and KPs with access to activities to reduce self-stigma, Know Your Rights programme, gender equality as well as rights protection mechanisms.		
<ul style="list-style-type: none"> • PLHIV 	Stigma Index	The PLHIV Stigma Index Task Force
<ul style="list-style-type: none"> • KPs 	Bio-Behavioral Survey (BBS)	Division of Epidemiology and Division of AIDS and STIs, DDC, MOPH

Key Indicator	Data Source	Responsible Organizations
Percentage of PLHIV and KPs who stigmatise themselves.		
<ul style="list-style-type: none"> • PLHIV 	Stigma Index	The PLHIV Stigma Index Task Force
<ul style="list-style-type: none"> • KPs 	Bio-Behavioral Survey (BBS)	Division of Epidemiology and Division of AIDS and STIs, DDC, MOPH
Strategic Objective 4.4 To develop laws, regulations and policy mechanisms at local level to protect the rights and respond to the problems of people living with and affected by HIV and key affected populations.		
Legal issues, laws, regulations that are key impediment to access to services among PLHIV and KPs.	Progress Report	FAR
Number of provinces with efficient mechanisms to protect gender and HIV-related rights and respond to crisis for people living with and affected by HIV and KPs.	Progress Report	FAR, Office of Attorney General, Division of AIDS and STIs, DDC, MOPH Community partners
Cross-Cutting Issue ; To end gender-based violence and reduce HIV risks and effects.		
Percentage of women living with HIV aged 15-49 years who experience gender-based violence in the past 12 months.	Stigma Index	The PLHIV Stigma Index Task Force

Appendix 3 : Goals of public and private organizations with gender equality and discrimination-free policies and measures by 2025

	2021	2022	2023	2024	2025	2026	2021-2025
Public Organizations							
Provincial Office of Attorney (Multi-disciplinary Team)	14	14	36	42	50	TBD	50
Provincial Office of Labour (Number of Provinces)		23	39	54	77	TBD	77
Local Authorities (7,850 in total)	785	1,570	1,570	1,570	1,570	TBD	7,065
Army (Number of Provinces)		77	77	77	77	TBD	77
Private Business Organizations							
TBCA (number)	50	150	100	100	100	TBD	500
TNAF (number)	20	20	20	20	20	TBD	100
Provincial Health Office	0	77	77	77	77	TBD	308
Public Health Facilities							
BMA hospitals	79	79	79	79	79	TBD	79
MOPH hospitals (900 in total)	135	315	90	90	90	TBD	720
Public Schools							
Prisons under Department of Correction (143 in total)		0	30	40	50	TBD	50
Public Schools							
Medicine and Nursing Schools		2	4	6	8	TBD	8
MOE (35,000 in total)		3,500	3,500	7,000	3,500	TBD	17,500
Bangkok Education Office (109 in total)	109	109	109	109	109	TBD	109
Grand Total	1,192	5,936	5,731	9,264	5,807		26,643

Appendix 4 : Budget Calculation

The budget for the Action Plan used a unit cost analysis method, calculating the unit cost of activities under key schemes for each Strategic Objective within different Settings and Programmes. It also combined budgets for cross-cutting issues such as crisis response to COVID-19.

Activities are classified into operating activities such as training, development of manuals, field operation, etc. The unit costs of these activities are calculated based on data from research into the cost analysis of stigmatization and discrimination reduction packages in health care settings by Suradech Dounghipsirikul and his team²⁵.

The costs in this retrospective study consisted of labour, materials, and investments analysed from the provider perspective for the timeframe 2014-2017. The costs analysed and presented in this Action Plan are data from 2017 adjusted to the current year (2021) value.

Data on budget allocation from government agencies and external funding sources in the calculation of the additional budget requirement came from the responsible organizations for each Strategic Objective. They are the budget expected to be allocated in the following year or the budget expected from annual budgeting and external funding.

²⁵ Suradech Dounghipsirikul (2561). Cost analysis of stigmatization and discrimination reduction package in health care settings. Health Intervention and Technology Assessment Program. <https://www.hitap.net/research/169316>



กรมควบคุมโรค
กองโรคเอดส์และโรคติดต่อทางเพศสัมพันธ์



**คณะกรรมการแห่งชาติ
ว่าด้วยการป้องกันและแก้ไขปัญหาเอดส์**
NATIONAL AIDS COMMITTEE