

# Thailand

## Overview:

### Health and HIV situation

The implementation of national strategic HIV interventions in Thailand since the late 1990s, including the 100% Condom Programme and the increased provision of care and treatment services for people living with HIV/AIDS (PLWHA), has led to a decline in HIV infection rates in Thailand. Estimates of the number of new infections for 2007 reached 13,936 and is projected to decline to 10,097 by 2011, which would result in the decline of the total cumulative number of PLWHA from 546,578 in 2007 to 481,770 by 2011.<sup>186</sup>

In 2007, 52.9% of reported adults and children with advanced HIV infection received ART compared to 41% in 2006.<sup>187</sup>

Despite encouraging efforts that reduced new HIV infections, the country still faces a generalized epidemic with a 1.4% HIV prevalence rate.<sup>188</sup> New HIV infection patterns, especially among women in stable relationships who are infected by their long-term partners or their sexual partners, have been of concern. In 2005, an estimated 37% of women newly infected with HIV contracted HIV through sexual contact with their male partner, 80% of whom acquired HIV through paid sex.<sup>189</sup>

In addition, a 2007 survey of the Bureau of Epidemiology showed a high HIV prevalence rate among men who have sex with men (MSM), reaching 24.6%.<sup>190</sup>

In Bangkok, a recent survey has shown an increase in HIV infections among MSM from 18.9% in 2005 to 27% in 2007.<sup>191</sup> Injecting drug use and the sharing of injecting equipment also remains a source of concern with

an estimated 27.8% of injecting drug users (IDUs) being HIV positive in 2006.<sup>192</sup>

### National HIV programme and response

The new *National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation (2007–2011)*, developed through a broadly consultative and inclusive national process, aims to increase HIV prevention efforts, improving the lives of PLWHA, and fighting stigma and discrimination.<sup>193</sup> The Plan also aims to integrate AIDS prevention and alleviation strategies into organizations at all levels, to promote a multi-stakeholder approach in addressing the epidemic and to integrate prevention, care and treatment for all targeted population groups.<sup>194</sup> Target groups include husbands and wives or discordant couples, MSM, sex workers and their clients, drug users, children and adolescents, and other groups such as migrant workers.<sup>195</sup>

Thailand has successfully expanded access to HIV care, treatment and support services for PLWHA and their families. ART has been included in the *National Health Security Scheme* and the Government issued two compulsory licenses for anti-retroviral drugs. ART coverage now reaches more than two thirds of those in need.<sup>196</sup>

Thailand is considered a leading country in the region in recognizing the importance of migrant workers' access to health. The migrant health strategy developed jointly by the Thai Government and civil society focuses mainly on health promotion, preven-

tion, treatment and care among migrants, as well as universal access to health, and the participation of migrants and communities in national responses to HIV.<sup>197</sup> In addition, the Government signed an agreement for the Border Health Programme to provide health care, including HIV and AIDS prevention and treatment services to anyone living at the Thai borders, including Thais, migrants, stateless people and ethnic minorities.<sup>198</sup> However, HIV prevention measures for documented and undocumented migrants and mobile populations remain to be strengthened.

Migrants registering for a work permit in Thailand must undergo a health examination, but HIV testing is not mandatory, as stipulated in *Thailand's National Code of Practice on Prevention and Management of HIV/AIDS in the Workplace* (January 2005).<sup>199</sup> If found unfit, migrant workers may lose their work permit and face deportation.

Registered migrants who pass the health examination are included in the national 30-baht health insurance scheme, with health services available at a subsidized cost and assignment of a health provider. ART is not available to migrants at subsidized cost, often making the therapy financially inaccessible to them. Stigma, discrimination and fear of arrest, especially among undocumented migrants, remain additional hindrances to migrants' access to health services.<sup>200</sup>

Displaced persons from Myanmar, housed in 9 border camps at the Thai borders, are believed to receive health care. In 2007 they started to benefit

from HIV prevention, care and treatment services from a government-mandated programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

### Migration patterns

Thailand is a major destination country for migrant workers due to its booming economy. The International Organization for Migration (IOM) reports that approximately 1.2 million workers from Cambodia, Lao PDR and Myanmar registered for a work permit with the Ministry of Labour in 2004.<sup>201</sup> Of these migrants, 75% were from Myanmar, 12% from Lao PDR and 13% from Cambodia.<sup>202</sup>

Undocumented migration remains a source of concern in Thailand with an estimated total number of 2.5 million (including dependents).<sup>203</sup> To address irregular migration, the Ministry of Interior registered 1,280,000 workers from neighbouring countries in July 2004. The Thai Government has initiated regional cooperation talks on labour migration management with neighbouring countries. It has also engaged in bilateral agreements with neighbouring countries Cambodia, Lao PDR and Myanmar, resulting in an

elaborate system of temporary employment.<sup>204</sup>

Thailand is also a sending country of migrant workers, primarily to East and South-East Asia and to the Middle East. More than half of Thai migrant workers abroad have been employed in Taiwan.<sup>205</sup> Remittances from overseas Thai migrant workers may amount to USD 1.5 billion per year.<sup>206</sup>

Thailand has a significant number of displaced persons with approximately 135,000 residents in camps.<sup>207</sup> Trafficking is also an issue in Thailand, which is a source, transit and destination country for trafficked persons.

Large cross-border migration from Myanmar and Cambodia to Thailand poses numerous HIV prevention, care and treatment challenges. In 2001, a surveillance sample among Burmese migrants estimated that 1.4 percent (316 individuals) tested positive for HIV in Samut Sakhorn Province.<sup>208</sup> In another study, HIV infection rates of 4.3% among pregnant migrant women at ANC clinics were found to be higher than for Thai women (2%).<sup>209</sup> IOM, in cooperation with the Ministry of Health, is developing a comprehensive national surveillance system to monitor and evaluate HIV infection

rates among migrants and mobile populations in the country.

### HIV response for migrant populations: Gaps and opportunities

The accessibility of HIV prevention and care services, and current efforts to include treatment for migrants and mobile populations is a leading example in the region that should be replicated.

Current efforts from various stakeholders (Ministry of Health, civil society organizations, etc) should be strengthened to expand coverage, including providing health service delivery in a language understood by migrants. Culturally sensitive and linguistically appropriate prevention materials and behaviour-change communication programming remain to be fully scaled up, as do peer education programmes to enhance access to health and HIV services among migrants and mobile populations.

<sup>186</sup> UNGASS, *Country Progress Report, Thailand, Reporting period January 2006-December 2007*, January 2008, p. 10

<sup>187</sup> Idem, p. 14

<sup>188</sup> UNAIDS, *2007 AIDS Epidemic Update, Regional Summary, Asia*, 2008, p. 16

<sup>189</sup> Idem, p. 29

<sup>190</sup> UNGASS, p. 43

<sup>191</sup> Idem, p. 28

<sup>192</sup> Idem, p. 44

<sup>193</sup> Idem, p. 11

<sup>194</sup> Idem

<sup>195</sup> Idem, p. 12

<sup>196</sup> UNAIDS, *Country Situation Analysis, Thailand*

<sup>197</sup> UNGASS, p. 45

<sup>198</sup> Idem, p. 46

<sup>199</sup> CARAM Asia, *State of Health of Migrants 2007, 2007*, p. 170

<sup>200</sup> Brahm Press, *Migrants' Health and Vulnerability to HIV/ADIS in Thailand*, Raks Thai Foundation, PHAMIT

(Prevention of HIV/AIDS Among Migrant Workers in Thailand Project, (date of publication not found), p. 19

<sup>201</sup> International Organization for Migration (IOM),

*International Migration in Thailand*, 2005, p. 47

<sup>202</sup> CARAM Asia, p. 232, Source: Ministry of Labour,

Thailand, 2004, 2006

<sup>203</sup> Idem, p. 232

<sup>204</sup> IOM, p. 36

<sup>205</sup> Idem, p. 25

<sup>206</sup> Idem, p. 30

<sup>207</sup> Idem, p. 3

<sup>208</sup> Brahm Press, p. 15, Source: Bhumi Prabhas, 2001

<sup>209</sup> Idem, p. 15, Source: United Nations Development

Programme (UNDP), 2004