

SUSTAINABILITY ROADMAP FOR THE COMMUNITY-LED RESPONSE TO HIV IN THAILAND

2027-2031



Executive Summary

Thailand is at a critical turning point in its response to the AIDS epidemic. With the national goal of reducing annual new HIV infections from 8,100 in 2024 to fewer than 1,000 by 2030, the country must address the “last mile” challenges preventing key and vulnerable populations from accessing sustained, people-centred HIV services.

To guide Thailand’s long-term HIV response and ensure sustainable progress toward ending AIDS by 2030, the “National HIV Sustainability Roadmap” was developed around five critical domains: political leadership, enabling laws and policies, sustainable and equitable financing, systems, and services and solutions. A key high-level outcome is the institutionalization of Community-Led Health Services (CLHS) as an integral part of Thailand’s national health system, linked with public and private service networks according to epidemiological contexts and population needs.

Aligned with this vision, the “Sustainability Roadmap for the Community-Led Response (CLR) to HIV in Thailand (2027–2031)” provides an implementation framework to strengthen community-led responses and support the gradual establishment of the Community-Led Wellbeing Services Initiative (CLWSI) as a national mechanism to coordinate and sustain community-led systems and services.

Thailand’s community-led response has been a cornerstone of the national HIV response since the early years of the epidemic. Approximately 403 Community-Led Organizations (CLOs), ranging from community awareness and rights advocacy to HIV testing, prevention, and treatment services, supported by over 4,800 community health workers, currently reach 75% of key populations and account for 81% of all PrEP users nationwide. CLOs consistently outperform conventional facility-based approaches in reaching underserved populations, identifying HIV earlier, and reducing barriers related to stigma and discrimination. However, most CLOs remain dependent on international donor funding and continue to operate without full legal recognition as health providers within the national health system.

Over the next five years, the roadmap prioritizes five transformative action areas to strengthen Thailand’s CLR, accelerate progress toward ending AIDS, and lay the foundation for CLWSI as a sustainable governance platform for community-led health and wellbeing services:

- 1. Political Leadership:** Secure national and provincial policy commitments to formally recognize CLHS and endorse the establishment of CLWSI.
- 2. Legal and Policy Reform:** Advance non-discrimination protections, review punitive laws affecting key populations, and remove regulatory barriers limiting community-led HIV services, including ARV and PrEP dispensing.
- 3. Sustainable and Equitable Financing:** Develop sustainable financing and domestic resource mobilization mechanisms for long-term CLR implementation.
- 4. Services and Solutions:** Scale up integrated CLR models tailored to local epidemiological contexts and population needs in priority provinces.
- 5. Systems Strengthening:** Expand accreditation pathways for CLOs and strengthen national QA/QI systems for community-led services.

Through this transition, Thailand aims to move from a fragmented and donor-dependent approach toward a sustainable governance platform for community-led health and wellbeing services. Beyond HIV, the roadmap recognizes that the trust, capacities, and infrastructure built through the AIDS response are critical national assets for addressing broader community health challenges beyond 2030.





1. Current HIV Landscape in Thailand: Achievements and Challenges

Thailand has demonstrated global leadership in its HIV response, achieving a "95-92-98" performance against the UNAIDS 95-95-95 targets as of 2024. This progress places the country on the verge of ending AIDS as a public health threat.

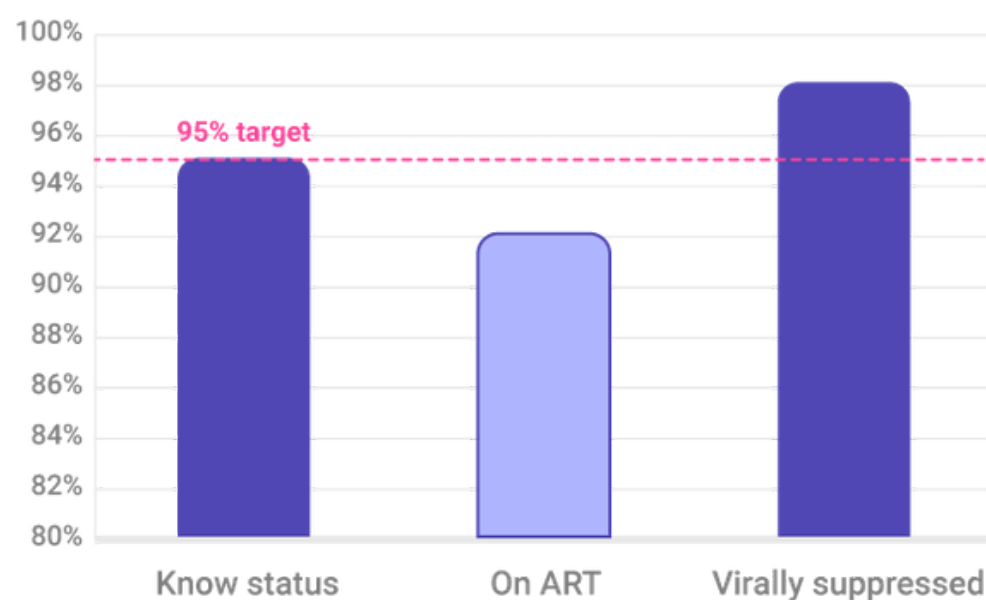
1.1 Successes to Date

- **Target Performance:** 95% of people living with HIV (PLHIV) know their status; 92% of those diagnosed are on antiretroviral therapy (ART); and 98% of those on ART are virally suppressed.
- **Policy Milestones:** The 2019 Ministry of Public Health regulation opened doors for CLOs to provide HIV and sexually transmitted infection (STI) services. As of March 2026, 105 CLOs are registered under Section 3 of the National Health Security Act (the provision enabling non-governmental providers to receive direct NHSO reimbursement).
- **Workforce Certification:** 1,156 Community Health Workers (CHWs) have received formal certification, professionalizing the community response.
- **Legal Progress:** The passage of the Marriage Equality law reflects a shifting social paradigm toward human rights and equality.

1.2 Critical Challenges

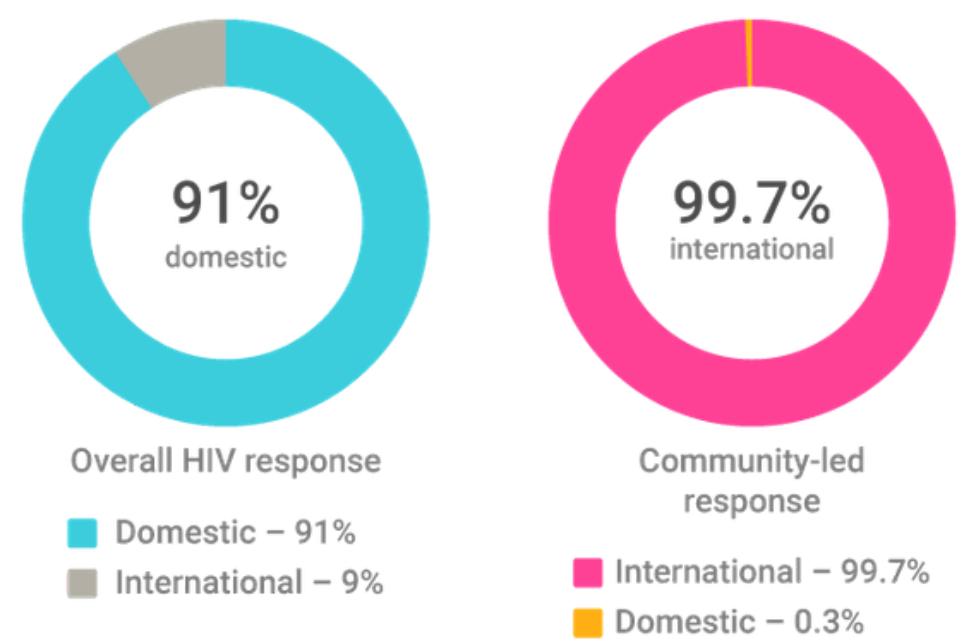
- **New Infection Rates:** The current rate of 8,100 new infections (2024) remains far above the 2030 target of <1,000.
- **Funding Fragility:** As the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund reduce their support, the "enabling environment" (stigma reduction, human rights, and legal reform) faces a funding cliff. While the Thai government funds 91% of the country's overall HIV response, CLOs remain 99.7% dependent on international funding for enabling environment activities, the very work needed to reach the last mile.
- **Legal Barriers:** Punitive laws regarding sex work, drug use, and undocumented migrants continue to push vulnerable populations away from life-saving services.
- **Operational Limitations:** certified CHWs are not cover all prioritised provinces and CLOs are still unable to dispense ARVs directly, creating a bottleneck in the "Test and Treat" cascade.
- **Stigma and Discrimination:** The 2022 Stigma Index 2.0 revealed that 16% of respondents experienced discrimination in healthcare settings. Internalized stigma affects 39% of PLHIV, directly correlating with ART interruption.

HIV TREATMENT CASCADE – THAILAND 2024



Performance against the UNAIDS 95-95-95 target (dashed line).
New infections: 8,100 in 2024 against a <1,000 target by 2030.

WHO FUNDS WHAT – THE FINANCING GAP



Despite 91% domestic funding for the overall HIV response, community-led organisations remain 99.7% dependent on international sources – funding that is now contracting.



2. The Role and Impact of Community-Led Response

Per the UNAIDS 2019 framework adopted by Thailand, a CLO is defined by three criteria: more than 50% of its governance, leadership, and staff must reflect the community served; it must maintain transparent accountability mechanisms to that community; and it must be a formally constituted body with a clear mandate. Thailand's response is built on the principle that this work must be “by and for” the communities it serves. The evidence of what that means in practice is set out below.

2.1 Profile of the Community Sector

- **Scale:** Approximately 403 CLOs operate nationwide, supported by 4,800 community health workers (CHWs).
- **Professionalization:** As of January 2026, 1,156 CHWs have received formal certification from the Department of Disease Control (DDC).
- **Key Actors:** Primary networks include the Thai NGO Coalition on AIDS (TNCA), the Thai Network of People Living with HIV (TNP+), and specialized key population (KP)-led groups like MPlus, SWING, and RSAT.

2.2 The Six Wellbeing Service Domains of CLOs

Beyond HIV, CLOs have evolved into providers of “wellbeing services,” addressing six domains to ensure a holistic “people-centred” approach:

1. **Reproductive & Sexual Health:** Including STI screening, HIV prevention and unintended pregnancy and safe termination services.
2. **Mental & Psychosocial Health:** Addressing the unique stressors of marginalized groups.
3. **Human Rights and Gender & Legal Support:** Fighting discrimination, gender-based violence, and providing legal aid.
4. **Harm Reduction:** Needle and syringe programs (NSP) and opioid support.
5. **Social Determinants of Health:** Addressing housing, employment, and social status.
6. **Community Resilience:** Building the capacity of networks to self-advocate.

2.3 Evidence of Superior Health Outcomes

Data from 2020–2025 shows that CLOs consistently achieve stronger results than traditional health facilities in reaching high-risk individuals and maintaining care:

- **Higher Case Finding:** Section 3-registered CLOs show a positivity rate of 3.07%–4.74%, while general project-based work averages 0.50%–2.06%.
- **PrEP Dominance:** CLOs are responsible for 81% of all PrEP clients in Thailand.
- **Superior Retention:** HIV clinics that integrate PLHIV Community Health Workers achieve a 99% ART retention rate.
- **Reach:** CLOs reached 292,000 individuals in 2025, accounting for 75% of the total key population reach in the country.
- **Clinical Quality:** The average CD4 count of patients identified by CLOs is 429 cells/mm³, significantly higher than the 172 cells/mm³ found in general facility testing, indicating that CLOs identify people earlier in their infection and at a stage more amenable to treatment. Taken together with the HIV Stigma Index 2.0 finding that 16% of people living with HIV experienced discrimination in healthcare settings and 39% report internalised stigma directly linked to ART interruption, these data underscore why CLO-delivered wellbeing services, not HIV testing alone, are essential to sustaining treatment gains.

CLO VS. CONVENTIONAL FACILITY — HEALTH OUTCOME PERFORMANCE





3. Five Transformative Actions

To transition the community-led response into a permanent fixture of the Thai state, the roadmap identifies five core domains for sustainability

3.1 Political Leadership and Collective Responsibility

Vision: Integrated multi-sectoral policies that cover everyone on Thai soil and formally recognizing Community-Led Health Services (CLHS) as an integral component of Thailand’s public health system.

Objectives:

- Secure National Health Assembly and national policy endorsement for CLHS.
- Strengthen provincial ownership and integration of CLR within local health systems.
- Establish policy pathways toward the future establishment of CLWSI.

3.2 Enabling Laws and Policies

Vision: A society that respects human rights, ensures gender equality, and is free from discrimination.

Objectives:

- Reform laws that criminalize marginalized behaviours and enact the Draft Non-Discrimination Act.
- Advance non-discrimination protections and rights-based policies.
- Review punitive laws affecting key populations.
- Remove regulatory barriers limiting community-led HIV service delivery, including ARV and PrEP dispensing

3.3 Sustainable and Equitable Financing

Vision: Domestic self-reliance exceeding 95%.

Objectives:

- Fully transition from donor funds to NHSO and domestic public/non-public financing for all community services, including stigma reduction.
- Develop sustainable financing models and domestic resource mobilization mechanisms.
- Strengthen access to NHSO and local financing mechanisms for CLOs.
- Reduce long-term dependence on international donor funding.

3.4 Services and Solutions

Vision: Person-centred, rights-based services integrated into the national health system, addressing the full continuum of wellbeing needs that affect health outcomes for key populations.

Objectives:

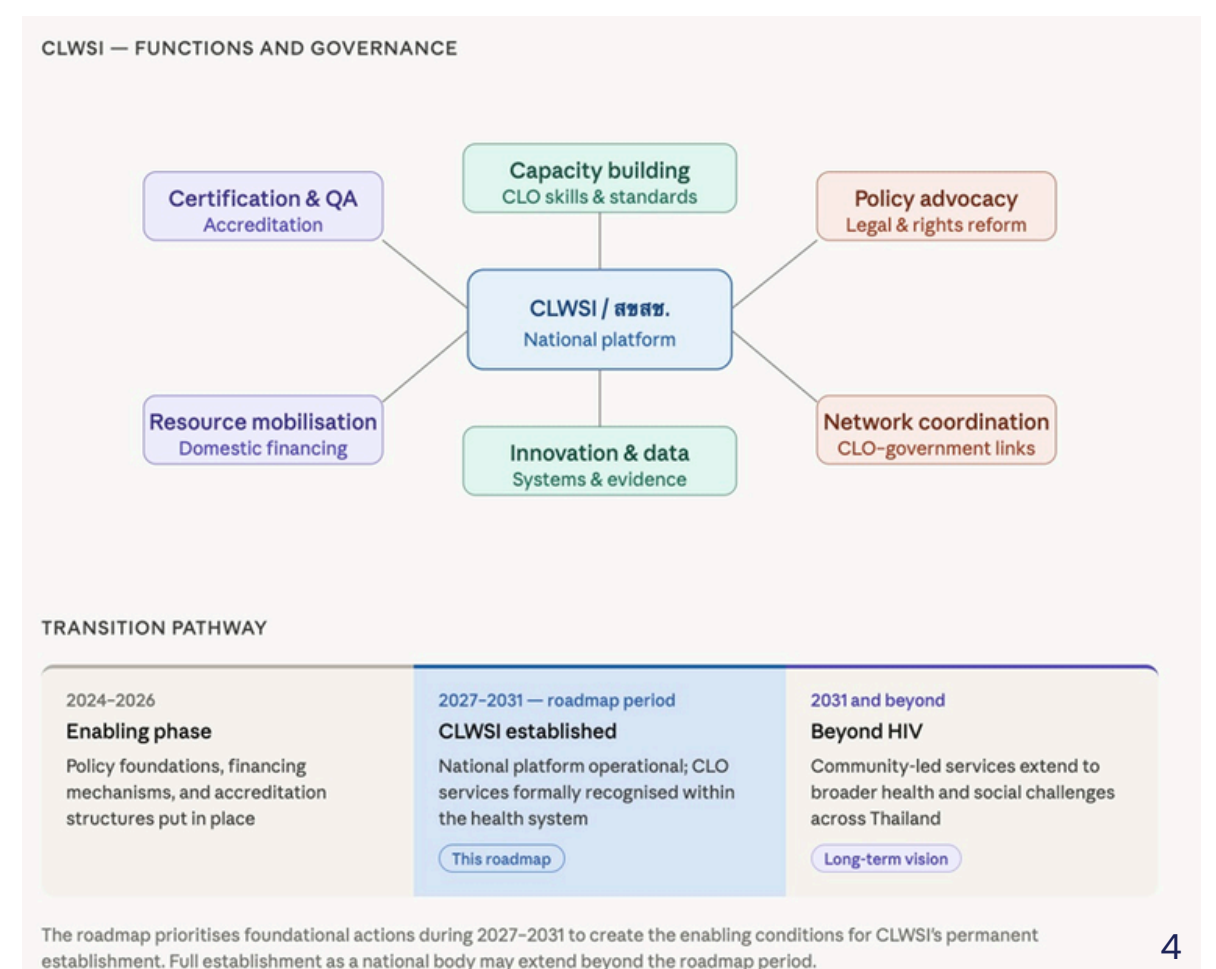
- Expand community-led wellbeing services beyond HIV.
- Scale up integrated CLR models in priority provinces responsive to local epidemiological contexts and population needs.
- Integrate the six CLO wellbeing service domains: reproductive and sexual health, mental health and psychosocial support, human rights and legal aid, harm reduction, social determinants of health, and community resilience, into a coordinated One-Stop model within the national health system. The HIV Stigma Index 2.0 findings (16% healthcare discrimination; 39% internalised stigma among PLHIV) show that social and structural factors directly drive ART interruption and reduced health-seeking, making this integration essential to sustaining treatment gains.

3.5 Support Systems

Vision: A strong and sustainable community-led system with standardized accreditation, workforce development, and quality assurance mechanisms.

Objectives:

- Expand accreditation pathways for CLOs across service levels.
- Strengthen national QA/QI systems for community-led services.
- Develop long-term workforce development and certification systems for CHWs.





4. The Road to 2031

The success of this roadmap requires high-level political intervention. The following actions are requested of the national leadership

4.1 Formal Recognition of Community-Led Health Services (CLHS)

The government should secure a National Health Assembly resolution recognizing CLHS as a formal component of the Thai healthcare system. This would allow CLOs to function as service unit in primary care system and beyond, connecting the community directly to the UHC scheme.

4.2 Legislative Reform and Decriminalization

To remove the barriers preventing the final 5,000–8,000 infections from being reached, the following legal reforms are essential:

- **Non-Discrimination:** Expedite the passage of the draft law on non-discrimination against persons.
- **Decriminalization:** Review and reform laws criminalizing drug use, sex work, and undocumented migrant status. These laws currently drive key populations into the shadows, making the "Ending AIDS" goal impossible to reach.
- **The Community-Led Wellbeing Services Act:** Passing legislation to provide a permanent legal basis for community-anchored health services.

4.3 Financial Sustainability and Domestic Resource Mobilization

- **Shift to Domestic Funding:** Currently, 50%–89% of CLOs still report difficulty accessing domestic funds for anything other than basic testing.
- **Local Government Integration:** Empower Provincial Administrative Organizations (PAOs) to allocate local budgets for HIV prevention and stigma reduction

4.4 Community-Led Response Workforce Development

Formalize a professional career pathway for Community Health Workers (CHWs) through a National Certification and Accreditation System to ensure that the 4,800-strong community workforce meets national quality standards and has long-term job security. The certification and accreditation system will be aligned with the national CLR implementation plan and provincial Ending AIDS targets to define the appropriate CLR models, service

capacities, and numbers of CLOs and community workforce required in each priority province to achieve national and subnational HIV goals.

4.5 Centralized Community Body: Establish the Community-Led Wellbeing Services Initiative (CLWSI)

The roadmap proposes the gradual establishment of the Community-Led Wellbeing Services Initiative (CLWSI) as a long-term national platform for sustaining community-led health and wellbeing services in Thailand. Recognizing that the establishment of such a permanent mechanism may extend beyond the 2027–2031 period, the roadmap prioritizes foundational actions during the next five years to create enabling policies, financing mechanisms, accreditation systems, and governance structures necessary for its future establishment.

Once established, CLWSI is envisioned to serve as the national mechanism for strengthening the effectiveness, sustainability, and scalability of Community-Led Organizations (CLOs) through key functions including capacity building, certification and quality assurance, innovation and data systems, resource mobilization, policy advocacy, and network coordination. Beyond HIV, CLWSI is expected to support the expansion of community-led responses to broader emerging health and social issues beyond 2030.

Conclusion: Ending AIDS Through Community Power

Thailand is within reach of its 2030 goal of <1,000 new infections. The remaining gap is also the most difficult: the populations yet to be reached are those most marginalised by law and social exclusion.

To close this gap, Thailand must strengthen and sustain community-led responses by integrating Community-Led Health Services (CLHS) into the national health system, improving enabling laws and policies, and securing sustainable domestic financing. The roadmap also lays the foundation for the gradual establishment of the Community-Led Wellbeing Services Initiative (CLWSI) as a long-term governance platform for community-led health and wellbeing services beyond 2030.

Thailand has the evidence, the infrastructure, and the political momentum to make this transition. What is needed now is the commitment to act.