



HIV
TB



ANNUAL KPI E1 REPORT 2025

Assessment and Reporting to the Global Fund : Scale up of Programs to Address Human Rights-Related Barriers

Baseline Score Deliberation for KPI E1 : TB and HIV Programme Implementation Areas in Thailand, 2025



HIV
TB



RRTTPR

(Stop TB and AIDS through RRTTPR 2024-2026)

WORLD VISION FOUNDATION OF THAILAND

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Introduction

In 2025, the World Health Organization (WHO) reported that Thailand is one of the countries with a high burden of TB and TB-HIV¹.

The ongoing TB and HIV situations show that both diseases remain major public health problems in Thailand. The Thailand Operational Plan to End TB 2023-2027 includes a strategic intervention to as part of its strategy to reduce TB mortality. 'Protecting and promoting human rights, ethics, and equity' and 'building a strong coalition with civil society and communities' are two of the Plan's four key principles.²

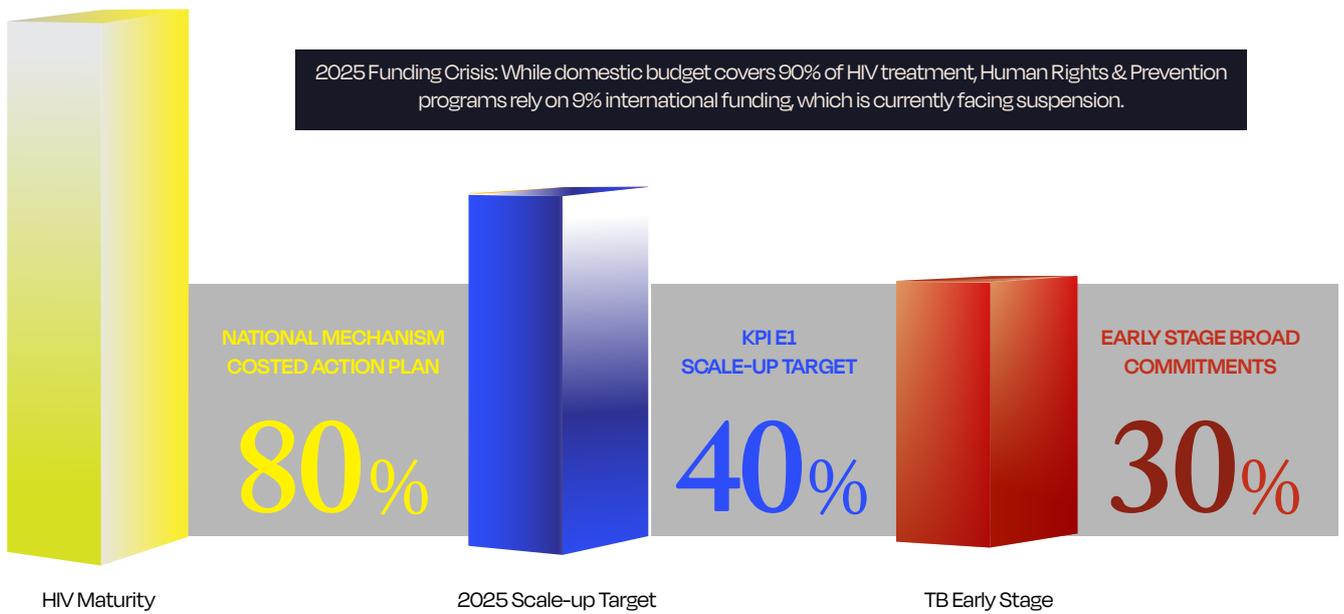
Thailand has implemented the Costed Action plan to Eliminate all forms of Stigma and Discrimination related to HIV and Gender 2022 - 2026, which is an integral part of the National Action Plan to End AIDS 2023 - 2026. Furthermore, the Subcommittee on AIDS Rights Promotion and Protection, under the National AIDS Committee, serves as a national mechanism to monitor progress and address implementation challenges.

The Plan also focuses on serving populations highly vulnerable to infection and poor health outcomes, such as migrants, recognizing that However, TB-related stigma and discrimination (S&D) in Thailand is at a relatively early stage of development, particularly when compared to HIV programs. The National Operational Plan's broad commitments to human rights issues fall short of the more detailed national plan required by the Global Fund to remove human rights barriers. Additionally, addressing TB-related S&D will focus on the community setting and provide a basis for scaling up TB HRG programming, as well as reporting to the Global Fund, including KPI E1: Scaling up programs to address human rights-related barriers.

KPI E1

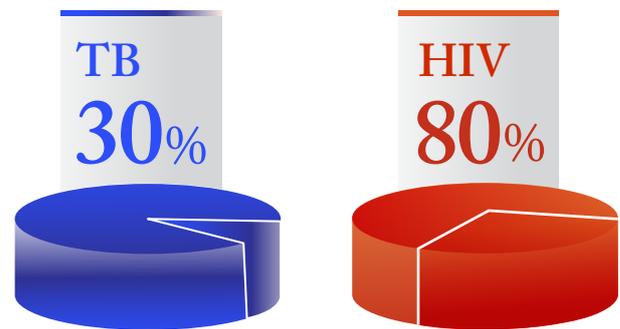
measures the percentage of countries scaling up programs to address human rights-related barriers across HIV, TB, and malaria³. It monitors progress in expanding these programs, contributing to the reduction of such barriers within the Global Fund (GF) portfolio. This KPI focuses on actionable outputs and coverage, offering timely insights aligned with the 10-10-10 societal enabler targets from the Global AIDS Strategy and the 2021 Political Declaration. It also triangulates with the GF's human rights risk indicators for comprehensive tracking.

2025 Funding Crisis: While domestic budget covers 90% of HIV treatment, Human Rights & Prevention programs rely on 9% international funding, which is currently facing suspension.



KPI E1
 Accountability by attributing the scale-up directly to GF-funded programs, which further supports broader national initiatives. Its results provide actionable insights, guiding national responses and

contributing to the Global Partnership on stigma and discrimination. Additionally, they assist in grant oversight and implementation for GF-funded human rights programs. Progress will be measured annually to track changes since the baseline and identify opportunities for timely corrective actions. Baseline data is sourced from funding requests, with annual performance monitored through human rights risk assessments and reports from technical assistance providers under the Human Rights Strategic Initiative.



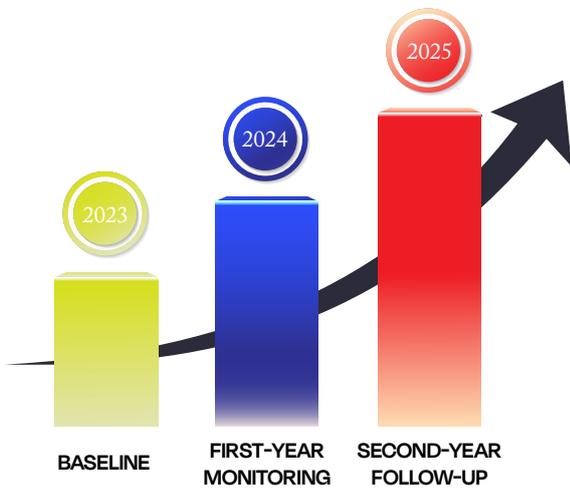
Impact of Funding Suspension 2025

The Importance of KPI E1 Assessment in Thailand

The assessment of KPI E1 holds critical strategic significance as it serves as the primary mechanism for tracking the progress of the **“Breaking Down Barriers” (BDB)** initiative. It is a key condition for Human Rights and Gender programs, with Thailand being one of 24 countries worldwide where the Global Fund has invested specifically to implement projects aimed at removing these barriers. This initiative is founded on the principle that Therefore, this assessment is not merely about measuring medical outcomes, but rather about evaluating the country’s efforts to dismantle structural, human rights, and gender-related obstacles that hinder equitable and effective access to services.

¹ World Health Organization. Global Tuberculosis Report 2025. Geneva: World Health Organization; 2025.
² Division of Tuberculosis, Thailand Operational Plan To End Tuberculosis, Phase 2 (2023 - 2027). Bangkok: Division of TB; 2023.
³ The Global Fund. Key Performance Indicators (KPIs) Handbook for the 2023-2028 Strategy. 2023. Geneva: The Global Fund; 2023.

Thailand has been selected to participate in the "Breaking Down Barriers" initiative and has received matching funds as catalytic funding. This funds aim to stimulate HIV response through the elimination of Stigma and Discrimination (S&D) and the promotion of Human Rights and Gender (HRG). This support focuses on enhancing the social, legal, and rights-based environment, as well as fostering community collaboration in HIV and TB responses. The ultimate goal is to increase access, uptake, and retention in health and illness services, ensuring a high quality of life and inclusive living within families, communities, and society.

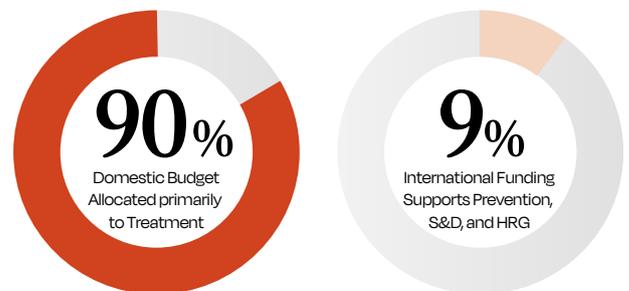


Thailand began implementing the KPI E1 framework and tools to monitor and assess the S&D situation and progress since 2023. Using 2023 as the baseline, 2024 marks the first-year progress monitoring, and 2025 serves as the second-year follow-up. This monitoring is significant as it occurs during the final year of the national action plan, providing essential data for the end-of-plan evaluation. This will inform the development of the next phase of the plan, alongside the formulation of the National HIV Sustainability Roadmap 2027–2030. Additionally, it is an integral part of developing project proposals for the Thailand Global Fund's Grant Cycle 8 (GC 8).

Monitoring progress in S&D and HRG serves as a reflection of the realities in addressing barriers related to stigmatizing attitudes and discrimination across various sectors and society. It encompasses human rights operations, access to justice, legal and policy reforms, the promotion of gender equality, and support for community-led initiatives. These efforts lead to the prevention and resolution of obstacles in accessing health services, ensuring a better quality of life and the coexistence of PLHIV, TB patients, key populations, vulnerable populations, and affected populations.

In 2025, similar to many countries worldwide, Thailand is facing a major obstacle due to the suspension of HIV and health funding from the United States, as well as temporary funding freezes from the Global Fund (GF). This has led to the disruption of S&D and HRG operations, with several programs being forced to terminate or close down.

Thailand utilizes domestic budgets for approximately 90% of its HIV response, with nearly all of it allocated to treatment. Meanwhile, the country still relies on international funding for about 9% to support prevention and S&D and HRG initiatives, which are almost entirely dependent on international sources.

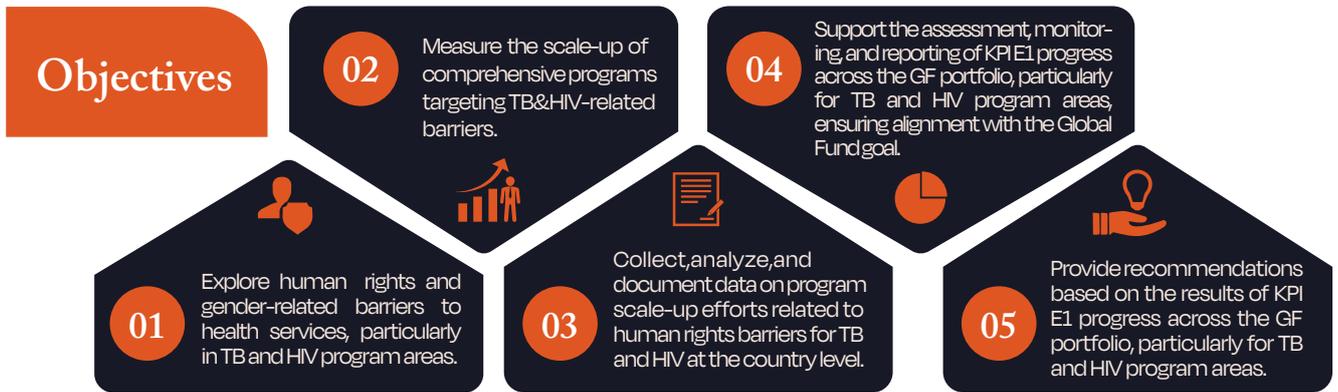


Warning Sign: 2025 Situation

- The suspension of HIV and health funding from the United States, alongside temporary funding freezes from the Global Fund (GF), has led to the disruption of S&D and HRG operations.
- Several programs have been forced to terminate or close down.

During the mid-term of Grant Cycle 7 (2024–2026), supported by the Global Fund, Thailand faced unexpected reprioritization activities and budget adjustments, which have impacted Human Rights and Gender programs. Nevertheless, Thailand has made significant efforts to scale up initiatives to break down barriers in TB and HIV program areas, engaging key stakeholders in the process.

Moreover, this assessment is of critical importance as a strategic tool for Thailand to "self-review and identify barriers," thereby enabling the development of evidence-based action plans. Therefore, this process helps address gaps, strengthen national strategies for TB and HIV moving forward, and ensure long-term sustainability.



Methodology

A cross-sectional mixed-methods design, incorporating both qualitative and quantitative approaches, was implemented.

1. The KPI E1 agency selection process including:

TB program areas: A **total of 14 organizations** participated in the Collaborative TB Task Force related Stigma & Discrimination (S&D), categorized as follows: 5 CSOs, 6 GOs, and 3 research institutes. A purposive sampling was used, based on criteria for selecting the 14 agencies, which included:

- The agency has operational areas or project implementation related to the National Program, Sub-National Program, Community/Field Level, and Technical Support.
- Willingness to participate in data collection process.

HIV program areas: A **total of 36 organizations** and agencies participated in the development of the plan and the 2023 progress assessment. Of these, 33 organizations responded to the survey, which can be categorized as follows: 19 CSOs, 11 GOs and 2 Independent Organizations. A purposive sampling was used, based on criteria for selecting the 33 organizations and agencies, which included:

- The agency is a sub-committee or a collaborative body on the Sub-committee on AIDS Rights Promotion and Protection under the National AIDS Committee.
- Willingness to participate in data collection process.

2. The 2025 or 2nd year of KPI E1 assessment was conducted as follows:

Systematic reviews and/or secondary data from National TB Operational Plan Phase 2, National Costed Action Plan to Eliminate all Forms of Stigma and Discrimination related to HIV and Gender 2022-2026, National Tuberculosis Control Programme Guideline, Thailand 2021, Action Plan to End AIDS in Thailand 2022-2026, the health care settings survey 2021, survey on the situation of stigma and discrimination due to TB in public health service units in surveillance areas of the country for the year 2021, HIV stigma index 2.0 final report 2023, Rapid assessment of human rights and gender-related barriers to HIV and TB services in Thailand and Annual KPI E1 assessment for KPI E1 on TB and HIV program areas in Thailand, 2023 and 2024.

The data collection was conducted via a self-administered online survey for participating organizations and agencies, with the following methodology:

HIV Component: The 8 Programmatic Areas (PAs) were integrated with the National S&D Action Plan. The survey consisted of 6 core questions: 1) Activities implemented 2) Relevant PA 3) Alignment with the 10-10-10 targets 4) Budget allocation and funding sources 5) Geographic coverage 6) Beneficiary coverage. Note on Scoring: Only organizations that identified as having implemented activities within a specific PA were eligible to provide ratings in the scorecard for that particular area. Following data consolidation and statistical analysis, the results were used to facilitate subsequent Focus Group Discussions (FGDs)

TB Component: The 9 Programmatic Areas (PAs) were adopted with the Key Performance Indicators (KPIs) Handbook for the 2023–2028 Strategy, which includes nine TB program areas. Descriptive statistics were used to summarize the data (mean and median), while FGDs were analyzed using content analysis

 **TB program areas:** A total of 13 key informants from 8 organizations took part in FGDs.

 **HIV program areas:** A total of 13 key informants from 3 PRs and 2 SRs took part in FGDs.



3. Verify scorecard process :

The HIV program area scorecards were informed through the Technical Working Group (TWG) under the Subcommittee on AIDS Rights Promotion and Protection of the National AIDS Committee, while the TB program area scorecards were informed through the Collaborative TB Task Force on stigma and discrimination (S&D) Working Group.



TB COMPONENT

Program Areas
Eliminating TB-related stigma and discrimination



Justifications/Recommendations

- The coverage scores have increased due to the intensified focus and active engagement of both the government and civil society in these areas. This is evidenced by the implementation of diverse communication especially focusing on multi-stakeholders to work as a team and advocacy campaigns across mass media, online platforms, and local outreach. These initiatives cover both the broad elimination of discrimination and the promotion of specific rights related to TB, gender, and the health rights of migrant workers.
- In 2025, Thailand has made significant efforts established the Collaborative TB Taskforce to address human rights and gender issues (HRG) and stigma and discrimination (S&D).
- Support funds such as the M-Fund to increase access to healthcare services for migrant populations in the health and community sectors.
- Monitor the TB-S&D/HRG situation.
- Regarding S&D, geographical expansion is not possible because some units do not include PA1 in their clear project plans, resulting in the coverage remaining the same and not expanding.

Program Areas

Ensuring people-centered and rights-based TB services at health facilities

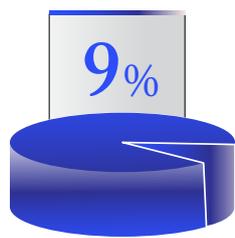
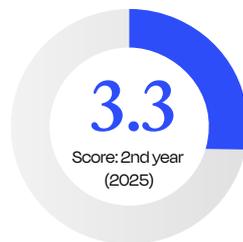


Justifications/Recommendations

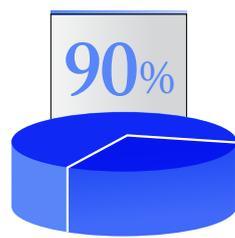
- The coverage scores have increased due to the intensified focus and active engagement.
- Thailand has already established significant guidelines for patient-centered care and social support for TB patients. These guidelines aim to provide nationwide access to tuberculosis services through a people-centered approach that respects human rights in healthcare facilities, in line with the country's Universal Health Coverage (UHC) framework.
- NGO (Non-Governmental Organization) leads to an expansion of guidelines, so the scope has been broadened.
- Changed from DOTS to PCC (Patient-Centered Care). This changing aims to drive Patient-centered.
- The use of technologies such as Video DOTS and applications.

Program Areas

Ensuring people-centered and rights-based law enforcement practices



INTERNATIONAL FUNDING



DOMESTIC BUDGET

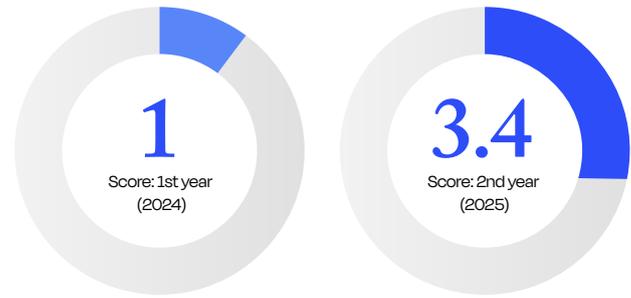
Justifications/Recommendations

- The coverage scores have significantly increased due to public advocacy campaigns and policy communication reaching government agencies nationwide as well as CSOs.
- In 2025, Thailand has made significant efforts to reduce the stigma against TB patients and to integrate more of them into the workforce. The Office of the Civil Service Commission has removed TB from the list of diseases required for civil service entrance examinations. If patients do not have severe symptoms, they may be able to be appointed as civil servants. In the case of cross-border patient transfers, there have been attempts to classify tuberculosis patients into a non-severe disease category, and these guidelines should be expanded upon.
- Efforts included a draft of subordinate legislation under the Anti-Discrimination Act has been developed through the Ministry of Justice, along with advocacy campaigns to push for the official enactment and enforcement of the Anti - Discrimination Act.
- The lack of operational budget will need to be addressed, and this will include all types of workplaces, not just private establishments. The Ministry of Labor and employers should be involved in the operation as well.



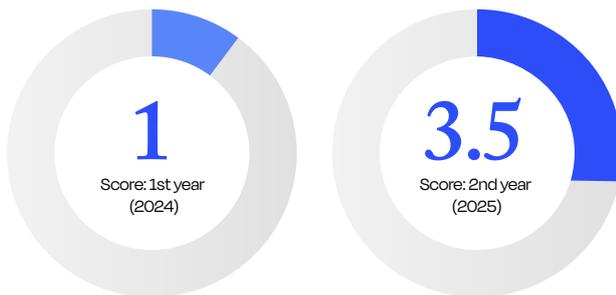
Program Areas

Legal literacy ("know your rights")



Justifications/Recommendations

- The increase in coverage scores is attributed to the expansion of community-led rights protection mechanisms, specifically aimed at increasing patients' knowledge within the community so they know how to take care of themselves before returning to work. Employers and family members or relatives also need to have adequate knowledge about TB disease.
- In 2025, Thailand has made significant efforts to expand the scope of operations, with more agencies providing additional patient benefits that are not limited to specific entitlements, particularly for vulnerable groups such as migrant populations.
- Efforts to promote access to TB and latent TB screening extend beyond individuals covered by the Universal Health Coverage (UHC) scheme.
- The National Health Security Office (NHSO) has implemented additional benefit packages, allowing public health service units to claim expenses for TB screening, case finding, and latent TB infection (LTBI) services for high-risk groups. These benefits are extended to all Thai citizens, not limited to those under the Universal Health Coverage (UHC) scheme (Gold Card), but also include individuals who are not UHC beneficiaries.
- Efforts are focused on promoting information about TB control and prevention for key populations across all settings from the period of infection risk through active TB treatment until cure and ensuring this information is widely disseminated to target populations in all areas for effective implementation.



Program Areas

Increasing access to Justice

Justifications/Recommendations

- The coverage scores have significantly increased in 2025, driven by Thailand's efforts to integrate and scale up community-led human rights services into other settings such as KPLHS, DIC, health posts, and others.
- Scaling up TB violation in Crisis Response System (CRS).
- CFRS (Community Feedback Response System) involves installing a community complaint system that encompasses multiple issues such as actions by officer or peer that violate rights in migrant community, not just complaints alone.
- Establishing guidelines for TB patient care in accordance with the country's Universal Health Coverage framework, ensuring equal rights for all citizens in tuberculosis control and prevention.

Justifications/Recommendations

- The coverage scores have significantly increased in 2025, driven by Thailand's efforts to advance legislation that removes infectious TB from the list of disqualifying conditions for civil service employment, ensuring equal opportunities for individuals wishing to enter the civil service.
- Regulations regarding tuberculosis are monitored due to the involvement of relevant agencies, resulting in legal oversight, but there is a lack of effective enforcement in practice.
- Advocate for health insurance for non-Thai nationals and the promotion of the draft Anti-Discrimination Act, which would cover all areas.
- Promote benefits regarding reimbursement of healthcare costs, specifically for health promotion and disease prevention services, with payment based on service items. Hospitals can claim additional expenses from the National Health Security Office (NHSO) for latent TB infection screening services for all relevant risk groups.

Program Areas

Monitoring and reforming laws, regulations and policies



Program Areas

Addressing needs of people in prisons and other closed settings

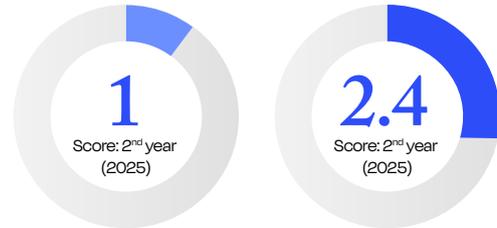


Justifications/Recommendations

- Significant decline in coverage scores compared to 2024.
- In 2025, Thailand has made significant efforts to establish policies and guidelines for tuberculosis control in prisons and enclosed spaces targeting vulnerable groups, with an emphasis on screening and detection to facilitate treatment. This includes post-release care, following standard tuberculosis control and prevention protocols, as well as supporting and promoting tuberculosis awareness among vulnerable groups.
- Prisons have practical and implementable practices. It addresses needs in terms of health, education, employment, and family reintegration into society.
- The Division of Tuberculosis, in collaboration with the Department of Corrections, is implementing TB control measures in prisons, including establishing a follow-up system to ensure that TB patients who return to society continue their treatment until they are fully cured.

Program Areas

Reducing TB-related gender discrimination, harmful gender norms and violence



Justifications/Recommendations

- The coverage scores have significantly increased in 2025, driven by Thailand's efforts to extend the Global Fund's PSEAH guidelines to areas covered by GF's SRs, while also implementing the Thai Marriage Equality Law. These initiatives encourage various organizations to develop action plans aimed at reducing gender discrimination related to tuberculosis, harmful gender roles, and violence.
- Thailand conducted a Gender Assessment in 2025 through PR-RTF, while TB O-9 S&D in community settings is being implemented by PR-WVFT. The findings from both assessments will be used to identify limitations and gaps in intervention design, as well as to estimate the budget required to reduce TB-related gender discrimination, harmful gender norms, and violence.
- Efforts to integrate with mental and social healthcare to avoid hindering TB treatment.
- Provide safeguarding training within the organization to reduce gender-based violence and promote equality.



Program Areas

Community mobilization and advocacy, including support to TB survivor-led

Justifications/Recommendations

- The coverage scores have significantly increased due to the community had try to transform TB in the post-COVID era.
- In 2025, Thailand has made significant efforts to establish tuberculosis group support programs; however, their implementation remains neither permanent nor sustainable. Stronger efforts may be needed to integrate these group support programs into existing HIV networks to ensure a more concrete and lasting impact.
- Implement the ACSM (Advocacy Communication and Social Mobilization) strategy to drive tuberculosis control and prevention efforts, supporting, promoting, and developing networks at all levels and in all sectors, both public and private.

Program Areas

Country score
(average of the 9 program area scores)



Justifications/Recommendations

The overall average score for all nine PAs has steadily increased over the past three years, signaling positive progress in expanding national coverage and including beneficiaries. However, the heavy reliance on international funding for these operations remains a critical challenge. Collaboration across multiple sectors particularly in promoting the development of an operational plan that addresses more than just health-related aspects should be supported by domestic funding to ensure sustainability and achieve the goal of ending TB.

Discussion & Limitations

In 2025, Thailand encountered significant challenges due to unexpected reprioritization activities and budget adjustments. The withdrawal of U.S. funding, stop-work orders, and mid-year budget revisions during Q6–Q7 disrupted critical activities related to Human Rights and Gender, and Stigma & Discrimination (HRG & S&D). Despite these setbacks, progress was observed in data collection efforts, with participation expanding to cover 14 organizations diverse sectors under the Collaborative TB Task Force related S&D representing. This marks a notable improvement compared to 2024, when engagement was limited to agencies under the Global Fund project, but this year 2025, respondents came from a diverse sectors range of organizations, resulting in an overall higher score. However, out of the 14 organizations initially selected, 4 organizations did not meet the selection criteria, leaving only 11 organizations that provided the necessary information.

This finding found that all nine TB program areas have improved. This demonstrates that, despite funding limitations, Thailand has made efforts to expand initiatives on human rights, gender (HRG), and stigma and discrimination (S&D) to remove barriers to accessing TB services for key populations. Additionally, the increase in average scores may be attributed to the balanced participation of both government and civil society organizations, as well as the involvement of research institutes in providing data. However, some limitations remain, such as the Thailand Operational Plan to End Tuberculosis, Phase 2 (2023–2027), which does not specify clear HRG and S&D guidelines. Furthermore, there is no TB ORG National Costed Action Plan for tuberculosis patients, and the allocated budget is project-specific, failing to cover the overall picture

Recommendations:

1. The issues of HRG and reducing stigma and discrimination (S&D) should be included in the next National Tuberculosis Action Plan to become part of the national strategy.
2. The TB ORG National Costed Action Plan should be developed, outlining a budgetary framework and promoting increased domestic investment to ensure the sustainability of operations.

Challenges ahead in 2026:

1. Enhance the clarity of the National TB Strategic Plan to ensure it addresses multiple dimensions, including education, health, community (linked to labor), justice, law, and workplaces. The goal is to broaden collaboration across sectors and promote the development of an operational plan that goes beyond health-related aspects.
2. Adopt a holistic perspective on TB that extends beyond the disease itself to include social dimensions, emphasizing a people-centered approach that considers specific groups such as non-Thai populations.
3. Advocate for treatment that supports patients' return to work and uphold the right to health care for workers, including integrating these aspects into the budget revision cycle.
4. Promote community mobilization and advocacy, including support for TB survivor groups, such as PA9: establishing model networks ("Sandbox") in community settings to enable communities to play an active role in TB management.
5. Support the establishment of the TB-CLM Model in Thailand, focusing on migrant populations and integrating it with the HIV CLM framework.
6. Strengthening collaboration among the three PRs to promote rights awareness and enhance access to justice. This involves following up with PR-DDC and SRs on integrating TB complaints into the Community Rights System (CRS), as well as utilizing provincial multidisciplinary HIV mechanisms to manage these issues. Additionally, it includes cooperating with PR-RTF on CLHRG and CLM initiatives to foster synergy between community teams and state mechanisms in protecting rights.

HIV COMPONENT

Program Areas

Eliminating S&D in all settings



Justifications/Recommendations

- The coverage scores have increased due to the intensified focus and active engagement of civil society in these areas. This is evidenced by the implementation of diverse communication and advocacy campaigns across mass media, online platforms, and local outreach. These initiatives cover both the broad elimination of discrimination and the promotion of specific rights related to HIV, gender, drug use, sex work, and the health rights of migrant workers. Furthermore, there is a strategic focus on vulnerable populations particularly people who use drugs (PUD) and migrant populations during significant advocacy days and local project launches.
- In 2025, Thailand has made significant efforts to expand coverage across all 77 provinces, **reaching a population of approximately 46,175,578 people. Out of the 33 organizations that responded to the survey, 17 agencies are actively implementing programs in this specific area.** Furthermore, these initiatives have addressed various contexts, including communities and society, health, education, and workplaces. One of the key highlight is the pilot collaborative project (GF and FCC) stigma free workplaces in Bangkok, covering 10 sites, aiming toward Eliminating S&D in the Workplace (health, education and work sector in GO, State enterprise, NGOs and Private company) as well as a contiuning public campaign to advocate the draft Anti-Discrimination Act through the joint movement between "MovED" (people movement to Eliminate all forms of Discrimination.) and "GO-MovED"(government movement).
- The S&D HRG efforts have been integrated into the RRTTPR (Reach-Recruit-Test-Treat-Prevent-Retain) framework across 27 Global Fund (GF) supported provinces. The goal is to promote access, uptake, and retention in HIV and TB prevention and treatment services, as well as to improve access to justice for PUD and MW.

Challenges ahead in 2026

1 Justifications/Recommendations

Enhance the partnership between the public sector (leveraging its strength in geographic coverage and reaching the general public) and civil society to develop systematic communication and monitoring plans. This initiative spans 6 sectors: Public/Social, Healthcare, Education, Workplace,

3 Justifications/Recommendations

Foster closer cooperation between the 3 PRs, partners, and the Technical Working Group (TWG) of the Subcommittee on AIDS Rights Promotion and Protection. This collaboration aims to monitor the S&D situation and operations across all 6 sectors, as well as to jointly review the work plans at the end of Grant Cycle 7 (GC7) and the upcoming Action Plan.

2 Justifications Recommendations

Review and apply lessons learned from the "Stigma-free Workplace" initiative in Bangkok to provinces under the Provincial Model (supported by US funding) and other Global Fund-supported provinces.

Program Areas

Ensuring nondiscriminatory provision of health care



Justifications/Recommendations

- The coverage scores remain stable, as implementation under existing work plans has shown steady progress. There are ongoing efforts to intensify HIV-related operations by expanding the scope to include the prevention and treatment of other related diseases. "GO-MovED" (government movement).
- Thailand has made significant efforts to expand coverage across 42 provinces, reaching a population of approximately 24,052 people. Out of the 33 organizations that responded to the survey, 7 agencies are actively implementing programs in this specific area. Additionally, U=U has been integrated into "3x4 Intervention Package", along with the promotion of public and community service units.
- The implementation of S&D reduction based on the "3x4" in the health facilities of the Ministry of Public Health (MOPH) is progressing according to plan. It is expected to achieve the 80% coverage target across facilities in all 77 provinces under the MOPH and the Department of Corrections.
- Simultaneously, there has been an increase in civil society operations within both public and community-led health services (CLHS). However, as these activities are currently concentrated at the sub-regional and regional levels, the overall average score remains at a moderate level. These efforts focus on promoting the elimination of S&D through Hepatitis C (Hep C) treatment services and service quality monitoring via Community-Led Monitoring (CLM).

Challenges ahead in 2026

1

Justifications/Recommendations

Expand the scope of services and the implementation of S&D HRG to include Hep C, MMT, other substitution substances, mental health medications, and hormone therapy in healthcare facilities within health facility in prisons.

2

Justifications/Recommendations

Leverage the implementation of 3x4 intervention by promoting the non-discriminatory health facility including integrate S&D interventions with HA.

3

Justifications/Recommendations

Implementing a phased scale-up of S&D reduction measures using a "Whole-Province Approach", starting with 15–20 high-priority provinces.

4

Justifications/Recommendations

Address differences and disparities between UC and SS regarding HIV-ART benefits (specifically the provision of ART within a 6-month period).

The coverage scores have declined. A detailed analysis find that this is due to a shift in focus toward other PA (such as PA 1, 4, and

5

Justifications/Recommendations

It is also possible that some implementers consider rights awareness as part of component of other PA, such as increasing access to justice.



Program Areas

Legal literacy - know your rights

Justifications/Recommendations

- In 2025, Thailand has made significant efforts to expand coverage across 41 provinces, reaching a population of approximately 119,299 people. Out of the 33 organizations that responded to the survey, 6 agencies are actively implementing programs in this specific area. However, the implementation over the past year still faced limitations in terms of clarity and investment in promoting legal literacy and rights awareness. In addition, Thailand encountered unexpected situations from international donors, such as a stop-work order from the U.S. and reprioritization of activities and budget adjustments by the Global Fund. Consequently, the expansion of coverage in 2025 was disrupted, which prevented activities from being scaled up broadly.
- Civil society organizations have integrated rights literacy for staff and core leaders into their HIV and TB training processes. However, it is currently unclear whether there are effective measurements or follow-up mechanisms to track whether the beneficiaries have actually gained a better understanding of their rights.
- The Office of the Attorney General (OAG) has disseminated knowledge on rights, incorporating HIV-related non-discrimination messages, to the public across all 77 provinces.
- Both civil society and government networks are actively conducting campaigns to promote literacy in laws, rights, and the prevention of Gender-Based Violence (GBV).

Challenges ahead in 2026

- Justifications/Recommendations**

Develop more distinct rights literacy models with measurable outcomes to better evaluate the effectiveness of the mechanisms used and the results achieved.
- Justifications/Recommendations**

Strengthen efforts to integrate work on legal and policy literacy for HIV and TB communities, including the Mobile Clinic "Know Your Rights" in community settings, to promote rights awareness at the community level through community-led initiatives
- Justifications/Recommendations**

Expand community-led initiatives such as "Know Your Rights" mobile clinics to increase outreach and engagement.
- Justifications/Recommendations**

Resume and scale up activities halted in 2025, prioritizing provinces and populations most affected by service gaps.





Program Areas

Increasing access to Justice

Challenges ahead in 2026

Justifications/Recommendations

- The increase in coverage scores is attributed to the expansion of community-led rights protection mechanisms specifically for PUD and MW.
- In 2025, Thailand has made significant efforts to expand coverage across 43 provinces, reaching a population of approximately 279,793 people. Out of the 33 organizations that responded to the survey, 7 agencies are actively implementing programs in this specific area.
- There is a Crisis Response System (CRS) mechanism in the form of a multidisciplinary team set up and ready for operation in 50 provinces, with linkages to community paralegal teams at certain levels and areas.
- The pilot com-led HRG for Harm reduction, S&RH, mental and rights and legal for PUD and MW was developed and operating in number of provinces including Bangkok and Chonburi provinces.

Justifications/Recommendations

1

Enhance CRS in 50 provinces by

- Strengthening a multidisciplinary team in 50 provinces
- Strengthening and expand a coordinated mechanism between government and civil society to handle complaints, resolve rights violations, and ensure follow-up

Justifications/Recommendations

2

Assess opportunity to expand the coverage of the CRS system to all 77 provinces (including follow-up in 50 provinces) to ensure that "Protection" becomes a key program for receiving complaints and serving as a provincial rights protection mechanism linking with other local mechanisms

Justifications/Recommendations

3

The development and dissemination of guidelines for complaint mechanisms and protection against rights violations related to HIV, TB, gender, and vulnerable populations.

Justifications/Recommendations

4

Clear explanation on S&D HRG implementation in C-FREE program

Program Areas

Ensuring rights-based law enforcement



Justifications/Recommendations

- The coverage scores have significantly increased due to public advocacy campaigns and policy communication reaching government agencies nationwide.
- In 2025, Thailand has made significant efforts to expand coverage across 77 provinces, reaching a population of approximately 121,485 people. Out of the 33 organizations that responded to the survey, 3 agencies are actively implementing programs in this specific area. Efforts included a draft of subordinate legislation under the Anti-Discrimination Act has been developed through the Ministry of Justice, along with advocacy campaigns to push for the official enactment and enforcement of the Anti-Discrimination Act.

Justifications/Recommendations

- The Division of Labour Protection and Welfare (Ministry of Labour) emphasized two specific Ministry notifications regarding HIV non-discrimination to provincial labor offices across the country.

Challenges ahead in 2026

1

Justifications/Recommendations

Advocate for the enforcement of the Anti-Discrimination Act to effectively eliminate discrimination at policy and community levels across all settings.

2

Justifications/Recommendations

Expansion of operations to law enforcement and civil society staff and peer leader to ensure work is conducted based on human rights principles.

Program Areas

Improving laws, regulations and policies related to HIV and HIV/TB



Justifications/Recommendations

- The coverage scores slightly decreased from 2024 but remain higher than in 2023.
- In 2025, Thailand has made significant efforts to expand coverage across 31 provinces, reaching a population of approximately 240,631 people. Out of the 33 organizations that responded to the survey, 4 agencies are actively implementing programs in this specific area.
- Although, there will be efforts to reform harmful laws and policies, such as reforming drug laws to reduce rights-violating enforcement, enacting the Marriage Equality Act, supporting the drafting of the Anti-Discrimination Act, and progress in registering CL HRG as a service unit under Section 3 of the NHSO and advocating for HRG services to be included in the NHSO health benefit package. However, limitations remain as law enforcement authorities and policymakers prioritize security over health.



Challenges ahead in 2026

Ongoing efforts in legal and policy reform include:

1

Justifications/Recommendations

Decriminalizing drug use and possession, while promoting evidence-based Harm Reduction measures.

2

Justifications/Recommendations

Decriminalizing sex work and ensuring labor and social welfare protections for sex workers.

3

Justifications/Recommendations

Continuing advocacy to support the Draft Anti-Discrimination Act, which covers diverse contexts and includes effective investigation and resolution mechanisms, as well as penalties and enforcement measures for violations.

4

Justifications/Recommendations

Improving access to health insurance systems for migrant workers.

5

Justifications/Recommendations

Pushing for the legal recognition of gender identity.



Program Areas

Reducing HIV-related gender discrimination

Justifications/Recommendations

- The coverage scores have significantly increased,
- In 2025, Thailand has made significant efforts to expand coverage across 73 provinces, reaching a population of approximately 170,104 people. Out of the 33 organizations that responded to the survey, 6 agencies are actively implementing programs in this specific area.
- Efforts included collaboration with the MovED Network to disseminate HIV knowledge, reduce internal stigma, and develop media campaigns that promote understanding of stigma and discrimination (S&D) among groups with intersecting identities. Hormone services were provided for transgender women (TGW). Furthermore, partnerships were strengthened between civil society organizations (CSOs) and the Territorial Defense Command (responsible for military conscription) to raise awareness and understanding of HIV, sexual and reproductive health (SRH), hormone therapy, and gender diversity.

Challenges ahead in 2026

1 Justifications/Recommendations
Consider integrating activities into national plans, such as the HIV and SRH operational plans, to ensure continuity after the project ends.

2 Justifications/Recommendations
Develop media and communication materials tailored to groups with intersecting identities, such as TGW, MSM, and individuals in rural areas, to ensure information reaches all populations.

Program Areas

Community mobilization and advocacy for Human Rights



Justifications/Recommendations

- Significant decline in coverage scores compared to 2023–2024: It was noted that this decline may be due to key community implementers, such as TNP+, being unable to participate in the current assessment.
- In 2025, Thailand has made significant efforts to expand coverage across 71 provinces, reaching a population of approximately 333,510 people. Out of the 33 organizations that responded to the survey, 10 agencies are actively implementing programs in this specific area.
- Efforts have been made to integrate stigma and discrimination (S&D) into RRTTPR and RR service delivery models for CSOs, develop S&D curricula for key populations such as PUD and MW, and strengthen resilience while reducing internalize stigma among people living with HIV and affected communities/groups with intersecting identities. Hormone services were provided for transgender women (TGW). Furthermore, partnerships were strengthened between civil society organizations (CSOs) and the Territorial Defense Command (responsible for military conscription) to raise awareness and understanding of HIV, sexual and reproductive health (SRH), hormone therapy, and gender diversity.
- The development of ChiangMai model supported by the Thai Health Promotion Fund, this model for eliminating stigma and discrimination is an interesting example of integrating S&D reduction into healthcare, education, the workplace, and public communication.

Justifications/Recommendations

- Evaluating the S&D and HRG performance of the M Fund in relation to PA 3–6 and 8. This evaluation focuses on rights, justice, legal, and policy frameworks and community mobilization to determine their impact on increasing access, uptake, and retention in health services for Migrant Workers (MW). (Note: The 2025 progress monitoring does not yet cover M Fund operations).

Challenges ahead in 2026

1

Justifications/Recommendations

Access to domestic funding to support civil society organizations (CSOs).

2

Justifications/Recommendations

Monitor the implementation of S&D and HRG through RRTTPR service delivery to assess measurable impacts, supported by evidence of rights-based services and/or services demonstrably free from stigma and discrimination.

3

Justifications/Recommendations

Mobilize collaboration and resources from other ministries such as those responsible for education, employment, justice, and social welfare to support community-led response. This includes addressing issues related to HIV, harm reduction, and the mental health of PLHIV, KPs, MW, and affected family members.

4

Justifications/Recommendations

Supporting Community-led HIV, health, and rights services, including CLM, with a focus on Youth-led initiatives for those with intersecting identities.

2.57

Baseline Score
(2023)

2.71

Score: 1st year
(2024)

2.91

Score: 2nd year
(2025)

Program Areas

Country score
(average of the 8 program area scores)

The overall average score for all 8 PAs has steadily increased over the past three years. This is a positive signal regarding the expansion of national coverage and the inclusion of beneficiaries. However, the heavy reliance on international funding for these operations remains a critical challenge.





Discussion & Limitations

In 2025, Thailand encountered significant challenges due to unexpected reprioritization activities and budget adjustments. The withdrawal of U.S. funding, stop-work orders, and mid-year budget revisions during Q6–Q7 disrupted critical activities related to Human Rights and Gender, and Stigma & Discrimination (HRG & S&D). Despite these setbacks, progress was observed in data collection efforts, with participation expanding to over 36 agencies representing diverse sectors under the National AIDS Committee. This marks a notable improvement compared to 2024, when engagement was limited to agencies under the Global Fund project.

The broader involvement of stakeholders reflects an increasing recognition of rights-based approaches in HIV programming. However, operational gaps remain in several program areas, particularly those addressing nondiscriminatory health care, legal literacy, policy reform, and community mobilization. These areas are essential for sustaining progress toward eliminating stigma and discrimination and ensuring equitable access to HIV services.

Additionally, we have several limitations as follows:

- **Funding Instability:** Sudden withdrawal of donor support and budget adjustments significantly disrupted planned activities, limiting continuity and scale.
- **Programmatic Gaps:** Key areas such as PA2 (nondiscriminatory health care), PA3 (legal literacy), PA6 (policy improvement), and PA8 (community mobilization) faced implementation challenges, reducing overall impact.
- **Data Scope:** While participation expanded to 33 agencies on HIV and 11 agencies on TB, data collection still relied heavily on self-reported information, which may affect accuracy and comparability.
- **Time Constraints:** Mid-year reprioritization compressed timelines for activity execution and monitoring, impacting quality and depth of interventions.

Challenges ahead in 2026

1. The synergistic collaboration between the 3 Principal Recipients (PRs) and the Subcommittee on AIDS Rights Promotion and Protection serves as a vital bridge between operational implementation and national policy.
2. Clarifying the Link Between S&D and HRG Work with Life-Saving Interventions
 - Identify which activities are integrated into prevention and treatment systems.
 - Determine which S&D activities need to be highlighted to raise awareness, ensure importance, and sustain implementation in the long term.
3. Increasing Reliance on Domestic Funding
4. Program Review on the Action Plan to End AIDS and the development of the National HIV Sustainability Road Map - Part B.
 - The review will cover actions already implemented, pending issues, and activities not yet carried out.
 - For S&D and HRG, there are multiple components with varying progress, such as an increasing focus on public communication.

Further Recommendations for KPI E1 in 2026

We recognize the importance of conducting the Annual KPI E1 assessment in 2026, which is crucial for tracking progress and ensuring the sustainability of human rights-related work for TB and HIV in Thailand. The key supporting reasons are as follows

01

Tracking the progress of the HRG Program at the national level

- The KPI E1 assessment is a vital tool for developing a national scorecard that reflects the outcomes of activities supported by the Global Fund, particularly in reducing human rights barriers to accessing TB and HIV services.
- Data from the assessment will help communicate progress and the value of investments at both policy and operational levels in a concrete manner.

02

Alignment with global objectives and strategies

- The KPI E1 implementation is a critical component of GC8, which is part of the global mission to eliminate stigma and discrimination related to TB and HIV.
- The 2026 assessment will confirm that Thailand continues to fulfill its international commitments effectively and consistently.

Alignment with the implementation of the two National Action plans.

03

- The year 2026 marks the final year of "The Costed Action Plan to Eliminate All Forms of HIV-related Stigma and Discrimination." and The National Action Plan to End AIDS 2024 - 2026. Therefore, the KPI E1 assessment in this year presents a key opportunity to:
 1. Summarize the outcomes of the five-year plan of the costed action plan.
 2. Highlight progress and identify remaining gaps
 3. Lay the foundation for designing future sustainability programs and mechanisms on S&D HRG

04

Strengthening the sustainability of monitoring and evaluation systems

- Ongoing assessments help build the capacity of national agencies in data collection, analysis, and utilization for policy decision-making.
- They also promote a culture of continuous learning and improvement in health and human rights systems.

05

- The 3 PRs expressed concerns That the scoring tool produces low average scores because it aggregates data from different level. They suggested categorizing respondents into three levels (Sub-Regional, Regional, and National) to provide a more accurate reflection of progress at each level. Currently, the limited number of participants in the assessment makes it difficult to implement such a detailed breakdown.



REFERENCES

1. World Health Organization. Global Tuberculosis Report 2025. Geneva: World Health Organization; 2025.
2. Division of Tuberculosis. Thailand Operational Plan To End Tuberculosis, Phase 2 (2023 - 2027). Bangkok: Division of TB; 2023.
3. The Global Fund. Key Performance Indicators (KPIs) Handbook for the 2023-2028 Strategy 2023. Geneva: The Global Fund; 2023.
4. Annual KPI E1 assessment and reporting to Global Fund (Scale up of programs to address Human Rights-related barriers) Baseline Scores for KPI E1 on TB and HIV program areas in Thailand, 2024. Bangkok: World Vision Foundation of Thailand; 2024.
5. Rapid assessment of human rights and gender-related barriers to HIV and TB services in Thailand 2023. Bangkok: UNAIDS; 2023.
6. Programme Review for HIV-Related Stigma and Discrimination Reduction Efforts in Thai Healthcare Settings. DAS MOPH and UNAIDS, 2025.
7. HIV Stigma Index 2.0 Final Report 2023.
8. The National HIV Sustainability Road Map - Part A, 2024.

Annex A: Key Performance Indicators (KPIs) Handbook for the 2023-2028 Strategy 2023 including:

TB program areas:

1. Eliminating TB-related stigma and discrimination
2. Ensuring people-centered and rights-based TB services at health facilities
3. Ensuring people-centered and rights-based law enforcement practices
4. Legal literacy ("know your rights")
5. Increasing access to justice
6. Monitoring and reforming laws, regulations and policies
7. Addressing needs of people in prisons and other closed settings
8. Reducing TB-related gender discrimination, harmful gender norms and violence
9. Community mobilization and advocacy, including support to TB survivor-led

HIV program areas:

1. Eliminating S&D in all settings
2. Ensuring non-discriminatory provision of health care
3. Legal literacy ('know your rights')
4. Increasing access to justice
5. Ensuring rights-based law enforcement practices
6. Improving laws, regulations and policies relating to HIV and HIV/TB
7. Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity
8. Community mobilization and advocacy for Human Rights

1. A qualitative data collection through focus group discussions with Key informants with a wide range of HIV and TB program partners in government, research institute, and civil society including PR and our SRs under the STAR4 project as well as other relevant stakeholders.

Annex B: Legend for Interpreting Scorecard Results
KPI E1: Scale up of programs to address Human Rights-related barriers

Rating scale for assessing program areas

Rating	Definition
0	No formal programs or activities identified.
1.0	One-off activities that are time-limited, pilot initiative.
2.0	Small scale on-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching <35% of targeted population.
2.3	Small scale on-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching 35-65% of targeted population.
2.6	Small scale on-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching >65% of targeted population.
3.0	Operating at subnational level (btw 20% to 50% national scale) and reaching <35% of targeted population.
3.3	Operating at subnational level (btw 20% to 50% national scale) and reaching 35-65% of targeted population.
3.6	Operating at subnational level (btw 20% to 50% national scale) and reaching >65% of targeted population.
4.0	Operating at national level (>50% of national scale) and reaching <35% of targeted population.
4.3	Operating at national level (>50% of national scale) and reaching 35-65% of targeted population.
4.6	Operating at national level (>50% of national scale) and reaching 35-65% of targeted population.
5	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Program is assessed to have achieved the goal when there is impact on service continuum	
Goal	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

Annex C: Organisation consulted through both qualitative and quantitative approaches
KPI E1: Scale up of programs to address Human Rights-related barriers

TB program areas:

1. Principal Recipient: Department of Disease Control, Ministry of Public Health (PR-DDC)
2. Division of Tuberculosis, Department of Disease Control, Ministry of Public Health
3. Office of Public Health Communicable Diseases, Department of Health, Bangkok Metropolitan Administration
4. Foundation for Action on Inclusion Rights (SR-FAIR) (BMA)
5. Principal Recipient: World Vision Foundation of Thailand (PR-WVFT)
6. Principal Recipient: Raks Thai Foundation (PR-RTF)
7. Service Workers in Group Foundation (SWING)
8. Office of Public Health Academic Affairs, Office of the Permanent Secretary, Ministry of Public Health
9. Institute for Policy Research and Development Foundation (PRI)
10. Medical Services Office, Department of Corrections, Ministry of Public Health
11. Institute of HIV Research and Innovation (IHRI).

HIV program areas:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Thai NGOs Coalition on AIDS (TNCA). 2. Institute of HIV Research and Innovation (IHRI). 3. Thai Drug Users' Network (TDN) RTF- SR 4. CAREMAT Foundation 5. Thai Business Coalition on AIDS (TBCA) 6. Center for Opportunity in Songkla 7. Foundation for SOGIESC Rights and Justice (FOR-SOGI) 8. Foundation for Action on Inclusion Rights (FAIR) WVFT-SR. 9. Thai National AIDS Foundation (TNAF) 10. SISTER Foundation RTF-SR in Rayong 11. Health and Opportunity Network (HON) 12. Thai Network of Youth Living with HIV (TNY+) 13. Thai Women Living with HIV Foundation (TWLHF). 14. World Vision Foundation of Thailand (WVFT). 15. Sub Recipient: Stella Maris Songkla (SR-STM). 16. Service Workers in Group Foundation (SWING) 17. MPlus Foundation 18. Dreamlopment Foundation (DLP) 19. Raks Thai Foundation (PR-RTF) 20. Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health. <ul style="list-style-type: none"> • S&D 3x4 program • S&D E-learning and 3x4 program in prison • CRS project • Public communication group | <ol style="list-style-type: none"> 21. Department of Health, Ministry of Public Health 22. Division of AIDS and STIs, Bureau of Health, Bangkok Metropolitan Administration (BMA) 23. AIDS/STI Control Division, Bureau of Infectious Diseases, Bangkok Metropolitan Administration (BMA) 24. Department of Rights and Liberties Protection, Ministry of Justice. 25. Medical Services Division, Department of Corrections, Ministry of Justice. 26. Department of Women's Affairs and Family Development. Ministry of Social Development and Human Security. 27. The Government Public Relations Department, The Prime Minister's Office 28. Division of Labour Welfare, Department of Labour Protection and Welfare, Ministry of Labour. 29. Office of Human Rights Monitoring and Evaluation (office#14), National Human Rights Commission. 30. Legal Aid and Protection of Rights for the People (LAP) Offices, Office of the Attorney General. 31. Division of Epidemiology, Department of Disease Control, Ministry of Public Health. 32. Department of Education Bangkok Metropolitan Administration. 33. Office of the Permanent Secretary, Ministry of Education. |
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