



Independent observer  
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## THAILAND'S TRANSITION TRIGGERS CONCERNS FOR SOME, BUT OTHERS ARE MORE CONFIDENT

Thailand has been hailed by The Global Fund as the golden example of a well-planned and well-managed transition. When Thailand submitted its TB/HIV concept note in June 2014, the country announced that this would be the last time it requested money from The Global Fund. The country indicated that it would transition in just two years, shorter than the standard three-year Global Fund grant cycle. This is an unusual situation. Countries do not ordinarily volunteer to transition ahead of schedule, before The Global Fund deems them ineligible for further funding.

Global Fund money makes up about 5% of total TB/HIV funding in the country, with the vast majority coming from the government. However, most services for key populations are delivered by civil society organizations, and largely with Global Fund money. Currently, 86% of funding for prevention programs for sex workers, men who have sex with men, and people who use drugs comes from The Global Fund and the American government.

Thailand's NFM [concept note](#) states that part of the transition plan is for the Thai government to take increasing responsibility for funding commodities, specifically mentioning the country's needle/syringe requirements. It states that 50% of the country's commodity needs are currently funded by the government, with the other half covered by Global Fund. In the second year of the two-year transition, the concept note proposes the arrangement for commodities move to 60% government funding, 40% Global Fund. In addition, the Thai government has issued orders and started harm reduction package in 19 provinces on a trial basis. Another component of the transition is the government's move to provide universal healthcare to migrants, a key population in Thailand's HIV response. As part of the current grant, the Global Fund is supporting the migrant insurance for the first year, with the Thai government taking it over in the second year of the transition.

In order to support a smooth transition, The Global Fund has granted Thailand leeway to reprogram \$1 million in savings from their Round 8 grant towards funding their transition. The Fund has also provided human resource support, sponsoring a private sector engagement position within the CCM.

The Technical Review Panel of The Global Fund, the independent body which reviews concept notes, clearly favors Thailand's approach to transition. In its [report](#) on concept notes submitted in the first and second windows, the TRP applauded Thailand for its efforts to move to domestically funded programs and strongly encouraged other applicants to consider the goal of eventually transitioning away from Global Fund support. In its next [report](#), on concept notes submitted in the third and fourth windows, the TRP described Thailand as having "a well-thought out, well-defined exit strategy," which few other concept notes have demonstrated.

Some sources in-country echo the TRP's confidence, suggesting that the two-year transition plan was the result of a healthy assessment. One CCM member said "OK, if this is the money that we have, then we have to transition. We saw that the money couldn't stretch three years." The quick transition was apparently against the advice of The Global Fund Secretariat. "The Global Fund tried to tell us three years, but we said Thailand should stand on our own two feet," said one key informant. "Thailand told The Global Fund, 'No – two years.' We cannot keep relying on them."

### Stakeholders' reaction

But not all stakeholders are as optimistic about Thailand's ability to transition successfully. Some feel that the Thai government's ability to deliver services to key populations, especially men who have sex with men, is a huge concern in the absence of donor funding. "MSM contribute to the most new infections in Thailand but the Ministry has no MSM capacity – technical or otherwise," said one source.

There is some evidence to support skepticism of the Thai government's ability to implement effective key populations programming. In an [external evaluation](#) of MSM programming during Thailand's Round 8 Global Fund grant, it was found that the principal recipient – the Royal Thai Government Department of Disease Control within the Ministry of Public Health – significantly underperformed on targets (below 60%) and was given a poor performance rating ("C") from the local fund agent and The Global Fund. During the country dialogue for the new funding model, civil society and key populations groups were successful in removing the government as the PR for the MSM program, replacing it with the Raks Thai Foundation, a civil society organization and the former sub-recipient and implementing partner. In a recent [Global Fund News Flash](#), Shreehari Acharya from the Raks Thai Foundation said, "We understand transition, but we want the Global Fund to focus on particular populations that will not be taken care of by the government so that they provide really great support, continually and sustainably."

"We still don't have domestic funding for key populations," said one source within the transition leadership. "The government doesn't allocate money for CSOs to work. We are concerned about money for key

populations. The country has a system to provide for CSOs, but it's very little and not very efficient.”

Again, perspectives on the transition are divided. When civil society's concerns about the transition were discussed in an interview setting, one CCM member said “Why are people panicking? Are all people panicking? No. People who are panicking are poorly informed and are not looking for ways of financing themselves.” This key informant suggested that civil society needs to focus on producing better evidence of the needs during transition to motivate sustained investment for civil society and key populations.

There are efforts underway to monitor the success of the transition. A team of researchers with John's Hopkins University, funded by the Open Society's Foundations, is conducting research on the impact of Thailand's transition away from The Global Fund on key populations, and modelling the potential for resurgent epidemics.

The interview data in this article was collected in Bangkok, Thailand, in August 2015 as part of research led by the International Council of AIDS Service Organizations. A draft of ICASO's forthcoming discussion paper was shared with Aidspace in advance of circulation, along with permission to publish content in GFO.

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