CLHS

Toward sustainability of

Community-led Health Services

An essential component in the last mile to ending AIDS in Thailand

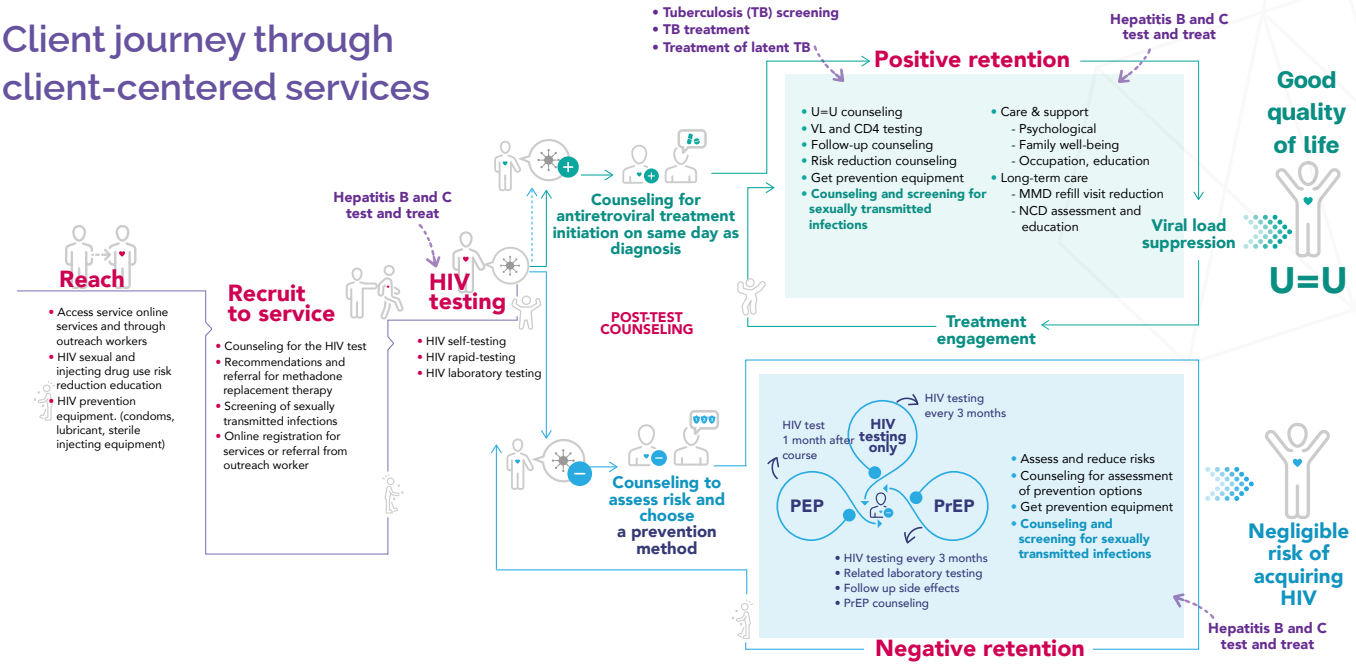
From equality to equity by communities

EQUALITY **EQUITY**

Community-led Health Services (CLHS) supports Thailand's National AIDS Strategy to enhance the uptake of HIV services along the **Reach-Recruit-Test-Treat-Prevent-Retain (RRTTPR)** service cascade. This strategy will reduce new infections by providing those at risk with **effective, comprehensive prevention services** while providing those living with HIV with antiretroviral treatment to suppress the virus to attain **"undetectable equals untransmittable" (U=U) status, preventing the transmission of HIV to others** and leading to a better quality of life.

Civil society's participation in the delivery of health services has been an important key to Thailand's HIV efforts since the beginning. Since 2015, based on their personal understanding of the lifestyles and needs of the communities they represent, **civil society organizations (CSOs) have designed client-centered, rights-based, and stigma-free CLHS**, which take into account gender, social and psychosocial equity, and are delivered by members of the community and linked closely with the public health sector.

Client journey through client-centered services



CLHS providers are equipped through systematic training, mentoring, coaching and certification to provide comprehensive HIV and sexually transmitted infection (STI) services across the RRTTPR service cascade. However, CLHS are not limited to HIV and STI services only. A diverse package of services can be offered through CLHS, including gender-affirming hormone therapy, mental health support, legal aid, or harm reduction services. Each CLHS site may select services along the RRTTPR service cascade that are appropriate for the communities or communities it serves.

According to the National Strategy for Ending AIDS, it is necessary for public, civil society, and private sector networks to provide client-centered services across the client's journey jointly. However, stigma and discrimination still exist in practice, as well as other problems and obstacles that prevent equitable access to testing, prevention, and treatment. CLHS, in parallel to government services, fills in the gaps in health services for community members with limited access to services and provides a choice in health care.

CLHS fills the gaps in HIV services

ACCESSIBILITY

- Established in convenient locations.
- Service hours suitable for diverse lifestyles.
- Fast and convenient one stop service.
- Affordable.

AVAILABILITY

- Varied client-centered services based on community needs, such as STI and hepatitis testing and treatment, gender-affirming care, legal support, psychosocial counseling, and harm reduction, etc.

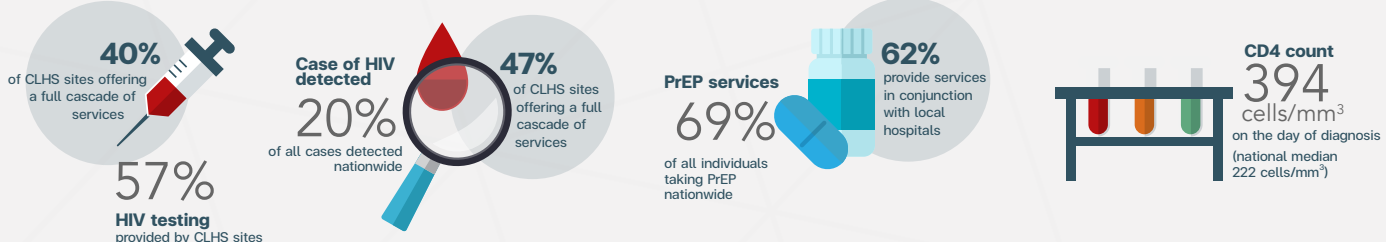
ACCEPTABILITY

- Friendly, stigma and discrimination-free services provided by members of the community that understand human diversity in terms of age, gender, gender expression, sexual orientation, drug and substance use, ethnicity, race or national origin, or disability.

QUALITY

- Facilities registered as legal entities and accredited by the Department of Disease Control (DDC)
- Staff trained and nationally certified to provide health services.
- Official registration as National Health Security Office service nodes.

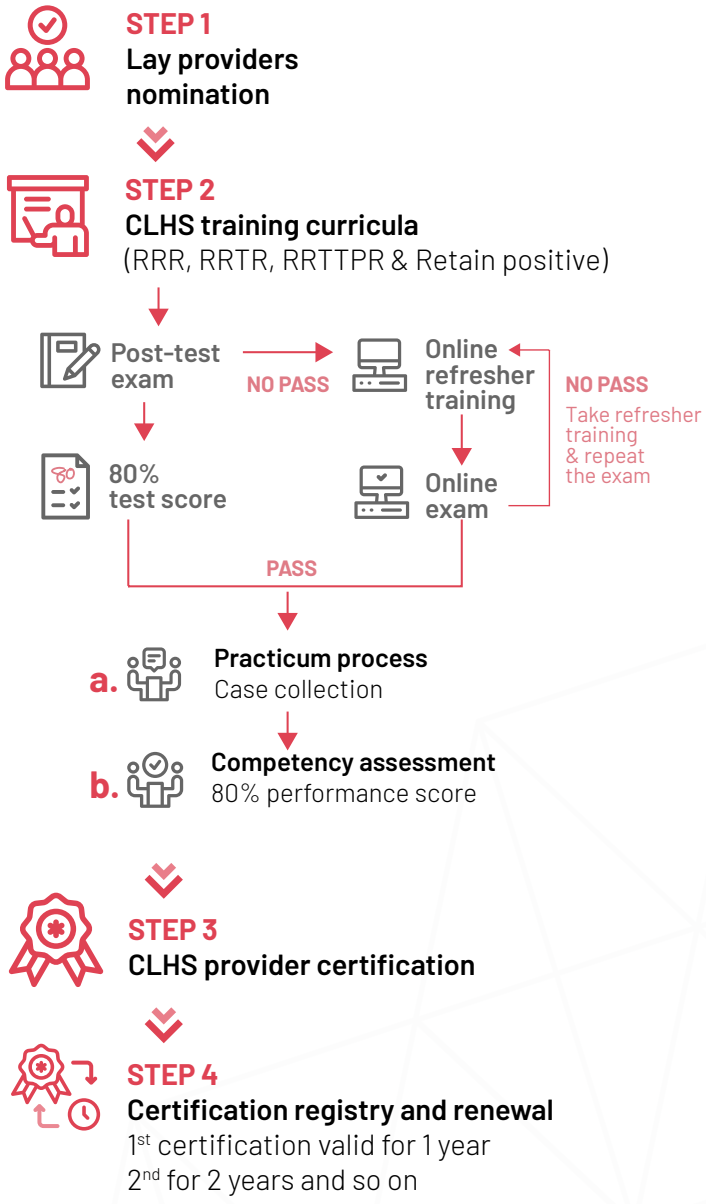
Success of the CLHS Model



Through capacity development and ongoing quality assurance, Community-led Health Services aim to be a part of primary healthcare

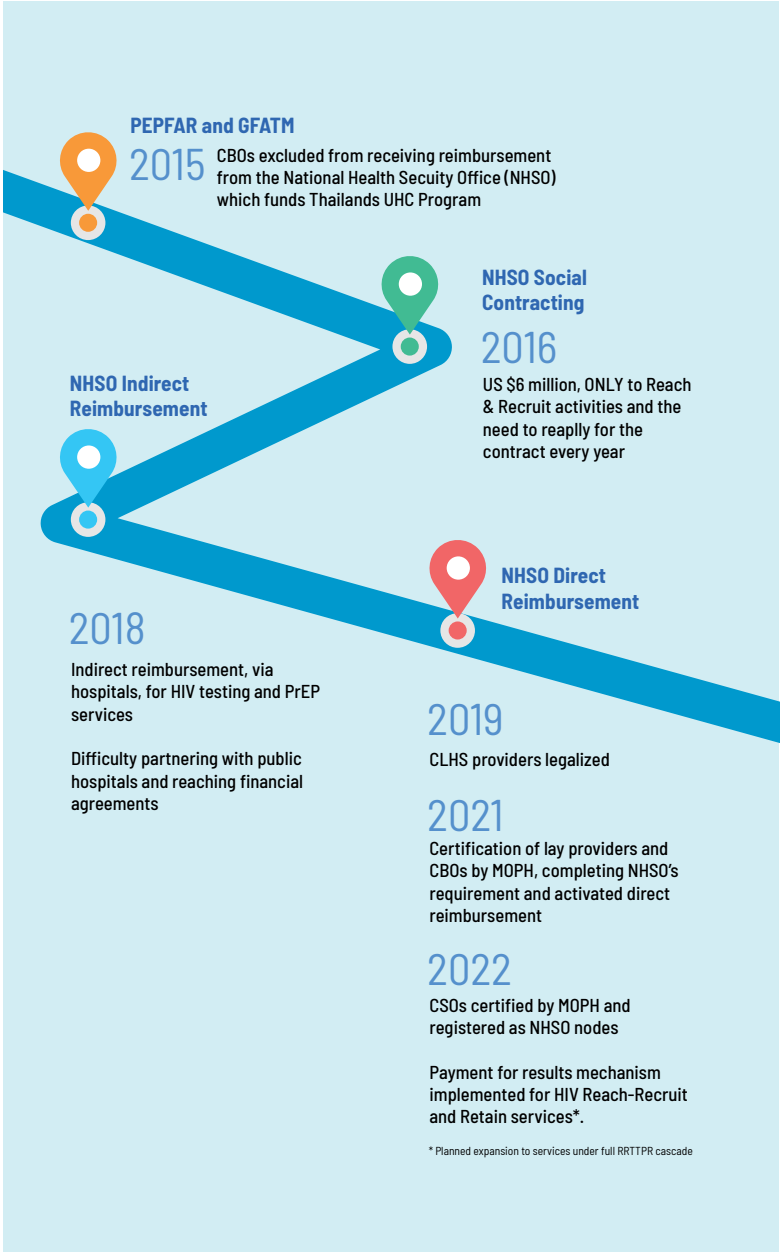
For CLHS to become an integral part of the primary health care system, government and civil society organizations, namely the DDC, Ministry of Public Health (MOPH), the Institute of HIV Research and Innovation (IHRI), the MOPH-US CDC Collaboration Center (TUC), The Thai Network of People Living with HIV (TNP+), the Ratchasuda Institute, Mahidol University, and the Raks Thai Foundation (RTF) have established service standards and a system for the training and certification of CHLS providers. The training and certification system has the following important steps:

1. CSOs nominate lay providers for training
2. Two-part training courses appropriate to the level of CLHS provided, i.e., RRR, RRTR, RRTTPR and Positive Retention
   a. Theoretical training in service provision and knowledge assessment
   b. Practical training and professional competency assessment
3. Registration and certification as CLHS providers with MOPH
4. Annual assessment and biennial assessment of CLHS provider competencies by Provincial Quality Assurance and Improvement Committees.



The Road Toward CLHS Sustainability

CSOs currently receive financial support from the National Health Security Office's (NHSO) HIV prevention budget. However, they only receive compensation for specific activities relating to reaching target populations (Reach), referring clients to HIV testing (Recruit), and retaining negative clients in the care system (Retain). Other services, as detailed in the client's journey, such as PrEP services to prevent HIV infection, care and support of PLHIV to start treatment as early as possible and continuous retention in the care system until U=U status is achieved, are not compensated. Therefore, concerned agencies conducted a unit cost analysis study for each key population RRTTPR service package provided by CSOs to present to the NHSO as a guideline for future budget allocation in fiscal year 2024.



1 The USAID/EpiC Thailand Project, the Social Contracting Model Project under the Institute for HIV Research and Innovation and supported by the STAR2021-2023 Program, the United Nations Program on HIV/AIDS (UNAIDS), the Thai Network of People Living with HIV, Ratchasuda College, Mahidol University, the Raks Thai Foundation, the Global Fund Project Management Office, the Division of AIDS and Sexually Transmitted Diseases, Department of Disease Control, the National Health Security Office, the Faculty of Economics, Mahidol University, the Faculty of Economics, Srinakarinwirot University, the Faculty of Social Sciences, Chulalongkorn University, and the Thailand Development Research Institute.

Policy Recommendations

- Ending AIDS can only be achieved if **everyone can access HIV testing without any fear, access HIV treatment without any barrier, access HIV prevention tailored to personal lifestyle, and live a normal life in society without discrimination** in work, education, family, and community. CLHS are best positioned to understand the context of the client and respect their human dignity and provide nonjudgmental services without stigma or stereotype.
- The last mile to ending AIDS must **focus on reaching hard-to-reach key populations to ensure those exposed to risk remain free from HIV through regular HIV testing and tailored HIV prevention choice and those living with HIV have early access to and maintain HIV treatment to achieve U=U status.** CLHS have an in-depth and often personal understanding of the context of these populations so that they can provide services that reflect the diversity of the clients.
- To end AIDS by the target date, **Thailand needs to invest more in CLHS to accelerate early diagnosis and immediate treatment initiation** to reduce unnecessary deaths and financial losses. Thailand also needs to **invest more in expanding PrEP services through CLHS.**
- **NHSO must take the lead to reimburse CLHS for all services conducted along the cascade by 2024.** A quality assessment and quality improvement system should be in place to ensure that CSOs continually improve their services and deliver them efficiently, contributing to the ending AIDS goal.
- **Thailand has to plan strategically on how to use funding to implement the ending AIDS plan**. Domestic funding from the NHSO should focus on disbursements to support and expand quality services by the government and civil society. External funding from the Global Fund and PEPFAR could then be used for innovation development, enhancing the capacity of CSOs, and the quality assurance of services, all of which have challenges in getting domestic funding.

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