



Thursday, July 17, 2025 (10.45 am - 11.45 am)

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Advancing HIV Service Quality Through Community-Led Monitoring System in Chiang Mai, Thailand



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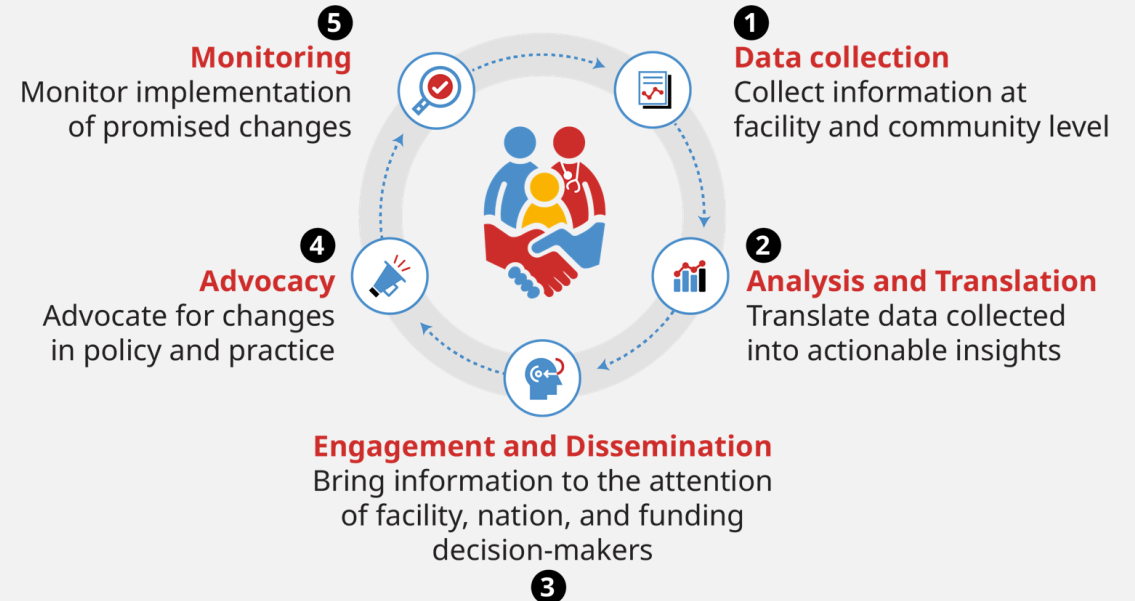


Community-Led Monitoring Overview

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- **Accountability mechanism** for HIV response, **led and implemented by local community organizations** of people living with HIV, networks of at-risk populations, and other affected groups to **monitor trend of service quality**.
- Provides **evidence** of what works well, what is not working and what needs to be **improved through client satisfaction and feedback**.
- **Routine data collection** for ongoing quality assurance and quality improvement.

The Community-Led Monitoring (CLM) Cycle



Credit: https://healthgap.org/wp-content/uploads/2020/02/Community-Led-Monitoring-of_Health-Services.pdf

Community-Led Monitoring Partnerships and Roles



- In **January 2022**, civil society and representatives of at-risk populations, including people living with HIV (PLHIV), launched a **people-centered CLM system in Chiang Mai, Thailand**.
- The initiative brought together **17 committee members** and **21 hospitals** to improve service quality based on the evolving needs of at-risk populations.
- **Chiang Mai CLM** leverages **quality monitoring data** to improve **HIV services** based on **local needs**, demonstrating **meaningful community participation** toward ending AIDS in Thailand.
- Core activities included **defining** CLM activities and timelines, **developing** CLM questionnaire, **collecting** and **analyzing** data, and working with healthcare facilities to **interpret results** and **to implement improvement plans**.



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Populations and sites



MSM, TGW, SW, PWID,
Male, Female
1 facility (2022)
8 facilities (2023)
13 facilities (2024)

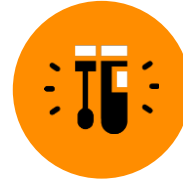
Data analysis methods



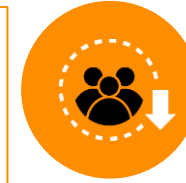
Basic statistical methods
such as frequency,
percentage, and content
analysis.

Data Collection and Analysis

Collected data on following topics



VCT (HIV testing, PrEP, PEP, condoms, lubricants and index testing)



Stigma and discrimination



Treatment services (ARV, VL, MMD, DSD and U=U), STIs



Management issues: hours, confidentiality, safety and security, and complaints

Number of responses collected from clients who received HIV services in Chiang Mai (2022-2024)



1,297
(VCT service)



44
(PrEP service)

27
(PEP service)

1,995
(ART service)



135
(STIs service)

471
(MMT service)



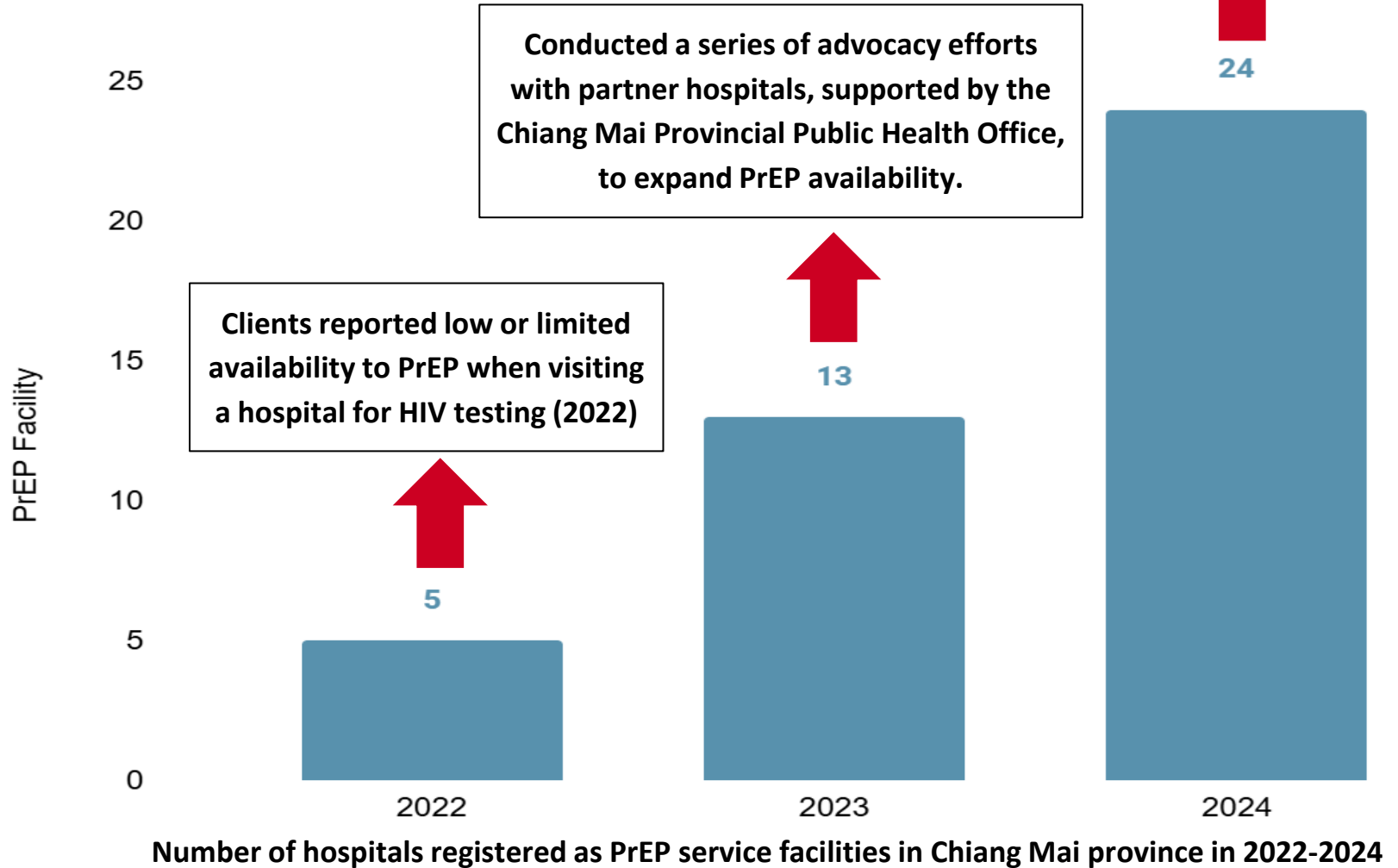
Remark: A client may complete more than one service survey if they receive multiple services.



Results and Improvement : Increased PrEP Availability



Expansion of PrEP facilities
from 13 to 24 hospitals across
all 24 districts (2024)



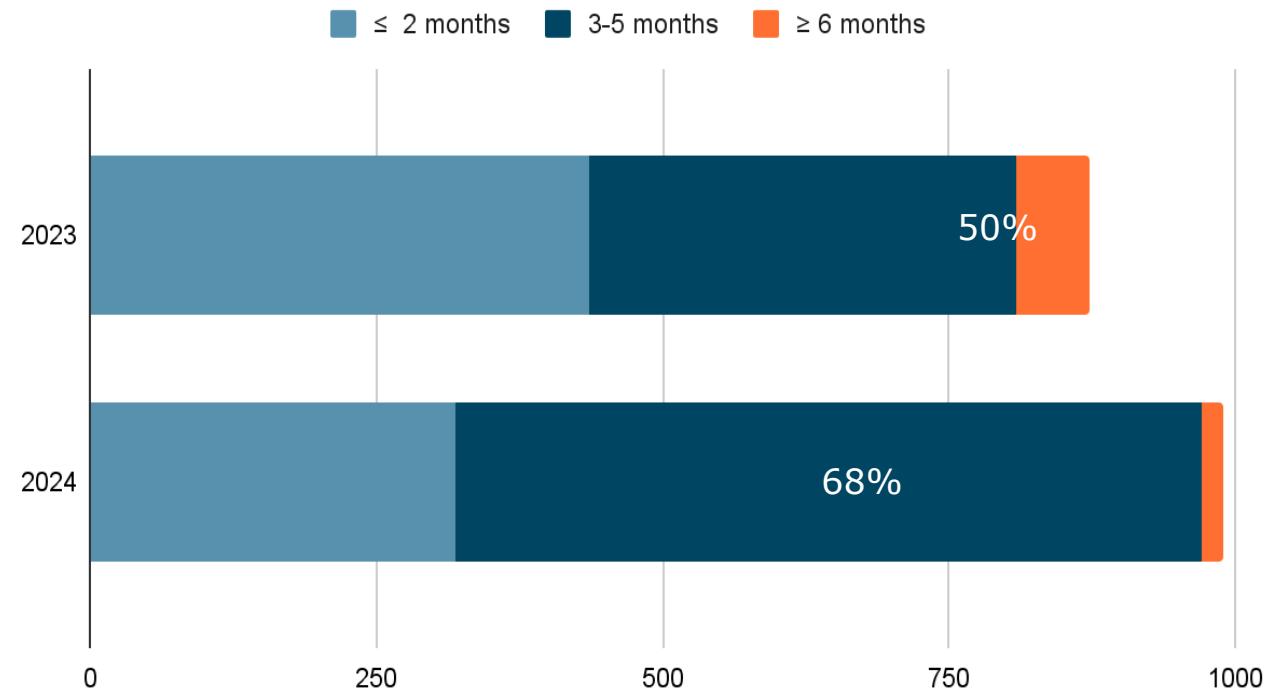
Results and Improvement : Multi-Month Dispensing (MMD) for ART

- **Definition:** Multi-Month Dispensing (MMD) = ARV supply > 3 months.
- **2023 Challenge:** Only 50% of ART clients received more than a 3-month ARV supply.

Policy Change: Chiang Mai Provincial Health Office set a 30% MMD-ART enrollment target for all 24 hospitals in the province.



Multi-Month Dispensing (MMD)



Results and Improvement: Understanding of Undetectable = Untransmittable (U=U)

Challenge: Limited Understanding of U=U Among PLHIV

- 75% (2023) and 70% (2024) of PLHIV received U=U counseling.
- Clients informed about U=U in 2024 (n=691) reported an average understanding **score of 8 out of 10**, markedly higher than the 2 out of 10 reported by those not informed (n=299)



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Self-Rated Understanding of U=U Among Informed PLHIV

Improvements:

- **Hospital level** : Introduced **U=U counseling** and educational materials (standees and videos) in hospitals to strengthen visibility and **tackle self- stigma among PLHIV**
- **Public level** : Partnered with private sector to launch **province-wide U=U awareness campaign.**





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Lessons Learned



Client-centered improvements: CLM-generated data enabled service providers and policymakers to tailor services based on evolving needs of clients in diverse contexts.

- Expansion of PrEP facilities from 13 to 24 hospitals.
- Scaling up \geq 3-month MMD at 24 hospitals.
- Provincial Health Office launched a comprehensive U=U campaign.
 - **Positive communication approach:** CLM-led campaigns promoted accurate HIV knowledge among health staff, government, and private sectors—shifting from fear-based messaging to understanding.

Limitation: Data were collected at convenient service points, which may not represent all clients but reflect real-world experiences at hospitals.





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Next Steps

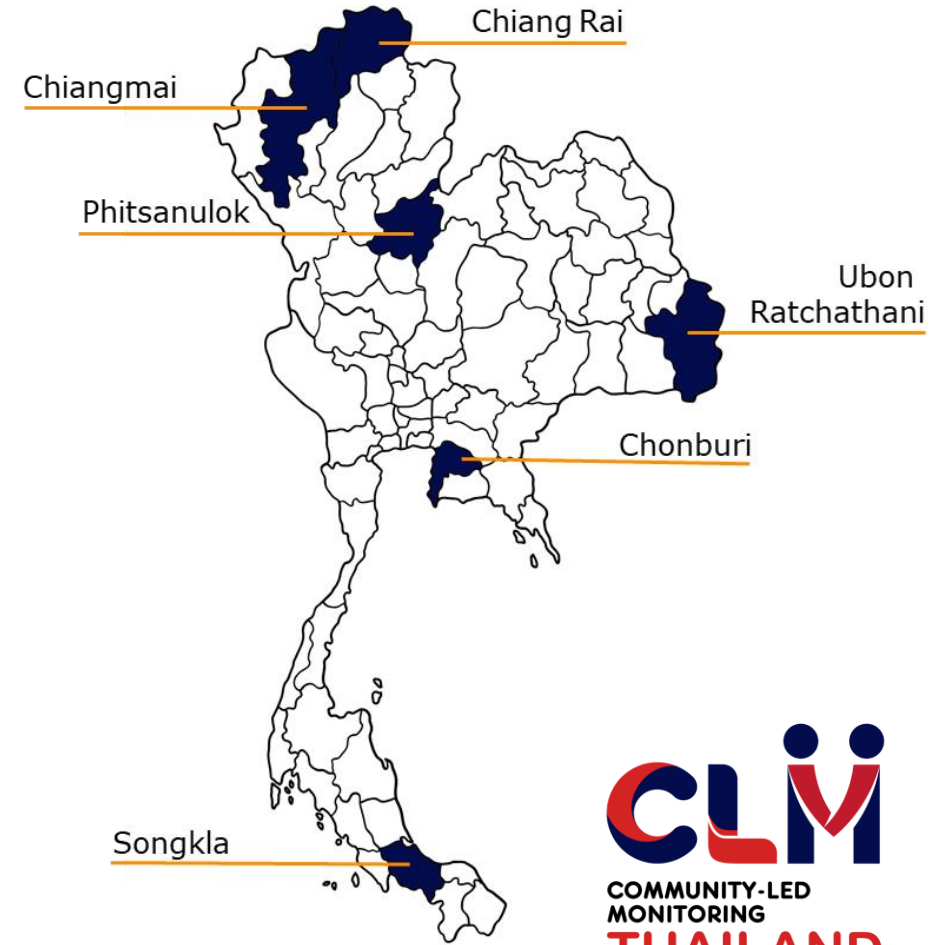


Provincial-Level:

- Monitor hospital service improvements based on CLM-provided recommendations.
- Develop adaptive follow-up questions to reflect evolving local service conditions and the changing needs of clients, expanding to other diseases.
- Develop web-based data collection tools to enhance accessibility for diverse service users and enable real-time data visualization.

National-Level:

- Share findings of CLM data in six provinces with the Ministry of Public Health and the national PLHIV network to inform national policy.
- Align CLM efforts with national policy frameworks to advance sustainability.





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“ Lead with the Community ”



Photo: Chiang Mai Community-Led Monitoring Committee Annual Workshop in 2025
(Photo credit: CAREMAT Foundation)