Research Article

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Community-Led Comprehensive HIV Facility for Men who have Sex with Men and Transgender Women: A Case Study of Rainbow Sky Association of Thailand

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Abstract

The purpose of this study was to examine how an HIV service facility for men who have sex with men (MSM) and transgender women (TGW) is organized by the civil society, how this helps increase access to HIV services among these populations and whether its model can be demonstrated to be comprehensive HIV care that helps increase health outcomes. The study applied qualitative approaches, including reviews of relevant laws, policies and documents, and in-depth interviews to explore the modeling of RSAT Technological Clinic, Bangkok, Thailand, which is a community-led HIV service facility for MSM and TGW. In the first half of 2019, 4,917 MSM and 463 TGW clients were reached by the outreach team. There were 2,739 MSM and 305 TGW clients receiving HIV testing and 8.6% and 6.2% tested positive respectively. The accumulated number of MSM and TGW on anti-retroviral treatment was 1,669 and 105 people. 814 MSM and 41 TGW received pre-exposure prophylaxis. These services are operated by a civil society organization in the form of a technological clinic. Staff include those with formal education, in addition to community workers. The clinic has its own database, and technical support is provided by different stakeholder experts. This community-led HIV service model has helped increase access for MSM and TGW clients since it is organized by the community itself, which is more friendly in terms of staffing, service hours, service package and peer follow-ups. This model should be scaled up, reaching out to more MSM and TGW, which will help improve health outcomes and ensure equity and efficiency.

Keywords: HIV, Qualitative study, Comprehensive service, Men who have Sex with Men, Transgender women

Introduction

At the beginning of the HIV epidemic, Men who have Sex with Men (MSM) were severely affected by HIV but HIV services for MSM were not prioritized due to the stigma surrounding the disease and its association with the negative discourse of homosexuality[1]. The first AIDS case in Thailand was discovered in 1984[2] and the early cases of HIV patients were men who reported ever having sex with other men[3]. After 20 years of the HIV epidemic, the national HIV program for MSM and transgender women (TGW) started, but it still cannot counter the epidemic in these populations.

Thailand has had specific HIV data for MSM only since 2003 when the first HIV surveillance survey among MSM was conducted[4]. The surveillance study indicated HIV prevalence among MSM was 17.3%[5] and continued to rise to 28.3% in 2005, and 30.8% in 2007[6]. In 2015, the national HIV prevalence was 19.8% among MSM and 11.8% among TGW[7]. In 2018, the HIV prevalence was 11.9% among MSM and 11.0% among TGW. 42.9% of MSM and 41.6% of TGW know their HIV status[8].

For effective HIV response among MSM and TGW, the concept of the RRTTPR cascade, which refers to the required chronological steps of HIV services, namely: Reach, Recruit, Test, Treat (for HIV positive clients), Prevent (for HIV negative clients), and Retain (in the treatment system for HIV positive clients). These steps constitute a comprehensive HIV service[9]. However, the current service package of the civil society organizations could only extent to testing or 'Test' in the RRTTPR cascade, provided through mobile clinics. HIV positive clients are referred to have antiretroviral treatment at designated hospitals and HIV negative clients are recommended to get re-tested every six months and if at high risk, they are also recommended to take pre-exposure prophylaxis (PrEP). The problem is that there are many clients lost in the cascade from testing to treatment because after the referral to designated hospitals, the civil society staff are unable to follow up whether the clients actually access treatment since the hospitals do not share such information due to the clients' privacy. Also, clients need to get re-tested again since the hospitals do not dignify results from civil society organizations. Some clients are also concerned about the friendliness of the hospitals and whether their sexual orientation and gender identity would be judged or stigmatized by health professionals[10]. These have led to significant loss from the cascade.

In order to more effectively respond to the increasing HIV epidemic among MSM and TGW, a new approach to providing HIV services must be invented since the existing paradigm to provide mainstreamed HIV services is not effective as we continue to see increasing HIV prevalence and incidence among MSM and TGW. Such an approach needs to address the loss from the RRTTPR cascade. WHO and UNAIDS have proposed a community-led HIV service model, which is to establish a clinic that is administered and staffed by the community in order to increase access among vulnerable MSM and TGW populations, but it does not cover the extent that the community has its own health facility[11, 12]. This implies that treatment, and prevention for negative clients, and retention or adherence to treatment services, are also offered by the same civil society organization. The Expert Panel on Effective Ways of Investing Health has suggested the consideration and application of task shifting to increase health outcomes[13]. Rainbow Sky Association of Thailand (RSAT) is a civil society organization working on HIV and human rights for people with sexual diversity, including MSM and TGW, together with stakeholders in this field. It has initiated a model to establish a comprehensive HIV service facility that has challenged the paradigm for HIV healthcare in Thailand, hence it can be regarded as being successful at task shifting, resulting in comprehensive HIV care for MSM and TGW. This could be regarded as an innovation for HIV care for such key populations who are at high risk of HIV.

Earlier models of HIV care for MSM and TGW in Thailand were either comprehensive outreach programs or furthered the extent of mobile clinics[14]. The model of this HIV healthcare delivery as an innovation in healthcare is referred to as a type of innovation that creates new networks and new organizations from a new set of values, involving new players in healthcare. This makes it possible to improve health outcomes and achieve other valuable goals, such as equity and efficiency. It displaces older systems and ways of doing things. It should include a model of person-centered community-based health delivery, new technologies, person-oriented approaches for the treatment of patients, education of health workers, and transfer of skills and tasks from highly-trained and high-cost personnel to personnel who have less specialized training but who can be more affordable whilst still guaranteeing quality and safety[12, 15]. This includes task-shifting from specialists to

generalists, from generalists to pharmacists and nurses, from nurses to health care assistants and to other care providers, and ultimately to community people themselves. The main question in this study is how a community-led HIV service facility is structured and how it is legalized under the current laws and regulations.

Materials and Methods

Ethical considerations

This study was approved by the IPSR Institutional Review Board on June 27, 2019 (COA. No 2019/06-224).

Study design

This study applied qualitative methods, including document reviews of relevant laws in terms of establishing a lawful health clinic for HIV services and in-depth interviews of key informants.

Study site: RSAT Technological Clinic

RSAT Technological Clinic, Ramkhamhaeng, Bangkok, is one of the nine currently existing technological clinics operated by civil society organizations of MSM and TGW across Thailand. The clinic was the first community HIV service facility, established in the last quarter of 2015 as a pilot project with an effort to provide comprehensive services in the HIV cascade, namely RRTTPR (Reach-Recruit-Test-Treat-Prevent-Retain). Services include HIV outreach and recruitment for HIV testing, HIV counseling and testing, CD4 and viral load, post-test care and support for HIV positive cases, antiretroviral treatment, emergency post-exposure prophylaxis (PEP) for the first three days with a referral service to other health facilities, PrEP, hormone level check-up for TGW, sexually-transmitted infection (STI) screening and treatment for syphilis and gonorrhea. Four technological clinics are operated by RSAT and five other clinics are operated by other organizations. The number of clients per day ranges from 20 to 60 people. HIV is high among those aged between 17 to 25 years.

RSAT Technological Clinic was purposely selected as the study site to model a facility for key population-led comprehensive HIV services. It aims to develop good practices for replication elsewhere within Thailand and the countries in this region.

RSAT Technological Clinic is currently under the financial support of the Global Fund to Fight against AIDS, Tuberculosis and Malaria (GFATM), USAID-FHI360, and the National Health Security Office with the technical support from the Thai Red Cross AIDS Research Centre.

Participants

Nine senior staff members of RSAT and RSAT Technological Clinic were purposively recruited as the key informants in this study, representing different units of the clinic, to provide insights into their operations. The selection criteria of key informants in this study included their experience in working full-time with RSAT for at least six months in relevant functions of the RSAT Technological Clinic, assuming that three months after their probationary period of three months, they should have gained adequate insights of their current functions, and consent to give an interview for the study.

In-depth interviews

A semi-structured question guideline was used to interview the key informants. It was reviewed by three experts in this area before being used for the in-depth interviews. The interviews were conducted during 11-22 July 2019 in a provided interview room at RSAT, ensuring the privacy of the key informants. The interviews were in Thai language and were recorded by iOS Voice Memo™.

All interviews were transcribed and thematically analyzed, using MsExcel, containing generated codes and sub-codes in response to the research question. The principal investigator was the sole interviewer and analyst of the data in this study.

Document review

Documents relevant to the legal registration of a health facility and service guidelines for HIV services for health facilities were purposively selected based on the consultation with field experts. There were seven relevant key documents reviewed, including: 1.) Health Facility Act, B.E. 2541 (A.D. 1998)[16]; 2.) Ministerial Ordinance of Health Facility Operation, B.E. 2545 (A.D. 2002)[17]; 3.) The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2017-2030[18]; 4.) The Guideline for Health Facility Operation, Department of Health Service Support, Ministry of Public Health[19]; 5.) The Best Practice for HIV Counseling and Testing for Key Populations in Thailand, Thai Red Cross AIDS Research Centre[20]; 6.) The Study Report on Relevant Laws of Community-led HIV Services in Thailand, The

Foundation for AIDS Rights[21]; and 7.) The Standard Operating Procedures for HIV Counseling and Testing, RSAT Technological Clinic.

Analysis

The structure of the clinic was analyzed and presented by organization sub-system, including objective, structure, staff, techniques and information. The analysis of the structure was based on Mintzberg[22] and later discussed whether this model could be concluded as a disruptive innovation for HIV services that target MSM and TGW[13].

Results

Table 1 summarizes the archetypes of the nine key informants in terms of the diversity and differences in their age range, sex, gender identity, educational background, and duration of working in the organization. The age of participants in this study ranged from 30 to 62 years with a mixture of genders, including cis-gendered men, cis-gendered women and TGW. Their identities were diverse, including gay, lesbian, transgender woman, straight man, queer, and unidentified. Their educational background also varied, ranging from high school to doctorate degree. Although those working with the organization for at least six months were eligible to be key informants, the participants in this study had worked for the organization for one and a half years up to 20 years.

During the period of January to June 2019, 4,917 MSM and 463 TGW clients were reached by the outreach program (Table 2). There were 2,739 MSM and 305 TGW clients receiving HIV testing with known results at the RSAT Technological Clinic, which were 55.7% and 65.9% of the total numbers of MSM and TGW reached during this period. 236 MSM and 19 TGW tested HIV positive, which were 8.6% and 6.2% of the tested clients. Among the

Table 1 Archetypes of the key informants

Characteristic	Archetype
Age rage	30-62 years
Sex	Mixture of Cis-gendered men, Cis-gendered women and transgender women
Gender identity	Gay, Lesbian, Transgender woman, Straight man, Queer, Unidentified
Education	High school to Doctorate degree
Duration of working in the organization	One and a half years to 20 years

Table 2 MSM and TGW clients receiving HIV services at RSAT Technological Clinic, Ramkhamhaeng, Bangkok, from January to June 2019

Services/Results	MSM		TGW	
	n	%	n	%
Reach	4,917	100.0	463	100.0
HIV testing (% from the reached clients)	2,739	55.7	305	65.9
HIV positive (% from the tested clients)	236	8.6	19	6.2
ART (all current cases both from the same cascade and referred from other facilities)	1,669	-[1]	105	-[1]
PrEP (all current cases both from the same cascade and referred from other facilities)	814	-[1]	41	-[1]

	Both MSM and TGW	
	n	%
Chemsex (of the tested MSM and TGW)	301	11.0
Repeat HIV testing (of the tested MSM and TGW)	1,397	51.0

[1]The numbers of ART and PrEP clients were accumulated numbers to the current date of report

tested MSM and TGW clients, 11.0% reported to have used drugs (chemsex) associated with their sexual activities. There were 1,669 MSM and 105 TGW currently receiving anti-retroviral treatment and 814 MSM and 41 TGW receiving PrEP. Repeat HIV testing among MSM and TGW clients was at 51.0% among those who were due for re-testing six months after their previous tests.

The RSAT Technological Clinic is operated under the Deputy Director in the Department of RSAT Community Health Centre, which is one of the five departments of RSAT, in addition to the Department of General Administration, Department of Strategic Information, Department of Programs and Planning (that operates the outreach program), and Department of Capacity Building and Social Services. At the time of conducting this study, there were 102 full time staff working with RSAT and 19 staff members working in the RSAT Technological Clinic, Ramkhamhaeng, Bangkok.

Table 3 summarizes the analysis of RSAT Technological Clinic's structure based on the reviewed documents. Further description of the details from the interviews are as follows:

Objective

The objective of the RSAT Technological Clinic is to increase equitable access to HIV services for MSM and TGW. The focus is on friendly service; not only friendly staff members but also friendly service hours. It opens on Mondays, Thursdays and Fridays from 3pm to 9pm and on Saturdays and Sundays from 12pm to 6pm. These flexible operating hours have enabled clients to visit the clinic without having to take absence from their work or school. The clinic is decorated to accommodate a friendly environment.

"Our selling point is friendliness in all aspects. We don't just only employ trans people but anyone who can provide friendly service and have undergone training on stigma and discrimination. Sometimes, clients do not want to talk with those with the same gender identity. We decorate our clinic like a plastic surgery clinic"-senior management, gay man, 15-years working experience

"We have both outreach- and facility-based services that actually reach those who are at risk. Nine out of 10, who come to use are worried about being infected. They feel stressed. After the test, we also provide psychosocial support and this is not common in other health facilities"-senior management, transgender

Table 3 Analyzed structure of RSAT Technological Clinic, Ramkhamhaeng, Bangkok, by organization sub-system

Objective	To provide access to HIV services among MSM and TGW
Structure	Mixed between machine and professional bureaucracy under the divisionalized form with four other units 1. Counseling 2. Quality and Service 3. Post-testing Care and Support 4. Medical Technology and Laboratory
Staff	Staff members from the community of MSM and TGW and those who received formal education. It is compulsory for those working in the laboratory to have formal education in medical technology. Community members without formal education received official training, currently organized by the Thai Red Cross AIDS Research Centre and the curriculum is developed by the Ministry of Public Health. Some staff members identify themselves as those from the community and with formal education
Techniques	1. Technical support is provided by the Thai Red Cross AIDS Research Centre 2. Standardized training curriculum for those without formal education is developed by the Department of Disease Control, Ministry of Public Health 3. Management support is provided under the development of the CSO Accreditation, currently implemented by Raks Thai Foundation
Information	Paperless online databases are developed by either the needs within the organization or required by donor agencies (except the first timers whose records are backed up with hard copy documents)

woman, 4-years working experience

"People don't feel like going to hospitals because they are usually crowded. They don't want to talk about their sexual life to doctors but they are more open to us. Some clients told us that they wouldn't have told about their sexual life like this if they had gone to hospital. Besides, a client can complete the service within one hour."-senior management, transgender woman, 4-years working experience

The friendliness of humanized-service provision also entails a comprehensive approach. PrEP is offered to HIV negative clients as an alternative for prevention. Hormone level check-up is offered to TGW to attract more transgender clients. It is also friendly in the way that it provides comprehensive HIV services throughout the HIV cascade, including reaching out to high-risk populations, recruiting those to get tested, providing HIV and STI testing, providing CD4 counts and viral load for HIV positive cases, providing PrEP for HIV negative clients, and providing psychosocial support to HIV positive cases until they are virally suppressed.

"Our distinguished service also includes post-test care and support. Those who get tested at any hospital once they find out their positive status, they have to get themselves into the treatment process. But we have a specialized team to accompany positive clients to initiate their treatment, giving knowledge and psychosocial support until they are virally suppressed."-senior management, transgender woman, 4-years working experience

Structure

When analyzing the structure in accordance with Mintzberg[22], the most suitable organizational structure to provide HIV service for MSM and TGW is a mixture of machine and professional bureaucracy, which stipulates a clear hierarchy and chain of command. It appropriately fits the nature of this technological clinic because the clinic is a department under an umbrella organization. This makes such a structure compatible and can be easily understood by partner hospitals. It is also appropriate since the service process is standardized with the guided standard operating procedures (SOPs). It indicates the aspect of professional bureaucracy since each sub-unit in the clinic has their SOPs to guide their work. The clinic structure is a part of the umbrella entity that has the structure of a divisionalized form that also has a clear distinction of their work but is still connected at coordination level.

Staff

Staff members are mixed between those with formal education and those from the community who identify themselves as people with sexual diversity, namely lesbian, gay, bisexual, transgender or gender non-conformers. According to the model of this clinic, it is mandatory to have at least one staff member who is an accredited medical technologist. Other positions can be those who are both professionally qualified, with or without identifying themselves as people from the sexual diversity community, and community workers from the sexual diversity community that were later trained to meet the required competence.

"The difference of this place is we are not so medical. Not everyone possesses a health science degree. Not all counselors have a nursing degree. This is indeed like an authentic community organization"-senior management, female, 2-years working experience

Having people from the community providing services helps increase enthusiasm in the service provision since they are more likely to pay attention to details and care about the sentiment of the clients. This contributes to a more friendly and humanized service environment. The problem of unqualified staff has been addressed by innovating a training system to enhance the capacity of those without formal education background. It is also witnessed by the clinic staff that even formal education does not imply a person's effectiveness. Even people with professional education still require additional training, since knowledge of HIV is very dynamic.

"Service providers do not need to only have professional certification, they can be the target beneficiaries providing the services for people in their own community"-senior management, gay man, 5-years working experience

"I don't have a public health degree but I have the will to do. I consider myself a person from the community and I love to do this. I don't have any barrier and that makes it easier for people to talk to me since I don't act like I'm above them. I'm a person from the

community, who can help them, so access, understanding and listening to the problems, they are all easy."-senior management, transgender woman, 4-years working experience

Techniques

There are three relevant techniques to the service provision, including service provision skills, service packaging, and management standards. The technical support on the service provision is mentored by the Thai Red Cross AIDS Research Centre. They provide training sessions to community staff without public health backgrounds and professional staff even with public health backgrounds, since the skills to provide specific HIV service targeting MSM and TGW is a specific competence that is not generally taught in universities. Trained staff members will receive certificates from the Thai Red Cross Society.

"When I started working here, they provided specialized training such as antiretroviral therapy and specialized counseling skills offered by the Thai Red Cross Society. After the training, we had to pass an exam to prove our competence. They also provide a certificate and we are evaluated every two years to ensure that our competence still meets the minimum standards"-senior management, transgender woman, 4 years working experience

Service packing is monitored by the Ministry of Public Health, Department of Disease Control. They have drafted a handbook of standard operating procedures to guide the clinic's service provision, which is in line with the national guide of HIV cascade, including reach-recruit-test-treat-prevent-retain or RRTTPR model with the emphasis on treatment adherence.

"Currently, we follow up new HIV cases up to 36 months after they were first diagnosed HIV positive because we believe that the treatment effectiveness should be monitored until they are virally suppressed."-senior management, gay man, 9-years working experience

Innovative chemoprophylaxis, including PEP for clients within 72 hours after risk exposure and PrEP, is offered to MSM and TGW clients. This service is not common in general health facilities as there are not an adequate number of specialists. This has substantially helped to reduce the risk of sero-conversion to HIV positive. The services go hand-in-hand with research conducted in the clinic to investigate its effectiveness and to generate evidence for policy advocacy at a national level.

Information

RSAT Technological Clinic has developed its own database supervised by the Strategic Information Unit under the umbrella structure of RSAT which is a separate unit from the clinic. Data from the clients are collected, analyzed and presented in the senior staff meetings and the clinic staff meetings on monthly basis. This has helped the clinic to prepare their services in response to the trends of risk behaviors and infections so that they can improve their service design, staff competence and resource allocation effectively. All key informants acknowledged that the improvement of their database is an ongoing process, hence the structure of the clinic's database is very organic and is changed from time to time to better respond to the needs of users.

"The data feedback session is to present intriguing information for the program team and the clinic staff. This has helped them to identity what specific areas to improve. For example, which specific sub-group of clients has high new HIV infection. It will tell us which specific groups to spend more effort in targeting, or which catchment areas the outreach workers should reach out to. The feedback session helps staff to monitor their performance."-senior management, male, 4-years working experience

"Since we have our own database, we can promptly adjust variables in the database such as adding the history of drug use among clients to help us assess the clients' risk behaviors." - senior management, male, 4-years working experience

The process to legalize a community health center to a technological clinic

For a civil society organization to operate a community health facility for HIV testing, the best option under the permitted Thai laws is to register the facility as a technological clinic, which requires at least one-full time medical technologist to submit a registration application. Facilities based in the Bangkok Metropolitan Area can submit their applications to the Department

of Health Service Support at the Ministry of Public Health. Those based in other provinces outside of Bangkok can submit their applications at their provincial public health office. This process will enable them to become technological clinics that can provide HIV testing to their clients. The next step is to register with the National Health Security Office (NHSO) to be eligible for direct reimbursements. The registered technological clinics have to acquire a laboratory accreditation (LA) from the Medical Technology Council. Then, they need to find a partner hospital to co-opt with by signing a memorandum of understanding as evidentiary support. The last step is to submit all required documents to the National Health Security Office. Currently, there is one out of nine existing technological clinics operated by civil society organizations that is eligible for direct reimbursements from NHSO. Others are submitting their documents. At the moment, they are reimbursed by the NHSO on a pay-per-service basis. It is paid per the number of clients served and reported to NHSO, using the standard rate assumed to cover all relevant expenses such as staff, facilities, testing kits and treatment. The process is summarized and illustrated in Figure 1.

Value-added RSAT Technological Clinic as a community health center

The clinic staff reported to be highly motivated since the nature of their work is to provide services for people in their community. Many clinic staff members indicated their direct experiences or observations on stigmatization and discrimination when MSM or TGW seek HIV services in the generalized or mainstreamed facilities.

"The past health system did not facilitate [HIV] prevention and did not enable people to effectively access prevention methods because health professionals did not have adequate knowledge and skills to work on HIV for MSM and TGW. Many understood that if you are an MSM, you must be working in the bar. This resulted in most HIV prevention activities for MSM in the early days being organized in bars but the majority of MSM were not exposed to the prevention campaign at all."-senior management, gay man, 14-years working experience "I knew Rainbow Sky by first being a volunteer under the Test & Treat project. I am impressed by the way that we can help those with HIV. I feel motivated to help people. I just knew that I wanted to work here"-senior management, transgender woman, 4-years working experience

Discussion

RSAT Technological Clinic has applied the Health Facility Act, B.E. 2541 (A.D. 1998) Section 2 Article 25[16] and registered itself as a technological clinic without inpatients. However, there are legal limitations for the registration of this type of health facility[17], including dispensing antiretroviral medications without doctor's prescriptions and without a pharmacist. The facility still must have at least one full time accredited laboratory technician. There are no laws that effectively enable civil society organizations to operate medical clinics without professionally-educated

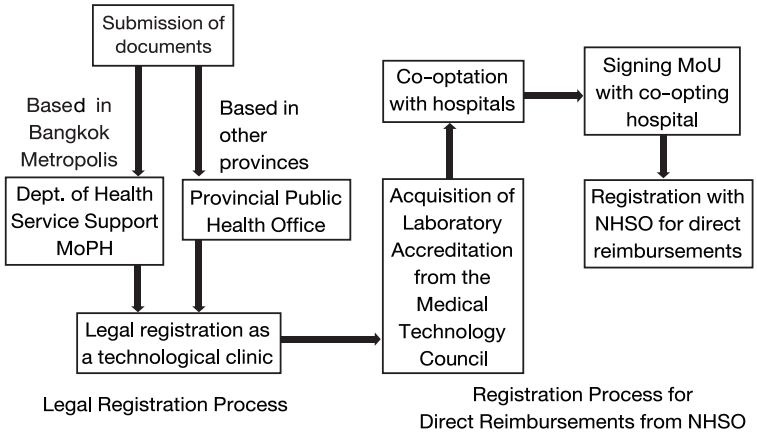

Figure 1 Flowchart of legal registration of RSAT Technological Clinic
MoPH: Ministry of Public Health; MoU: Memorandum of Understanding; NHSO: National Health Security Office

staff. The current model is a mixture of professional staff, who may or may not consider themselves as people in the communities of MSM and TGW, and community workers that are later trained by the Thai Red Cross Society.

It appears that the model of this technological clinic is designed within the existing legal boundaries under the relevant laws and policies of Thailand[16-19], pertaining to establishing a health facility that is able to provide HIV services under professional supervision, while it is trying to meet recommendations from the best practice[12,20]. This implies that the program does not challenge or exceed the current legal boundaries, hence it can be replicated. Its strengths are the engagement of community members, serving as service providers, and its friendliness in terms of service hours, location and environment. However, the interviews also reflected some difficulties of the current laws and regulations. This implies the weakness of this model that it does not achieve the concept of absolute task-shifting or services provided by only community members because some functions are still only pertained to accredited health professionals who received formal education. This requires further policy advocacy to enable staff members that are not professionally trained from the formal high education system to be professionally certified to provide HIV services in their community.

Staff members in the clinic feel motivated because they can see the results of their work and many of them were volunteers of Rainbow Sky Association of Thailand before turning themselves to work full time for the clinic. This could imply that using staff members from the community could yield a more friendly service environment and possible longer staff retention.

This clinic could be considered to be a pilot model of HIV services for MSM and TGW that is yet to be further improved and sustained by having more enabling laws and policies, as well as appropriate domestic financing. The model could also be considered as an innovation since it creates a new network and a new organization of HIV healthcare providers with its own new set of values, involving new players. This would help improve health outcomes and ensure equity and efficiency in HIV care.

Although the key informants indicated that their clients are satisfied with this targeted community-based service, this study did not include the perspectives of the clients directly. An additional study to explore clients' perspectives should be further conducted.

Conclusion

The model of RSAT Technological Clinic as a community-led comprehensive HIV health center has helped enable a large number of MSM and TGW to receive HIV services. It has addressed barriers and accessibility for quality HIV services, enabling a network of MSM and TGW to work together as an organization with distinctive values to provide the specific services targeting people from their own community.

This technological clinic has enabled a model of staffing an HIV clinic targeting MSM and TGW not only by licensed professionals but also by community members. It has addressed gaps from the mainstreamed services, including friendliness, gaining trust, flexible service hours, and the dedication of staff beyond their required job descriptions.

Since this model could be considered as an innovative approach to provide HIV services for MSM and TGW administered by community members, enabling laws and policies are yet to be improved and amended to accommodate legitimacy, sustainability and further replications. This includes the laws and policies to enable task shifting, addressing the barriers to which only those who were professionally trained in the formal educational system are able to provide health services. New standards or accreditation methods must be developed to enable community members to be professionally qualified and also provide health services with the same standard and safety. In terms of its effectiveness, it is yet to be explored, along with feedback from the clients, relevant policy makers and stakeholders.

Author Contributions

Both authors played a role in conceiving or designing the work, or collecting, analyzing or interpreting data; and contributed to the drafting or critical revision of the work; and approved the final version for publication and agreed to take responsibility for the work in relation to its precision and integrity.

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Conflicts of Interest

There are no potential conflicts of interests, belonging to any of the authors.

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