



## Summary of the 3rd Multi-Country Exchange Meeting

Southeast Asia Stigma  
Reduction QI Learning Network

September 13-14, 2018  
Ho Chi Minh City, Vietnam



UCSF Institute for  
Global Health Sciences

# Executive Summary

## Background

HIV-related stigma and discrimination (S + D) in the healthcare setting remains a formidable barrier to achievement of UNAIDS' 90-90-90 targets and optimal outcomes for people living with HIV (PLWH), and underscores a crucial need to develop and implement S + D reduction interventions at scale. The Southeast Asia Stigma Reduction QI Learning Network was launched in 2017 by HEALTHQUAL in the Institute for Global Health Sciences at the University of California, San Francisco, with support from the Health Resources and Services Administration (HRSA) as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The aim of the Learning Network is to accelerate implementation of national- and facility-level HIV-related S + D reduction activities in Cambodia, Lao PDR, Thailand, and Vietnam through routine measurement, quality improvement (QI) methods, and peer learning and exchange. By acting upon insights generated from routine analysis of healthcare provider survey data and patient feedback, anticipated outcomes of the initiative include creation of a regional community of practice in which implementation experiences are rapidly shared, generation and rapid scale-up of data-driven stigma-reduction interventions, reduction of HIV-related S + D in healthcare facilities, and improvements in care and treatment outcomes among PLWH.

## Meeting Objectives

The third multi-country exchange meeting of the Southeast Asia Stigma Reduction QI Learning Network was convened on September 13-14, 2018, in Ho Chi Minh City, Vietnam, with representatives from National and Provincial Ministries of Health, U.S. Centers for Disease Control and Prevention (CDC) country offices, civil society organizations, and local implementing partners in Cambodia, Lao PDR, Thailand, and Vietnam (see Appendix for list of attendees). The objectives of the meeting were to:

- Present country-specific baseline of healthcare worker surveys and updates on implementation of S + D QI activities
- Discuss the use of patient feedback in QI activities, and present approaches for routine collection
- Facilitate interactive discussions on challenges related to implementation of QI activities to reduce S + D in the healthcare setting, routine collection of patient feedback, and linkage of S + D reduction activities to clinical measures aligned with UNAIDS' 90-90-90 targets
- Discuss sustainability of Network activities, and identify topics for future meetings.
- Conduct a site visit at Pham Ngoc Thach Hospital, an early adopter of stigma reduction activities in Vietnam, and discuss its approach to implementation of S + D QI activities and plans for sustainability.
- Present experiences of the Vietnam Network of People Living with HIV (VNP+) in planning and implementation of S + D reduction activities in Ho Chi Minh City.
- Present experiences of Ho Chi Minh City Department of Health (DOH) in implementing and managing S + D reduction activities.

## Meeting Themes/Highlights

- Presentations from Ministries of Health in Cambodia, Lao PDR, Thailand, and Vietnam summarized results of baseline data collection which collectively highlighted a need to focus S + D reduction efforts both within and outside ART clinics. Country presentations also considered challenges associated with routine collection of survey data and support of site-level QI activities.
- A short presentation by UCSF-HEALTHQUAL and a facilitated discussion among meeting participants on the application of QI methods to S + D reduction emphasized the importance of using facility-specific data to drive QI activities; the utility of uniting multiple data streams (i.e., clinical outcomes, healthcare provider surveys, and patient feedback) to develop a comprehensive view of quality of HIV care; and the need to adapt generic interventions (e.g., peer navigation) using Plan-Do-Study-Act (PDSA) cycles to ensure their effectiveness and sustainability in local settings.

## Meeting Themes/Highlights (Continued)

- A presentation from CDC-Vietnam discussed the implementation of Undetectable = Untransmittable messaging in Vietnam, and its use as part of a multi-sectoral strategy to address HIV-related stigma in healthcare settings and the community.
- A facilitated discussion among meeting participants considered challenges and potential approaches to linking S + D reduction activities to UNAIDS' 90-90-90 outcomes. A key challenge discussed was the lack of reliable facility data on disparities in HIV outcomes by key population (KP) and associated difficulties targeting interventions to specific KP groups that may experience high levels of S + D or other unique barriers to care.
- To address this challenge and develop a Network-wide approach to link S + D activities to clinical outcomes, a working group was convened and tasked with creation of a common set of questions to survey PLWH regarding their treatment status.
- Presentations from VNP+, Ho Chi Minh City DOH, and Pham Ngoc Thach Hospital as part of a half-day site visit underscored the value of engaging actors from all levels of the health system (national, district, facility, and community) in the design and implementation of S + D reduction activities.
- A facilitated discussion among meeting participants considered topics for future multi-country exchange meetings. Suggested topics spanned three themes, including patient experience, QI implementation, and national management and policy.
- A presentation by UCSF-HEALTHQUAL and a facilitated discussion among meeting participants highlighted the importance of integrating patient experience into QI activities, and considered diverse approaches (e.g., storytelling, focus groups, exit interviews, surveys) to soliciting patient feedback on a routine basis. As several Network countries collect patient experience as part of non-HIV-specific initiatives, a workgroup was convened to compile tools and approaches in use and share with Network participants.

## Next Steps

The fourth multi-country exchange meeting will be convened in the first quarter of CY2019. In the interim, UCSF-HEALTHQUAL and participating Ministries of Health will continue implementation of S + D QI activities through the following next steps.

UCSF-HEALTHQUAL will:

- Follow up with Ministries of Health on their implementation plans and provide technical support on S + D QI activities.
- Convene a working group on patient experience and linking S + D activities to clinical outcomes, and report back to Network participants on outputs.

Ministries of Health will:

- Continue implementation of S + D QI activities according to their work plans.
- Begin to harvest successful interventions and implementation approaches for presentation at the fourth multi-country exchange meeting.

## Acknowledgements

UCSF-HEALTHQUAL extends a special thanks to the Vietnam Authority for HIV/AIDS Control and Ho Chi Minh City DOH for their partnership in hosting the meeting in Vietnam, to Pham Ngoc Thach Hospital for welcoming meeting attendees as part of a half-day site visit, and to CDC-Vietnam and HAIVN for planning and logistical support.

The Southeast Asia Stigma Reduction QI Learning Network is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) as part of the Health Resources and Services Administration's (HRSA) Quality Improvement Capacity for Impact Project (QICIP). The contents are the responsibility of UCSF-HEALTHQUAL and do not necessarily reflect the views of the U.S. Government.



## Welcoming Remarks

The meeting was officially opened by Dr. Hoang Dinh Canh, Deputy Director, Vietnam Authority of HIV/AIDS Control. In his remarks, Dr. Canh extended an official welcome to Ministry colleagues from Cambodia, Lao PDR, and Thailand, and discussed the importance of addressing HIV-related S + D as part of the Region's efforts to achieve the UNAIDS' 90-90-90 targets.

Welcoming remarks were also provided by Dr. John Blandford, Director of HIV and TB, U.S. Centers for Disease Control and Prevention. Dr. Blandford echoed Dr. Canh's point on the centrality of stigma reduction efforts to achievement of 90-90-90 targets, and highlighted the importance of sharing experiences to identify effective strategies, policies, and interventions.

Dr. Bruce Agins delivered welcoming remarks on behalf of HEALTHQUAL, University of California, San Francisco, specifically thanking Vietnam Authority of HIV/AIDS Control, Ho Chi Minh City Department of Health, Pham Ngoc Thach Hospital, CDC-Vietnam, HAIVN, HRSA, and PEPFAR for their support in organizing the meeting, and Ministry representatives from Cambodia, Lao PDR, Thailand, and Vietnam for their attendance.



## Country Presentations

### Vietnam

#### Presenter:

Dr. Do Huu Thuy  
Chief, Communication, Vietnam Administration for HIV/AIDS Control  
Ministry of Health, Vietnam

- S + D QI activities are either planned or underway in 14 health facilities across 4 provinces as part of the first phase of program implementation in Vietnam with support from CDC-Vietnam and HAIVN.
- A baseline assessment of HIV-related S + D across 4 health facilities in Binh Duong province was conducted with HAIVN support in August 2018. Baseline assessments for the remaining 3 implementing provinces are planned for Q4 of CY2018.
- Results of the healthcare worker survey (n=377) revealed moderate to high levels of HIV-related stigma spanning multiple domains of immediately actionable drivers (attitudes, fear of transmission, health facility policy). As part of the survey of S + D among PLWH (n=238), 25% reported experiencing at least 1 form of discrimination at a health facility, and 14% reported healthcare workers disclosing their HIV status without their consent.
- As part of the implementation plans, on-site QI coaching of sites will occur every 1-2 months. Workshops to share lessons learned among provincial sites will be convened every quarter, and workshops to share lessons learned among provinces will be convened every 6 months.



# Country Presentations (Continued)

## Vietnam (Continued)

- At present, patient feedback is being collected through administration of a comprehensive survey. PLWH organizations, such as VNP+, have been engaged from the beginning of the initiative, and remain actively involved in efforts to obtain and act upon patient feedback data.
- Immediate next steps of program implementation include the convening of a design meeting in Binh Duong to develop interventions to address baseline findings; completion of baseline assessments for Ho Chi Minh City, Thai Nguyen, and Hanoi; and commencement of monitoring and QI coaching activities.

## Cambodia

### Presenter:

Dr. Lan Van Seng  
Deputy Director, National Center for HIV/AIDS, Dermatology, and STDs  
Ministry of Health, Cambodia

- Assessment of the feasibility and acceptability of surveys of S + D among healthcare providers and PLWH is the first step in NCHADS' S + D Action Plan Framework. After this assessment, a national SOP will be developed, scaled up nationwide, and integrated into the existing CQI SOP.
- A baseline assessment of HIV-related S + D in 8 health facilities across 4 provinces was completed with support through FHI360 LINKAGES between July and September 2018.
- Results of the healthcare worker survey (n=86) in ART clinics revealed moderate levels of HIV-related stigma. For example, 16% reported avoiding physical contact with PLWH, and 17% reported observing colleagues providing poor quality of care to PLWH.
- Results of the patient survey (n=1,242) showed that the majority of PLWH were "satisfied" or "very satisfied" with the HIV-related services that they accessed. HIV-related facility services identified as needing improvement included friendliness of providers, waiting times, the cleanliness of the waiting area, and the privacy of the consulting rooms.
- Challenges with the implementation of the survey assessment included low literacy among some patients, and difficulties quickly filling out the survey using the provided tablet. Proposed solutions include development of an audio assist system, a short user guide, and an online assessment option.
- Immediate next steps of implementation include development of a dashboard for facilities to monitor their real-time performance; development of a data use manual; review and revision of tools and methods; and convening of a stakeholder meeting to disseminate baseline results.

## Lao PDR

### Presenter:

Dr. Khanthanouvieng (Nou) Sayabounthavong  
Deputy Director, Center for HIV/AIDS and STI  
Ministry of Health, Lao PDR

- As part of the performance measurement plan for stigma reduction activities, Lao PDR's 11 ART sites will collect data on the 8 common Network measures beginning in September 2018. Performance according to these measures will be viewed alongside 3 existing QI indicators (% of early ART, CD4 at entry, and % viral suppression) to track impact of stigma reduction activities on clinical outcomes.

# Country Presentations (Continued)

## Lao PDR (Continued)

- A S + D reduction implementation workshop was held in August 2018 to present proposed activities to the 11 participating ART sites and to develop implementation work plans.
- QI coaching of sites will be provided by Center for HIV/AIDS and STI staff along with regional coaches. A plan for routine monitoring of site-level activities is currently under development.
- At present, there is no formal method being used to routinely collect patient feedback, but there are plans to engage civil society organizations (LaoPHA and APL+) and treatment supporters in QI activities and develop an approach to measure patient experience.
- At the national level, there are plans to finalize the national HIV quality management plan and integrate S + D monitoring as a core component; convene a technical working group on S + D reduction; develop a national QI curriculum with a module on S + D reduction; and continue to support site-level QI capacity building.
- Immediate next steps of implementation include the routine monitoring of S + D indicators on a quarterly basis; the incorporation of S + D reduction into existing QI coaching activities; development of S + D reduction materials and activities adapted from Thai example; and development of an approach to routine collection of patient experience.

## Thailand

### Presenter

Ms. Parichart Chantcharas  
Health Officer, Bureau of AIDS, TB, and STIs  
Ministry of Public Health, Thailand

- Baseline assessment of S + D among healthcare workers and PLWH at 48 participating hospitals was completed in July 2018. Results of healthcare worker surveys (n=7,417) revealed moderate to high levels of S + D, particularly among non-HIV staff.
- Using results of the baseline assessment, in August 2018 participating sites were convened in regional workshops to learn QI tools (e.g., driver diagram, patient journey, and root cause analysis) for use in development of stigma-reduction interventions. Due to the large number of sites, on-site QI coaching will be prioritized according to need.
- PLWH groups have been involved in the planning and implementation of stigma-reduction activities from the beginning of the initiative. In particular, PLWH have participated in the design of video materials to present their experiences of stigma and discrimination and its impact on their lives.
- At the national level, there are plans to expand stigma-reduction activities to all provinces in Thailand, with the goal of having at least 1 hospital in each province actively involved in the initiative.
- Immediate next steps of implementation include simplification of data collection in large hospitals; linkage of facility-level results with clinical indicators in National AIDS Program database; on-site QI coaching; and convening of a 2-day lessons learned workshop to reinforce importance of data use and share successful interventions and implementations strategies.

## Implementation Progress

| Domain  | Cambodia | Lao PDR | Thailand | Vietnam |
|---|----------|---------|----------|---------|
| <b>1. Planning and coordination</b>   |          |         |          |         |
| 1.1 Site selection and sensitization completed                                  | ✓        | ✓       | ✓        | ✓       |
| 1.2 Formal plan to integrate S + D activities into national HIV quality plan    | ✓        | ✓       | ✓        | ✓       |
| 1.3 Formal involvement of provincial/district health authorities                | ✓        | ✓       | ✓        | ✓       |
| 1.4 Formal plan for scale-up of S + D QI activities                             | ✓        | ✓       | ✓        | ✓       |
| <b>2. Performance measurement</b>   |          |         |          |         |
| 2.1 Formal protocol for collection of healthcare worker survey data             | ✓        | ✓       | ✓        | ✓       |
| 2.2 Formal protocol for collection of PLWH survey data                          | ✓        |         | ✓        | ✓       |
| 2.3 Completion of baseline data collection—healthcare workers                   | ✓        |         | ✓        |         |
| 2.4 Completion of baseline survey data collection—PLWH                          | ✓        |         | ✓        |         |
| 2.5 Integration of clinical questions (e.g., viral load) into PLWH survey       |          |         |          |         |
| <b>3. Quality improvement activities</b>  |          |         |          |         |
| 3.1 formal protocol for documentation and reporting of site-level QI activities |          |         | ✓        | ✓       |
| 3.2 Formal plan for peer exchange among participating sites                     |          |         | ✓        | ✓       |
| 3.3 Formal plan for involving PLWH in site-level QI activities                  |          |         | ✓        | ✓       |
| 3.4 National QI curriculum with modules on S + D reduction                      |          |         | ✓        |         |
| <b>4. Quality improvement coaching</b>  |          |         |          |         |
| 4.1 Identification, training, and monitoring of QI coaches                      |          | ✓       | ✓        | ✓       |
| 4.2 Formal timeline of QI coaching for S + D QI activities                      |          |         | ✓        | ✓       |
| 4.3 Formal protocol for documentation of QI coaching activities                 |          |         | ✓        | ✓       |



## Topic Presentations

### Addressing HIV-related stigma in community and health facility: implementation of K = K in Vietnam

#### Presenter

Dr. John Blandford  
Director, HIV and TB  
U.S. Centers for Disease Control and Prevention, Vietnam

- In September 2017, the U.S. Centers for Disease Control and Prevention released an official statement in which it reported that PLWH with an undetectable viral load “have effectively no risk of sexually transmitting the virus to an HIV-negative partner.”
- The Undetectable = Untransmittable (U=U) message has since been endorsed by UNAIDS and over 700 organizations across 95 countries.
- In December 2017, the U=U message (K=K as it is known in Vietnamese) was formally endorsed by the Vietnam Administration of HIV/AIDS Control (VAAC) and promoted as a coordinated strategy to increase demand for routine viral load monitoring and reduce HIV-related stigma in the community and the healthcare setting.
- Dissemination of K=K messaging in Vietnam has been facilitated through a broad collaboration between the Vietnam Network of People Living with HIV (VNP+), VAAC, Ho Chi Minh City Provincial AIDS Committee, HAIVN, and CDC-Vietnam. Specific activities have included convening of community forums on viral load and K=K, PLWH training of trainers on K=K, and a small grants program for community education and social media efforts.
- As U=U messaging is scaled up, there is a need to consider how it can be best aligned with existing HIV prevention messaging surrounding condom use and pre-exposure prophylaxis.

## Site-Visit Presentations

As part of a half-day site visit to Pham Ngoc Thach Hospital, an early adopter of HIV-related stigma-reduction activities as part of a UNAIDS-supported pilot project in Ho Chi Minh City, Vietnam, meeting participants heard perspectives from hospital management, PLWH networks (VNP+), and local health departments (Ho Chi Minh City DOH) on the design, implementation, and management of stigma-reduction programming.

During the visit, meeting participants participated in a tour of the outpatient department, and observed the flow of PLWH during a typical clinic visit.



## Site-Visit Presentations (Continued)

### HIV-related stigma and discrimination reduction activities in Pham Ngoc Thach Hospital

#### Presenter

Dr. Trang Nhat Quang  
Deputy Head, Planning Department  
Pham Ngoc Thach Hospital, Vietnam

- In its implementation of stigma-reduction programming, Pham Ngoc Thach Hospital aims to accomplish four goals: (1) to create a safe and friendly environment in which healthcare workers and PLWH feel safe and accepted; (2) to ensure PLWH receive adequate health services; (3) to improve healthcare workers' understandings of HIV-related S + D and misconceptions about HIV; and (4) to support policies that promote the equitable provision of healthcare services.
- As part of S + D reduction activities, to date Pham Ngoc Thach Hospital has completed a S + D survey among its staff and supported 4 training courses on HIV-related S + D with 152 physicians and nurses. S + D activities received strong support from hospital leadership, and were promoted as part of a hospital-wide initiative.
- The hospital has also developed explicit S + D reduction standards that address confidentiality of HIV test results, infection control, training on HIV-related S + D, and dissemination of non-discrimination policies and codes of conduct.
- Lessons learned from the implementation of stigma-reduction programming include the importance of buy-in and support from hospital leadership; the need to develop S + D curricula that are interactive and feature the active involvement of PLWH; and the importance of pursuing close collaborations with PLWH organizations like VNP+ in the design and implementation of interventions.
- Immediate next steps of implementation include repeat measurement of S + D, continuing sensitization of healthcare workers, and the integration of S + D content into existing training platforms activities (e.g., universal precautions) to ensure sustainability.

### Involvement of PLHIV networks in S + D reduction in healthcare settings

#### Presenter

Mr. Nguyen Anh Phong  
Representative  
Vietnam Network of People Living with HIV, Vietnam

- The Vietnam Network of People Living with HIV (VNP+) is a national PLWH advocacy and support organization that has been engaged in the design, planning, and implementation of stigma-reduction programming in Ho Chi Minh City in collaboration with VAAC, HCMC DOH, and UNAIDS.
- In collaboration with its partners, VNP+ seeks to address HIV-related S + D by advocating stigma-reduction policies, supporting routine monitoring of HIV-related S + D in the community and in healthcare settings, and spearheading the spread of K=K messaging.
- As part of its work in the UNAIDS-supported pilot in 2016 to reduce HIV-related S + D in Ho Chi Minh City, VNP+ adopted a participatory approach to ensure that measurement and interventions to address S + D were implemented with active involvement from PLWH.
- As part of trainings of healthcare staff on S + D, an emphasis was placed on involving PLWH to share their experiences of S + D and foster constructive dialogue between healthcare staff and PLWH.

## Site-Visit Presentations (Continued)

### Involvement of PLHIV networks in S + D reduction in healthcare settings (continued)

- As part of its ongoing work to reduce HIV-related S + D, VNP+ continues to advocate routine monitoring of S + D in the healthcare setting and the community; mobilizing patients and communities to provide feedback on the services they receive, and supporting the dissemination of patient-friendly standards to improve the quality of HIV care in healthcare facilities.

### Reducing HIV stigma in health facilities in Ho Chi Minh City

#### Presenter

Dr. Nguyen Than Cong  
Ho Chi Minh City Department of Health, Vietnam

- With support from UNAIDS and direction from VAAC, HCMC DOH led the implementation of a stigma-reduction pilot across three health facilities in Ho Chi Minh City between October 2016 and November 2017.
- Results of the pilot demonstrated the feasibility of reducing HIV-related S + D in healthcare settings, and led to the development of codes of conduct and training curricula in the participating sites.
- In alignment with the Ministry of Health's Directive #10 calling for the implementation and reporting of S + D reduction activities, HCMC DOH plans to scale-up stigma-reduction activities throughout the city using lessons learned from the 2016-2017 pilot.
- In particular, HCMC DOH aims to strengthen site-level quality management capacity, develop S + D QI indicators, and implement continuous QI activities to design, implement, and evaluate stigma-reduction interventions.
- As part of a 3-year phased implementation plan, HCMC DOH intends to implement S + D QI activities in all health facilities (both treatment and testing/counseling sites) by December 31, 2020.
- Immediate next steps of implementation include convening of a city-level technical working group on S + D QI, instituting routine measurement of facility-level S + D, providing QI coaching and other technical support to implementing sites, and encouraging involvement of PLWH in S + D QI activities.

## Group Work and Facilitated Discussions

Country teams worked in small groups and reported back to meeting attendees on (1) challenges associated with QI implementation, (2) measuring patient experience for QI activities, (3) linking S + D reduction activities to 90-90-90 outcomes, (4) suggested topics for future Network meetings. Discussions questions for each segment can be found in the Appendix.

### Application of QI to S + D: challenges, enabling factors, implementation strategies

#### Facilitator

Mr. Dan Ikeda  
Senior Program Manager, HEALTHQUAL  
University of California, San Francisco, USA



# Group Work and Facilitated Discussions (Continued)

## Application of QI to S + D: challenges, enabling factors, implementation strategies (continued)

### Challenges

- Engaging healthcare providers in service delivery areas other than the ART clinic (e.g., antenatal care, inpatient department, laboratory) to participate in S + D reduction activities.
- Translating national guidelines, standard operating procedures, and curricula into S + D reduction activities at the facility level.
- Aligning S + D reduction activities with quality initiatives in other areas of the health sector.
- Determining the best approach for meaningfully involving PLWH in planning and implementation of S + D reduction activities.
- Motivating healthcare workers to view measurement of S + D as part of routine QI activities.
- Designing diverse interventions that go beyond training and re-training.

### Enabling factors

- Early and active involvement of non-governmental organizations and PLWH groups in planning and implementation of S + D reduction activities.
- Commitment of national and provincial ministries of health to advocate, lead, and manage S + D reduction activities.
- Commitment of facility leadership to address S + D as a facility-wide effort rather than one that is limited to the ART clinic.
- Strong national-, provincial-, and facility-level capacity to plan, implement, and monitor QI activities.
- Presence of S + D reduction champions among healthcare workers to ensure sustainability of progress.

### Implementation strategies

- Standardized format and clear expectations for site-level documentation of S + D QI activities.
- Regular measurement of S + D to evaluate effectiveness of QI interventions.
- Regular convening of regional and national workshops to share lessons learned from site-level implementation and inform scale-up of successful interventions.
- Linkage of S + D QI activities to quality initiatives in other areas of the health sector to ensure sustainability.
- Development of national QI and S + D reduction curricula.
- Continuous QI coaching support to mentor sites in application of QI methods to stigma reduction.
- Regular reviews of data at national level to prioritize assistance to sites in need of intensified support.
- Use of media platforms (e.g., WhatsApp, Line) to facilitate peer exchange among facilities and accelerate dissemination of successful interventions.

### Action steps

- Country teams will develop standardized templates and expectations for documentation of S + D QI activities.
- Country teams will develop formal implementation plans for QI coaching.
- UCSF-HEALTHQUAL will monitor country teams' implementation progress, and provide technical support in the development of PDSA documentation templates, QI coaching expectations and mentorship, and spread of successful interventions through Network-wide knowledge management activities.

# Group Work and Facilitated Discussions (Continued)

## Linking S + D reduction activities to 90-90-90 outcomes

### Facilitator

Mr. Dan Ikeda  
Senior Program Manager, HEALTHQUAL  
University of California, San Francisco, CA

Meeting participants were asked to consider approaches to linking S + D reduction activities to outcomes along the HIV treatment cascades (linkage to HIV care, ART initiation, engagement in care, and viral load suppression). Large group discussion considered challenges and potential approaches. A working group was convened to lead development of clinically oriented questions (e.g., viral load status) to correlate individual-level responses from PLWH to levels of S + D.

A key challenge that was raised by several meeting participants was the lack of reliable facility data on disparities in HIV outcomes by key population. PLWH from key populations often face the “intersectional” stigma of being HIV-positive and a member of a key population, which places them at particularly high risk of experiencing the detrimental effects of stigma and discrimination. As none of the Network countries currently collects patient-level data on risk behaviors, it is difficult to know whether certain key population groups fare worse in terms of HIV outcomes and experiences of S + D in the healthcare setting.

Risk elicitation pilot activities are currently planned in Vietnam and Thailand, and may be used to inform the development of protocols and data systems that enable providers and policymakers to better identify, understand, and rectify disparities in HIV outcomes.

## Measuring patient experience for QI activities

### Facilitator

Dr. Bruce Agins  
Director, HEALTHQUAL  
University of California, San Francisco, CA

Dr. Bruce Agins delivered a presentation on the measurement of patient experience and its relationship to quality improvement, highlighting that “health systems are for people” and must therefore be responsive to patients’ voices. Dr. Agins reviewed approaches and challenges related to the routine collection and analysis of data on patient experience, and underscored the importance of linking patient experience data to clinical outcomes. Group work and large group discussion produced a common set of implementation strategies for measuring patient experience as part of QI activities.

### Implementation strategies

- Leveraging peer navigators and self-help groups to solicit data on patient experience.
- Placing tablets in waiting areas, and instituting 5-star rating system for clinic services.
- Shortening of existing patient feedback questionnaires to encourage full reporting.
- Collaborating with non-governmental organizations and community organizations to collect, interpret, and act upon patient experience data.
- Using information from patients to augment other data sources for characterizing quality of HIV care.
- Convening a patient advisory board to involved PLWH in QI activities.
- Piloting questions about viral load to assess patient knowledge of treatment and build demand for key HIV services.
- Using information, communication, and education materials to promote patient willingness to provide feedback to providers.
- Capacity building of frontline staff to build solicitation of patient feedback into existing workflows.

# Group Work and Facilitated Discussions (Continued)

## Measuring patient experience for Qi activities (continued)

### Action steps

- A working group will be convened by Dr. Bruce Agins and a designee from each country team to develop Network-wide measures of patient experience. Outputs of the working group will be reported to Network participants and discussed during the 4th Multi-Country Exchange Meeting.
- Country teams will develop formal workplans for routinizing the solicitation of patient experience as part of S + D QI activities with technical support from UCSF-HEALTHQUAL.

## Topics for future Network meetings

### Facilitator

Dr. Bruce Agins  
Director, HEALTHQUAL  
University of California, San Francisco, CA

Country teams were prompted to share topics that they would like to see addressed as part of future Network meetings. Suggested topics spanned three domains: (1) patient experience; (2) QI implementation; and (3) national management and policy.

### Patient experience

- Sharing of specific applications of methods (e.g., storytelling, focus groups, exit interviews) to routinely gather data on patient experience.
- Use of data on patient experience to address self-stigma and mental health concerns among PLWH.
- Strategies for engaging and motivating providers to collect data to routinely assess patient experience as part of clinical encounters.

### QI implementation

- Sharing of site-level QI activities and successful interventions.
- Strategies for uniting data on clinical outcomes, patient experience, and healthcare worker surveys to drive QI activities.
- Strategies for benchmarking and rewarding/penalizing facilities on the progress of S + D QI activities.

### National management and policy

- Sharing of national S + D reduction guidelines and standard operating procedures.
- Examples of how policies to protect patient rights have been developed and implemented.
- Approaches for scaling up successful interventions in other facilities and provinces.
- Request for a common approach and small set of measures for the group along the lines of the 8 common indicators.



## Appendix

### **Discussion questions: application of QI to S + D: challenges, enabling factors, implementation strategies**

1. Please describe any successes you have experienced thus far in the application of QI to stigma and discrimination reduction. Were there enabling factors that contributed to these successes?
2. Please describes challenges you have experienced related to the application of QI to stigma and discrimination reduction activities. What strategies have been developed to address these challenges?
3. How will the QI interventions tested by facility teams be documented? How will successful interventions be compiled for sharing and spread to other facilities?
4. How will QI activities address stigma and discrimination that is identified in other service areas of the hospital (i.e., outside the ART clinic)? How will facilities be able to determine where to target QI activities in these service areas?
5. Who will provide QI coaching for the facilities?
6. How will facilities be monitored to ensure (A) that they are routinely using data to inform their priorities for improvement; and (B) that they are implementing QI to address stigma and discrimination reduction?
7. What additional activities are needed to continue implementation?

### **Discussion questions: measuring patient experience for QI activities**

1. How will you integrate capture of patient experience information from PLWH in healthcare facilities in an ongoing manner?
2. What are the most effective ways to obtain meaningful information from patients regarding their experiences in healthcare facilities?
3. How can a standardized approach to capturing patient experience data be developed to provide facilities with flexibility to obtain information from their patients as part of their routine quality management programs?
4. How can qualitative patient experience data—such as storytelling or interview information—be synthesized and analyzed to use for (A) facility improvement; and (B) system-wide improvement?
5. How would you envision partnering with consumer organizations to elicit this information?
6. What challenges do you foresee in addressing patient experience and responding to issues that arise (A) within HIV clinics; and (B) in other services areas of hospitals?

## Appendix (continued)

### Meeting attendees

Dr. Bruce Agins  
Director, HEALTHQUAL  
University of California, San Francisco, USA

Dr. Ketmala Banchongphanith  
Head, Management Unit, Center for HIV/AIDS and STI  
Ministry of Health, Lao PDR

Dr. John Blandford  
Director, HIV and TB  
U.S. Centers for Disease Control and Prevention, Vietnam

Dr. Hoang Dinh Canh  
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Ministry of Health, Vietnam

Ms. Parichart Chantcharas  
Health Officer, Bureau of AIDS, TB, and STIs  
Ministry of Public Health, Thailand

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## Appendix (continued)

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## Appendix (continued)

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