



## Summary of the 4th Multi-Country Exchange Meeting

Southeast Asia Stigma  
Reduction QI Learning Network

January 14-15, 2019  
Bangkok, Thailand



Healthqual

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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 4th Multi-Country Exchange Meeting of the Southeast Asia Stigma Reduction QI Learning Network was convened on January 14-15, 2019, in Bangkok, Thailand, with representatives from National and Provincial Ministries of Health, U.S. Centers for Disease Control and Prevention (CDC) country offices, local implementing partners, and implementing facilities in Cambodia, Lao PDR, Thailand, and Vietnam (see **Appendix** for list of attendees). The objectives of the meeting were to:

- Present country-specific updates on implementation of S&D QI activities, with a focus on how findings from survey results are being used to target QI activities.
- Present examples of facility-level S&D QI activities from implementing sites in Cambodia, Lao PDR, Thailand, and Vietnam.
- Discuss challenges related to implementation of QI activities to reduce S&D.
- Report progress on use of Network's common suite of clinical questions to assess patient-level treatment literacy and linkages to UNAIDS' 90-90-90 targets.
- Present working change package of QI interventions that have been implemented by participating facilities to date, and discuss strategies for dissemination of successful interventions.
- Begin development of Network-wide questions for assessment of patient experience, and discuss approaches to integrate routine collection of these data into ongoing QI activities.

## Meeting Themes/Highlights

- Presentations from Ministries of Health in Cambodia, Lao PDR, Thailand, and Vietnam summarized results of baseline data collection and how findings are being used to drive prioritization of QI activities. Country presentations also considered approaches to disseminating best practices and successful interventions, and how routine collection of data on patient experience, through surveys, advisory boards, exit interviews, and other fora, can be used to further inform S&D QI activities.
- A short presentation by UCSF-HEALTHQUAL reviewed the findings of an article, recently published in *Health & Place*, that explored the relationship between spatial organization of service delivery and experiences of S&D among PLWH. Findings from the study highlighted the importance of addressing aspects of the institutional environment—such as facility policies, and clinic organization and flow—in efforts to reduce S&D.
- Presentations from facilities implementing S&D QI activities in Cambodia, Lao PDR, Thailand, and Vietnam, reported baseline S&D survey results and approaches to development and evaluation of S&D-reduction interventions. Facility presentations also considered strategies for engaging hospital leadership in S&D-reduction activities, and approaches for scaling up successful interventions in other departments of the hospital.

## Meeting Themes/Highlights (Continued)

- A presentation from UCSF-HEALTHQUAL presented S&D QI interventions that have been implemented by participating facilities to date, and discussed strategies for disseminating these interventions to other facilities and regions.
- A facilitated discussion among meeting attendees considered ongoing challenges, enablers, and strategies for implementing S&D QI activities. Ongoing challenges reported by attendees included translation of aspirational regional and national policy aims into implementation of concrete activities; and harmonization of HIV-specific S&D-reduction activities with efforts to address barriers to care for all patients.
- Members of the working group tasked with development of clinical questions reported that common Network measures had been selected, and are currently being pilot-tested in Lao PDR, Thailand, and Vietnam. Results of these pilots will be reported during the Network's 5th Multi-Country Exchange Meeting.
- A presentation by UCSF-HEALTHQUAL and a facilitated discussion among meeting attendees considered the importance of assessing patient experience as part of S&D QI activities, and reviewed existing frameworks to guide development of Network-wide measures. A working group will be convened by UCSF-HEALTHQUAL to finalize selection of measures, which will be subsequently shared with the Network for piloting and broad implementation.

## Next Steps

The 5th Multi-Country Exchange Meeting will be convened in the second quarter of CY 2019, and will focus on strategies for engaging civil society organizations in stigma-reduction activities. 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 to develop common measures for assessing patient experience, and disseminate selected measures to Network for piloting.
- Continue development and dissemination of Spotlights to showcase facility-level experiences implementing S&D QI activities.

Ministries of Health will:

- Continue implementation of S&D QI activities according to their work plans.
- Continue to harvest successful interventions and implementation approaches for presentation at the Network's 5th Multi-Country Exchange Meeting.

## Acknowledgements

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. Bruce Agins of UCSF-HEALTHQUAL. In his remarks, Dr. Agins extended an official welcome to delegates from Cambodia, Lao PDR, Thailand and Vietnam, and congratulated the Ministry teams for their progress in implementing S&D QI activities. Dr. Agins followed with a special welcome to facility representatives from Sotnikum Hospital (Cambodia), Champasak Provincial Hospital (Lao PDR), Phonphisai Hospital (Thailand), and Binh Duong Hospital (Vietnam), and thanked them for agreeing to share their work with Network participants. Dr. Agins ended his remarks by thanking the U.S. President's Plan for AIDS Relief, and the Health Resources and Services Administration for their financial support.



## Country Presentations

### Lao PDR

#### Presenter:

Dr. Khanthanouvieng Sayabounthavong  
Deputy Director, Center for HIV/AIDS/STIs  
Ministry of Health, Lao PDR

- Baseline S&D data collection in Lao PDR's 11 ART sites was completed in October 2018. Data were collected using REDCap, with a total of 390 healthcare workers (HCW) completing surveys.
- Results of the baseline revealed moderate levels of S&D according to the Network's 8 common indicators. In particular, 36% expressed fears of HIV transmission from drawing blood of PLWH, 24% observed other HCWs unwilling to care for PLWH, 45% agreed that women living with HIV should be allowed to have babies if they wish, and 71% reported that there was no written facility policy protecting PLWH from discrimination.
- A follow-up assessment in all ART sites is planned for the end of January 2019. During this assessment, all ART staff will be surveyed, and a simple random sampling method will be used to survey HCWs working outside ART clinics.
- As a follow up to baseline survey collection, QI coaching visits to 10 ART sites were completed with support from UCSF-HEALTHQUAL in November 2018. Prior to development of QI interventions, all sites will disseminate survey results as part of routine staff meetings. Follow-up coaching visits will be conducted on a quarterly basis by CHAS staff to monitor progress of implementation, and semi-annual lessons learned workshops will be convened to promote peer exchange among sites.
- Based on findings of site visits, CHAS staff developed a working change package of interventions that will be disseminated to sites as part of its broader knowledge management strategy. Provincial health leaders will also be engaged to spread interventions to non-ART sites.
- Patient feedback is currently collected at ART sites using comment boxes. As part of S&D QI activities, CHAS QI coaches will work with sites to ensure that comments are reviewed on a routine basis, integrated into ongoing QI activities and strategies to promote people-centered service delivery, and supplemented by insights gained through Network-wide questions on treatment literacy.

# Country Presentations (Continued)

## Thailand

### Presenter:

Dr. Walairat Chaifoo  
Deputy Director, Bureau of AIDS, TB, and STIs  
Ministry of Public Health, Thailand

- Since 2018, 50 facilities across 16 provinces have participated in S&D QI activities in Thailand. In line with the implementation plan for these 50 hospitals, a post-intervention assessment of S&D among HCWs and PLWH is planned for Spring 2019. In 2019, there are plans to expand S&D QI activities to select hospitals in all 77 provinces.
- Survey results of PLWH across participating sites, which to date have not been presented, showed moderate levels of S&D. In particular, over the past 12 months 5% of PLWH reported delayed care seeking because of S&D, 11% experienced S&D in a healthcare setting, 15% reported that their HIV status had been disclosed without their consent, and 41% experienced internalized stigma.
- In December 2018, a national 2-day lessons learned workshop with participating facility teams was convened in Bangkok. As part of this workshop, national baseline results were shared, and facilities presented their S&D QI interventions. In addition, Dr. Chanane Wanapirak, a QI trainer from Chiang Mai University, reviewed QI concepts and facilitated QI story telling among participating facilities.
- As part of the national workshop, common manifestations of S&D addressed by participating facilities through QI activities were identified. Examples of areas commonly targeted for intervention included accepted practices of placing PLWH at the end of queues for surgical procedures, use of double gloves by HCWs when caring for PLWH, disclosure of a patient's HIV status without consent, demarcation of HIV status on patient files or hospital beds, and HCWs' unwillingness to care for PLWH.
- Following the workshop, sites have continued implementation of S&D QI activities based on survey data, and will present successful interventions as part of a Hospital Accreditation forum in March 2019.
- Next steps of implementation include planning and preparation for post-intervention assessments, piloting of questions related to patients' treatment literacy, linkage of facility-level S&D results to clinical indicators contained in the National AIDS Program (NAP) database, simplification of data collection methods, integration of S&D CQI with procedures for disease-specific certification (DSC), and launch of an S&D e-learning platform to facilitate national scale-up of S&D-reduction activities.

## Cambodia

### Presenter:

Dr. Sau Sokun Mealiny  
Deputy Head, Research Unit, National Center for HIV/AIDS, Dermatology, and STDs  
Ministry of Health, Cambodia

- With support through FHI360 LINKAGES, 131 HCWs across 8 ART facilities in 4 provinces have been trained on the use of the patient satisfaction feedback (PSF) system to gather data from PLWH on their assessments of HIV-related services. As part of these trainings, monthly monitoring visits were made by NCHADS and FHI360 staff, and data review meetings were held to support discussions of approaches for increasing PLWH participation.
- Results of the PSF assessment revealed moderate rates of S&D among HCWs in ART clinics. Specifically, 58% of HCWs agreed that women living with HIV should be allowed to have babies if they wish, 47% were worried about contracting HIV by drawing the blood of PLWH, 69% agreed that there are adequate supplies in their facility to prevent HCWs from being infected with HIV, and 16% avoided physical contact when providing care to PLWH.

# Country Presentations (Continued)

## Cambodia (Continued)

- As of December 2018, 3,062 PLWH have completed the PSF survey. Among issues commonly reported by PLWH regarding their care, 11% reported that staff refused to care for them if they arrived at the clinic before their scheduled appointment date or time, 7% reported that HCWs had gossiped about them, 9% reported that HCWs had spoken about them in front of others, and 37% reported long waiting times. Data also revealed that patient satisfaction was lower in antenatal care clinics compared to other service areas, prompting a need to investigate modifiable root causes.
- Next steps of implementation include development of a PSF SOP, creation of a site-specific PSF dashboard, integration of the PSF SOP into the existing CQI SOP, and expansion of the PSF system to 4 additional ART sites in 2019.

## Vietnam

### Presenter:

Dr. Tran Thanh Tung  
Vietnam Administration of HIV/AIDS Control  
Ministry of Health, Vietnam

- In Summer 2018, baseline assessments of S&D among HCWs and PLWH were completed for participating facilities in Binh Duong, Hanoi, and Thai Nguyen. Data were collected using REDCap, with 838 HCWs and 649 PLWH completing surveys.
- Results of HCW surveys showed moderate to high levels of S&D according to the Network's 8 common measures. Specifically, 73% of HCWs reported that they were either a little worried, worried or very worried about drawing blood from PLWH, 51% reported wearing double gloves when caring for PLWH, and 36% reported that they sometimes observed colleagues unwilling to care for PLWH.
- Results of PLWH surveys also revealed moderate levels of stigma, with 9% reporting that their medical records had been marked in a way that visibly displayed their HIV status, 13% reporting that a HCW had asked them to place their hospital robes in a basket specifically designated for HIV-positive patients, and 14% (of female respondents) reporting that they had been counseled by a HCW not to have children as a result of their HIV status.
- As a follow up to baseline assessments, S&D QI trainings were conducted in Binh Duong's 4 participating facilities in Fall 2018. As part of these meetings, facility teams prioritized indicators for QI activities, and completed root cause analyses to design appropriately tailored interventions. Similar meetings are planned for facilities in Hanoi and Thai Nguyen in Spring 2019.
- QI coaching is provided by HAIVN and VAAC, and weekly virtual meetings are convened to discuss implementation progress. To facilitate peer learning among participating facilities, an online form has been created for facility teams to document their interventions, and in-person review workshops are convened to share results and discuss next steps.
- Consumers are engaged in S&D QI activities through their roles as data collectors for PLWH surveys, facilitators of S&D reduction trainings, and active participants in facility meetings to plan and implement QI interventions.
- Next steps of implementation include follow-up assessments for participating facilities in Binh Duong, Hanoi, and Thai Nguyen in Spring/Summer 2019 to track progress of QI interventions, roll-out of questions to gauge patient experience, and launch of consumer advisory boards to facilitate community engagement.

## Implementation Progress

This section summarizes progress of S&D QI implementation by country as of January , 2019, according to the domains of planning and coordination, performance measurement, QI activities, and QI coaching.

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 data collection—PLWH	✓		✓	✓
2.5 Inclusion 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		✓	✓	✓

# Facility Presentations

## Phonphisai Hospital, Thailand

### Presenter:

Ms. Porakot Soofon  
Nurse Professional Lead  
Phonphisai Hospital, Thailand

- Phonphisai Hospital in Nong Khai Province, Thailand, provides care to >500 PLWH. According to performance measurement data from 2017, 79% of all PLWH at Phonphisai were retained in care, 61% of newly diagnosed PLWH has CD4 counts < 200, and 10% of newly diagnosed PLWH died within one year of ART initiation.
- In 2018, a baseline assessment of S&D among PLWH and HCWs was conducted, showing moderate levels of S&D. Among PLWH, 11% reported experiencing any discrimination during their care, 54% had ever delayed treatment due to self stigma, 35% reported having their HIV status disclosed without their consent, and 17% of female PLWH had experienced S&D related to childbearing. Among HCWs, 54% reported fear of HIV infection by providing care to PLWH, 88% harbored at least one negative attitude toward PLWH, and 22% observed colleagues unwilling to care for PLWH.
- Following baseline data collection, hospital staff reviewed the results during a monthly staff meeting, and developed an action plan. As part of the plan, staff conducted stigma-reduction trainings for 264 HCWs using the national 3x4 curriculum. In addition, hospital staff developed department-specific codes of conduct and action plans to promote local ownership and tailoring of stigma-reduction activities.
- Changes implemented by hospital departments to reduce S&D included revision of the operating room scheduling system to prevent PLWH from being placed at the end of queues by default, discontinue separation of equipment and wards by HIV status, and promote HCW vigilance in using respectful language when referring to patients.
- Next steps of implementation include spread of stigma-reduction activities to the TB clinic, adaptation and spread of interventions to the community, and re-measurement of S&D and clinical outcomes to assess the impact of interventions.

## Binh Duong Hospital, Vietnam

### Presenter:

Dr. Le Thi Thu Ha  
HIV Clinic Director  
Binh Duong Hospital, Vietnam

- Binh Duong Hospital is the largest hospital in the Binh Duong Province, and provides care to approximately 600 PLWH. Binh Duong has implemented HIVQUAL since 2014, and has significant experience implementing QI activities.
- In 2018, a baseline assessment of S&D was conducted using a REDCap-based survey, showing moderate to high levels of S&D among HCWs and PLWH. Among HCWs, 49% reported use of double gloves when caring for PLWH, 51% reported at least one negative attitude toward PLWH, and 46% had observed discrimination toward PLWH.
- Following review of these results, the hospital QI team prioritized the indicator related to use of double gloves for improvement, and conducted root cause analysis to identify actionable drivers. Reported drivers included low knowledge of standard precautions, fear of HIV transmission, and peer pressure from colleagues.



# Facility Presentations (Continued)

## Binh Duong Hospital, Vietnam (Continued)

- As part of the hospital team's first Plan-Do-Study-Act (PDSA) cycle, a series of mini lectures was developed to provide knowledge on standard precautions, and communicate organizational standards of care for patients. Routine, interactive discussions during staff meetings were also implemented, featuring experience sharing by PLWH, debate, and games.
- The intervention was tested over one month, and implementation progress was tracked using an online form. In addition, the hospital QI team participated in weekly calls with the Provincial AIDS Committee (PAC) and HAIVN to share progress and discuss implementation barriers.
- Re-measurement after one month of implementation showed an improvement in rates of double glove use (27% vs. 49%), and improvements in knowledge of HIV transmission. Next steps of implementation include expansion of intervention to other hospital departments, launch of a consumer advisory board; development of a facility code of conduct, use of patient exit interviews to measure patient experience, and ongoing measurement to evaluate impact of ongoing interventions.

## Sotnikum Hospital, Cambodia

### Presenter:

Dr. Meas Sokhom  
Deputy Director  
Sotnikum Hospital, Cambodia

- The outpatient departments of Sotnikum Hospital provide care to 607 PLWH, and a general catchment population of 300,000 across three districts in Siem Reap Province.
- As part of stigma-reduction activities, 10 hospital staff were trained on the use of the patient satisfaction feedback (PSF) system, a tablet-based platform supported by FHI360 LINKAGES that captures data on patients' satisfaction with HIV-related services. To troubleshoot operational challenges with PSF implementation, monthly meetings were convened with ART staff.
- As of December 2018, 546 PLWH have completed surveys using the PSF tablet. Commonly reported areas of patient dissatisfaction included long waiting times, non-availability of services, and inflexible clinic scheduling. Surveys among HCWs were consistent with national results, which showed moderate levels of S&D.
- Next steps of PSF implementation at Sotnikum Hospital include convening a meeting among ART staff to discuss results of the PSF assessment and develop QI interventions, revision of PSF questionnaire to capture other health services outside the ART clinic, development of a training guide for HCWs on provision of KP-friendly services, and dissemination of PSF results to patients for their feedback.

## Champasak Hospital, Lao PDR

### Presenter:

Dr. Bounheuang Senekanhya  
ART Clinic Director  
Champasak Hospital, Lao PDR

- Champasak Hospital in Champasak Province, Lao PDR, is one of the country's 11 ART sites and provides care to approximately 600 PLWH. The ART clinic currently tracks 6 HIV quality indicators as part of ongoing QI activities.

## Facility Presentations (Continued)

### Champasak Hospital, Lao PDR (Continued)

- Results of a baseline S&D assessment conducted among HCWs in October 2018 revealed moderate levels of S&D. 47% of respondents expressed some worry about contracting HIV from drawing the blood of PLWH, 48% reported that they thought pregnant women living with HIV should be allowed to have babies if they wish, and 96% reported that there was no written policy protecting PLWH from discrimination at their facility.
- Following analysis of data by ART clinic staff, results were shared with hospital leadership, and a multi-disciplinary sub-committee on S&D was created to monitor implementation of S&D-reduction programming throughout the hospital.
- To address findings of the baseline assessment, ART clinic staff are currently implementing a package of interventions to address identified problem areas. These interventions include greeting all patients at registration with a smile and asking whether their care needs are met, reinforcing non-discrimination policies during weekly staff meetings, and convening participatory S&D-reduction trainings with a special module on perinatal HIV transmission.
- To track the success of S&D QI interventions, a follow-up assessment of S&D among HCWs will be conducted in February 2019. Analysis of assessment results will be supplemented by routine collection of patient feedback from comment boxes to ensure alignment of QI interventions with patients' needs and preferences. Based on these findings, the hospital sub-committee will consider whether to scale-up interventions in other departments of the hospital.

## Topic Presentations

### Article Review: “Being Seen” at the Clinic

#### Presenter:

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

Mr. Dan Ikeda delivered a presentation summarizing the findings from a recent article on the relationship between clinics' spatial organization and experiences of HIV-related stigma among PLWH. The article reported experiences from clinics in Zambia and South Africa in which they asked PLWH to identify areas of the clinic where they felt “comfortable” and areas where they felt “uncomfortable.” Through analysis of the responses, researchers mapped common areas of discomfort—so-called “touch points”—and investigated how interventions could be developed to make these areas more welcoming to PLWH. Examples of ways in which “touch points” generated feelings of discomfort among PLWH included:

- Poorly defined client flow—PLWH unclear about where to go, and when, during a clinic visit.
- “Markers” of HIV status—Separate filing systems, patient cards, waiting areas, gowns for PLWH.
- Waiting times—Long queues increased likelihood of PLWH “being seen” by community members or family during clinic visits.
- Policies and procedures—Non-clinical staff having access to records that indicate HIV status.

Mr. Ikeda concluded his presentation by highlighting that not all forms of S&D are reducible to poor staff knowledge and attitudes. Moreover, he stressed that interventions must also address the institutional environment—including policies and the spatial organization of services—to be effective in reducing S&D. Finally, Mr. Ikeda underscored that mapping patients' journeys through the clinic is an effective method for identifying structural and process elements that can be modified to improve patient experience.

## Topic Presentations (Continued)

### Change Package of S&D QI interventions

This section summarizes QI interventions that have been tested to reduce S&D in participating facilities, organized according to domains of the Chronic Care Model.

Health system
Focus on patient flow through signage and discussion at reception
Warm and friendly welcome to hospital with smile and greeting
Eliminating existing practices of queueing for surgical procedures
Engagement with peer during time spent in clinic
Eliminating separation and labeling of equipment, beds by HIV status
Knowledge management and decision support
Sharing data from surveys of HCWs and PLWH across hospital to sensitize staff to S&D
Sharing of mother-to-child transmission data to demonstrate rarity of perinatal transmissions
Presentations about factual information (e.g., HIV transmission) and “case studies” at staff meetings
Targeted training to service areas identified through survey data as needing further education
Development and dissemination of hospital S&D policies
Changing symbols on OPD cards, patient files to not reflect HIV status
Performance measurement and information systems
Routine surveys of HCWs and PLWH
Drill down of survey data by service area
Disaggregation of clinical performance data by key population to focus QI efforts
Patient-centered care
Comment boxes—routine opening, sharing of information, analysis, translation into QI activities
Integration of patient feedback into peer counseling sessions
Development of consumer advisory committees to inform S&D QI activities
Discussions with staff from leadership when complaints are identified through comments
Targeted training to service areas identified as unfriendly or stigmatizing
Routine capture of patient experience information during clinic visits
Organization of services
Regular S&D committee meetings—or integration into other committee activities
Provincial S&D community input meetings
Engagement of provincial and hospital leadership in S&D QI activities
Development of facility codes of conduct

## Topic Presentations (Continued)

### Best Practices for Spreading Successful S&D QI Interventions

#### Presenter:

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

Mr. Dan Ikeda delivered a short presentation on best practices for spreading successful S&D QI interventions, highlighting the importance of knowledge management in accelerating uptake of stigma-reduction programming. During his presentation, Mr. Ikeda described examples from Vietnam, Thailand, and the Network on how to effectively share implementation experiences for continuous learning.

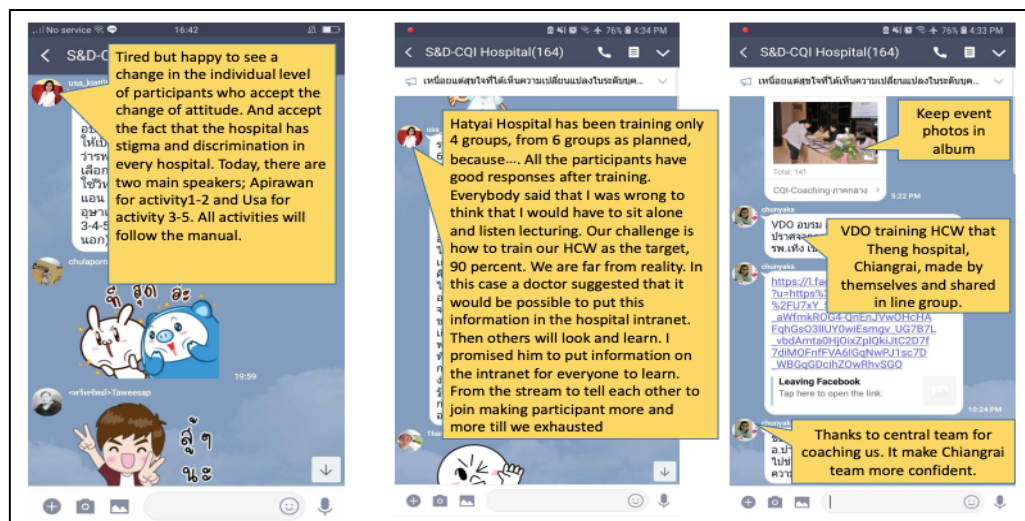
#### Vietnam: Using an Online Form to Document and Share Implementation Progress

In Vietnam, teams from participating facilities document their implementation plans using an online form. The form is updated on a routine basis during implementation, and can be viewed in real-time by teams from other facilities to inform development of S&D QI interventions in their own settings.

Ngày [1]	Nội dung hoạt động [2]	Người thực hiện [3]	Kết quả hoạt động [4]	Ghi chú [5]
4/10/2018	Khảo sát đầu vào	BS. Hà/KHHTH	Chưa ghi nhận kết quả	- Phần máy chiếu và mạng chưa chuẩn bị kịp nên còn để m - Chưa điểm danh số lượng người tham dự và số người làm - Mạng chạy còn kém, cuối buổi mạng ổn định hơn;
4/10/2018	Tập huấn luyện ghép 2 nội dung: Thông tin cơ bản về HIV và giao lưu với người trong cuộc	BS. Việt - khoa nhiễm BS. Hà - Phòng KHHTH	Bài giảng khá ổn.	- Vì chưa chuẩn bị kịp máy chiếu nên bài đầu "kiến thức về - Chưa có loa để mở video được lớn;
05/10/2018	Khảo sát đầu vào	BS. Hà/KHHTH	19/19 người tham gia khảo sát và hoàn trả	- Mặc dù CNTT đã hỗ trợ nhiệt tình 2 modem để mạng được - Làm xong khảo sát mất tổng cộng 25p.
05/10/2018	Tập huấn luyện ghép 2 nội dung: Thông tin cơ bản về HIV và giao lưu với người trong cuộc	BS. Việt - khoa nhiễm BS. Hà - Phòng KHHTH	- Bài giảng tốt; - Cuối buổi đã đúc rút lại những kiến thức - Mọi người nắm và trả lời các câu hỏi rất t	- Rất vui vì có nhiều người phát biểu, tham gia thảo luận. - Bài giảng hết tổng cộng 25p.
09/10/2018	Tập huấn luyện ghép 2 nội dung: Thông điệp K-K	BS. Việt - khoa nhiễm BS. Hà - Phòng KHHTH	- 32 người tham gia can thiệp. Bài giảng d - Bài giảng K-K nội dung truyền tải khá t - Cuối buổi ôn lại 2 nội dung học bằng các	- Có nhiều người phát biểu, trả lời câu hỏi rất nhiệt tình. Th - Ngày hôm nay không có máy chiếu bởi vì máy đã được d - Giảng viên cần chuẩn bị thêm các nội dung để bổ sung c
10/10/2018	Tập huấn luyện ghép 2 nội dung: Thông tin cơ bản về HIV và giao lưu với người trong cuộc	BS. Việt - khoa nhiễm BS. Hà - Phòng KHHTH	- Có 17 người tham gia nghe giảng và có h - Bài giảng tốt, người nghe nắm được th	- Mặc dù đã sử dụng 3g, 4g của mọi người nhưng mạng c
11/10/2018	Tập huấn luyện ghép 2 nội dung: Thông tin cơ bản về HIV và giao lưu với người trong cuộc	BS. Việt - khoa nhiễm BS. Hà - Phòng KHHTH	- Có 30 người tham gia nghe giảng. - Bài giảng tốt, mọi người nắm rõ nội dung	- Mạng vẫn còn rất yếu, k thể làm bài test được, đã cho m - Chưa thông kê được bao nhiêu người làm bài test. - Những lần sau nên in ra giấy để mọi người làm cho nh

#### Thailand: Developing a Community of Practice using LINE

In Thailand, a LINE group was created with teams from participating hospitals to share implementation successes and barriers, provide ongoing encouragement and support, and communicate updates from the national management team.



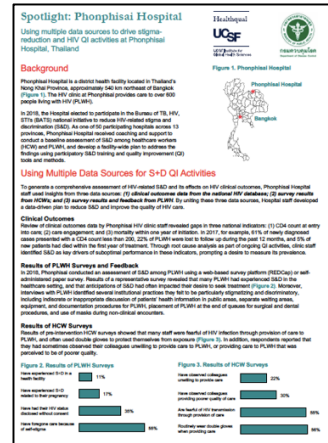
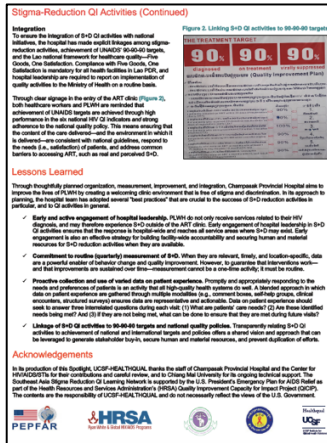
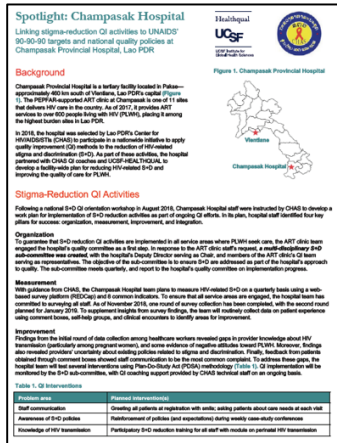


# Topic Presentations (Continued)

## Best Practices for Spreading Successful S&D QI Interventions (Continued)

### Network: Disseminating Lessons Learned through Facility Spotlights

As part of the Network, UCSF-HEALTHQUAL produces Spotlights that document facility-level implementation of S&D QI activities. In these Spotlights, innovative applications of QI to stigma reduction are highlighted and distilled into best practices for broader dissemination.



## Group Work and Facilitated Discussions

### Application of QI to S&D: Challenges, Enabling Factors, Implementation Strategies

#### Facilitator

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

Meeting attendees worked in small groups to discuss challenges, enabling factors, and implementation strategies associated with implementation of S&D QI activities based on provided questions (See **Appendix**). Discussion questions were selected to reflect ongoing challenges expressed by attendees during previous meetings.

#### Challenges

- Translating aspirational aims, such as UNAIDS' "Zero new infections, zero deaths, zero discrimination," into measurable benchmarks for evaluating progress of S&D-reduction activities.
- Enforcing a policy of "zero discrimination" in the setting of ambiguous, poorly enforced, or non-existent national laws and regulations that seek to protect patient rights.
- Convincing facilities to invest their own resources in S&D-reduction activities without an explicit incentive structure for participation.
- Lack of clear understanding of unique needs of vulnerable patient groups (e.g., migrants).

#### Enabling factors

- Coordination of HIV-related S&D-reduction activities with other national initiatives that address other social determinants of health, and not just S&D.
- Existing framework to monitor, assure, and improve quality of healthcare service delivery at the national, sub-national, and facility levels.

# Group Work and Facilitated Discussions (Continued)

## Application of QI to S&D (Continued)

- Inclusive policies that articulate prohibition of S&D among all patients in the healthcare setting, and not just S&D among PLWH and key populations.
- Facility-level data on S&D that strongly supports the existence of a problem that requires a solution, rather than a hunch that requires further study.
- Specific budget allocations for stigma-reduction activities.

## Implementation strategies

- Closely monitor implementation progress, and include assessments of hospital leadership involvement.
- Develop checklists for facilities as they develop action plans for addressing S&D.
- Conduct regular on-site coaching to address implementation challenges and secure involvement of hospital leadership.
- Harness web and mobile technologies to engage PLWH and KPs who may not be comfortable providing feedback through existing mechanisms.
- Liaise with other departments in Ministry of Health to align activities to reduce HIV-related S&D with other activities that address barriers to care.
- Engage professional societies and medical schools in discussions about pervasiveness and harms of S&D, and ways to integrate modules on S&D in continuing and pre-service education.
- Disseminate lessons learned in first phase of implementation to generate support and commitment for scale-up activities.

## Action steps

- Country teams will consider use of the ASEAN Task Force on AIDS as a forum to discuss policy approaches to S&D reduction.
- Country teams will continue to monitor implementation of S&D QI activities and document ongoing challenges and successes for discussion during future multi-country exchange meetings.
- UCSF-HEALTHQUAL will track country teams' implementation progress, provide technical support in monitoring of site-level S&D QI activities, and discuss as part of the 5th Multi-Country Exchange Meeting.

## Linking S&D Reduction Activities to 90-90-90 Outcomes

### Facilitator

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

Following the 3rd Multi-Country Exchange Meeting convened in September 2018, a working group with representatives from participating Ministries (Cambodia: Dr. Kaoeun Chetra; Lao PDR: Dr. Chanvilay Thammachak; Thailand: Ms. Parichart Chantcharas; Vietnam: Dr. Do Huu Thuy) was convened by Dr. Bruce Agins to lead development of clinically oriented questions (e.g., viral load status) for routine use in clinical encounters to correlate individual-level responses from PLWH to levels of S&D. Common questions was approved by the working group in December 2018 (see **Appendix**), and are currently being pilot-tested in Lao PDR, Thailand, and Vietnam. Results of pilot testing and strategies for assessment (e.g., inclusion in peer counseling checklists, exit interviews) will be reported as part of the Network's 5th Multi-Country Exchange Meeting to inform modifications of the questions.

# Group Work and Facilitated Discussions (Continued)

## Assessing Patient Experience: Developing Network-Wide Measures

### Facilitator

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

Meeting attendees were asked to consider three factors—beyond providers' adherence to evidence-based guidelines—that they value as patients or family members during a clinic visit. Participants' responses were compiled using note cards, and then shared for review and comment as a first step in developing Network-wide measures of patient experience. Factors reported as highly valued by meeting attendees included:

- Clear communication about condition and treatment options
- Friendly staff attitudes and welcoming environment
- Continuity of care—following up on results from previous visits
- Willingness of providers to listen to and address patient concerns
- Promotion of autonomy and self-management
- Provider trust
- Confidentiality and privacy
- Cleanliness
- Provision of social and emotional support
- Experienced and capable providers
- Short waiting times and logical clinic flow
- Free or affordable clinic services

Following presentation of these factors, Dr. Bruce Agins discussed approaches to measurement of patient experience and challenges associated with using these data for quality improvement activities. Dr. Agins reviewed frameworks and measures used or recommended by OECD, *Lancet Global Health* Commission on High Quality Health Systems in the SDG Era, the Picker Institute, and the United Kingdom's National Health Service, and underscored the need to measure what matters to patients. Dr. Agins concluded his presentation by summarizing strategies for developing and implementing measures of patient experience for use in routine QI activities.

### Implementation strategies

- Analyze existing data to identify the most common and important drivers of patient experience to prioritize improvements.
- Develop policies to support measurement and review of data on patient experience.
- Develop an advisory committee to oversee measurement, analysis, and reporting.
- Consider which population groups to target to better understand their unique priorities and preferences.
- Ensure that frontline providers collect AND review data on patient experience to identify areas of improvement.
- Supplement results from structured surveys with qualitative data to further contextualize findings.
- Set standards for patient experience and create incentives for meeting or exceeding standards.
- Develop best practices for application of QI methods to data on patient experience, and package these practices for broader dissemination.

### Action steps

- A working group (Cambodia: Dr. Kaoeun Chetra; Lao PDR: Dr. Chanvilay Thammachak; Thailand: Ms. Parichart Chantcharas; Vietnam: Dr. Do Huu Thuy) will be convened by UCSF-HEALTHQUAL to select common measures of patient experience, and disseminate to Network for piloting and implementation.

# Appendix

## Clinical Questions: Linking S&D Data to 90-90-90 Targets

1. Are you currently on antiretroviral therapy?
  - ☐ Yes    *Go to question 1a*
  - ☐ No     *Go to question 1d*
  - a. Are you on a first-line or second-line regimen?
      - ☐ First-line regimen
      - ☐ Second-line regimen
      - ☐ Not sure
    - b. Do you know the name of your ART regimen?
      - ☐ Yes    *Please list name of ART regimen*
      - ☐ No
    - c. How long have you been on ART?
      - ☐ First-line regimen
      - ☐ Second-line regimen
      - ☐ Not sure
    - d. Are there specific reasons why you are not on ART?
      - ☐ Yes    *Please provide specific reasons*
      - ☐ No
2. Have you received a viral load test within the last 6 months?
  - a. When was the last time you received a viral load test?
    - ☐ 6-12 months ago
    - ☐ Greater than 12 months ago
    - ☐ Not sure
  - b. Was your viral load suppressed at your last viral load test?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure
3. Do you know how often you should receive a viral load test?
  - ☐ Yes        *Go to question 3a*
  - ☐ No         *Thank you*
  - ☐ Not sure   *Thank you*
  - a. When was the last time you received a viral load test?
      - ☐ Every month
      - ☐ Every 3 months
      - ☐ Every 6 months
      - ☐ Every year
      - ☐ Every 2 years
      - ☐ Never



## Appendix (Continued)

### Discussion Questions: Application of QI to S&D: Challenges, Enabling Factors, Implementation Strategies

1. What are strategies that are being used to engage facilities that are participating, but have not made significant progress in implementation of S&D QI activities?
2. How are healthcare providers in service delivery areas other than the ART clinic (e.g., antenatal care, inpatient department, laboratory, radiology) being engaged to participate in S&D QI activities?
3. How are national guidelines and standard operating procedures being translated into S&D-reduction activities at the facility level?
  - A. How are these guidelines and procedures being disseminated to staff?
  - B. Who is accountable for dissemination of these guidelines and procedures at the national and facility levels?
  - C. How are adaptations to guidelines and procedures being documented?
4. How are S&D-reduction activities being aligned with quality initiatives in other areas of the health sector?
5. How are healthcare workers being motivated to view measurement of S&D as part of routine QI activities?

## Appendix (Continued)

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## Appendix (Continued)

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