Summary of the 6th Multi-Country Exchange Meeting

Southeast Asia Stigma Reduction QI Learning Network

September 17-18, 2019
Bangkok, Thailand

Table of Contents

- Executive Summary…………………………………………...…… 3
- Country Presentations…………………………………...……6
- Sub-National Presentations ………………………………..….11
- Invited Presentations ……………………………………….,…15
- Topic Presentations ……………………………………………16
- Group Work and Facilitated Discussions ………………….….18
- Appendix …………………………………………………...24

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 (PLHIV), 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 Viet Nam 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 6th Multi-Country Exchange Meeting of the Southeast Asia Stigma Reduction QI Learning Network was convened on September 17-18, 2019, in Bangkok, Thailand, with representatives from national, provincial and district Ministries of Health, U.S. Centers for Disease Control and Prevention (CDC) country offices, civil society, local implementing partners, and implementing facilities in Cambodia, Lao PDR, Thailand, and Viet Nam as well as representatives from the Philippines (attendance was supported by Gilead Sciences) and Malaysia (see **Appendix** for list of attendees). The objectives of the meeting were to:

- Present country-specific updates on the implementation of S&D QI activities, with a focus on how results of follow-up data collection are being used to identify effective S&D QI interventions and approaches.
- Learn from country-specific examples about sub-national spread of S&D QI to healthcare facilities in provincial and district jurisdictions, identifying successes that can be replicated and scaled.
- Welcome representatives from the Philippines and Malaysia who are considering membership in the Network
- Engage new tools and experts to expand the QI activities and S&D reduction, particularly related to involvement of community in assessment of S&D in healthcare facilities.
- Discuss sustainability of the Network and areas of focus for future meetings.

Meeting Themes/Highlights

- Presentations from Ministries of Health in Cambodia, Lao PDR, Thailand, and Viet Nam summarized findings of follow-up data collection and how results are being used to identify effective QI interventions. Country presentations also considered plans for sustainability of S&D QI activities and how data can continue to be collected in a systematic way.
- Presentation by Mr. Chad Martin from CDC on the "community score card" and how it is being used in different countries to assess the quality of services in healthcare facilities and establish productive relationships between community and healthcare staff to make facilities friendlier. In small groups, participants explored how a CSC would operate in a health facility.
- The Philippines and Malaysia presented about the role of S&D in their respective HIV epidemics. Each country described the context, relevant data, and interventions taken towards reaching the 90-90-90 goals.

Executive Summary (continued)

Meeting Themes/Highlights (Continued)

- Small group work in country teams focused on completing a worksheet with a series of questions to describe methods and plans for ongoing performance measurement, quality improvement, knowledge management, and strategies for sustainability and scale up of S&D QI work. Each country reported back on their plans for ongoing program development and expansion.
- Sub-national representatives presented examples of S&D reduction and QI, identifying best practices and ways forward throughout their jurisdictions. In addition to the provincial presentation from Thailand, the Bangkok Metropolitan Area presented their S&D QI initiatives, illustrating implementation in a large urban network of healthcare facilities.
- Dr. Jeremy Ross from TREAT Asia discussed a new multi-country study in the region focusing on intersectional stigma related to HIV mental health.
- Mr. Henry Elliman presented a recent study that describes the correlation between enacted stigma and low rates of viral load suppression. This study demonstrates how the key population group of African American women with HIV in the US experiences stigma, which has led to worse health outcomes.
- UCSF-HEALTHQUAL provided an update on future Network activities and shared plans for subsequent Network meetings in CY 2020.

Domain	Cambodia	Lao PDR	Thailand	Viet Nam	Total
Healthcare Worker Survey					
# of rounds	2	3	2	2	
# of staff (all rounds)	42 (2nd round only)	2460	13828	672	17002^
Comments	Second round of data collection is ongoing	10/11 ART sites	48 Hospitals	Conducted in three provinces	
Patient Experience Questions*					
# of rounds	N/A	1	N/A	N/A	
# of patients	N/A	344	N/A	N/A	344
Comments	Use "Patient Satisfaction Survey" instead (n=687)	10/11 ART sites	Use "PLHIV survey" instead (n=11477)	Use "Patient survey" instead (n=644)	
Clinical Literacy Questions					
# of rounds	N/A	1	1	1	
# of patients	N/A	320	251	644	1106
Comments	Plans to implement in 2020	10/11 ART sites	Will adapt questions	Conducted in three provinces	

*Network experience questions only. ^incomplete pending updated information

Executive Summary (continued)

Next Steps

The 7th Multi-Country Exchange Meeting will be convened in mid January 2020, and will tentatively focus on reviewing QI methods and tools, innovative implementation models, and discussion of strategies to more closely engage communities in health care facility S+D QI activities. The 7th meeting will be the first meeting funded by ViiV and Gilead Sciences.

During the action period before the next meeting, 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. Calls will be scheduled with country teams.
- 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 respective workplans.
- Continue to harvest successful interventions and implementation approaches for presentation at the Network's 7th 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) and the Center For Disease Control of the United States out of Viet Nam. 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. Dr. Agins extended an official welcome to representatives from Cambodia, Lao PDR, Thailand and Viet Nam, and commended the Ministry teams for their progress in implementing S&D QI activities. Dr. Agins followed with a special welcome to sub-national representatives, delegates from the Philippines and Malaysia, and other guests thanking them for sharing their work with Network participants. Mr. Henry Elliman presented the aggregated data of the network common survey questions for healthcare workers (all Network developed survey questions in **Appendix**), and distributed hard copies of the "change package" of QI interventions (**Appendix**) generated by facilities in Network countries. Dr. Agins ended his remarks by thanking PEPFAR and HRSA for their support to develop and implement this initiative.

Country Presentations

Cambodia

Presenters:
Dr. Bora Ngauv
National Center for HIV/AIDS, Dermatology, and STDs
Ministry of Health, Cambodia
Mr. Sophat Phal
Senior Program Manager
FHI 360 LINKAGES, Cambodia

- The second round of the healthcare worker (HCW) S&D survey is still in progress. To date, 42 healthcare workers have been surveyed from 5 of the 8 participating sites. The methodology of data collection supported by FHI360 LINKAGES via tablet is under review to systematize data collection and provide real-time feedback of survey data for improvement to sites.

- The third round of the Patient Satisfaction Feedback (PSF) survey has been completed in 8 sites (N=687). Results show strong "satisfied" and "very satisfied" responses. However, the non-response rate of 10% is being investigated. Challenges to data collection include literacy of patients, time needed to conduct the survey and internet connectivity to upload data regularly for analysis. A PSF dashboard is being developed to facilitate data feedback.

- General results show that satisfaction rates are generally high (>80%), although interactions with receptionists need improvement. Specific facility issues noted as areas for improvement include cleanliness of the waiting room area.

- QI implementation at site level is conducted in the ART clinics by the ART teams. Further training, including a TOT, is planned. Action plans at site level based on PSF data are under development.

- Plans are underway to revise national policies for data management, develop dashboards, review action plans, continue QI coaching, and to develop the SOP for scale up of PSF into non-PEPFAR sites including private facilities. Moreover, integration with the national quality initiative, EQHA (Enhancing Quality of Healthcare Activity), supported by FHI360, is planned.

Country Presentations (continued)

Viet Nam

Presenters:

Mr. Tran Thanh Tung
Community Mobilization and Communication Division
Viet Nam Authority of HIV/AIDS Control (VAAC), Ministry of Health, Viet Nam
Ms. Do Thi Phuong
Project Officer, HAIVN, Viet Nam

- Three provinces are now participating in the S&D QI initiative, involving 11 facilities implementing a range of interventions and initiatives including QI design and planning meetings, dissemination workshops, training-of-trainer sessions on S&D, social media IEC platforms, peer exchange meetings, recruiting S&D champions, as well as Consumer Advisory Boards (CABs).

- Significant improvement was noted in all indicators from the second round of HCW surveys (N=672). For example, "use of overprotection" decreased by 50%.

- A second round of patient survey data was also collected demonstrating improvement in all survey domains.

- The patient literacy questions were piloted in 10 facilities (N=644). Results showed that nearly 45% of people surveyed did not know their viral load results; 25% did not know when their next test was due. Investigation via root cause analysis is underway to address this issue with planned solutions including the distribution of more information about viral load measurement and interpretation to accompany the U=U campaign.

- Google Sheets is used to track QI documentation. Quarterly peer QI exchange workshops are convened at the provincial level. QI coaching is supported by HAIVN and VAAC, and occurs every 3 months with ad hoc e-mentoring.

- Improvements planned for performance measurement include migration to an electronic system, use of handheld Wi-Fi routers, careful selection of peer interviewers, and strengthened data collection training. Implementation challenges include workload, variation in leadership commitment, resource limitations and lack of a formal SOP for integration of S&D into QI activities.

- The CAB model has been implemented at Binh Duong hospital to facilitate consumer engagement. The CAB collected feedback from members and fed it back to the facility resulting in the expansion of clinic hours at the Binh Duong hospital and increased confidentiality and quality of services in 4 facilities. This example is slated for replication in other provinces.

- National strategies and policies continue to support the QI S&D activities. Official letters from VAAC-MOH will be issued to reinforce policies, report on S&D activities and encourage more QI work on S&D. Trainings on HIV transmission and KP sensitization for HCW continue. The U=U campaign is active nationwide and expanding.

- Expansion of activities and services (HTC, PrEP) to more provinces and facilities will begin as trainings, KP sensitizations, and PLHIV engagement also increase. Data collection in facilities will continue with a focus on departments with high S&D. Targeted interventions will specifically include key populations (MSM/LGBT, FSW, PWID) through services like PrEP and STI testing, sexual health and will also focus on patient satisfaction and experience. Plans will be reviewed approximately every 6 months.

- National strategies and policies continue to support the QI S&D activities. Trainings on HIV transmission and KP sensitization for HCW continue. The U=U campaign is active nationwide and expanding.

Country Presentations (continued)

Lao PDR

Presenter:
Dr. Ketmala Banghongpanith
Head of HIV/AIDS and STI Management Unit, Centre of HIV, AIDS, STI
Ministry of Health, Lao PDR

- The third round of 8 common S&D monitoring data was just completed in 10 ART sites (N=1066). The number of HCWs surveyed has increased with each round, including staff from the entire healthcare facility. Results indicate improvements on many indicators although final analysis is pending.

- QI interventions have been implemented targeting areas of need identified from the survey results. Interventions include enhanced staff communication about S&D, increasing awareness of S&D policies, and further education about HIV transmission. Service improvements include a warm, friendly patient greeting at registration, and weekly staff conferences to reinforce policies. CHAS is seeking to support S&D reduction activities through 2020 with funding from additional government sources and the catalytic Global Fund budget. Stigma reduction is a priority in the Global Fund program.

- The Network's patient feedback experience questions were asked by peer educators surveying PLWH (N=344) using a paper-based system in 10 ART sites. Routine implementation is planned in the next quarter. Scores were above 90% on all questions. Additional qualitative input identified some concerns about costs of medicine, privacy, long waiting times for care, short visit times with providers, and some need for improved communication. Results are specific to individual facilities.

- The Network's clinical questions were also introduced in 10 ART sites (N=320). Results regarding viral load literacy shows that 100% of patients surveyed are on ARVs, 74.4% know their regimen, and 74.5% know what VL testing is. However, only about 60% know their last VL results and fewer than 50% know when their next VL test should be scheduled.

- QI coaching activities will be conducted next in Q4/2019 for all sites and in every quarter subsequently. Coaching will focus on quality management (leadership, committees, staff engagement, and integration with national 5G/1S policy) and all 3 sets of Network measures.

- Consumer feedback and involvement continues to be a focus using the "comment boxes" model to integrate patient feedback into facility improvement, target training to identified areas, implement routine feedback during clinic visits and align these activities with the national "5 Goods 1 Satisfaction" quality initiative.

- S&D QI activities will continue, including a refresher TOT on S&D reduction and development of a Lao change package to promote successful strategies. Regional QI coaches will be identified and trained to build local capacity. A QI coaching group will be created to share experiences and foster peer learning.

Country Presentations (continued)

Thailand

Presenter:

Dr. Saowanee Vibootsanto
Chief of Development of Treatment and Care for HIV/AIDS Cluster, Division of AIDS and STIs
Department of Disease Control, Ministry of Public Health, Thailand

- The second round of S&D HCP survey (N=6,411) and PLHIV survey (N=5,317) results were collected November 2018 – April 2019 in 48 hospitals. The results for the HCP survey showed improvements across all indicators. Small hospitals consistently demonstrated more improvements than larger hospitals, raising interesting questions about penetration of interventions throughout large hospitals and measurement using a randomized staff sampling approach.

- Thailand's formal PLHIV survey also shows improved results from baseline across most indicators with the exception of two which were not statistically significant ("health provider refused to attend to you" and "you were told that you can receive drugs only if you use contraception"). Thailand disaggregates data according to hospital and service area.

- The national rollout of QI activities included 5 TOTs in 61 provinces and 63 hospitals. A new HIV S&D reduction e-learning platform composed of 4 modules is being launched in Bangkok this September. QI coaching will continue to expand activities and build capacity.

- Clinical questions were adapted from the Network and collected (N=242) in March 2019 in 5 hospitals. Some questions overlapped with other S&D surveys and will be revised. Results demonstrate "good treatment literacy". A working group will discuss how best to refine these questions for broader use.

- A patient experience tool is being developed to incorporate patient feedback that can be shared with hospitals. Quantitative tools have been developed to measure "quality of service" and "complacency" and will be supported by focus groups and in-depth interviews. Data will be analyzed and shared with participating facilities.

- Next steps include building capacity of sub-national (regional and provincial) teams to provide S&D support and QI coaching, recognizing that S&D trainers need to be skilled in QI, and QI trainers need to be skilled in HIV management and S&D reduction.

- Coaches will facilitate QI documentation and identify lessons learned based on results so far from Phase 2, and continuing in the 3rd round of surveys, planned for early October 2019. Throughout, formal monitoring and evaluation of the S&D program will continue as the program expands.

Implementation Progress

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

Domain	Cambodia	Lao PDR	Thailand	Viet Nam
1. Planning and coordination				
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		✓	✓	✓
2. Performance measurement				
2.1 Formal protocol for collection of healthcare worker survey data	✓	✓	✓	✓
2.2 Formal protocol for collection of PLWH survey data/experience questions	✓	✓	✓	✓
2.3 Completion of baseline data collection—healthcare workers	✓	✓	✓	✓
2.4 Completion of baseline survey data collection—PLWH	✓	✓	✓	✓
2.5 Inclusion of clinical questions (e.g., viral load) into PLWH survey		✓	✓	✓
3. S&D Quality improvement activities				
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			✓	
4. Quality improvement coaching				
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		✓	✓	✓

Sub-national Presentations

During the second half of the meeting, representatives from sub-national jurisdictions presented from each of the four member countries. These representatives discussed plans for spread and described current spread activities of QI S&D work throughout their province or district.

Pochentong Referral Hospital, Cambodia

Presenter:
Dr. Ouk Narith
Chief of Pochentong Referral Hospital
Phnom Penh, Cambodia

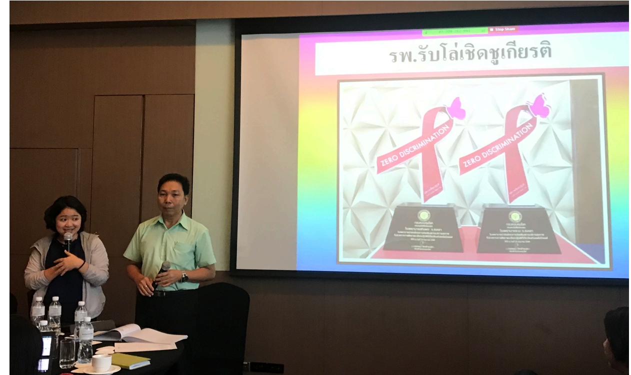
- Dr. Ouk presented S&D QI work underway at Pochentong Referral Hospital as an example for future sub-national activities.
- Satisfaction data were collected in the hospital to assess performance of service areas and review specifically those services commonly accessed by HIV patient. Results indicate that the reproductive health and antenatal services units received the lowest satisfaction level while the psychosocial care unit received the highest. There were also many empty responses from these two services areas.
- Survey data were collected routinely and used by staff to improve services. Plans are now underway to involve other hospitals in Phnom Penh province starting with those where there is a lack of patient follow up. Capacity-building to implement data collection and analysis continues.
- Along with data collection, monthly meetings are held to address key challenges and develop improvement plans. Revising and simplifying questionnaires is key to scale up and will inform the SOP for the surveys. Exchange visits between facilities in Phnom Penh are planned to share knowledge gained from Pochentong so far.

Tonpheung, Lao PDR

Presenter:
Dr. Vongsouthin Chanthavath
Deputy Director of Tonpheung District Health Office
Tonhpheung, Lao PDR

- Tonpheung district is in the northwest of Lao PDR sharing a border with Thailand and Myanmar and has the second highest HIV rate in Bokeo province. In addition to one ART Center, the district has 7 health centers and 3 private clinics as well as private pharmacies and 141 community health workers.
- Improvements in survey data collected from healthcare workers has shown improvement in all measures. Results from the patient feedback survey were overwhelmingly positive.
- District-wide improvement activities led by Tonpheung Hospital include spread of information about S+D, including laws, to all district healthcare workers. Community workshops about HIV are conducted.
- PLWH are involved in planning S&D reduction activities and lead community outreach activities.
- Challenges to subnational spread include access to IEC materials. Since the population is migratory and often from the neighboring countries, convening sessions in different places to clarify information is a priority in the district, especially related to infection prevention and control.
- Next steps will include further dissemination of materials about HIV, especially throughout the community, and to peer educators. Development of a community-wide S&D survey tool is currently under discussion.

Sub-national Presentations (continued)



Songkla Province, Thailand

Presenter:
Mr. Charoensuk Chanovunna
Public Health Technical Officer
Songkla Provincial Public Health Office

- Songkla Province contains 16 districts and 17 hospitals. In 2018, six hospitals joined the two hospitals that were part of the pilot S&D QI initiative. This expansion followed the methodology of the national initiative, and is led by the provincial public health office. A provincial working group was created to oversee the implementation of S&D activities, including planning, data collection, training and case conferencing. Funding for activities has been augmented through The Global Fund.
- While scale up has been successful, data indicate that some indicators have not improved, such as fear of drawing blood.
- Steps have been taken to eliminate coding and labeling specific to HIV, to bolster the infection control curriculum, and to integrate the HIV QI work and champions into the hospital QI and HA program.
- All staff in the hospitals will participate in S&D QI trainings. Some challenges remain such as less participation by physicians compared with other staff and confusion about survey language.
- Khun Charoensuk ended his presentation with a call for more support for S&D activities and reaffirmed his plans to continue monitoring S&D to achieve Thailand's goals to end the epidemic by 2030.

Hat Yai, Thailand

Presenter:
Dr. Rachanee Saksawad
Pediatric Infectious Disease
Hat Yai Hospital, Songkla, Thailand

- Hat Yai Hospital located in Songkla Province joined the Thai Hospital Accreditation Program (HA)/BATS **disease specific certification program (DSC)** for HIV/STI in 2016 which includes components of both S+D reduction and QI. Their current HIV caseload includes over 3500 PLHIV on ART. The DSC program is part of the national strategy to spread S+D QI throughout the country.
- Routine S&D activities include staff meetings and conferences which involve all hospital staff. Signage and digital QR codes to access more information about the hospital and programs help to create a friendly and welcoming environment. Posters and graphic illustrations about HIV and prevention are placed throughout the facilities.
- The hospital has now formally joined the S&D CQI program, surveying 332 staff with the baseline questionnaire. Over 200 staff attended S&D trainings, and 225 PLHIV participated in the baseline survey.

(continued on next page)

Sub-national Presentations (continued)

Hat Yai, Thailand (continued)

- Although results show improvements, more is still needed in some areas, including "fear of infection" and observation of "negative attitudes". Quality improvement interventions have been implemented that involve cross-disciplinary meetings between the HIV team with the labor and delivery team, as well as groups from other service areas. Examples of changes include elimination of dedicated HIV beds in the delivery room, assurance of full supplies of equipment, and the intensive reinforcement and review of infection control policies and procedures. One caveat about the results from Hat Yai Hospital is that, like other large hospitals, staff are randomly surveyed from all areas of the hospital and may not have participated in trainings or other interventions.

- To enhance the HIV-friendliness of the hospital, routine HIV testing is being offered in ANC and primary care clinics, signaling that HIV is an accepted component of general care, and does not require isolation from other services or patients. In addition, easier and better access to HIV care resulted in less waiting time for ARVs.

- Leadership at Hat Yai hospital has demonstrated ways forward for the region and the effectiveness of QI planning in alignment with national policies. Their commitment to becoming a "zero discrimination" facility is a driving force that has resulted in concrete S&D reduction interventions.

Bangkok Metropolitan Administration, Thailand

Presenters:

Dr. Supunnee Jirajariyavej
Chief, Community Medicines Section
Taksin Hospital, Bangkok, Thailand
Dr. Wattanee Taweesith
Pediatric Infectious Disease
BMA General Hospital, Bangkok, Thailand

- The BMA is a network of 10 hospitals in Bangkok, accounting for nearly 20% of all PLWH in the city. S&D data were collected in 9 hospitals between June – August 2019 through surveying health care staff and patients. Group discussions were also facilitated for key healthcare stakeholders. HIV S&D training has been conducted in 8/9 hospitals so far, and 8 hospitals are conducting S&D QI work.

- All of the hospitals have written policies specifying patient rights; 4/9 hospitals have specific policies that focus on S&D reduction for healthcare workers, and 8/9 offer S&D training for staff. Specific S&D indicators are currently set up in 2/9 hospitals.

- In Taksin Hospital, identification of root causes has been conducted. Driver diagrams have been developed to identify areas for action that lead to reduction of S&D.

- Some QI interventions include stopping the practice of segregated labor rooms for women with HIV, and the removal of queuing for dental procedures.

(continued on next page)

Sub-national Presentations (continued)

Bangkok Metropolitan Administration, Thailand (continued)

- Feedback about patient experience is obtained through several channels. These include direct complaints to providers, reporting to the hospital committee, writing a complaint online on the hospital's webpage, and using comment boxes. Complaints have been addressed through QI activities such as those noted above, as well as training for staff.
- BMA data will be reviewed by the BMA HIV Committee to identify areas for BMA-wide improvement. Agency-wide training is being conducted for all staff, with 1300 healthcare workers having been trained to date. PLWH peer group activities are being organized to help address internalized and community stigma.

Thai Ngyuen Province, Viet Nam

Presenter:
Dr. Nguyen Van Truong
CDC Director of Thai Nguyen Province
Thai Nguyen, Viet Nam

- Thai Ngyuen Province has population of over 1 million people with 6,732 PLHIV and 12 hospitals, 6 health centers and 180 community commune health centers. Twelve hospitals provide ART. Thai Nguyen has been selected as a province for accelerated action to achieve 90-90-90 targets. Currently 3 sites, including two hospitals and one health center, participate in the S&D QI initiative, supported by CDC and HAIVN, chosen for high patient volume.
- Each site chooses areas for improvement based on data, and then applies root cause analysis to identify areas to prioritize their interventions. Priority areas for improvement have included reducing fear of infection from casual contact and obtaining consent prior to HIV testing.
- Actions taken in the province at participating hospitals include not only training on basic S&D reduction and infection control content, but also conducting small reinforcement talks in department meetings throughout the hospital.
- Other strategies include dissemination of HIV regulations and policies to all staff, a multimodal community education campaign that includes a fan page in the hospital promoting HIV services and U=U, as well as delivering specific sessions about HIV at patient meetings.
- Discussions about spreading interventions throughout the province are in progress.

Invited Presentations

Dr. Anita Suleiman of the Ministry of Health in Malaysia and Rod Olete of SHIP in the Philippines joined to discuss the context of HIV in their respective countries and their approaches to S&D and QI.

Malaysia

Presenter:
Dr. Anita Suleiman
Head of HIV/STI/Hepatitis C Section
Ministry of Health, Malaysia

- Malaysia is the first country in SE Asia to eliminate MTCT although numerous challenges must be overcome to reach epidemic control. Significant barriers remain with respect to treatment access for PLWH, with the current rate at 55%. No formal HIV quality initiative has been implemented.

- Surveys measuring stigma and discrimination were conducted among both healthcare workers in government clinics and among the general population in 2015. Data from the healthcare worker survey reveal that stigma is a significant problem, specifically related to fear of infection and social judgment about PLWH and key population groups, identifying a need for further education and interventions to change attitudes and practice.

- Stigma towards members of key populations is an especially significant problem, with over a third of those surveyed indicating a lack of understanding, disapproval, or misperception about risk related to transmission. Among the general population, results indicate that continued education is needed to reduce fears of risk.

- In 2017, a survey among key population groups assessed presence of internalized stigma. Results show high levels of shame and guilt in all groups, with highest rates among people who inject drugs, although substantial rates were also observed among female sex workers, men who have sex with men and transgender persons. Enacted stigma is particularly problematic for transgender persons.

- Three major categories of interventions to reduce S&D in health facilities have been implemented. The "health center model" focuses on linkage to care using navigators and case managers together with adherence and support counseling. "KP Friendly Clinics" have been developed, co-designed by healthcare providers and community members. Finally, the "Hope Module" offers training for healthcare workers about HIV that was co-designed by all stakeholder groups, and now also includes a training-of-trainers module.

Philippines

Presenter:
Mr. Rod Olete, RN
Programs Manager
Sustained health Initiatives of the Philippines

- The Philippines has the fastest growing HIV epidemic in the world with an increase of 203% in HIV infections since 2010. Shortages of physicians and nurses hamper efforts to meet this growing demand. Accordingly, linkage to care for PLWH and rates of ART for those who are known to be living with HIV are low (only 59.8% on ART). No formal quality initiatives specific to HIV have been implemented.

(continued on next page)

Invited Presentations (continued)

Philippines (continued)

- The stigma index survey conducted in 2019 shows a range of 7-19% of experienced stigma among PLWHIV. Stigma directed towards gay men and people who inject drugs augment HIV stigma and underscores the importance of addressing S&D associated with both HIV and key populations. The war on drugs has intensified stigma among people who inject drugs, layered on top of a generalized distrust of the health system and concerns about confidentiality.

- Interventions to address stigma include laws to prohibit discrimination throughout society, including hospitals and health institutions. In order to promote legal rights, legal literacy and empowerment, organizations such as Justice Access and Learning Officers (JALO), spearheaded by the Philippine NGO Council, provide paralegal assistance to PLHIV and KP to bridge access to the justice system. The PLHIV Response Center offers multiple platforms through social media as well as telephone, including a hotline, to field complaints and grievances related to S&D.

- Sustained Health Initiatives of the Philippines (SHIP) is an HIV primary clinic established in 2014 with an active caseload of 700 PLHIV. It is a center for outreach, capacity building, innovation and research. Among its initiatives SHIP leads The Telehealth Training Program (HTTP) which connects HIV experts to health personnel. This video platform has been piloted in the Philippines in 12 HIV care facilities (62 health providers), offering regularly scheduled lectures and knowledge assessments to build capacity for effective care for PLWHIV. HTTP proved practical and effective with promise for future development and expansion. HTTP offers a promising platform for education and peer exchange about interventions to reduce stigma and discrimination. A limit of this platform is connectivity, although it has been demonstrated as a successful and cost-effective approach for increasing knowledge and sharing experiences.

Topic Presentations

Topics relevant to the Network were presented by Mr. Chad Martin of CDC-USA, Dr. Jeremy Ross of amfAR and Mr. Henry Elliman.

Community Score Care: Beyond the Stakeholder

Presenter:
Mr. Chad Martin
Senior Public Health Advisor, Division of Global HIV and TB, Center for Global Health
Centers for Disease Control and Prevention, USA

- Mr. Martin presented the Community Scorecard (CSC) and discussed the importance of community engagement in the development of sustainable HIV care and prevention initiatives. He defined community engagement as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people”.

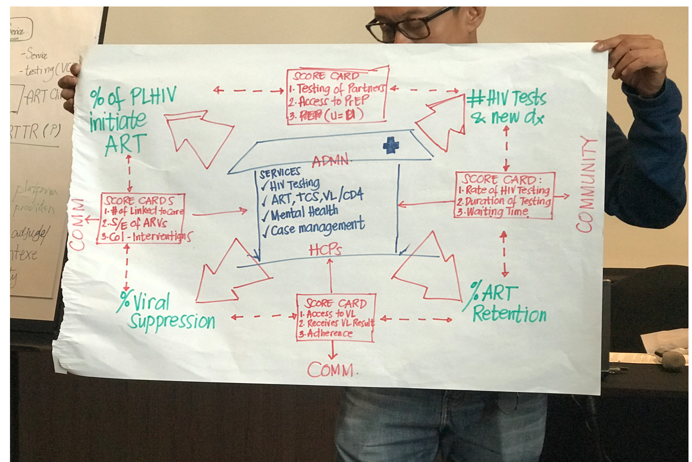
- CSC is one example of engaging community to develop conversations and tools improving service delivery that is supported by the US-CDC. The CSC involves a two-way, participatory QI tool routinely used for assessment, involving community members and health care workers to evaluate HIV health services.

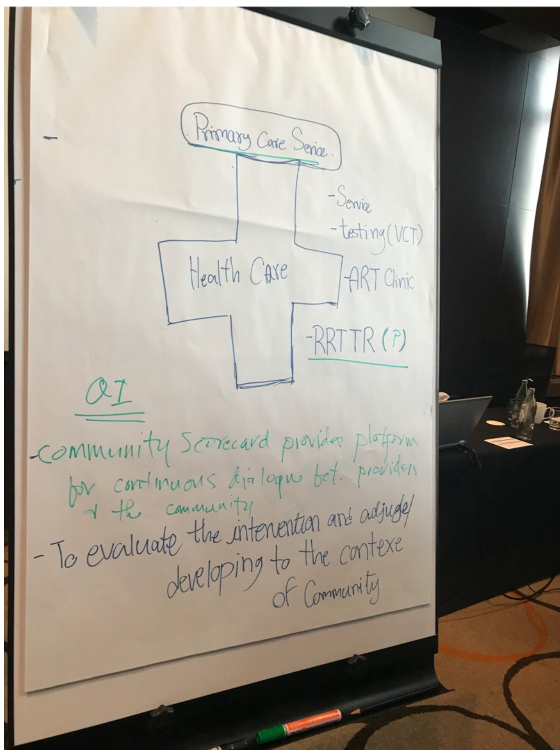
(continued on next page)

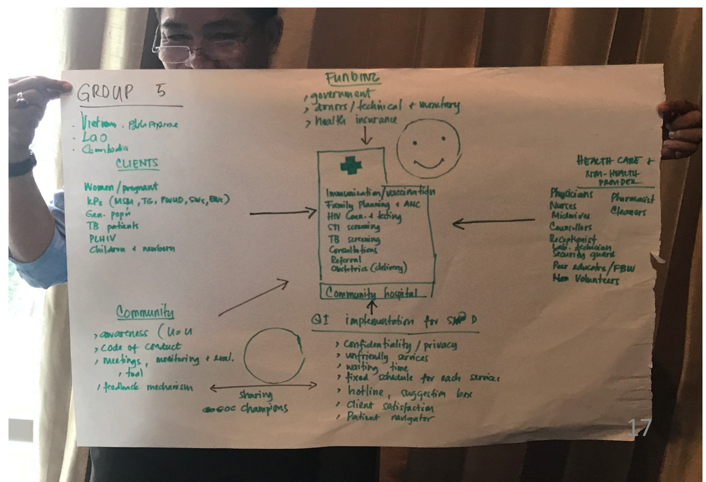
Topic Presentations (continued)

Community Score Care: Beyond the Stakeholder (continued)

- The CSC uses indicators to “score” services and create a dashboard with which clients and providers can both assess the quality of care, discuss their results and compare their scores. The ensuing dialogue following this comparison and discussion presents an important opportunity for integrating the perceptions of people who use the healthcare facility to improve service delivery
- Examples of how CSC methods have improved planning and monitoring of HIV care were described. By creating a platform for exchange between clients and providers involving data, collaborative solutions are identified. CSCs have demonstrated success in Uganda, Zimbabwe and India. Community members of key population groups participated in dialogues with providers about access to quality healthcare services. In this way, CSC directly addresses S&D through community advocacy to address concerns and make facilities friendlier. Indicators are used to track progress and effectiveness of solutions.
- Participants were engaged in a cross-country small-group exercise to imagine a CSC process operating in a health facility and to consider how the methodology might enhance existing QI work. Each group acknowledged the qualitative data derived from CSCs would provide valuable information to inform QI work. Examples of envisioned CSC processes are shown below from the three groups.
- Mr. Martin concluded by emphasizing that when discussions about the quality of services in a facility occur hand in hand with community members and providers, understanding and empathy are generated which can lead to improved clinical outcomes, underscoring the importance of community involvement as part of routine healthcare initiatives to reduce S&D and support QI work.







Topic Presentations (continued)

Substance use, stigma, depression and disability among adults with HIV in Asia (S2D2) study

Presenter:
Dr. Jeremy Ross
Director of Research
TREAT Asia/amfAR

- Dr. Jeremy Ross presented the design of a TREAT Asia study that is about to launch that includes stigma as a part of a broader assessment of mental health of persons living with HIV. The study will be conducted in Thailand, India, Malaysia, Korea, Hong Kong, and the Philippines.
- Southeast Asia has from a mental health "treatment gap" in which 75% people with mental health disorders in LMIC do not receive care. Rates of depression in Asia are estimated to be at least 60%.
- This study's objectives aim to estimate the prevalence of depression among PLHIV, identify factors associated with depression, and examine associations between depression and quality of life and disability. The study aims to enroll 1,000 patients. The data collected (over 8 months) will include medical data extracted from available medical records as well as screenings for depression, stigma based on the Berger HIV stigma scale, substance use, disability, and sexual risk.
- The study is expected to be completed by October 2020 and provide needed insights into intersectional stigma, specifically the relationship between substance use, depression, HIV and stigma and its effect on patient outcomes across Asia.

HIV stigma and viral load among African American women receiving treatment for HIV: a longitudinal analysis

Presenter:
Mr. Henry Elliman
Program Consultant
UCSF - HEALTHQUAL

- Mr. Elliman presented a recently published paper demonstrating a relationship between HIV stigma and viral load, and how to measure the effects of stigma on clinical outcomes.
- Clinical studies have struggled to show the relationship between multi-dimensional stigma and health outcomes. There is little research demonstrating the direct correlation between effects of stigma on HIV care and how reducing stigma leads to better care and epidemic control.
- The study population, African American women in the US, represents a group which faces a more severe burden of HIV. A disproportionate number of PLHIV are African American compared with the general population; 40% of new infections occur among African Americans. African American women are an especially vulnerable population because of consistent and systemic discrimination resulting in disparities in care.
- The study followed 234 women living with HIV and assessed internalized and enacted stigma (using a 14-item stigma scale for chronic illness) along with viral load levels over the course of 2.5 years.
- The results showed that higher stigma scores were correlated with higher viral load. Specifically, those people who had high reported rates of enacted stigma tended to have "significantly" higher viral load levels. The study represents one of the first published studies showing a direct link between stigma and poor clinical outcomes.

Group Work and Facilitated Discussions

Moving forward with S&D QI: Working session on sustainability and publication

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

Small group work focused on planning for further implementation and sustainability, including engagement of other stakeholders and scaleup at subnational and national levels. Questions were provided in a worksheet (see **Appendix**) that included questions focusing on detailing of implementation methods related to measurement of the Network's three sets of questions, quality improvement, and knowledge management including development of publications. Each country reported back areas for further development and improvement in methodology and what kind of additional support might be needed and the challenges that remain.

All sites were encouraged to develop benchmarking reports to compare performance by sites, and to disaggregate clinical performance data by key population groups to ascertain if disparities in care exist that reflect the impact of stigma.

Each country reported back their plans which are summarized below:

Viet Nam

- Expand to 20 sites in five provinces.
- Include greater proportions of healthcare workers in the survey from areas where S&D is reported to be higher.
- Patient experience assessments will expand to include people from key population groups.
- Consumer QI implementation will continue with expansion of community advisory boards (CABs) at provincial level and leveraging provincial budgets.
- Facility peer exchange meetings will occur quarterly and semi-annually at provincial level.
- Community scorecard will be implemented through CDC support.
- Strengthening of provincial tracking of S&D reporting and policy implementation.
- Expansion into Tuong province, for example, includes workshops to disseminate information to all parties and stakeholders following the national decree for written commitments to continue S&D evaluation and QI implementation. On a national level, S&D questions will be included in the national survey and integrated with initiatives supported by the Global Fund.

Cambodia

- Plans to develop a dashboard to summarize information.
- Simplification of patient experience questions is planned along with inclusion of literacy questions.
- Implementation will expand to PEPFAR and EQHA sites.
- Refresher trainings will be conducted on QI and supported by continued coaching.
- QI examples will be collected and disseminated by NCHADS.
- NCHADS will continue to seek support from donors to continue and expand activities.

Lao PDR

- Expansion will occur to new point-of-care sites as differentiated care is implemented.
- Patient surveys will continue with a paper-based collection system facilitated by peer PLHIV.
- Patient experience and clinical questions will be scaled up to all facilities.
- Semi-annual meetings will be convened to highlight successes and challenges and share lessons learned among participating sites.
- Expansion of the QI coaching pool will occur and include a TOT for QI. Line and WhatsApp groups will continue.
- Engagement with NGOs, including PLHIV organizations will continue.
- SOPs will be developed for facilities.

Group Work and Facilitated Discussions (continued)

Moving forward with S&D QI: Working session on sustainability and publication (continued)

Thailand

- Planning is underway to expand to 110 facilities in 71 provinces next year.
- Decentralization of the initiative has begun and will include management at provincial level.
- Capacity building for QI coaches and S&D experts will be expanded.
- S&D is being integrated into the QI programs for HIV Disease Specific Certification.
- E-learning modules will be launched.
- A formal M&E program is underway to assess and learn from implementation experience.

	Cambodia	Lao PDR	Thailand	Viet Nam
1. Healthcare Worker Survey				
How is the HCW survey administered?	Tablet with assistance by staff	REDCap	REDCap	REDCap
How many rounds of HCW surveys have been conducted?	2	3	2	2
Is the service area where the provider works being captured in the survey?	Yes	Yes	No	Yes
Who manages the data?	LINKAGES	CHAS with support from RIHES/CMU	RIHES; Chiang Mai University and MOPH:DAS/OPDC	HAIVN
Are data benchmarked to compare regional or facility level variation?	No	No	No	No
How are data reported longitudinally to show improvement?	Not currently done	Analysis by CHAS and presented in lessons learned workshops.	RIHES presents results at lessons workshops. with video online.	Presented at site level and at cross-provinces experience workshop. Also presented semiannually offline to provinces; annually at national level
How are data shared with facilities, and how often?	Monthly through Google Drive by health facility. Excel sheets and dashboards are shared with all sites through Google Drive.		Data are available in real time to providers. Cleaned reports are sent back to facilities from BATS.	HAIVN analyzed with Stata, then reported back the results to sites and provinces.

Group Work and Facilitated Discussions (continued)

Moving forward with S&D QI: Working session on sustainability and publication (continued)

	Cambodia	Lao PDR	Thailand	Viet Nam
2. Patient Experience Questions				
Do you use the Network's 7 experience questions?	No (Using LINKAGES PFS)	Yes	No (using patient survey)	Questions integrated with clinical literacy questions (see #3)
Are patients interviewed?	It is self-administered and assisted by PLHIV	Yes	Yes	Yes
Does this information align with other patient-centered care activities in the Ministry? Please describe.	Yes	Yes, with the 5G1S national initiative	No	No
Are there plans to expand questions to other sites? Please explain	Yes, with PEPFAR funding and EQHA	Yes, with expansion to point of care sites	Quantitative assessment being planned to capture experience.	Yes, not specifically described.
Should questions be modified or deleted? Please describe	N/A	N/A	N/A	N/A
3. Clinical Literacy Questions				
Have the questions been implemented in the first group of participating facilities? If not, please describe plans.	No	Yes	Yes	Yes
Are there plans for expansion to other facilities? Please describe.	Not described	Yes, in tandem with expansion to point-of-care sites	Working group to meet to refine questions for further use.	Not described
Have you modified, or will you modify the questions?	Not described	Not described	See above.	Yes, but not specifically described.
How is information being used to inform improvement at facility level? At national level?	N/A	Integrated with facility QI activities	Will be integrated with QI facility activities.	Integrated with facility QI activities

Appendix

Network Common Questions

Healthcare Worker Survey

1. In the past 3 months, have you observed healthcare workers unwilling to care for a patient living with or thought to be living with HIV in your health facility?
2. Do you typically wear double gloves when providing care or services to a patient living with HIV?
3. Do you strongly agree, agree, disagree, or strongly disagree that women living with HIV should be allowed to have babies if they wish?
4. How worried would you be about getting HIV if you drew blood from a patient living with HIV?
5. In the past 3 months, have you observed healthcare workers providing poorer quality of care to a patient living with or thought to be living with HIV in your health facility?
6. Do you strongly agree, agree, disagree, or strongly disagree that there are adequate supplies in your facility that reduce your risk of being infected with HIV?
7. Do you typically avoid physical contact when providing care or services for a patient living with HIV?
8. Your facility has written guidelines to protect patients living with HIV from discrimination.

Patient Experience Questions

1. Was information about your health explained clearly?
2. Was the clinic welcoming and friendly?
3. Were you treated with respect during your visit?
4. Were privacy and confidentiality observed during your visit?
5. Did you experience discrimination from a healthcare provider or other staff member?
6. Were you involved with decision-making about your care and treatment?
7. Did your provider spend enough time with you during your visit?

Appendix (continued)

Clinical Literacy Questions

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)

Southeast Asia Stigma Reduction QI Learning Network

Change package: Tested interventions

Care delivery system

- Redesign of clinic flow through signage and discussion at reception area
- Warm and friendly welcome to hospital
- Elimination of existing practices of placing PLWH at end of surgical queues by default
- Reduce waiting times and conspicuous identification of HIV in areas where care is integrated
- Engagement with peer counselor/navigator during clinic visit
- Contact strategies to foster interaction between PLWH and HCWs

Knowledge management and decision support

- Routine feedback of surveys of S&D among HCWs and PLWH to sensitize staff to S&D
- Sharing data on mother-to-child transmission to demonstrate rarity of perinatal transmissions with effective treatment
- Participatory training of HCWs on HIV transmission, universal precautions, infection control, and post-exposure prophylaxis, partner disclosure
- Presentation of case studies of S&D and its impact on health care quality and outcomes during grand rounds and regular staff meetings
- Disaggregation of S&D survey data by service area to target QI activities
- Promotion of Undetectable=Untransmittable messaging

Performance measurement and information systems

- Routine surveys of HCWs and PLWH to assess organizational S&D
- Drill down of survey data by service area
- Disaggregation of clinical performance data by key population
- Routine capture of patient experience information during clinic visits
- Patient comment boxes—routine opening, summary, and analysis of responses

People-centered care

- Integration of patient feedback into peer counseling sessions
- Development of community advisory committees to inform S&D QI activities
- Convening of provincial S&D community input meetings
- Inclusion of PLWH testimonials in S&D-reduction trainings

Health system

- Convening of hospital-wide S&D-reduction committee to plan activities
- Regular S&D committee meetings or integration into other committee activities
- Engagement of provincial and hospital leadership in S&D QI activities
- Development of facility codes of conduct and explicit policies related to S&D with monitoring and enforcement
- Changing symbols on patient files to not mark HIV status
- Elimination of separation, labeling of equipment by HIV status

Appendix (continued)

Worksheet for Group Activity Southeast Asia S+D QI Learning Network 17 September 2019

Please complete all questions to the best of your abilities, and consult with HEALTHQUAL team if you have any questions.

Performance Measurement: Data collection

1. How is the HCW survey administered?
   - Is the method the same at all sites? (Y/N)
   - If not, please describe:

2. How many rounds of HCW surveys have been conducted?
   - Number of sites for each round: Round 1 ____ Round 2 _____ Round 3 ____ Round 4____
   - Describe sampling methodology: (note if different for different rounds)
   - Are changes planned? Please describe:

3. Is the service area where the provider work being captured in the survey?
   - If yes, are results reported back by service area for facilities?
   - *If not, please describe plans to include:*

Performance Measurement: Data Reporting

1. Who manages the data?
   - Are reports easily generated for distribution to staff and facilities?

2. Are data benchmarked to compare regional level variation?
   - Are data benchmarked to compare site-level variation?

3. How are data reported longitudinally to show improvement?
   - Please note whether survey methods are the same to permit comparison between rounds?

4. How are data shared with facilities, and how often?

Patient Experience Questions.

1. Do you use the Network's 7 experience questions? (Y/N)
   - In how many sites?
     - If you include them in a survey, please note?
     - If yes, does the patient have assistance to complete?

2. Are patients interviewed?
   - Please describe method: (Who conducts the interview; at what point during the visit; challenges)
   - How is qualitative information analyzed for improving care?

3. Does this information align with other patient-centered care activities in the Ministry? Please describe.

4. Are there plans to expand questions to other sites? Please explain.

5. Should questions be modified or deleted? Please describe.

6. Are there plans for spread to other sites after the pilot? If yes, please describe

Clinical Literacy Questions

1. Have the questions been implemented in the first group of participating facilities? If not, please describe plans.

2. Are there plans for expansion to other facilities? Please describe.

3. Have you modified, or will you modify the questions?

4. How will the data be shared with the facilities?

5. How is information being used to inform improvement at facility level? At national level?

Appendix (continued)

Worksheet for Group Activity Southeast Asia S+D QI Learning Network 17 September 2019 (continued)

Quality Improvement

1. Are facilities using data from any of the three data sets to drive improvement activities?

2. Is QI being implemented based on S+D data and patient experience? How do you track this?

3. How is implementation (QI stories) activity being captured and documented? Are QI stories being shared?

4. Are best practices identified for dissemination? How?

5. Is there a need for more training or coaching? If so please specify.

Knowledge Management

1. How often are participating providers convened? How are they convened?

2. Do you use technology to exchange information (e.g., Line, WhatsApp, Zoom)? How often? Who manages group exchange?

3. How is the initiative engaging other groups of stakeholders to support S+D QI?

4. Provider associations? Which?
   - Community groups? Others? Would you consider using the community scorecard tool?
   - Other groups or initiatives involved in HIV S+D or key population S+D reduction, or QI?

5. Do you plan to publish your S+D QI work?

6. Who would take the lead on preparing a publication? What kind of TA would you need? Do you need clearance/approvals?

Sustainability

1. Do the activities for S+D QI at site level require specific support?
   - Additional staffing at site level?
   - Additional funds expensed at site level?
   - Additional staff support from Ministry of Health?
   - Human resources: time; please describe (e.g, amount of extra site-level coaching, off-line communication, types of activities)
   - Financial resources: (funding; source)

2. Do you have support from an implementing partner?
   - Human resources: time; please describe (e.g., amount of site-level time, coaching, off-line communication, types of activities)
   - Financial resources, if known for these specific activities
   - Are these activities budgeted for the next fiscal year? if not, what how will activities be continued?

Expansion and Spread

1. What plans are in place to spread S+D QI activities beyond the initial group of sites?

2. How will you involve more facilities? Which? When?

3. What training will be needed for expansion?

Appendix (continued)

Meeting attendees

Cambodia
Dr. Ly Penh Sun
Director, National Center for HIV/AIDS, Dermatology, and STDs
Ministry of Health, Cambodia

Dr. Bora Ngauv
Deputy of AIDS Care Unit and Technical Bureau, National Center for HIV/AIDS, Dermatology, and STDs Ministry of Health, Cambodia

Dr. Ouk Narith
Chief of Pochentong Referral Hospital
Phnom Penh, Cambodia

Dr, Khol Vohith
Chief of Research Unit, National Center for HIV/AIDS, Dermatology, and STDs
Ministry of Health, Cambodia

Mr. Sophat Phal
Stigma and Discrimination Advisor
FHI 360 LINKAGES, Cambodia

Mr. Rang Chandary
Technical Officer
FHI 360 LINKAGES, Cambodia

Lao PDR
Dr. Phongsavang Bousavath
Director, Center for HIV/AIDS and STI
Ministry of Health, Lao PDR

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

Dr. Khanti Thangkham
Center for HIV/AIDS and STI
Ministry of Health, Lao PDR

Dr, Vongsouthin Chanthavath
Deputy Director of Tonpheung District Health Office
Tonhpheung, Lao PDR

Thailand
Dr. Kriengkrai Srithanaviboonchai, MD
Associate Professor, Research Institute for Health Sciences
Chiang Mai University, Thailand

Dr. Taweesap Siraprapasiri, MD
Expert on Preventive Medicine, Department of Disease Control
Ministry of Public Health, Thailand

Appendix (continued)

Meeting attendees (Continued)

Thailand (continued)
Dr. Saowanee Viboolsanti, MD
Chief of Development of Treatment and Care for HIV/AIDS Cluster
Ministry of Public Health, Thailand

Ms. Parichart Chantcharas
Social Worker, Senior Professional Level, Division of AIDS and STIs
Department of Disease Control, Ministry of Public Health, Thailand

Ms. Patcharaporn Pawaphuwatanon
Social Worker, Senior Professional Level, Division of AIDS and STIs
Department of Disease Control, Ministry of Public Health, Thailand

Ms. Saranya Suk-am
Public Health Technical Officer, Division of AIDS and STIs
Department of Disease Control, Ministry of Public Health, Thailand

Ms. Phitnaree Thutsanti
Public Health Technical Officer, Practitioner Level, Division of AIDS and STIs
Department of Disease Control, Ministry of Public Health, Thailand

Mr. Patipan Somboon
S&D Project Coordinator, Division of AIDS and STIs
Department of Disease Control, Ministry of Public Health, Thailand

Dr. Rangsima Lolekha
Chief, Treatment and Care Section
Thailand MOPH – U.S.CDC Collaboration, TUC

Dr.Supunnee Jirajariyavej,MD.
Chief, Community Medicines Section
Taksin Hospital, Bangkok, Thailand

Dr. Wattanee Taweesith
Pediatric Infectious Disease
BMA General Hospital, Bangkok, Thailand

Mr. Charoensuk Chanovunna
Public Health Technical Officer
Songkla Provincial Public Health Office, Thailand

Dr. Rachanee Saksawad
Pediatric Infectious Disease
Hat Yai Hospital, Songkla, Thailand

Ms. Usa Sukhaphan
Nurse, Professional Level, Hat Yai Hospital, Songkla, Thailand

Appendix (continued)

Meeting attendees (Continued)

Viet Nam
Ms. Asia Nguyen
Health Systems Strengthening Advisor
U.S. Centers for Disease Control and Prevention, Viet Nam

Mr. Tran Thanh Tung
Viet Nam Administration of HIV/AIDS Control
Ministry of Health, Viet Nam

Mr. Ngo Manh Vu
Viet Nam Administration of HIV/AIDS Control
Ministry of Health, Viet Nam

Dr. Nguyen Van Truong
CDC Director of Thai Nguyen Province
Thai Nguyen, Viet Nam

Ms. Do Thi Phuong
Project Coordinator
Health Advancement in Viet Nam (HAIVN), Viet Nam

Dr. Tran Bang Huyen
HIV Clinical Officer
Health Advancement in Viet Nam (HAIVN), Viet Nam

Ms. Dinh Thi Thuy Hang
Lead of Believing and Dreaming Group in Dong Hy District
Thai Nguyen, Viet Nam

Dr. Ngyen Thi Ninh
Vice Head of HIV/AIDS Prevention and Control Department, CDC Hanoi
Hanoi, Viet Nam

Malaysia
Dr. Anita Suleiman
Head of HIV/STI/Hepatitis C Section
Ministry of Health, Malaysia

Philippines
Mr. Rod Olete
Programs Manager
Sustained Health Initiative of the Philippines
Manila, The Philippines

Dr. Louie Ocampo
Country Director
UNAIDS, The Philippines

Dr. Janice Caoili
Council Member
Professional Society for Microbiology and Infectious Disease, The Philippines

Appendix (continued)

Meeting attendees (Continued)

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

Mr. Henry Elliman
Program Consultant, HEALTHQUAL
New York, NY, USA

Other
Mr. Quinten Lataire
UNAIDS, Bangkok, Thailand

Mr. Greg Gray
Country Lead
Australia Federation of AIDS Organisations, Bangkok, Thailand

Maria Lorela Averilla
Country Lead, SKPA Program
Australian Federation of AIDS Organisations, Bangkok, Thailand

Mr. Harry Prabowo
APN Plus
Bangkok, Thailand

Dr. Jeremy Ross
Director of Research, TREAT Asia
AmfAR, Thailand

Dr. Boon-Leong Neo
Senior Director
Gilead Sciences, Singapore

Mr. Chad Martin
Senior Public Health Advisor, Division of Global HIV and TB, Center for Global Health
Centers for Disease Control and Prevention, USA