Spotlight: Malaysian S+D QI Learning Network

Collaboration between government and civil society to reduce stigma and discrimination in healthcare settings

Background

Reducing stigma and discrimination (S+D) among people living with HIV (PLWH) and key populations (KPs) has been identified as a critical strategy for Malaysia to achieve HIV epidemic control and reach 95-95-95 targets. Negative attitudes and beliefs towards PLWH and KPs among health care workers (HCW), internalized stigma among KPs, and S+D experienced by KPs were identified as priority areas that influenced the Malaysian plan to reduce S+D. Stigma experienced in healthcare facilities continues to fuel low rates of ART initiation and adherence. Addressing S+D in healthcare settings in Malaysia requires full participation from different directorates, specifically Public Health, where the Disease Control and HIV program is located, and Research and Technical Support, which houses the Institute for Health Systems Research (IHSR), where the national Secretariat for quality is located. In partnership with the Malaysian AIDS Council (MAC), these directorates joined together to addressing S+D in health care facilities through quality improvement.

Figure 1. S+D QI Sites

Formation of S+D QI Program

The Program Model

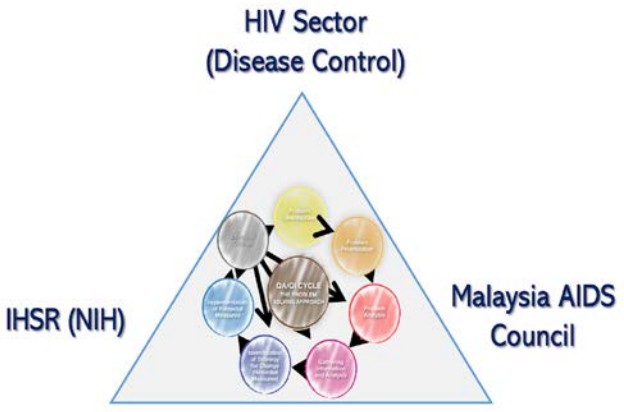
Malaysia, through its unique partnership with civil society, developed a programmatic framework to guide this initiative. The planning phase began in December 2019, followed by the program launch in July 2020. HIV-related S+D among HCW, patient experience, and clinical performance are measured continuously using common indicators from a validated survey tool, adapted from the USCF-HEALTHQUAL QIS+D Network common measures. These measures were modified for their national context. Since availability of supplies to prevent infection are not an issue in Malaysia this question was revised to focus on availability of guidelines.
IHSR joined forces with the HIV Program and provides QI training and ongoing coaching to sites to facilitate capacity-building for QI. The HIV Program provides leadership and technical guidance, whereas MAC provides the data management system. MAC was also funded to prepare reports, complementing their advocacy and peer support programs. Their online dashboard offers real-time access to data for facilities and state-based AIDS Technical Officers who oversee the implementation of HIV programs and S+D efforts.

Facilities were selected representing different regions of the country. The QI program was initiated within five states and consisted of nine facilities (four hospitals and five health clinics). These facilities were convened in a design meeting and then a QI workshop in which they identified the root causes of S+D in their health clinics and hospitals, leading to the formulation of patient-centered interventions to address them as part of QI programs. The program plans to expand to 9 sites by early 2022. These health facilities provide care to over 500 PLWH. HIV QI activities were implemented in the health facilities starting in December 2020 and will continue to July 2021, where the results will be re-evaluated.

Table 1. Indicators for HCW survey

Indicators	Domain
1. Fear taking blood from a PLHIV	Fear of contracting HIV in the workplace
2. Avoid physical contact when providing care to PLHIV	
3. Wear double gloves when providing care to PLHIV	
4. Observed healthcare provider unwilling to care for a patient living with or thought to be living with HIV	Practice / experience of S+D
5. Observed healthcare providers provide poorer quality of care to a people living with or suspected to be living with HIV, compared to other patients	
6. There are standardised procedures/protocols in my health facility that reduce my risk of becoming infected with HIV	Institutional environment
7. My health facility has written guidelines to protect PLHIV from discrimination	
8. Women living with HIV should be allowed to get pregnant if they wish	Attitudes towards PLHIV

Figure 2. The Malaysian QI Cycle



Implementation of S+D QI Program

A Design Meeting was held during February 2020, where objectives, methods, and expected program outcomes were discussed. The program was then implemented through various creative avenues amidst the COVID pandemic to target S+D within Malaysia. The first implementation strategy was through the **messaging app, WhatsApp**, serving as the primary form of communication to individuals within the Network. The second strategy was to convene **small in-person group workshops** at each individual site to develop interventions that would be implemented. Finally, through **larger virtual group workshops**, participants could better understand the impact of implicit bias and how individuals may unknowingly hold stigmatizing attitudes towards PLWH, and exchange strategies and knowledge.

Surveys were conducted online through a website maintained by the Malaysia AIDS Council. HCW respondents were recruited via email or messaging app with a QR code link. Patients were recruited during their medical appointment or via a messaging app by a MAC caseworker. Baseline results for the HCW survey included 3,457 total respondents; the most common problems identified in the survey were fears of contracting HIV and the provision of inadequate care for PLWH. For patients,1,144 PLWH from the nine sites responded. The main issues identified were that clinics were not being welcoming or friendly, and a lack of privacy and confidentiality. The clinical literacy survey results demonstrated low rates of treatment literacy, where 78% of those currently on treatment knew their ARV regimen. About 84% of PLWH had a viral load test done in the last six months; 94% of respondents knew their results.

Based on the HCW and patient survey results, QI coaches from IHSR guided the healthcare facilities through root cause analyses of the baseline data to determine the best interventions and action plans to address issues at critical points where S+D can occur within the care process. In addition, MOH assisted all healthcare facilities in utilizing an online Knowledge, Attitude, and Practice (KAP) survey, developed by the MOH, which includes 36 HIV-related questions, to further assess the level of KAP and the causes of S+D in the clinic settings.

Interventions Phase

Interventions were implemented and specified by the area of the healthcare facility they were targeting in the domains of structure, processes, and people. Each intervention was created to target and reduce the level of S+D occurring in that specific area. As a result, a package of S+D QI interventions specific to Malaysia was developed, with actionable drivers from which sites can choose to facilitate the QI cycle for service delivery improvement.

The QI cycle is comprised of four objectives: 1) measuring S+D levels amongst HCWs in hospital and clinical settings; 2) identifying critical factors that cause HIV-related S+D among HCWs through facility-based workshops; 3) formulating and implementing interventional strategies to address S+D among HCWs; 4) evaluating the effectiveness of those interventional strategies. For coherency and improved organization, the Malaysian QI cycle was further divided into seven complementary stages. These seven stages include: 1) problem identification; 2) problem prioritization; 3) problem analysis; 4) gathering information and analysis; 5) identification of a strategy for change; 6) remedial measure implementation; 7) analysis of the effects of the implemented changes.

Quarterly meetings and seminars are held virtually to discuss and share best practices and intervention experiences at the facility level, including plans for scale-up and sustainability. Findings were shared as part of the annual national Malaysia QI conference, showcasing results. A recognition system has been built into the program's structure to highlight the significant improvement in HIV service delivery and to promote healthy competition.

Challenges and Strategies to Address

Implementation faces several resource, participatory, and administrative challenges. Solutions to address each challenge are shown in the figure below.

Acknowledgements

UCSF-HEALTHQUAL recognizes the contributions of committed staff from IHSR, Malaysia AIDS Council, and the MOH. The Southeast Asia Stigma Reduction QI Learning Network is supported financially by Gilead Sciences, Inc. and ViiV Healthcare. The contents are the responsibility of UCSF-HEALTHQUAL and do not necessarily reflect the views of Gilead Sciences, Inc. or ViiV Healthcare.