Spotlight: Hat Yai Hospital

Reducing HIV-related stigma and discrimination among pregnant women living with HIV at Hat Yai Hospital, Thailand

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Background

Hat Yai Hospital is a regional health facility in Thailand's Songkhla Province, approximately 750 km south of Bangkok **(Figure 1)**. The hospital has over 3,000 staff, and its ARV clinic provides care to over 3,500 people living with HIV (PLWH). In recognition of its attention to quality, the hospital has maintained the Ministry of Public Health's disease-specific certification for high-quality HIV/STI care since 2016.

As part of the Division of AIDS Services' nationwide initiative to reduce HIV-related stigma and discrimination (S&D) in healthcare settings, in 2018 Hat Yai Hospital implemented routine measurement of S&D among healthcare workers (HCW) and PLWH, and applied quality improvement (QI) methods as part of a multi-pronged approach to promote development of an "HIV friendly hospital."

Figure 1. Hat Yai Hospital

Bangkok

Hat Yai Hospital

Planning a Tailored Response Using QI Methods

To identify drivers of HIV-related S&D, Hat Yai Hospital staff conducted a survey of HCWs and PLWH in 2018 and developed a driver diagram to identify and map root causes. In addition, staff also generated ideas for potential interventions according to each identified driver, and designated teams to test these ideas using Plan-Do-Study-Act cycles.
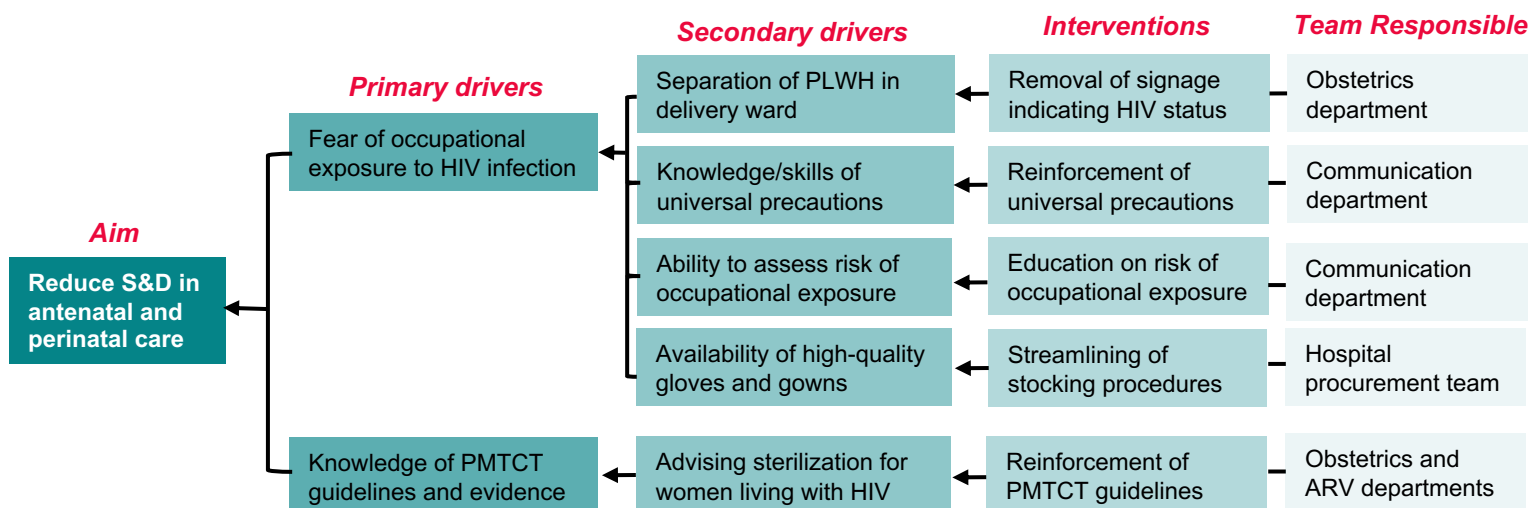
Results of HCW and PLWH Surveys

Following the formal launch of S&D-reduction activities in 2018, Hat Yai used a web-based survey platform (REDCap) to conduct a facility-wide assessment of S&D among HCWs and PLWH. As part of this assessment, 223 HCWs and 225 LWH were surveyed. Results of HCW survey responses showed that large percentages of staff reported fears of occupational exposure to HIV infection, frequent use of unnecessary precautions, and negative attitudes toward pregnant women living with HIV. Results of PLWH surveys showed that experiences of self-stigma were common, and that nearly one fifth of PLWH had experienced either unauthorized disclosure of their HIV status in the healthcare setting or discrimination related to their sexual and reproductive health preferences.

Applying Root Cause Analysis to Prioritize Interventions

In response to a high proportion of HCWs reporting negative attitudes towards pregnant living with HIV and common reports of discrimination related to sexual and reproductive health preferences among PLWH, the Hat Yai team focused their efforts on reducing S&D among pregnant women living with HIV who access antenatal and perinatal care. Subsequent root cause analysis conducted by the hospital team yielded two primary drivers and five secondary drivers (**Figure 2**). Based on its analysis of the secondary drivers, the team devised five interventions and created teams to implement each intervention.

Figure 2. Driver Diagram of Root Causes of S&D in Antenatal and Perinatal Care

Aim	Primary drivers	Secondary drivers	Interventions	Team Responsible
Reduce S&D in antenatal and perinatal care	Fear of occupational exposure to HIV infection	Separation of PLWH in delivery ward	Removal of signage indicating HIV status	Obstetrics department
		Knowledge/skills of universal precautions	Reinforcement of universal precautions	Communication department
		Ability to assess risk of occupational exposure	Education on risk of occupational exposure	Communication department
		Availability of high-quality gloves and gowns	Streamlining of stocking procedures	Hospital procurement team
	Knowledge of PMTCT guidelines and evidence	Advising sterilization for women living with HIV	Reinforcement of PMTCT guidelines	Obstetrics and ARV departments

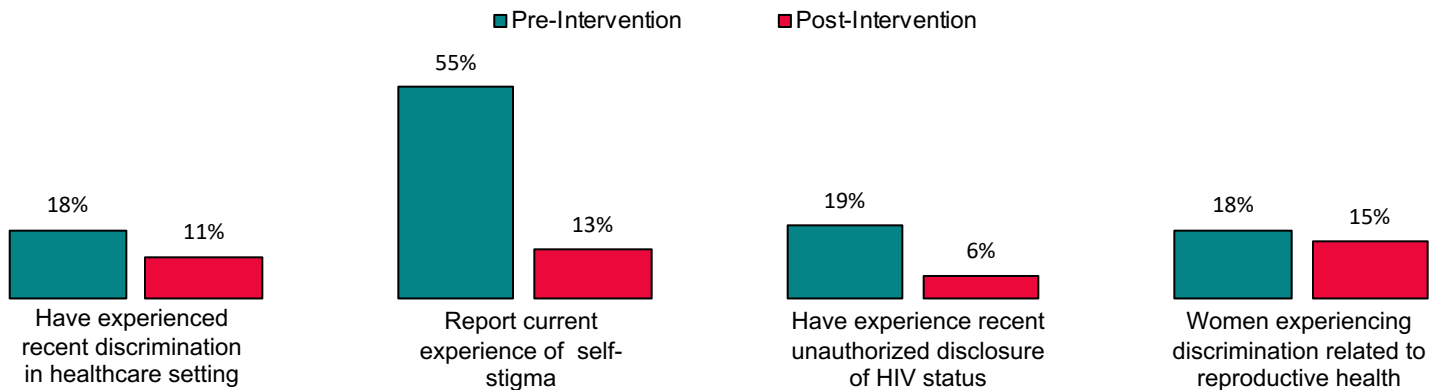# Implementing a Data-Driven Package of Interventions

Intervention

Findings of the driver diagram exercise led to the development several of S&D-reduction interventions, including removal of signage designating a specified bed for pregnant women living with HIV in the delivery ward, provision of couples and partner counseling in antenatal care, improved coordination between post-partum care and primary care, strengthening of stocking practices for high-quality gloves and gowns, clinician reminders on PMTCT guidelines, and organization of participatory S&D/QI trainings with an emphasis on universal precautions and Hat Yai's model of an "HIV-friendly hospital." Notably, these interventions were designed to address service delivery points across the PMTCT cascade, spanning HIV testing and counseling, antenatal care, labor and delivery, and transition to continuity care for both mother and newborn.

Results

Six months after implementation of S&D-reduction interventions, surveys of PLWH were repeated with results showing improvements across multiple indicators **(Figure 3)**. In particular, the indicator on self-stigma decreased by 42%, reports of recent unauthorized disclosure of HIV status fell by 13%, and reports of discrimination related to reproductive health preferences among pregnant women living with HIV also decreased.

Figure 3. Pre- and Post-Implementation Results

Pre-Intervention | Post-Intervention

- Have experienced recent discrimination in healthcare setting: 18% / 11%
- Report current experience of self-stigma: 55% / 13%
- Have experience recent unauthorized disclosure of HIV status: 19% / 6%
- Women experiencing discrimination related to reproductive health: 18% / 15%

Lessons Learned

In its application of QI methods to drive implementation of stigma-reduction efforts, Hat Yai Hospital aims to apply a data-driven approach to the development of an "HIV friendly hospital." Through its approach, the hospital team has adopted several "best practices" that are crucial to the successful implementation of S&D QI activities:

✓ ***Using root cause analysis to tailor interventions to specific sub-populations of PLWH.*** Application of QI methods such as routine measurement and root cause analysis enabled Hat Yai staff to identify a disproportionate burden of S&D among pregnant women living with HIV who access antenatal and perinatal services. As HIV-related S&D may manifest itself differently in certain sub-populations of PLWH (e.g., adolescents, pregnant women, substance users), efforts to reduce S&D should seek to identify these differences where they exist and mount an appropriately tailored response.

✓ ***Developing organizational accountability for S&D-reduction efforts.*** As part of its S&D QI efforts, Hat Yai hospital implemented a highly coordinated response that designated a specific team responsible for the implementation and monitoring of each intervention. Strong coordination, organizational commitment, and leadership support are powerful enablers of QI activities in healthcare organizations and can assist in developing accountability across hospital departments and units. Prior to the introduction of S&D QI activities, implementing teams can benefit from developing a detailed monitoring plan that not only specifies "how" activities will be implemented, monitored, and evaluated, but also specifies "who" will be responsible. Doing so can prevent duplication of efforts and facilitate implementation of S&D QI activities that are truly organization-wide.

Acknowledgements

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