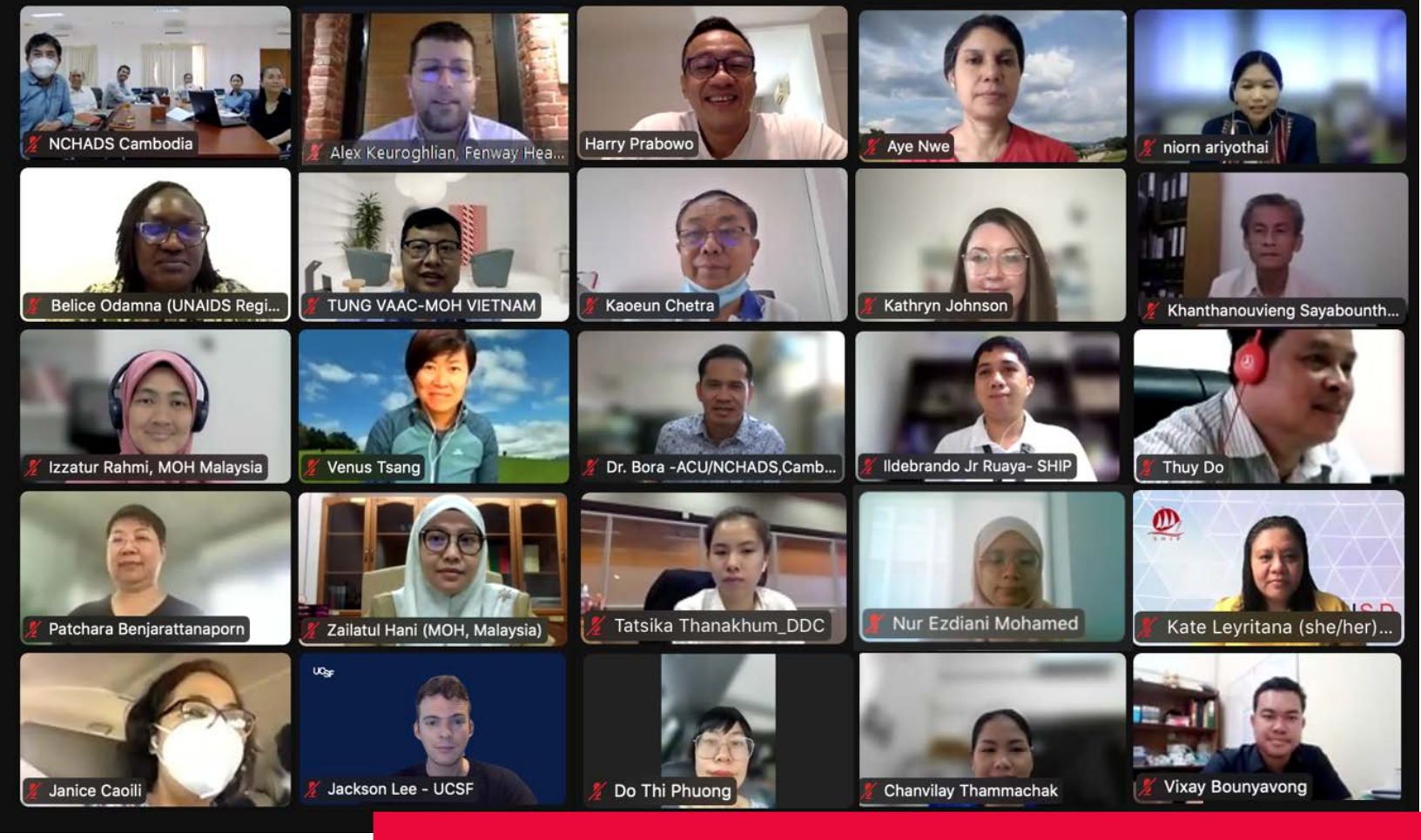


Summary of the 10th Multi-Country Network Meeting

Southeast Asia Stigma Reduction QI Learning Network

May 20, 27, and June 3
Virtual, via Zoom

Healthqual

UCSF

UCSF Institute for Global Health Sciences

UNAIDS

QI S+D NETWORK ASIA/PACIFIC

ViiV Healthcare

GILEAD

Presentations and Recordings

A shared Dropbox folder with all presentations from the 9th Network Meeting can be found at:
dropbox.com/sh/ocw42dkur92yjc7/AAAPJIfz0iYo-IOIU8ws9SHSa?dl=0

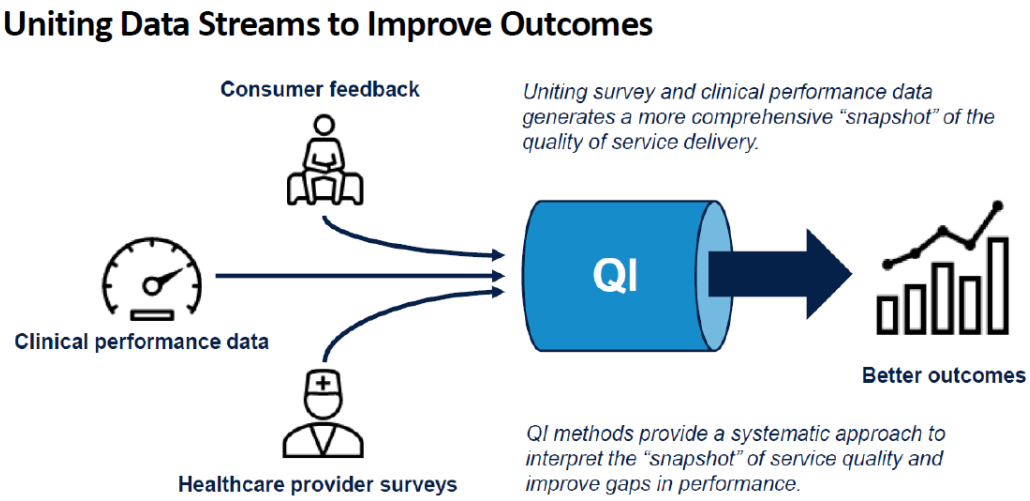
A public YouTube playlist with the video recordings of each day of the 9th Network Meeting can be found at:
youtube.com/playlist?list=PLd2cUKWXn63zXL1TeZLayPHwVpn5Mg_5a

Executive Summary

Background

HIV-related stigma and discrimination (S+D) in the healthcare setting remains a formidable barrier to achieving 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 (QIS+D) was launched in 2017 by UCSF-HEALTHQUAL, headquartered in the Institute for Global Health Sciences at the University of California, San Francisco, initially 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 Learning Network aims to accelerate the implementation of national- and facility-level HIV-related S+D reduction activities in Cambodia, Lao PDR, Malaysia, Philippines, Thailand, and Vietnam through routine measurement, quality improvement (QI) methods, and peer learning and knowledge exchange. By acting upon insights generated from routine analysis of healthcare provider survey data and patient feedback, anticipated outcomes of the initiative include the 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. Funding through ViiV Healthcare and Gilead Sciences was secured to continue the work into 2022. QIS+D is co-sponsored by UNAIDS and recognized as an activity of The Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination.

How data are used for QI in the Network



The 10th Multi-Country Network Meeting of the Southeast Asia Stigma Reduction QI Learning Network was convened on May 20, 27, and June 3, 2022, virtually via Zoom. Attendees represented national and provincial Ministries of Health, UNAIDS country offices, U.S. Centers for Disease Control and Prevention (CDC) country offices, civil society, and local implementing partners representing Cambodia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, and Vietnam (see **Appendix** for a list of attendees). The meeting was co-chaired by Harry Prabowo of APN+, Quinten Lataire and Belice Odamna of UNAIDS, and Dr. Bruce Agins, Richard Birchard, and Jackson Lee of UCSF HEALTHQUAL.

Executive Summary (cont'd)

Meeting Themes/Highlights

- Presentations from Ministries of Health in Cambodia, Lao PDR, Thailand, Malaysia, Philippines, and Vietnam reported on progress of the programs and summarized findings from their follow-up data and how results are used to identify effective QI interventions.
- Many countries reported increased participation in the HCW surveys and patient questionnaires, highlighting multiple QI S+D reduction interventions.
- Dr. Jeremy Ross of TREAT Asia, presented on the Substance use, Stigma, Depression and Disability among Adults with HIV in Asia (S2D2) study. The study was undertaken in response to the high prevalence of MH disorders among PLHIV, which are associated with poor clinical outcomes for PLHIV. The study results speak to the need to integrate MH and substance use screening and treatment into HIV clinical settings.
- Dr. Alex Keuroghlian from Harvard University and The Fenway Institute presented on mental health service delivery among PLWH and LGBTQ populations and how it can be integrated into outpatient services, followed by breakout sessions to discuss the same.
- Dr. Wipaporn Natalie Songtaweesin of Chulalongkorn University in Thailand, presented on their Buddy CU program for the delivery of adolescent services. This "one-stop shop" clinic model encourages HIV service uptake for adolescents through conveniently packaging HIV testing, self-testing, ART, PrEP, sexual health services, gender affirming care, and mental healthcare in one location supported by a multidisciplinary team.
- Kathryn Johnson, Policy Specialist with the UNDP Bangkok Regional Hub, provided an overview of the multiple ways UNDP supports key populations in addressing barriers to accessing HIV health services.

Next Steps

The 11th Multi-Country QIS+D Network Meeting is planned to be convened as an in-person/hybrid meeting in Bangkok, November 2022. It will focus on the review of work plans, S+D affecting key populations, and partnerships with community providers and PLWH to reduce stigma. Additionally, there will be continued discussions about strengthening the representation of civil society in the Network. Tentative topics include continued focus on key population stigma, and PrEP. We also plan to discuss conducting webinars between Network Meetings with experts presenting on key topics and to examine in-depth aspects of the country programs.

Before the 11th Network 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 to discuss implementation plans and provide technical support on S+D QI activities.
- Coordinate follow-up discussions at future QIS+D Network meetings focusing on key populations, PrEP, and involvement of civil society.
- Schedule virtual check-in meetings with country teams.
- Distribute the Network Meeting summary report, including the summary of the breakout session and resources from guest presenters.
- Continue development and dissemination of Spotlights to showcase country and facility-level experiences implementing S+D QI activities.

Ministries of Health will:

- Continue implementing S+D QI activities according to their work plans, including ongoing measurement and documentation of improvement interventions.
- Conduct additional rounds of measurement of network-wide indicators on treatment literacy and patient experience, and the HCW surveys.
- Scale-up and spread successful interventions and best practices that have been shown to reduce S+D.

Executive Summary (cont'd)

- Develop plans to integrate KP-specific stigma reduction interventions into their existing S+D QI activities, and continue to address self-stigma and integrated mental health services.
- Harvest successful interventions and implementation approaches for presentation at the Network's 11th Multi-Country QIS+D Network Meeting.

Acknowledgments

The SE 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.

Country Presentations

Cambodia

Presenter:
Dr. Ky Sovathana
Clinical AIDS Care Officer
NCHADS

- Cambodia has developed a national management strategy for S&D reduction, which includes SOPs on patient satisfaction feedback and CQI for HIV care and treatment. Patient satisfaction feedback is being implemented in 69 facilities in all 25 provinces (up from eight facilities in four provinces in 2019) with an online dashboard is available to all sites to measure progress. In facilities, patients can use a tablet or scan a QR code to complete feedback surveys. Patient satisfaction data is reviewed at least quarterly to inform quality improvement activities. The national program monitors these data for all implementing sites to champion successful improvements and provides technical assistance to sites experiencing poor performance.
    - Of the 69 sites implementing patient satisfaction feedback, 40 are actively engaging clients to complete the feedback and 17 are using the data to direct discussion and QI.
    - Key intervention strategies that have arisen from site-level discussion include increasing multi-month dispensing, improving patient flow, and reducing clinic wait times.
    - Challenges include illiteracy (30% of patients) preventing completion of feedback via QR code or tablet, unfamiliarity with QR codes, and staff turnover affecting active use of patient feedback. To address the challenge of literacy that challenges survey completion for some consumers, the Staff for Community Action Approach has been developed to engage patients to help them successfully complete the survey.
- The number of clients providing feedback was 2,727 in the first quarter of 2022 – more than double the results during previous quarters. Of the responding clients, 7% identified themselves as MSM, 1% as TGW, and 1% as PWID. Patients reported overall satisfaction with ART services and providers with 97% reporting being treated respectfully by staff. The top suggestions by patients for improvement included 6-month dispensation of medication, reduction of wait times, and toilet cleanliness.
- Patient feedback also continues to be measured according to service delivery by different cadres, including the receptionist, pharmacist, counselor and doctor. Rates for the pharmacist are slightly lower (75%) than those for other cadres (82%-85%).
- Provider feedback has increased in the first quarter of 2022 after COVID lockdowns impacted participation. The percentage of providers who have observed HCW being unwilling to care for PLHIV has varied over the last three quarters, but the percentage who have observed HCW providing poorer quality of care to PLHIV has decreased during this time from 13.6% (n=.44) to 10.0% (n=136). After targeted training and coaching, providers reporting routine double gloving when providing care for PLHIV has decreased from 11% to 5% in the past three quarters.
- QI interventions identified following data review include shortening of waiting time, simplifying patient flow starting at triage, more time with providers especially for KPs, simplifying questions in the PSF questionnaire and increasing multi-month dispensing intervals.
- At the national level, a core CQI Group continues to meet, complemented by subnational groups. A revised CQI SOP was finalized in 2021.

Country Presentations (cont'd)

Vietnam

Presenters:
Tran Thanh Tung
Specialist, Vietnam Administration of HIV/AIDS Control (VAAC)
Ministry of Health, Vietnam

Do Thi Phuong
Project Coordinator
The Partnership for Health Advancement in Vietnam (HAIVN)

- Vietnam facilitates S+D reduction at the facility QI implementation, community, and national levels). After working with six provinces in 2021, the team now focuses support on four key provinces while expanding to new sites in each province. S+D data collection includes the health care worker survey, patient experience questions, and clinical literacy questions.
- The sixth round of data collection was conducted from September 2021 – April 2022 across 21 sites in four provinces.
    - The percentage of HCW reporting fear of infection while drawing blood of PLHIV has increased across the last three rounds of surveys (from 41% to 48%). These results are most pronounced in the northern province of Thai Nguyen and among surgery department staff.
    - In the latest survey round, 95% of HCW report that there are adequate supplies in their facility to reduce risk of infections and 72% report that the facility has written guidelines to protect PLHIV.
    - A new indicator measuring HCW confidence in providing services to KP shows hesitation is lowest where HCW receive sufficient training to work with KP.
    - The literacy assessment shows that the percentage of clients who knew the results of their most recent VL test increased to 83% from 71% in the previous round.
    - The percentage of clients who were familiar with U=U messaging increased to 83% from 55% in the previous round.
    - No clients reported facility-based discrimination in this most recent round, however 11.5% reported having experienced stigma regarding use of PrEP.
- QI projects address four key areas: fear of HIV infection; VL literacy and U=U awareness; privacy and confidentiality; and social health insurance. QI interventions included integrating S+D reduction into regular staff meetings, incorporating U=U into the client experience, targeting clients without social health insurance and training of HCW
    - The example of Ba Ria-Vung Tau Health Center was presented. This clinic increased the percentage of clients familiar with U=U through promotional material, collaboration with the CAB, and client follow-up measurement.
- At the national level, the Stigma Index results show that 12.9% of respondents experienced stigma in their community and 24.2% experienced discrimination when seeking HIV care. The MOH has developed guidelines to support the adaptation of CABs and community scorecards in new provinces. Additionally, a new PrEP quality improvement program, PrEPQUAL, will be launched in 28 provinces this year.

Lao PDR

Presenter:
Dr. Chanvilay Thammachak
Centre for HIV/AIDS and STIs
Ministry of Health

- The 7th round of HCW surveys was conducted in April 2022 using a Google Form accessible via QR code. All 11 ART sites were assessed with two point of care sites added for this round. The majority of

Country Presentations (cont'd)

Lao PDR (cont'd)

respondents were nurses (52.7%) and doctors (27.1%). Respondents represented a variety of wards and units.

- The survey demonstrated a slight increase across all indicators in the HCW survey compared to the previous round, (ranging from one to ten-point increases. These changes are most pronounced among doctors and nurses. This round of data collection included many new HCW, which may have affected results. However, responses remained unchanged for the question of whether women living with HIV should be allowed to have babies.
- A new set of questions assessing stigmatizing beliefs among HCW found that 60.7% believe people get infected with HIV because they engage in irresponsible behavior, and 45.5% believe people with HIV do not care if they infect other people.
- Suggestions for reducing S+D from HCW include joint activities between HCW, PLHIV, and communities; increasing HIV knowledge among HCW; additional education materials on HIV S+D; and a standardized S+D reduction package for facilities.
- The 5th round of patient feedback was conducted through a Google Form. This round had the highest number of respondents, with 647 patients completing the survey, an increase of 111 from the previous round. The percentage of patients responding as satisfied with their care ranged from 93.3-99.5% across the survey. The percentage reporting experiences with discrimination was 2.7%, however.
- The 5th round of patient clinical literacy questions was conducted through a separate Google Form. This round had the highest number of respondents, with 801 patients completing the survey, an increase of 276 from the previous round., 22.6% of ART patients responded that they did not know which regimen they were taking, suggesting the need for patient education interventions. Results showed that 45.6% of respondents did not know their last VL test result, possibly a result of how HCWs communicate these results, describing a result as good or bad rather than explaining the VL level., and flagging a major area for improvement.
- After reviewing routine monitoring data, the S+D team decided to conduct an S+D workshop in June and July for all sites. The team is also developing a national S+D reduction TA package with technical input from the Thailand team. Continued encouragement of provincial health leaders to promote good practices for S+D reduction remains a priority.
- A coaching group is being created to share strategies and foster peer learning to strengthen skills.

Malaysia

Presenter:
Zailatul Hani Mohamad Yadzir
Research Officer, HIV/STI/Hepatitis C Sector
Malaysia MOH

- This project is a collaboration among the MOH HIV Program (HIV/STI/Hepatitis C Sector), Institute for Health Systems Research, IHSR (MOH QI lead) and the Malaysia AIDS Council, MAC.
- The Phase 1 QIS+D cycle involved 10 sites from 6 states where:
    - The initiative has included a baseline evaluation and two 8-month QI cycles based on HCW and patient surveys. Although the number of HCW respondents increased (1194 to 2093) in the third round of data collection, the number of PLHIV respondents declined (673 to 338). In general, HCW attitudes towards treating PLHIV and KP remained unchanged from second to third rounds, following the initial improvement observed in the second round. PLHIV reported both increased and decreased S+D across the various indicators, but demonstrated substantial improvement in treatment literacy (in particular, the U=U campaign).
    - QI coaching and meetings with facilities continue virtually complemented by a webinar series. Surveys with HCW and PLHIV were made available via mobile phones.

Country Presentations (cont'd)

Malaysia (cont'd)

  - QI interventions have been compiled into a compendium (available here) which categorizes by structure, process, and targeted population (PLHIV or HCW). Examples of key interventions included improving governance structure through development of S&D committees and co-location of services, strengthening work processes through removal of identifying labels on forms and updating SOPs, and people-related interventions through content modifications of training and engaging PLHIV as volunteers in the clinic.
- The country's first S+D webinar was held on April 20 and included representatives from MOH, other government departments, the private sector, universities, and NGOs (available here). The webinar focused on findings from past S+D studies (MySES 2021, qualitative assessment of SRH among WLHIV 2021, and best practices from the QI S&D project 2020-2021) with the goal of disseminating them and translating findings into change of practices for the attending institutions.
- Project spotlight: Johor state undertook an independent S+D reduction effort which included promotional videos, social media (TikTok), posters, promotional materials for health facilities (e.g., murals, car stickers), training modules, and a state S+D convention. Awards were given to the best posters and promotional videos at this mini-convention. Two sites became the winner and first runner-up during the state-level Innovation Convention 2021.
- The Phase 2 Project has begun with 16 states and 55 facilities participating, with 6,215
  - HCW and 1,499 PLHIV respondents.
  - A baseline intervention process was conducted, with participants identifying contributing factors to S+D and formulating intervention strategies. Implementation of strategies and evaluation will follow.
  - Baseline results indicated that 72% of HCW are worried about drawing blood from PLHIV, 68% indicating that they wore double gloves when attending PLHIV, but a majority reporting colleagues willing to provide quality care to PLHIV. Only 6% of PLHIV reported that they had ever experienced stigma when accessing health services (compared to 12% for baseline in Phase 1). Challenges remain, however, since 16-20% of HCWs reported preferring not to provide services to KPs, (20% PWID; 19% MSM; 16% TG; 15% FSW).
  - Intervention strategies will be compiled and evaluated at end of 2022.
  - For capacity building, participants ("Pioneers") from the Phase 1 Project were invited to participate with the headquarters team in providing QI coaching to the Phase 2 sites, as well as sharing their experiences during Phase 2 project training/peer exchange.

Thailand

Presenter:
Niorn Ariyothai, B.N.S.
Social Worker
Division of AIDS and STIs, Dept. of Disease Control, Ministry of Public Health

- COVID impacted the implementation of S&D CQI activities. The biannual S+D National Surveillance survey (HCW and patient experience) has been delayed in 2022. Only five hospitals were able to join the S+D CQI initiative in 2021, with just the baseline surveys completed and post intervention surveys delayed until July-August 2022. The baseline survey demonstrated high negative attitudes toward PLWH among health facility staff (76%), which motivated QI interventions. Highlights of these include:
  - Khukhan Hospital in Sisaket used root cause analysis with a driver diagram to identify S+D improvement areas. The hospital implemented a number of QI interventions, including adding an S+D orientation course for new staff, developing QR code-based reporting channels for PLHIV to report S+D, and empowering staff by awarding "Good People of Srikhukhan of the Year" awards. The hospital saw an improvement in HCW attitudes in the follow-up survey and a

Country Presentations (cont'd)

Thailand (cont'd)

large reduction in reports of S+D experiences for PLHIV. Of note, this hospital has started a self-stigma reduction program and is providing KP-friendly services, reinforcement of universal precautions, and trainings on ethics and patient protection, risk of occupation, and PEP and infection control. Additionally, the name of the clinic has been changed to improve confidentiality.

- Taksin Hospital in Bangkok aimed to create a welcoming service experience for PLHIV. The hospital introduced the "Say I love you…PLHIV" project in which HCW filled out cards with messages of support for hypothetical loved ones who have contracted HIV or for themselves, if they were a PLHIV seeking care. The hospital has undertaken a project to prioritize the dental clinic, delivery and operating room queues. Further, staff have stop dividing the birth zone and adjusted the patient management system. They hospital saw a reduction in stigmatizing behaviors in HCW and experiences of S+D in PLHIV as measured by both the HCW and patient composite indicators.
- Akatamnauy Hospital in Sakon Nakhon sought to create a more confidential atmosphere in the outpatient clinic to prevent the disclosure of blood results PLHIV. The hospital changed signage, labels, and created separate locations to conduct patient history takings to reduce inadvertent disclosure of HIV-positive status. Other interventions included creation of a guideline by dentist and clinic leadership for patient waiting lists to avoid queuing discrimination, ethics and patient protection training for staff, and posting of policies on the hospital website. Post-intervention, the hospital saw a reduction in stigmatizing behaviors as measured by both HCW and PLHIV surveys. Of note, this hospital has also started a self-stigma reduction program with linkages to communities.

- The country continues efforts to scale S+D QI nationally through integration with their national stigma reduction 3x4 plan while mobilizing resources to disseminate and implement the 3x4 package at facility level. Linkages with communities and public campaigns for awareness are two areas identified for additional activity.
- Khuan Khanun Hospital in Phatthalung updated survey cards on client satisfaction are being implemented at participating hospitals. The cards allow for evaluation of care across 20 domains including hospitality equality, and confidentiality of service.
- Next steps include coaching hospitals to refresh S+D QI activities, development of an implementation manual for S+D QI and to integrate these activities into routine operations.

Philippines

Presenter:
Dr Kate Leyritana
Medical Director
Sustained Health Initiatives of the Philippines

- QI stigma work in Philippines has been funded mostly through grant-funded projects and not through central government initiatives. Most hospitals do not have a QI team to facilitate ongoing QI efforts. The nonprofit organization SHIP is the primary implementer of the Network in partnership with members of The Philippines Society of Microbiology and Infectious Diseases (PSMID) and UNAIDS. PSMID members are typically the heads of HIV centers in hospitals.
- Two separate studies on S+D have been conducted: one in hospitals (funded by Gilead Sciences) and one in CBO-led clinics [funded by the Sustainability of HIV Services for Key Populations in Asia (SKPA)].

Country Presentations (cont'd)

Philippines (cont'd)

- The **hospital network conducted** two rounds of both healthcare workers (HCW) surveys and patient experience questionnaires about attitudes and observations/perceptions of S+D. Disruptions due to the COVID pandemic resulted in a significant drop in respondents between the two rounds (6 months), with HCW responses dropping from 915 to 196 and patient responses dropping from 909 to 179.
    - There was minimal change between the survey rounds for HCW. For patients, scores were already high but still showed improvement compared to the baseline.
    - Results from the HCW survey showed slight improvements for agreement that women living with HIV should be allowed to have babies, and fewer respondents stating worry about contracting HIV from drawing blood from a PLHIV.
    - Hospitals pursued several QI activities to address issues raised by the surveys, including maintaining a patient feedback process for HIV services, implementing PLHIV Medical Care Refresher courses among nurses and OB staff, and facilitating HIV S+D literacy activities across departments and roles.
    - One QI project was highlighted: Bahay Lingad hospital implemented a new HIV policy to prevent HIV discrimination originating from staff. In addition, new office partitions were constructed to improve confidentiality during patient visits.
    - Several key populations were represented in the patient questionnaire results: 81.55% of males identify as MSM, 3.63% of respondents identify as transgender, and 2.09% of respondents identify as using drugs.
- The **S+D study in CBO-led clinics**, two rounds of surveys were conducted with over fifty healthcare worker survey respondents and over 300 patient experience respondents. MSM, represented 54.3% of the baseline respondents.
    - Results indicated that patient experience was overall positive, and the healthcare workers overwhelmingly responded with comfort towards treating KP. Questions around comfort towards physical contact with patients while providing HIV care demonstrated a need for precise language since many respondents considered COVID in their responses.
    - Highlighted QI interventions: Opening the clinic on Sundays to increase access to HIV services; utilizing an active client feedback system with a de-identified feedback sheet; reducing S+D through augmented HIV education for healthcare workers; utilizing trainings and a client feedback box in the local language to track an 80% decrease in S+D in January 2022; decreasing wait times; customer service training and reorganization of facility structure to improve service time and decrease S+D.
- Major priorities for the Philippines QIS+D are to engage the Department of Health as champions in this work with policy development to support resource allocation for the activities. A major gap remains the lack of standardization of QI activities in the service delivery process.

Topic Presentations

The Substance use, Stigma, Depression and Disability among Adults with HIV in Asia (S2D2) Study (and related research)

Presenters:
Dr. Jeremy Ross
Director of Research
TREAT Asia

- TREAT Asia is an amfAR regional research collaboration that develops, implements, and manages research on HIV clinical and treatment outcomes in Southeast Asia (SEA). TREAT Asia leads the Substance use, Stigma, Depression and Disability among Adults with HIV in Asia (S2D2) study

Topic Presentations (cont'd)

The S2D2 Study (cont'd)

(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9170121/pdf/10461_2022_Article_3714.pdf). The study was undertaken in response to the high prevalence of MH disorders among PLHIV, which are associated with poor clinical outcomes for PLHIV.

- The backdrop for this study is the treatment gap for MH in the region, namely that 75% of people with mental health disorders in SEA do not receive care, and that MH care professionals are scarce. The S2D2 study objectives were to estimate the prevalence of depression, identify factors associated with depression including stigma experiences, and examine the associated outcomes of depression in 5 countries: Hong Kong, Philippines, Malaysia, South Korea and Thailand.
- The study instruments used included the PHQ-9 (depression); HIV Stigma scale (experience of stigma); WHOQOL-HIV BREF (QOL); ASSIST (substance use), and WHODAS 2.0 (disability). Sexual risk was also assessed.
- Of the 864 adults with HIV enrolled in the study, 88% were male and 97% were on ART. HIV VL results were available for 79% of participants on ART, of which 92% had achieved VLS.
- The results show high prevalence of depressive symptoms (19%) and suicidal ideation (19%) among participants. Those with suboptimal ART adherence were 2.41 times as likely to report moderate-to-severe symptoms of depression.
- Participants also reported a high prevalence of moderate-to-high risk substance use (49%). Those with suboptimal ART adherence were 2.9 times as likely to report moderate-to-high risk substance use.
- These results speak to the need to **integrate MH and substance use screening and treatment into HIV clinical settings**. Linkages to specialist MH and substance use care should be included for further assessment and interventions. These initiatives should be localized to prioritize local MH and substance use trends.
- Additional analyses of these data in development include outcomes from HIV stigma and effects on quality of life and disability.
- A TREAT Asia study published recently, *Integration of mental health services into HIV healthcare facilities among Thai adolescents and young adults living with HIV,* (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7876472/pdf/JIA2-24-e25668.pdf) found a high burden of depressive symptoms, anxiety, and suicidality in adolescents living with HIV in Thailand.
- TREAT Asia is currently implementing a study on MH screening in HIV clinical settings in Thailand, Philippines, and Malaysia. The objective of the study is to identify patient outcomes and barriers to implementation of MH screening.

Gender-affirming Care and Mental Health Services: Integrating Both Into Outpatient Care to Reduce Stigma and Discrimination

Presenter:
Alex Keuroghlian, MD, MPH
Associate Professor of Psychiatry, Harvard Medical School
Director, Massachusetts General Hospital Psychiatry Gender Identity Program
Director, The National LGBTQIA+ Health Education Center at The Fenway Institute

- The National LGBTQIA+ Health Education Center works in the US and abroad to provide TA in LGBTQIA+ care. Education and training resources are available of the center's website.
- Gender affirmation is the practice of perceiving and supporting clients as the gender with which they identify and how they express their gender instead of using the gender assigned at birth. Social affirmation, legal/document changes, hormone therapy, and surgical affirmation are all gender affirming practices.

Topic Presentations (cont'd)

Gender-affirming Care and Mental Health Services (cont'd)

- Clinicians can contribute to gender affirmation by fostering gender identity exploration, presenting non-medical and medical strategies for gender affirmation, reducing internalized transphobia, and support adjustments through the affirmation process. Best practices include avoiding assumptions about a client's gender identity and utilizing correct terminology.
- Gender minorities experience disproportionate amounts of external stigma-related stress which leads to internal stressors, behavioral health problems, and physical health problems. The prevalence of lifeline suicide attempts im the US is 41% among gender-minority adults compared with 4% in the general population.
- Clinicians can address this stress process in gender minority clients through techniques like normalizing adverse impact of this stress, facilitating emotional awareness, and empowering assertive communication.
- Social affirmation of gender minorities during development can greatly improve adult mental health outcomes. Gender affirming care can greatly reduce the risk of suicide.
- Severe PTSD leads to dissociation and drops in ART adherence. Behavioral health treatments targeted towards those experiencing gender minority stressors can improve HIV-related self-care health outcomes.
- Trauma-informed care can be integrated into any clinical setting. A trauma-informed service environment means safety is promoted, all patients are screened for trauma history, efforts to actively resist re-traumatization are implemented, and staff are trained to foster this kind of environment.
- Patients with identified trauma should be assessed for PTSD symptoms (one standard is the Primary Care PTSD Screen for DSM-5). Cognitive processing therapy can be tailored for PTSD and gender minority stress.
- Gender minority stress leads to higher rates of substance abuse as a coping mechanism. Cognitive-behavioral therapy for substance use disorders can be tailored for gender minorities to cope with minority stress-specific triggers for drug use, utilizing tools for coping with cravings, assertiveness and refusal skills, and shoring up motivation and commitment.
- Clinicians can foster gender affirmation by encouraging exploration, affirming patient gender expression, and assisting patients to make fully informed decisions, including options, risks, benefits and referrals as needed.
- Promoting resilience among patients is an important part of trauma-informed care and can be facilitated through the use of strength-oriented questions posed to the patient, e.g., What characteristics have helped you manage these experiences and the challenges that they have created in your life? characteristics have helped you manage these experiences and the challenges that they have created in your life?
- Multiple tools and resources are available on the National LGBTQIA+ Health Education Center's website to guide providers in providing care that is gender affirming and helps patients improve their body image, reduce self-stigma and facilitate adjustment.

Breakout Session: Integration of Mental Health Services into Outpatient Care

Breakout Session Discussion Guidance and Responses: Participants were asked to discuss and answer the following questions:

1. Is gender-affirming care available in your country in any health service settings? If so, is it limited to geographic areas or types of service settings?
    - Participants indicated GAC is available but limited to certain facilities. HRT is available in the Philippines in some endocrinologists and HIV centers. In Thailand, it is offered in special hospitals and in Thai Red Cross AIDS Research Centre's Tangerine Community Health Centre. It is still an emerging field of care.

Topic Presentations (cont'd)

Mental Health Service Integration Breakout Session (cont'd)

2. How would you recommend to build providers' skills for delivering quality gender affirming care services? What would be the best way to assess whether quality GAC services are provided?

- More trans health training not only for doctors already providing care but for all doctors and healthcare providers, especially to those providing services to key affected population
- Equip HIV centers with HRT to offer one-stop-shop services to their clients
- In order to manage quality of care, monitor client satisfaction via anonymous comment system, determine where patients prefer to seek trans healthcare. Thailand already has a system for S+D feedback which could be expanded to include feedback on GAC

3. Are there programs available for youth in communities that address gender, associated mental health issues and offer linkages to health and mental health services?

- In the Philippines these programs are carried out mostly by NGO, CBO, and National Youth Commission, a government entity addressing MH. In Thailand, this youth work is conducted by NGO and a YMSM project is being conducted in Siriraj Hospital (TUC supported).
    a. Sub question: Are gender affirming surgical interventions (reassignment) available in your country? Is there availability made known?
        a. In Thailand, GAS is available. In the Philippines, people usually go abroad to Thailand, South Korea, and Japan for GAS.

4. How would you recommend that GAC services be integrated into routine practice settings, especially for youth?

- Integrating it into training for doctors and nurses like how S+D has been promoted. Skills sharing activities with those already providing these services.
- There is much work to be done for GAC awareness especially in young people. Next steps include information sharing and engagement of the medical community to show support. Currently available services are focused on adults.

5. What would you say is the best way to integrate mental health services into HIV outpatient care?

- Integrate MH assessment in outpatient care and link relevant clients to MH services
- Aside from quick MH screening, questions on "how are you feeling" should be asked and be a part of standard care.
- For addressing external stigma and discrimination, community-based HIV sensitization activities, self-help/peer support groups and home-based care support
- Addressing S+D towards MH itself, which acts as a barrier to seeking care.

6. What policy recommendations would you make to promote GAC in health care settings in your country?

- Healthcare Governance: Inclusion of LGBTQIA+ as members of a clinical pathway team or a multidisciplinary team in creating practice guidelines. GAC will need to be integrated into training for doctors and nurses.
- Awareness: Organizational mechanism for GAC, ensuring every board member and management knows how SOGIE is represented in the mission of the organization and in organizational publications
- Psychological preparation for patients: Improve access and availability of psychological tools and human resource
- Provision of services: Formal agreement for a referral to another organization that works with LGBTQIA+ individuals
- Government financial support (health insurance): Develop MH care package, lower barriers to MH services for low-income clients
- Process improvements: Inclusive language use in medical registration and history taking

Topic Presentations (cont'd)

UNAIDS Community of Practice for Stigma and Discrimination

Presenter:
Belice Odamna
Consultant
UNAIDS, Asia Regional Office

- In Jan 2022, UNAIDS began regional S+D consultations with stakeholders in a variety of settings (community, healthcare, and justice), to discuss S+D and its impact in their setting, and what skills and knowledge the stakeholders need in order to address S+D. The participants in the consultations agreed that a Community of Practice (CoP) would help them improve their efforts to effectively reduce S+D.
- The objectives of the S+D CoP are:
    - Providing a platform to bring a diverse set of stakeholders together and facilitate dialog around S+D;
    - Capture existing knowledge and generate new knowledge for S+D reduction through regular peer exchange;
    - Promote collaborations and interdisciplinary initiatives for S+D program design and implementation;

UNAIDS is in the process of finalizing the platform and surveying the stakeholders for input on the proposed CoP activities and terms of reference. The launch of the CoP is slated for later in 2022.

Optimizing Adolescent-Centered Care Delivery: A Team-Based Youth-Friendly Clinic Model

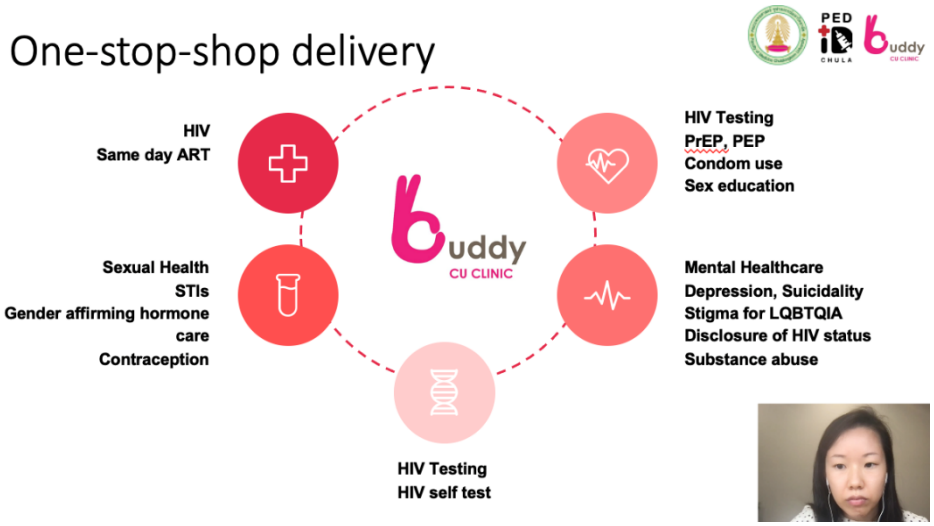
Presenter:
Dr. Wipaporn Natalie Songtaweesin, MBBS, DTMH
Pediatric Infectious Diseases Fellow and Clinical Researcher
Chulalongkorn University

- Chulalongkorn University has been developing a team-based youth-friendly clinic model over the last five years notable for its one-stop, multidisciplinary team model of care. It aims to accommodate adolescents in service delivery who represent the largest group of new HIV infections. The double burden of HIV and mental health diagnoses lead to intersectional stigma which often deters this population from seeking care. The Chulalongkorn youth-friendly clinic seeks to create trust through social-network-strategies to create demand at low or no cost to patients
- The Buddy CU program encourages HIV service uptake for adolescents, through conveniently packaging HIV testing, self-testing, ART, PrEP, sexual health services, gender affirming care, and mental healthcare in one location supported by a multidisciplinary team.

Topic Presentations (cont'd)

Optimizing Adolescent-Centered Care Delivery: A Team-Based Youth-Friendly Clinic Model

- The clinic's "one-stop shop" service model is bolstered by speed, convenience, friendly staff attitudes, and promotional campaigns. These elements remove the logistical and emotional challenges adolescents often face when seeking care.



  - While 87.8% of adolescent clients find HIV self-testing acceptable, most (79%) preferred to conduct the self-test in the hospital with staff assistance. Further, blood-based HIV self-testing was preferred over oral fluid-based self-testing due to the results being available more quickly. These results are used to tailor service delivery to the preferences of adolescent clients.
- Approximately 10-15% of the clinic's adolescent clients experience MH issues, mostly as a result of HIV-related and gender identity-related stigma. The multidisciplinary team, trained by the clinic psychiatrist at the Buddy CU clinic is able to provide routine PHQ-9 screening for depression and integrate basic MH services (counselling and prescriptions) for those with anxiety and depression into the clinic with a team that includes a psychiatrist, pediatricians, social workers, public health staff, psychologists and peer supporters. From November 2020 through January 2022, 86% of those with depression were able to receive their MH care through the clinic.
- Approximately one in four of the clinic's clients are transgender. The clinic offers hormone therapy and hormone monitoring and is able to refer out to low-cost gender-affirming surgery.

Enabling Environments: How UNDP supports key populations in addressing barriers to accessing HIV health services and lessons learned from the COVID-19 pandemic

Presenter:
Kathryn Johnson
Policy Specialist
UNDP Bangkok Regional Hub

- UNDP works to eradicate poverty and reduce inequalities while protecting human rights of vulnerable populations, including people living with HIV.
- UNDP works to improve the quality of HIV and health responses by addressing HIV-related S+D through legal advocacy. The agency supports country-level initiatives in Cambodia (government social protection program), Indonesia (KP right to health capacity assessment), Malaysia (legal network addressing S+D for PWUD), Philippines (online courses for local HIV investment plans), and Thailand (development of protective laws for LGBTI people).
- *Being LGBTI in Asia and the Pacific* is a UNDP program addressing S+D towards LGBTI people and promoting access to health and social services. The program creates policy dialogues and builds

Topic Presentations (cont'd)

Enabling Environments (cont'd)

- capacity with its collaborators, which include government departments, multilateral organizations, CSOs, and the private sector.
- Two Global Fund-sponsored projects, Multi-Country South Asia (MSA) HIV Programme and ISEAN-HIVOS Multi-Country Global Fund HIV Programme, advocate for improving HIV service delivery for MSM and transgender people in South Asia.
- *The Time Has Come* is a training package for national governments to address S+D for MSM and transgender people in healthcare settings. The package has been implemented in national training programs in Bhutan, Indonesia, India, the Philippines, and Timor-Leste.
- Other UNDP publications include a report on barriers to healthcare for transgender people, a policy review of legal gender recognition in Asia, research on LGBT PWUD in Thailand, and a documentation of S+D experienced by transgender women.
- UNDP has also worked to address disparate health experiences of KP and PLHILV during the COVID-19 pandemic, including access to HIV services.

Appendix

Implementation Progress

This section summarizes progress of S&D QI implementation by country as of May 2022.

Progress by Domain

Domain	Cambodia	Lao PDR	Thailand	Vietnam	Malaysia	Philippines
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	✓	✓	✓	✓	✓	**Invited**
1.4 Formal plan for scale-up of S&D QI activities		✓	✓	✓	✓	
2. Performance measurement						
2.1 Formal protocol for collection of HCW survey data	✓	✓	✓	✓	✓	✓
2.2 Completion of baseline data collection - HCW	✓	✓	✓	✓	✓	✓
2.3 Number of post-baseline data collection rounds – HCW	**8**	**6**	**3**	**5**	**1**	**1**
2.4 Formal protocol for collection of PLWH experience questions	✓	✓	✓	✓	✓	✓
2.5 Completion of baseline data collection - PLWH	✓	✓	✓	✓	✓	✓
2.6 Inclusion of PLWH treatment literacy questions		✓	✓	✓	✓	✓
2.7 Number of post-baseline data collection rounds – PLWH	**N/A**	**4**	**3**	**4**	**1**	**1**
3. 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		**Developed training slides on S+D.**				
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		✓		✓	✓	

Appendix (cont'd)

Data Collection Summary

Domain	Cambodia	Lao PDR	Thailand	Viet Nam	Malaysia	Philippines	Total
Healthcare Worker Survey							
# of rounds	9	7	4	6	2	2	30
# of staff	774	7,868	19,133	3,520	5,215	1,022	37,532
Comments							
Patient Experience Questions							
# of rounds	N/A	5	4	5	2	2	18
# of patients	17,870	2,467	16,505	6,582	1,867	1,084	46,375
Comments	Use "Patient Satisfaction Survey" instead; data are collected more frequently		Use "PLHIV survey" instead				
Clinical Literacy Questions							
# of rounds	N/A	5	1	5	2	0	13
# of patients	N/A	2,546	251	6,582	1,867	N/A	11,246
Comments							

Appendix (cont'd)

Meeting attendees

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Appendix (cont'd)

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Appendix (cont'd)

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