



Summary of the 1st Multi-Country Exchange Meeting

Southeast Asia Stigma Reduction QI Learning Network

January 17, 2018



Healthqual

UCSF

UCSF Institute for Global Health Sciences

Executive Summary

Background

HIV-related stigma and discrimination (S + D) in the healthcare setting remains a formidable barrier to achievement of UNAIDS' 90-90-90 targets and optimal outcomes for people living with HIV (PLWH), and underscores a crucial need to develop and implement S + D reduction interventions at scale. The Southeast Asia Stigma Reduction QI Learning Network was launched in 2017 by HEALTHQUAL in the Institute for Global Health Sciences at the University of California, San Francisco, with support from the Health Resources and Services Administration (HRSA) as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The aim of the Learning Network is to accelerate implementation of national- and facility-level HIV-related S + D reduction activities in Cambodia, Lao PDR, Thailand, and Vietnam through routine measurement, quality improvement (QI) methods, and peer learning and exchange. By acting upon insights generated from routine analysis of healthcare provider survey data and patient feedback, anticipated outcomes of the initiative include creation of a regional community of practice in which implementation experiences are rapidly shared, generation and rapid scale-up of data-driven stigma-reduction interventions, reduction of HIV-related S + D in healthcare facilities, and improvements in care and treatment outcomes among PLWH.

Meeting Objectives

The first multi-country exchange meeting of the Southeast Asia Stigma Reduction QI Learning Network was convened virtually on January 17, 2018, with representatives from National and Provincial Ministries of Health, U.S. Centers for Disease Control and Prevention (CDC) country offices, civil society organizations, and local implementing partners in Cambodia, Lao PDR, Thailand, and Vietnam. The objectives of the meeting were to:

- Orient participants to the progress of the multi-country initiative to date.
- Present participant country teams' progress in implementation of national- and facility-level S + D QI activities.
- Present next steps of implementation and share past successes and ongoing challenges.

Meeting Themes/Highlights

- Dr. Bruce Agins of UCSF-HEALTHQUAL provided an overview presentation in which he highlighted the uniqueness of the initiative. In particular, Dr. Agins underscored that little systematic work to date has been undertaken to apply the principles of QI to the reduction of HIV-related S + D, despite the existence of validated measurement tools.
- Presentations from Ministries of Health in Cambodia, Lao PDR, Thailand, and Vietnam summarized current and past activities to address HIV-related S + D in the healthcare setting, including national non-discrimination policies and standard operating procedures that have been adopted.
- Country presentations also described their plans for integration of S + D reduction activities into existing programming to improve the quality of HIV services.

Next Steps

The second multi-country exchange meeting will be convened on April 5, 2018, in Bangkok, Thailand. In the interim, country teams will continue to plan implementation of S + D QI activities with support from UCSF-HEALTHQUAL, CDC, UNAIDS, and local implementing partners, with the aim of completing baseline data collection and launching site-level QI activities by June 2018.

Acknowledgements

The Southeast Asia Stigma Reduction QI Learning Network is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) as part of the Health Resources and Services Administration's (HRSA) Quality Improvement Capacity for Impact Project (QICIP). The contents are the responsibility of UCSF-HEALTHQUAL and do not necessarily reflect the views of the U.S. Government.

Welcoming Remarks

Presenter:

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

- The Southeast Asia Stigma Reduction QI Learning Network aims to apply insights gained from surveys of healthcare workers and people living with HIV (PLWH) to inform QI activities in healthcare facilities.
- This unique initiative is not “business as usual.” Whereas HIV-related stigma was once viewed as unmeasurable and beyond intervention, thanks to the pioneering work of Laura Nyblade and others—including colleagues at Chiang Mai University—there is now a validated method for rigorously assessing HIV-related stigma among healthcare workers.
- Although there is a growing field that seeks to incorporate patient experience into facility-level QI activities, no formalized approach to date has sought to use insights from consumers' experiences of HIV-related stigma to inform QI activities.
- At the national level, this initiative aims to facilitate learning among ministries of health in four participating countries: Cambodia, Lao PDR, Thailand, and Vietnam. Through the routine exchange of experiences and collective expertise, it is hoped that participants will form a community of practice in which innovations and best practices in stigma reduction are shared and adapted for implementation.
- Special thanks for this initiative are due to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Health Resources and Services Administration (HRSA), the U.S. Centers for Disease Control and Prevention (CDC), participating ministries of health, Dr. Laura Nyblade, and the Research Institute for Health Sciences at Chiang Mai University for their collective support, encouragement, and expertise.

Country Presentations

Lao PDR

Presenter:

Dr. Khantanouvieng (Nou) Sayabounthavong
Deputy Directory, Center for HIV/AIDS and STI
Ministry of Health, Lao PDR

- Stigma reduction activities in Lao PDR are led by the Center for HIV/AIDS and STI (CHAS), and conducted in alignment with the National Strategic Action Plan, 2016-2020, and the Ministry of Health's policies on quality management and quality assurance of healthcare services.

Country Presentations (Continued)

Lao PDR (Continued)

- In Lao PDR, there are 11 ART sites operating in 8 provinces. Among these, there are 4 PEPFAR-supported sites in the provinces of Vientiane Capital, Savannakhet, and Champasak that provide care to approximately 60-70% of all PLHIV receiving ART services in the country. S & D trainings of trainers and other in-hospital trainings have been completed in these 4 sites, and there are currently plans to expand stigma and discrimination reduction activities to the remaining 7 ART sites.
- In partnership with UCSF-HEALTHQUAL, CHAS is currently developing a QI coaching plan. A QI coaches' training is currently planned for May 2018 in Vientiane Capital, and coaching in PEPFAR-supported sites is scheduled to begin in June 2018. Plans on how to implement coaching activities in non-PEPFAR-supported sites are currently under development, as are strategies for incorporating existing coaching activities into the S + D initiative.
- The data submission and analysis plan for stigma reduction activities is currently being developed with technical support from the CHAS M & E unit. Discussions about how to integrate S + D indicators into the national HIV quality management plan and existing national databases (HIVCAM) are planned for March 2018.
- Following review of the suite of proposed common indicators for the QI Learning Network, CHAS has agreed to include all indicators as part of its routine S + D monitoring plan, but seeks clarification on the indicator that asks: In Lao PDR, there are no specific guidelines, although there are recommendations that all hospitals not discriminate or stigmatize PLHIV. As part of the initiative, CHAS aims to sample staff and consumers at all 11 ART sites.
- Key activities planned for 2018 include finalization of the national HIV quality management plan, development of a data collection plan and sampling strategy, submission of protocols to the local ethical review committee, and convening of a QI training in May 2018.

Thailand

Presenter:

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

- S + D CQI activities in Thailand are managed by a central working group comprising representatives from the Bureau of AIDS, TB and STIs (BATS), Hospital Accreditation (HA), Research Institute for Health Sciences, Chang Mai University (RIHES), Thailand MoPH-US CDC Collaboration (TUC), Department of Disease Control (DDC), and representatives from civil society. The initiative is divided into three interrelated activities: (1) quality improvement activities, led by HA; S + D training and coaching, led by BATS; and S + D measurement, led by RIHES. These three groups—in collaboration with Regional Offices of Disease Prevention and Control (ODPC), and provincial health offices (PHO)—provide coaching and technical support to participating hospitals.
- Initiative activities began in August 2017 with the convening of a workshop for hospitals interested in implementing S + D CQI. Since this workshop, 50 hospitals from 16 provinces have voluntarily elected to participate—including 33 district hospitals and 17 general/regional/specialized hospitals. In September/October 2017, the existing S + D curriculum was revised and shortened from 2 days to 1 day. In November/December 2017, a 5-day training of trainers was held for participating hospitals, featuring modules on S + D survey collection, an S + D participatory curriculum, and QI activities. Participants are comprised of teams from participating hospitals, PHOs, and ODPCs.

Country Presentations (Continued)

Thailand (Continued)

- The revised training curriculum for S + D reduction is comprised of 5 activities lasting approximately 6 hours. Activity 1 is forms of stigma and discrimination, activity 2 is the “blame game,” and activity 3 is training on universal precautions. The objective of these first three activities is to understand forms and key drivers of S + D. The fourth activity is naming S + D in the health facility, and the fifth activity is facilities’ development of a code of practice and action plan. The last two activities are meant to identify S + D and address them using QI methods.
- As part of the measurement plan, two streams of data will be collected: (1) results of the S + D survey to assess the existing S + D situation in participating hospitals; and (2) clinical outcomes (% of newly diagnosed with CD4<200, % of ARV retention in 12 months, and % of undetectable viral load) to measure the impact of S & D reduction interventions on health outcomes.
- The sample size calculations are different for community hospitals as opposed to the general/regional/specialized hospitals. As general/regional/specialized hospitals have several thousand healthcare workers, a simple random sampling methodology for healthcare workers will be used and 200 clients will be sampled. At community hospitals, all healthcare workers will be sampled, along with 100 clients.
- As of January 2018, participating district hospitals are in the process of collecting baseline data. Because general/regional/specialized hospitals are in the process of being trained in S + D measurement, baseline data collection for these sites will not begin until February 2018. This methodology represents a shift from the previous survey which was undertaken as a random sample of providers from across the country.
- A 6-month implementation period will begin in February 2018, with midterm data collection occurring in August/September 2018 and a workshop on lessons learned scheduled for October 2018. Implementation will then continue for another 6 months, with end-line data collection scheduled for May-June 2019. It was also mentioned that a 4-day regional workshop on stigma reduction programming will be held in Bangkok in April 2018.

Vietnam

Presenter:

Dr. Do Huu Thuy
Chief, Communication, Vietnam Administration of HIV/AIDS Control
Ministry of Health, Vietnam

- At the national level, S + D QI activities are supported by a technical working group comprised of representatives from the Vietnam Authority of HIV/AIDS Control (VAAC), CDC, HAIVN, UNAIDS FHI360, and the Vietnam Network of People Living with HIV (VNP+). At the provincial level, participating hospitals are supported by Provincial AIDS Centers (PAC).
- In December 2017, the Ministry of Health issued a directive on reducing of HIV-related stigma and discrimination in healthcare facilities. Shortly thereafter, VAAC released technical guidelines recommending five key activities: planning, understanding and measurement of stigma at site-level, targeted training, establishment of facility codes of conduct, and routine M & E and reporting. Other national-level S + D activities completed to date include the release of standardized S + D training package for healthcare workers in December 2017, convening of S + D education and awareness activities for medical students in November 2017, and the release of Ho Chi Minh City S + D pilot results on World AIDS Day 2017.

Country Presentations (Continued)

Vietnam (Continued)

- 12 hospitals across the provinces of Son La, Thai Binh, An Giang, and Ho Chi Minh City have been selected to participate in S + D QI activities. Criteria for site selection included considerations of PEPFAR prioritization, interest and commitment of provincial healthcare leaders, and previous and existing activity of provincial coaching teams (PCT).
- At the national level, S + D QI coaching will be supported by S + D TWG and QI experts through development of national standards. At the provincial level, coaching will be supported by PCTs through intensive site-level coaching. At present, PCTs provide clinical TA and QI support to participating hospitals, but will soon be trained in S + D reduction and measurement to support sites as part of the initiative.
- According to the national S + D measurement plan, analysis will occur quarterly. Training for sites will be held on data collection and online system for data management with support through ongoing coaching. All hospitals in Vietnam currently conduct patient and staff satisfaction surveys on a routine basis, but questions that specifically address S + D have yet to be integrated into these surveys. Consequently, an approach for assessment of S + D among PLHIV remains under development.
- Consumer involvement will be facilitated through multiple activities, including pre- and post-intervention surveys, S + D trainings, participation in routine hospital meetings, and engagement in OPCs/hospital as peer or treatment supporters.
- Key activities planned for 2018 include development of a long-term data management plan, submission of relevant protocols, dissemination of national S + D guidelines, convening of provincial-level workshops and trainings of trainers, completion of baseline assessments, and formal launch of provincial QI learning networks with ongoing TA.

Cambodia

Unable to present during meeting.