Summary of the 5th Multi-Country Exchange Meeting

Southeast Asia Stigma Reduction QI Learning Network

April 22-23, 2019
Bangkok, Thailand

PEPFAR

HRSA
Ryan White & Global HIV/AIDS Programs

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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 5th Multi-Country Exchange Meeting of the Southeast Asia Stigma Reduction QI Learning Network was convened on April 22-23, 2019, in Bangkok, Thailand, with representatives from national and provincial 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 Vietnam (see **Appendix** for list of attendees). The objectives of the meeting were to:

- Present country-specific updates on 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.
- Present examples of patient and community engagement in S&D QI activities from implementing sites and civil society representatives from Cambodia, Lao PDR, Thailand, and Vietnam.
- Discuss successes and challenges related to implementation of QI activities to reduce S&D.
- Report progress on use of Network's common suite of clinical questions to assess patient-level treatment literacy and linkages to UNAIDS' 90-90-90 targets.
- Discuss how lessons learned from implementation of HIV programming in the United States can be used to inform S&D-reduction activities.
- Explore how patient feedback and experience-based co-design can be used to drive QI activities to reduce S&D and advance implementation of people-centered health services.

Meeting Themes/Highlights

- Presentations from Ministries of Health in Cambodia, Lao PDR, Thailand, and Vietnam summarized findings of follow-up data collection and how results are being used to identify effective QI interventions. Country presentations also considered plans for scale up of S&D QI activities, and how findings from patient feedback and surveys of treatment literacy are being applied to drive development and promotion of people-centered service delivery.
- Presentations by UCSF-HEALTHQUAL reviewed findings of peer-viewed literature that explored the translation of patient feedback into QI activities. Findings from these studies highlighted the value of patient feedback as a key data source in QI activities, and offered structured approaches for developing priorities for action.
- A presentation by Dr. Nilufar Rakhmanova of FHI360 presented work being conducted in Cambodia to improve delivery of people-centered health services in six provinces. Dr. Rakhmanova also presented on experience-based co-design, an improvement methodology that can be used to engage patients and communities in the design of health services using narratives of their care experiences.

Meeting Themes/Highlights (Continued)

- A presentation from Mr. Harold Phillips and Ms. Tracey Gantt of the Health Resources and Services Administration discussed activities being implemented in the United States to address HIV-related stigma and discrimination and promote delivery of culturally competent care.
- Presentations from civil society representatives in Cambodia, Lao PDR, Thailand, and Vietnam discussed the engagement of patients and communities in S&D QI activities through assistance in data collection, development of a consumer advisory board, and involvement in participatory trainings.
- A facilitated discussion among meeting attendees considered successes, challenges, and recommendations for implementing S&D QI activities. Ongoing challenges reported by attendees included management and continued engagement of stakeholders, low treatment literacy among patients and families, and sustainability of S&D QI activities in the absence of dedicated funding.
- Lao PDR and Thailand discussed the results of pilot efforts to implement questions that assess treatment literacy as part of routine service delivery.
- UCSF-HEALTHQUAL provided an update on future Network activities and shared plans for subsequent Network meetings in CY 2019 and CY 2020.

Next Steps

The 6th Multi-Country Exchange Meeting will be convened in the third quarter of CY 2019, and will tentatively focus on strategies for engaging subnational governmental units and communities in stigma-reduction activities. In the interim, 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 work plans.
- Pilot Network-wide indicators on treatment literacy and patient experience.
- Continue to harvest successful interventions and implementation approaches for presentation at the Network's 6th Multi-Country Exchange Meeting.

Acknowledgements

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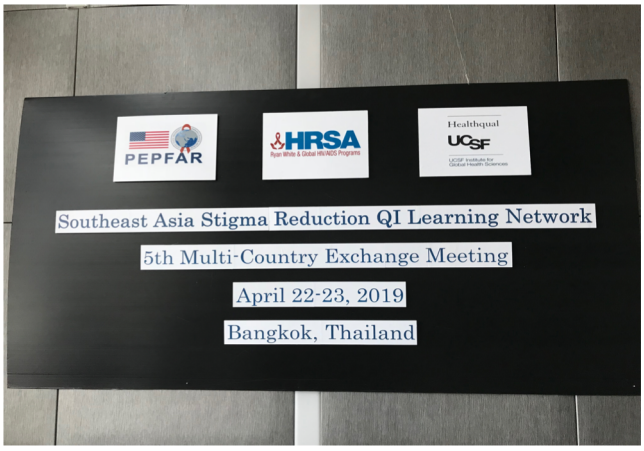
Welcoming Remarks

The meeting was officially opened by Dr. Bruce Agins of UCSF-HEALTHQUAL. In his remarks, Dr. Agins extended an official welcome to representatives from Cambodia, Lao PDR, Thailand and Vietnam, and commended the Ministry teams for their progress in implementing S&D QI activities. Dr. Agins followed with a special welcome to civil society representatives from Sotnikum Hospital (Cambodia), Champasak Hospital (Lao PDR), Foundation for AIDS Rights (Thailand), and Binh Duong Hospital (Vietnam), and thanked them them for agreeing to share their work with Network participants. Dr. Agins ended his remarks by thanking the U.S. President's Plan for AIDS Relief and the Health Resources and Services Administration.



Country Presentations

Lao PDR

Presenter:
Dr. Ketmala Banchongpanith
Center for HIV/AIDS/STIs
Ministry of Health, Lao PDR

- The second round of S&D data collection in Lao PDR's 11 ART sites was completed March-April 2019 as a follow up to baseline collection completed in October 2018. Data were captured using a REDCap-based system, with a total of 998 HCWs completing surveys, representing all areas of the hospitals.
- Between baseline and follow-up data collection, baseline results were disseminated to hospital staff at ART sites during routine staff meetings, and QI teams developed improvement plans based on analyses of the results. Interventions now also include a special module on HIV and pregnancy.
- The eight common indicators were reviewed, and preparations were made in one site (Champasak Hospital) to pilot Network-wide clinical and patient experience questions.
- In the two smallest ART sites, all hospital staff were surveyed. In the remaining nine sites, all staff from the HIV clinic, laboratory, and obstetrics and gynecology department were surveyed along with a simple random sample of remaining hospital staff.
- In comparison to the baseline, results of the second round of data collection revealed decreases in the proportions of HCWs reporting a lack of willingness to care for PLWH (14.2% vs. 24.1%), observing colleagues providing poorer quality of care to PLWH (14.3% vs. 18.7%), expressing worry about drawing blood from PLWH (28.5% vs. 36.4%), and agreeing that there are adequate supplies to reduce the risk of occupational exposure to HIV (80.3% vs. 97.2%).
- At present, patient feedback is assessed using comment boxes. Results of upcoming pilots of the Network-wide patient experience questions in Champasak and Khammouane will be used to inform scale up of these questions in the remaining ART sites.
- Next steps for implementation include the development of a national S&D-reduction change package, encouragement of provincial health leaders to spread best practices, further piloting of Network-wide indicators on patient experience and treatment literacy, ongoing QI coaching of sites, and quarterly administration of surveys of S&D among HCWs.

Country Presentations (Continued)

Vietnam

Presenter:
Dr. Do Huu Thuy
Vietnam Administration of HIV/AIDS Control
Ministry of Health, Vietnam

- As a follow up to baseline data collection completed in September 2018, a second round of data collection will be conducted in Binh Duong Province in May 2019, in Hanoi in June 2019, and in Thai Nguyen Province in July 2019.

- At present, patient experience is assessed among PLWH using a structured questionnaire focusing on S&D. There are currently plans to incorporate Network-wide indicators on patient experience and treatment literacy into routine assessments among PLWH following IRB approval.

- Following analysis of baseline results, QI activities have focused on addressing fear of HIV infection among HCWs and HIV testing without consent. Tested QI interventions have included training for all staff on standard precautions, use of banners, video clips, and facility fan pages to reinforce messaging, promotion of S&D-reduction "champions," strengthening of the roles of treatment supporters as part of routine HIV testing and counseling, and reminders to patients of their rights related to consent.

- QI coaching of participating sites is ongoing, and tailored to need. Mobile applications such as Zalo, Zoom, and Google documents are being used to supplement in-person coaching visits and track implementation.

- As part of VAAC's broader approach to stigma reduction, all provinces have been requested to report on progress of implementation of S&D-reduction activities by May 2019. In addition, VAAC is currently developing standards of patient/KP-friendly services and training materials on KP sensitization for HCWs to complement facility-level S&D QI activities. Finally, VAAC plans to conduct a national K=K (Undetectable=Untransmittable) campaign in the second half of 2019 as part of its support of KP-friendly service delivery.

- Next steps of implementation include ongoing coaching of participating facilities on their S&D QI activities, support of peer learning and exchange among facilities and provinces and follow-up data collection between May-July 2019. Implementation in Hanoi and Thai Nguyen will continue with scale up of S&D QI activities in 6 additional provinces (Bien Hoa, Tay Ninh, Tien Giang, Hai Phong, Long An, Ba Ria-Vung Tau). HIV testing sites will be added in Hanoi.

Thailand

Presenter:
Ms. Parichart Chantcharas
Bureau of AIDS, TB, and STIs
Ministry of Public Health, Vietnam

- The second round of data collection was completed in November 2018-April 2019 as a follow up to baseline data collected October 2017-July 2018. In total, 5,545 HCWs and 4,615 PLWH were surveyed across 48 participating hospitals. All staff from small hospitals are included. In large hospitals, all ART-related services staff are included; simple random sampling of other staff was conducted.

- Compared to baseline data, results of follow-up data collection showed decreases in the proportion of HCWs reporting fear of HIV infection (46.7% vs. 55.0%), use of double gloves when providing care to PLWH (23.2% vs. 34.3%), observing colleagues providing poorer quality of care to PLWH (13.3% vs. 15.3%), and observing colleagues unwilling to care for PLWH (19.3% vs. 21.9%).

Country Presentations (Continued)

Thailand (Continued)

- Results showed increases in the proportion of HCWs agreeing that their facility has written guidelines to protect PLWH from discrimination (52.1% vs. 57.8%) and agreeing that women should be allowed to have babies if they wish (48.7% vs. 59.1%).

- Findings from surveys of PLWH showed decreases in the proportion of respondents experiencing non-consensual disclosure of their HIV status in the last 12 months (14.6% vs. 9.0%), avoiding health facilities due to internalized stigma (21.7% vs. 41.3%), and experiencing any form of stigma and discrimination in the healthcare setting (7.6% vs. 10.9%).

- A special workshop on S&D QI was convened as part of the national Hospital Accreditation forum. Five hospitals are currently piloting use of Network-wide indicators on patient experience. Four questions on satisfaction were added to routine clinical reviews.

- Treatment literacy pilot results from 5 hospitals (n=251) showed that 86% of PLWH with a VL test knew the result and 94% knew what kind of regimen they were receiving. Data collection is ongoing.

- In 2019, S&D QI activities will be spread to additional facilities in all provinces. Next steps of implementation include integration of S&D QI in disease-specific certification standards, launch of an e-learning module on S&D, organization of a workshop to build capacity of local teams to provide QI coaching and support, and completion of a formal evaluation of S&D QI activities.

Cambodia

Presenter:
Dr. Bora Ngauv
National Center for HIV/AIDS, Dermatology, and STDs
Ministry of Health, Cambodia

- With support from FHI 360 LINKAGES, the acceptability and feasibility of the patient satisfaction feedback (PSF) system is being tested in 8 ART sites across 4 provinces.

- Baseline results of the PSF assessment showed moderate to high rates of S&D among HCWs surveyed in ART clinics. In particular, 77% of respondents agreed that there are written guidelines in their facility to protect PLWH form discrimination, 16% reported that they typically avoid physical contact when providing care to PLWH, 10% have observed colleagues unwilling to care for PLWH, 15% have observed colleagues providing poorer quality of care to PLWH, 23% expressed worry about getting HIV by drawing the blood of PLWH, and 65% agreed that women living with HIV should be allowed to have babies if they wish.

- Results of patient satisfaction surveys (N=4,302) revealed that the majority of patients surveyed were either satisfied or very satisfied with their clinic visits. Suggestions for improving ART services included ensuring medical equipment is available and sufficient (88.1%), ensuring the cleanliness of the health facility (79.1%), ensuring that counseling rooms provide complete privacy (66.0%), reducing waiting times (36.1%), and ensuring providers pay greater attention to patients' needs (28.2%).

- As part of PSF implementation, analyses of survey data are sent to ART sites on a monthly basis to review action plans, organize meetings with hospital departments, and invite patients to express their desired changes. Coaching to guide data use to improve services is conducted by NCHADS.

- Next steps of implementation include development and dissemination of a PSF SOP in May 2019, identification of possible improvements for data analysis and presentation, development of a site-level PSF dashboard, and integration of the PSF SOP into the existing CQI SOP.

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	Vietnam
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	✓	✓	✓	✓
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. 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		✓	✓	✓

Civil Society Presentations

During the second half of the meeting, participants heard presentations from civil society representatives from Cambodia, Lao PDR, Thailand, and Vietnam. In their presentations, these representatives described their involvement as part of facility- and national-level S&D-reduction efforts in particular, and quality improvement activities more generally. Activities presented by representatives included the piloting of Network-wide questions on treatment literacy, launch of a consumer advisory board, development of key population-led health services, and participation in data collection for surveys of S&D among PLWH.

Binh Duong Hospital, Vietnam

Presenter:
Mr. Huynh Viet Anh Kha
Co-Chair, Consumer Advisory Board
Binh Duong Hospital, Vietnam

- In Vietnam, no formal mechanism has been implemented to ensure the active engagement of patients and communities in HIV service delivery and S&D-reduction activities.
- In March 2019, a consumer advisory board was developed at Binh Duong Hospital. The objectives of the board are to involve consumers (patients) in decision making, collecting and amplifying opinions, experiences and suggested interventions from consumers, and to create a collaborative network in which consumers work alongside providers to improve quality of care.
- Binh Duong's consumer advisory board is led by two co-chairs and is comprised of 14 volunteer who are living with HIV or affected by HIV. These volunteers include treatment supporters and representatives from community-based organizations. The board meets on a quarterly basis.
- Key activities of the board include representing the voices of patients and communities in policy decision making, establishing program priorities, conveying the latest research and quality of care data to patients and communities, serving on QI teams and committees, and conducting outreach to key populations and PLWH, including those who are newly diagnosed.
- Next steps of implementation include creating a fan page to share the board's mission and activities, building capacity of board members on topics related to quality of care, and assigning board members to technical issues/activities. Consumer advisory boards will be scaled up in other provinces.

Champasak Hospital, Lao PDR

Presenter:
Mr. Sanhsay Thonthongdet
Peer Counselor
Champasak Hospital, Lao PDR

- As part of consumers' involvement in HIV service delivery in Champasak Hospital, peers greet patients at reception, provide adherence counseling and support, follow up with disengaged patients, participate in community advocacy, and partner with HCWs to implement S&D-reduction activities.

Civil Society Presentations (Continued)

Champasak Hospital, Lao PDR (Continued)

- S&D-reduction activities led by peers include greeting all patients at registration and asking about their care needs, counseling patients on self-stigma, sensitizing community members to HIV/AIDS, discussing myths of HIV and its transmission, and participating in interactive S&D-reduction trainings.
- Peers also participated in the piloting of Network-wide questions to assess treatment literacy among PLWH. As part of the data collection process, PLWH are asked if they are comfortable answering questions, and, if so, are interviewed by peers in a counseling room while waiting to be seen by a healthcare provider, and the responses are recorded on a paper sheet. Survey administration takes 5-10 minutes, and data are aggregated and sent to CHAS following collection.
- Results of the pilot revealed several gaps in treatment literacy among PLWH surveyed (N=101). Specifically, 84,2% were unable to name their current treatment regimen, 67.3% did not know when they should receive viral load testing, and 19.8% of those who received a viral load test in the last 6 months did not know if the results of their test. Modifications of the question about treatment are planned to capture the type of regimen, rather than the specific names of medications.
- As a follow up to results of the pilot, planned activities to improve treatment literacy include QI teams' further investigation of root causes, intensification of existing counseling provided by peers and HCWs, and strengthening of patient and family involvement in service delivery.

Sotnikum Hospital, Cambodia

Presenter:
Mr. Tep Vuthy
Peer Counselor
Sotnikum Hospital, Cambodia

- At Sotnikum Hospital, facility-based workers (peers) assist in the implementation of PSF by administering questionnaires on satisfaction and S&D to PLWH, using a pre-programmed tablet.
- Peers play a central role in quality improvement activities by providing enhanced adherence counseling to patients with confirmed virologic failure, conducting home visits for disengaged patients, and participating in data review meetings with ART staff to discuss implementation challenges and strategies. Leadership in hospitals engages in facilitating meetings between PLWH and staff to discuss S&D.
- Peers also participate in trainings developed for HCWs by FHI360 LINKAGES that aim to promote provision of high-quality, stigma-free, key population-friendly HIV services.
- Next steps of implementation of S&D QI activities at Sotnikum Hospital include ongoing revision of the PSF questionnaire, integration of PSF data in discussions of CQI and other programs, dissemination of PSF to HCWs, and PSF protocol development for use in service delivery points beyond the ART clinic.

Foundation for AIDS Rights, Thailand

Presenter:
Ms. Jarunee Siriphan
Deputy Director
Foundation for AIDS Rights, Thailand

Civil Society Presentations (Continued)

Foundation for AIDS Rights, Thailand (Continued)

- Participation of the Foundation for AIDS Rights in S&D-reduction efforts centers on three principal activities: (1) the self-stigma reduction program, (2) the crisis response system, and (3) S&D-free, key population-led health services.

- As part of the self-stigma reduction program, peers deliver a five-module training that seeks to promote positive thinking, present coping and problem solving techniques, empower PLWH to resist stigma and discrimination. The program was developed in 2016 with support from the Global Fund, and is currently being implemented in 3 hospitals.

- The objective of the S&D-free, key population-led health services (KPLHS) program is to increase the accessibility of health services for key populations by developing codes of practice that promote delivery of people-centered care. As part of KPLHS, patients and HCWs are convened to discuss the drivers of S&D and principles of S&D reduction, and develop a code of practice and work plan for implementing stigma-free services in their local settings.

- The crisis response system is a central platform for collecting data on human rights violations, including HIV-related discrimination in the healthcare setting. Complaints can be filed online, by phone, by post, or in person, and are reviewed as part of a formal fact-finding investigation. Data from investigations are used to develop an appropriate response, and as an evidence base for development of advocacy and public awareness activities.

Topic Presentations

Patients' Perspectives on How to Decrease the Burden of Treatment

Presenter:
Mr. Dan Ikeda
Senior Program Manager, HEALTHQUAL
University of California, San Francisco, USA

Mr. Dan Ikeda delivered a presentation summarizing the findings from a recent article on the use of data on patient experience to drive quality improvement activities that seek to decrease the burden of treatment among PLWH. The article reported experiences from clinics in Cote d'Ivoire in which they asked PLWH to identify the most important things in their care that could be changed to improve their burden of treatment. From 758 responses, 59 unique propositions were identified, spanning domains of personal care, clinic organization, and the health system:

- Personal care—changes in pharmacological treatment; changes in the test and visits schedule; changes in the content of consultations.
- Clinic organization—structural improvements for clinics and hospitals; more interactions between patients; new services that could be offered by clinics.
- Health system—reduction of fragmentation of care; social help; reimbursement of health expenses.

Following collation of patients' propositions, the feasibility of implementing each proposition was rated by a multi-disciplinary team, including a social worker, a physician, a hospital director, a public health professor, a decision maker, and a patient. Propositions broadly agreed to be feasible were then selected as priorities for future QI activities. Mr. Ikeda concluded his presentation by highlighting that listening to patients' concerns and suggestions need not be a time-limited project, and can be as simple as asking: how can we do better? Moreover, he stressed that not all propositions for improvement are "feasible," but they nevertheless start a very critical conversation among patients, nurses, doctors, and other members of the care team on how to continuously—and feasibly—Improve service delivery.

Topic Presentations (Continued)

Enhancing Quality of Healthcare Activity in Cambodia

Presenter:
Dr. Nilufar Rakhmanova
Chief of Party
FHI360, Cambodia

Dr. Nilufar Rakhmanova presented on the Enhanced Quality of Healthcare Activity (EQHA) in Cambodia, a USAID-funded initiative which aims to empower national and sub-national health systems to improve the quality of public and private health services and increase patients' satisfaction and trust with services. To achieve this aim, public- and private-sector providers in six provinces will apply the methods of collaborative improvement (e.g., monthly data collection, QI coaching, team-based problem solving, quarterly learning sessions, patient engagement) to accomplish four primary objectives:

1. Improve policies, guidelines, and standards
2. Increase efficiency and effectiveness of service delivery
3. Strengthen regulatory framework, implementation, and enforcement
4. Strengthen pre-service public health training

Dr. Rakhmanova articulated the approach being used by EQHA in Cambodia at subnational level in which all stakeholders from public and private sectors are convened by the provincial and district governors to engage in participatory activities to identify concerns about the quality of health care and develop improvement aims. Participants include provincial and district health leaders, hospital representatives, health center representatives, private sector constituents and representatives from civil society and their networks. Systems-thinking tools are deployed to identify gaps at community level and patient stories are shared .As part of these activities, focused efforts will be made to specifically address patients' experiences in health facilities (e.g., waiting times, friendliness, respect) and improve patient-reported outcomes.

Dr. Rakhmanova also presented on the use of experience-based co-design (EBCD) in Uganda and Vietnam as a method for engaging patients in quality improvement efforts. As part of EBCD, clients and staff work together to to apply stories of clients' experiences to identify areas for improvement and develop implementable solutions. Unlike traditional quality improvement methods, ECBD focuses on designing experiences rather than systems and processes. Dr. Rakhmanova concluded her presentation by emphasizing that patient engagement is intrinsic to the QI process, and should be pursued using EBCD to increase provider empathy, and empower patients to hold their health system accountable.

Using Patient Complaints to Drive Quality: Hot Spots and Blind Spots

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

Dr. Bruce Agins delivered a presentation that examined findings of a recent article from the United Kingdom on the use of findings from patient complaints to identify "hot spots" (i.e., harmful events and near misses) and "blind spots" (i.e., unobservable or incorrectly observed errors) in quality and safety. In the article, 1,100 patient complaints were reviewed and categorized according to domain (clinic, relationship, and management), severity (low, medium, high), and location. From this analysis, investigators identified "hot spots" and "blind spots" that were commonly cited by patients as compromising to quality and safety.

Topic Presentations (Continued)

Using Patient Complaints to Drive Quality: Hot Spots and Blind Spots (Continued)

Hot spots	Blind spots
• Safety during examination (including misdiagnosis) • Tests not requested • Lack of hygiene • Ignoring patient files • Inadequate monitoring • Pain management • Rough handling and general neglect	• Listening problems (ignoring symptoms, concerns, requests for tests) • Communication problems during care • Inconsistent communication between staff • Incorrect consent • Lack of information/discussion about treatment side effects and rationale

Dr. Agins continued by noting the limitations of complaint investigations, including issues of overrepresentation among those who complain, inconsistent reporting, time constraints, fear of consequences, and differing perceptions of incidents. Dr. Agins concluded his presentation by discussing the applicability of patient complaints to S&D-reduction activities, noting that common "hot spots" relevant to S&D include disclosure, discrimination, and shaming, while a common "blind spot" is failure to address patients' concerns.

Review of Stigma Reduction Programming in the United States

Presenters:
Mr. Harold Phillips
Director, Office of HIV/AIDS Training and Capacity Development
Health Resources and Services Administration, USA

Ms. Tracey Gantt
Nurse Consultant, Office of HIV/AIDS Training and Capacity Development
Health Resources and Services Administration, USA

Mr. Harold Phillips and Ms. Tracey Gantt delivered remarks on behalf of the Health Resources and Services Administration via ZOOM, offering congratulations to meeting attendees for their innovative work, and discussing activities being implemented in the United States to address HIV-related stigma and improve patients' engagement in care.

In reaction to Vietnam's presentation on its launch of a consumer advisory board (CAB), Mr. Phillips began by discussing the role of CABs among HIV programs in the United States, sharing that CABs are an excellent strategy for engaging patients and communities in decision making that directly impacts their care. Mr. Phillips discussed strategies for securing buy-in among leadership to promote patient involvement, sharing that one effective approach is to present an intervention, such as a CAB, as a pilot project to test if the intervention truly makes a difference.

Mr. Phillips continued by discussing the challenge of addressing cultural differences in delivery of HIV care, and highlighted that patients' health literacy and providers' cultural competency can greatly impact the "success" of a clinical encounter. To build the capacity of the health workforce to provide culturally competent HIV care, HRSA has supported post-graduate diplomas in management of HIV infection, preceptorships, AIDS Education and Training Centers, and clinical standards for delivery of culturally appropriate services.

In response to a question from a meeting attendee, Mr. Phillips discussed the ongoing challenge of engaging young PLWH and key populations in care. Mr. Phillips stressed the importance of listening to and affirming the identities of these these groups, and designing services around their priorities, preferences, and circumstances rather than expecting them to conform to a system whose primary focus is adults. Pairing medical care with educational, housing, and other social services can be an effective way for engaging youth, in addition to leveraging social media to deliver messaging and support interventions.

Topic Presentations (Continued)

Review of Stigma Reduction Programming in the United States (Continued)

Mr. Phillips concluded his presentation by discussing the need to shift the paradigm away from blaming individuals who become disengaged from HIV services to one that focuses on how health systems can be improved to provide services that these individuals find appealing and worthy of their continuous engagement. Instead of a privilege that should be universally appreciated, Mr. Phillips suggested that HIV services ought to be conceptualized as akin to a restaurant in which low patronage is viewed as a result of poor or inconvenient service rather than a fundamental flaw in its customers.

Group Work and Facilitated Discussions

Application of QI to S&D: Successes, Challenges, Implementation Strategies

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

Meeting attendees worked in small groups to discuss successes, challenges, and implementation strategies associated with implementation of S&D QI activities based on provided questions. Discussion questions were selected to reflect ongoing challenges expressed by attendees during previous meetings.

Successes

- Development of mechanisms for soliciting patient feedback and promoting patient involvement (e.g., tablet-based surveys, consumer advisory boards)
- National policy framework that establishes S&D as an essential issue and promotes facility-level S&D-reduction activities
- Extensive involvement of diverse stakeholders to build accountability and offer implementation assistance
- Identification and capacity building of champions who can promote and coordinate S&D-reduction activities
- Strengthening dialogue between patients and providers through QI teams and advisory committees
- Development of capacity to routinely monitor S&D

Challenges

- Assuring stakeholder engagement beyond initial launch of S&D-reduction activities
- Low patient and family literacy of HIV treatment
- Addressing other sources of stigma and discrimination beyond the health facility.
- Rotation of healthcare staff from HIV services to other service areas
- Separate performance measurement systems related to quality of care
- Sustainability of S&D-reduction activities with limited funds

Implementation Strategies

- Adopting a whole-of-society approach to stigma reduction that engages stakeholders in sectors beyond the health system (e.g., schools)
- Engaging leadership at all levels of the health system (e.g., facility, district, province, national)
- Targeting of interventions to healthcare workers who report high levels of stigma and discrimination
- Intensification of improvement activities to identify and scale effective interventions

Group Work and Facilitated Discussions (Continued)

Linking S&D Reduction Activities to 90-90-90 Outcomes

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

Following the 3rd Multi-Country Exchange Meeting convened in September 2018, a working group with representatives from participating Ministries (Cambodia: Dr. Kaoeun Chetra; Lao PDR: Dr. Chanvilay Thammachak; Thailand: Ms. Parichart Chantcharas; Vietnam: Dr. Do Huu Thuy) was convened by Dr. Bruce Agins to lead development of clinically oriented questions (e.g., viral load status) for routine use in clinical encounters to correlate individual-level responses from PLWH to levels of S&D. Common questions were approved by the working group in December 2018 (see **Appendix**).

Lao PDR presented the findings of pilot efforts conducted between February and March 2019 at Champasak Hospital, noting some surprise in the results. In particular, that 84.2% of respondents (N=101) did not know the name of their treatment regimen and 67.3% did not know the ideal frequency of viral load testing underscored the prevailing practice of patients relying on providers to dictate patients' care. In response to these findings, clinic staff plan to develop QI interventions that aim to improve provider counseling and boost patient and family involvement. At the national level, plans are underway to scale up routine use of the questions in all 11 ART sites.

In March 2019, five hospitals in Thailand piloted the Network-wide questions among 242 patients. Results showed that the majority of respondents knew their current treatment regimen (85%), the ideal timing of viral load monitoring (88%), and the results of their most recent viral load test (94%), There are currently plans to apply these findings to the development of QI interventions and to scale routine use of these questions nationally as a way to evaluate the impact of S&D-reduction activities on clinical outcomes.

Southeast Asia Stigma Reduction QI Learning Network:

Staff transitions: Dan Ikeda

Mr. Ikeda was recognized for his contribution to the Network as he transitions to enter medical school. Dr. Agins presented Mr. Ikeda with a Certificate of Achievement which read "with appreciation for your outstanding contributions to HEALTHQUAL-UCSF, to collaboratively improving the quality of HIV care worldwide, and to fighting HIV stigma through your leadership of the Southeast Asia Stigma Reduction QI Learning Network."

Appendix

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)

Patient Experiences 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 you provider spend enough time with you during your visit?

Appendix (Continued)

Meeting attendees

Dr. Bruce Agins
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Dr. Benjamas Balpluthong
Project Coordinator
U.S. Centers for Disease Control and Prevention, Thailand

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

Dr. Phongsavang Bounsavath
Technical Officer, Management Unit, Center for HIV/AIDS and STI
Ministry of Health, Lao PDR

Ms. Parichart Chantcharas
Program Officer, Bureau of AIDS, TB, and STIs
Ministry of Public Health, Thailand

Mr. Nguyen Duc Duat
Project Officer
Partnership for Health Advancement in Vietnam (HAIVN), Vietnam

Dr. Thomas Guadamuz
Associate Professor
Mahidol University, Thailand

Mr. Dan Ikeda
Senior Program Manager, HEALTHQUAL
University of California, San Francisco, USA

Dr. Malayphone Keochanthala
ART Clinic Director
Khammouane Hospital, Lao PDR

Mr. Huynh Viet Anh Kha
Co-Chair, Consumer Advisory Board
Binh Duong Hospital, Vietnam

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

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

Dr. Bora Ngauv
Technical Officer, National Center for HIV/AIDS, Dermatology, and STDs
Ministry of Health, Cambodia

Appendix (Continued)

Meeting attendees (Continued)

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

Ms. Kamonsuda Pattarathamma
Program Officer, Bureau of AIDS, TB, and STIs
Ministry of Public Health, Thailand

Ms. Patcharaporn Pawaphuwatanon
Program Officer, Bureau of AIDS, TB, and STIs
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Mr. Sophat Phal
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FHI 360 LINKAGES, Cambodia

Mr. Harry Prabowo
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Asia-Pacific Network of People Living with HIV, Thailand

Dr. Nilufar Rakhmanova
Chief of Party
FHI360, Cambodia

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

Dr. Bounheuang Senekanhya
ART Clinic Director
Champasak Hospital, Lao PDR

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

Ms. Jarunee Siriphan
Deputy Director
Foundation for AIDS Rights, Thailand

Ms. Saranya Suk-am
Program Officer, Bureau of AIDS, TB, and STIs
Ministry of Public Health, Thailand

Ms. Wanida Tasak
Program Officer, Bureau of AIDS, TB, and STIs
Ministry of Public Health, Thailand

Appendix (Continued)

Meeting attendees (Continued)

Dr. Soe Than
Head, Medical Affairs
ViiV Healthcare, Singapore

Mr. Sanhsay Thonthongdet
Peer Counselor
Champasak Hospital, Lao PDR

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

Mr. Tep Vuthy
Peer Counselor
Sotnikum Hospital, Cambodia

Dr. Steve Wignall
Director
FHI 360 LINKAGES, Cambodia