

## LEARNING FROM THE EXPANSION OF HIV-RELATED STIGMA AND DISCRIMINATION (S+D) REDUCTION QUALITY IMPROVEMENT (QI) PROJECT IN GOVERNMENT PRIMARY HEALTH CLINICS MALAYSIA

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Phase1 states

Phase 2 states

AFFLIATION





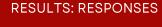
#### INTRODUCTION, AIM & METHOD

The HIV-related Stigma and Discrimination (S+D) Reduction Quality Improvement (QI) Project in Government Primary Health Clinics Malaysia started in 2020<sup>1</sup>, in line with Strategy 3 of the National Strategic Plan in Ending AIDS by 2030<sup>2</sup>.

On the ground, the project expanded to 55 primary care clinics from 10 (mix of clinics and hospitals in the initial phase (Phase 1), representing 14 states and federal territories in Malaysia. This collaboration used the QI approach to reduce stigma and discrimination in government health facilities.



Here are lessons learned from the expansion



PHASE 1 Cycles and responses (6 primary care clinics & 4 hospital)

HCW: 3880 **Baseline** Baseline HCW: 1832 Cycle 1 Cycle 1

vcle 3 :

PHASE 2 Cycle and responses (55 primary care clinics)

**Baseline** 

Cycle 1

Baseline

Cycle 1 PLHIV:

Case worker

**Crucial link** 

between PLHIV and clinic

#### **RESULTS: CRITICAL EXPANSION FACILITATORS**

### **National governance**



Subject matter experts+ Policy driver + In-charge M&E

**IHSR** 

QI trainer + locally developed training tools -M&E advisor NGO representatives that linked PLHIV & Facility Facilitated by University of California San Francisco and continuous sharing among S+D QI Learning Network countries

State AIDS Officer (AO) Head of HIV/STI/Hep C Unit fead of file 73171716 0 0 1116 as the liaison officer + policy facilitator + driver for the state implementation & monitoring

Core implementation team Minimum of Family medicine specialist, a staff nurse, an assistant medical officer

Continuous facilitation by the national tripartite agencies via structured workshops and coaching

State governance

Clear roles for project management at the national and sites.

Welldefined governance

structured activities with staggered regional implementation in Phase 2

- Physical workshop for the core implementation teams
- Presentation of specified milestones at Virtual workshop for progress monitoring Assigned facilitators – and state
- from the Sector & IHSR Continuous virtual QI coaching
- National monitoring by the Sector via a shared national milestone chart
- Understanding of topic
- Setting indicators ■Setting project direction

Convene & orientation of the National team

Workshop 1 with the core implementation team and state AO Setting the scene

Understanding principles in QA/QI – part 1

■Baseline assessment of the S&D situation Contributing factors data collection Analysis Data collection

The structured activities for QIS+D implementation

Virtual Workshop 2 Presentation of strategies for

■Implementation of strategies Data collection Analysis Reporting every 6 monthly

Activity phase

Strengthsbased and inter-clinics

learning

- Sharing session by the change champion from Phase 1 for Phase 2 clinics
- Exploration of experienced and perceived facilitators and barriers among clinics in Phase 1 and 2 using an adapted scalability assessment ool for expansion pre paredness.
- The structured activities enhanced understanding of analysis and enriched ideas in intervention designing.

**Horizontal & vertical** involvement by all staff in the clinics for the assessment

Total facility approach





- QA/QI workbook to facilitate project implementation knowledge
- oStandardised indicators questionnaire which was improved in term of sentence structure & responses options in Phase 2
- oCentralised data collection system for the indicators in Phase 1 and
- continued in Phase 2
- Standardised KAP questionnaire to assist finding contributing factors
- A Compendium of best practices from Phase 1 and shared with Phase 2 clinics to allow adopt and adapt

Shared tools

# MOVING FORWARD

CLM

COMMUNITY-LED MONITORING managed by MAC. Capture S&D incidence anonymously among the key

collection process

populations.
•Ensure a complete feedback loop for any reported incidence.

Existing official government reporting channel

•Allowing official praise & complaint to be captured directly

Sensitive & specific indicators

 Selecting and incorporating into existing patient experience surveys in health clinics and hospitals to facilitate the data

MINDSET shift

■How to encourage using the QIS+D model in combating S+D for other stigma-prone disease like mental health diseases

# **DISCUSSION & CONCLUSION**

 Defined governance, shared learning and tools, structured activities and total facility approach helped in the expansion process of this QI project in tackling S+D among HCW towards PLHIV in the selected

government primary clinics. oYet, reducing response trend and plateauing results need to be explored to ascertain whether institutionalization of the strategies had occurred or true non-respond.

### **REFERENCES**

1. Mohamed N, Awang S, Mohd Ujang I, et al. Quality Improvement (QI) Approach in Tackling HIV-Related Stigma and Discrimination (S&D) Among Healthcare Workers in Selected Health Facilities in Malaysia: The initial Phase. Asia-Pacific AIDS & Co-Infections Conference APACC.

Singapore2023, p. 214. 2. MOH. Malaysia National Strategic Plan in Ending AIDS 2016 - 2030. MOH, 2015.

3. Mills WL, Pimentel CB, Palmer JA, et al. Applying a Theory-Driven Framework to Guide Quality Improvement Efforts in Nursing Homes: The LOCK Model. Gerontologist. 2018; 58: 598-605.

### **ACKNOWLEDGEMENT**