

**There's hope for everyone.**

# **SAY NO TO EXCLUSION**

**Don't discriminate against people living with HIV (PLHIV)**

**Tackling HIV-Related Stigma and Discrimination in  
Government Healthcare Facilities: A Compendium of  
Quality Improvement Best Practices**

HIV/STI/Hepatitis C Sector  
Disease Control Division  
Ministry of Health Malaysia

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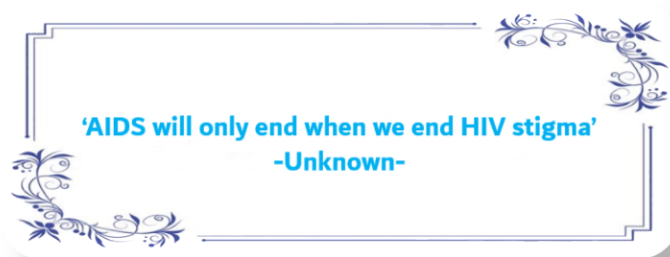
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## List of Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CME	Continuing medical education
FMS	Family medicine specialist
HCW	Healthcare workers
HEP C	Hepatitis C
HIV	Human immunodeficiency virus
KAP	Knowledge, attitude, and practice
MOGC	Model of good care
NGO	Non-governmental organisation
PEP	Post-exposure prophylaxis
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PPE	Personal protective equipment
QI	Quality improvement
RVD	Retroviral disease
SOP	Standard operating procedure
STI	Sexually transmitted infection
TOR	Term of Reference
WLHIV	Women living with HIV

## Acknowledgements

HIV/STI/Hepatitis C Sector, Institute for Health System Research (IHSR), and Malaysia AIDS Council (MAC) would like to thank all who have contributed to this compendium. We are also grateful to all the respondents who participated in the programme in reduction of stigma and discrimination (S&D) towards people living with HIV (PLHIV) among healthcare workers (HCW) using Quality Improvement (QI) approach.





## Contributors

Contributors which include teams from health department, health facilities and NGO.



Sultanah Aminah Hospital's team



Mahmoodiah Health Clinic's team



Johor State Health Department's team



Penang Hospital's team



Butterworth Health Clinic's team



Penang State Health Department's team



Tengku Ampuan Afzan Hospital's team



Temerloh Health Clinic's team



Pahang State Health Department's team



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Melaka State Health Department's team



Tanglin Health Clinic & WPKL & Putrajaya State Health Department's team



Pandamaran Health Clinic & Selangor State Health Department's team



## Foreword



Stigma and discrimination (S&D) are one of the pertinent issues faced by people living with HIV (PLHIV). The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) have indicated that fear of S&D as the primary cause of why many people are reluctant to get tested, to disclose their human immunodeficiency virus (HIV) status, and to receive life-saving treatment, particularly to be on antiretroviral therapy (ART).

In fact, S&D can also lead to death among PLHIV due of not wanting to be tested and getting the necessary treatment. Consequently, S&D often place PLHIV to experience loss of income and livelihood; loss of marriage and childbearing options; receives poor care within the health sector; loss of hope and display feeling of worthlessness; loss of reputation; and loss of employment. It is also due to S&D that makes many PLHIV exercises self-stigma in which it breaks the confidence of this population to seek help and medical care.

Hence, it is vital to understand the root cause of S&D and the different forms of S&D faced by the PLHIV in order to come up with a more effective intervention strategies with regards to HIV treatment and prevention.

This compendium is therefore an expression of our commitment and determination about us, and for us, as a community and a nation to face HIV and AIDS not only on medical in solidarity. In taking into account our realities and specificities, we can better device the right approaches to tackling this issue and it's impact in the nearest future.

A handwritten signature in black ink, appearing to read 'Shafiq', with a long horizontal stroke extending to the right.

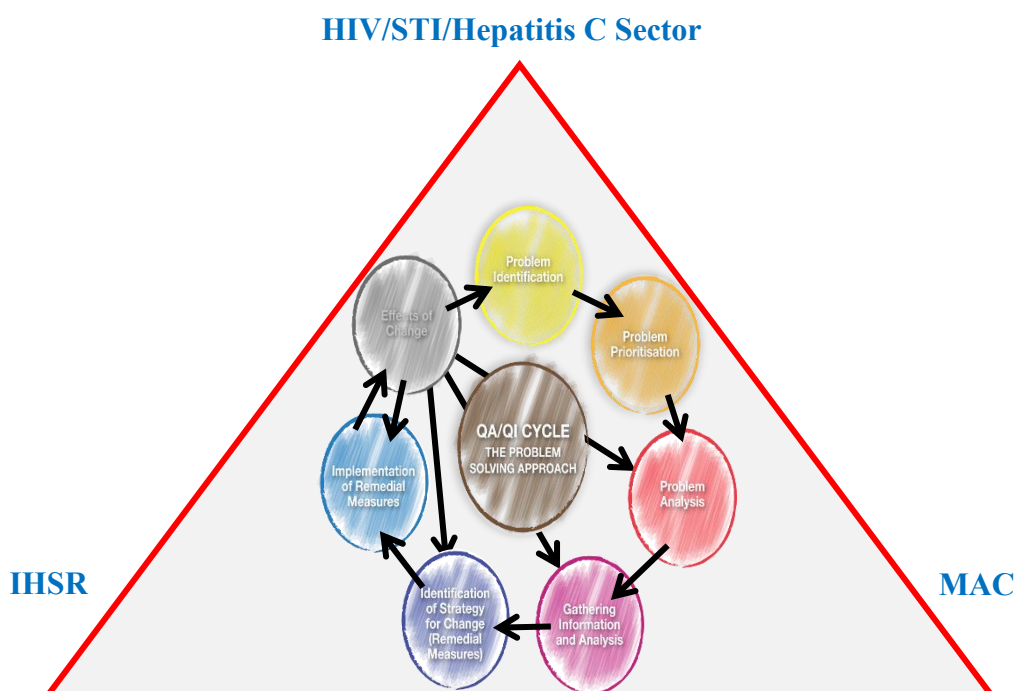
**DATO' MOHD SHAFIQ BIN ABDULLAH**  
Secretary General of the Ministry of Health Malaysia

## Executive Summary

S&D undermine quality of life of PLHIV and their access to health services. Negative attitudes and beliefs towards PLHIV among HCW, internalized stigma among PLHIV, and S&D experienced by PLHIV were identified as priority areas that influenced the Malaysia plan to achieve the vision of “Three Zeros: Zero new HIV infection, Zero AIDS-related deaths, and Zero HIV-related S&D”.

Thus, the Malaysia Quality Improvement (QI) S&D Network has come up with a programme in reduction of S&D towards PLHIV among HCW using QI approach, and this network rests on a strong and unique partnership between HIV/STI/Hepatitis C Sector, MOH with the Institute for Health Systems Research (IHSR) and the Malaysia AIDS Council (MAC), with consultation assistance from the Southeast Asia HIV Stigma Reduction QI Learning Network (Figure 1). The HIV/STI/Hepatitis C Sector provided leadership and technical guidance, whereas IHSR provided training and coaching for sites to facilitate capacity-building for QI and MAC provided advocacy and peer support programmes. This programme embarked on QI cycle to identify root cause of S&D, formulate patient-centered interventions, and continuous monitoring and improvement. The aim of this programme is to reduce S&D towards PLHIV among HCW in targeted hospitals and health clinics.

Figure 1: Malaysia QI S&D network



For a start, a design meeting was held on 17 February 2020 led by HIV/STI/Hepatitis C Sector with collaboration from IHSR, MAC, and University of California, San Francisco (UCSF). In this meeting, objectives, methods, and expected programme outcomes were discussed (Figure 2). Five government hospitals and six government health clinics in Malaysia were selected from six states in this programme. To understand the current stigmatizing attitudes towards PLHIV among HCW from the perspective of Malaysia healthcare setting, a baseline survey for HCW and PLHIV at these facilities was conducted via online from July to August 2020. The findings of this survey shared a worrying magnitude of stigma towards PLHIV among HCW. This includes fear of contracting HIV while attending PLHIV such as taking blood from PLHIV and wear double gloves.

Based on the survey results, a root cause analysis was performed to identify main S&D issues to ensure service delivery that is non-stigmatizing and non-discriminatory. Using the root cause analysis, intervention strategies was designed to address S&D issues exclusively for each facility. These intervention strategies are categorized into three domains targeting structure, process, and people to ensure continuous excellent service delivery. Each facility was given eight months to implement the intervention strategies that have been planned. To assess the effect of change on the intervention strategies, a re-evaluation survey was conducted in August 2021.

Overall, based on the evaluated indicators, all facilities showed a reduction in S&D against PLHIV. However, emphasis needs to be made in several aspects to ensure that the stigma on PLHIV can be reduced, namely in the aspect of knowledge in standard infection prevention control when handling patients. In addition, HCW need to be exposed to the concept of Undetectable=Untransmittable (U=U) and the rights of women living with HIV (WLHIV) when receiving sexual reproductive health services. Discrimination against PLHIV can also be reduced if HCW are reminded to always respect the privacy, dignity, and confidentiality of patients as stated in the code of professional conduct of their respective professions.

Therefore, it can be concluded that the intervention strategies conducted in each health facility using QI approach has successfully reduced S&D towards PLHIV among HCW. This programme should be continued and extended in other health facilities. To help other health facilities to use the intervention strategies that have been conducted, we have compiled a

summary of interventions that are proven to reduce S&D towards PLHIV among HCW at healthcare setting.

The objectives of this compendium are:

1. To document the process, methodologies as well as the implementation of the interventions to reduce S&D towards PLHIV among HCW at healthcare setting.
2. To provide summary of interventions that proven to reduce S&D towards PLHIV among HCW at selected healthcare setting.

# 1. Introduction

## *1.1 Background*

Despite global progress in the treatment and care of HIV, PLHIV still continue to experience HIV-related S&D within the healthcare setting [1]. These experiences resulted in lower access to HIV treatment, low utilization of HIV care services, poorer ART adherence, and thus poorer treatment outcomes [2,3].

Reducing HIV-related S&D in healthcare setting is paramount because they are the first line of care, treatment, and support services that PLHIV can access to help them manage their response to HIV [4]. Aside from access to services, other critical reasons for reducing HIV-related S&D is the negative effect on self-esteem and mental health [1]. Anxiety, depression, suicidal ideation, emotional health, psychological well-being, life satisfaction, and quality of life have all been reported to be negatively impacted by S&D [1,4]. Therefore, effectively reducing S&D is considered a critical step to halt the HIV epidemic.

Malaysia is aiming to zero discrimination in health services and community towards PLHIV since the beginning of the epidemic. The nation's commitment to reduce S&D towards PLHIV continues in the National Strategic Plan for Ending AIDS for 2016-2030 in which reduction of S&D is one of its priority programmes to achieve "Three Zeros: Zero new HIV infection, Zero AIDS-related deaths, and Zero HIV-related S&D". It is important to establish and maintain an enabling public policy and environment to reduce HIV-related S&D and to respect human dignity. To do so, the involvement of various agencies such as the Ministry of Women, Family and Community Development, religious leaders, and partner organisations under the coordination of the MAC is essential to address the challenges of reducing S&D towards PLHIV.

## *1.2 S&D Among HCW Towards PLHIV*

Research has shown that HIV-related S&D in healthcare setting may occur in many different forms, including: denial of care to a PLHIV [5], verbal abuse to a PLHIV [6,7], lower standards of care to a PLHIV [8,9], placement of a PLHIV at the end of a queue [5], disclosure of a

patient's HIV status to colleagues/family members without consent, irrespective of when PLHIV arrived at the facility, and gossiping about the patient [6].

According to the Integrated Biological & Behavioural Surveillance Survey (IBBS) findings in 2017, 0.6% to 1.6% of key populations experience being ill-treated while seeking healthcare. Acknowledging the gaps in the delivery of health services in health facilities due to S&D towards PLHIV by HCW, the Ministry of Health has implemented various strategies including changing existing policies to protect PLHIV from being discriminated against when receiving services in health facilities. This is important because creating and maintaining a better understanding of HIV transmission among the PLHIV and among the population as well as HCW is crucial to ending AIDS.

### ***1.3 QI Strategy to Improve Healthcare Delivery***

The implementation of QI approach has been found to be effective in improving many aspects of healthcare delivery. Through a QI Network that was established in 2017 [10], many countries in the Southeast Asia had shown promising improvements in the S&D towards PLHIV in healthcare setting by using the QI approach. Some of the tested interventions that had been shown to be effective are as shown in Table 1.

*Table 1: Example of tested interventions from the QI S&D Network*

<p><b>Care delivery system</b></p> <ul style="list-style-type: none"> <li>▪ Redesign of clinic flow through signage and discussion at reception area.</li> <li>▪ Warm and friendly welcome to hospital.</li> <li>▪ Elimination of existing practices of placing PLHIV at end of surgical queues by default.</li> <li>▪ Reduce waiting times and conspicuous identification of HIV in area where care is integrated.</li> <li>▪ Engagement with peer counsellor/navigator during clinic visit.</li> <li>▪ Contact strategies to foster interaction between PLHIV and HCW.</li> </ul>
<p><b>Knowledge management and decision support</b></p> <ul style="list-style-type: none"> <li>▪ Routine feedback of surveys of S&amp;D among HCW and PLHIV to sensitize staff to S&amp;D.</li> <li>▪ Sharing data on mother-to-child transmission to demonstrate rarity of perinatal transmissions with effective treatment.</li> <li>▪ Participatory training of HCW on HIV transmission, universal precautions, infection control, and post-exposure prophylaxis, partner disclosure.</li> <li>▪ Presentation of case studies of S&amp;D and its impact on health care quality and outcomes during grand rounds and regular staff meetings.</li> <li>▪ Disaggregation of S&amp;D survey data by service area to target QI activities.</li> <li>▪ Promotion of Undetectable=Untransmittable (U=U) messaging.</li> </ul>
<p><b>Performance measurement and information systems</b></p> <ul style="list-style-type: none"> <li>▪ Routine surveys of HCW and PLHIV to assess organisational S&amp;D.</li> <li>▪ Drill down of survey data by service area.</li> <li>▪ Disaggregation of clinical performance data by key population.</li> <li>▪ Routine capture of patient experience information during clinic visits.</li> <li>▪ Patient comment boxes-routine opening, summary, and analysis of responses.</li> </ul>
<p><b>People-centered care</b></p> <ul style="list-style-type: none"> <li>▪ Integration of patient feedback into peer counselling sessions.</li> <li>▪ Development of community advisory committees to inform S&amp;D QI activities.</li> <li>▪ Convening of provincial S&amp;D community input meetings.</li> <li>▪ Inclusion of PLHIV testimonials in S&amp;D-reduction trainings.</li> </ul>
<p><b>Health system</b></p> <ul style="list-style-type: none"> <li>▪ Convening of hospital-wide S&amp;D-reduction committee to plan activities.</li> <li>▪ Regular S&amp;D committee meetings or integration into other committee activities.</li> <li>▪ Engagement of provincial and hospital leadership in S&amp;D QI activities.</li> <li>▪ Development of facility codes of conduct and explicit policies related to S&amp;D with monitoring and enforcement.</li> <li>▪ Changing symbols on patient files to not mark HIV status.</li> <li>▪ Elimination of separation, labelling of equipment by HIV status.</li> </ul>



### *1.4 Reduction of S&D Towards PLHIV Among HCW Using a QI Approach Programme*

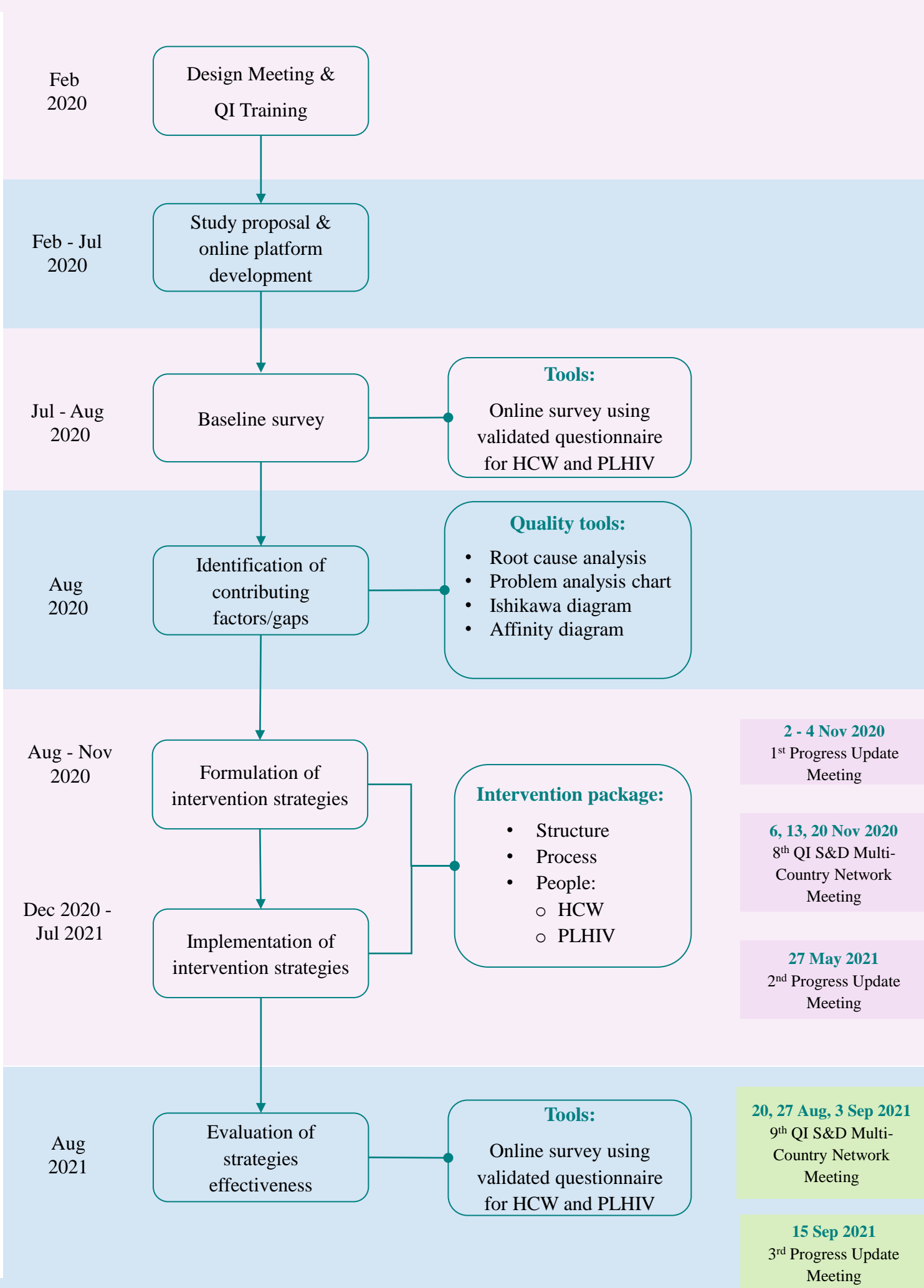
To ensure service delivery that is non-stigmatizing and non-discriminatory, the Malaysia QI S&D Network has come up with a programme in reduction of S&D towards PLHIV among HCW using a QI approach.

Programme objectives:

1. Measuring HIV-related S&D levels among HCW in hospital and health clinic settings.
2. Identifying critical factors that cause HIV-related S&D among HCW.
3. Formulating and implementing intervention strategies to address S&D among HCW.
4. Evaluating the effectiveness of those intervention strategies.

Figure 2 depicts the programme design. The baseline data on S&D level at the study sites were measured using an online survey questionnaire. There were two sets of a validated self-administered questionnaires, one for HCW and another one for PLHIV experience. In these questionnaires, eight and seven questions from the HCW and PLHIV questionnaires, respectively were identified as indicators measuring S&D. Problem analysis was performed to identify potential contributing factors of the problem and related data was collected to determine the existence of each factor in a facility. Each facility then formulated intervention strategies for the identified factors by reviewing available literature and compendium of tested strategies from the learning network. The intervention took 4-6 months and at the end of 4-6 months, re-evaluation was conducted by measuring the level of S&D using the same questionnaire to HCW and PLHIV. The re-evaluation phase allowed us to see the effectiveness of the intervention and to review the facility performance.

Continuous QI coaching



## 2. Methodology

The methodology of this programme as illustrated in Figure 2.

### *2.1 Baseline Survey*

The baseline survey was undertaken from July to August 2020 in five government hospitals and six government health clinics in Malaysia. There were two target subjects for this survey which were HCW and PLHIV. HCW from the hospitals included staff who directly involved in care of PLHIV from medical, obstetrics & gynaecology, and pharmacy departments. In the health clinics, as the HCW are fully integrated, all categories of HCW were included, excluding security guards and cleaners. This survey was conducted via web-based platform. For the recruitment of HCW, a recruitment message with a hyperlink or QR code to the online survey website was disseminated via email or smart phone messenger apps (e.g., Whatsapp, Telegram), while PLHIV were approached by clinic staff or case worker during their scheduled appointments.

Based on the HCW indicators, 83-92% of HCW were worried about drawing blood for PLHIV. In term of HIV-related practices, 50-78% of HCW indicated that they wore double glove when attending PLHIV. On a positive note, majority of HCW reported having observed others in their facility being willing to care and providing good care to PLHIV. As for indicators related to WLHIV, this finding revealed that 33-54% of the HCW did not agree with the idea of WLHIV having the right to conceive. On PLHIV experience, 0-23% of them reported that they had ever experienced stigma when accessing health services. This is relatively lower than the level of stigma towards PLHIV found among HCW based on the HCW survey.

Overall, this finding showed a worrying magnitude of stigma towards PLHIV among HCW in Malaysia. This stigma however was not demonstrated in a form of discriminatory action in providing care and services towards PLHIV. Therefore, stigma reduction intervention programmes were needed to ensure continuous excellent service delivery in order to achieve “Three Zeros: Zero new HIV infection, Zero AIDS-related deaths, and Zero HIV-related S&D”.

## 2.2 Identification of Casual Factors/Gaps & Formulation of Intervention Strategies

Based on the HCW and PLHIV survey results, QI coaches guided the healthcare facilities to perform problem analysis by reviewing respective process of care, identification of critical points, and developing cause-effect diagram to identify contributing factors of the problem (Figure 3). Knowledge, attitude, and practice (KAP) survey was also developed to measure one of the commonest factors found across all facilities. Each facility then prioritised factors that need to be addressed in reducing stigma towards PLHIV and formulated appropriate strategies to address each based on each team consensus.

Figure 3: Problem analysis by group discussion

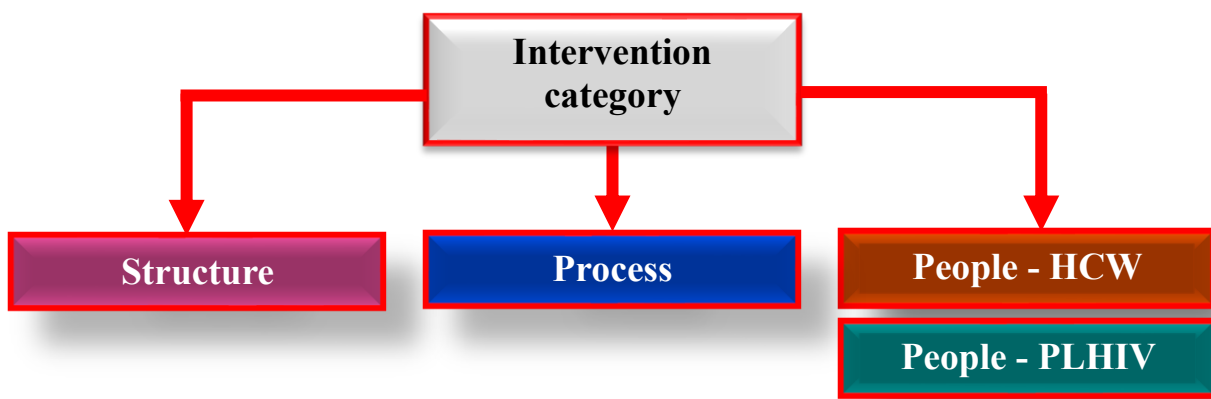


## 2.3 Implementation of Intervention Strategies

The interventions to address S&D issues are categorized into three domains targeting structure, process, and people (Figure 4). Structure-related interventions were developed to strengthen the healthcare facilities governance structure such as establishing S&D committee or task force to oversee implementation of interventions and co-location of services to ensure privacy and confidentiality of PLHIV. Process-related interventions include reviewing and updating

existing process workflow by ensuring appropriate criteria and standards is used at critical steps in the process of care such as removing disease identifying labels from the lab forms and updating standard operating procedure (SOP) for drawing blood. People-related interventions were created to improve knowledge and sensitize HCW to S&D such as improving content and modes of HCW trainings and to facilitate social contact between PLHIV with HCW or public such as engaging PLHIV as volunteers in the clinic.


*Figure 4: Intervention strategies*



## QI Best Practices at A Glance

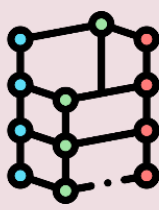
Intervention Category	Reference Facilities
<b>Structure-Related: Improving Governance Structure</b>	
a) Establish a committee or task force to oversee the implementation of S&D projects.	<input checked="" type="checkbox"/> Sultanah Aminah Hospital <input checked="" type="checkbox"/> Mahmoodiah Health Clinic
b) Providing dedicated care through a specific day for delivering HIV services.	<input checked="" type="checkbox"/> Pandamaran Health Clinic
c) Designated room for PLHIV and high-risk group equipped with related materials.	<input checked="" type="checkbox"/> Sultanah Aminah Hospital <input checked="" type="checkbox"/> Mahmoodiah Health Clinic <input checked="" type="checkbox"/> Penang Hospital <input checked="" type="checkbox"/> Butterworth Health Clinic <input checked="" type="checkbox"/> Pandamaran Health Clinic
d) Redesign of clinic flow.	<input checked="" type="checkbox"/> Tanglin Health Clinic
e) Providing non-judgemental service.	<input checked="" type="checkbox"/> Pandamaran Health Clinic
<b>Process-Related: Improving and Strengthening Existing Work Processes</b>	
a) Review and update SOP, process of care, and model of good care (MOGC) for infection control.	<input checked="" type="checkbox"/> Sultanah Aminah Hospital <input checked="" type="checkbox"/> Mahmoodiah Health Clinic <input checked="" type="checkbox"/> Tanglin Health Clinic <input checked="" type="checkbox"/> Pandamaran Health Clinic
b) Review and update SOP, process of care, and MOGC for lab investigation.	<input checked="" type="checkbox"/> Sultanah Aminah Hospital <input checked="" type="checkbox"/> Mahmoodiah Health Clinic <input checked="" type="checkbox"/> Penang Hospital <input checked="" type="checkbox"/> Tanglin Health Clinic <input checked="" type="checkbox"/> Pandamaran Health Clinic
c) Patient should be called only using the queue number produce by the registration counter.	<input checked="" type="checkbox"/> Sultanah Aminah Hospital <input checked="" type="checkbox"/> Mahmoodiah Health Clinic <input checked="" type="checkbox"/> Tanglin Health Clinic <input checked="" type="checkbox"/> Pandamaran Health Clinic
d) Routine capture of patient experience during clinic visits.	<input checked="" type="checkbox"/> Sultanah Aminah Hospital <input checked="" type="checkbox"/> Mahmoodiah Health Clinic <input checked="" type="checkbox"/> Penang Hospital <input checked="" type="checkbox"/> Tanglin Health Clinic <input checked="" type="checkbox"/> Pandamaran Health Clinic <input checked="" type="checkbox"/> Temerloh Health Clinic

Intervention Category	Reference Facilities
<b>People-Related: Engaging and Empowering HCW</b>	
<p>a) Continuous training and educational opportunities to HCW through various innovative methods:</p> <ul style="list-style-type: none"> <li>▪ Workshops/Courses/Trainings.</li> <li>▪ CME/Course Using Online Application.</li> <li>▪ CME/Role play.</li> <li>▪ Training of trainers for HOPE module.</li> <li>▪ Webinar on Strengthening Prevention of Mother-to-Child Transmission (PMTCT) of HIV and Syphilis Program in Malaysia: Updates on PMTCT Guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>✔ All facilities</li> <li>✔ MOH at national level</li> </ul>
<p>a) Reminder mechanism on HIV information delivered over a range of innovative platforms:</p> <ul style="list-style-type: none"> <li>▪ Messages.</li> <li>▪ Video.</li> <li>▪ Buntings/Posters.</li> </ul>	<ul style="list-style-type: none"> <li>✔ All facilities</li> </ul>
<b>People-Related: Engaging and Empowering PLHIV</b>	
<p>a) Kasih Project- PLHIV assisting disabled patients during their clinic visit.</p>	<ul style="list-style-type: none"> <li>✔ Pandamaran Health Clinic</li> </ul>
<p>b) Contact-based program which facilitate social contact between PLHIV with public or other agencies.</p> <ul style="list-style-type: none"> <li>▪ Collaborate with relevant agencies to conduct spiritual classes to interested PLHIV.</li> <li>▪ Co-organising of health promotion with other agencies via social media- to increase knowledge regarding HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>✔ Sultanah Aminah Hospital</li> <li>✔ Mahmoodiah Health Clinic</li> </ul>
<p>c) Informal peer-led programs to peer specialized services in health services systems.</p> <ul style="list-style-type: none"> <li>▪ Peer support counsellor.</li> <li>▪ PLHIV sharing experience.</li> <li>▪ PLHIV defaulter tracing by peer.</li> </ul>	<ul style="list-style-type: none"> <li>✔ Penang Hospital</li> <li>✔ Pandamaran Health Clinic</li> </ul>

Intervention Category	Reference Facilities
d) Health literacy educational programs and awareness on HIV/STI/Hep C/PMTCT delivered through various innovative methods: <ul style="list-style-type: none"> <li>▪ Messages.</li> <li>▪ Mural Paintings.</li> <li>▪ Buntings/Posters.</li> <li>▪ Flip Charts.</li> <li>▪ Pamphlets.</li> <li>▪ Articles.</li> <li>▪ Social Medias.</li> </ul>	 All facilities

Below are the examples of intervention strategies designed by health facilities according to category. For each intervention, further clarification and information can be referred to the reference facilities as stated.





## Factor Addressed

No steering committee or task force to focus on S&D at workplace.

## Intervention

Establish a committee or task force to oversee the implementation of S&D projects. Composition of the committee representing multiple subspeciality from the facility and non-governmental organisation (NGO) to ensure wide coverage.

## Aim of the Intervention

Strengthening governance structure in reducing S&D at workplace with pre-defined Term of Reference (TOR).

## Reference Facilities

- ✓ Sultanah Aminah Hospital
- ✓ Mahmoodiah Health Clinic

## SPACES

(steering committee of Hospital Sultanah Aminah)

## SEAL

(steering committee of KK Mahmoodiah)

### Members of SPACES committee:

From all seven subspeciality in Medical Department including inpatient and outpatient division.

### Role:

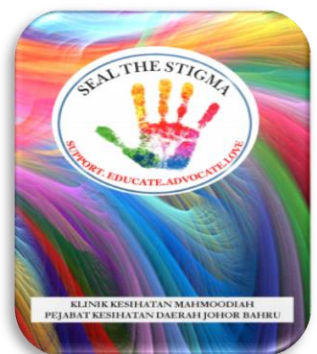
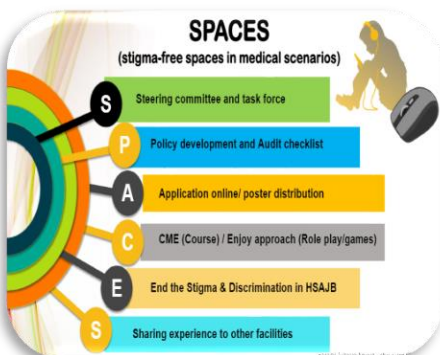
- To help and as enhancer/influencer for steering committee in term of action in reducing stigma among HCW towards PLHIV.
- As a liaison officer to each subspeciality to inform and monitor S&D.

### Members of SEAL committee:

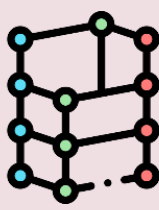
From all subspeciality including inpatient and outpatient division.

### Role:

- Routine assessments of S&D.
- Mentoring HCW.
- Monitor feedback from PLHIV.



Members of steering committee



## Factor Addressed

Undedicated care- multi-services (i.e., STI, methadone, Hep C).

## Intervention

Providing dedicated care through a specific day for delivering HIV services.

## Aim of the Intervention

Reduce waiting times and conspicuous identification of HIV in areas where care is integrated.

## Reference Facilities

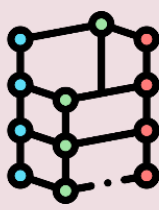
- ✓ Pandamaran Health Clinic

DAY	SERVICE
Monday	Hep C
Tuesday, Thursday	STI
Wednesday	RVD
Friday	Methadone

DAY	SERVICE
Tuesday, Wednesday, Thursday	Blood taking
Wednesday	RVD consultation & treatment
Thursday	Counselling



Specific day for specific service



## Factor Addressed

Lack of privacy and confidentiality during counselling and procedure.

## Intervention

Designated room for PLHIV and high-risk group equipped with related materials.

## Aim of the Intervention

Ensure privacy and confidentiality maintain throughout the counselling and procedure. Health education materials are also available and ready to be used by trained staff at any time during the counselling session.

## Reference Facilities

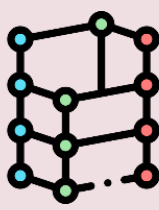
- ✓ Sultanah Aminah Hospital
- ✓ Mahmoodiah Health Clinic
- ✓ Penang Hospital
- ✓ Butterworth Health Clinic
- ✓ Pandamaran Health Clinic



Counselling room



Health education materials



## Factor Addressed

Unfriendly service flow process that causing lack of privacy and confidentiality.

## Intervention

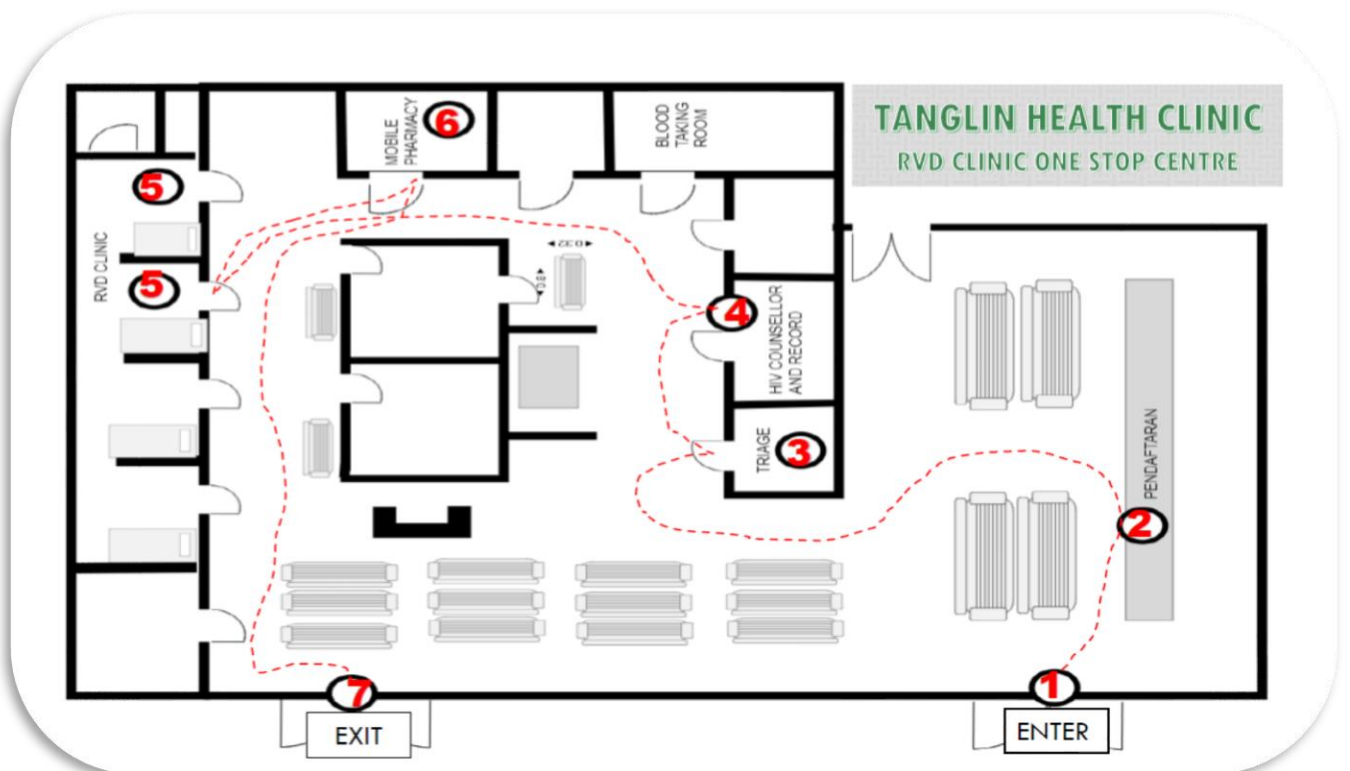
Redesign of clinic flow through establishment of retroviral disease (RVD) clinic one stop centre. Family medicine specialist (FMS), HIV counsellor, pharmacist, and case worker from NGO that will see patient consecutively to ensure care delivered closer to patient and to fast track their visit.

## Aim of the Intervention

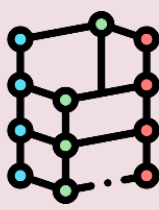
Improve care of delivery system including waiting time. All related services i.e., counselling, blood taking, consultation, and pharmacy are located nearby, ensuring that patients' HIV status remain private and reducing unfavourable emotions against PLHIV.

## Reference Facilities

- ✓ Tanglin Health Clinic



Layout of RVD clinic one stop centre



## Factor Addressed

Judgemental service- placement of PLHIV appointment as the last appointment on each day.

## Intervention

Non-judgemental service- ensuring appointment for all PLHIV are arranged using similar mechanism/procedure as other patients.

## Aim of the Intervention

Providing equal service to PLHIV in setting the appointment, improving service delivery system by reducing waiting time as PLHIV will be treated as the last patient even if they arrive early to the clinic.

## Reference Facilities

- ✓ Pandamaran Health Clinic



Appointment for a PLHIV were arranged same as other patients



## Factor Addressed

Non adherence to infection control guideline among HCW. Example: Use of double gloves during blood taking of PLHIV.

## Intervention

SOP, process of care and MOGC for infection control were reviewed, updated, and briefed to all staff in charge and were placed at strategic areas in the clinic/hospital for easy reference. Example: SOP for use of single gloves for all patients during blood taking.

## Aim of the Intervention

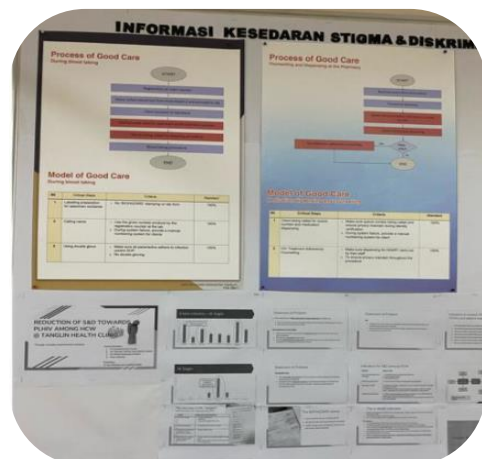
HCW adhere to the latest infection control guideline and at the same time reducing stigma among HCW towards PLHIV.

## Reference Facilities

- ✓ Sultanah Aminah Hospital
- ✓ Mahmoodiah Health Clinic
- ✓ Tanglin Health Clinic
- ✓ Pandamaran Health Clinic



Use of single gloves during blood taking



Process of care and MOGC were put up in strategic areas for reference



## Factor Addressed

Labelling specimen of PLHIV as 'Biohazard'.

## Intervention

SOP, process of care and MOGC for lab investigations were reviewed, updated, and briefed to all staff in charge and were placed at strategic areas in the clinic/hospital for easy reference. 'Biohazard' label on the lab form was removed.

## Aim of the Intervention

Elimination of separation and labelling of specimen by HIV status. This will reduce S&D.

## Reference Facilities

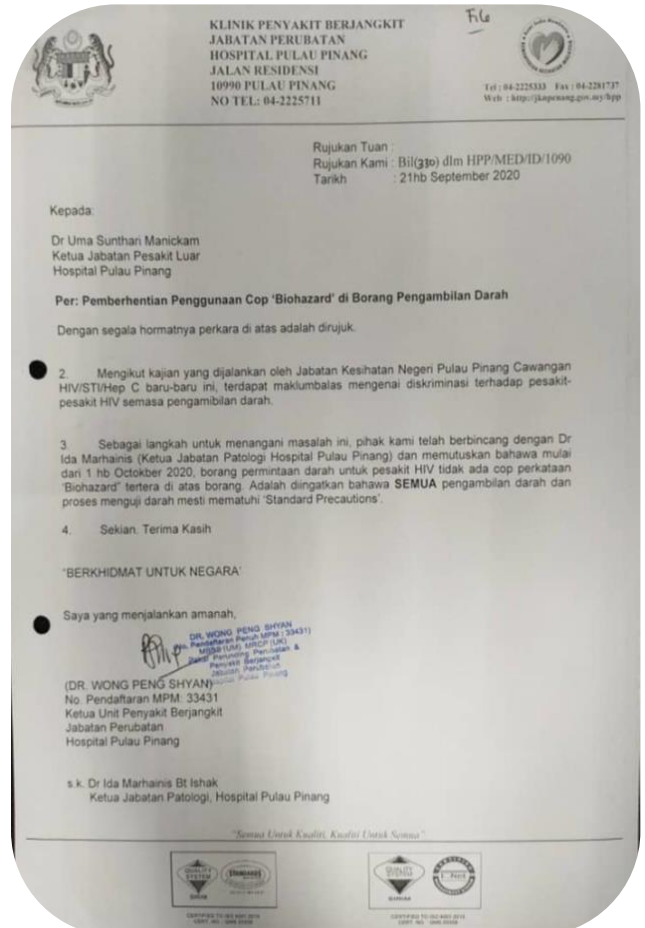
- ✓ Sultanah Aminah Hospital
- ✓ Mahmoodiah Health Clinic
- ✓ Penang Hospital
- ✓ Tanglin Health Clinic
- ✓ Pandamaran Health Clinic



'Biohazard' label on the lab form- old practice



'Biohazard' label was removed on the lab form- new practice





## Factor Addressed

Calling patient using their name. For transgender patient, calling their name using patient's legal name may cause stigma.

## Intervention

Patient should be called only using the queue number produce by the registration counter. In the event of queue management system failure, a manual numbering system could be use for patients instead of calling patient's name.

## Aim of the Intervention

Reducing internal stigma among the transgender and reducing negative feelings towards them by HCW as well as public.

## Reference Facilities

- ✓ Sultanah Aminah Hospital
- ✓ Mahmoodiah Health Clinic
- ✓ Tanglin Health Clinic
- ✓ Pandamaran Health Clinic



Queue number produce by the registration counter



Calls using the queue management system





# PROCESS

## Factor Addressed

No routine surveys of HCW and PLHIV to assess organisational S&D.

## Intervention

- Routine capture of patient experience during clinic visits using a specific forms i.e., My Journey (by Tanglin Health Clinic).
- Providing patient comment/suggestion boxes.
- Regular audit team.

## Aim of the Intervention

Improve performance measurement and continuous excellent service delivery by identifying specific area or services where patients have expressed dissatisfaction or where improvements are needed.

## Reference Facilities

- Sultanah Aminah Hospital
- Mahmoodiah Health Clinic
- Penang Hospital
- Tanglin Health Clinic
- Pandamaran Health Clinic
- Temerloh Health Clinic

*My Journey @ Klinik Kesihatan Tanglin*

Sila kongsi pengalaman anda semasa mendapat perkhidmatan di KK Tanglin.

	LOKASI	PERHATIAN/MAKLUMBALAS
1.	Kaunter saringan	
2.	Kaunter pendaftaran	
3.	Menunggu untuk mendapatkan nombor giliran	
4.	Pemberian nombor giliran	
5.	Menunggu untuk ke Bilik 9	
6.	Perkhidmatan Bilik 9	
7.	Konsultasi oleh Pegawai Perubatan/ Pakar Perubatan Keluarga	
8.	Pendaftaran no. giliran untuk pengambilan sampel darah	
9.	Prosedur pengambilan darah	
10.	Menunggu giliran di farmasi	
11.	Pendispensan ubat oleh Pegawai Farmasi	
12.	Sesi kaunseling oleh Pegawai Farmasi	

*Terima kasih di atas maklumbalaf anda...*

## Stigma & Discrimination Survey

*\* Required*

Adakah anda berasa selesa di tempat pengambilan darah? (Do you feel comfortable in the blood taking room?) \*

Yes

No

Adakah kerahsiaan anda dilindungi semasa pengambilan darah? (Is your personal confidentiality protected during the blood taking process?) \*

CHECKLIST FOR REDUCING STIGMA & DISCRIMINATION AMONG HCWS TOWARDS PLHIV

LOCATION	CRITERIA	YES	NO	REMARK	SCORE
1. REGISTRATION CENTER	Greeting / friendly or welcoming gesture	/	/		1
	Judgemental / discriminatory practice	/	/		1
	Fear of infection	/	/		1
	o Avoid physical contact	/	/		1
	o Wear double glove	/	/		1
	No privacy & confidentiality	/	/		1
2. SCREENING CENTER	Provide poor service	/	/		1
	o Not treated with respect	/	/		1
	Greeting / friendly or welcoming gesture	/	/		1
	Judgemental / discriminatory practice	/	/		1
	Fear of infection	/	/		1
	o Avoid physical contact	/	/		1
o Wear double glove	/	/		1	
No privacy & confidentiality	/	/		1	
Provide poor service	/	/		1	
o Not treated with respect	/	/		1	
3. CONSULTATION ROOM	Greeting / friendly or welcoming gesture	/	/		1
	Judgemental / discriminatory practice	/	/		1
	Fear of infection	/	/		1
	o Avoid physical contact	/	/		1
	o Wear double glove	/	/		1
	No privacy & confidentiality	/	/		1
o Write HIV on appointment book / in TPC case plan / lab form / prescription	/	/		1	
Provide poor service	/	/		1	
o No continuity of care	/	/		1	
o Not treated with respect	/	/		1	
o Not involve PLHIV with decision	/	/		1	
Availability of standardized protocol / written guideline on HIV	/	/		1	
4. BLOOD ROOM	Greeting / friendly or welcoming gesture	/	/		1
	Judgemental / discriminatory practice	/	/		1
	Fear of infection	/	/		1
	o Avoid physical contact	/	/		1
	o Wear double glove	/	/		1
	No privacy & confidentiality	/	/		1
o Write HIV on lab form	/	/		1	
o BIORAD/ARD stamp on lab form etc	/	/		1	
Provide poor service	/	/		1	
o Not treated with respect	/	/		1	
Availability of poster / guideline on PEP or standardized protocol	/	/		1	
Infectious control & patient safety applied	/	/		1	
o Hand hygiene	/	/		1	
o 1 pair of gloves per patient	/	/		1	
o Discard used device & gloves appropriately	/	/		1	
o Sample handling	/	/		1	
5. BLOOD TAKING ROOM	Greeting / friendly or welcoming gesture	/	/		1
	Fear of infection	/	/		1
	o Avoid physical contact	/	/		1
	o Wear double glove	/	/		1
	Judgemental / discriminatory practice	/	/		1
	No privacy & confidentiality	/	/		1
o Write HIV on lab form	/	/		1	
o BIORAD/ARD stamp on lab form etc	/	/		1	
Provide poor service	/	/		1	
o Not treated with respect	/	/		1	
Availability of poster / guideline on PEP or standardized protocol	/	/		1	
Infectious control & patient safety applied	/	/		1	
o Hand hygiene	/	/		1	
o 1 pair of gloves per patient	/	/		1	
o Single use device for blood sampling & drawing	/	/		1	

Example of questionnaires



## Factor Addressed

Inadequate knowledge/skill/awareness among HCW regarding HIV and infection control at workplace.

## Intervention

Continuous training and educational opportunities to equip HCW with the updated information needed to provide effective and appropriate care to PLHIV.

1. Workshops/Courses/Trainings.
2. CME/Course Using Online Application.
3. CME/Role play.

## Aim of the Intervention

Relevant knowledge can be updated regularly and sensitize HCW to S&D.

## Reference Facilities

✓ All facilities

## 1. Workshops/Courses/Trainings

- Reduction of S&D towards PLHIV for HCW: workshop was conducted in reference to HOPE module (**Tanglin Health Clinic**)
- Introduction SEAL Module and SOP venesection (**Mahmoodiah Health Clinic**)
- S&D course: 4 modules (S&D, HIV update, SOP/Infectious control, PMTCT); practical involvement with NGO (Wild Fire) (**Pandamaran Health Clinic**)



Workshops/courses/trainings

## 2. CME/Course Using Online Application

- E-learning JKNJ- more than 20 topics, save, easy, interactives, cost effective and time flexible (**Sultanah Aminah Hospital; Mahmoodiah Health Clinic**)



E-learning JKNJ

### 3. CME/Role play

#### Sultanah Aminah Hospital

##### Topic:

- Updated HIV program in Malaysia
- HIV epidemiology and guideline
- Updated on blood taking procedure
- Infection control procedure/guideline
- S&D towards PLHIV
- PLHIV care: involvement with NGO

#### Mahmoodiah Health Clinic

##### Topic:

- Role play and briefing SOP venesection

#### Tengku Ampuan Afzan Hospital

##### Topic:

- Introduction to HIV/AIDS
- HIV in pregnancy: General management, reduction of S&D
- Demonstration of personal protective equipment (PPE) while handling HIV patients in the labor room

#### Temerloh Health Clinic

##### Topic:

- HIV: How it is transmitted?
- Needle stick injury
- Hand hygiene and PPE



#### Penang Hospital

##### Topic:

- Modes of transmission HIV/Infection control
- Clinical features, investigation and management for HIV patient

#### Butterworth Health Clinic

##### Topic:

- Introduction on S&D among HCW towards PLHIV
- Infection control and standard precaution
- S&D, infection control and PMTCT

#### Pandamaran Health Clinic

##### Topic:

- Introduction on S&D
- HIV updates (screening, risk of transmission, U=U concept, treatment availability, prevention)
- PMTCT

#### Melaka Hospital; Masjid Tanah Health Clinic

- HIV updates
- HIV-related S&D



## Factor Addressed

Lack of reminder regarding HIV information among HCW.

## Intervention

Reminder mechanism on HIV information delivered over a range of innovative platforms including:

1. Messages.
2. Video.
3. Buntings/Posters.

## Aim of the Intervention

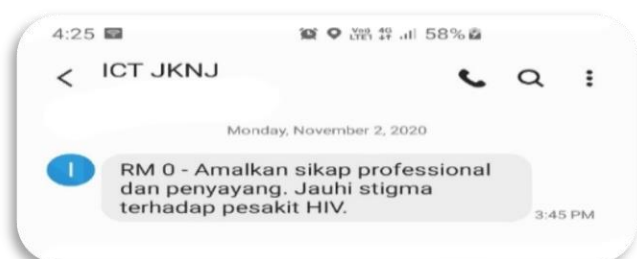
Up-to-date information can be conveyed more quickly and effectively to HCW.

## Reference Facilities

✓ All facilities

### 1. Messages

Short messages regarding HIV were posted regularly via smartphone applications such as Telegram, Whatsapp, Message (**Sultanah Aminah Hospital; Mahmoodiah Health Clinic; Tengku Ampuan Afzan Hospital; Tanglin Health Clinic**)



Example of messages

### 2. Video

Video on how to serve PLHIV- Do's (Correct way) & Don't (Wrong way) (**Pandamaran Health Clinic**)



YouTube video

### 3. Buntings/Posters

Placed at strategic areas of high probability of S&D.

Example: blood taking room, registration room, consultation room



#### Sultanah Aminah Hospital

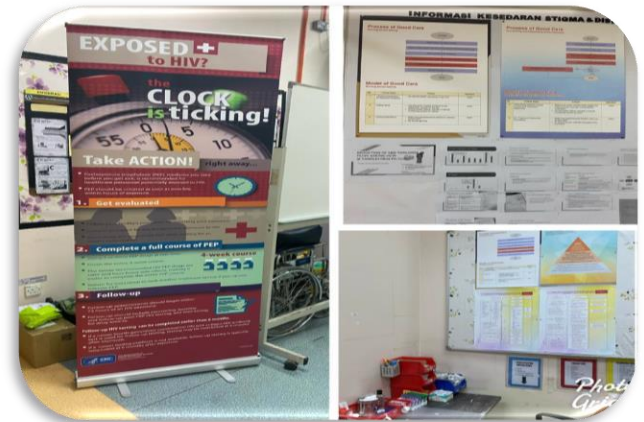
**Topic:**

- Towards zero stigma- a shared responsibility

#### Mahmoodiah Health Clinic

**Topic:**

- Towards zero stigma- a shared responsibility
- Stop stigma
- HIV vs AIDS
- Transmission of HIV



#### Tanglin Health Clinic

**Topic:**

- WHO recommendation on glove usage for medical procedures
- Flow chart for needle stick injury
- Availability of post-exposure prophylaxis (PEP) for HCW upon exposure

#### Temerloh Health Clinic

**Topic:**

- Flow chart for needle stick injury
- Availability of PEP for HCW upon exposure

#### Penang Hospital

**Topic:**

- Declaration of patient care- Please keep patient's information private and confidential

#### Melaka Hospital; Masjid Tanah Health Clinic

- *Anda perlu bersikap empati & profesional*





## Factor Addressed

Lack of PLHIV empowerment through physical, cognitive, sensory, and psychological activity. No connection between PLHIV and HCW.

## Intervention

Kasih Project- PLHIV assisting disabled patients to walk for an appointment to see doctor or procedure and at the same time they can help HCW by assisting other patients.

## Aim of the Intervention

Creating platform for better communication and engagement among PLHIV, HCW, and community for them to work closely together. At the same time, this initiative can reduce HCW work burden.

## Reference Facilities

- ✓ Pandamaran Health Clinic





## Factor Addressed

Lack of PLHIV engagement with public or other agencies.

## Intervention

Contact-based program that facilitate social contact between PLHIV with public or other agencies.

- Collaborate with relevant agencies to conduct spiritual classes to interested PLHIV.
- Co-organising health promotion with other agencies via social media- to increase knowledge regarding HIV/AIDS.

## Aim of the Intervention

Improve PLHIV engagement with public or other agencies.

## Reference Facilities

- ✓ Sultanah Aminah Hospital
- ✓ Mahmoodiah Health Clinic



Spiritual classes conducted by other agencies for PLHIV

Health promotion via social media



## Factor Addressed

Lack of motivation of the infected and affected.

## Intervention

Peer programmes in which PLHIV who have disclosed their conditions offer their experience and expertise to individuals and families. These programmes range from informal peer-led programmes to peer specialized services in health services systems.

- Peer support counsellor.
- PLHIV sharing experience.
- PLHIV defaulter tracing by peer.

## Aim of the Intervention

Encourage and empower those living with HIV/AIDS to interact with the general public.

## Reference Facilities

- ✓ Penang Hospital
- ✓ Pandamaran Health Clinic



Peer support counsellor



PLHIV defaulter tracing by peer



PLHIV sharing experience





## Factor Addressed

Low health and treatment literacy among PLHIV.

## Intervention

Health literacy educational programmes and awareness on HIV/STI/Hep C/PMTCT delivered through innovative methods.

1. Messages.
2. Mural Painting.
3. Buntings/Posters.
4. Flip Charts.
5. Pamphlets.
6. Articles.
7. Social Medias.

## Aim of the Intervention

Improve health and treatment literacy among PLHIV.

## Reference Facilities

- All facilities

## 1. Messages

Information was shared through easy-to-understand messages, diagrams and also quizzes for them to self-assess their knowledge via smartphone applications such as Telegram, Whatsapp, and Message.

- *Telegram Sahabat ART (Penang Hospital)*
- *Telegram Informasi Kesedaran HIV Klinik Kesihatan Tanglin (Tanglin Health Clinic)*
- *Whatsapp- 01155528770 (Pandamaran Health Clinic)*



Telegram untuk klien Klinik Kesihatan Tanglin



Example of messages

## 2. Mural painting

Corner for awareness of HIV (**Sultanah Aminah Hospital**)



## 3. Buntings/Posters

**Sultanah Aminah Hospital; Mahmoodiah Health Clinic**

**Topic:**

- HIV Screening: What You Should Know
- Elimination of Mother-to-Child Transmission



**Hospital Tengku Ampuan Afzan**

**Topic:**

- Hepatitis C
- *Saringan dan rawatan HIV: Siapakah yang perlu jalani ujian HIV*
- *Apakah perbezaan HIV/AIDS*
- Open your eyes to HIV
- I have HIV, please hug me
- HIV is everyone's challenge; Let's fight it together
- You're not alone; Motivate the infected and affected

**Temerloh Health Clinic**

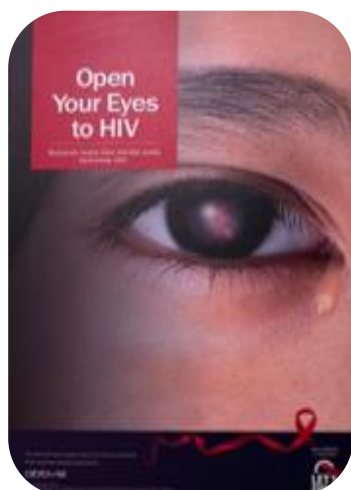
**Topic:**

- *HIV positif: Jangan biarkan diri anda dalam kemurungan, hidup perlu diteruskan*
- *HIV: Anda mampu mencegah*

**Pandamaran Health Clinic**

**Topic:**

- *Hepatitis C boleh dirawat*
- *Cara jangkitan HIV/AIDS*



## 4. Flip charts

### Tanglin Health Clinic

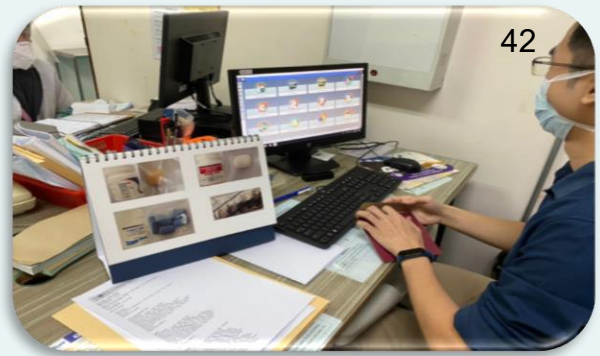
#### Topic:

- HIV treatment

### Pandamaran Health Clinic

#### Topic:

- ART treatment
- Syphilis & HIV
- Medication adherence
- Managing sexually transmitted disease



### Sultanah Aminah Hospital; Mahmoodiah Health Clinic

#### Topic:

- Hepatitis C
- Human Immunodeficiency Virus (HIV)
- Program rawatan terapi gantikan methadone
- Pencegahan penularan jangkitan dari ibu kepada bayi bagi penyakit HIV dan sifilis
- Penyakit kelamin

## 5. Pamphlets

### Sultanah Aminah Hospital; Mahmoodiah Health Clinic

#### Topic:

- Jauhi dari jangkitan Genital herpes
- Hepatitis C boleh dirawat
- HIV & AIDS
- HIV & AIDS: Adakah anda berisiko?
- Eliminasi transmisi HIV/sifilis dari ibu kepada anak
- Ketuat alat kelamin/Genital warts



### Tengku Ampuan Afzan Hospital; Temerloh Health Clinic

#### Topic:

- Wanita & HIV/AIDS
- Ibu HIV positif
- Informasi ibu mengandung yang menghidap HIV positif



## 6. Articles

### Pandamaran Health Clinic

#### Topic:

- *Bagaimana HIV merebak?*
- *Menuju sifar AIDS*
- *Saya derita*
- *Covid 19 dan HIV*
- *Kisah dalam pantun*



## 7. Social Medias

- Facebook (**Sultanah Aminah Hospital; Mahmoodiah Health Clinic; Tengku Ampuan Afzan Hospital; Temerloh Health Clinic; Pandamaran Health Clinic**)



**P** Sketsa Hari AIDS Sedunia 2020 - JKN Pulau Pinang



- YouTube video- *Sketsa Hari AIDS Sedunia 2020 (Penang Hospital; Butterworth Health Clinic)*
- YouTube video- *HIV dapat dihentikan! Nurse jadi superhero (Pandamaran Health Clinic)*

## 2.4 Continuous QI coaching

In order to ensure sufficient understanding and application of QI approach at each of the different health facilities, continuous QI coaching was put in place throughout the conduct of the programme. The QI coaching included QI training workshop sessions which were customised to the context of HIV-related S&D, several in-group virtual consultation sessions, and one-to-one virtual consultation session as per necessary. A monthly webinar series which was opened to all HCW was also conducted as a refresher of the fundamental concepts of QI and its implementation in a healthcare setting (Figure 5).

Figure 5: Example of QI coaching through webinars



## 2.5 Effect of Change

Overall, based on the re-evaluation data, the knowledge, and practices of HCW on infection control while handling PLHIV have improved. In addition, there was a change in the positive attitude of HCW towards PLHIV as a result of the intervention activities carried out throughout the programme. Therefore, the positive attitude and good practices of HCW towards PLHIV should always be maintained to ensure continuous excellent service delivery. However, knowledge on sexual reproductive health rights for PLHIV need to be strengthened among HCW. In addition, discrimination against PLHIV can also be reduced if HCW are reminded to always respect the privacy, dignity, and confidentiality of patients as stated in the code of professional conduct of their respective professions. HCW and PLHIV also need to be exposed about U=U concept. PLHIV also need to be educate about their HIV health condition to improve their HIV treatment literacy because treatment for HIV is a powerful arrow in the quiver of HIV prevention tools.

Below are the graphs depicted the effect of change for each evaluated indicator for HCW and PLHIV.

### Legends

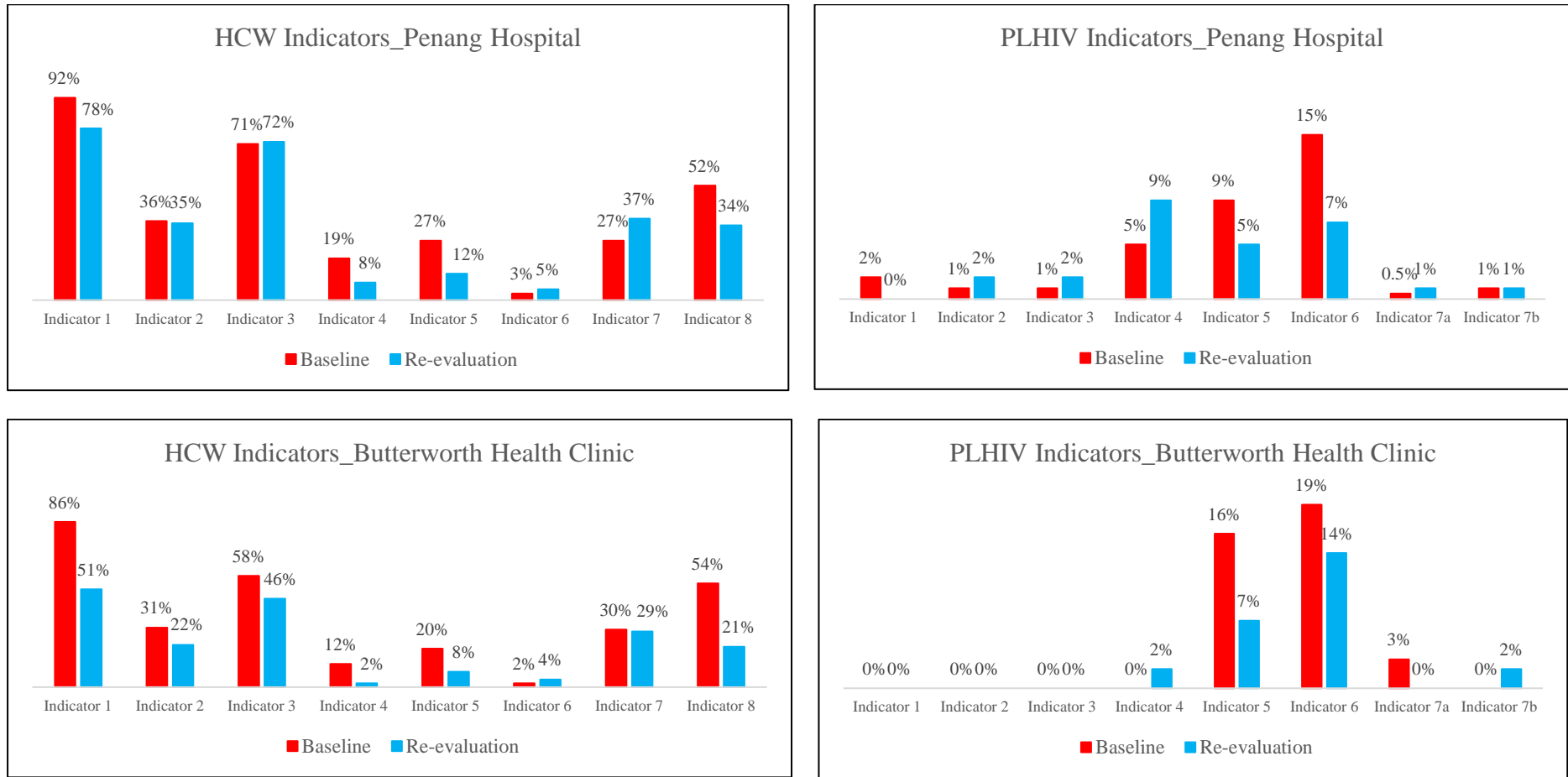
#### HCW Indicators

Indicator 1	:	Worried taking blood from a PLHIV
Indicator 2	:	Avoid physical contact with PLHIV
Indicator 3	:	Wear double gloves when attending PLHIV
Indicator 4	:	Observed other HCW unwilling to care for PLHIV
Indicator 5	:	Observed other HCW provide poor care to PLHIV
Indicator 6	:	No standardized protocols to reduce risk of HCW becoming infected with HIV
Indicator 7	:	No written guidelines to protect PLHIV from discrimination
Indicator 8	:	PLHIV should not be allowed to get pregnant

#### PLHIV Indicators

Indicator 1	:	Information about my health not explained clearly
Indicator 2	:	Clinic not welcoming and not friendly
Indicator 3	:	Not treated with respect
Indicator 4	:	No privacy and no confidentiality during my visit
Indicator 5	:	Experienced discrimination from HCW
Indicator 6	:	Were not involved with decision making regarding illness
Indicator 7a	:	Inadequate time spent by doctor during visit
Indicator 7b	:	Inadequate time spent by paramedic during visit

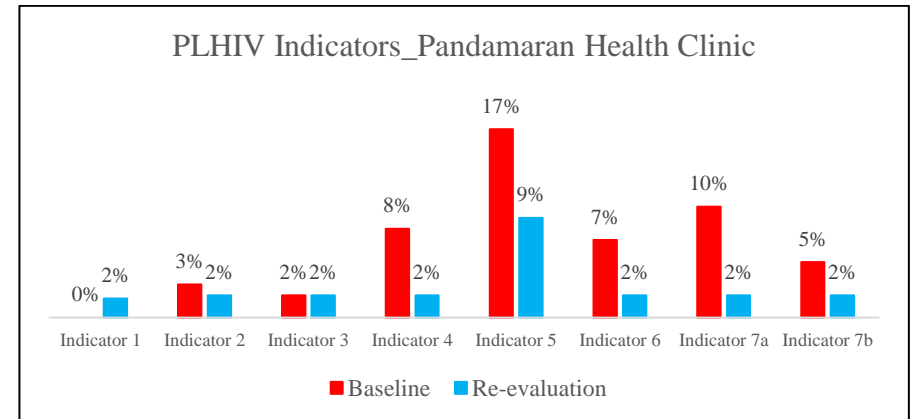
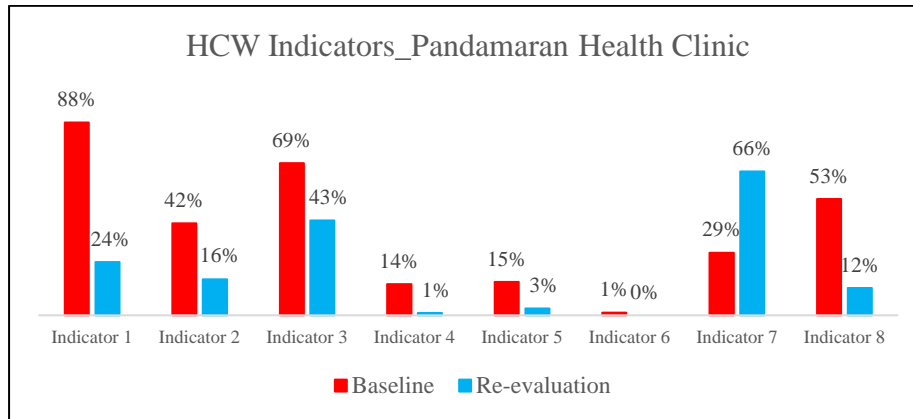
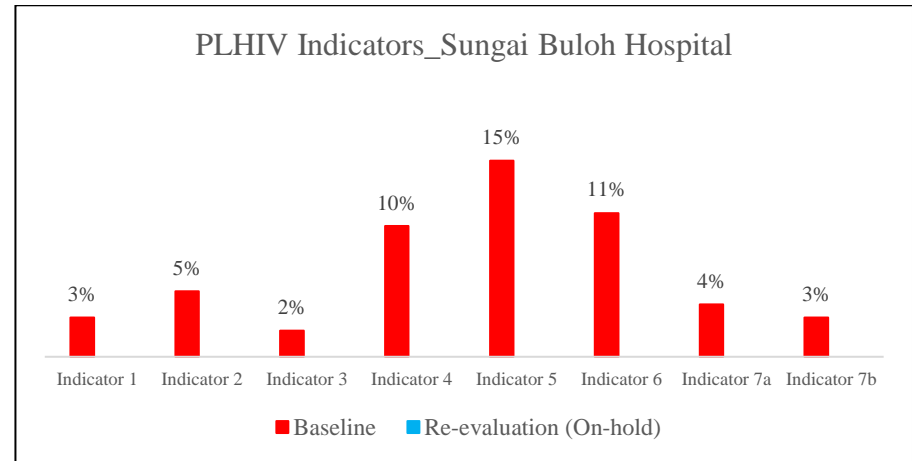
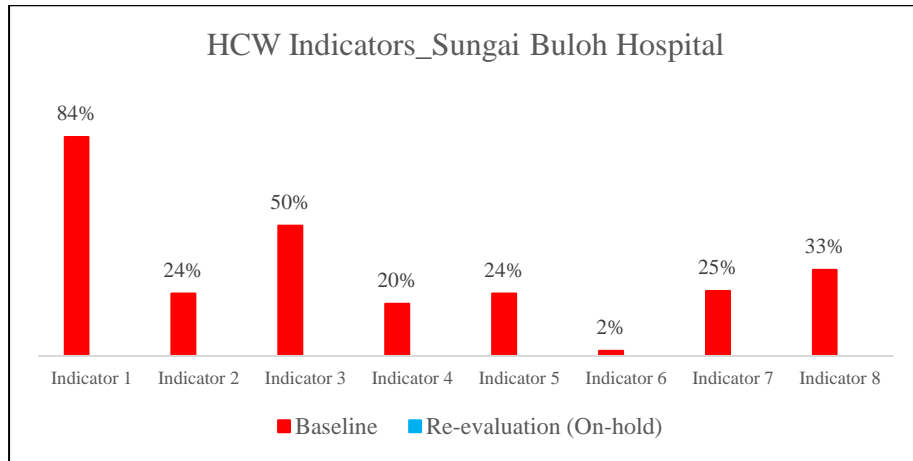
Figure 6: Effect of change for Penang Hospital and Butterworth Health Clinic



**Number of respondents**

Facility	Baseline		Re-evaluation	
	HCW	PLHIV	HCW	PLHIV
Penang Hospital	585	214	358	94
Butterworth Health Clinic	149	32	120	42

Figure 7: Effect of change for Sungai Buloh Hospital and Pandamaran Health Clinic

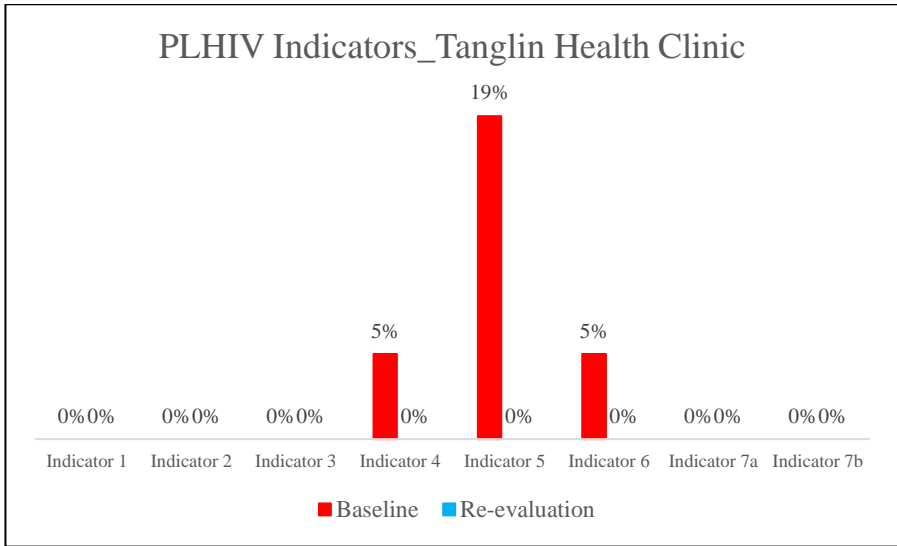
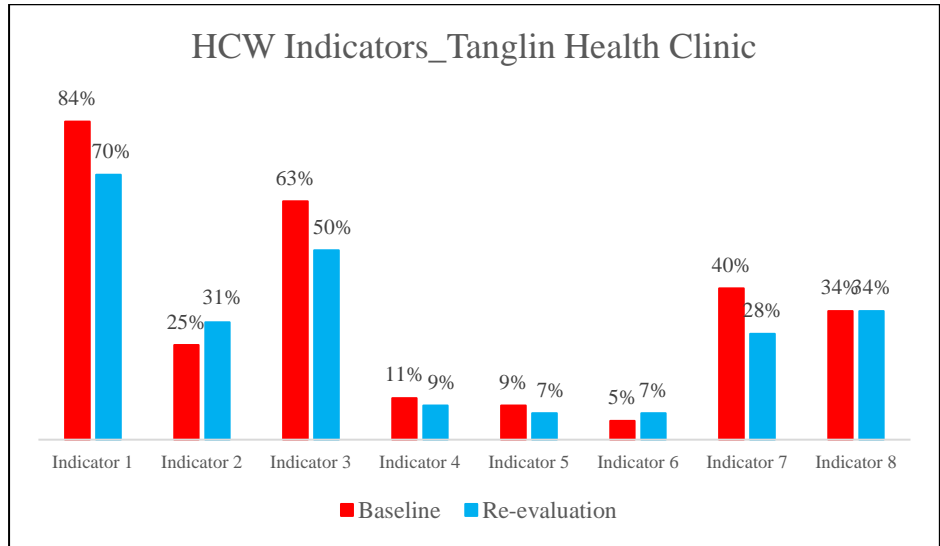


**Number of respondents**

Facility	Baseline		Re-evaluation	
	HCW	PLHIV	HCW	PLHIV
Sungai Buloh Hospital	502	198	On-hold	On-hold
Pandamaran Health Clinic	168	60	177	58



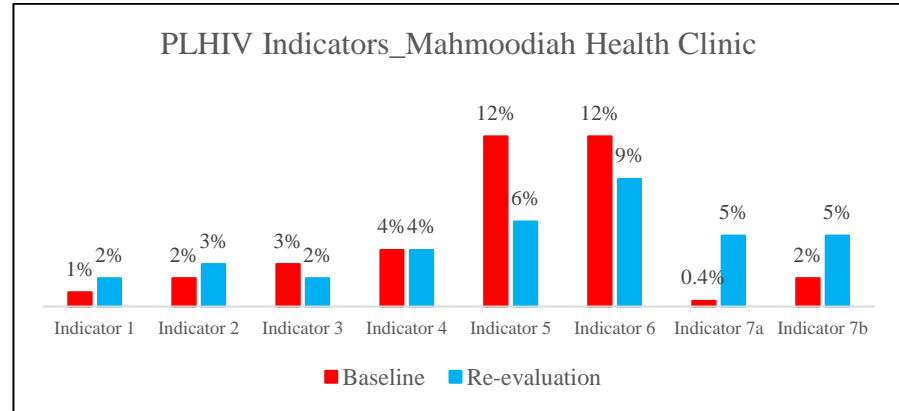
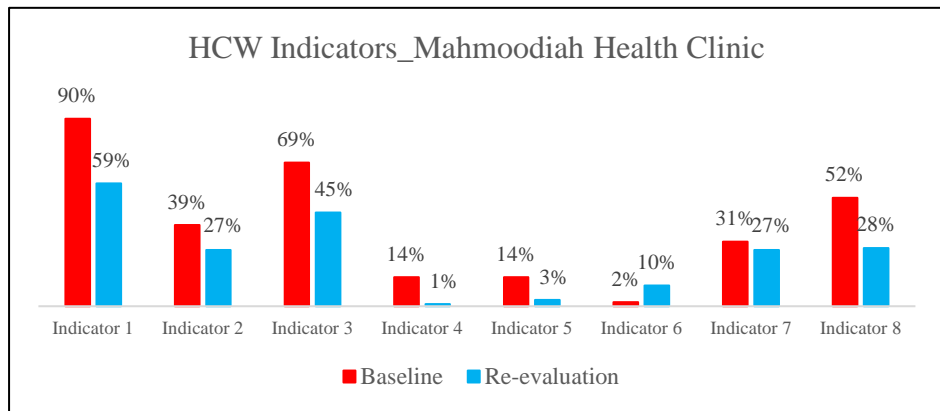
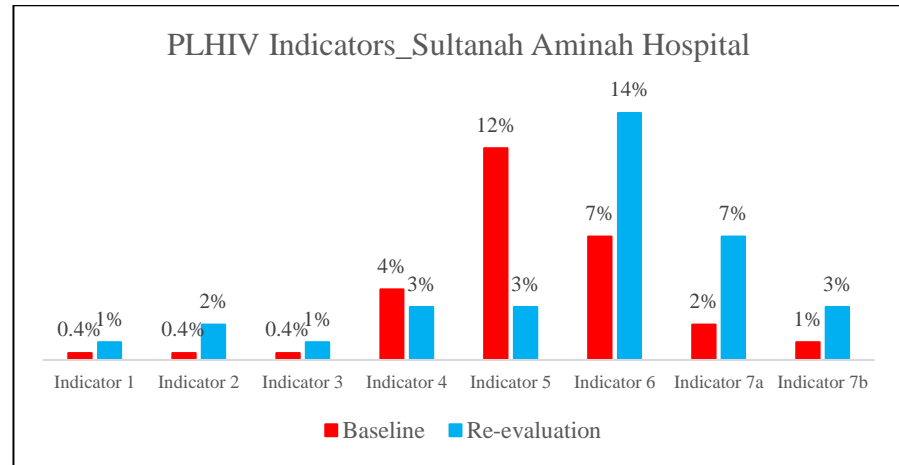
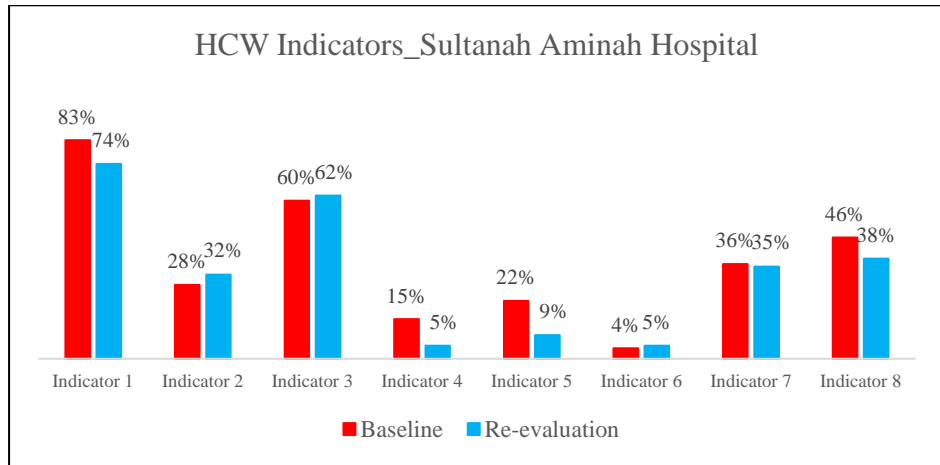
Figure 8: Effect of change for Tanglin Health Clinic



**Number of respondents**

Facility	Baseline		Re-evaluation	
	HCW	PLHIV	HCW	PLHIV
Tanglin Health Clinic	111	21	151	22

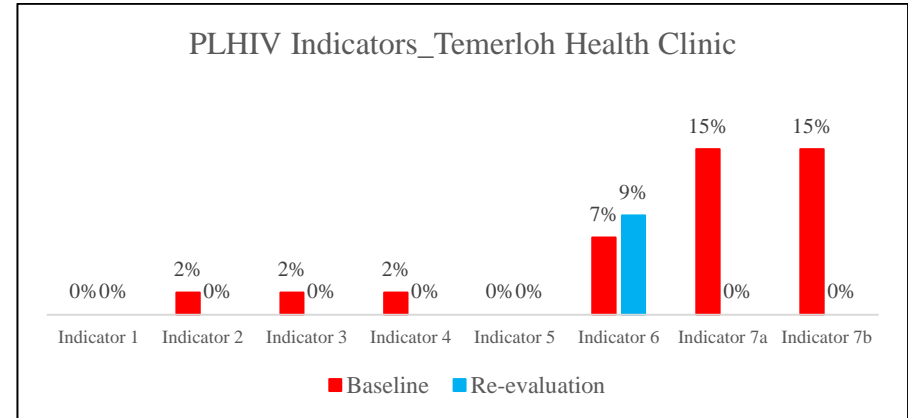
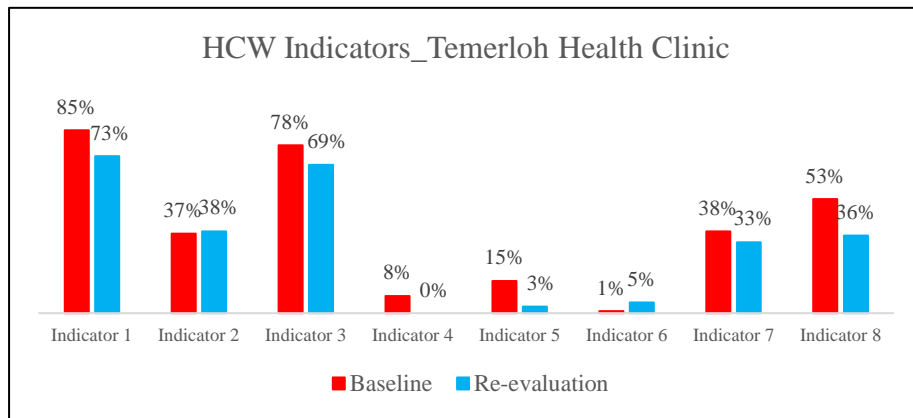
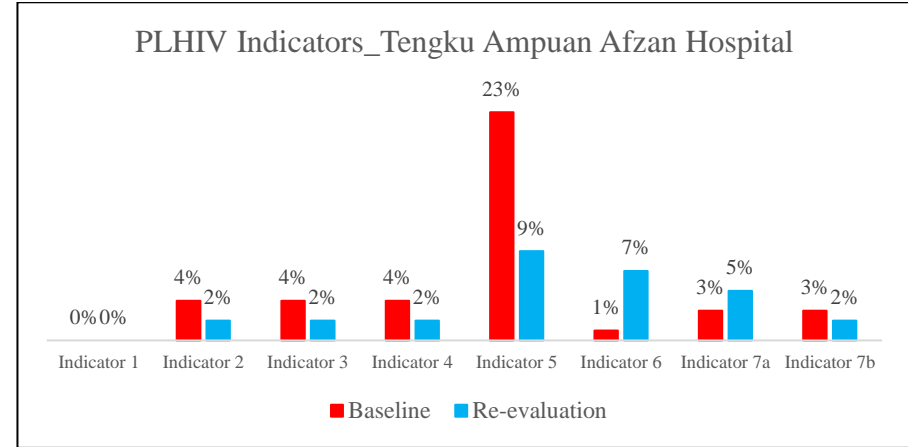
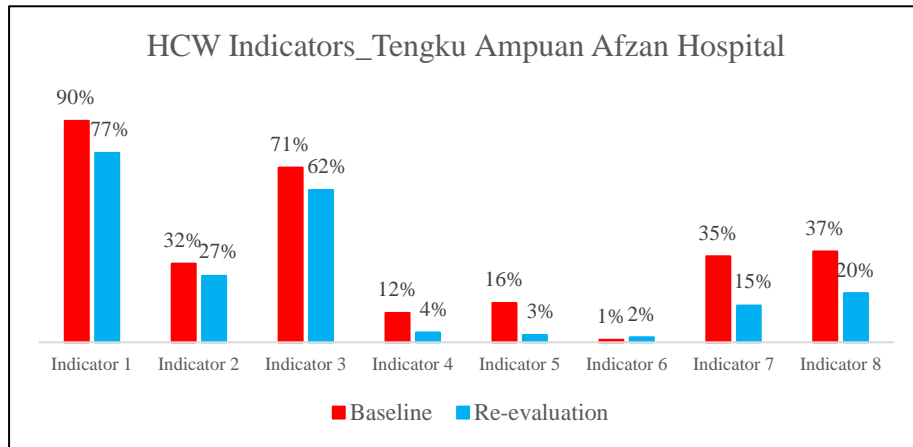
Figure 9: Effect of change for Sultanah Aminah Hospital and Mahmoodiah Health Clinic



**Number of respondents**

Facility	Baseline		Re-evaluation	
	HCW	PLHIV	HCW	PLHIV
Sultanah Aminah Hospital	1306	256	681	237
Mahmoodiah Health Clinic	177	232	109	129

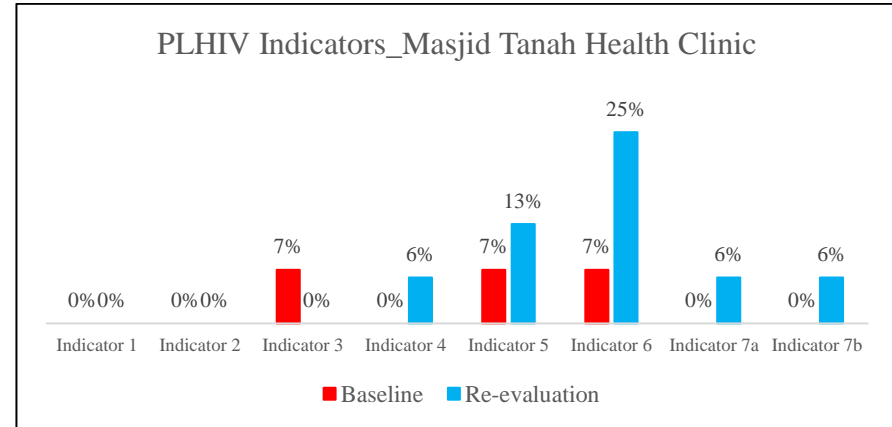
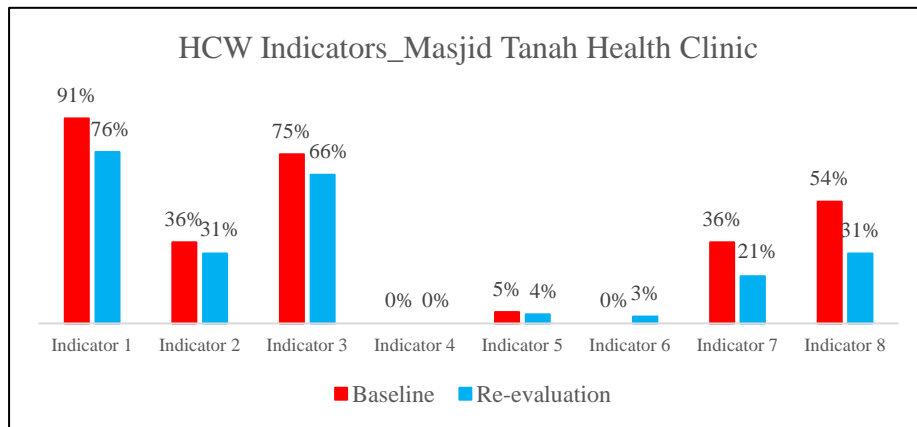
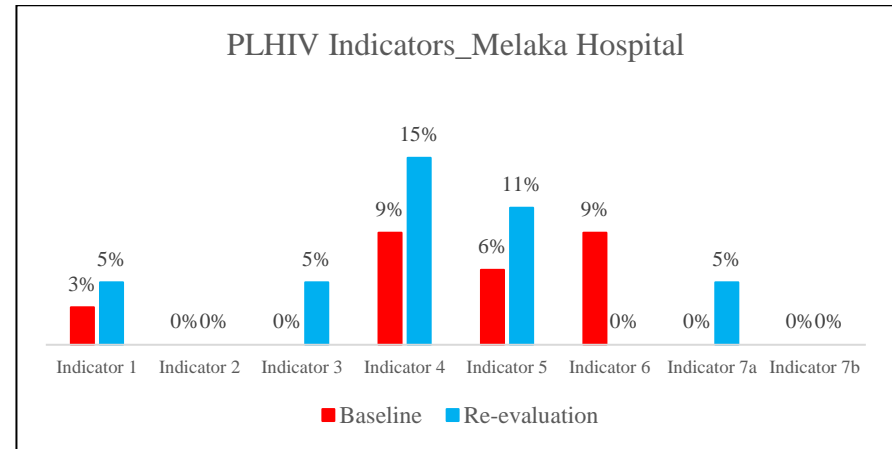
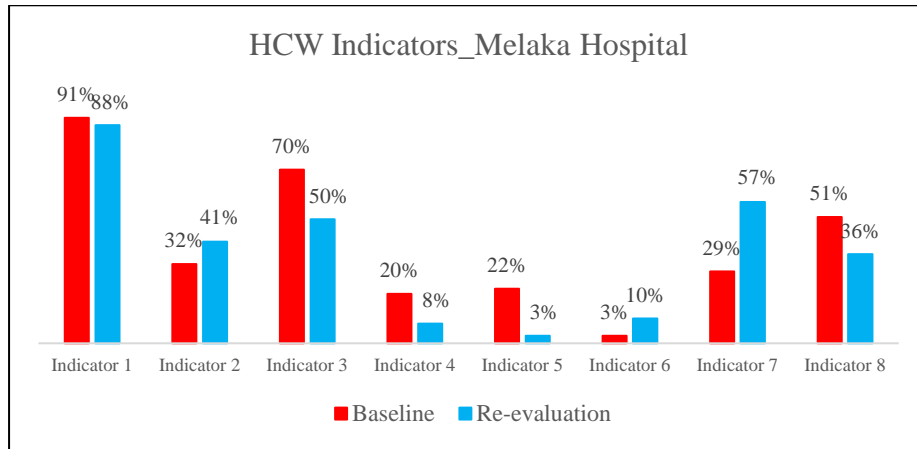
Figure 10: Effect of change for Tengku Ampuan Afzan Hospital and Temerloh Health Clinic



**Number of respondents**

Facility	Baseline		Re-evaluation	
	HCW	PLHIV	HCW	PLHIV
Tg Ampuan Afzan Hospital	362	70	219	44
Temerloh Health Clinic	97	61	116	11

Figure 11: Effect of change for Melaka Hospital and Masjid Tanah Health Clinic



**Number of respondents**

Fasiliti	Baseline		Re-evaluation	
	HCW	PLHIV	HCW	PLHIV
Melaka Hospital	339	35	166	20
Masjid Tanah Health Clinic	87	15	68	16

### 3. Future Directions

There is no denying that PLHIV still suffers from discrimination due to stigma including among HCW. These may impact on the quality-of-service delivery and in turn have a negative impact on efforts to ending AIDS. Therefore, there is a need to intensify efforts to reduce S&D and to establish outcome indicators that allow programmes to measure progress on S&D reduction in the workplace. The reduction of S&D towards PLHIV among HCW programme is one of the programmes implemented to help policymakers measure the effectiveness of our health service delivery at each facility. We want to ensure that all our facilities are practicing zero S&D against PLHIV policy. The programme needs to be continued and re-evaluation must be conducted periodically to ensure continuous excellent service delivery. The planned intervention strategies also need to change according to current needs or according to the results of the re-evaluation survey, that is, according to the services that need the most improvement. In addition, a scale-up plan needs to be made where this programme needs to be extended to other health facilities with the involvement of trained QI coaches in each state and coordinated by state AIDS officer.

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