

## PP124 Health Technology Assessment And Feedback For Healthy Workplace Culture In Malaria Care In Low And Middle Income Countries

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### INTRODUCTION:

Malaria is a leading cause of mortality and morbidity in children under five in low and middle income countries (LMICs). Management of malaria in children under five years of age is challenging. One challenge faced by clinical practice in LMICs is lack of evidence to guide practice. This challenge is further compounded by different training backgrounds of team members. In the management of malaria in Cameroon, conflicts usually arise between clinicians, lab technicians and pharmacists resulting in over diagnosis and treatment of malaria. The patient's view is usually not considered. This leads to over diagnosis and over prescriptions for malaria in children under five years of age.

### METHODS:

We used the Joanna Briggs Institute (JBI) approach of getting research into practice to organize stakeholder meetings, assess existing evidence in malaria care, develop evidence criteria for management based on levels of evidence, assess the gamut of care for malaria, provide feedback to clinicians and re-assess practice. We used the JBI practical application of clinical evidence system (PACES) and getting research into practice (GRiP) evidence implementation tools in the process to facilitate teamwork, collaboration on evidence and provide feedback.

### RESULTS:

A collaborative approach to assessments and feedback including all healthcare stakeholders significantly improved workplace culture of evidence-based care and staff-to-staff relationships as well as staff-to-patient relationships. Over a period of twelve months, we reported eighty-four percent fewer conflicts between staff and ninety-eight percent fewer conflicts between staff and patients. For malaria management, overall criteria showed a thirty-one percent improvement in

compliance with best practice recommendations with evidence levels of Grade 1.

### CONCLUSIONS:

The project demonstrated that local leadership and evidence-based care can significantly improve practice in resource limited settings.

## PP125 Patient-Focused Review Of Human Immunodeficiency Virus Benefit Package

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### INTRODUCTION:

The Philippines has an increasing number of newly diagnosed cases of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS). In 2010, the Philippine National Health Insurance Corporation (PhilHealth) introduced an Outpatient HIV/AIDS Treatment (OHAT) package to cover the necessary basic healthcare expenses of patients. The objective of this study was to review patients' perspectives on the OHAT package in terms of meeting health needs and providing economic risk protection.

### METHODS:

The study was divided into two phases: (i) patient surveys (PS); and (ii) health provider interviews (HPI). The PS focused on the health needs of package utilizers and non-utilizers, specifically their satisfaction with the current package coverage. The HPI focused on key personnel working at treatment hubs to gain insight on the impact of the OHAT package on facility operations, service delivery, and patient care.

### RESULTS:

The majority of patients were satisfied with the current package because of the reduced annual out-of-pocket (OOP) costs. However, continuing OOP expenditure was also the main reason for dissatisfaction. This was due to non-uniform provision of services across different hubs, mainly resulting from the unavailability of services and health provider discretion on final package inclusions.