

Measurement and interventions for HIV related stigma reduction in health-care settings THAILAND



Taweasap Siraprapasiri MD, MPH

Senior Expert on Preventive Medicine

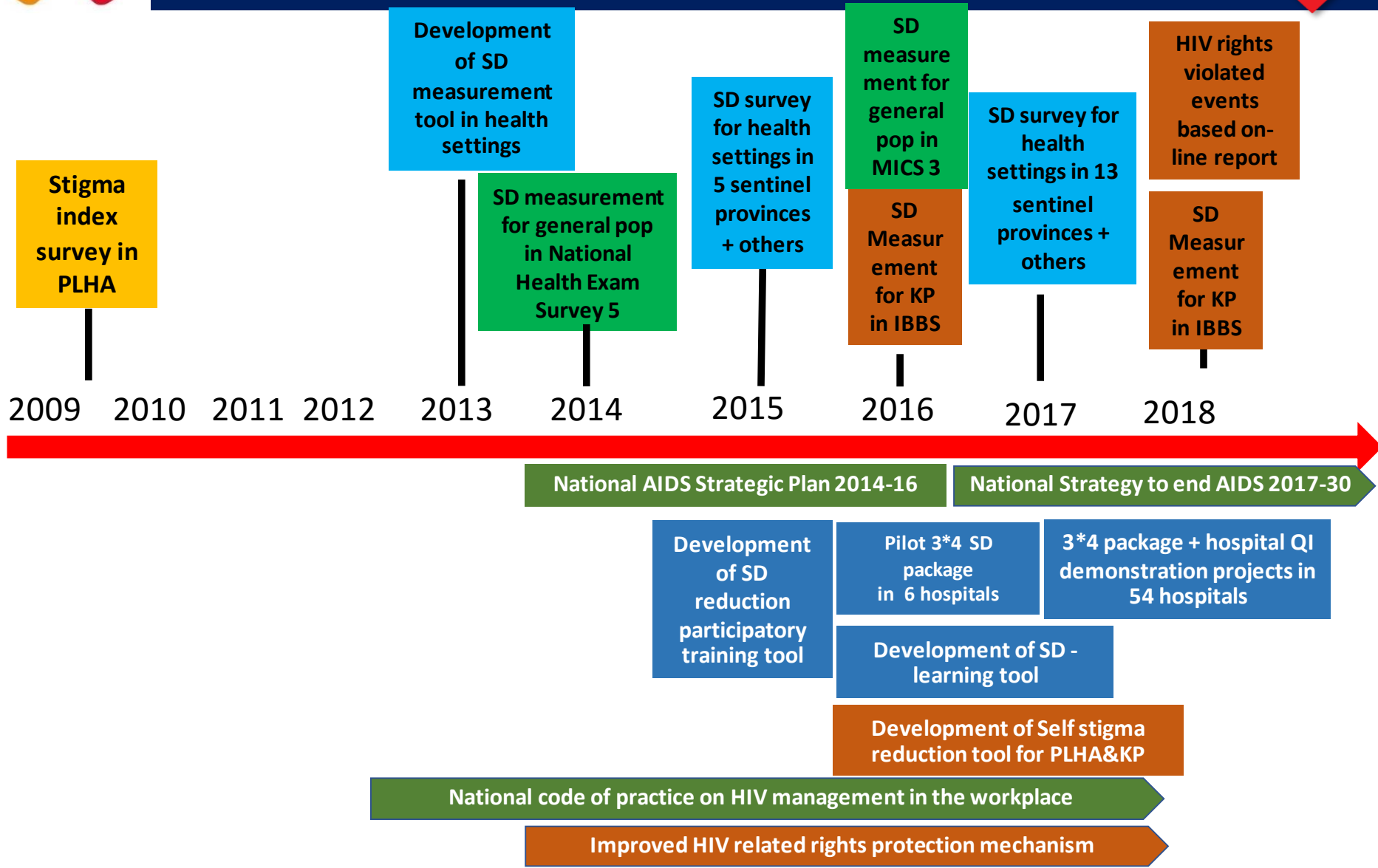
Thailand's Ministry of Public Health

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Development timeline for HIV related stigma measurement and interventions





Why and where to measure & intervene stigma in health-care settings



Actionable Drivers

1. Fear of transmission
2. Awareness of Stigma
3. Attitudes
4. Institutional Environment



Stigma Manifestations

experienced, anticipated, perceived, internalized, etc.

avoidance, harassment, refusal to treat, etc.



HIV Service Cascade

Testing & Diagnosis

Linkage to care
&
Retained in care

Adherence



Zero infection
Zero death

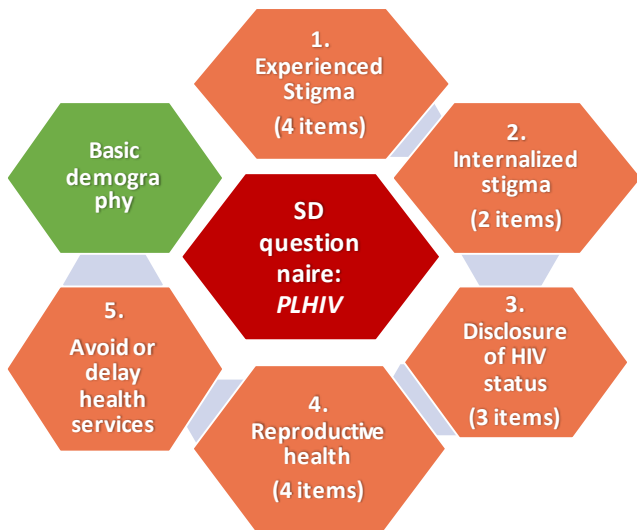
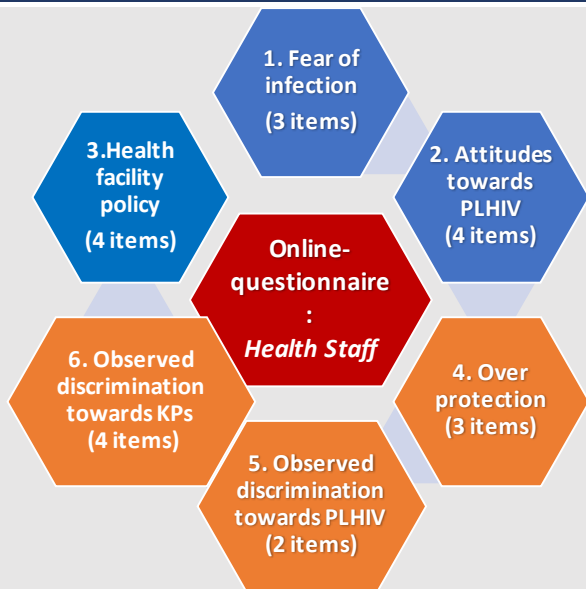
Measurement & Intervention

Adopted from Sources: HIV Treatment Cascade Reference Literature:

1. Testing: (Musheke et al., 2013)
2. Linkage to & Retained in care: (Govindasamy et al., 2012, Alvarez-Uria et al., 2013)
3. Adherence: (Katz et al., 2013)

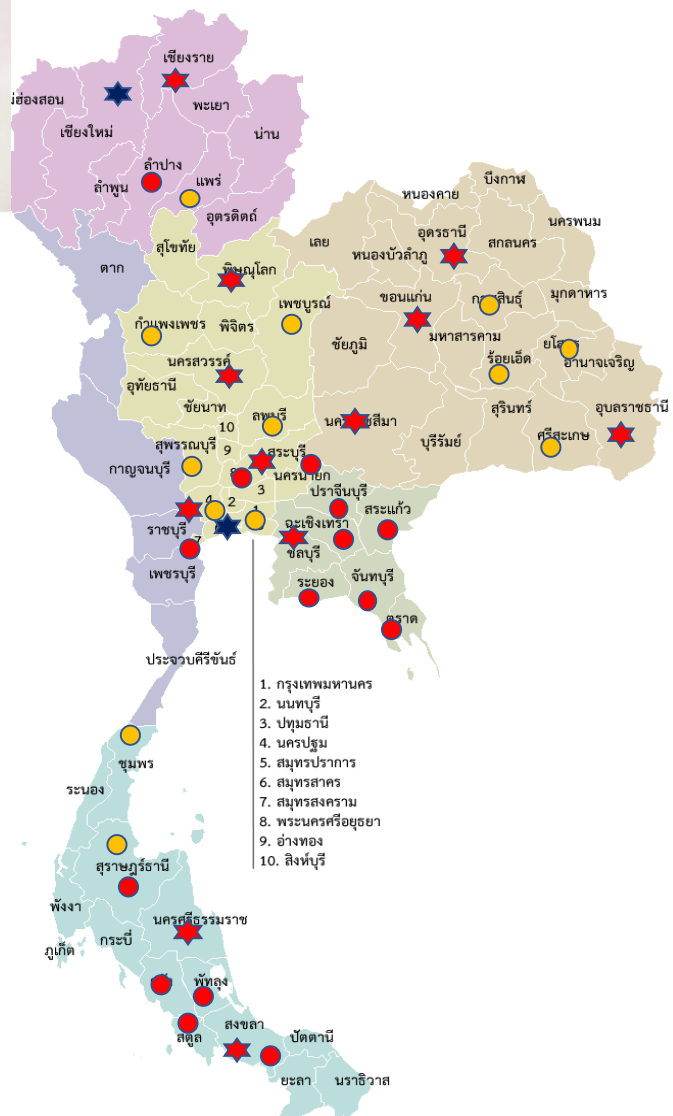


Development of standardized SD measurement and monitoring system in health-care settings



- Adaptation of the global tool and pilot in 2 provinces in 2013
- Developed SD monitoring system for national & sub-national level

Country: Biannual surveys: in sentinel provinces (5&7 provinces in 2015, 17)
 Province : over 30 additional provinces





(EYE-OPENED RESULTS)

National estimates of SD situation from health facility survey (from 17 Provinces in 2014-15)



Health Staff	% Estimate (Plausibility bounds)	PLHA	% Estimate (Plausibility bounds)
<i>Fear of infection</i> from a patient living with HIV (Worry/Fear of either touching OR dressing wound OR drawing blood)	60.9 (31.9, 90.7)	<i>Stigma experiences</i> in a health care setting in last 12 months (either be refused or denial of service OR last queue or longer time OR rude or blamed to you OR be separation)	12.1 (4.4, 23.8)
Personal use of <i>unnecessary precautions</i> to avoid being infected with HIV (either wearing double globe OR special precaution)	53.1 (43.2, 65.7)	HIV <i>disclosure or confidentiality</i> issue in a health care facility in last 12 months (either disclose HIV status to other without consent OR medical record was marked in the way that other people know)	24.5 (3.9, 39.4)
<i>Negative attitude</i> toward people living with HIV (agree to either PLHA do not care if they infect other OR should be ashamed of HIV status OR be infected because of irresponsible behavior OR should not have children)	84.5 (71.3, 92.8)	Avoid or <i>delay seeking health care</i> because of SD fear in last 12 months	13.0 (5.2, 26.1)
<i>Observed stigma practices</i> towards PLHIV in health settings in the past 12 months (either unwilling to care OR poorer quality)	23.7 (9.7, 34.9)	<i>Internalized stigma</i> (either feeling ashamed of HIV status OR afraid that health staff will stare or gossip about you OR feeling guilty of HIV status)	31.4 (10.7, 44.4)



Development of interventions to achieve stigma-free health-care settings

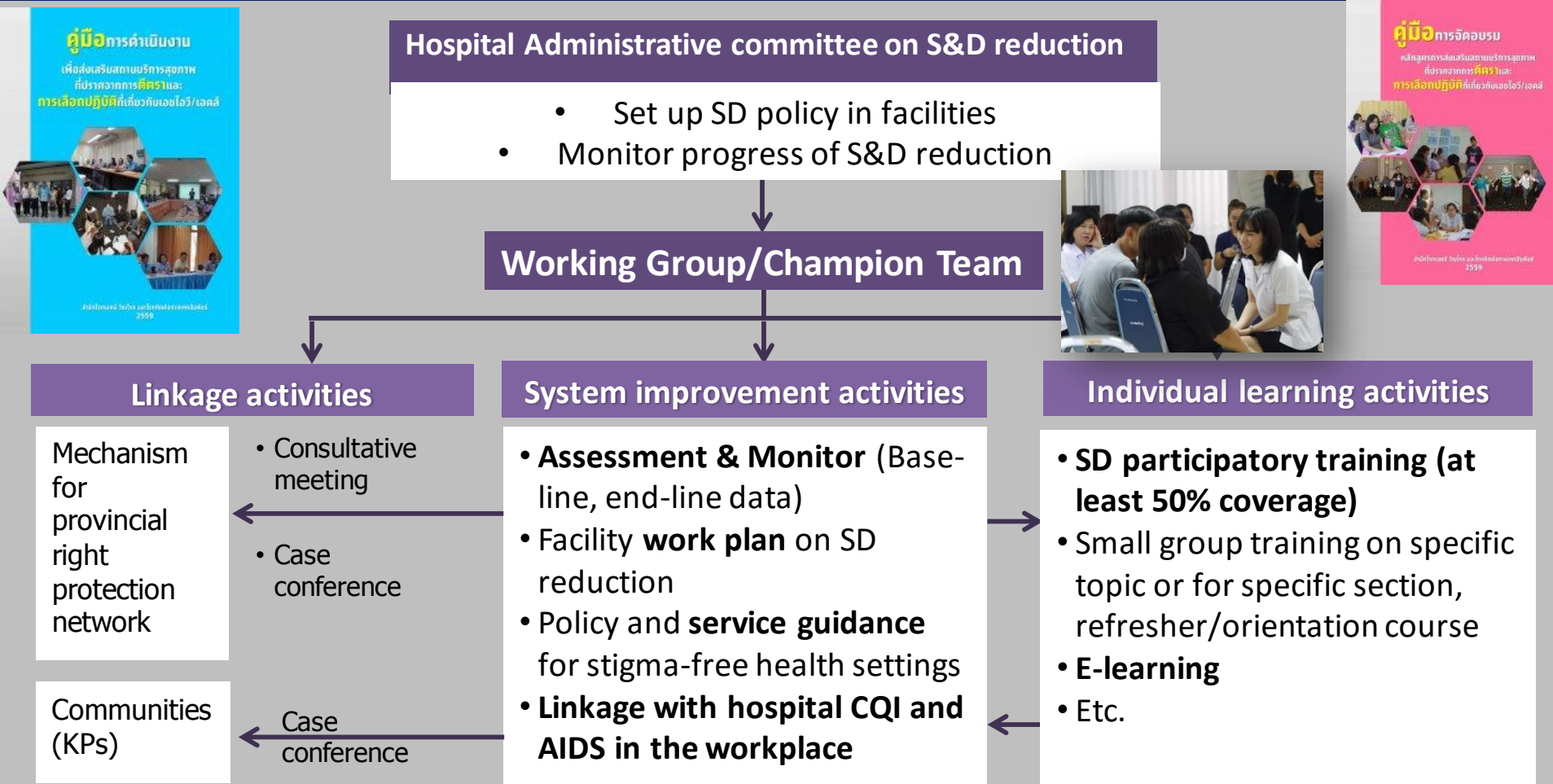


- Develop stigma reduction **participatory training modules** for health staff
 - Adaptation of the global module with local context and feasibility
 - Reduce module to 10 activities for 12-hr, now to 5 activities for 6-hr
 - Pilot 3*4 SD reduction package in six hospitals from three provinces
 - Now (2017) scaling up to more 50 hospitals in 20 provinces (hospital size from 200 to 3,500 staff per facility)
- Integrate stigma-free health settings into hospital quality management
- Promote & link with the national code of conduct of AIDS in the workplace

	Data Type		P value
	Baseline	Endline	
Worry/Fear of infection	80.7%	59.0%	$\chi^2=93.2, P=0.000$
Unnecessary precaution	67.4%	38.8%	$\chi^2=108.9, P=0.000$
Negative Attitude (at least 1 items)	85.4%	64.5%	$\chi^2=125.4, P=0.000$
Observed stigma in health setting last 12 months	15.2%	12.4%	$\chi^2=3.64, P=0.032$

THAILAND'S 3x4 FACILITY-BASED S&D REDUCTION PACKAGE

Principle: Create safe space for learning S&D reduction/participation of key population and PLHIV



3 levels of interventions within health facilities

1. Individual (health facility staff)
2. System and Structure of health facility
3. Above health facilities - Linkages

4 actionable drivers of S&D reduction

1. Raising awareness
2. Fear of HIV infection
3. Social stigma attitudes: judgment, stereotyping, blame,
4. Environment in health facility



Key lessons



- Stigma (even a social process) is measurable and feasible to monitor status at country, provincial and facility level
- Measurement results are not for statistics nor shame, but for target actions
- Effective SD reduction interventions in health-care settings are available (eg. 3 by 4 package)
- Combined SD interventions need to be optimized and linking with key existing health service program (eg. CQI) for rapidly scaling up and efficiency.
- Together we can achieve stigma-free health-care settings

For more detail: see our VDO in
https://www.youtube.com/watch?v=0_46wuyRTqI