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

THAILAND

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Development timeline for HIV related stigma measurement and interventions

2009
- Stigma index survey in PLHA

2010
- Development of SD measurement tool in health settings

2011
- SD measurement for general pop in National Health Exam Survey 5

2012
- SD survey for health settings in 5 sentinel provinces + others

2013
- SD measure for general pop in MICS 3

2014
- SD measurement for KP in IBBS

2015
- SD survey for health settings in 13 sentinel provinces + others

2016
- SD measurement for KP in IBBS

2017
- Pilot 3*4 SD package in 6 hospitals
- 3*4 package + hospital QI demonstration projects in 54 hospitals

2018
- Development of SD - learning tool
- Development of Self stigma reduction tool for PLHA&KP
- HIV rights violated events based on line report

National AIDS Strategic Plan 2014-16

National Strategy to end AIDS 2017-30

- National code of practice on HIV management in the workplace
- Improved HIV related rights protection mechanism
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
1. Testing & Diagnosis
2. Linkage to care & Retained in care
3. Adherence

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

Online questionnaire:
1. Fear of infection (3 items)
2. Attitudes towards PLHIV (4 items)
3. Health facility policy (4 items)
4. Over protection (3 items)
5. Observed discrimination towards PLHIV (2 items)
6. Observed discrimination towards KPs (4 items)

Health Staff
3. Health facility policy (4 items)
2. Attitudes towards PLHIV (4 items)
4. Over protection (3 items)
5. Observed discrimination towards PLHIV (2 items)

Basic demography

SD questionnaire: PLHIV
1. Experienced Stigma (4 items)
2. Internalized stigma (2 items)
3. Disclosure of HIV status (2 items)
4. Reproductive health (4 items)

- 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)

<table>
<thead>
<tr>
<th>Health Staff</th>
<th>% Estimate (Plausibility bounds)</th>
<th>PLHA</th>
<th>% Estimate (Plausibility bounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fear of infection</em> from a patient living with HIV (Worry/Fear of either touching OR dressing wound OR drawing blood)</td>
<td>60.9 (31.9, 90.7)</td>
<td><em>Stigma experiences</em> 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)</td>
<td>12.1 (4.4, 23.8)</td>
</tr>
<tr>
<td>Personal use of <em>unnecessary precautions</em> to avoid being infected with HIV (either wearing double globe OR special precaution)</td>
<td>53.1 (43.2, 65.7)</td>
<td>HIV <em>disclosure or confidentiality</em> 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)</td>
<td>24.5 (3.9, 39.4)</td>
</tr>
<tr>
<td><em>Negative attitude</em> 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)</td>
<td>84.5 (71.3, 92.8)</td>
<td>Avoid or <em>delay seeking health care</em> because of SD fear in last 12 months</td>
<td>13.0 (5.2, 26.1)</td>
</tr>
<tr>
<td><em>Observed stigma practices</em> towards PLHIV in health settings in the past 12 months (either unwilling to care OR poorer quality)</td>
<td>23.7 (9.7, 34.9)</td>
<td><em>Internalized stigma</em> (either feeling ashamed of HIV status OR afraid that health staff will stare or gossip about you OR feeling guilty of HIV status)</td>
<td>31.4 (10.7, 44.4)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Baseline</th>
<th>Endline</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry/Fear of infection</td>
<td>80.7%</td>
<td>59.0%</td>
<td>X²=93.2, P=0.000</td>
</tr>
<tr>
<td>Unnecessary precaution</td>
<td>67.4%</td>
<td>38.8%</td>
<td>X²=108.9, P=0.000</td>
</tr>
<tr>
<td>Negative Attitude (at least 1 items)</td>
<td>85.4%</td>
<td>64.5%</td>
<td>X²=125.4, P=0.000</td>
</tr>
<tr>
<td>Observed stigma in health setting last 12 months</td>
<td>15.2%</td>
<td>12.4%</td>
<td>X²=3.64, P=0.032</td>
</tr>
</tbody>
</table>
THAILAND’s 3x4 FACILITY-BASED S&D REDUCTION PACKAGE

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

Hospital Administrative committee on S&D reduction
- Set up SD policy in facilities
- Monitor progress of S&D reduction

Working Group/Champion Team

Linkage activities
- Consultative meeting
- Case conference

System improvement activities
- Assessment & Monitor (Baseline, end-line data)
- Facility work plan on SD reduction
- Policy and service guidance for stigma-free health settings
- Linkage with hospital CQI and AIDS in the workplace

Individual learning activities
- SD participatory training (at least 50% coverage)
- Small group training on specific topic or for specific section, refresher/orientation course
- E-learning
- Etc.

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

Mechanism for provincial right protection network
Communities (KPs)
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 (e.g. 3 by 4 package)
- Combined SD interventions need to be optimized and linking with key existing health service program (e.g. 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