STIGMA AND DISCRIMINATION AMONG HEALTH CARE PROVIDERS AND PEOPLE LIVING WITH HIV IN HEALTH CARE SETTINGS IN THAILAND:

COMPARISON OF FINDINGS FROM 2014-2015 AND 2017

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Department of Disease Control,
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Foreword

Thai experience demonstrated, routine monitoring of stigma and discrimination among health care providers and people living with HIV is feasible and essential for providing actionable evidence for decision making at the national, provincial and health facility levels. Results from the baseline survey help us to understand the different forms of stigma and discrimination that exist on health care settings, the prevalence and impact of such stigma, and ways forward. The results can be used to target efforts to achieve high quality health care services and practices free from stigma and discrimination.

The simplified and standardized measurement tools developed for the baseline survey was implemented through an on-line data collection system, with real-time data analysis. It serves as a promising model that other countries can follow. Upon the success of the first round in 2014-2015, the number of provinces participating in the surveys increased from 19 to 21 provinces in the second round in 2017 and 53 provinces in the third round in 2019.

This report describes findings from two rounds (2014-2015 and 2017) of surveys. These important findings will be used to shape and accelerate stigma and discrimination reduction efforts in all health care settings throughout Thailand and allow Thailand to assess its progress towards 'zero discrimination' at the beginning of the Thailand Fast-Track (2017-2021) strategy to end AIDS.

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ACRONYMS

ART	Antiretroviral therapy
BMA	Bangkok Metropolitan Administration
BOE	Bureau of Epidemiology
FSW	Female sex workers
HCP	Health care providers
IHPP	International Health Policy Program
MSM	Males who have sex with males
MOPH	Thai Ministry of Public Health
NAMC	National AIDS Management Center
PLHIV	People living with or affected by HIV
PWID	People who inject drugs
RIHES	Research Institutes for Health Sciences
S&D	Stigma and Discrimination

EXECUTIVE SUMMARY

BACKGROUND

The following report describes findings from two rounds (2014-2015 and 2017) of surveys to measure and monitor Stigma and Discrimination (S&D) among health care providers (HCP) and people living with HIV (PLHIV). Given that these surveys were conducted using different sampling methodologies, the extrapolation process varied.

METHODS

Two rounds of surveys (2014-2015 and 2017) were conducted among HCP and PLHIV. For HCP, the first round used purposeful sampling of clusters Bangkok and Chiang Mai (2014-2015) and multilevel cluster sampling in all other provinces (15 provinces altogether. The second round used multilevel sampling in all 21 provinces, of which six were the same as in first round of data collection). For PLHIV, defined as being 18 years and older and currently receiving HIV related services at a health care facility, sampling consisted of selecting individual PLHIV from health care facilities using convenience sampling. HCP competed a questionnaire that consisted of six parts and 14 questions and PLHIV completed a questionnaire that consisted of five parts and 17 questions.

FINDINGS

National Estimates from the HCP survey:

Roughly one quarter, with a slight rise between 2014-2015 and 2017, of HCP reported observing stigma or discriminatory practices towards PLHIV in their health facility. Just over half, with a slight decrease between 2014-2015 and 2017, of HCP reported fear they could become infected with HIV while caring for a client living with HIV. Fifty three percent of HCP in 2014-2015 and 61% in 2017 reported personal use of unnecessary infection prevention precautions (i.e., wearing double gloves or special infection control/prevention measure not used with other patients). Eighty four percent (no change between 2014-2015 and 2017) reported ever having stigmatizing attitudes towards PLHIV. In 2017, 16% of HCP or less reported observing other HCP unwilling to care for someone who is or thought to be a person who injects drugs (PWID) in the past 12 months, highest among other key populations.

National Estimates from the PLHIV survey:

The percentage of PLHIV who avoided or delayed health care because of fear of stigma or discrimination in the past 12 months decreased from 13% in 2014-2015 to 5% in 2017 and, in 2017, only 0.4% of ever pregnant females living with HIV ever avoided or delayed health care because of fear of stigma or discrimination. Just over 10% of PLHIV in 2014-2015 and 2017 experienced stigma or discrimination in a health care setting and 10% in 2017 (decrease from 24% in 2014-2015) experienced HIV disclosure and non-confidentiality in a health care facility in the previous 12 months. Five percent of PLHIV in 2014-2015 and 2% in 2017 reported being coerced or advised to terminate a pregnancy in the past 12 months. Around one forth in 2014-2015 and one third in 2017 of PLHIV reported experiencing internalized stigma in the past 12 months.

Provincial Estimates from the HCP and PLHIV surveys:

HCP and PLHIV in the Thai provinces of Bangkok, Chiang Rai, Chonburi, Nakhon Ratchasima, and Songkhla were sampled and analyzed in both 2014-2015 and 2017. None of the provinces had increases in all S&D core composite indicators between 2014-2015 and 2017. Improvements were found among HCP in all provinces between 2014-2015 and 2017 for only two S&D core composite indicators: ever having stigmatizing attitudes towards someone living with HIV and in experiencing personal fear of infection while caring for a client living with HIV in the past 12 months. For PLHIV (ever pregnant females), only one S&D core composite indicator (ever avoiding or delaying health care because of fear of stigma or discrimination) was improved between 2014-2015 and 2017 in all provinces; except for this indicator, no PLHIV in Songkhla showed improvements between 2014-2015 and 2017.

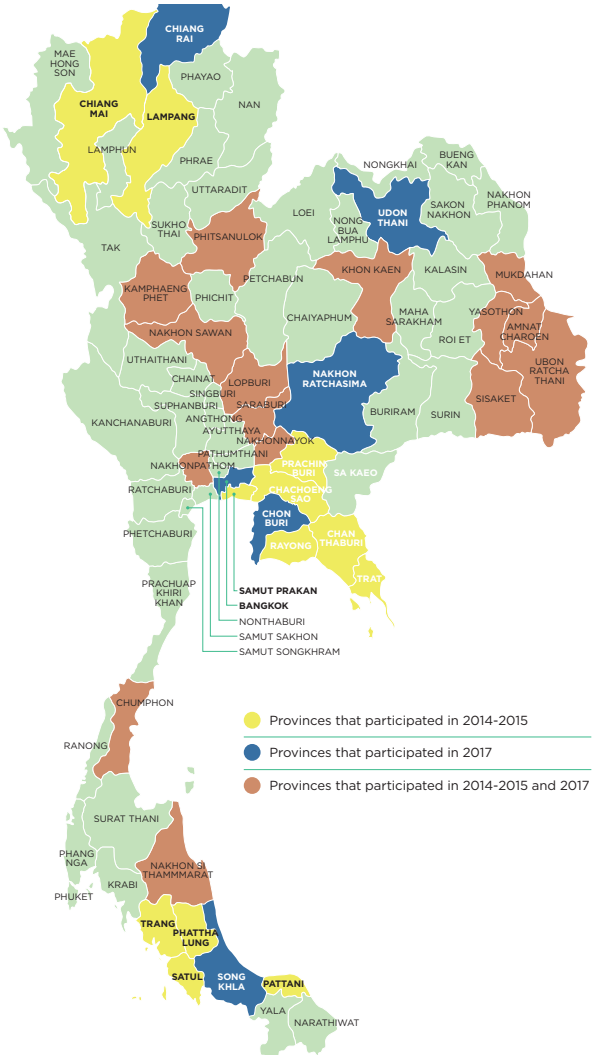
DISCUSSION

Thailand is a global leader in formulating national monitoring systems to measure S&D and creating an evidence base for a sustainable S&D reduction program. This document presents findings from base line and follow up surveys of HCP and PLHIV to identify improvement in S&D over time and to identify challenges to meeting S&D reduction goals. Although there are some limitations in the survey methodologies in 2014-2015, these were corrected during the implementation of the 2017 survey. These findings indicate that more work is still needed to decrease S&D in health care settings and that these surveys should be expanded to other provinces in Thailand. Improvements in S&D core composite indicators should continue to be measured over time in conjunction with training interventions for HCP in health care settings throughout Thailand. Findings from the surveys presented here can be used to further develop effective training programs.

BACKGROUND

Stigmatizing and discriminatory attitudes and practices towards people living with HIV (PLHIV) and key populations, such as men who have sex with men (MSM), transgender women (TGW), female sex workers (FSW), people who inject drugs (PWID) and migrants, in health care settings impede reaching the 90–90–90 treatment targets[1]. In response, Thailand is committed to "AIDS Zero" (zero new HIV infections, zero new AIDS related deaths, and zero stigma and discrimination [S&D] against PLHIV and key populations)[2] and the Agenda for zero discrimination in health-care settings[3]. Thailand has prioritized S&D reduction under the Thailand National HIV and AIDS Strategy 2017-2030. To monitor the commitment to achieving zero S&D, Thailand is implementing a bi-annual national S&D monitoring system to measure trends in S&D over time among health care providers (HCP) and PLHIV. This document presents the methods and findings from a base line (2014-2015) and follow up (2017) survey of HCP and PLHIV to identify improvement in S&D over time and to identify challenges to meeting S&D reduction goals.

FIGURE 1. PROVINCES PARTICIPATED IN THE SURVEYS IN 2014-2015 AND 2017.



METHODS

Stakeholders

Surveys to measure S&D were conducted among HCP and PLHIV in 2014 and 2015 and 2017. In 2014 and 2015, the HCP PLHIV S&D surveys were conducted under the leadership of the Thai Ministry of Public Health (MOPH), Thai NGO Coalition on AIDS (TNCA), Thai Network of People living with HIV/AIDS (TNP+), key population networks, researchers from the International Health Policy Program (IHPP) and RIHES of Chiang Mai University with technical support by Research Triangle International/USAID and UN Joint Team on AIDS/Thailand.

1 UNAIDS. Confronting discrimination: Overcoming HIV-related stigma and discrimination in healthcare settings and beyond. 2017. Available from: http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf
2 UNAIDS. GETTING TO ZERO: 2011-2015 Strategy. 2010. Available from: http://www.unaids.org/sites/default/files/sub_landing/files/JC2034_UNAIDS_Strategy_en.pdf
3 UNAIDS. Agenda for zero discrimination in health-care settings. 2017. Available from: http://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf

Sampling

Sampled provinces

In 2014-2015 a total of 17 purposively selected provinces were sampled for the HCP and PLHIV S&D surveys. Bangkok and Chiang Mai, the largest provinces in Thailand, served as pilot sites. Five provinces (Chiang Rai, Chonburi, Udonthani, Nakorn Ratchasima and Song Khla) were selected because they are considered to have the highest HIV burden and represent the five geographical regions of Thailand. The additional 12 provinces (Sumutprakan, Lumpang, Rayong, Chantaburi, Chachoengsao, Trat, Prachinburi, Trang, Pattani, Patalung, Satul and Sa Kaeo) surveyed are those that voluntarily agreed to conduct the surveys. In 2017, 21 provinces, six of which were also sampled in 2014-2015, were randomly selected from the 77 provinces in Thailand (Figure 1, Table 1). The provinces sampled in both 2014-2015 and 2017 were Bangkok, Chiang Rai, Chonburi, Nakhon Ratchasima, Songkhla and Udonthani.

TABLE 1. SURVEYED PROVINCES 2014-2015 AND 2017*

SURVEYED PROVINCES 2014-2015		SURVEYED PROVINCES 2017	
1 Bangkok*	12 Rayong	1 Bangkok*	12 Nakhon Sawan
2 Chachoengsao	13 Satul	2 Chiang Rai*	13 Nakhon Si Thammarat
3 Chantaburi	14 Songkhla*	3 Chonburi*	14 Phitsanulok
4 Chiang Mai	15 Sumutprakan	4 Chumphon	15 Saraburi
5 Chiang Rai*	16 Trang	5 Kamphaeng Phet	16 Si Sa Ket
6 Chonburi*	17 Trat	6 Khon Kaen	17 Songkhla*
7 Lumpang	18 Udonthani*	7 Lop Buri	18 Ubon Ratchathani
8 Nakorn Ratchasima*	19 Satul**	8 Mukdahan	19 Udonthani*
9 Patalung		9 Nakhon Nayok	20 Umnad Chareun
10 Pattani		10 Nakhon Pathom	21 Yasothon
11 Prachinburi		11 Nakhon Ratchasima*	

*Provinces in both rounds; **Not included in analysis

Sampling health care centers within provinces

The 2014-2015 surveys health care centers within provinces were sampled using different random and non-random techniques based on the survey location and access to sampling venues[4]. For the 2017 surveys, all health care venues were sampled using multilevel cluster sampling.

Sampling health care providers within health facilities

In both rounds of surveys, HCP were randomly selected from lists of the following groups:

- Staff providing direct services to PLHIV (e.g., antiretroviral treatment, voluntary counseling and testing, Tuberculosis services, etc.)
- Clinical staff providing indirect services to PLHIV (e.g., in-patient ward, surgery, dentistry, obstetrics/genecology, intensive care, pharmacy, etc.)
- Non-clinical staff providing general health services (i.e., cashiers, receptionists, cleaning staff, and ward attendants).

Excluded staff were those without direct patient contact, such as those from administrative, accounting and book keeping, and engineering/maintenance sectors. On the day of data collection, HCP were asked by supervisors to complete self-administered questionnaires.

4 Department of Disease Control, Ministry of Public Health. 2016. Stigma and discrimination among health care providers, people living with HIV and key populations in Thailand: extrapolation process for national estimates. Internal report.

Sampling people living with HIV within health care centers

PLHIV were 18 years and older and currently receiving HIV related services at a health care facility. In 2014, PLHIV were recruited from six purposively selected government hospitals (all three MOHP hospitals and one each from small, medium, and large hospitals from among the 8 BMA hospitals) in Bangkok and six purposively selected hospitals in Chiang Mai (2 large, 2 middle, and 2 small size hospitals according to PLHIV clients registered at the facilities described above). A mixed sample size was collected from each hospital until the pre-determined sample sizes were attained (i.e., 300 from each province). For the other provinces and for the surveys in 2017, PLHIV were sampled in the manner described in table 2.

TABLE 2. SAMPLING PROCESS FOR PROVINCES OTHER THAN BANGKOK AND CHIANG MAI, THAILAND

SAMPLE PROCESS	
Step 1	Develop a list of all health care facilities under MOPH that have ARV clinic in each of the selected provinces
Step 2	Select all health care facilities with an ARV clinic in each of the selected provinces
Step 3	Obtain the total number of PLHIV registered at each health care facility
Step 4	Using the list of the number of PLHIV registered at each health care facility calculate a sample size using use population proportional to size based on the size of the total number PLHIV in each facility
Step 5	Sample over the course of one month based on the number of ARV clinics provided by month in each facility to obtain the final sample size

On the day of data collection, PLHIV were approached by ART clinic staff during their scheduled appointments, provided a brief overview of the research and invited to participate in an interview. Of the 3,454 PLHIV who participated in the 2017 survey, 29% self-administered their responses on tablets and 71% self-reported their responses. However, an interviewer read the question to them.

Questionnaires

The health policy project/USAID[5] adapted the global measurement tools for the HCP survey and some AIDS Stigma Index[6] questions for the PLHIV survey and adapted them to the Thailand context. Tools were piloted in two provinces (Bangkok and Chiang Mai) in 2014 and refined according to the local context and monitoring purpose. The refined measurement tool was then used in the national monitoring system under the supervision of the MOPH in five more provinces in 2015. Eleven additional provincial surveys using the same questionnaire and methodology were conducted by the provinces themselves in 2015. The questionnaire underwent some minor modifications before being used in the 2017 surveys.

5 Health Policy Project. 2013. "Measuring HIV Stigma and Discrimination among Health Facility Staff: Brief/comprehensive questionnaire." Washington, DC: Futures Group, Health Policy Project.
6 See The People Living with HIV Stigma Index webpage at: http://www.stigmaindex.org/about-index

Construction of Core Indicators

HCP competed a questionnaire that consisted of six parts and 14 questions and PLHIV completed a questionnaire that consisted of five parts and 17 questions.

For HCP the core indicators included the following:

A HCP were unwilling to care or were providing poorer quality of care to PLHIV OR thought to be living with HIV in past 12 months;

B HCP were worried when touching the clothing, bedding or belongings of OR dressed the wounds of OR drew blood from a patient living with HIV/AIDS in the past 12 months;

C HCP wore double gloves OR used any special infection control/prevention measure that do not use with other patients in the past 12 months;

D HCP agreed that: most PLHIV do not care that they could infect other people OR PLHIV should be ashamed about their HIV status OR people become infected with HIV because they engage in irresponsible/immoral behavior OR women living with HIV should not be allowed to have babies if they wish;

E HCP were unwilling to care or were providing poorer quality of care to a migrant, MSM, PWID, FSW or Transgender person OR thought to be a migrant, MSM, PWID, FSW or Transgender person in past 12 months.

For PLHIV, the core indicators were the following:

A The following happened to PLHIV in a health care facility because of his/her HIV status: HCP refused or denied services or treatment OR HCP told him/her to return, put him/her in the last queue or made him/her wait longer than other patients OR HCP were rude, or scolded or blamed him/her OR HCP asked him/her to place their hospital robe in an area/basket specifically designated for HIV patients;

B HCP disclosed his/her HIV status to other people without consent OR his/her medical record was marked as being HIV positive in a way that let people around know his/her status;

C PLHIV decided not to go to a health facility because of: feeling ashamed of HIV status OR feeling guilty about having HIV.

ANALYSIS

In the final national analysis in 2014-2015, Sa Kaeo was not included in any of the national estimates and Udonthani and Lumpang were not included in the national estimates for PLHIV given that the quality of the sample could not be assured. HCP and PLHIV indicator data from each province (except for data for Bangkok which is considered to be unique with regards to population and setting) was categorized into three strata based on the population size of HCP or PLHIV in each sampled province. For PLHIV, the strata were based on the following: 1 = >10,000 (n=6 provinces in 2014-15; 3 provinces in 2017), 2 = 5000 to 10,000 (n=5 provinces; 6 provinces in 2017) and 3 = <5000 (n=4 provinces; 12 provinces in 2017). For HCP, the strata were based on the following: 1 = >3500 (n=7 provinces; 9 provinces in 2017), 2 = 2500 to 3500 (n=6 provinces; 5 provinces in 2017) and 3 = <2500 (n=5 provinces; 7 provinces in 2017). Means for each indicator for each stratum (i.e., the mean of all seven provinces in group 1) were calculated and assessed for outliers, of which none were found. All unsampled provinces in Thailand were added to the sampled provinces based on the population sizes of HCP and received the mean of the strata in which they were placed. The exact estimates (rather than the mean estimate) for each indicator were kept for the sampled provinces. Data for all provinces were weighted by the population sizes of HCP within each stratum (except for Bangkok in 2014-2015 which was in its own stratum) in each province and a final percentage was calculated for each indicator. Probability bounds[7] were used from the higher and lower bounds of the actual estimates from the sampled provinces each indicator. Estimates, plausibility bounds and standard deviations were derived using SPSS. Plausibility bounds are the maximum and minimum means of each strata. For comparing provincial data between 2014-2015 and 2017, data from Udonthani were excluded given that the quality of the data could not be assured.

7 The assumption here is that probability bounds based on actual data from the sampled provinces would more accurately reflect the variation in the estimates than would confidence bounds.

FINDINGS FOR NATIONAL ESTIMATES

Health Care Providers

Four core indicators were analyzed for HCP (Table 3), all with reference to the past 12 months. Roughly one quarter, with a slight rise between 2014-2015 and 2017, of HCP reported observing stigma or discriminatory practices towards PLHIV in their health facility. Just over half, with a slight decrease between 2014-2015 and 2017, of HCP reported fear they could become infected with HIV while caring for a client living with HIV. Fifty three percent of HCP in 2014-2015 and 61% in 2017 reported personal use of unnecessary infection prevention precautions (i.e., wearing double gloves or special infection control/prevention measure not used with other patients). Eighty four percent (no change between 2014-2015 and 2017) reported ever having stigmatizing attitudes towards PLHIV. Given the wide probability bounds (used as confidence bounds), there were no statistical differences between 2014-2015 and 2017 found for any of the indicators.

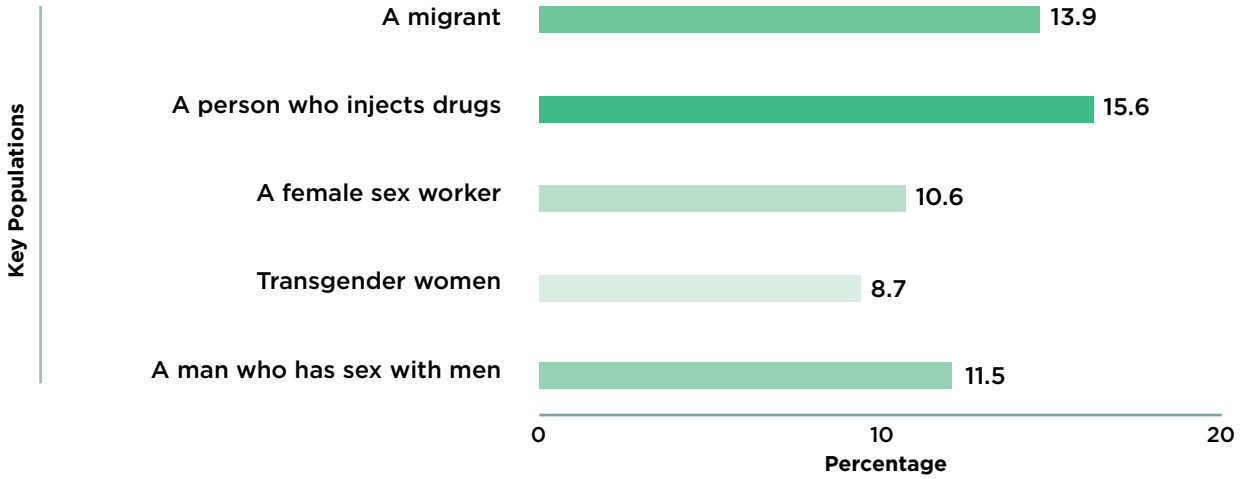
TABLE 3. NATIONAL ESTIMATES FOR S&D AMONG HCP IN 2014-2015 AND 2017: CORE COMPOSITE INDICATORS

INDICATOR	2014-2015 % (90% CI) (Range), SD	2017 % (90% CI) (Range), SD
Observed stigma (discriminatory practices) towards PLHIV*	23.7 (9.7, 34.9), 3.9	27.0 (19.3, 37.2), 3.2
Reported personal worry or fear of infection while caring for a client living with HIV*	60.9 (31.9, 90.7), 11.4	50.7 (44.9, 59.7), 4.3
Reported personal use of unnecessary infection control precautions with clients living with HIV*	53.1 (43.2, 65.7), 3.9	60.8 (37.8, 78.0), 5.8
Ever had stigmatizing attitude towards PLHIV	84.5 (71.3, 92.8), 3.8	83.5 (73.7, 94.1), 6.2

*In past 12 months.

In 2017, relatively low percentages of HCP reported observing other HCP unwilling to care for a patient who was or was thought to be a member of a key population in the past 12 months (Figure 2). PWID had the highest percentage (16%) of HCP who were observed being unwilling to care for them and Transgender women had the lowest percentage (9%) of HCP who were observed being unwilling to care for them.

FIGURE 2. OBSERVED HEALTH CARE PROVIDERS UNWILLING TO CARE A PATIENT WHO IS OR THOUGHT TO BE A MEMBER OF A KEY POPULATION IN THE PREVIOUS 12 MONTHS, 2017



People Living with HIV

The percentage of PLHIV who avoided or delayed health care because of fear of stigma or discrimination in the past 12 months decreased from 13% in 2014-2015 to 5% in 2017 and, in 2017, only 0.4% of ever pregnant females living with HIV ever avoided or delayed health care because of fear of stigma or discrimination (Table 4). Just over 10% of PLHIV in 2014-2015 and 2017 experienced stigma or discrimination in a health care setting and 10% in 2017 (decrease of 24% in 2014-2015) experienced HIV disclosure and non-confidentiality in a health care facility in the previous 12 months. Five percent of PLHIV in 2014-2015 and 2% in 2017 reported being advised or coerced to terminate a pregnancy in the past 12 months. Around one third of PLHIV reported experiencing internalized stigma in the past 12 months. Given the wide probability bounds (used as confidence bounds), there were no statistical differences between 2014-2015 and 2017 found for any of the indicators.

TABLE 4. NATIONAL ESTIMATES FOR STIGMA AND DISCRIMINATION AMONG PEOPLE LIVING WITH HIV IN 2014-2015 AND 2017: CORE COMPOSITE INDICATORS

INDICATOR	2014-2015 % (20% CI) (Range), SD	2017 % (20% CI) (Range), SD
Avoided or delayed health care because of fear of stigma or discrimination*	13.0 (5.2, 26.1), 7.9	5.2 (1.2, 14.9), 2.6
Ever avoided or delayed health care because of fear of stigma or discrimination among ever pregnant females living with HIV	Not Available	0.4 (0.0, 3.0), 0.1
Experienced stigma or discrimination in a health care setting*	12.1 (4.4, 23.8), 8.1	11.1 (1.9, 20.6), 3.8
Experienced HIV disclosure and non-confidentiality in a health care facility*	24.5 (3.9, 39.4), 11.8	10.3 (1.7, 18.9), 4.1
Was advised/coerced to terminate pregnancy*	5.0 (0.1, 9.1), 3.9	2.2 (0.0, 7.6), 1.4
Decided not to go health facility because of internalized stigma*	24.2 (10.8, 42.1), 7.2	34.9 (4.9, 54.4), 7.4

*In past 12 months.

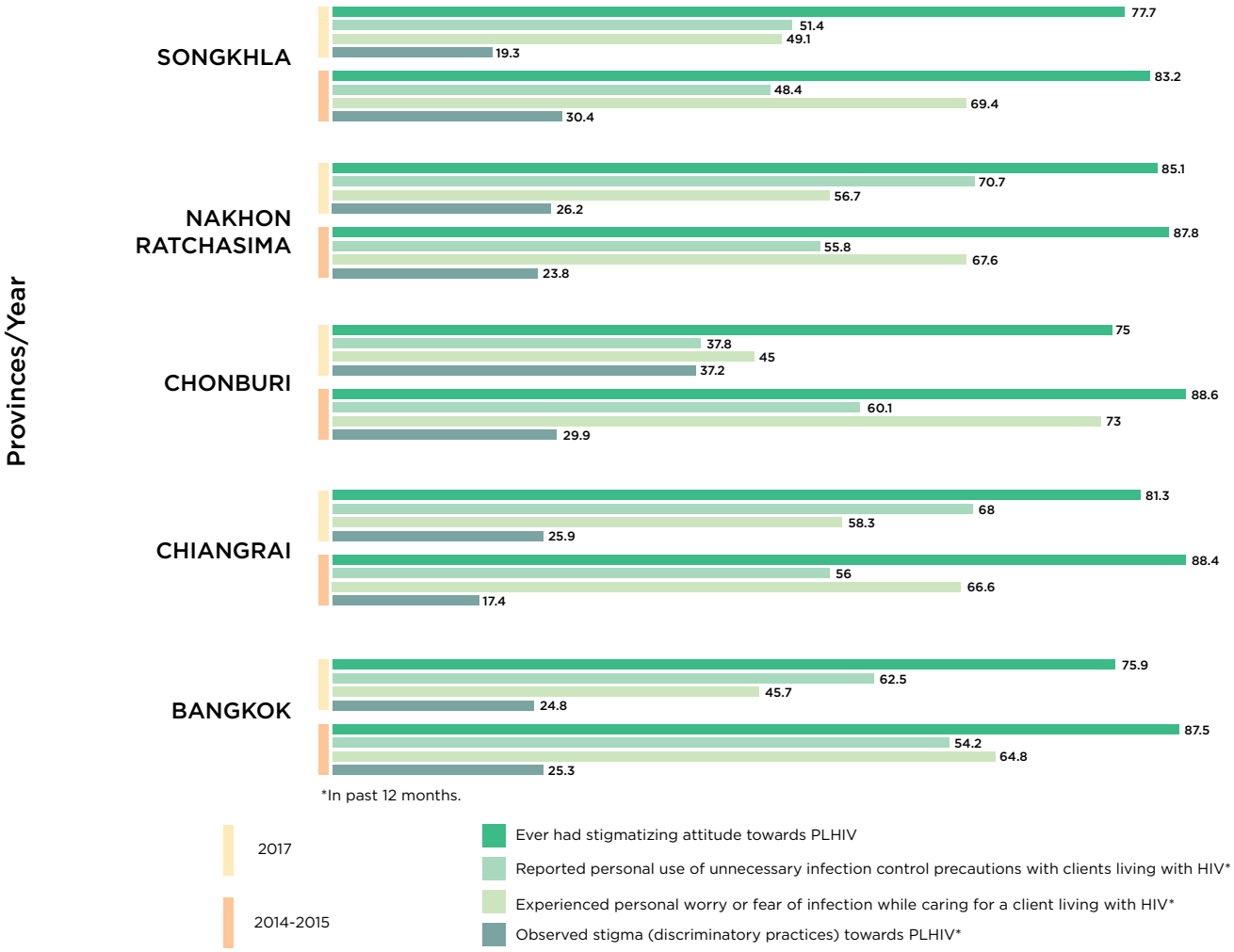
FINDINGS FOR SELECT PROVINCIAL ESTIMATES

HCP and PLHIV in the Thai provinces of Bangkok, Chiang Rai, Chonburi, Nakhon Ratchasima, Songkhla and Udonthani were sampled in both 2014-2015 and 2017. Below is the presentation of findings for the provinces, except for Udonthani which had some problems with data integrity, that were sampled in 2014-2015 and 2017.

Health Care Providers

HCP in all five of the provinces analyzed showed percentage decreases in ever having stigmatizing attitudes towards someone living with HIV between 2014-2015 and 2017: Chonburi had the largest (15.3%) and Nakhon Ratchasima had the smallest (3.1%) parentage decreases (Figure 3). HCP in only Chonburi (37.1%) had percentage decreases, whereas HCP in Nakhon Ratchasima showed as much as a 21.1% increase in reporting personal use of unnecessary infection control precautions with clients living with HIV in the past 12 months between 2014-2015 and 2017. HCP in all provinces reported percentage decreases in reporting personal worry or fear of infection while caring for a client living with HIV in the past 12 months between 2014-2015 and 2017: Chonburi (38.3%) and Songkhla (29.2%) had the largest percentage decreases. HCP in only Songkhla (36.5%) and Bangkok (2.0%) had percentage decreases and HCP in Chiang Rai had as much as a 48.8% increase for observing stigma (discriminatory practices) towards PLHIV in the past 12 months. Overall, no provinces showed improvement in all four S&D core composite indicators.

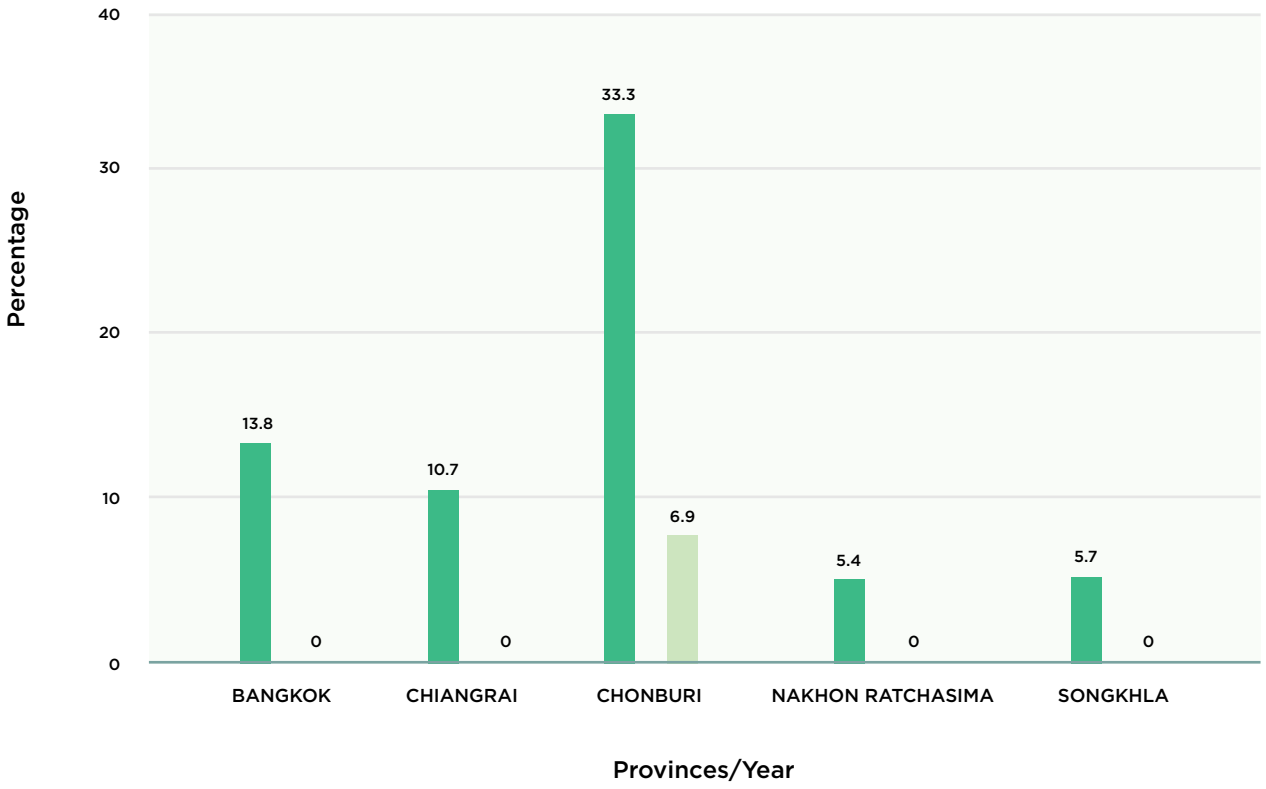
FIGURE 3. PROVINCIAL ESTIMATES FOR STIGMA AND DISCRIMINATION AMONG HEALTH CARE PROVIDERS IN 2014-2015 AND 2017: CORE COMPOSITE INDICATORS



People Living with HIV

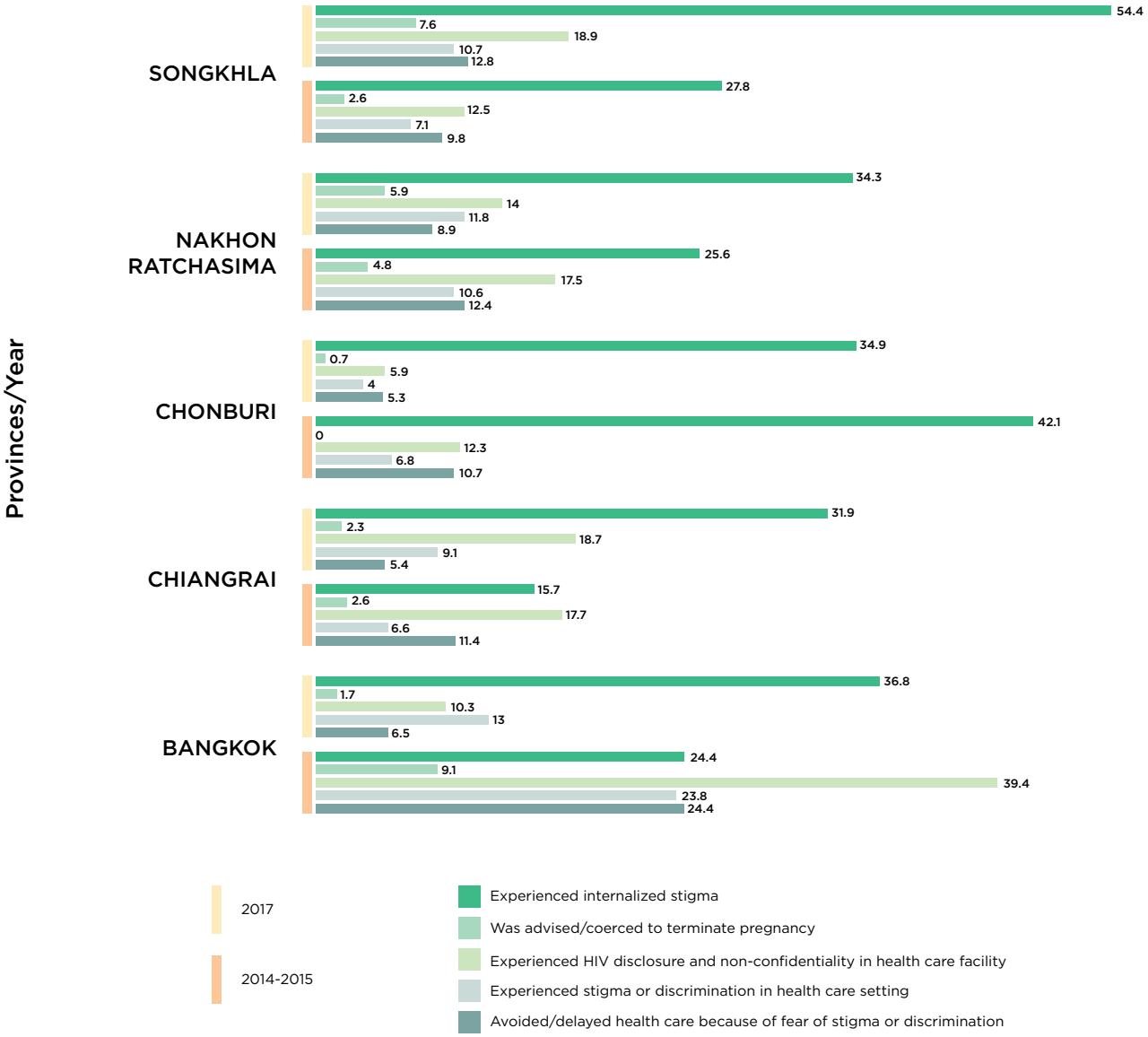
Although the sample sizes are small (≤ 39), ever pregnant females living with HIV in all five of the provinces analyzed demonstrated percentage decreases in ever avoiding or delaying health care because of fear of stigma or discrimination in all between 2014-2015 and 2017 (Figure 4). With the exception of Chonburi, no ever pregnant females living with HIV reported avoiding or delaying health care because of fear of stigma or discrimination by 2017.

FIGURE 4. PROVINCIAL ESTIMATES FOR EVER AVOIDING OR DELAYING HEALTH CARE BECAUSE OF FEAR OF STIGMA OR DISCRIMINATION AMONG FEMALES LIVING WITH HIV IN 2014-2015 AND 2017



PLHIV in Chonburi (17.1%) and Bangkok (6.6%) had percentage decreases, whereas PLHIV in Songkhla showed as much as a 95.7% increase in experiencing internalized stigma in the past 12 months between 2014-2015 and 2017 (Figure 5). Under 10% of PLHIV in all provinces were advised or coerced to terminate a pregnancy in the past 12 months; however only PLHIV in Chiang Rai (11.1%) and Bangkok (81.3%) had percentage decreases between 2014-2015 and 2017. PLHIV in Nakhon Ratchasima (20%), Chonburi (52%) and Bangkok (73.9%) had percentage decreases in HIV disclosure and non-confidentiality in a health care facility in the past 12 months; Songkhla and Chiang Rai had percentage decreases. PLHIV in Chonburi (41.2%) and Bangkok (45.4%) had percentage decreases in experiencing stigma or discrimination in health care settings in the past 12 months. PLHIV in all provinces, except for Bangkok and Songkhla, had percentage decreases for avoiding or delaying health care because of fear of stigma or discrimination in the past 12 months.

FIGURE 5. PROVINCIAL ESTIMATES FOR STIGMA AND DISCRIMINATION IN THE PAST 12 MONTHS AMONG PEOPLE LIVING WITH HIV IN 2014-2015 AND 2017: CORE COMPOSITE INDICATORS



PLHIV in Chonburi and Bangkok showed improvement in five of the six S&D core composite indicators and PLHIV in Songkhla showed no improvement in S&D core composite indicators, except for ever pregnant females living with HIV ever avoiding or delaying health care because of fear of stigma or discrimination.

LIMITATIONS

The surveys conducted in 2017 were improved by randomizing the selection of provinces which provides additional credibility to the final estimates. We used more conservative plausibility bounds (the highest and lowest estimate for each province sampled) rather than confidence bounds for both survey rounds. This resulted in no significant changes from 2014-2015 to 2017. If another round of surveys is undertaken in the future using the same methods as those used in 2017, confidence bounds, rather than probability bounds, should be calculated to compare differences between 2017 findings and round three findings. Although there were questions about HCP willingness to provide care to someone who is or thought to be a member of a key population in 2014-2015, these results are not presented given that the question was substantially improved to be clear for the surveys conducted in 2017. Again, if another round of surveys is undertaken in the future using the same methods and questions used in 2017, then comparisons between 2017 and round three about HCP willingness to provide care to someone who is or thought to be a member of a key population will reveal a clear indication of change over time.

DISCUSSION

Routine monitoring of S&D among HCP and PLHIV is feasible and an essential tool for providing actionable evidence for decision making at the national, provincial and health facility levels. National percentage changes between survey rounds 2014-2015 and 2017 show some, non-significant, successes in the effort to decrease S&D in Thailand. Specifically, there were reductions in:

- 51% • HCP expressing worry or fear of infection while caring for a client living with HIV in the past 12 months (61% to 51%);
- 5% • PLHIV avoiding or delaying health care because of fear of stigma or discrimination in past 12 months (13% to 5%); and,
- 10% • PLHIV experiencing HIV disclosure and non-confidentiality in a health care facility in past 12 months (24% to 10%).

Of the five Thai provinces surveyed and analyzed in both 2014-2015 and 2017, no HCP and PLHIV showed improvement for all S&D core composite indicators. HCP in all provinces showed improvement in:

- ever having stigmatizing attitudes towards someone living with HIV; and,
- in experiencing personal fear of infection while caring for a client living with HIV in the past 12 months.

Only ever pregnant females living with HIV in all provinces showed improvement in ever avoiding or delaying health care because of fear of stigma or discrimination.

These findings show that more work is needed to reduce S&D in provincial health care settings in Thailand. Given that there are only two data points it is currently impossible to determine trends. Additional rounds are planned every two years to measure trends in S&D over time. However, the findings beginning with 2017 compared to future rounds will be most optimal given the lessons learned in the 2014-2015 surveys which led to improvements in the sampling methodology and questions in the 2017 surveys. Collecting routine monitoring data to build evidence for responding to S&D in health care facilities is essential for developing effective responses. Using these data can help to develop programs targeting health care facilities to reduce S&D. Thailand is currently utilizing these data to shape S&D reduction interventions in health facilities for all levels of staff. These interventions will include education for health care staff to reduce unwarranted fear of workplace HIV infection, unnecessary use of infection controls and to eliminate S&D attitudes and practices towards PLHIV and key populations. Overall, these are important findings for building and sharing evidence and best practices to eliminate discrimination in health-care settings and for strengthening mechanisms and frameworks for monitoring, evaluating and ensuring accountability for discrimination-free health care as recommended by UNAIDS[8].

8 UNAIDS. Agenda for zero discrimination in health-care settings. 2017. Available from: http://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf

APPENDIX A. PROVINCIAL ESTIMATES OF STIGMA AND DISCRIMINATION FOR 2014-2015 AND 2017

PROVINCIAL ESTIMATIONS OF STIGMA AND DISCRIMINATION AMONG HEALTH CARE PROVIDERS IN THE PAST 12 MONTHS FOR 2014-2015

PROVINCE	NUMBER OF SAMPLE SIZE	OBSERVED STIGMA OR DISCRIMINATORY PRACTICES TOWARDS PLHIV (%)	OBSERVED HCW UNWILLING TO CARE FOR A PATIENT WHO IS OR THOUGHT TO BE (%)					PERSONAL WORRY OR FEAR OF INFECTION FROM A PATIENT LIVING WITH HIV (%)	PERSONAL USE OF UNNECESSARY PRECAUTIONS TO AVOID BEING INFECTED WITH HIV FROM A PATIENT LIVING WITH HIV (%)	STIGMATIZING ATTITUDE TOWARDS PLHIV (NO TIME FRAME) (%)
			MSM	TG	FSW	PWID	Migrant			
BANGKOK	289	25.3	5.1	4.2	3.8	7.6	20.4	64.8	54.2	87.5
CHIANGMAI	304	15.8	1.6	1.3	0.9	3.6	16.1	66.4	47.1	84.2
CHIANGRAI	201	17.4	2.0	2.0	1.5	3.6	3.1	66.6	56.0	88.4
CHONBURI	208	29.9	6.5	7.5	8.6	11.4	6.4	73.0	60.1	88.6
UDONTHANI	187	19.7	6.9	8.6	6.9	15.2	14.8	80.6	65.7	87.3
NAKHON RATCHASIMA	189	23.8	1.6	1.6	4.3	6.3	3.2	67.6	55.8	87.8
SONGKHLA	236	30.4	5.8	5.3	6.2	13.0	17.8	69.4	48.4	83.2
LUMPANG	186	9.7	3.2	3.8	2.7	5.4	4.8	69.5	58.7	80.1
CHANTABURI	188	17.0	4.3	3.7	5.3	5.3	11.7	46.3	53.7	75.5
CHACHOENGSAO	239	25.4	2.1	2.5	5.5	6.7	8.4	35.4	43.4	80.3
RAYONG	207	29.5	4.8	5.3	4.8	9.2	12.6	33.8	48.3	78.3
TRANG	166	31.1	7.8	7.8	10.8	9.0	6.6	90.7	45.8	92.8
PATTANI	130	19.2	2.3	3.1	2.3	3.9	4.6	76.7	57.6	87.7
SUMUTPRAKAN	208	31.1	3.4	3.4	3.9	6.2	7.8	35.9	44.7	86.4
TRAT	209	24.4	2.4	2.4	2.9	7.7	16.3	44.5	63.2	71.3
PRACHINBURI	168	34.9	6.0	7.1	8.3	15.5	10.7	31.9	43.2	81.9
PHATTALUNG	119	15.9	5.9	5.0	7.6	10.1	10.1	68.5	60.2	90.8
SATUL	139	18.7	1.4	2.2	5.8	5.8	7.2	65.1	47.5	75.5

DATA SOURCE: Research Institutes for Health Sciences, Chiang Mai University and Bureau of AIDS, TB and STI, Department of Disease Control, MOPH
NOTE: Data collection period: Bangkok and Chiang Mai in 2014, Chonburi, Udonthani, Nakhon Ratchasima, Songkhla, Chiang Rai in 2015 the remaining provinces during 2015-2016.

PROVINCIAL ESTIMATIONS OF STIGMA AND DISCRIMINATION AMONG HEALTH CARE PROVIDERS IN THE PAST 12 MONTHS FOR 2017

PROVINCE	NUMBER OF SAMPLE SIZE	OBSERVED STIGMA OR DISCRIMINATORY PRACTICES TOWARDS PLHIV (%)	OBSERVED HCW UNWILLING TO CARE FOR A PATIENT WHO IS OR THOUGHT TO BE (%)					PERSONAL WORRY OR FEAR OF INFECTION FROM A PATIENT LIVING WITH HIV (%)	PERSONAL USE OF UNNECESSARY PRECAUTIONS TO AVOID BEING INFECTED WITH HIV FROM A PATIENT LIVING WITH HIV (%)	STIGMATIZING ATTITUDE TOWARDS PLHIV (NO TIME FRAME) (%)
			MSM	TG	FSW	PWID	Migrant			
BANGKOK	177	24.8	12.0	6.6	6.7	21.1	16.7	45.7	62.5	75.9
CHIANGRAI	189	25.9	7.3	7.6	6.7	17.7	20.0	58.3	68.0	81.3
PHITSANULOK	189	33.2	11.2	12.4	21.4	13.3	12.7	48.8	67.9	86.2
NAKHON SAWAN	205	29.2	7.9	8.3	5.0	15.8	13.8	55.8	60.6	87.8
SARABURI	202	26.1	11.8	7.0	0.0	11.4	12.0	54.1	65.6	88.4
NAKHON PATHOM	153	28.1	6.5	6.6	12.8	13.2	19.3	57.6	62.2	91.3
CHONBURI	183	37.2	19.8	16.5	25.6	19.8	29.3	45.0	37.8	75.0
KHON KAEN	177	28.4	8.6	6.3	12.9	10.8	5.7	59.7	55.9	84.4
NAKHON RATCHASIMA	194	26.2	12.5	7.9	8.9	12.9	11.7	56.7	70.7	85.1
UBON RATCHATHANI	165	29.3	13.8	12.0	15.2	19.8	14.3	54.5	59.8	89.0
NAKHON SI THAMMARAT	176	31.9	9.2	6.9	11.5	17.8	17.3	50.0	58.1	82.7
SONGKHLA	150	19.3	2.7	2.4	6.7	14.7	10.9	49.1	51.4	77.7
NAKHON NAYOK	152	24.1	17.7	11.6	12.5	9.0	11.6	55.0	51.4	94.1
SI SA KET	172	23.0	12.9	7.6	9.7	11.7	7.0	48.0	46.7	84.2
YASOTHON	183	19.3	7.9	6.6	8.2	5.7	4.4	50.0	61.8	86.0
UMNAD CHAREUN	265	34.9	22.2	18.9	28.6	18.9	11.5	49.5	65.5	86.7
MUKDAHAN	173	26.9	12.1	8.0	16.2	13.3	5.1	52.5	50.0	73.7
KAMPHAENG PHET	167	25.7	13.3	16.2	5.1	14.4	13.4	50.0	68.8	90.4
CHUMPHON	193	26.5	6.2	6.6	10.7	13.3	23.4	49.0	78.0	90.7
LOP BURI	172	34.9	12.4	10.4	14.3	14.4	7.8	51.1	55.1	93.8

PROVINCIAL ESTIMATIONS OF STIGMA AND DISCRIMINATION AMONG PEOPLE LIVING WITH HIV IN LAST 12 MONTHS FOR 2014-2015

PROVINCE	NUMBER OF SAMPLE SIZE	AVOIDED OR DELAYED HEALTH CARE BECAUSE OF FEAR OF S&D (%)	AVOIDED OR DELAYED HEALTH CARE BECAUSE OF FEAR OF S&D AMONG EVER PREGNANT FEMALES LIVING WITH HIV (NO TIME FRAME) (%)	EXPERIENCED S&D IN A HEALTH CARE SETTING (%)	HIV DISCLOSURE AND NON-CONFIDENTIALITY IN A HEALTH CARE FACILITY (%)	ADVISED /COERCED TERMINATION OF PREGNANCY (%)	DECIDED NOT TO GO HEALTH FACILITY BECAUSE OF INTERNALIZED STIGMA* (%)
BANGKOK	365	24.4	13.8	23.8	39.4	9.1	24.4
CHIANGMAI	344	8.4	13.8	13.7	18.3	9.1	16.3
CHIANGRAI	176	11.4	10.7	6.6	17.7	2.6	15.7
SUMUTPRAKAN	173	5.2	5.6	4.7	7.1	4.3	23.3
CHONBURI	178	10.7	33.3	6.8	12.3	0.0	42.1
NAKHON RATCHASIMA	178	12.4	5.4	10.6	17.5	4.8	25.6
RAYONG	177	10.7	23.1	12.2	16.7	0.0	29.6
SONGKHLA	193	9.8	5.7	7.1	12.5	2.6	27.9
CHANTABURI	176	26.1	18.1	5.7	3.9	0.6	10.8
CHACHOENGSAO	189	7.9	9.1	4.8	13.4	0.0	16.8
TRAT	200	5.5	0.0	7.6	8.4	1.0	11.7
PRACHINBURI	183	5.5	4.0	4.4	10.9	0.0	23.1
SA KHAW	157	7.5	7.3	6.5	24.1	6.0	22.3
TRANG *	663	8.5	10.0	6.8	31.3	8.8	37.4
PATTANI*		8.5	10.0	6.8	31.3	8.8	37.4
PATALUNG*		8.5	10.0	6.8	31.3	8.8	37.4
SATUL *		8.5	10.0	6.8	31.3	8.8	37.4
UDONTHANI**	172	9.8	5.7	7.1	23.2	2.6	35.5
LUMPANG**	172	8.2	8.0	8.9	18.7	0.7	25.6

DATA SOURCE: Research Institutes for Health Sciences, Chiang Mai University and National AIDS Management Center, MOPH
NOTE: Data collection period for Bangkok and Chiang Mai was in 2014, for Chonburi, Udonthani, Nakhon Ratchasima, Songkhla, Chiang Rai in 2015, and for the remaining provinces in 2015-2016.
*Data sampled together from four provincial offices and aggregated for data analysis; ** Not included in the national estimates.

PROVINCIAL ESTIMATIONS OF STIGMA AND DISCRIMINATION AMONG PEOPLE LIVING WITH HIV IN LAST 12 MONTHS FOR 2017

PROVINCE	NUMBER OF SAMPLE SIZE	AVOIDED OR DELAYED HEALTH CARE BECAUSE OF FEAR OF S&D (%)	AVOIDED OR DELAYED HEALTH CARE BECAUSE OF FEAR OF S&D AMONG EVER PREGNANT FEMALES LIVING WITH HIV (NO TIME FRAME) (%)	EXPERIENCED S&D IN A HEALTH CARE SETTING (%)	HIV DISCLOSURE AND NON-CONFIDENTIALITY IN A HEALTH CARE FACILITY (%)	ADVISED /COERCED TERMINATION OF PREGNANCY (%)	DECIDED NOT TO GO HEALTH FACILITY BECAUSE OF INTERNALIZED STIGMA* (%)
BANGKOK	185	6.5	0.0	13.0	10.3	1.7	36.8
CHIANGRAI	166	5.4	0.0	9.1	18.7	2.3	31.9
PHITSANULOK	180	4.4	0.0	2.8	1.7	1.1	14.4
NAKHON SAWAN	195	2.6	2.9	5.1	4.6	0.7	28.2
SARABURI	179	4.5	0.0	11.2	14.0	0.0	42.5
NAKHON PATHOM	177	7.3	0.0	11.3	7.9	4.8	43.5
CHONBURI	152	5.3	6.9	4.0	5.9	0.7	34.9
KHON KAEN	185	7.0	0.0	19.5	16.3	1.9	44.3
NAKHON RATCHASIMA	179	8.9	0.0	11.8	14.0	5.9	34.3
UBON RATCHATHANI	174	17.2	0.0	14.4	9.2	2.5	31.6
NAKHON SI THAMMARAT	201	7.5	2.1	17.4	11.9	1.2	53.2
SONGKHLA	149	12.8	0.0	10.7	18.9	7.6	54.4
NAKHON NAYOK	136	3.7	0.0	12.6	7.4	1.7	41.2
SI SA KET	175	13.7	0.0	20.6	12.0	1.7	28.6
YASOTHON	176	11.9	0.0	9.7	5.7	0.9	30.1
UMNAD CHAREUN	174	4.6	0.0	13.8	13.8	1.4	39.1
MUKDAHAN	173	11.6	0.0	16.8	11.0	3.3	45.1
KAMPHAENG PHET	167	1.2	0.0	6.0	3.6	2.1	33.5
CHUMPHON	186	5.9	0.0	8.6	9.1	4.6	15.6
LOP BURI	161	7.5	0.0	1.9	3.7	0.7	5.0

DATA SOURCE: Research Institutes for Health Sciences, Chiang Mai University and Bureau of AIDS, TB and STI, Department of Disease Control, MOPH
NOTE: Data from Udonthani not included here.

APPENDIX B.
STIGMA AND DISCRIMINATION CORE INDICATORS

Health Care Providers

CORE INDICATOR	QUESTIONS	MEASUREMENT
CORE BEHAVIORAL INDICATORS		
1. OBSERVED STIGMA OR DISCRIMINATORY PRACTICES TOWARDS PLHIV IN THE PAST 12 MONTHS	PART 3: Q4. In the past year, how often have you observed the following in your health facility? **Q4.1.** HCP were unwilling to care for a patient living with or thought to be living with HIV. **Q4.2.** HCP were providing poorer quality of care to a patient living with or thought to be living with HIV compared to other patients.	NUMERATOR: Those who answered "once or twice", or "several times", or "most of the time" to either of two questions: 4.1 or 4.2 DENOMINATOR: All respondents
2. OBSERVED STIGMA PRACTICES TOWARDS KEY POPULATIONS IN THE PAST 12 MONTHS	PART 6: Q12. In the past 12 months, how often have you observed HCP unwilling to care for a patient who is or thought to be: **Q12.2** Transgender **Q12.3** Sex worker **Q12.4** Drug user **Q12.5** Migrant	NUMERATOR: Those who answered "once" and "more time (>1)" to question 12.1 DENOMINATOR: All applicable respondents (excluding those who answered N/A)
KEY DRIVERS OF S&D		
1. REPORTED PERSONAL WORRY OR FEAR OF INFECTION (COMPOSITE OF 3 QUESTIONS)	PART 2: Q2 How worried would you be about getting HIV infection if you did the following? **Q2.1** Touched the clothing, bedding or belongings of a patient living with HIV or AIDS patient **Q2.2** Dressed the wounds of a patient living with HIV or AIDS patient **Q2.3** Drew blood from a patient living with HIV and AIDS patient	NUMERATOR: Those who answered "a little worried" or "worried" or "very worried" to either of three questions: 2.1 or 2.2 or 2.3 DENOMINATOR: All respondents
2. REPORTED USING UNNECESSARY PRECAUTIONS (COMPOSITE OF 2 QUESTIONS)	PART 2: Q3 Do you typically do any the following measures when providing care or services for PLHIV **Q3.1** Wear double gloves **Q3.2** Use any special infection control/prevention measure that you do not use with other patients	NUMERATOR: Those who answered YES to either of two questions: 3.1 or 3.2 DENOMINATOR: All respondents
3. STIGMATIZED ATTITUDE TOWARDS PLHIV (COMPOSITE OF 4 QUESTIONS)	PART 5: Q10 What is your opinion about the following statements? **Q10.1** Most PLHIV do not care that they could infect other people **Q10.2** PLHIV should be ashamed about their HIV status **Q10.3** People get infected with HIV because they engage in irresponsible/immoral behaviors **Q10.5** Women living with HIV should be allowed to have babies if they wish	NUMERATOR: Those who answered "agree" or "strongly agree" to either of three questions: 10.1 or 10.2 or 10.3 Or Who answered "disagree" and "strongly disagree" for question 10.5 DENOMINATOR: All respondents

People Living with HIV in Health Care Settings

CORE INDICATOR	QUESTIONS	MEASUREMENT
MANIFESTATIONS OUTCOME OF HIV RELATED DISCRIMINATION IN THE PAST 12 MONTHS		
1. AVOIDED OR DELAYED HEALTH CARE		
1.1 AVOIDED OR DELAYED HEALTH CARE BECAUSE OF S&D AMONG ALL PLHIV IN THE PAST 12 MONTHS	PART 2: Q6 In the past 12 months, have you avoided going to or delayed going to a health care facility near your home for HIV specific services or general health issues/problems? **Q6.1** Yes because of fear of disclosure of HIV status **Q6.2** Yes because of quality of services related HIV stigma	NUMERATOR: Those who answered YES to either of two questions: 6.1 or 6.2 DENOMINATOR: All respondents
1.2 AVOIDED OR DELAYED OF HEALTH CARE BECAUSE OF S&D AMONG PREGNANT HIV POSITIVE WOMEN (NOTE: NO SPECIFIC TIME FAME)	PART 2: Q7.1 Have you ever avoided or delayed going to antenatal care or seeking or adhering to services to prevent transmission of HIV from mother to child? **Q7.21** Yes because of fear of disclosure of HIV status **Q7.22** Yes because of quality of services related HIV stigma	NUMERATOR: Those who answered YES to either of two questions: 7.21 or 7.22 DENOMINATOR: Those who answered YES who were pregnant since learning they were HIV positive
2. EXPERIENCED S&D IN HEALTH CARE SETTINGS IN THE PAST 12 MONTHS	PART 2: Q8 In the past 12 months, have any the following happened to you in any health care facility because of your HIV status? **Q8.1.1** Health provider refused or denied services or treatment **Q8.1.2** Health care provider told you to come back, put in the last queue or made to wait longer time than other patients **Q8.1.3** Health care provider was rude, or scolded or blamed you **Q8.1.5** (For those admitted to hospital) Health care provider asked you to place your hospital robe in an area/basket specifically designated for HIV patients	NUMERATOR: Those who answered Yes to either of four questions: 8.1.1 or 8.1.2 or 8.1.3 or 8.1.5 DENOMINATOR: Those who answered YES who have been to a health care facility in the past year

CORE INDICATOR	QUESTIONS	MEASUREMENT
2.2 EXPERIENCED NON-CONFIDENTIALITY AND HUMAN RIGHTS VIOLATION IN THE PAST 12 MONTHS		
2.1. DISCLOSED HIV STATUS AND NON-CONFIDENTIALITY IN THE PAST 12 MONTHS	PART 3: Q11 In the past 12 months, have any of following happened to you in any health care facility? **Q11.2** Has a HCP ever disclosed your HIV status to other people without your consent? **Q11.3** Your medical record was marked as being HIV positive in a way that let people around know you are living with HIV	NUMERATOR: Those who answered YES to either of two questions: 11.2 or 11.3 DENOMINATOR: All respondents
2.2. COERCED TERMINATION OF PREGNANCY AND STERILIZATION IN THE PAST 12 MONTHS	PART 4: Q16 Have you/your partner ever been advised or coerced to terminate any pregnancy due to your/your partner's HIV status?	NUMERATOR: Those who answered YES in past 12 months to question 16 DENOMINATOR: All respondents who answered YES in the past 12 months, over the past 12 months and none (excluding those who answered N/A)
2.3 INTERNALIZED STIGMA AS KEY DRIVER TO DENIAL OF HEALTH CARE		
DECIDED NOT TO GO HEALTH FACILITY BECAUSE OF INTERNALIZED STIGMA IN THE PAST 12 MONTHS	PART 2: Q9 In the past 12 months, have you ever decided not to go health facility because of the following **Q9.1** Feeling ashamed of your HIV status **Q9.3** Feeling guilty about your HIV status	NUMERATOR: Those who answered YES to one of three questions: 9.1 or 9.3 DENOMINATOR: All respondents