**Pointers for Ambassador Sek Wannamethee**

***“Combating HIV-related stigma and discrimination in health settings: Thailand’s experience”***

**Panel on “Health care workers in the frontline”**

**during the HRC Social Forum 2017**

**Tuesday, 3 October 2017, 15.00-15.40 hrs, Room XVII**

**Introduction**

Health is a cross-cutting issue that includes a question of rights, social protection, public health and development. As Deputy High Commissioner Kate Gilmore pointed out at HRC-34, the right to health is an enabler of other rights, whereby many human rights depend on the realization of the right to health. As a result, Thailand has been advocating for rights-based HIV response and commitment to the principles of non-discrimination.

Today, will speak on Thailand’s experience in reducing HIV-related stigma and discrimination in healthcare settings.

My presentation has 2 main parts:

1. Challenges faced and policy response
2. Key lessons learned that can be applied in other countries
3. **CHALLENGES FACED AND POLICY RESPONSE**

Thailand has had a successful experience in combating HIV/AIDS:

* The first Asian country to eliminate the mother-to-child transmission of HIV and syphilis.
* One of the first countries to offer free HIV testing and treatment under universal health coverage schemes, including for migrant workers from four neighbouring countries.

1. ***Challenges***

Despite the success in our overall AIDS strategy, we recognize that **stigma and discrimination against people living with HIV remain key barriers to an effective HIV response.**

* In our national AIDS strategy, Thailand ultimately aims to achieve zero stigma and discrimination. We aim to reduce HIV-related discrimination in health settings by 90% by 2030.

The first step was to understand the challenges faced: we needed **to measure stigma and discrimination.** This measurement and understanding will later inform our policy interventions.

* In 2014, the Thai Government worked with several partners such as UNAIDS, USAID and civil society organizations to develop **a questionnaire** for Thai health facility staff.
* The questionnaire was adapted from globally designed tools, but tailored to meet the **local context**. Stakeholders and experts were consulted in the development of the questionnaire.
* This survey was piloted in early 2014 in 32 public and private hospitals in two provinces.
* The **findings** from the pilot testing were eye-opening, confirming that **stigma and discrimination are prevalent** within health care settings:
  1. Over 60 percent of health care workers feared they might get infected while performing routine tasks
  2. 90 percent admitted to at least one stigmatizing attitude
  3. 1 in 5 health worker reported directing observing stigma and discrimination by one of their colleagues in the past year.
* The survey results confirmed that reducing stigma and discrimination was needed.
* Currently, this stigma measurement tool is used as a routine monitoring instrument – the survey is to be conducted every two year. To date the tool has been rolled out to 22 provinces.

1. ***Policy response***

The second step was to **use the findings of the survey to inform policy interventions.**

Based on the data, we developed a new approach called the **“3x4 approach”** (three times four). It aims to develop a cost-effective package for interventions to reduce stigma and discrimination in health facilities nationwide.

* The approach **targets activities at 3 levels:**
  1. Individual: health facility staff
  2. System: health facility structure
  3. Facility and community linkages
* The approach **addresses 4 key drivers of stigma and discrimination:**
  1. Awareness of stigma and discrimination
  2. Fear of HIV transmission in the workplace
  3. Negative attitudes
  4. Health facility environment

The use of **participatory and active training** is key to this approach.

* The training curriculum consists of 10 modules, lasting 12 hours. The modules aim to deepen participants’ knowledge of how stigma and discrimination manifest, of human rights of people living with HIV, and what can be done to induce a change in behavior at both individual and collective levels.
* As of May 2017, a total of 20 trainings have been conducted for 651 health facility staff in six pilot hospitals in Chiang Mai, Chonburi and Songkhla.
* The feedback has been positive. Participants feel that the training facilitated open discussion, participatory and collective learning. They also became “change agents” who influence other staff in the hospitals.
* **Examples of stigmatizing and discriminatory practices** that were stoppedafter training:
* Some nurses used to wear gloves when cleaning patients’ bodies or feeding. They have now stopped wearing gloves as there is no risk in providing these services.
* Some hospitals used to have designated beds for HIV patients only. They have stopped this practice.

1. **KEY LESSONS LEARNED**
2. The first step is to recognize and accept the challenge that **HIV-related stigma and discrimination are common**, even in a country with mature epidemic and response.
3. Use **evidence-based approach** to combat stigma and discrimination in health care settings. A measurement tool is needed to inform policy interventions and monitor the situation on a regular basis.
4. Adapt **global guidelines** **to** **local context** to develop a practical and cost-effective toolbox.
5. **Multi-stakeholders partnership and engagement at all levels and in every step**, from survey development to policy intervention and training design.
6. Creating **a safe learning space and a non-judgmental approach** are essential for the training’s success. Health facility staff are often unconscious of their stigmatizing attitudes and discriminatory practices. They should not be criticized or blamed. Instead, they should be made aware and understood through active and participatory training and learning.
7. **Technical assistance and capacity-building** for health facilities are needed to support the effective use of data and to implement activities that go beyond training.

**Conclusion**

Non-discrimination is not only confined to what the law and international standards stipulate but more importantly, how the law and international standards are implemented in practice. Thailand’s success demonstrates how countries make real change when high-level commitment is translated into good policy and multi-stakeholder partnership, and operationalized to reach all without discrimination, leaving no one behind.

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*Permanent Mission of Thailand*

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*Based on information from the Ministry of Foreign Affairs and the Ministry of Public Health*