

Terms of Reference

TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services

1. PURPOSE

The purpose of this Terms of Reference (“TOR”) is to hire a Professional Consultant to conduct a " TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services".

TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services be conducted following the Global Fund’s Technical Review Panel (“TRP”) recommendations and responses from Thailand concerning KPI-1E assessment and reporting to GF (Scale up of programs to address Human Rights-related barriers) as well as actions 1 and 2 of Issue 7, which include:

Actions 1 and 2 of Issue 7

Action 1: The TRP requests the applicant to develop detailed activities to sensitize, advocate and engage law enforcement actors and other stakeholders to change negative attitudes and practices that harm key populations. This should include activities from the Costed Action Plan to Eliminate HIV-related stigma and discrimination (Objective 4 on changing harmful policies), e.g. repeated training of the police, attorneys, administrative offices, courts, correction officials, civil servants and officers involved in justice and legal settings on HIV and gender-related rights and stigma reduction sessions; conducting a study on strengthening laws to end discrimination; and an advocacy campaign to promote the application of relevant laws with members of Parliament and law enforcement officers. These new activities should be defined in the forthcoming costed National Action Plan against TB related stigma and discrimination and in relation to the existing HIV national plan. In collaboration with key populations led CSOs and in addition to the above activities, the plan must define safety and security mechanisms to protect key population advocates in these HIV/TB community-led law reform efforts.

Action 2: The TRP requests that the applicant ensures that the new multi-stakeholder HIV/TB national and provincial Breaking Down Barriers committees include law enforcement representation and allied champions, in addition to activities to support social dialogues to raise awareness and shift negative attitudes.

2. Background

2.1 Background of World Vision Foundation of Thailand

World Vision Foundation of Thailand (WVFT) is a humanitarian, development, advocacy non-profit organization registered locally in Thailand. Since its inception, WVFT has maintained significant presence in communities across the 4 regions of Thailand. Aligning our approaches

with national strategies, WVFT implements integrated and multi-sectoral programs, using sustainable approaches and evidence-based models, fostering sustainability and community ownership. Globally, WVI, in partnership with national partners, has been managing HIV/TB grants from the Global Fund since 2002 and in Thailand has implemented Global Fund grants as PR, SR and SSR on all three diseases. Under the GC7 Grants in Thailand, WVFT is one of the PR leading the HRG, CSS and Migrant Programs for the 2024-2026 Implementation Period.

2.2 Background and Rationale for TB-HIV in Thailand

TB

Tuberculosis (TB) is a major cause of illness worldwide and remains a significant public health problem in Thailand. In 2023, the World Health Organization (WHO) reported that Thailand is one of the countries with a high burden of TB and TB-HIV. Thailand had an estimated 155 TB cases per 100,000 population, with 111,000 TB patients (range: 87,000-138,000) and 13,700 TB-related deaths (including 2,100 deaths among people with HIV). There were estimated 2,700 cases (range: 1,500-3,800) of multidrug-resistant TB (MDR-TB)¹. In the same year, 9,200 people living with HIV fell ill with TB. Additionally, 38,726 of those patients had no access to medical services and treatment. Furthermore, the Division of Tuberculosis in Thailand reported a decline in both the TB success rate and TB treatment coverage in 2023 compared to 2022. The success rate among new and relapse TB patients registered in 2023 was 85%, while the TB treatment coverage (notified/estimated incidence) was 65%².

HIV

In 2023, the AIDS Epidemic Model (AEM) has produced new numbers and estimates the coverage at 90.27% knowing their status, 90.18% of these on ART and 97.39% virally suppressed. These average estimates vary by key population groups. The AEM also increased the estimate of the number of people living with HIV, now at 561,572. The AEM estimate of new infections in 2022 is 9,230, previously 6,485³. Clearly, more effort is needed. The relatively small number of people living with HIV who were not on treatment in Thailand were the probable source of new infections and this offers the opportunity to end HIV transmission in Thailand.

TB-HIV

The ongoing TB and HIV situations show that both diseases remain major public health problems in Thailand. The Thailand Operational Plan to End TB 2023-2027 includes a strategic intervention to 'promote social and human rights measures to prevent stigmatization and discrimination' as part of its strategy to reduce TB mortality. 'Protecting and promoting human rights, ethics, and equity' and 'building a strong coalition with civil society and communities' are two of the Plan's four key principles⁴. The Plan aims to 'promote social and human rights measures to reduce stigma and discrimination in TB patients' and to 'develop training courses and build the capacity of personnel and communities to reduce stigma and discrimination using appropriate laws and regulations.

The Plan also focuses on serving populations highly vulnerable to infection and poor health outcomes, such as migrants, recognizing that 'unaddressed TB in migrants will likely increase transmission among Thai citizens. However, TB-related stigma and discrimination (S&D) in Thailand is at a relatively early stage of development, particularly when compared to HIV programs. The National Operational Plan's broad commitments to human rights issues fall short

of the more detailed national plan required by the Global Fund to remove human rights barriers. Additionally, addressing TB-related S&D will focus on the community setting and provide a basis for scaling up TB HRG programming, as well as reporting to the Global Fund, including KPI E1: Scaling up programs to address human rights-related barriers.

2.3 Background of TB stigma and discrimination in community settings in Thailand

Stigma is strongly associated with a tuberculosis (TB) diagnosis. The main causes of stigma include myths about transmission, association with poverty, lack of knowledge⁵, and its connection to HIV/AIDS, as many people with HIV/AIDS die of TB⁶. As a result, stigma is highly linked to TB. Stigma is a social process that occurs when elements of labeling, stereotyping, separation, loss of status, and discrimination arise in an enabling power situation⁷. Stigma originates from the Greek language, meaning a mark or brand. Goffman (1963) describes it as a social reality where a person is identified by a specific attribute, behavior, or reputation considered undesirable or discrediting, which leads to being negatively regarded by society and, therefore, devalued or even rejected⁸. Stigma is a result of prejudice, although people with good education continue to fear being infected with TB [5]. However, the biggest problem with stigma is that patients with TB. Thus, TB stigma is one of the major social factors that triggers a delay in diagnosis and non-adherence to treatment among patients with TB⁹. TB stigma and discrimination exert an impact on whether or not one suffers at home, in the workplace/institution, or in the community. Furthermore, several studies report that TB stigma also occurs in hospitals, communities, workplaces, and other institutional settings. The study conducted by Jittimane¹⁰, it was found that TB stigma was high (65%), with 34% of stigma originating from the community. Similarly, the study conducted by Arininta¹¹ showed that 81.9% of TB patients experienced stigma, and 54% had experiences with self-stigma. The effects of social stigma and self-stigma on TB patients were significant, particularly from family and community sources. However, S&D data was collected in the 2021 S&D surveillance in health care settings survey by DAS¹². Data collected included the following results: 12.4% of TB patients reported having been discriminated against by health workers. 45.2% of pulmonary TB patients reported being asked by family members to separate bedrooms. 44.2% had been asked by a family member to eat alone while suffering from TB. For discrimination in the workplace, 10.8% of pulmonary TB patients had previously been transferred to non-customer-interaction departments, 6.3% had been refused to be recruited into work using abnormal chest X-Rays as a condition, and 5.8% had been fired from work due to pulmonary TB. Additionally, in 2022 the study conducted by the Health Science Research Institute and Faculty of Medicine¹³ on hospitals and workplaces reported that 12% of TB patients experienced discrimination by health workers, 19% observed expressions of fear or disgust by other healthcare workers towards patients with pulmonary TB, and 75% of patients with pulmonary TB had at least one of five self-stigmatizing attitudes. Therefore, TB stigma and discrimination are strongly associated with TB patients in various settings; however, addressing TB stigma and discrimination within the community still faces certain limitations and the data that were collected were not in alignment with the TB O-9 indicator. For indicator O-9 - a survey will be conducted in Q4 2024 to set the baseline for the indicator, at which time targets will be set. Annual surveys will be conducted to collect data and report on the indicator.ⁱ

3. Objective of the TOR

Since the objective of TOR aims to hire a Professional Consultant to conduct a " TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services". Additionally, the TOR of TB O-9 S&D in community includes:

- a) To explore and establish a baseline on the of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services.
- b) To understand the situation, experiences, and various impacts faced by TB patients in relation to stigma and discrimination in Thailand.
- c) To identify and categorize the types of stigma (e.g. social, gender-based, economic etc faced by TB patients.
- d) To compare the experiences and issues related to stigma and discrimination among TB patients in Thailand.

4. Expectation

The expectation of the TB O-9 S&D in community will include:

- a) To expand the understanding of the scope and forms of stigma and discrimination faced by TB patients and the findings from this study will be used to improve programs and policies related to access, prevention, and care.
- b) To address and mitigate the impact of stigma and discrimination associated with tuberculosis (TB) within community settings, by implementing targeted interventions aimed at raising awareness, promoting social and human rights, and fostering an environment of acceptance and support for individuals affected by TB.
- c) To guide the development and execution of programs that reduce stigma, enhance community engagement, and ensure equitable access to TB diagnosis, treatment, and care for all community members.

5. Scope of work

The consultant will be responsible for supporting PR World Vision Foundation of Thailand for TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services and its related activities, in accordance with the following activities:

5.1 TB O-9 S&D in community

- a) Consult with three PRs and key SRs to agree on workplan, timeframe, methodology and site selection, as well as specify existing resources for the assessment.
- b) Meeting with PR World Vision Foundation of Thailand to finalize workplan and assessment methodology.
- c) Submit PR World Vision Foundation of Thailand with proposal with final workplan, assessment methodology, and budget within the first week of the assignment.

5.2 Establish TB O-9 S&D in community Team

PR World Vision Foundation of Thailand will use the TB Task Force Team (TBTFT) as the one developed by PR-World Vision of Foundation of Thailand for the TB O-9 S&D in community. The TB Task Force Team (TBTFT) will engage key multi stakeholders from: PR WVFT; PR Raks Thai; PR DDC; DTB/NTP; DAS/NAP; Health Office (BMA), representatives of affected communities, e.g., PWTB, TB survivors; PLHIV, as well as partners and technical experts, e.g. UNAIDS, WHO, UNODC, Universities, civil society organizations, TB experts, and practitioners.

The TB Task Force Team (TBTFT) will be established to oversee the TB O-9 S&D in community process in the community, providing support for tool and protocol development, validating findings, coordinating data collection and area selection, and offering recommendations to establish the baseline for the indicator.

5.3 Desk/literature review

Desk/literature review on TB O-9 S&D in community will include:

a) Review on National TB Operational Plan Phase 2, NTP, S&D surveillance in health care settings survey 2021, survey on the situation of stigma and discrimination due to TB in public health service units in surveillance areas of the country for the year 2021, TB stigma assessment data collection instruments key informant semi-structured interview & focus group discussion guides report, TB stigma measurement guidance, HIV stigma index 2.0 final report 2023, Rapid assessment of human rights- and gender-related barriers to HIV and TB services in Thailand and others.

b) Other review: Recent studies, researches, publications on TB S&D in community in Worldwide and Thailand such as A Sociodemographic and AIDS- related factors associated with tuberculosis stigma in southern Thailand: A quantitative, cross-sectional, Causes of stigma and discrimination associated with tuberculosis in Nepal: A qualitative study, Assessment of Stigma Associated with Tuberculosis in Mexico, Status of Tuberculosis-Related Stigma and Associated Factors: A Cross-Sectional Study in Central China, Stigma against Tuberculosis May Hinder Non-Household Contact Investigation: A Qualitative Study in Thailand, Tuberculosis and Stigma: Impacts on Health-Seeking Behaviors and Access in Mexico and others.

5.4 Population and Setting

The population will consist of 500 people with TB who experienced stigma in community setting due to their TB status that inhibited them from seeking and accessing TB services in the last 12 months, while the setting areas will be selected by a purposive sampling technique with a high incidence of TB cases in the areas in Thailand.

5.5 Data collection

The Baseline Survey will employ a Mixed Methodology approach to collect both quantitative and qualitative data collection allowing for a nuanced understanding of the study:

a) A structured questionnaire will be developed to collect quantitative data. The questionnaires will be modified and developed based on TB stigma assessment data collection instruments including Key informant semi-structured interview and focus group discussion guides, TB stigma measurement guidance, and other publications, studies, and research.

b) Qualitative data collection through state the number of in-depth interviews and focus group discussions that will be held with TB patients who experienced stigma in a community setting due to their TB status, which inhibited them from seeking and accessing TB services in the last 12 months as needed.

5.6 Data analysis and report writing

Quantitative data analysis

c) Descriptive analysis will explain key variables that reflect the current situation of stigma and discrimination against TB patients and key populations in Thailand. Comparison, correlation, and regression models will be used to analyze the relationships between independent variables (such as demographic information, number of years since knowing one's TB status, key population status, and self-stigmatization) and the dependent variables, which is the experience of discrimination.

Qualitative data analysis

d) Data from the focus group discussions and in-depth will be analyzed using Thematic Analysis. The transcripts will then be categorized according to key themes using a coding process. An initial coding framework will be developed based on the themes identified in the interview guidelines, and this will be used to analyze and group the study findings.

Report writing

e) Writing the TB O-9 S&D in the community, including specific validated findings, recommendations for establishing the baseline for the indicator, as well as comparisons and relationships between independent and dependent variables.

5.7 Final presentation and report

a) An inception report containing a detailed workplan for the consultancy duration.

b) A draft report of TB O-9 S&D in the community for the validation workshop.

c) A final report of TB O-9 S&D in the community (English & Thai).

6. Duration

The period expected for this TOR is maximum 90 work days during January – March 2025.

7. Duty station

Location and official travel involved:

At least one of the consultant(s) will need to be based in Thailand, to facilitate orientation and facilitation meetings in-person with the TB Task Force Team (TBTFT).

The consultant has the flexibility to choose their work location, with meetings to be held in Bangkok and/or at the World Vision Foundation of Thailand, as agreed upon in the plan. Additionally, the consultant will be required to travel to World Vision Foundation of Thailand offices, as well as other PRs, SRs, SSRs, and relevant stakeholders' locations. In collaboration with the World Vision Foundation of Thailand, the consultant must engage through various forms of communication, including emails, phone calls, face-to-face meetings, site visits, and other necessary methods.

8. Deliverables

The deliverables expected for this TOR are as follows:

Activity	Timeline	Duration	Deliverables
Meeting with World Vision Foundation of Thailand team to agree on the work plan and budget.	Week 1	1 day	1. Outlining the methodology, desk review, data collection, work plan, and budget within the first week of the assignment.
Preparation - Desk/literature review on National TB Operational Plan Phase 2, NTP, S&D surveillance in health care settings survey 2021, survey on the situation of stigma and discrimination due to TB in public health service units in surveillance areas of the country for the year 2021, TB stigma assessment data collection instruments key informant semi-structured interview & focus group discussion guides report, TB stigma measurement guidance, HIV stigma index 2.0 final report 2023, Rapid assessment of human rights- and gender-related barriers to HIV and TB services in Thailand and other publications, studies, and research.	Week 2-3	10 days	2. Existing document lists.
Data Collection - Field visits, data collection, and providing feedback during data collection, monitoring data collection reports, and preparing data collection reports. - Progress reports on driving the project for the TB stigma and discrimination survey among TB patients in the community in Thailand.	Week 4-9	45 days	3. 1 st Draft report of data collection (Quantitative & Qualitative).

Activity	Timeline	Duration	Deliverables
Draft the TB O-9 S&D in community - Develop draft 1 of the TB O-9 S&D in community. - Develop the TB O-9 S&D in community baseline for the indicator.	Week 10-11	14 days	4. Draft report of the TB O-9 S&D in community.
Conceptualization /briefing workshop - Present the draft plan to the TBTFT. - TBTFT review and provide feedback on the draft. - Consultant incorporates feedback into the draft.	Week 12	2 days	5. Revision report of the TB O-9 S&D in community.
Validation and dissemination - Host validation workshop with the TBTFT. - Finalize TB O-9 S&D in community baseline for the indicator based on feedback through the validation workshop.	Week 12	3 days	6. Revision report of the TB O-9 S&D in community based on feedback from the TBTFT.
Final presentation and report - Finalize the report and submit to World Vision Foundation of Thailand.	Week 13	1 days	7. Final report in Thai & English and executive summary in Thai & English .

The consultant shall prepare a report on the findings complete with recommendations.

9. Payment and Consultant Fees

Consultant fees

Total amount proposed for this TOR is maximum THB XXXX. Funding from STAR2024-26 BL.XXX

Payment instalments will be paid to the consultant every month based on timesheets, deliverables and invoices. Payment will be made within 15 days of satisfactory deliverables. The payment period will be:

Time of Payment	Payment amount	Conditions and Deliverable products
1st payment (40% of the total budget)	Payment amount will be based on deliverables submitted by the consultant and approved by World Vision Foundation of Thailand.	- Contract signed by World Vision Foundation of Thailand and the Consultant and all required document completed. - Submission of the deliverable 8 (1) with outlining the methodology, desk review, data collection, work plan, and budget. - 1 st payment invoice.
2nd payment (40% of the total budget)	Payment amount will be based on deliverables submitted by the consultant and reviewed by World Vision Foundation of Thailand.	Submission of the deliverable 8 (2-5), and all documents related to implementation plan. - 2 nd payment invoice.
3st payment (20% of the total budget)	Payment amount will be based on deliverables submitted by the consultant and reviewed by World Vision Foundation of Thailand.	Submission of the deliverable 8 (6-7), final report, and all documents related to implementation plan. - 3 rd payment invoice.

10. Rights and Properties

The contractor must deliver all original documents, copies of the work, and any other media containing or storing such work to the World Vision Foundation of Thailand. It is clearly acknowledged and agreed between the contracting parties that all work produced under this contract, whether before or after delivery to the World Vision Foundation of Thailand, becomes the property of the World Vision Foundation of Thailand. The contractor, or any representative or other person, cannot claim rights or benefits from the said work, nor can they make copies of any documents related to the work under this TOR.

Therefore, the World Vision Foundation of Thailand retains ownership of all documents, materials, and products created under this TOR. Any distribution of these documents, materials, or products, which are the property of the World Vision Foundation of Thailand, requires written consent from an authorized representative of the World Vision Foundation of Thailand.

11. Qualifications and Required Documents

Qualifications for the TB O-9 S&D in community Consultant:

- a) Experience in public health, with a focus on tuberculosis (TB), stigma and discrimination, Social Science or related field.
- b) Expertise in conducting surveys or research on stigma and discrimination, particularly in community settings or others.

- c) Proven ability to analyze data and report on the percentage of people diagnosed with TB who experience stigma that inhibits them from seeking and accessing TB services.
- d) Proven knowledge and experience in research and analysis, including in analysing and synthesising quantitative and qualitative data.
- e) Strong understanding of TB service delivery and the impact of stigma on healthcare access.
- f) Ability to provide actionable recommendations for addressing stigma in community settings.
- g) Excellent writing, research, and analytical skills.
- h) Proficiency in Thai and English languages.

Education: Master degree or equivalent in Public Health, Public Health Sciences, Social Science, Community development, International Development, or related field. A doctoral degree is preferred.

Experience: A minimum of 10 years professional experience in the field of Public Health; especially, in the field of TB and HIV/AIDS, stigma and discrimination, global health and communicable diseases in an international arena in/for developing countries or upper middle income countries; sound knowledge of TB-related stigma and discrimination/or Public Health.

Required documents:

- a) Organization and/or Personal profiles, including name, official address, and legal registration document (if any) of the consultant;
- b) Curriculum Vitae (CV) of the consultant and its key staff (if any);
- c) Document describes sample of previous works and/or experiences that reflect the deliverables and scope that are listed in the scope of work;
- d) A proposal, which includes outlining the methodology, detailed work-plan and budget, as well as other supporting documents (if any) for the consultancy service after the selection.

How to apply:

Proposal Submission Guideline/Required Documents

- a) Filled out Consultancy Proposal Form (inclusive of technical and financial proposal)
- b) CV(s) of the proposed consultant(s)
- c) For organizations: Copies of registration certificate

12. Key Contact Person

All required documents must be email to World Vision Foundation of Thailand contact persons as follow:

Name: Ms. Patcharee Srisumran
Title: Program Director
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Secondary Contact

Name: Dr. Sarut Moonsarn
Title: HRG & CSS Program Manager
Email: sarut_moonsarn@wvi.org
Phone: +66922690674

And

Name: Ms. Taewee Sopaporn
Title: Program Officer
Email: taewee_sopaporn@wvi.org
Phone: +66879148438

Place for document submission

Submission of all documents is by e-mail or courier to:

Name: Dr. Sarut Moonsarn
Title: HRG & CSS Program Manager
Email: sarut_moonsarn@wvi.org
Phone: +66922690674

13. APPENDIX

Appendix 1: Proposal of the Stop TB and AIDS through RRTTPR 2024-26 Program.

Appendix 2: Key Performance Indicators (KPIs) Handbook for the 2023-2028.

Appendix 3: TB Stigma Assessment Data Collection Instruments Key Informant Semi-Structured Interview & Focus Group Discussion Guides.

Appendix 4: TB Stigma Measurement Guidance.

Appendix 5: Final Report: Survey on the Situation of Stigma and Discrimination Due to Tuberculosis in Public Health Service Units in Surveillance Areas of the Country for the Year 2021. (in Thai)

Appendix 6: Results of a survey of the situation of stigma and discrimination due to tuberculosis in the health service unit and in the community. 2022. (in Thai)

Appendix 7: HIV Stigma Index 2.0 Final Report 2023.

References

¹World Health Organization. Global Tuberculosis Report 2023. Geneva: World Health Organization; 2023.

²Division of Tuberculosis. TB Report 2023. Bangkok: Division of TB; 2023. (in Thai)

³AEM Consultation meeting, April 3, 2023.

⁴Division of Tuberculosis. Thailand Operational Plan To End Tuberculosis, Phase 2 (2023 - 2027). Bangkok: Division of TB; 2023.

⁵Baral, S.C.; Karki, D.K.; Newell, J.N. Causes of stigma and discrimination associated with tuberculosis in Nepal: A qualitative study. *BMC Public Health* 2007, 7, 211.

⁶Rau, A.; Wouters, E.; Engelbrecht, M.; Masquillier, C.; Uebel, K.; Kigozi, G.; Sommerland, N.; Janse van Rensburg, A. Towards a health-enabling working environment-developing and testing interventions to decrease HIV and TB stigma among healthcare workers in the Free State, South Africa: Study protocol for a randomised controlled trial. *BMC Public Health* 2018, 19, 675.

⁷Moya, E.M.; Biswas, A.; Chavez Baray, S.M.; Martinez, O.; Lomeli, B. Assessment of Stigma Associated with Tuberculosis in Mexico. *Public Health Action* 2014, 4, 226-232.

⁸Goffman, E. *Stigma: Notes on the Management of Spoiled Identity*, Kindle ed.; Prentice-Hall: Hoboken, NJ, USA; New York, NY, USA, 1963; pp. 127-128.

⁹Yin, X.; Yan, S.; Tong, Y.; Peng, X.; Yang, T.; Lu, Z.; Gong, Y. Status of Tuberculosis-Related Stigma and Associated Factors: A Cross-Sectional Study in Central China. *Trop. Med. Int. Health* 2018, 23, 199-205.

¹⁰Ngamvithayapong-Yanai, J.; Luangjina, S.; Thawthong, S.; Bupachat, S.; Imsangaun, W. Stigma against Tuberculosis May Hinder Non-Household Contact Investigation: A Qualitative Study in Thailand. *Public Health Action* 2019, 9, 15-23.

¹¹Arininta, N. Effects of Social and Self Stigma on Adolescent Tuberculosis

Patients. *Review of Primary Care Practice and Education (Kajian Praktik dan Pendidikan Layanan Primer)* 2019, 2(1), 43-45.

¹²Division of AIDS and STIs, Department of Disease Control. S&D surveillance in health care settings survey 2022. Bangkok: Division of AIDS and STIs, Department of Disease Control.

¹³Health Science Research Institute and Faculty of Medicine, Chiang Mai University. Results of a survey of the situation of stigma and discrimination due to tuberculosis in the health service unit and in the community. 2022.