



Eliminating Stigma & Discrimination in Health Settings Delivering HIV Services

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GOALS OF THIS e-COURSE


01


To provide a simple, user-friendly, narrated & self-guided online resource for training health facility staff


02


To draw on existing field-tested & validated anti-stigma resources


LEARNING OBJECTIVES


 Define stigma & discrimination

 Identify causes & consequences of stigma & discrimination

 Describe what stigma & discrimination looks like in health facilities

 Identify ways to reduce stigma & discrimination in health facilities

 Describe in practical terms how health care providers can reduce stigma in their day-to-day work

 Describe how a facility can develop, implement, enforce & monitor an anti-stigma code of conduct & action plan

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MODULE 1

Human Rights in Health Settings

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SECTION 1

STIGMA & DISCRIMINATION

DECLARATION OF GENEVA

- Adopted by the General Assembly of the World Medical Association (WMA) in 1948
- Declared the medical profession's dedication to humanitarianism
- Intended as an update of the *Oath of Hippocrates*
- The Declaration of Geneva requires medical professionals make the following pledges, among others:
 - “The health of my patient will be my first consideration.”
 - “I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient.”

Human rights
violations are
common in health
settings

- In many parts of the world
- Limiting accessing to quality health services

Health care
workers also face
discrimination

- From co-workers & employers
- Work in environments where their rights, responsibilities & roles are not recognized

Some examples of
human rights
violations

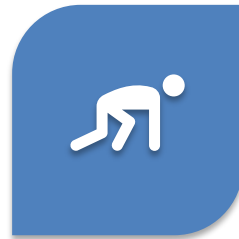
- Coercion of patients
- Substandard quality of care
- Breaches of confidentiality

HUMAN RIGHTS & HEALTH

HIV, HUMAN RIGHTS & HEALTH



People who experience stigma & discrimination are marginalized & made more vulnerable to HIV



People living with HIV are more vulnerable to stigma & discrimination



Myths & misinformation increase stigma surrounding HIV



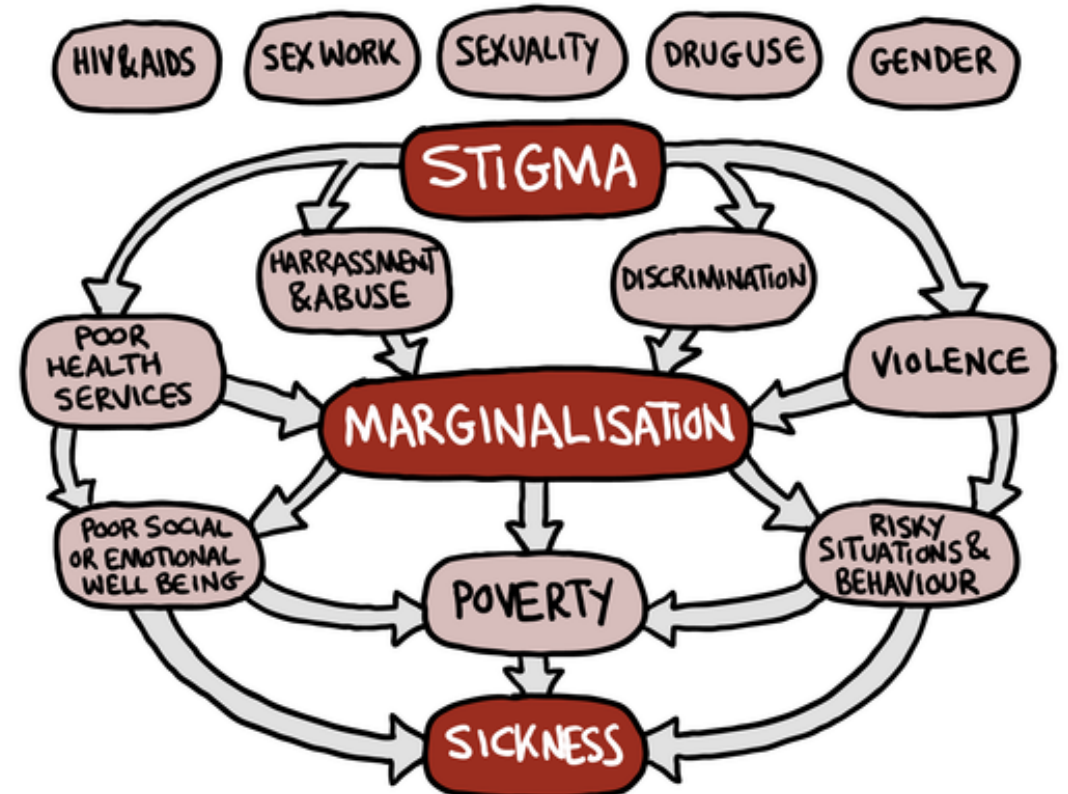
One in eight people living with HIV is being denied access to health services because of stigma & discrimination



Adopting a human rights-based approach is critical to maximizing individual health outcomes & achieving HIV epidemic control

WHAT IS STIGMA?

“Stigma is a social process of devaluing a person, beginning with marking or labeling someone’s differences, then attributing negative values to those differences.”



WHAT IS DISCRIMINATION?

- “Discrimination is unfair & unjust treatment of an individual on the basis of a real or perceived characteristic.”
 - HIV status
 - Age
 - Race & ethnicity
 - Gender identity
 - Sexual orientation
 - Housing situation
 - Immigration status
 - Criminal record
- Discrimination can be experienced at individual, facility, community, or national levels



National laws, policies & practices perpetuate discrimination in health care settings, prohibiting or discouraging people from seeking health care services they may need.

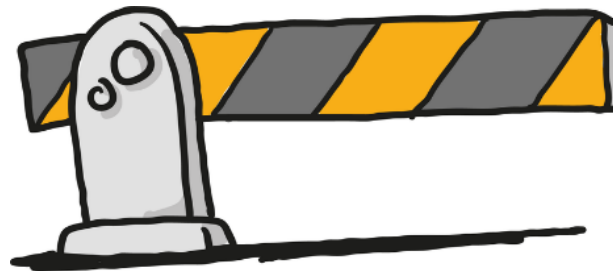
– UNAIDS

DISCRIMINATION

Discrimination affects both users of health care services & health care providers

Serves as a barrier to accessing health services & affects the quality of health services

Reinforces exclusion from society for both individuals & groups



STIGMA ↔ DISCRIMINATION

- Stigma is a belief or attitude
- Discrimination is the action resulting from stigma
 - For example:
 - People living with HIV being refused treatment in a health facility
 - A patient's HIV status or sexual identity being revealed publicly
- Discrimination takes many forms
 - Denial of services
 - Physical or verbal abuse
 - Involuntary treatment
 - Forced contraception or abortion



As health workers, we sometimes automatically make judgments about people without realizing how these will affect them or the health services they receive.

Source: Health Policy Project

CYCLE OF IGNORANCE



SECTION 2

STIGMA & DISCRIMINATION IN REAL-LIFE

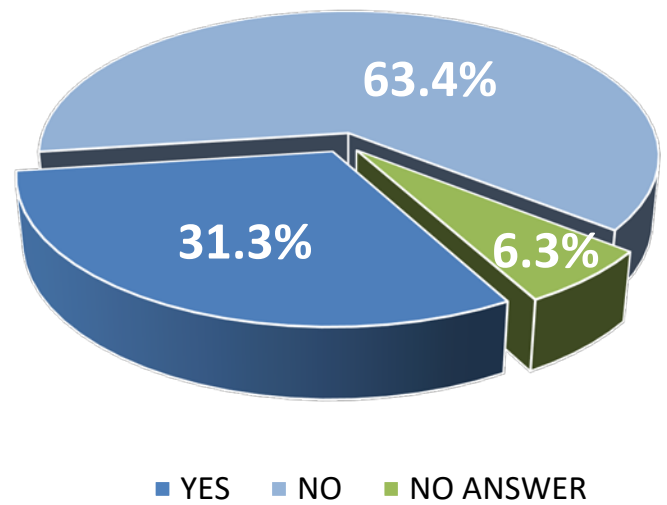
IAPAC QoL SURVEY

- In 2018, IAPAC asked people living with HIV in 29 Fast-Track Cities regarding their quality of life (QoL)
- Survey included questions about:
 - Stigma in their communities
 - Stigma in health facilities

Amsterdam • Athens • Atlanta • Bamako • Bangkok • Berlin • Brussels • Bucharest • Buenos Aires • Dar es Salaam
Denver • Durban • Geneva • Kingston • Lisbon • Libreville • Madrid • Melbourne • Miami • Montréal • Nairobi
New Orleans • New York City • Oakland Paris • Rio de Janeiro • Salvador de Bahia • San Francisco • Santiago

IAPAC QoL SURVEY INTERIM RESULTS

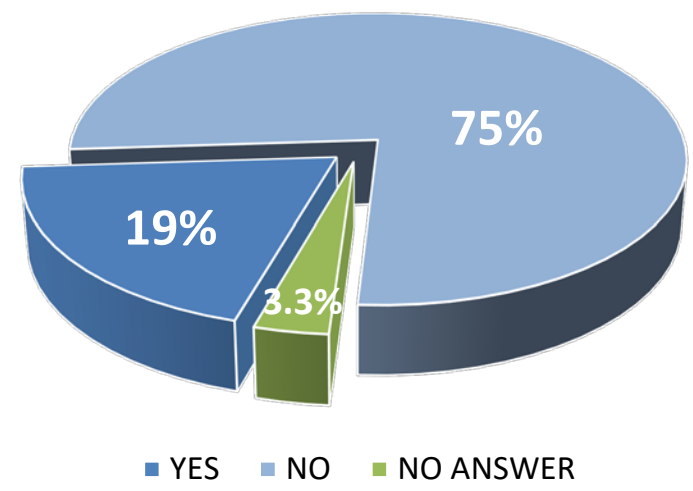
Community Stigma



Have you experienced stigma or discrimination in your community in the past 12 months?

31% said "Yes"

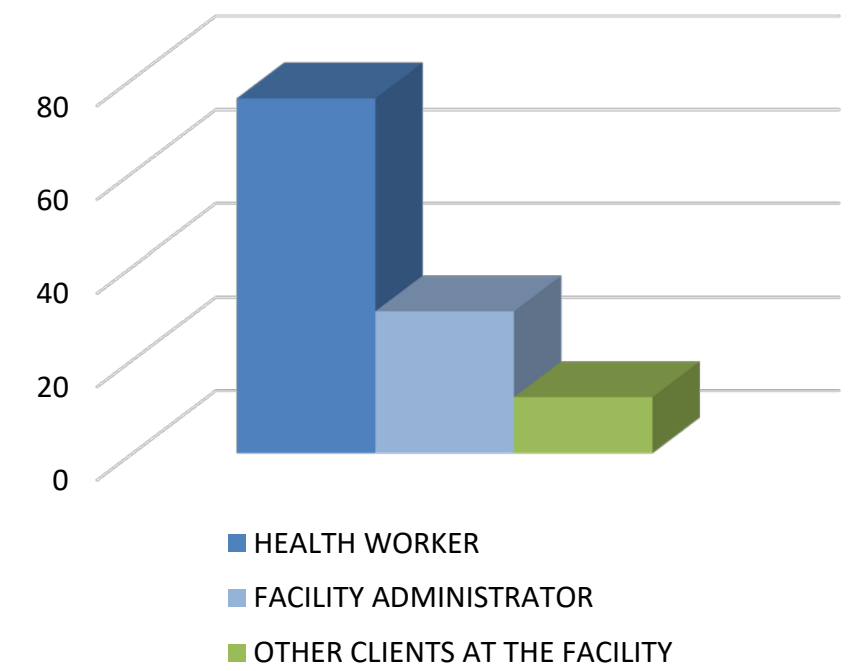
Health Facility Stigma



Have you experienced stigma or discrimination in your healthcare facility in the past 12 months?

19% said "Yes"

Stigma by Whom?



If yes, by whom?

75% said by "Health Worker"

PUNITIVE PRACTICES, POLICIES & LAWS

In many countries, policies & laws marginalize those most at risk of acquiring HIV infection

Laws may require health providers to report certain groups to law enforcement

Same-sex activity is outlawed in around 80 countries
Penalties ranging from jail sentences to execution

More than 100 countries criminalize some aspect of sex work & many outlaw it entirely

In many countries, transgender people are denied acknowledgement as “legal persons”

Harsh or illegal police practices force sex workers, LGBT people & people who use drugs to go underground & avoid health services

Migrants & refugees may be denied access to HIV prevention & treatment

People who use drugs may be detained in rehabilitation centers for many years

- Systematic abuse of human rights
 - Forced labor
- No treatment for drug dependence
 - Increased mortality

HIV STIGMA TAKES MANY FORMS

Self-stigma

- Negative self-judgement resulting in shame, worthlessness & isolation
- Mental health issues (i.e., depression)
- Mental health generally is stigmatized
 - Often unrecognized & untreated in many settings

Societal stigma

- Laws that criminalize the conduct of people living with HIV or exert punitive legal measures against HIV-vulnerable populations
 - Alienates people living with & at risk of HIV infection
 - Deters people from seeking HIV testing & treatment

HIV STIGMA TAKES MANY FORMS (CONTINUED)

Employment stigma

- In the workplace, marginalized groups such as people living with HIV & migrants may be:
 - Stigmatized by co-workers & employers
 - Subject to termination or refusal of employment
 - Receive substandard pay

Household-level stigma

- Can result in family rejection
 - May force people to leave their homes
- Increases vulnerability, financial & housing insecurity & risk for transactional sex

DRIVERS OF HIV-RELATED STIGMA



Lack of awareness

Health workers may be unaware that their attitudes, words & actions are stigmatizing



Moral judgement

Health workers may make negative judgments about people who are “different”

May not understand the lives, identities & sexuality of key populations vulnerable to HIV

MSM, transgender individuals, sex workers & PWUD may be seen as sinful or immoral, thus deserving of shame & blame



Fear & ignorance

Health workers may lack knowledge about & have misconceptions about HIV transmission & fear acquiring HIV through casual contact or medical procedures

Such fear & ignorance drives stigma

KEY POPULATIONS MOST AT RISK OF DENIAL OF CARE

- Adolescents & young people
 - Particularly adolescent girls & young women
- People living with HIV
- Men who have sex with men
- Transgender individuals
- Sex workers
- People who use drugs
- Migrants & internally displaced persons
- Ethnic minorities



HOW HIV AFFECTS KEY POPULATIONS

HIV disproportionately affects key populations:

- Young women 15-24 years old in sub-Saharan Africa are twice as likely as young men to be living with HIV
- Men who have sex with men are 19 times more likely to be living with HIV than the general population
- HIV prevalence among sex workers is 12 times greater than among the general population
- Of the estimated 13.7 million people who use drugs worldwide, 13% are living with HIV



VALUES & BELIEFS

- Our values & beliefs are the root cause of much stigma
 - Stem from our cultural & social upbringing
 - Learned behavior from our families, communities, & traditions
 - Affect the way we relate to other people
- We may be unaware how these values & beliefs affect our behavior
- What we learn as “normal” leads us to judge those who behave differently
- Much stigma around HIV is related to values & beliefs about sex & morality



The following case study about Alejandro, an adolescent gay male, helps to illustrate how our values & beliefs can drive stigma within a health facility setting & deny patients their right to health.

SECTION 3

CASE STUDIES

CASE STUDY



Values & Beliefs

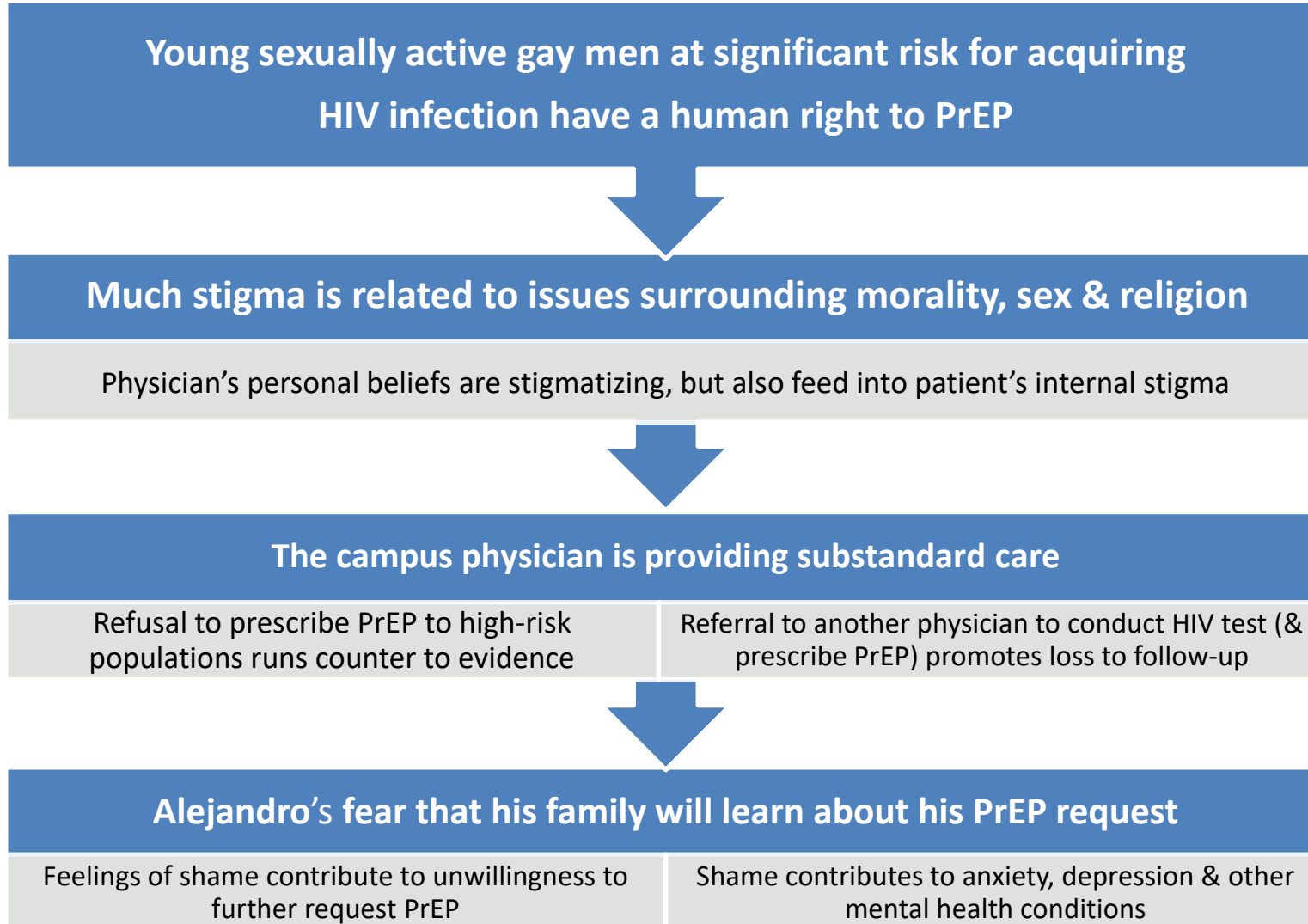
- Alejandro is an 18-year-old sexually active Latino gay male.
- He moved from his family home in a small town to study at an urban college where he received an academic scholarship. He chats with other young people on a social media app & meets up for sex. Alejandro & his sex partners do not talk about HIV.
- He read about pre-exposure prophylaxis (PrEP), & thought it would be a good option for him because he does not consistently use condoms when he has sex.
- Alejandro spoke with the campus physician about starting PrEP, however the physician did not feel comfortable prescribing PrEP for Alejandro. The physician referred Alejandro to his family physician for an HIV test, & counseled him that PrEP promoted “promiscuity.”

CASE STUDY (continued)



Values & Beliefs

- Beyond the shame of having been labeled “promiscuous,” Alejandro subsequently did not ask his family physician to prescribe PrEP, fearing the physician might disclose the PrEP request to Alejandro’s parents. Alejandro is still dating on-line & using condoms ~80% of the time.



ALEJANDRO'S CASE

WHAT CAN WE LEARN FROM ALEJANDRO'S CASE?

- Alejandro's campus physician should have:
 - Refrained from making a stigmatizing statement about PrEP users
 - Language matters always, but particularly with already stigmatized people
 - Offered evidence-based information about PrEP
 - Within the context of combination HIV prevention
 - Recommended an immediate HIV test at the campus clinic
 - Referral for HIV testing can be a missed public health opportunity

EFFECTS OF STIGMA ON KEY POPULATIONS



Feelings of shame &
self-doubt



Anxiety & depression



Excessive alcohol &
drug use



Changing to another
health facility, private
physicians or self-
treatment



Delayed HIV treatment
initiation
HIV treatment
interruption or stopping
treatment altogether



Non-disclosing & taking
more risks such as
condom-less sex & not
using clean needles



Hiding sexual
orientation, drug use,
or sex work

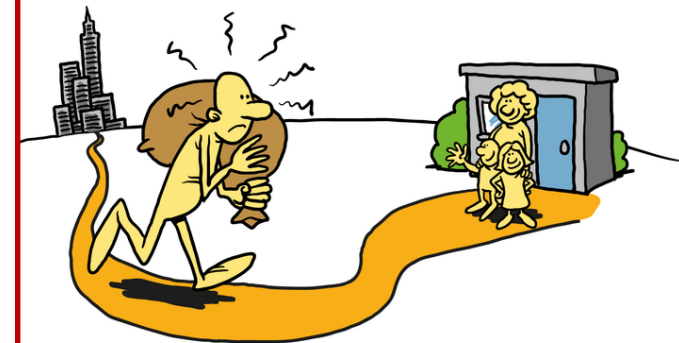
The following case study about Dakota, a transgender woman, illustrates the consequences of intersectional stigma in health settings.

CASE STUDY



Disclosure

- Dakota is a transgender woman aged 21.
- Dakota lives with her cousin & has been supporting herself with casual work in a local bar where she meets men & offers them sex for pay to supplement her income.
- She takes amphetamines before sex & most days. Her drug use eats up quite a bit of her available money. She has one regular client who pays her double every week not to use a condom.



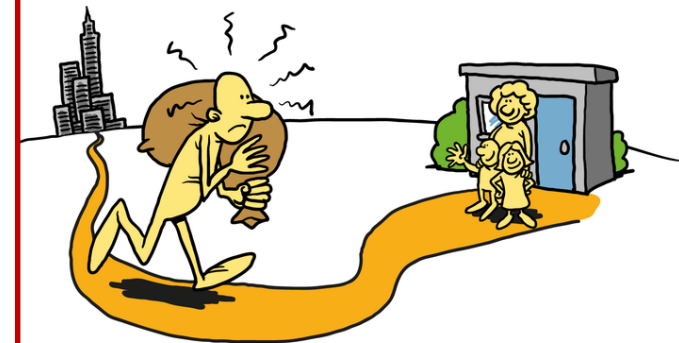


CASE STUDY (continued)



Disclosure

- One night, the bar was offering free HIV testing & she took a test. The test came back positive. Dakota went to a nearby clinic but the staff were unfriendly to her. She was prescribed antiretroviral therapy but no one asked her about her drug use or sex work. She was not counseled about disclosing her HIV status to her sexual partners or family.
- Dakota did not return to the clinic. When her antiretrovirals ran out, she stopped her HIV treatment. She continued to have unprotected sex with clients.
- A year later, Dakota was admitted to the emergency room with dehydration, following a month of persistent diarrhea. She was diagnosed with cryptosporidiosis & AIDS.



Stigma in health care settings stops vulnerable PLHIV from:

Accessing quality HIV services

Engaging in continuous care & disclosing their HIV status

Addressing other health issues such as substance use

People often experience intersectional stigma based on their HIV status & other factors (i.e., gender identity)

In Dakota's instance, stigmatizing behavior contributed to:

Inability to disclose HIV status to her sexual partners & family

Loss to follow up & no substance use or case management referral

Continued exposure of her sexual partners to HIV

Presenting to care with advanced HIV disease

DAKOTA'S CASE

WHAT CAN WE LEARN FROM DAKOTA'S CASE?

- Dakota's clinician should have:
 - Taken a thorough medical history, including in relation to drug use
 - Referred Dakota to harm reduction & social services
 - Drug counseling, case management
 - Advised Dakota about importance of disclosing her HIV status to intimate partners & the need for a social support network
 - Developed an HIV treatment plan to ensure successful outcomes
 - Support for antiretroviral therapy adherence to achieve viral suppression
 - Discussed the importance of maintaining viral suppression
 - Undetectable=Untransmittable (U=U)

AGENDA FOR ZERO STIGMA IN HEALTH SETTINGS

- Zero stigma & non-discrimination are core human rights principles & obligation
 - Within health care settings they remain widespread & take many forms
- Stigma & discrimination are barriers to accessing health services & prevents the attainment of universal health coverage
- Stigma & discrimination lead to poor health outcomes & hampers efforts to achieve healthy lives for all



SECTION 4

SUMMARY



Accessible & high quality services for everyone



Non-discrimination & equality



Privacy & confidentiality



Respect for personal dignity & autonomy



Meaningful participation of patients in their care



Accountability by addressing stigma & discrimination at all levels

SUMMARY OF KEY PRINCIPLES

REFLECTION POINTS

- Let's reflect upon the content from Module 1:
 - What is the link between health & human rights?
 - How does stigma & enacted stigma (discrimination) violate the human right to health? Act as a barrier to accessing & utilizing HIV services?
 - What is your obligation as a health workers in delivering stigma-free care, treatment & support services to people living with HIV?
 - How will you integrate what you have learned in this module into your daily HIV clinical practice?

ACKNOWLEDGEMENTS

- IAPAC acknowledges the contributions made by the following institutions towards the development of this e-course:
 - Joint United Nations Programme on HIV/AIDS (UNAIDS), International AIDS Society (IAS), Global Network of People living with HIV (GNP+), Association of Nurses in AIDS Care (ANAC) & International Treatment Preparedness Coalition (ITPC)
- This project was made possible through an educational grant from ViiV Healthcare, a Fast-Track Cities partner