ACTIONABLE CAUSES OF STIGMA & DISCRIMINATION

Actionable Causes:

1. Ignorance about the harm of stigma
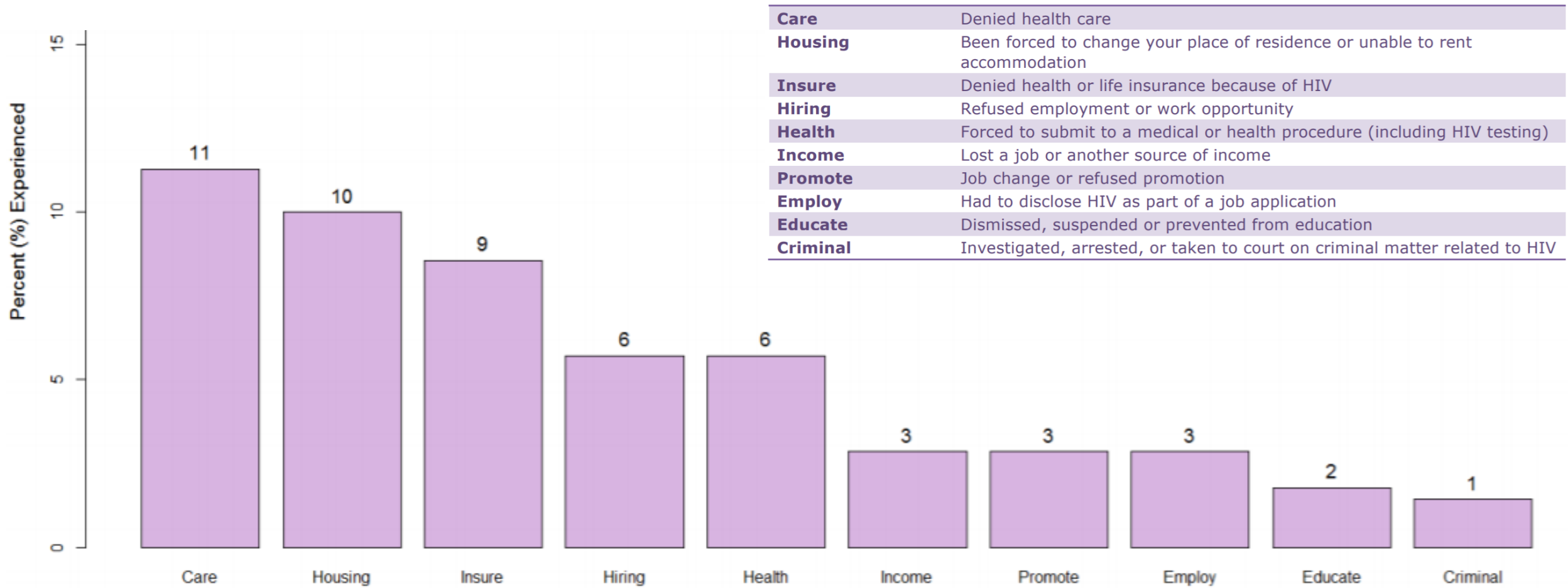2. Irrational fears of acquiring HIV infection
3. Moral judgement

Approaches to reducing stigma & discrimination:

- Measurement of stigma in health care settings
- Peer mobilization developed for and by PLHIV
- Engagement with religious & community leaders
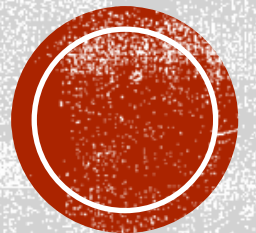- Inclusion of non-discrimination in workplace policies

TRAINING FOR HEALTH CARE PROVIDERS

Human rights & anti-stigma training for health care providers should focus on <u>two</u> objectives:

1. Ensure that health care providers know about the human right to health for their patients and themselves:
   - Right to dignity, respect & confidentiality
   - Right to HIV prevention & treatment
   - Right to universal precautions

2. Reduce stigmatizing attitudes in health care settings:
   - Provide health care workers with the skills & tools necessary to eliminate stigma
   - Ensure each patient's right to informed consent, confidentiality, quality treatment & non-discrimination

Care	Denied health care
Housing	Been forced to change your place of residence or unable to rent accommodation
Insure	Denied health or life insurance because of HIV
Hiring	Refused employment or work opportunity
Health	Forced to submit to a medical or health procedure (including HIV testing)
Income	Lost a job or another source of income
Promote	Job change or refused promotion
Employ	Had to disclose HIV as part of a job application
Educate	Dismissed, suspended or prevented from education
Criminal	Investigated, arrested, or taken to court on criminal matter related to HIV

DENIED HEALTH SERVICES BECAUSE OF HIV STATUS IN MICHIGAN

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FINDING RESPECT AND ENDING STIGMA AROUND HIV (FRESH) WORKSHOP IN ALABAMA

- Online surveys of health care staff

- Conducted in Alabama and Mississippi
  - Assess perceptions of HIV-related stigma
  - Among staff in public health and primary care

- 89–93% of survey respondents

- Endorsed at least one stigmatizing attitude

FINDING RESPECT AND ENDING STIGMA AROUND HIV (FRESH) WORKSHOP IN ALABAMA

- Questionnaire completed by PLWH

- University-based HIV primary care clinic in Alabama

- People continue to experience stigma in healthcare facilities

- Manifested by…
  - denial of care
  - Receiving poor quality of care
  - Disclosure

MEASURING STIGMA

IAPAC's Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents recommend:

"Strategies to monitor for and eliminate stigma and discrimination based on race, ethnicity, gender, age, sexual orientation, and/or behavior in all settings, but **particularly in health care settings**, using standardized stigma measures and evidence-based approaches."

IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents, *International Advisory Panel on HIV Care Continuum Optimization (2015)*

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- A tool that measures and detects changing trends in stigma & discrimination experienced by PLHIV

- More than 90 countries have completed the index

- More than 2,000 PLHIV have been trained as interviewers

- Over 100,000 PLHIV have been interviewed
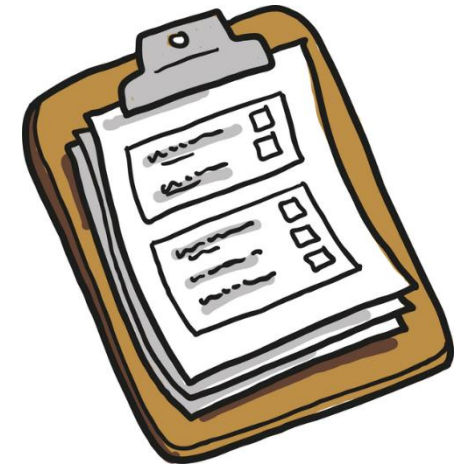
- Questionnaire has been translated into 54 languages

THE PEOPLE LIVING WITH HIV STIGMA INDEX

PEOPLE LIVING WITH HIV STIGMA INDEX

MEASURING FACILITY-LEVEL STIGMA

'It Starts with Us' is a health facility intervention developed by IAPAC:

- Includes a facility-level checklist that assesses whether the following are in place:

1. Equal access to care
2. Confidentiality policy/practice
3. Access to safety & infection control
4. Training for health care providers & staff
5. Policies to address/redress violations
6. Continuous quality assurance

IT STARTS WITH US
FACILITY-LEVEL CHECKLIST

EQUAL ACCESS TO CARE

☐ Access to care and support is not delayed or denied regardless of HIV status, gender, sexual orientation, key population characteristics

☐ All HIV tests are voluntary

☐ Services for PLHIV are integrated into other facility departments to protect privacy

CONFIDENTIALITY

☐ Client information and HIV status is communicated only to the client and treating staff unless informed consent is obtained from the client

☐ Client records are stored in a secure place

☐ Client files not labelled in a way that indicates HIV status

SAFETY/INFECTION CONTROL

☐ Standard, universal precaution measures are practiced equally among patients

☐ Supplies essential to staff safety and infection control is readily available to all staff

☐ Proper waste management procedures are in place

TRAINING

☐ Staff are trained in the rights of PLHIV and other vulnerable populations to equal quality care

☐ Staff are trained on clients' rights to privacy and confidentiality

☐ Staff are trained in HIV and other infection disease transmission and universal precautions

☐ Staff are trained to eliminate stigma and discrimination in the facility

☐ Staff are trained in testing and counselling procedures

POLICIES

☐ Facility has a policy, visible to both healthcare workers and clients, on stigma & discrimination, equal access to care, voluntary testing, confidentiality, safety and infection control

☐ Facility has a policy, visible to both healthcare workers and patients, on responding to client complaints as they relate to stigma and discrimination

QUALITY ASSURANCE

☐ A team is in place to monitor and ensure all staff respect policies and procedures related to equal access to care, voluntary testing, confidentiality safety and infection control

☐ A team and protocol is in place to prevent and address violations to policies and procedures

☐ The facility makes it easy for clients to register grievances and complaints

WHAT IS A STIGMA-FREE HEALTH FACILITY

A stigma-free health facility is one in which:

- PLHIV & other key populations are treated with respect & compassion & provided with high-quality care

- PLHIV & other key populations are treated the same as everyone else coming to the facility

- There are open, safe & consequence-free means of communicating violations of human rights in the facility to facility management

- Health facility staff are able to protect themselves from HIV transmission in the workplace through the use of universal precautions

- Health facility staff feel confident about getting tested for HIV, living with HIV & continuing to work

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Adapted from the Health Policy Project

HOW TO MAKE YOUR FACILITY STIGMA FREE
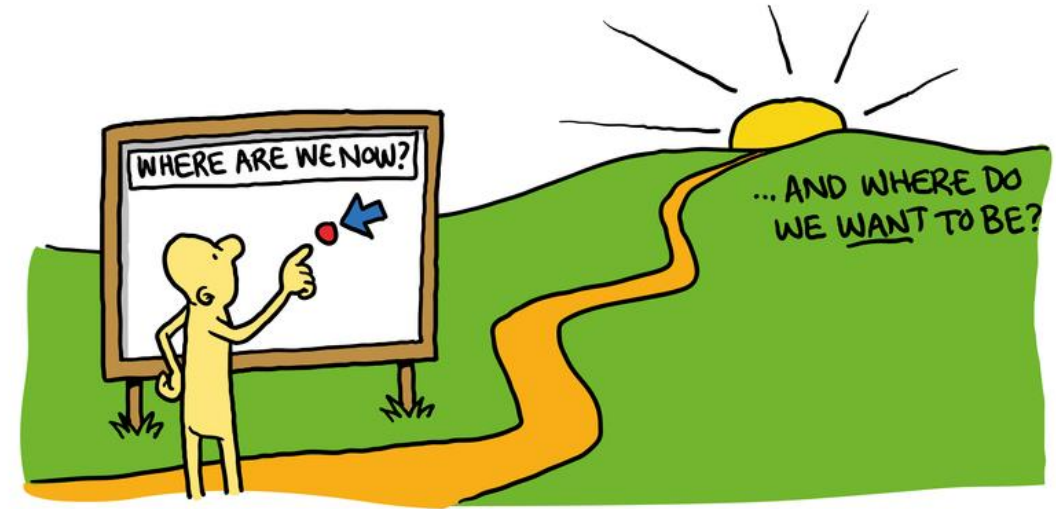
1. Set up a Stigma Working Group
   - Include managers, clinical staff, nonclinical staff & patients
   - Make the Stigma Working Group responsible for developing, implementing & monitoring stigma-related activities in the facility

2. Assess your facility
   - IAPAC's **Stigma Dialogue Navigator for Clinicians** provides an assessment Checklist for a Stigma-Free Facility Environment and Policies
   - IAPAC's It's Up to Us facility-level checklist regarding equal access to care, confidentiality, safety/infection control, training, policies & quality assurance

3. Review current policies & practices with facility staff & patients

4. Obtain input & buy-in from community organizations representing key populations

HOW TO MAKE YOUR FACILITY STIGMA FREE (CONTINUED)

5. Develop & launch a Code of Conduct with agreed principles governing behaviors in areas such as patient rights, maintaining confidentiality & delivering quality care

6. Create an Action Plan to implement the Code of Conduct & anti-stigma policies

7. Continuously monitor progress
   - Conduct an annual assessment
   - Discuss progress & challenges with staff & patients

GLOBAL CODE OF CONDUCT

- Produced by the IAS, in partnership with IAPAC, UNAIDS, and others

- Promotes a human rights-based approach to health care service delivery for HIV & health professionals via nine guiding principles:

1. Know your Human Rights Responsibilities

2. Respect Dignity

3. Benefit from Scientific Progress

4. Access to Justice

5. Know your Epidemic, Know your Response

6. Meaningful Participation

7. Education

8. Monitoring and Evaluation

9. Accountability

International AIDS Society
Stronger Together Against HIV

A Code of Conduct for HIV and Health Professionals:
Strengthening Human Rights Approaches to Health

JULY 2014

A NATIONAL CODE OF CONDUCT

- Developed in St. Kitts & Nevis & adopted by all government health facilities in the country

- By signing & adopting the Code of Conduct, staff commit to eliminate stigma, prevent human rights violations & provide the best quality care possible

Development of the Code of Conduct was supported by USAID & PEPFAR-funded Health Policy Project

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- Post the Code of Conduct throughout the facility

- Present & discuss the Code of Conduct during staff meetings

- Announce the Code of Conduct through social media

- Share the Code of Conduct with community groups, notably those working with key populations

- Plan an event & press release to officially launch the Code of Conduct (invite staff, community members & media to attend the launch)

DISSEMINATING THE CODE OF CONDUCT

ACTION PLAN

The Code of Conduct should be linked to practical action

Incorporate stigma reduction into existing training programs for staff

Provide clear guidance to staff on what is acceptable & what is unacceptable in the new work environment

Provide guidance to supervisors on how to respond to non-stigmatizing vs stigmatizing behavior from staff members

ACTION PLAN (CONTINUED)

Support staff to talk with patients about stigma

Empower patients to speak out if they feel stigmatized or discriminated, or if they witness stigma or discrimination by anyone in the facility

Get feedback from clients about experiences in the facility

Design & implement a patient questionnaire

Analyze responses & ensure staff see what patients are saying about their care

Take corrective action

Understand	• **Understand** how stigma & discrimination affect quality of care
Accept	• **Accept** that stigma & discrimination are unacceptable in health settings
Plan	• Make a plan starting with the establishment of an all-inclusive anti-Stigma Working Group
Assess	• Assess stigma in your facility using one of the available tools OR develop you own questionnaire relevant to your facility (but keep it simple & practical)
Develop, implement & enforce	• Develop, implement & enforce a Code of Conduct • Advertise the Code of Conduct in the facility
Train	• Train & re-train staff
Embed	• Embed an anti-stigma culture into every aspect of day-to-day facility life

IN SUMMARY

VIDEO RESOURCES

- Two videos from SisterLove, South Africa
  - Stigma and disclosure
  - Talking to your provider

- Everyone has a story: Conversations of Survival and Leadership

- Videos from the Martín Fisher Foundation in the Fast-Track city of Brighton & Hove
  - Making HIV history (An animated cartoon dispelling myths about HIV)
  - We learn we think we change
  - Kissing testing and hugging are OK
  - Meet some people with HIV

- Stigma and Discrimination in HIV
  - 22 videos from India covering stigma and discrimination in health care
  - Health Policy Plus supported by the US National Institute of Mental Health (R01MH093257)

RESOURCES REVIEWED IN THE DEVELOPMENT OF THESE MODULES

- Fast-Track and human rights: Advancing human rights in efforts to accelerate the response to HIV. *UNAIDS 2017*

- The Health Policy Project and Health Policy Plus: *Futures Group, PEPFAR, USAID 2013-2105*

- HIV/AIDS Stigma & Access to Care: National Minority AIDS Council Technical Assistance, Training, and Treatment Division Washington DC

- How to Engage with Health Facilities to Reduce HIV-Related Stigma and Move Closer to Test and Treat Goals. Health Policy Plus

- A Code of Conduct for HIV and Health Professionals: Strengthening Human Rights Approaches to Health. *International AIDS Society 2014*

- IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents *International Advisory Panel on HIV Care Continuum Optimization 2015*

RESOURCES REVIEWED IN THE DEVELOPMENT OF THESE MODULES (CONTINUED)

- Caliber of Care Stigma Dialogue Navigator *IAPAC 2013*

- Primum Non Nocere and the Right to Health; Zuniga JM 2014

- Ending Discrimination In Health Care Settings: Joint *United Nations Statement*

- HIV/AIDS Stigma & Access to Care: *National AIDS Minority Council and Health Resources Services Administration (HRSA) 2007*

- Key Programs to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses; Guidance Note *UNAIDS 2012*

- HIV/AIDS Stigma & Access to Care

RESOURCES REVIEWED IN THE DEVELOPMENT OF THESE MODULES

- Websites of the Asia Pacific Coalition on Male Sexual Health and the Anova Health Institute

- HIV Stigma Reduction for Health Facility Staff: Development of a Blended- Learning Intervention. Nyblade, L et. al.
  - Public Health, 21 June 2018 | https://doi.org/10.3389/fpubh.2018.00165

- Maximizing the benefits of antiretroviral therapy for key populations. *International AIDS Society July 2014*

- Confronting discrimination: Overcoming HIV-related stigma and discrimination in healthcare settings and beyond. *UNAIDS 2017*

- Key Programs to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses Guidance Note *UNAIDS 2012*

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