

**Eliminating Stigma & Discrimination in
Health Settings Delivering HIV Services**



MODULE 1

HUMAN RIGHTS IN HEALTH SETTINGS

Sponsored by



In partnership with:



UNAIDS



GLOBAL NETWORK OF
PEOPLE LIVING WITH HIV

Through support from:



GOALS OF THIS e-COURSE

01

To provide a simple, user-friendly, narrated, self-guided on-line resource for the training of health facilities and 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

MODULE 1

HUMAN RIGHTS IN HEALTH SETTINGS

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 and 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 AND 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



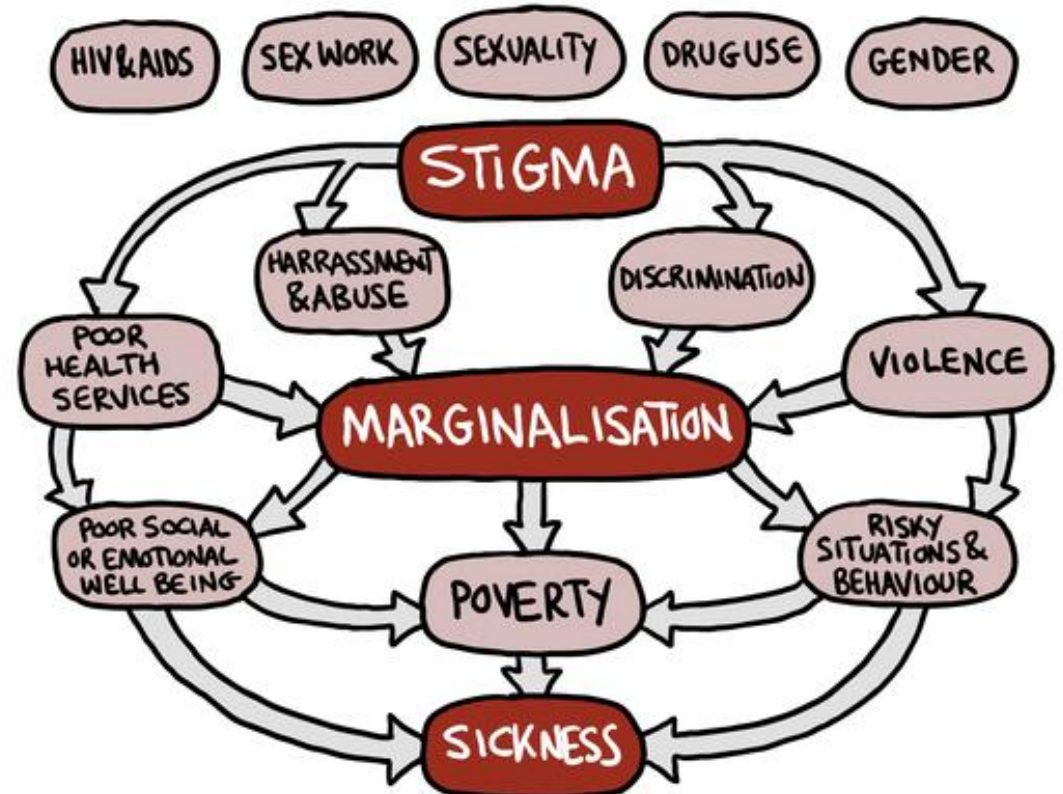
One in eight people living with HIV is being denied access to health services because of stigma & discrimination



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

WHAT IS STIGMA?

“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?

- “Unfair and 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



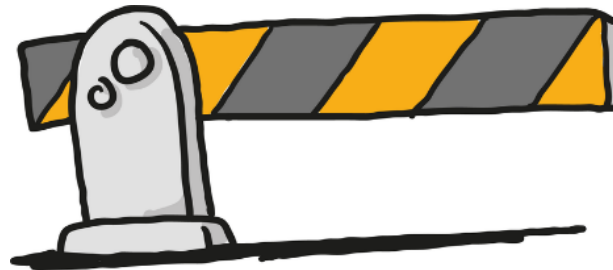
National laws, policies & practices perpetuate discrimination in health care settings, prohibiting or discouraging people from seeking health care services they may need. – [UNAIDS](#)

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

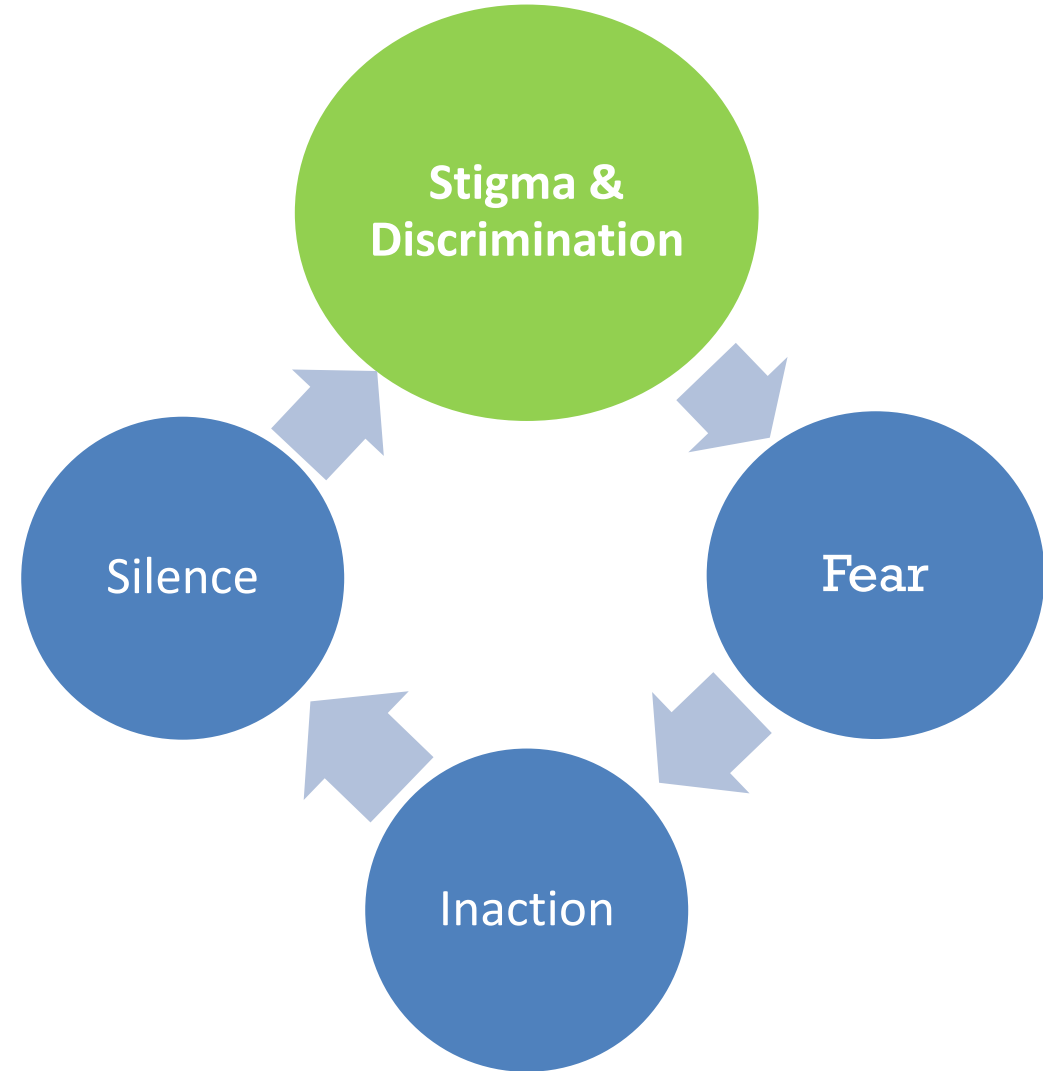
- Stigma is a belief or attitude
- Discrimination is the action resulting from stigma
 - For example:
 - People living with HIV being refused treatment in a health facility
 - A patient's HIV status or sexual identity being revealed publicly
- Discrimination takes many forms
 - Denial of services
 -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



STIGMA & DISCRIMINATION IN REAL-LIFE

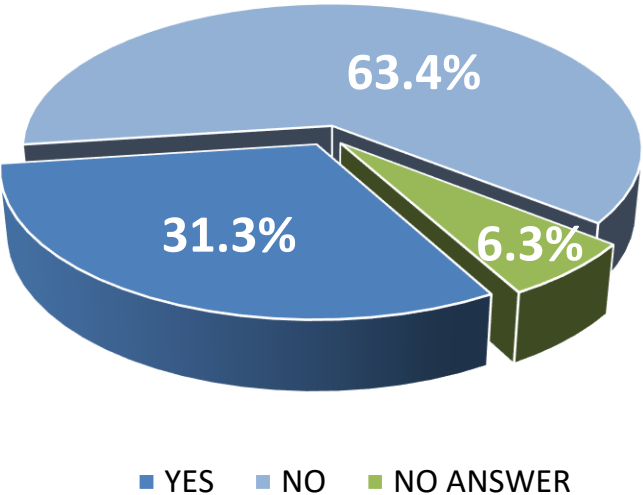
IAPAC QoL SURVEY

- In 2018, IAPAC asked 1,380 people living with HIV in 29 Fast-Track Cities regarding their overall 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

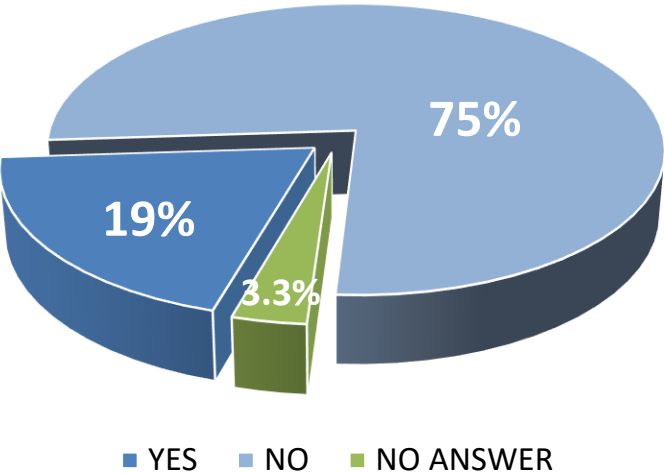
Community Stigma



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

31% Said Yes

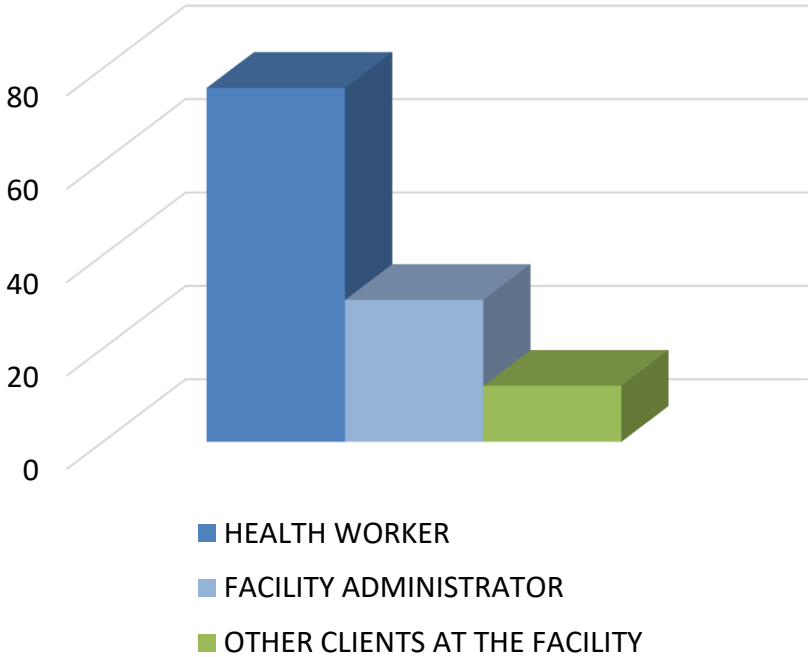
Health Facility Stigma



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 and communities, policies and 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 and 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



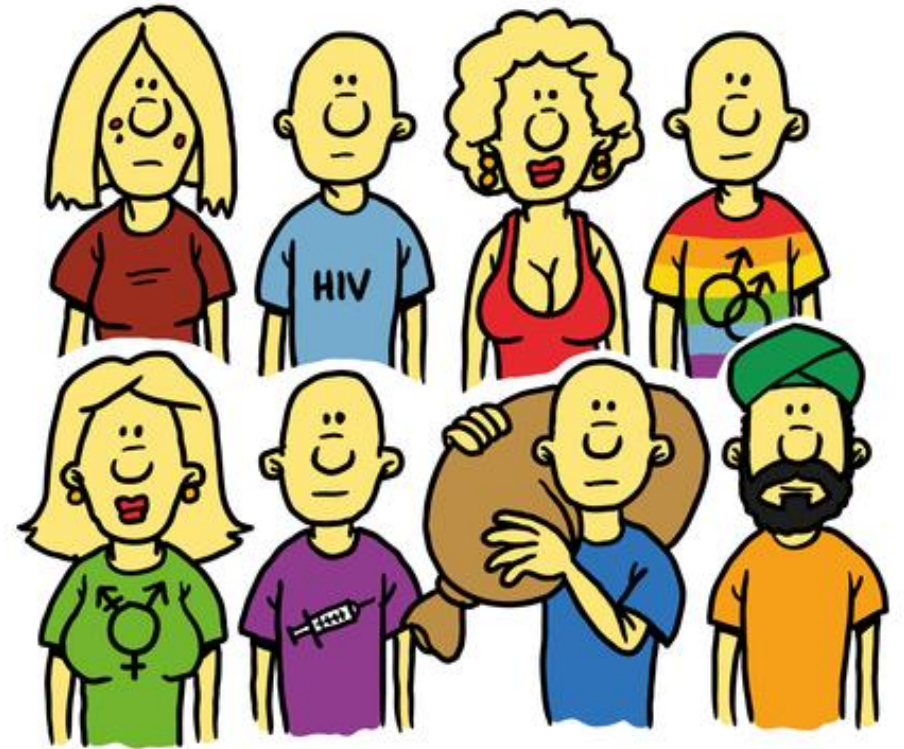
Fear & ignorance

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



VALUES & BELIEFS



- Our values & beliefs are the root cause of much stigma
 - Stem from our cultural and 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 and beliefs about sex and morality

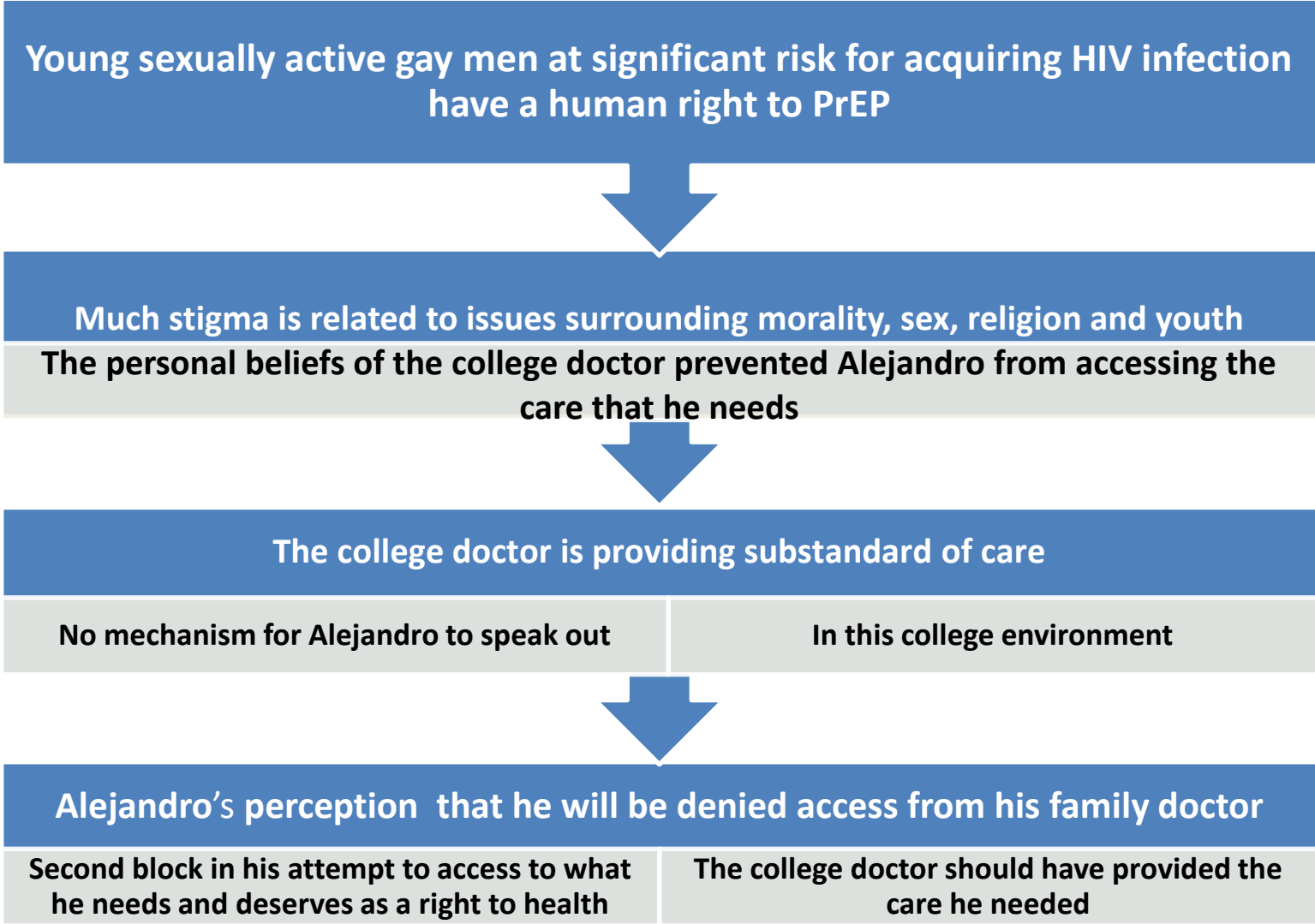
The following case study about Alejandro, an adolescent gay male, helps to illustrate how our values and beliefs can drive stigma within a health facility setting.

CASE STUDY



Values & Beliefs

- Alejandro is 18 year old sexually active Latino gay male. He moved from his family home in a small town to study engineering in an urban faith-based college where he got a scholarship. He chats with other young people online and meets up for sex. Alejandro and his casual partners do not talk about HIV. He read about PrEP and thought it would be good option for him because he has not been consistently using condoms when he has sex. He spoke to his college campus doctor about starting PrEP. The doctor did not feel comfortable providing Alejandro with PrEP and referred Alejandro to his family physician. He never went because he knew his family doctor would ask Alejandro's parents before providing him with Prep. He knows his parents will say no. Alejandro is still dating on-line and using condoms 80% of the time.



**LEARNING
FROM
ALEJANDRO'S
CASE**

WHAT CAN WE LEARN FROM ALEJANDRO'S CASE?

- Personal beliefs related to
 - The culture of the health setting
 - Traditional Family values
 - Young people and sexuality
 - The right of people to choose how to protect themselves
- Are significant barriers to quality care
- Health care workers must be educated
 - Realize how these personal values may lead to stigma



EFFECTS OF STIGMA ON KEY POPULATIONS



Feelings of shame &
self-doubt



Anxiety & depression



Excessive alcohol &
drug use



Changing to another
health facility, private
doctors 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 of Dakota, a transgender woman, illustrates the
consequences of stigma in health settings**

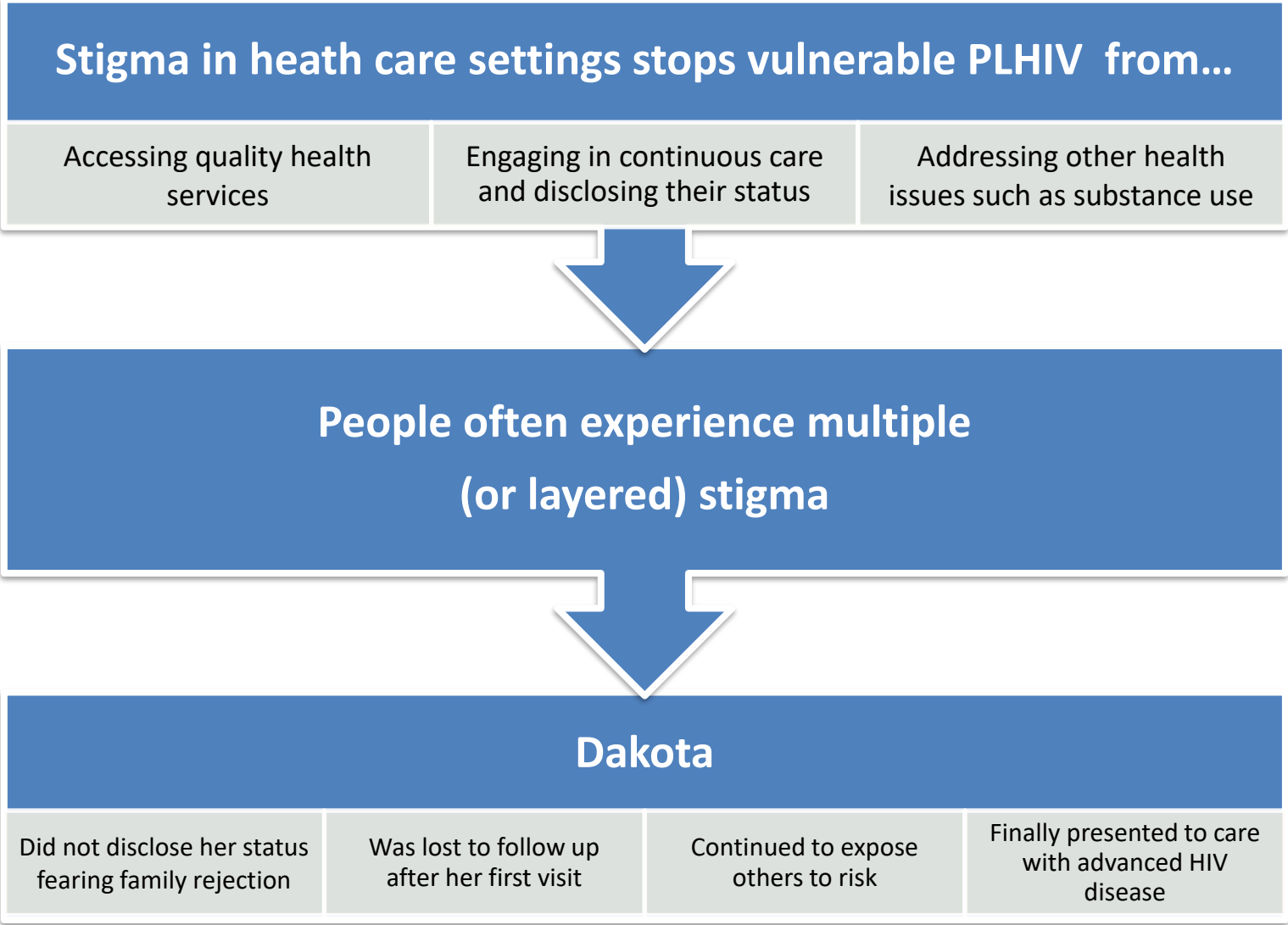
CASE STUDY



Disclosure

- Dakota is transgender woman aged 21, living with her cousin. She knows that her cousin does not approve of the lifestyle but puts up with her because she is family. For the past 5 years, she has been supporting herself with casual work in a local bar where she meets men and offers them sex for payment to supplement her meagre income from the bar. She likes to take amphetamines before sex and this takes up her quite a bit of her available money. She takes amphetamines most days. She has one regular client pays her double every week not to use a condom. One night, the bar was offering free HIV testing and she took a test which was positive. She went to a nearby clinic but the staff were very unfriendly to her. She was given antiretroviral therapy but no one examined her, asked her about her drug use or sex work and she was not counseled about disclosing her HIV status to her sexual partners or family. She never went back to the clinic and when her antiretrovirals ran out, she stopped. She continued to have unprotected sex with clients. A year later, she was admitted to the emergency room with dehydration, following a month of persistent diarrhea. She was diagnosed with cryptosporidiosis and AIDS.





**LEARNING
FROM
DAKOTA'S
CASE**

WHAT CAN WE LEARN FROM DAKOTA'S CASE?

- Dakota's physician should have:
 - Taken a thorough medical history
 - Including her drug use and its possible effect on her adherence
 - Advised Dakota about the importance of disclosing her HIV status to intimate partners & the need for a social support network
 - Developed a plan to ensure active follow up
 - after initiation of antiretroviral therapy
 - Referred Dakota to drug counselling services

AGENDA FOR ZERO STIGMA IN HEALTH SETTINGS

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





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 ANTI-STIGMA & ANTI-DISCRIMINATION PRINCIPLES

REFLECTION POINTS

- Let's reflect upon the content from Module 1:
 - What is the link between health and 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

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 - 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)
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