Key Populations Evidence in Action Webinar Series

Addressing HIV-Related Stigma and Discrimination in Health Services:The Evolving Landscape

December 10, 2024

Please introduce yourself in the chat

- Name
- Organization
- Country

Feel free to type your questions, including who they are for, in the Q&A box at any point during today's session. We will have dedicated time to answer your questions.

Agenda

- **Welcome and Introduction**
  - Tiffany Lillie, EpiC/FHI 360

- **Evolving Landscape of Stigma and Discrimination**
  - Cedric Nininahazwe, GNP+

- **WHO Technical Brief**
  - Erica Spielman, World Health Organization

- **Panel Discussion**
  - Bernard Ogwang, EpiC Tanzania, FHI 360
  - Niorn Ariyothai, Thailand Ministry of Public Health
  - Nadia Badran, Society of Inclusion and Development in Communities and Care for All, Lebanon
  - Emish Ondiek, HI-FIVE for HIV Project, Kenya

- **Q & A Discussion**

- **Reflection & Closing Remarks**
  - Alexandrina Iovita, The Global Fund

Presention plan

What the Global report on Stigma index tells us

Some Country highlights

Collective efforts as way forward

Stigma Index 2023 Global Report

- This report conducted across 25 countries between 2020 and 2023.
- It collects the experiences of over 30,000 individuals living with HIV
- The report is part of the community contributions toward advocacy effort in realizing the vision set forth in the Global AIDS Strategy of reducing stigma and discrimination to below 10% by 2025
- In today webinar we give key highlights on findings in relation to health care settings
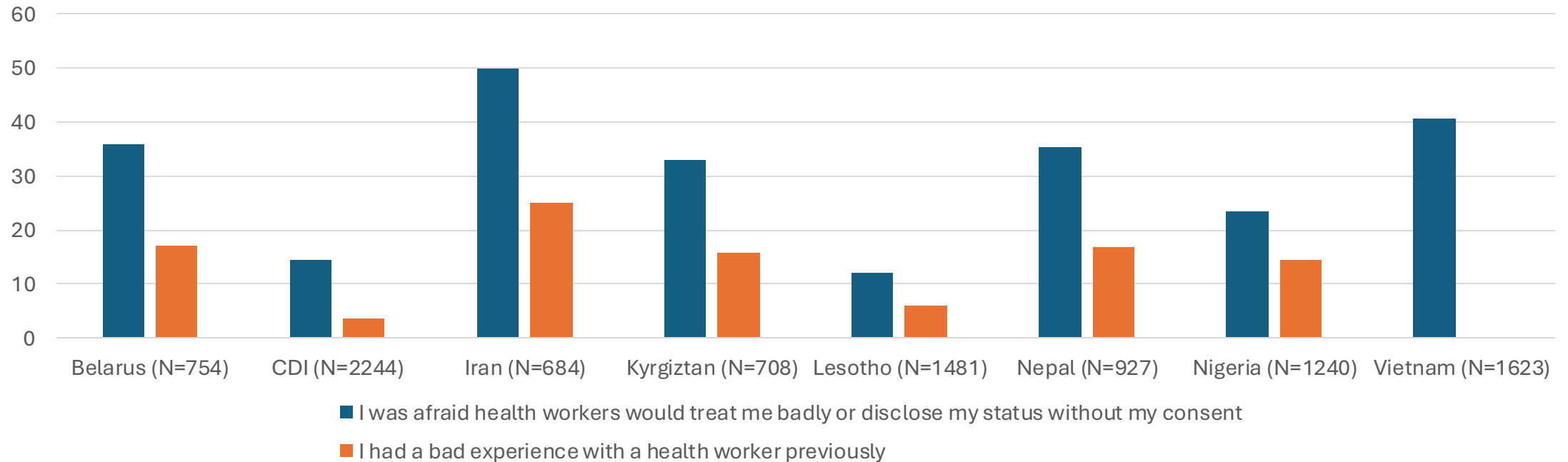- Full report vailable on www.Stigmaindex.org

Stigma index 2023 Global Report : Health care settings

- 13.0% of all respondents had one or more experiences of stigma and discrimination due to their HIV status from health facility staff working in the place they received their HIV care in the last 12 months.

- 34.2% of respondents who had one or more experiences of stigma and discrimination when seeking HIV care indicated that they ever interrupted or stopped their HIV treatment while this was 24.7% of those who did not report any of these experiences.

- When seeking care for non-HIV related health needs, 24.9% of respondents had one or more experiences due to their HIV status from health facility staff in the past 12 months, which is higher compared to experiences when seeking HIV care.

Findings from Country reports 2021-22 Health Care Setting

Did any of the following make you hesitate, delay, or prevent you from initiating care or treatment for HIV?

Legend:
- ■ I was afraid health workers would treat me badly or disclose my status without my consent
- ■ I had a bad experience with a health worker previously

Categories (x-axis): Belarus (N=754), CDI (N=2244), Iran (N=684), Kyrgiztan (N=708), Lesotho (N=1481), Nepal (N=927), Nigeria (N=1240), Vietnam (N=1623)

Collective efforts as way forward

- Stigma remains one of the biggest barriers preventing people living with HIV from accessing healthcare

- Using the Stigma Index increases our understanding of how stigma and discrimination is experienced by people living with HIV.

- Besides collection evidence on how people living with HIV experience stigma and discrimination, the goal of the Stigma Index is to then put this evidence into action by shaping future programmatic interventions and policies.

- Stigma index are used to inform country program (eg. Global fund) to design relevant interventions toward stigma and discrimnation

- As co-convener of Global Partnership for action to eliminate all related form of stigma and discrimination, we work with People living with HIV leaders to use these data and work with Govement to address stigma and discrimination

- We are far from reaching the 2025 Global AIDS targets, however, if we continue to work collectively, every action to elemirate stigma and discrimination take us close to the targets.

THANK YOU

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Ensuring quality health care by reducing HIV-related stigma and discrimination

Erica Spielman

Global HIV, Hepatitis and STI Programmes
WHO Headquarters

Ensuring quality health care
by reducing HIV-related stigma
and discrimination

Technical brief

World Health Organization

Stigma and discrimination remain major barriers to uptake of and access to HIV health services

➢ Limits access to services at every step
- Delayed HIV testing
- Poor uptake of HIV prevention services, e.g. PrEP
- Poor linkage to care and retainment in long-term care

➢ Leads to concealment of positive serostatus

➢ Increases the risk of HIV acquisition and progression, violence and marginalization

➢ Reduces the access to education, employment and justice
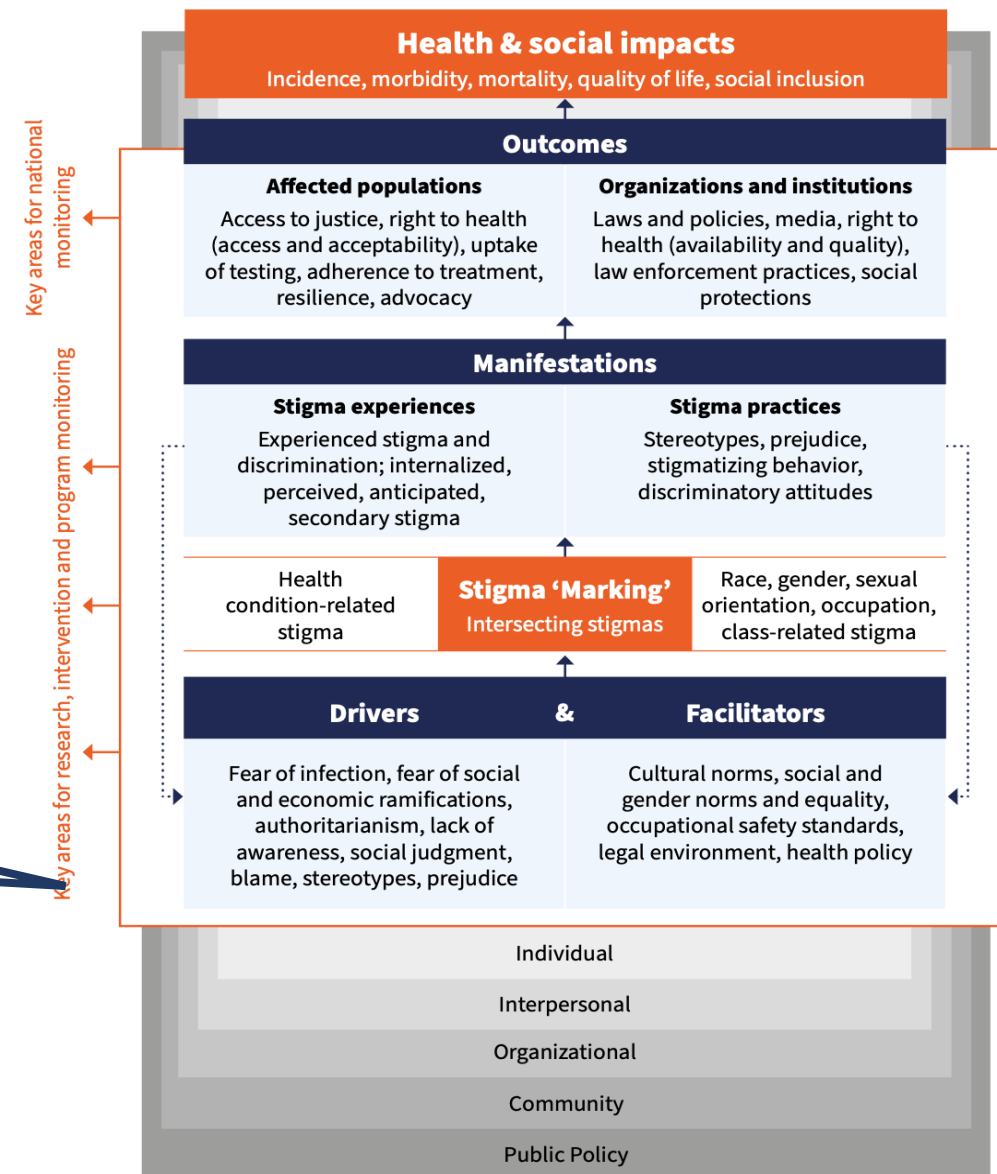

World Health Organization

Health Stigma and Discrimination Framework

The actionable drivers of HIV-related stigma:

1. Lack of awareness
2. Fear of infection
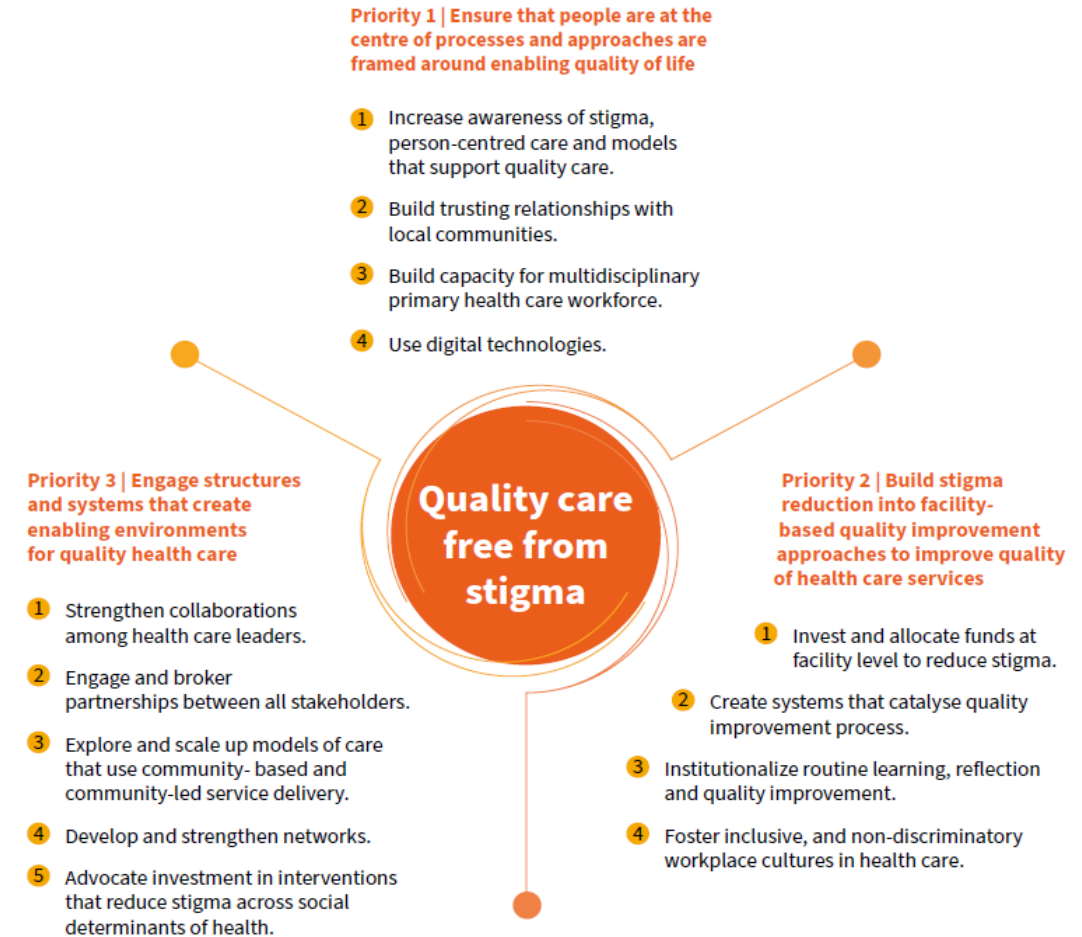3. Attitudes and stereotypes
4. Institutional environment

Key areas for national monitoring

Key areas for research, intervention and program monitoring

Health & social impacts
Incidence, morbidity, mortality, quality of life, social inclusion

Outcomes

Affected populations	Organizations and institutions
Access to justice, right to health (access and acceptability), uptake of testing, adherence to treatment, resilience, advocacy	Laws and policies, media, right to health (availability and quality), law enforcement practices, social protections

Manifestations

Stigma experiences	Stigma practices
Experienced stigma and discrimination; internalized, perceived, anticipated, secondary stigma	Stereotypes, prejudice, stigmatizing behavior, discriminatory attitudes

Health condition-related stigma	**Stigma 'Marking'** Intersecting stigmas	Race, gender, sexual orientation, occupation, class-related stigma

Drivers   &   Facilitators

Fear of infection, fear of social and economic ramifications, authoritarianism, lack of awareness, social judgment, blame, stereotypes, prejudice	Cultural norms, social and gender norms and equality, occupational safety standards, legal environment, health policy

Individual

Interpersonal

Organizational

Community

Public Policy

From Stangl et al. The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. BMC Med. 2019;17:31.

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Three priority areas for achieving quality, stigma-free health care

Priority 1 | Ensure that people are at the centre of processes and that approaches are framed around enabling a high quality of life

Priority 2 | Build stigma reduction into facility-based quality improvement approaches

Priority 3 | Ensure that approaches to reducing stigma engage structures and systems

Priority 1 | Ensure that people are at the centre of processes and approaches are framed around enabling quality of life

1. Increase awareness of stigma, person-centred care and models that support quality care.
2. Build trusting relationships with local communities.
3. Build capacity for multidisciplinary primary health care workforce.
4. Use digital technologies.

Priority 3 | Engage structures and systems that create enabling environments for quality health care

1. Strengthen collaborations among health care leaders.
2. Engage and broker partnerships between all stakeholders.
3. Explore and scale up models of care that use community- based and community-led service delivery.
4. Develop and strengthen networks.
5. Advocate investment in interventions that reduce stigma across social determinants of health.

Quality care free from stigma

Priority 2 | Build stigma reduction into facility-based quality improvement approaches to improve quality of health care services

1. Invest and allocate funds at facility level to reduce stigma.
2. Create systems that catalyse quality improvement process.
3. Institutionalize routine learning, reflection and quality improvement.
4. Foster inclusive, and non-discriminatory workplace cultures in health care.

World Health Organization

Good practice examples in addressing HIV-related stigma and discrimination in health care settings

❖ **Integrating opioid agonist maintenance therapy (OAMT) into primary care settings and enabling intergroup contact reduces stigma towards people who inject drugs in Ukraine**

❖ **Reducing intersectional stigma towards key populations in health care facilities: The PRISM Ghana-adapted Total Facility Approach for stigma reduction in health facilities**

❖ **Enhancing human-rights affirming and non-discriminatory polices between professional medical associations: Implementing codes of conduct on stigma-free services for key populations and people living with HIV (Lebanon)**

❖ **Scale up and nationalize policy commitment to integrating stigma and discrimination reduction efforts throughout the HIV response (Thailand)**

❖ **Supporting stigma-free services for health care workers living with HIV (Zambia)**

❖ **Health workers helping communities disseminate information about viral suppression and U=U to reduce stigma and discrimination towards people living with HIV (Cambodia)**

❖ **Planning with communities: Designing non-discriminatory, rights-based, youth-friendly PrEP services for adolescents (Brazil)**

World Health Organization

Interventions to improve quality care and reduce stigma towards in health care settings

Invest and allocate funds at the facility level specifically to reduce stigma through quality improvement.

Capacity building of multi-disciplinary health workforce including, encouraging **"upstanders"**

(calling out stigma and discrimination)

Build trusting relationships and formal engagements with local communities of adolescent and adolescents living with HIV.

Facilitate access to services peer navigators, friendly hours, addressing financial barriers, reminder systems

Explore developing and scaling up community- based and community-led service delivery.

Develop and strengthen services networks, including trusted referral pathways to social, legal or other services.

Center counseling messaging positively instead of focusing on risk compensation
-Integrated strengths-based and empowering interventions into counseling

Foster inclusive, respectful, safe, friendly and non-discriminatory into BOTH workplace cultures and in health care facilities

Addressing intersectional stigma

Ensure safe and responsive feedback mechanisms

World Health Organization

Other Key Resources

Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations

Supporting re-engagement in HIV treatment services

POLICY BRIEF

GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV – RELATED STIGMA AND DISCRIMINATION

LINK HERE

World Health Organization

Conclusion: Ensuring quality of care to reduce HIV-stigma

There is still a lot to be done!

Health facilities and **communities** are central to **driving change** and there are **interventions** available to tackle stigma and discrimination.

One Action is not enough - **sustained change** requires a combination of strategies at different levels not just a single approach.

Looking at the WHOLE picture

Approaches that recognize multiple sources of stigma can enhance health and quality of life, particularly for the most vulnerable.

Scan for technical brief

World Health Organization

Acknowledgements

World Health Organization

Thank You

Antons Mozalevskis
WHO colleagues
FHI 360 EpIC

World Health Organization

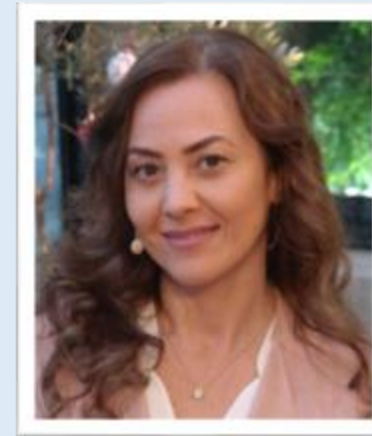# Panel Discussion

Moderator

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Q & A
Discussion

Reflection
&
Closing Remarks

Thank you!

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