





HIV STIGMA AND TESTING: CAN GLOBAL INITIATIVES HELP PUSH THE AGENDA?

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THE REALITY OF HIV STIGMA TODAY





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'Does the exclusion of people with HIV performing exposure-prone procedures apply to rapid HIV tests – I assume it does since lancets are used but I want to be sure'

Emailed enquiry to NAT December 2018



SOME DEFINITIONS - STIGMA

'HIV-related *stigma* refers to the *negative beliefs*, *feelings and attitudes* towards people living with HIV, groups associated with people living with HIV ... and other key populations at higher risk of infection such as people who use drugs, sex workers, men who have sex with men and transgender people.' UNAIDS 2014



SOME DEFINITIONS - DISCRIMINATION

'HIV-related discrimination refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of other key populations ..' UNAIDS 2014

INTERNATIONAL TARGETS



- Sustainable Development Goal 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne disease and other communicable diseases'
- UNGASS 2016 Political Declaration 2020 target '... as well as to
 eliminate HIV-related stigma and discrimination' [and see paras.63]
- UNAIDS 2016-2021 Strategy: 'HIV-related stigma and discrimination eliminated among service providers in health-care, workplace and educational settings'
- WHO Europe 'Zero HIV-related discriminatory policies and legislation' by 2020



Stigma Index data - Poland 2011

'In 2010 this woman tried on four occasions to arrange a visit with a gynaecologist. Every time the doctor informed her that he does not have appropriate equipment (disposable plastic microscope) and due to that he refused to perform any examination of the patient.'

Case study from Poland Stigma Index 2011



People living with HIV Stigma Index data - Poland 2011

- 20% denied healthcare in last 12 m because of HIV status
- 23% avoided going to a local clinic when they needed to
- 30% said a healthcare worker had revealed their HIV status without consent
- 30% said that their HIV test was not voluntary
- 20% had waited over a year to test for HIV once they felt they needed to test – because of fear of stigma

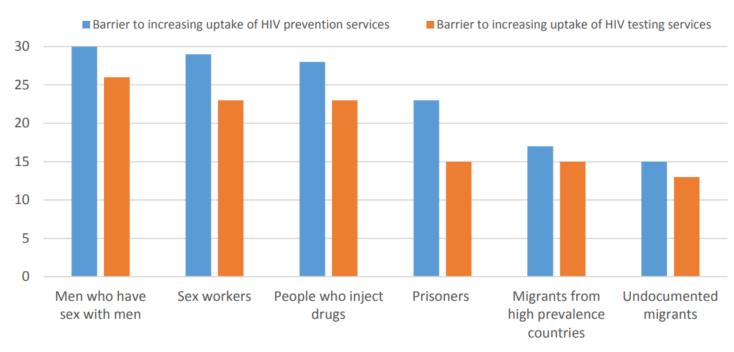


Positive Voices - England and Wales 2018

- 14% experienced discrimination in healthcare and 11% had treatment denied or delayed
- 18% avoided healthcare when they needed it
- 35% worry about being treated differently in a healthcare setting



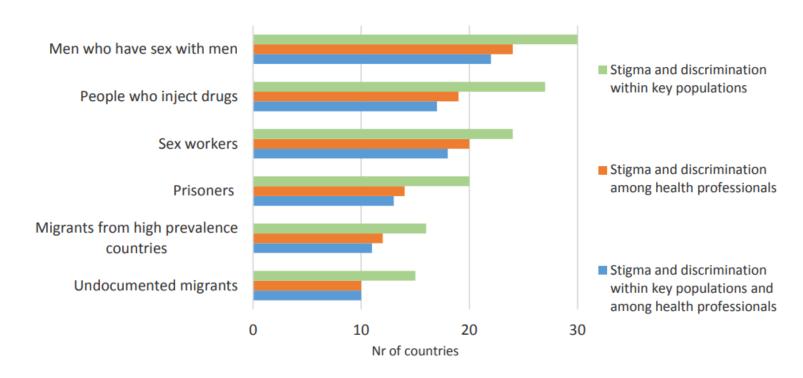
Figure 2. Number of countries reporting that stigma and discrimination among health workers represent a barrier to the uptake of HIV prevention and testing services



Source: ECDC. Evidence brief: Impact of stigma and discrimination on access to HIV services in Europe. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia. Stockholm: ECDC; 2017



Figure 3. Number of countries reporting that stigma and discrimination contribute to late diagnosis of HIV, 2016

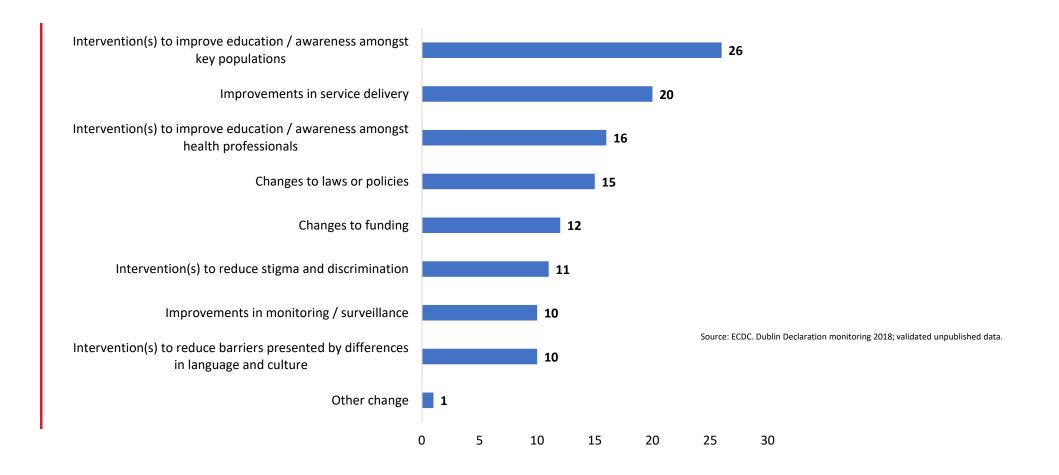


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ACTIONS TO ADDRESS BARRIERS TO

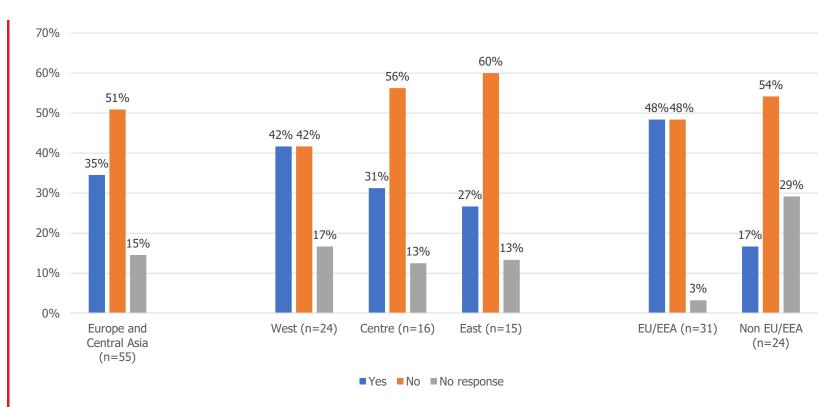






DATA AVAILABILITY ON STIGMA TOWARDS PEOPLE LIVING WITH HIV





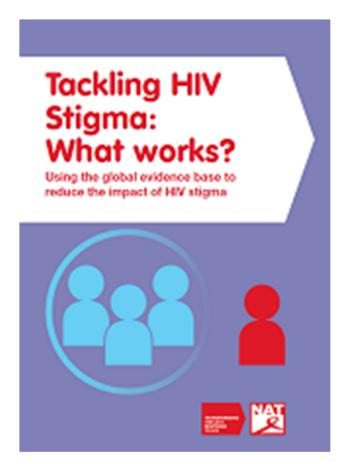
Source: ECDC. Dublin Declaration monitoring 2018; validated unpublished data. Latest available data reported, ranging from 2008-2017.

TACKLING HIV STIGMA – WHAT WORKS?



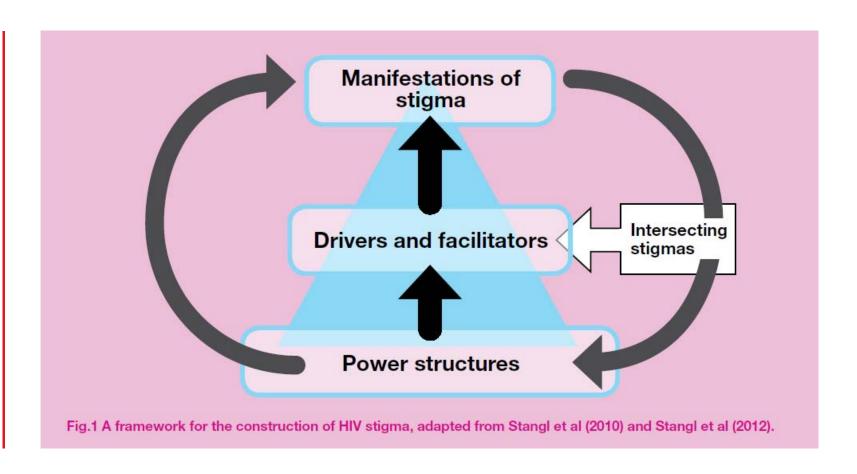
NAT 2016 'Tackling HIV Stigma: What works?'

www.nat.org.uk/sites/default/file s/publications/Jun 16 Tackling H IV Stigma.pdf



TACKLING HIV STIGMA – WHAT WORKS?





TACKLING HIV STIGMA – WHAT WORKS?



- 1. Providing information on HIV, HIV stigma and key affected populations
- 2. Skills-building and participatory learning approaches
- Counselling and support for people living with and affected by HIV
- 4. Contact with affected groups
- 5. Structural change e.g. change in public policy

TACKLING HIV STIGMA – WHAT WORKS? – in organisations



What works?

- Develop and deliver group-based workshops/programmes where information is combined with skills-building activities
- Involve people living with HIV in the delivery of these programmes, e.g. train people living with HIV as facilitators
- Involve staff across the organisation in the programme design and implementation, not only senior staff

- Identify individuals who hold influence to provide leadership and championing of the anti-stigma message
- Develop strong organisational policies that promote safe working and zero-tolerance to discrimination
- Talk about HIV not only in the context of prevention but in the context of the wellbeing of individuals living with HIV.

ANTI-STIGMA INITIATIVES — THE FAST-TRACK CITIES INITIATIVE



- Fast-Track Cities initiative www.fast-trackcities.org
- Global partnership between City of Paris, IAPAC, UNAIDS and UN-Habitat
- 36 European cities have signed up so far (and counting ..)
- One of four key aims 'Reduce to zero the negative impact of stigma and discrimination'
- Can we harness this energy to share effective anti-stigma interventions across cities/countries in Europe?
- Is there possible synergy with HIV in Europe?

ANTI-STIGMA INITIATIVES – THE FAST-TRACK CITIES INITIATIVE: KYIV



- Anti-stigma pilot (RESPECT) in six of the city's 20 healthcare facilities – 720 healthcare workers received anti-stigma training
- Confidentiality breaches down to 25% of HCW compared with 47% pre-programme
- Knowledge levels re HIV transmission increased by 15 percentage points
- Fear of getting HIV (stigma indicator) fell by a factor of 2.5
- 85% of newly diagnosed linked to care from these facilities compared with 35% city average
- See 'Cities Ending the AIDS Epidemic' UNAIDS 2016 p.32



ANTI-STIGMA INITIATIVES

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

POSSIBLE ACTIONS



- Address stigma in testing policy involuntary testing, testing inaction although clinically appropriate, poor confidentiality safeguards
- Ensure effective and accessible processes of complaint/challenge
- Address training needs amongst healthcare workers from infection control to U=U
- Gather data on stigma in healthcare, monitor change, share and cascade effective interventions



CONCLUSIONS

- HIV stigma is the main barrier to ethical, effective voluntary HIV testing across Europe
- HIV stigma in healthcare settings is especially prevalent and must be a priority for action
- There are regional initiatives including the People Living with HIV
 Stigma Index, the Fast-Track City Initiative and HIV in Europe which can work together to meet the UN target
- Gathering consistent Europe-wide data on stigma in healthcare and sharing examples of effective interventions must be prioritised



THANK YOU

For more information:

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