policy

CapacityDevelopment

RESOURCE GUIDE

STIGMA & DISCRIMINATION

July 2014

The Capacity Development Resource Guides highlight the key technical areas of expertise needed to effectively influence health policy design, implementation, and monitoring and evaluation. Each guide identifies the specific skills, knowledge, and capacities that individuals and organizations should possess in the area. The standardized indicators listed for each competency and capability map to the accompanying Capacity Indicators Catalog, which helps to generate a tailored tool for assessing and scoring an organization's capacity level. Each guide also includes a list of useful resources for designing and delivering capacity development assistance.

This resource guide, along with the Poverty and Gender guides, highlight the importance of addressing inequities both in the access to and use of health services.

Reducing Stigma and Discrimination to Increase Demand for, Access to, and Use of Services

DEFINITION

Stigma is a powerful social process of devaluing people or groups based on a real or perceived difference—such as gender, age, sexual orientation, class, race, ethnicity, or behavior. Stigma is used by dominant groups to create, legitimize, and perpetuate social inequalities and exclusion (Ogden and Nyblade, 2005). Stigma often leads to discrimination, which is the unfair and unjust treatment of an individual based on that socially identified status.

Stigma and discrimination (S&D) are central issues in the fight against HIV because key populations—such as people living with HIV (PLHIV), men who have sex with men (MSM), sex workers (SWs), and people who inject drugs (PWID)—often face social judgment and isolation, violence, loss of employment, and limited access to services as a result of their HIV status, behavior, or perceived differences. Furthermore, stigma or the fear of stigma can discourage people from seeking HIV prevention information, testing, and treatment, thereby contributing to new infections and ultimately poor health outcomes. Stigma and discrimination also play a role in addressing other sexual and reproductive health issues. For instance, S&D can limit adolescents' access to contraception services, particularly unmarried youth, and may deter or delay clients from seeking care related to infertility, fistula, or spontaneous/induced abortion.

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RELEVANCE TO POLICY

Stigma and discrimination can be highly structural, institutional, and cultural. Policies can overtly or implicitly enable discrimination, resulting in decreased access to and use of health services, and often, a violation of human rights. The effects of S&D ultimately infringe on public health goals and are counter-productive to global commitments and targets (e.g., an AIDS-free generation, an increase in contraceptive use). As such, policy development needs to incorporate S&D analysis to ensure supportive anti-discrimination policies, which have the potential to reverse S&D and foster a more welcoming environment for marginalized individuals to seek and receive healthcare.

KEY CAPABILITIES

Key competencies and capabilities required in addressing stigma and discrimination include the ability to engage stigmatized groups in the policy process; understand the causes and consequences of S&D; coordinate multisectoral and multi-faceted approaches to policy development and implementation; respond to S&D through, and put in place and implement, codes of practice, redress systems, and positive reinforcement for non-stigmatizing behavior; and measure change in S&D attitudes and behaviors.

PERFORMANCE IDEAL

High capacity for addressing stigma and discrimination includes being able to

- Facilitate the meaningful participation of stigmatized populations in the policy process
- Take a leadership role in promoting approaches to reduce S&D
- Act as champions for the rights and priorities of stigmatized populations

Efforts "start at home," with organizations actively taking measures to prevent and address S&D within their own structures (e.g., through establishing organizational policies of non-discrimination and redress systems, ensuring staff have the appropriate knowledge and skills to deliver non-stigmatizing programs and services, actively hiring staff who are members of stigmatized groups, and fostering a working environment in which S&D are not tolerated).

Within government, capacity to address stigma and discrimination is reflected through a high-level commitment and leadership to prevent and address S&D (e.g., within the national HIV and AIDS response). From a policy perspective, S&D reduction is a priority in planning, funding, and programming efforts.

Additionally, key government agencies have the capacity to persuade other departments, sectors, and external partners to (1) develop and implement policies and programs that will reduce and prevent stigma and address discriminatory practices; (2) coordinate efforts and harmonize policies across sectors for maximum effectiveness (e.g., justice, armed services, education); (3) allocate adequate resources for S&D goals; and (4) hold all stakeholders accountable for outcomes.

In the ideal, the following would exist:

- Mechanisms, structures, and human resources for preventing and addressing S&D in all aspects of policy and laws
- Opportunities and mechanisms for meaningful participation of stigmatized populations, including key populations and PLHIV, throughout the policy process
- Mechanisms for systematic monitoring of S&D and dissemination and use of that data for advocacy and accountability
- Redress systems for those affected by discrimination
- Dynamic and effective interaction among stakeholders to address stigma reduction goals and for accountability
- S&D-free health facilities, including routine training and support for all staff on the provision of S&D-free services and protection of patient rights related to informed consent and non-disclosure

ILLUSTRATIVE CAPACITY-STRENGTHENING ACTIVITIES

- Partner with organizations representing and staffed by marginalized populations to jointly develop proposals and implement awards
- Conduct internal and external training on stigma to foster awareness
- Develop strategies to create safe spaces for “stigmatizers” and the “stigmatized” to interact and begin breaking down myths, misconceptions, stereotypes, and fears
- Provide opportunities for stigmatized populations to fulfill familial and societal expectations (e.g., through micro-finance, employment)
- Build analytical and advocacy capacity to promote and safeguard human rights, such as capacity to access legal redress
- Implement empowerment strategies and build social capital
- Conduct assessments to understand stigma and its manifestations
- Support network development and coalition building

INDIVIDUAL COMPETENCIES

KNOWLEDGE OF

What stigma is, how to recognize it, and its underlying causes (why individuals or groups are stigmatized)	SD1
How stigma affects health policy goals and outcomes, health status and behaviors, and access to health services	SD2
The links between S&D, key populations, gender (including gender-based violence), poverty, and other socio-cultural determinants of health	SD3
Evidence-based strategies and rights-based approaches to preventing and addressing S&D in health policies and programs	SD7
The current legal and policy environment and governance structures that affect S&D, including redress mechanisms and available legal services	SD5, SD6
International frameworks and policy commitments governing human rights, including sexual and reproductive rights and HIV	SD4

SKILLS TO BE ABLE TO

Communicate effectively with and influence various policymakers, civil society, donors, and other community leaders and stakeholders and provide convincing rationale for the importance of addressing S&D as an integral part of a response to inequities in health and in the response to HIV and AIDS	SD11
Identify barriers to policy and program implementation related to S&D and identify appropriate entry points to address and prevent S&D	SD8
Conduct text analysis of policy documents for health and other sectors through the lens of S&D	SD8
Lead participatory processes and trainings	SD10

ATTITUDES/VALUES/ATTRIBUTES

Values participatory approaches to policy development and implementation	SD9
Is committed to non-discrimination, equity, and human rights	SD12
Exhibits leadership qualities, particularly to mobilize and inspire others to act to promote non-stigmatizing and non-discriminatory policies and programs	SD14
Exhibits comfort and respect when interacting with stigmatized groups, including PLHIV, PWID, MSM, SWs, sexual minorities, migrants, and other key populations	SD13

ORGANIZATIONAL CAPABILITIES

TECHNICAL ABILITY TO

Establish or link to mechanisms to monitor instances of S&D at different levels (e.g., community, health services, institutional settings, workplace)	SD18
Conduct analysis to identify how policy may impact various stigmatized populations and how S&D may be influencing policy development and implementation	SD24, SD25
Conduct participatory consultation processes with stigmatized populations (e.g., PLHIV, MSM, SWs, PWID) and other marginalized groups (adolescents, ethnic minorities, migrants) to promote their meaningful participation in policymaking and planning processes	SD20
Promote and monitor policy commitments to health equity, stigma reduction, and non-discrimination	SD21, SD22, SD23
Design policies, plans, and programs that explicitly aim to address S&D	SD26, SD28
Monitor and evaluate S&D reduction activities	SD40
Cost S&D reduction strategies and policies	SD17
Build the capacity of others to recognize, understand, and address S&D	SD37, SD38
Build the capacity of individuals and organizations representing stigmatized groups (e.g., PLHIV, MSM, SWs, PWID) and other marginalized groups (adolescents, ethnic minorities, migrants) to lead efforts to reduce S&D	SD39

RELATIONAL ABILITY TO

Foster and maintain strong networks among civil society organizations, policymakers, or other stakeholders in support of S&D reduction goals	SD35, SD36
Educate donors, government ministries, service providers, and others on what S&D is, how policy influences it (positively or negatively), and how it influences policy	SD15, SD27
Value and promote the participation of stigmatized populations in all aspects of programming and policymaking	SD9, SD20

ORGANIZATIONAL OPERATIONS AND MANAGEMENT TO SUPPORT

A working environment in which stigmatizing and discriminatory behaviors are not tolerated (e.g., workplace policies) and corrective action is taken if they occur	SD30
A workplace anti-discrimination policy (staff sign anti-discrimination clause)	SD29
The routine training of staff on S&D and their access to evidence-based information on sexual and reproductive health issues	SD33

ORGANIZATIONAL OPERATIONS AND MANAGEMENT TO SUPPORT (CONTINUED)

Opportunities for interaction and collaboration with stigmatized populations	SD36
Procedures to promote equity in staff recruitment, professional development, and advancement; active recruitment of staff from stigmatized groups	SD31, SD32
Effective systems to collect, analyze, and synthesize data, including disaggregation by sex and other characteristics	SD19
Adequate resources (e.g., time, staff, money) allocated to support S&D activities	SD16

RESOURCES

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