

GETTING TO “STIGMA-FREE” HIV SERVICES IN ST. KITTS AND NEVIS

TESTING AND ROLLING-OUT AN INTERVENTION
PACKAGE FOR HEALTH FACILITIES

Brief

Overview

In the Caribbean and globally, HIV-related stigma and discrimination in healthcare facilities undermine health and well-being. Negative attitudes and discriminatory behaviour from providers can deter people from accessing services, sharing information with staff, and adhering to treatment. Responding to these challenges, St. Kitts and Nevis is implementing an intervention package to achieve “stigma-free” HIV services. The National AIDS Programme is leading this effort with technical support from the University of the West Indies¹ (UWI) and the USAID-funded Health Policy Project (HPP). The package is part of a regional initiative led by the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and facilitated by HPP and UWI to apply a jointly agreed framework for effective stigma reduction in health facilities.

Results from a survey to inform the intervention in St. Kitts and Nevis are summarized below. These data were reviewed in a participatory workshop with health sector stakeholders.

Health Facility Intervention Strategy for “Stigma-Free” HIV Services

- A comprehensive survey of all health facility staff
- Training for health staff and NGO leaders on stigma reduction in health facilities
- Development of policies and facility Codes of Conduct to reduce HIV stigma
- Routine monitoring of stigma and discrimination
- Where possible, tracking progress on treatment adherence and uptake of testing, treatment, and prevention

Health facility environment

Survey data from staff suggest stigmatising practices in facilities are a challenge (see Table 1). A number of respondents reported having seen other facility staff not provide care or provide substandard care to patients living with HIV and breach confidentiality and informed consent. Even so, many commonly observed behaviours were positive: staff members providing extra support or care to patients living with HIV.

Health facility policies

A number of medical staff (48 %) reported anti-discrimination policies to protect patients living with HIV in their facilities even though no specific facility-level policies were in place. Although post-exposure prophylaxis was available in all facilities, 49 percent of medical staff reported they either had no access or didn't know if their facility had it. Overall, however, more than eight in ten medical staff reported their facility had standardised procedures and protocols in place and adequate supplies for reducing their risk of acquiring HIV.

Table 1: Observed behaviours in health facilities, 2013

Within the past 12 months, staff who report having observed other facility staff:	% Medical staff observed other staff (n=199)	% All facility staff observed other staff (n=307)
Unwilling to care for a patient living with HIV	23	20
Providing poorer quality of care to a patient living with HIV than to other patients	25	21
Disclosing a patient's HIV status without the patient's permission	16	14
Facility staff providing extra support or care for patients living with or thought to be living with HIV	45	36

Note: Figures have been rounded. Results are based on representative samples of private providers and staff working in different types of public facilities. All health facility staff includes: medical personnel, support and administrative staff, cleaning and auxiliary staff, and pharmacists and technicians.

Infection concerns

Fear of acquiring HIV among facility staff can lead to stigmatising actions and inadvertent disclosure of a patient's serostatus. Survey findings reveal fear of infection increased with the invasiveness of the procedure. For example, nearly four in ten medical staff members (37 %) worried about giving an injection to a patient living with HIV, while five percent expressed concern about touching the clothing of a patient living with HIV.

Attitudes: Shame, blame, and judgement

Negative attitudes about people living with HIV help drive stigma and discrimination. The survey produced mixed results on attitudes (see Table 2). Negative perceptions of people living with HIV were evident, with respondents associating HIV with irresponsible behaviour. Few respondents, however, reported HIV as punishment for bad behaviour. Additionally, relatively few reported a preference not to provide services to men who have sex with men or to sex workers. In reviewing these data, however, some stakeholders thought the questions may have been misunderstood. Future versions of the survey will use amended versions of these questions.

Table 2: Attitudes among healthcare facility staff, 2013

	Medical staff % agree (n=199)	All facility staff % agree (n=307)
HIV is punishment for bad behaviour	2	4
People get infected with HIV because they engage in irresponsible behaviours	34	31
Most people living with HIV do not care if they infect other people	33	34
It can be appropriate to sterilise a woman living with HIV, even if this is not her choice	13*	13*
I would prefer not to provide services to men who have sex with men	10	11**
I would prefer not to provide services to sex workers	9	11**

Note: Figures have been rounded. *Medical staff n=102; All staff n=119. Non-response rate=9%. **n=295.

Next steps: Stigma Reduction Intervention Package for Healthcare Facilities

After reviewing the survey findings, health stakeholders in St. Kitts and Nevis recommended training and education tailored to the findings and the development of new policies, a patient bill of rights, and facility-level codes of conduct. The facility intervention package will be rolled out next in Antigua and Barbuda, Barbados, and the Dominican Republic. For more information, contact Ayana Hypolite at Futures Group (ahypolite@futuresgroup.com) or Roger McLean at UWI (Roger.McLean@sta.uwi.edu) or visit www.healthpolicyproject.com/index.cfm?id=country-CaribbeanRegion.

USAID/HPP support for this work is part of an overall strategy to advance stigma and discrimination reduction activities globally. The strategy includes: 1) measuring stigma and discrimination in healthcare facilities; 2) training health personnel on stigma and discrimination and having them develop facility policies for reduction of stigma and discrimination; and 3) working with key populations to enhance stigma reduction and stigma monitoring skills. Financial support for this work is provided by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and USAID.

Note

¹ This is facilitated through the university’s HIV/AIDS Response Programme, UWIHARP.

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