



Tackling Stigma and Discrimination in Health Facilities in St. Kitts and Nevis: Lessons Learned for Moving Toward Stigma-free HIV Services

PRESENTED BY

Gardenia Destang-Richardson¹
 Ayana Hypolite²
 Roger McLean³
 Molly Fitzgerald⁴
 Laura Nyblade⁵

¹National AIDS Program, St. Kitts & Nevis
²Health Policy Project, Futures Group, Barbados
³University of the West Indies HIV/AIDS Response Programme (UWIHARP) St. Augustine Campus, Trinidad & Tobago
⁴Health Policy Project, Futures Group, USA
⁵Health Policy Project, RTI International, USA

20th International AIDS Conference

July 20–25, 2014
 Melbourne, Australia

CONTACT US

Health Policy Project
 One Thomas Circle, NW Suite 200
 Washington, DC 20005
 www.healthpolicyproject.com
 email: policyinfo@futuresgroup.com
 Tel: +1.202.775.9680
 Fax: +1.202.775.9684

BACKGROUND

Stigma and discrimination (S&D) undermine prevention, care, and treatment of HIV and negatively impact health in the Caribbean. The Pan Caribbean Partnership against HIV & AIDS (PANCAP) developed a regional framework to help guide a response to HIV-related stigma and discrimination in the region. The National Advisory Council for HIV/AIDS of St. Kitts & Nevis (NACHA), with support from the USAID- and PEPFAR-funded Health Policy Project (HPP), began implementing this framework in 2012 through a comprehensive, island-wide, health facility-based stigma-reduction program.

PROGRAM DESCRIPTION

The program seeks to create an enabling environment for improved health outcomes by reducing HIV- and key population-related S&D in health facilities.

Key elements of the program include

1. Measuring stigma
2. Developing evidence-based policy through participatory data analysis
3. Strengthening capacity in S&D reduction, including health facility staff training

1. Measuring Stigma

Implementing the S&D survey

- NACHA, HPP, and University of the West Indies conducted an initial representative survey (n=307) in November 2012. The respondents were sampled to reflect all levels of health facilities and staff (medical and non-medical). Data on drivers, forms, and levels of S&D were collected to provide evidence of the need to address S&D, and how to tailor S&D reduction programs.

2. Developing Policy and Interventions Through Participatory Data Analysis

Conducting participatory data analysis

- A critical step for motivating action and shaping S&D-reduction policy and interventions was a participatory data analysis workshop for key stakeholders, including clinicians and health service administrators. The survey findings were presented, data discussed, implications considered, and recommendations for programmatic responses to the results developed. Recommendations included:

1. Providing S&D reduction training for all levels of staff
2. Developing facility codes of practice
3. Strengthening national policies and procedures to ensure confidentiality

Developing recommendations: facility-level codes of conduct

- Based on these recommendations, NACHA, working together with health facility staff representing a range of departments from all levels of health facilities through a day-long workshop, developed facility-level codes of conduct. The codes include agreed on and expected norms and behaviors related to patient confidentiality, rights and respect, and quality of care. The Code of Conduct posters will be publicly displayed in all departments within all facilities throughout the country.

3. Strengthening Capacity for S&D Reduction

Training facilitators

To strengthen national capacity to implement S&D-reduction programs, HPP conducted a two-week HIV and key population S&D-reduction training. Twenty-four facilitators from the Ministry of Health and civil society partners were trained using the HPP tool, *Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator's Guide*. The training topics included

- Challenging attitudes and fears about HIV transmission
- Challenging personal attitudes and stereotypes about key populations, gender, and HIV
- Promoting empathy and deeper understanding of stigma through self-reflection on personal experiences

Trained facilitators have gone on to lead trainings and community dialogues for health facility staff and among civil society.

Training all levels of health facility staff

Following the workshop recommendations, the National HIV Program rolled out a training program for all levels of staff over a one-year period. Newly trained facilitators delivered one-day trainings to 595 staff (89% of the total health facility staff in the country). Trainings covered S&D-reduction modules relevant to healthcare, HIV, and key populations.



"Before the workshop I had very little understanding about MSM (men who have sex with men). This workshop has opened my eyes to persecution faced by MSM and how we need to give them more support."

— Workshop participant, Training of Facilitators for HCW in S&D reduction

Figure 1: Attitudes and Fears of Healthcare Workers About HIV

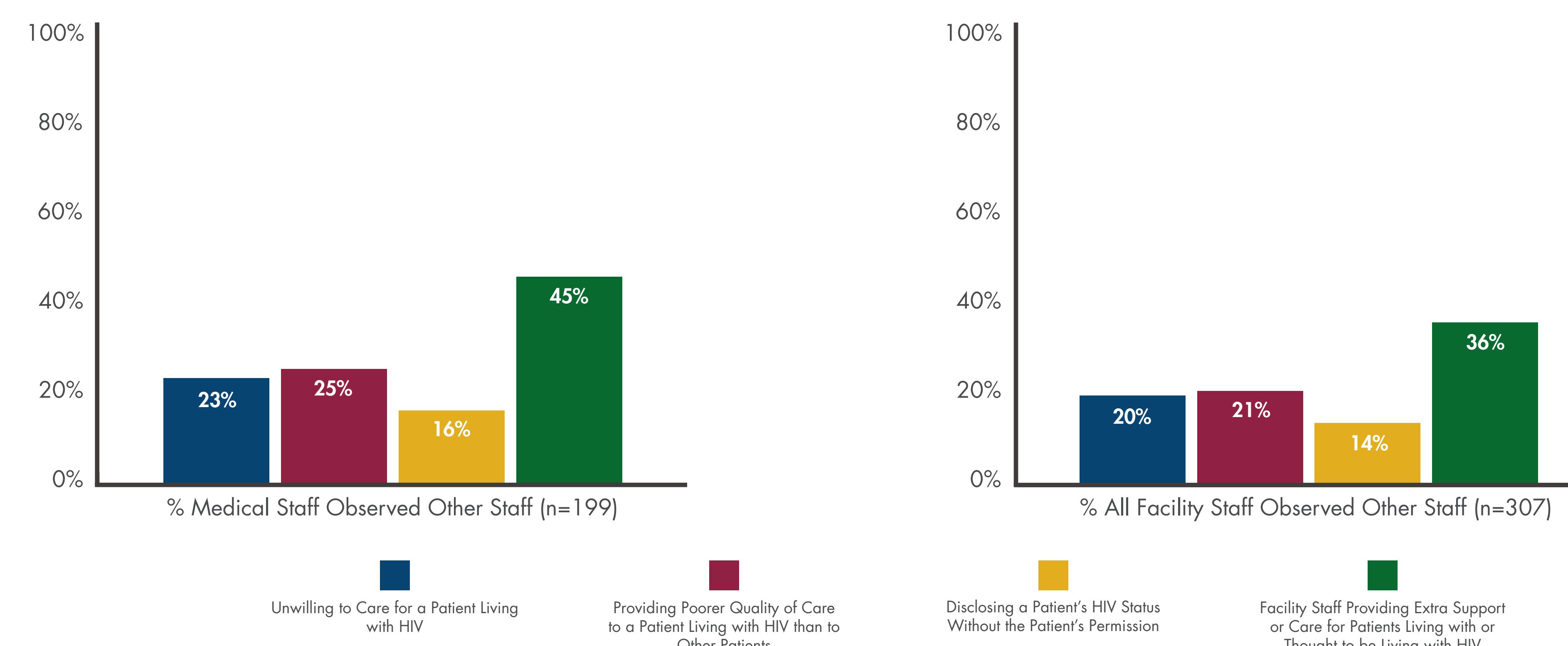
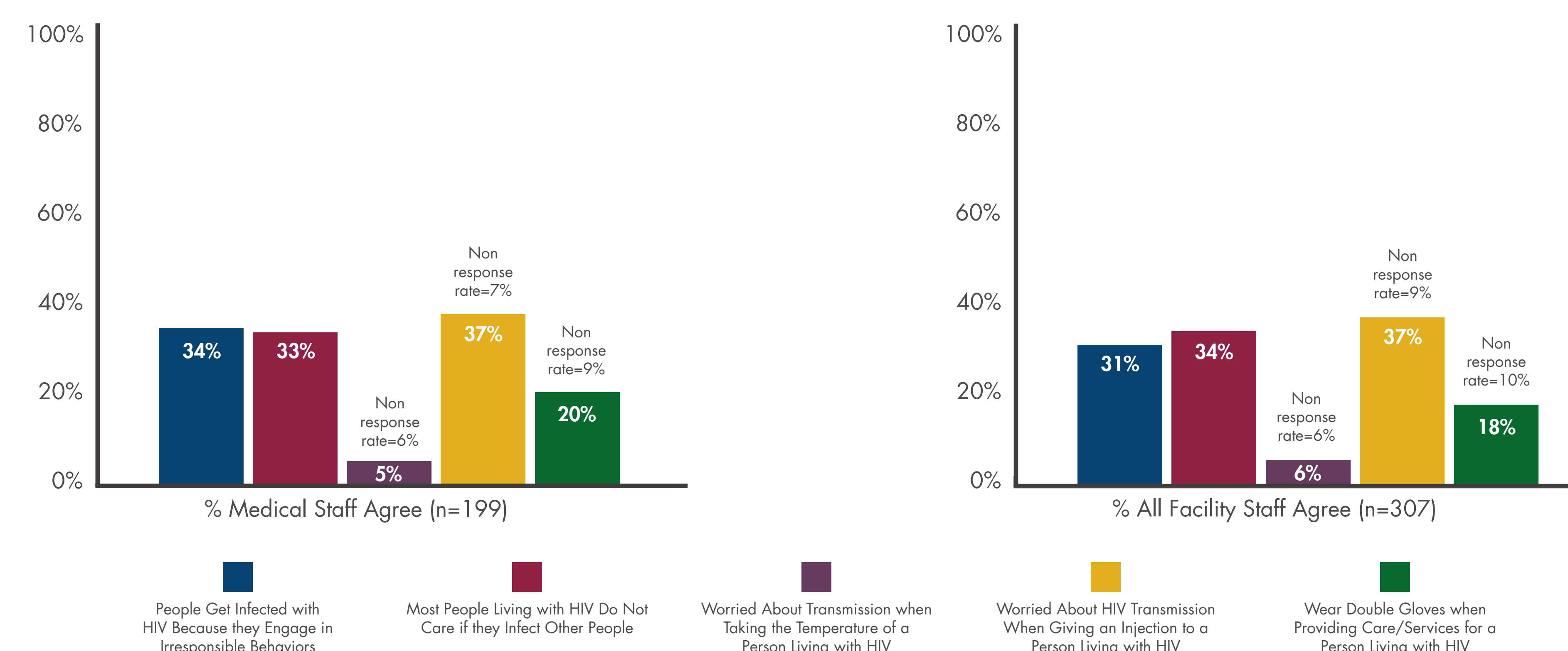


Figure 2: Observed Behavior of Other Staff Within the Past 12 Months



LESSONS LEARNED

- S&D are present in health facilities. Key drivers of stigma that must be addressed include:
 - Worry about HIV transmission that drives stigmatizing behaviors, such as selective and unnecessary use of protective measures (e.g., double gloves)
 - Judgmental attitudes
 - Environmental factors at the facility level, such as lack of nondiscrimination policies and consequences for discrimination
- Participatory data analysis informs formulation of recommendations to reduce S&D, creates ownership, and is a strong catalyst for guiding a tailored response to stigma in health facilities.
- A strong cadre of S&D reduction trainers allows for rapid program outreach to all levels of facility staff—including hard-to-reach doctors and administrators—and is critical to changing the facility environment and community.
- Bottom-up, staff-driven development of codes of conduct create ownership among staff for behavior change.

CONCLUSIONS

Working toward stigma-free services, even in resource-constrained settings, is feasible. A comprehensive and effective approach for promoting stigma-free services should include

1. Measuring S&D
2. Participatory analysis to motivate action and shape program and policy development
3. A cadre of strong S&D reduction facilitators and training for all levels of health facility staff

NEXT STEPS

St. Kitts and Nevis is examining how to further institutionalize S&D reduction to achieve stigma-free services and enhance the uptake of HIV prevention, care, and support services. The following actions are under consideration:

1. Incorporating S&D reduction into pre-service training processes and performance reviews
2. Conducting customer satisfaction surveys
3. Including S&D as part of continuing medical education
4. Targeting facility-level interventions
5. Conducting end-line surveys to ascertain progress

