



# Health Facility Stigma and Discrimination Reduction Package: Changing the Norm with Participatory Planning, Assessment, Training, and Policies to Improve HIV Services

## PRESENTED BY

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**20th International  
AIDS Conference**

July 20–25, 2014  
Melbourne, Australia

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## BACKGROUND

Stigma and discrimination (S&D) are particularly damaging within the health delivery system because it is often the first point of entry into care and treatment for HIV. An array of programmatic tools are available for reducing stigma in healthcare settings, but it can be challenging for practitioners to determine which tools to apply and how to apply them. In addition, S&D assessment tools are often lengthy and require extensive adaptation in most settings. The USAID- and PEPFAR-funded Health Policy Project (HPP) led a collaborative global effort to review, prioritize, adapt, and synthesize existing measures and programmatic tools. The resulting stigma reduction package supports a comprehensive, research-to-action response in health facilities.

### Core Components of the Intervention Package for Health Facilities

- **Assess:** Brief, standardized questionnaire on stigma and discrimination in the facility and a user's guide for implementation
- **Train:** Training workshop options and materials for health workers
- **Sustain:** Action planning and exercises to develop codes of conduct and facility policies

## DESCRIPTION

This effort produced (1) a framework for programmatic action and measurement in health facilities; (2) a brief, standardized questionnaire for measuring S&D among facility staff and a user's guide for implementation; (3) tailored training modules for different staff, derived from field experience in nine countries in Africa, the Caribbean, and Asia; and (4) guidance for participatory development of facility codes of conduct, manager checklists, and action plans.

## FRAMEWORK FOR ACTION

This framework helps policymakers and program managers understand

- Pathways through which S&D contribute to outcomes and impacts, including uptake of services
- Specific entry points and areas for programmatic intervention
- Key points where measurement of S&D can occur

## ASSESS

This component includes a brief, standardized questionnaire for measuring the extent and nature of S&D within health facilities. It may be used to produce baseline information and, later, to monitor progress. To develop the field-tested questionnaire, an international group of stigma measurement and programmatic experts reviewed, assessed, and prioritized existing measures. The resulting questionnaire was tested in six locations: China (n=300), Dominica (n=335), Egypt (n=300), Kenya (n=350), Puerto Rico (n=301), and St. Christopher (St. Kitts & Nevis) (n=307) between February and December 2012. Respondents included clinical and non-clinical staff. Questionnaires were self- or interviewer-administered. Based on the results, the researchers extracted the most reliable, valid measures across settings. The questionnaire is available in six languages at www.healthpolicyproject.com and is accompanied by a user's manual to guide implementation.

## TRAIN

The training package consists of four key modules that include participatory exercises to raise health workers' awareness of S&D in health facilities, help change their attitudes and behaviors toward people living with HIV (PLHIV) and key populations, and address fear of HIV transmission that can drive stigmatizing behaviors, through a focus on universal precautions. A menu of possible training schedules by target audience (e.g., administrators, doctors, nurses, and non-medical staff) and time available (ranging from ½ day to four days) are provided. Ideally, pairs of co-facilitators deliver the training, with one trainer from the health sector and the other either a person living with HIV or a member of a key population group. This pairing is a powerful way to heighten empathy and learning.

### Sample Exercises in Each Training Module

#### A: NAMING STIGMA AND DISCRIMINATION IN HEALTH FACILITIES

- A1. Naming Stigma in Health Facilities through Pictures
- A2. How Stigma Feels: Individual Reflection Exercise
- A3. Effects of Stigma on the HIV Epidemic
- A4. Naming Stigma in Our Health Facility
- A5. Stigma Faced by Health Workers—Health Workers Living with HIV

#### B: JUDGMENTS AND VALUES: BREAKING DOWN STIGMA TOWARD KEY POPULATIONS

- B1. Reflection Quiz on Key Populations
- B2. Exploring Beliefs and Attitudes about People Living with HIV and Other Key Populations
- B3. The Blame Game: Things People Say about People Living with HIV and Key Populations
- B4. Understanding the Different Identities of Sexual Minorities
- B5. Challenge the Stigma and Be the Change!

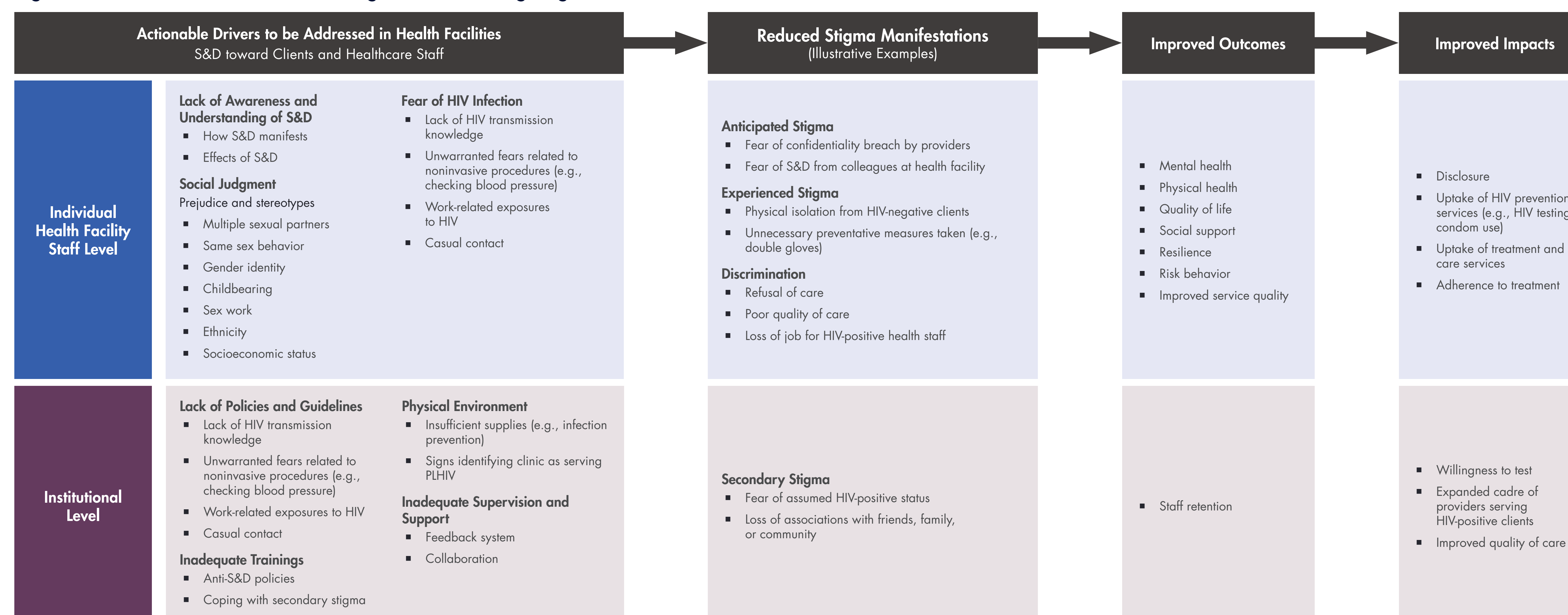
#### C: HIV AND AIDS UPDATE

- C1. Fears about Getting HIV through Nonsexual Casual Contact
- C2. HIV Transmission and Men Who Have Sex with Men
- C3. HIV Transmission and People Who Use Drugs

#### D: STANDARD PRECAUTIONS AND STIGMA

- D1. What Are Standard Precautions?
- D2. Use of Protective Apparel and Stigma
- D3. Fear of Infection through Use of Sharps

**Figure 1. A Framework for Addressing and Measuring Stigma & Discrimination in Healthcare Facilities<sup>1</sup>**



<sup>1</sup>While not depicted, as the focus of Figure 1 is on provision of key entry points for immediate action and measurement of S&D in health facilities, it is important to note that the environment outside the health facility plays an important role in shaping staff behavior and the facility environment. Therefore, the framework is embedded in the larger social context of changing socio-cultural barriers and facilitators. These include the economic and political environment, gender and sexual cultures prevalent in society, health beliefs, ethics, and religion.

## SUSTAIN

The package includes tools and resources for actions that support and help sustain "stigma-free" HIV services. Action planning produces a concrete strategy for mainstreaming stigma reduction. Trained staff members develop their own codes of conduct, which strengthens ownership for behavior change. Facility managers develop policies, procedures, and supplies to support staff in providing stigma-free services. These activities may include strengthening referral services to nongovernmental organizations and social or gender-based violence services.

### Example of a National Facility-level Code of Conduct from St. Kitts & Nevis

#### We the staff of the \_\_\_\_\_ pledge to:

- Provide service that is fair, equitable, and respectful regardless of race, religion, age, education, economic status, political affiliation, national origin, gender, health status, or sexual orientation
- Provide optimum care to the best of our abilities
- Keep all patient information private and confidential
- Provide appropriate and timely information on patient care and treatment
- Communicate effectively and respectfully to provide the necessary support to you and your persons of concern
- Ascertain consent before services and treatment are administered
- Provide you with the most professional health service

#### We expect from you, our clients/patient/public:

- Your understanding and cooperation
- Respect for staff and other patients
- Respect the privacy and confidentiality of other patients
- To ask questions and be engaged in your care or treatment
- To adhere to the rules and policies of this facility

### An Example of Implementation

#### Toward "Stigma-Free" HIV Services in the Caribbean

Countries in the Caribbean are implementing the intervention package with technical support from the University of the West Indies (UWI) and HPP. The intervention 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 stigma reduction. In 2013, the national HIV programs in Dominica and St. Kitts & Nevis implemented stigma reduction interventions. A research team in each country fielded a survey among a representative sample of health facility staff. Key findings indicated a need to address fears of workplace transmission, from contact where HIV cannot be transmitted (e.g., taking temperatures) to more invasive procedures (e.g., blood draws), as well as stigmatizing attitudes toward PLHIV. Following the survey, health stakeholders reviewed the data in participatory workshops and made recommendations to the Ministry of Health on how to respond to the data, including training on S&D for all levels of staff and development of facility-level codes of conduct. The intervention package is currently being rolled out in Barbados, Antigua and Barbuda, and the Dominican Republic.

#### Sources

1. National AIDS Programme/Ministry of Health (St. Christopher & Nevis), University of the West Indies HIV/AIDS Response Programme, and the Health Policy Project 2013. Getting to "Stigma-Free" HIV Services in St. Kitts and Nevis. Survey Results. Washington, DC: Futures Group, Health Policy Project.
2. Health Policy Project 2013. Getting to "Stigma-Free" HIV Services in St. Kitts and Nevis: Testing and Rolling-Out an Intervention Package for Health Facilities. Washington, DC: Futures Group, Health Policy Project.
3. Health Policy Project 2013. Getting to "Stigma-Free" HIV Services in Dominica Testing and Rolling-Out an Intervention Package for Health Facilities. Washington, DC: Futures Group, Health Policy Project.

## CONCLUSIONS

Achieving an AIDS-free generation will require tackling HIV- and key population-related S&D. The healthcare delivery system is a logical and important starting point for scaling up S&D reduction efforts. This stigma reduction package synthesizes existing tools into an accessible, streamlined approach for practitioners. The global collaboration that produced the package provides a workable model for standardizing tools across settings and presenting users with "best of" material based on field experiences. The resulting intervention package offers the following advantages:

- Synthesis of existing tools into a streamlined research-to-action approach
- A "total facility" approach that involves all levels of health facility staff
- A questionnaire field-tested in six locations for broad applicability across diverse settings
- A "best of" set of training exercises based on experience in nine countries in Africa, the Caribbean, and South and Southeast Asia
- Training menus for different types of health workers with different timeframes
- Action planning and policy development to support a sustained, multilevel response

Next steps include evaluation in five countries that are implementing the package, and testing ways to integrate the package into routine facility operations.

For more information, contact Laura Nyblade, Health Policy Project, at policyinfo@futuresgroup.com. The package will be available soon on the Health Policy Project website: www.healthpolicyproject.com.