Striving for Stigma Free Health Services in Barbados and Jamaica:

Key Populations Challenge Fund

Health Policy Project

OVERVIEW

Stigma and discrimination (S&D) remain critical barriers to achieving HIV prevention, care, and treatment targets, including zero new HIV infections and zero AIDS-related deaths. In Jamaica and elsewhere in the Caribbean, S&D falls hardest on key populations, including men who have sex with men (MSM) and sex workers (SW) and undermines access to testing and treatment.

The Key Populations Challenge Fund (KPCF) project aimed to improve the quality of and access to stigma-free HIV testing and counseling (HTC) services for key populations. Through this initiative, the Health Policy Projected (HPP) implemented a stigma-reduction toolkit for facility-based healthcare providers. Project outcomes included cultivating an enabling environment for key populations and the development of facility-level codes of conduct.

STAFF TRAINING

In Barbados and Jamaica, HPP delivered two-day stigma-reduction trainings to health facility staff. Adapted from a longer curriculum, ¹ the training comprehensively addressed S&D by including all health facility staff (e.g., receptionists, pharmacists, nurses, and administration staff). Using a participatory model, the training took health facility staff through a process that promotes empathy and understanding of the causes, consequences, and forms of stigma. Staff members reflect on personal attitudes and actions and, together, examine facility policies that may strengthen the quality and uptake of HIV services.

 Jamaica: 169 health facility staff (medical and nonmedical) trained in three facilities: Mandeville, Port Antonio, and St. Jago

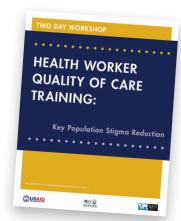
¹ Health Policy Project. 2013. Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator's Guide. Washington, DC: Futures Group, Health Policy Project.

We did not realize the name calling we used to do have that effect on people. We don't do that anymore — the name calling, the grumbling, even in our heads, we don't do it because we now realize the effect it has on people.

- Health facility nurse speaking about the impact of the training, Barbados
- Barbados: 204 health facility staff (medical and nonmedical) trained in three facilities: St. Phillips, Winston Scott, and Branford Tait Polyclinics
- Outcomes: Codes of conduct were developed and posted

Pre-post test results indicate positive shifts in awareness, attitudes, and understanding, for example:

- Belief shifts: Participants' post-test scores indicated a 200 percent increase in a stated belief in the importance of reducing key population S&D from a healthcare perspective, so that MSM can comfortably seek healthcare services (pre: 20.3%, post: 40.3%)
- Attitudinal shifts: Participants reported a notable increase
 - in strong agreement about the statements indicating acceptance and rejecting negative judgments about MSM
- Improved behavior: Reported comfort in providing services with patients who identify as MSM or SW improved
- Increased understanding: Increased ability to correctly explain and define terms and definitions related to sexual orientation and gender identity



Health Policy Project. 2016. Health Worker Quality of Care Training: Key Population Stigma Reduction. Washington, DC: Health Policy Project.







CODES OF CONDUCT

Interwoven in the training, HPP helped health facility staffs in Barbados and Jamaica develop the expectations for staff codes of conduct through a participatory process as part of their stigma-reduction trainings. The codes of conduct address quality, respect, confidentiality; provide contact information for client feedback; and outline expectations for stigma-free services, "regardless of HIV status, sexual orientation, or gender." The codes of conduct are posted throughout the facilities.

LESSONS LEARNED AND NEXT STEPS

- The project favored "ground-up" policies (i.e., ground-up peer enforced policies such as facility level codes of conduct, etc.). This proved to be a good approach for countries with visceral responses to sexual diversity.
- Given busy health worker schedules, training requires a flexible approach to scheduling.
- Enlisting the support of high-level administrators is important, but change can be effected from the ground-up.
- Key population stigma can be tackled at the facility level with good results, even in the absence of legislative change.
- A safe space for understanding and challenging beliefs and behavior is critical and health facility staff members remain receptive to change.
- Key population trainers can be powerful agents of change.
- There is a need to expand and systematize trainings in order ensure that staff members are continually trained.
- The Barbados Ministry of Health plans to integrate the training into the continuing medical educational system.

I saw the usefulness in this training. I mobilized about 70 percent of all the health facility staff to join. A wide cross-section of staff was trained and I saw this as very important. Many of the staff, like me, who directly engage with clients on their HIV testing, treatment, and care have been exposed to understanding of S&D, but that doesn't mean we have addressed this holistically...One of the eye openers of the training was the session on how individuals living with and vulnerable to HIV perceive themselves. Staff [were] appreciative of this.

- Medical officer in charge, Jamaica

These are the basic tenants of public healthcare...not overly scientific... the core components of health—equity and solidarity... people will resonate with these principals because they are personal, and it's also public health.

- Medical doctor speaking about the training and codes of conduct, Barbados





For compliments or concerns call the Help Line at 467-9500