



Breaking Down Barriers to Care

Reducing Stigma and Discrimination in Health Facilities

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Acknowledgments

- Respondents, facility staff, and management in Ghana and Tanzania, and Thailand
- Governments of Tanzania, Ghana, and Thailand, including ministries of health and national AIDS programs
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Presentation Overview

- Definitions and terminology
- Key principles for stigma-reduction programming
- Examples: Bringing measurement and interventions together to reduce stigma in health facilities
- Conclusions

What We Know: HIV Stigma is...

- Universal, Prevalent, and Harmful
 - Undermining each step of the cascade—from prevention to treatment
- Common at its core, while contextually specific
 - Causes
 - Forms
 - Consequences
- Differentially experienced, e.g. by gender, race, socioeconomic status, sexual orientation
- Actionable and Measurable
 - Practical models and tools available for adaptation and scale-up
 - Validated and tested measures

Definitions and Terminology

Stigma: A Fundamental Determinant of Health and Health Equity

- Stigma undermines three key determinants of health:
 - Access to resources
 - Access to social support
 - Psychological and behavioral responses
 - Through exclusion, segregation, discrimination, stress and downward socioeconomic placement
- (Hatzenbuehler et al. 2013)

Stigma: A Social Process that Occurs within the Context of Power

1. Distinguishing and Labeling Differences

(person living with HIV, person who injects drugs, gay man, sex worker)

2. Associating Negative Attributes

(irresponsible, immoral, promiscuous, untrustworthy)

3. Separating “Us” from “Them”

(physical and social isolation)

4. Status Loss and Discrimination

(denial of health care, verbal & physical abuse, loss of respect)



The Soup of Stigma Terminology

Types of Stigma

Experienced	Stigma that is enacted through interpersonal acts of discrimination
Perceived	Perception of the prevalence of stigmatizing attitudes in the community or among other groups (e.g., healthcare providers)
Anticipated	Fear of stigma, whether or not it is actually experienced
Internalized (Self)	Acceptance of experienced or perceived stigma as valid, justified

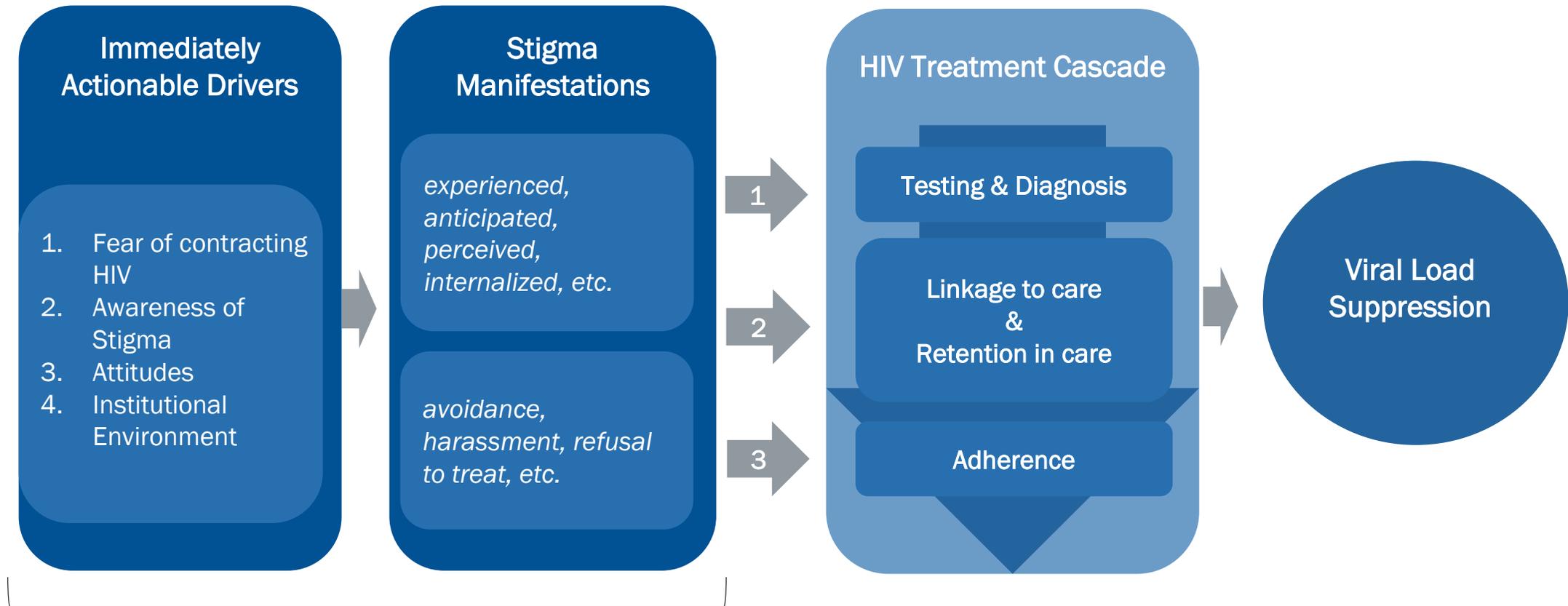
Types of Stigma (Continued)

Secondary	Stigma by association, extended to family or other caregivers of the stigmatized individual
Observed (Vicarious)	Stigma happening to others that is witnessed or heard about
Structural	Laws, policies, and institutional architecture that may be stigmatizing (or, alternatively, protective against stigma)
Intersectional	Convergence of multiple stigmatized identities within a person or group/intersecting of stigmas faced by individuals who are part of multiple marginalized groups

Measurement and Interventions

What We Know and Key Principles for Stigma-Reduction Programming

Why and Where We Intervene to Reduce Stigma and Discrimination

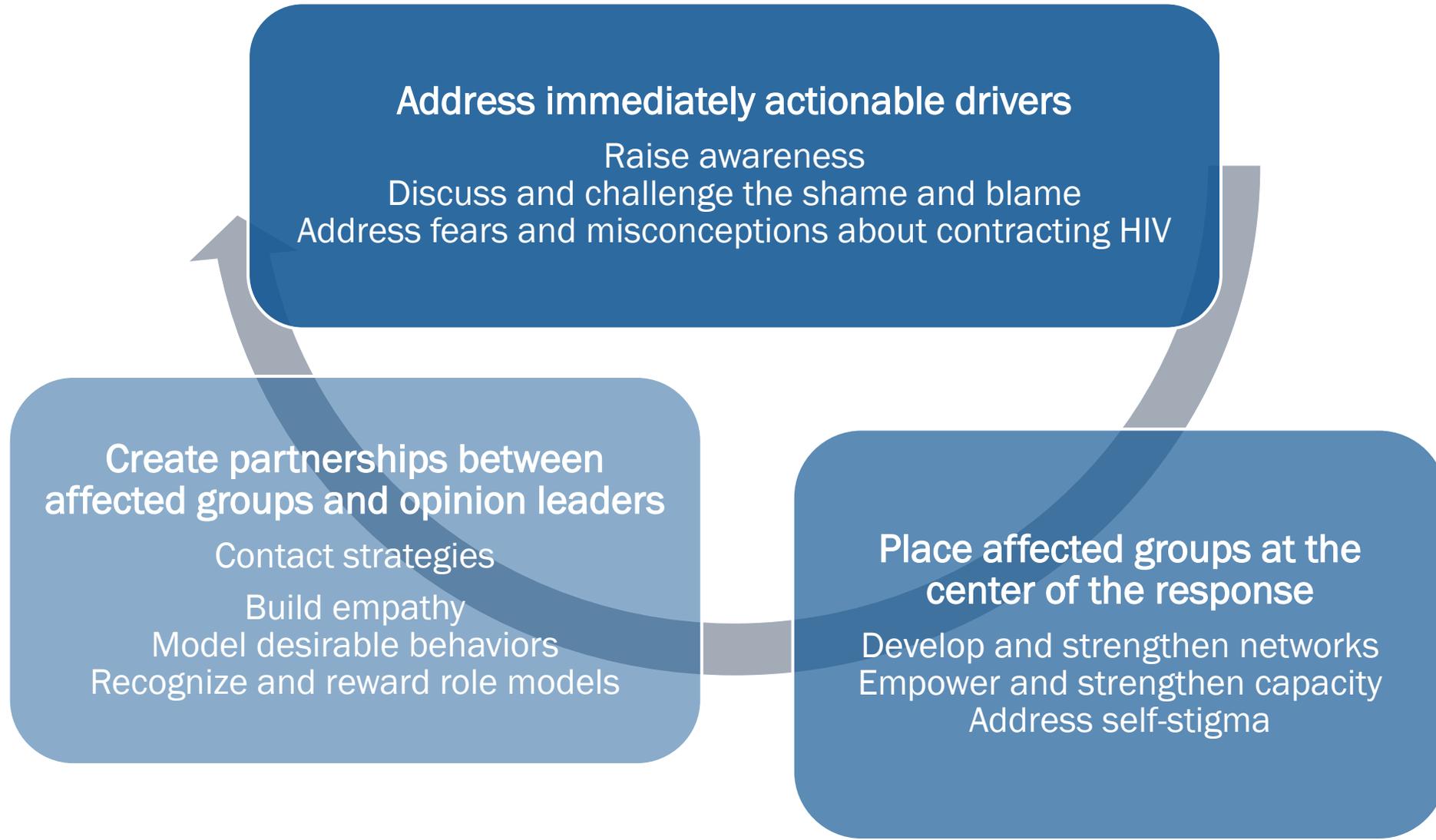


Stigma Measurement and Intervention

Sources: HIV Treatment Cascade Reference Literature:

1. Testing: (Musheke et al., 2013)
2. Linkage to & Retained in care: (Govindasamy et al., 2012, Alvarez-Uria et al., 2013)
3. Adherence: (Katz et al., 2013)

Key Principles for HIV Stigma-Reduction Interventions

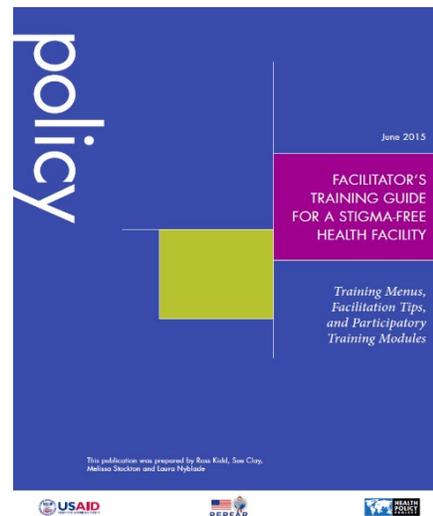


A Myriad of Intervention Tools



Training Package for Health Facilities: Health Policy Project

- Based on field application in 9 countries
- Can be tailored for different audiences and timeframes
- Includes 17 sample workshops and 1 refresher
- Has been adapted and used in many places

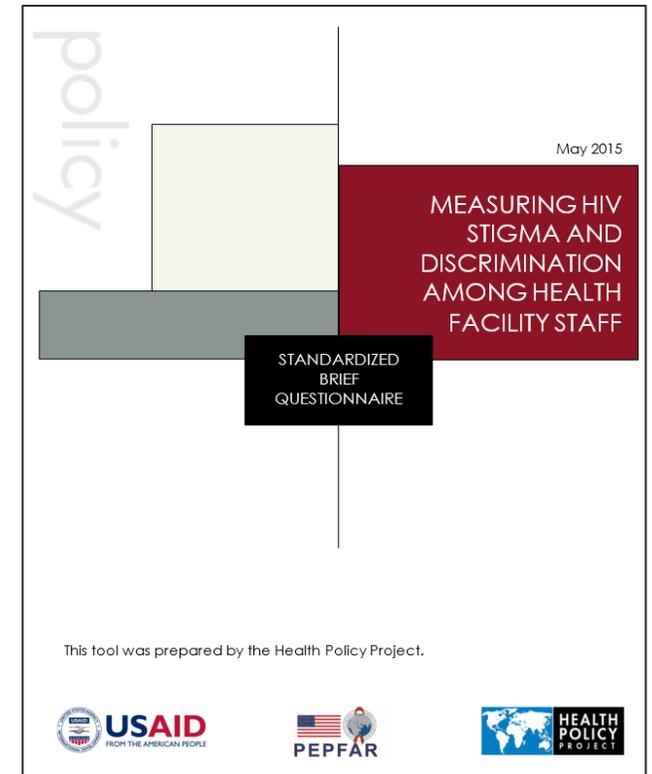


Global Stigma Measurement Tools: Available for Multiple Populations

- People Living with HIV Stigma Index 2.0
 - Recent revision completed, more focus on health facility and key population stigma
- Health facility
 - Measuring HIV stigma and discrimination among health facility staff: Standardized brief questionnaire (www.healthpolicyproject.com)
 - Adaptations: Thailand, Lao PDR, Viet Nam, Jamaica, Ghana, Tanzania, Zambia, South Africa, Alabama
- General population
 - Revised questions in the most recent round of the Demographic and Health Surveys
- Global indicators approved by the UNAIDS Monitoring & Evaluation Reference Group
 - Population (3 indicators)
 - Health facility (6 indicators)

Example: Assessment Tool for Health Facilities

- Health Policy Project-led consortium of international stakeholders developed, field-tested, and refined a brief measurement tool
- Two tools
 - Comprehensive Brief: 21–24 questions
 - Monitoring Tool: 7 questions
- Available in 6 languages
 - Arabic, Chinese, English, French, Spanish, Swahili



Intervention Examples

Bringing measurement and key principles together to reduce stigma in health facilities

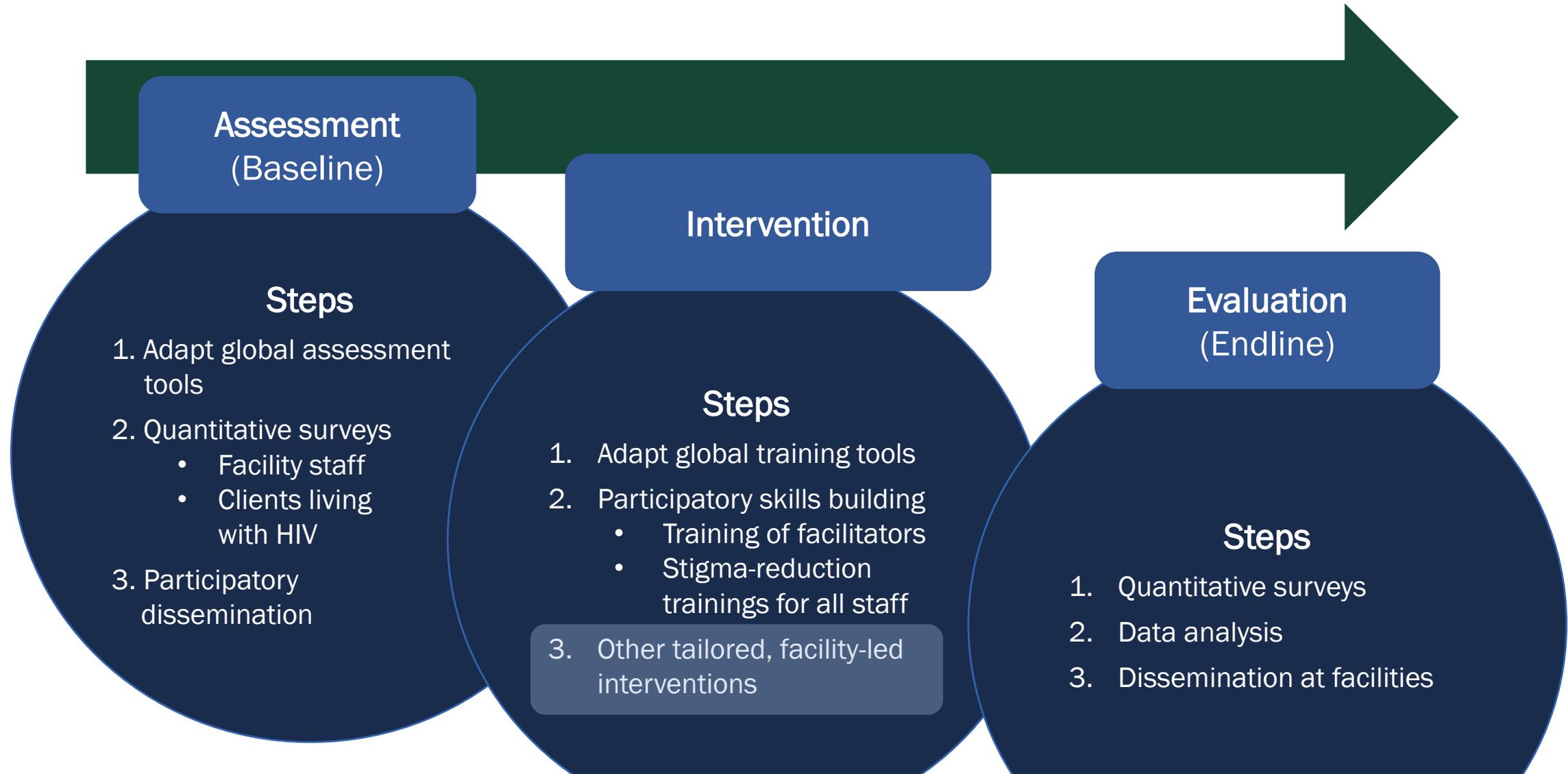


Combating HIV-Related Stigma and Discrimination in Health Facilities

Impressive Results from Ghana and Tanzania



The HP+ Total Facility Approach to Stigma Reduction: Three Phases



Participatory Skill Building

- Training of facilitators: Facility staff and clients living with HIV, including youth (Tanzania)
 - Competitive selection of facilitators (Tanzania)
 - Five-day offsite training and five days of mentoring/coaching (led by master trainers)
- Two days onsite, participatory skills building for facility staff (clinical and non-clinical)
 - Mix of levels and departments minimizes disruption of service delivery
 - Timing is flexible, depending on facility schedule
 - Holding the sessions one week apart deepened learning (Tanzania)

Participatory, Facility-Based, Two-Day Staff Training

Topic	Corresponding Exercise
Create awareness of what HIV-related stigma is in concrete terms	Identify stigma and discrimination through pictures; analyze stigma in health facilities
Understand and address fear of contracting HIV in the workplace	Partner work and quality, quantity, route of transmission tool work on non-sexual transmission; role play to review standard precautions
Gender and sexual diversity, stigma and discrimination toward key populations (Ghana)	Sexual diversity education and terminology; learn about and connect stigma to human rights
Understand and address stigma faced by youth seeking HIV and other sexual and reproductive health services (Tanzania)	Use individual reflection, small group work, and plenary discussion to explore stigma experienced by youth, provider comfort/discomfort serving youth, ways to improve service delivery for youth clients
Building empathy and reducing distance (contact strategies)	Listen to first-hand experiences from members of key populations (Ghana), youth (Tanzania), and people living with HIV; discuss experiences in health facilities; self-reflection
Working to create change	Develop realistic strategies and a code of practice and action plan

Final curriculum: 14 participatory exercises (Ghana), 16 exercises (Tanzania)

More Tailored Interventions Designed and Implemented by Facility Staff

- **Local Solutions**
 - Champion teams
 - Public declarations to stigma-free care
 - Banners, posters, **community TV and radio spots**, loudspeaker announcements
 - Codes of conduct
 - Complaint and compliment system
- **Sustainable**
 - Integrated in existing structures and processes
- **Small seed grants** provided for stigma-reduction activities



NIULIZE MIMI ("ASK ME")

Evaluation Methods

	Ghana	Tanzania
Pre- and post-intervention comparison through baseline-endline surveys		
District-level health facilities	10 facilities (5 intervention, 5 comparison)	2 facilities
Regions	5 of the highest HIV prevalence regions (Ashanti, Brong Ahafo, Eastern, Greater Accra, and Western)	1 region (Morogoro)
Health facility staff of all levels (clinical and non-clinical)		
Baseline	n=1,149	n=233
Endline	n=1,149	n=278
Estimated before-after trends	√	√
Estimated difference-in-differences	√	-

Evaluations Found Interventions Effective (Ghana and Tanzania)

- Significant reductions in drivers and manifestations of stigma
 - Difference-of-differences in Ghana strengthen ability to attribute changes to the intervention
- Improved treatment of clients (reported by both clients and staff)
- Benefits for facility staff of stigma reduction

This interaction is different from anything else we have experienced so far—we defined the response; we owned it.

*— Dr. Akosua Osei Manu
Tema General Hospital*

What Was Measured and Addressed

Ghana

Tanzania

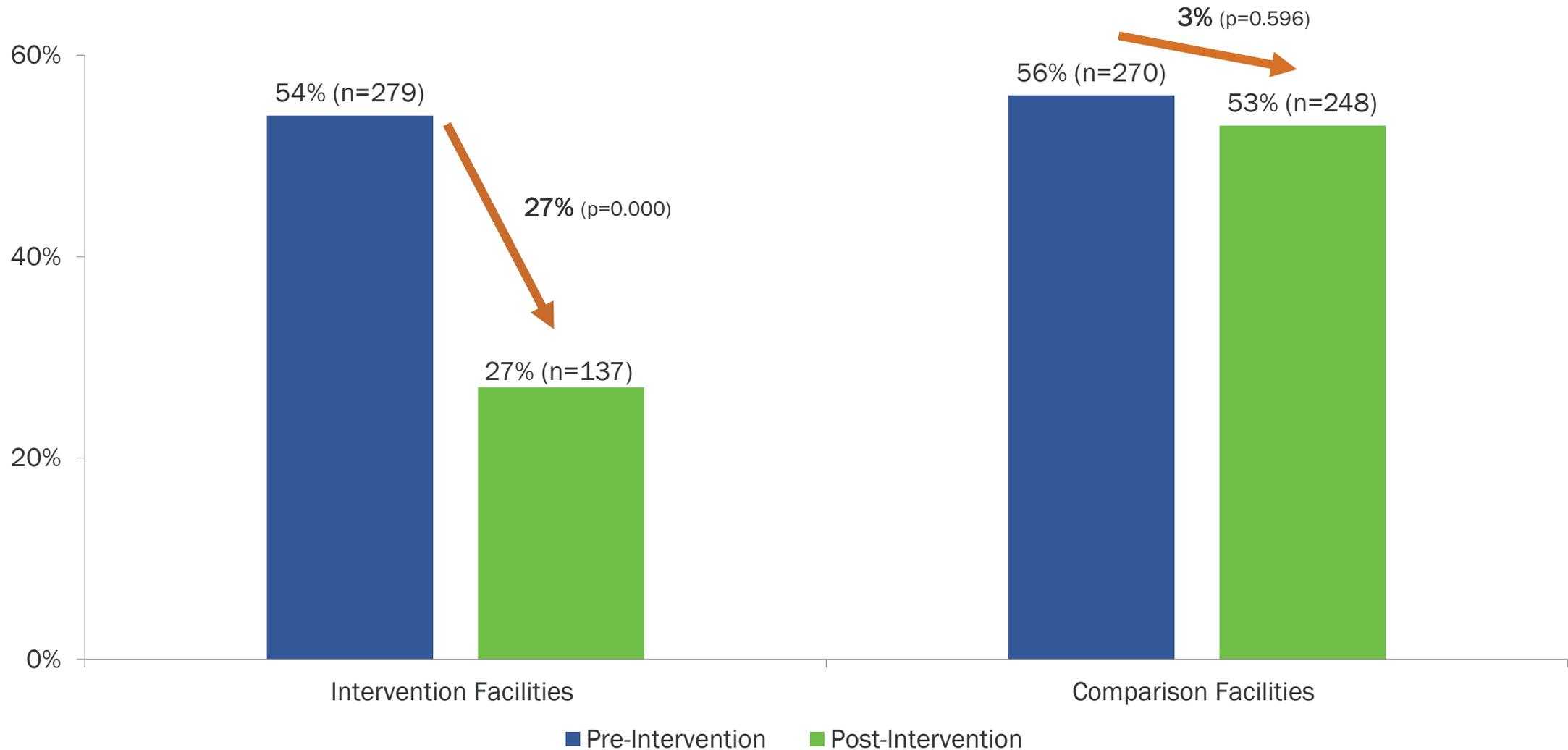
HIV-related stigma

- + Immediately actionable drivers
 - Fear, attitudes, health facility environment/influence of stigma on health facility staff
- + Stigmatizing avoidance behaviors (self-reported)
- + Observed discrimination (behaviors observed in other staff)
- + Willingness to care

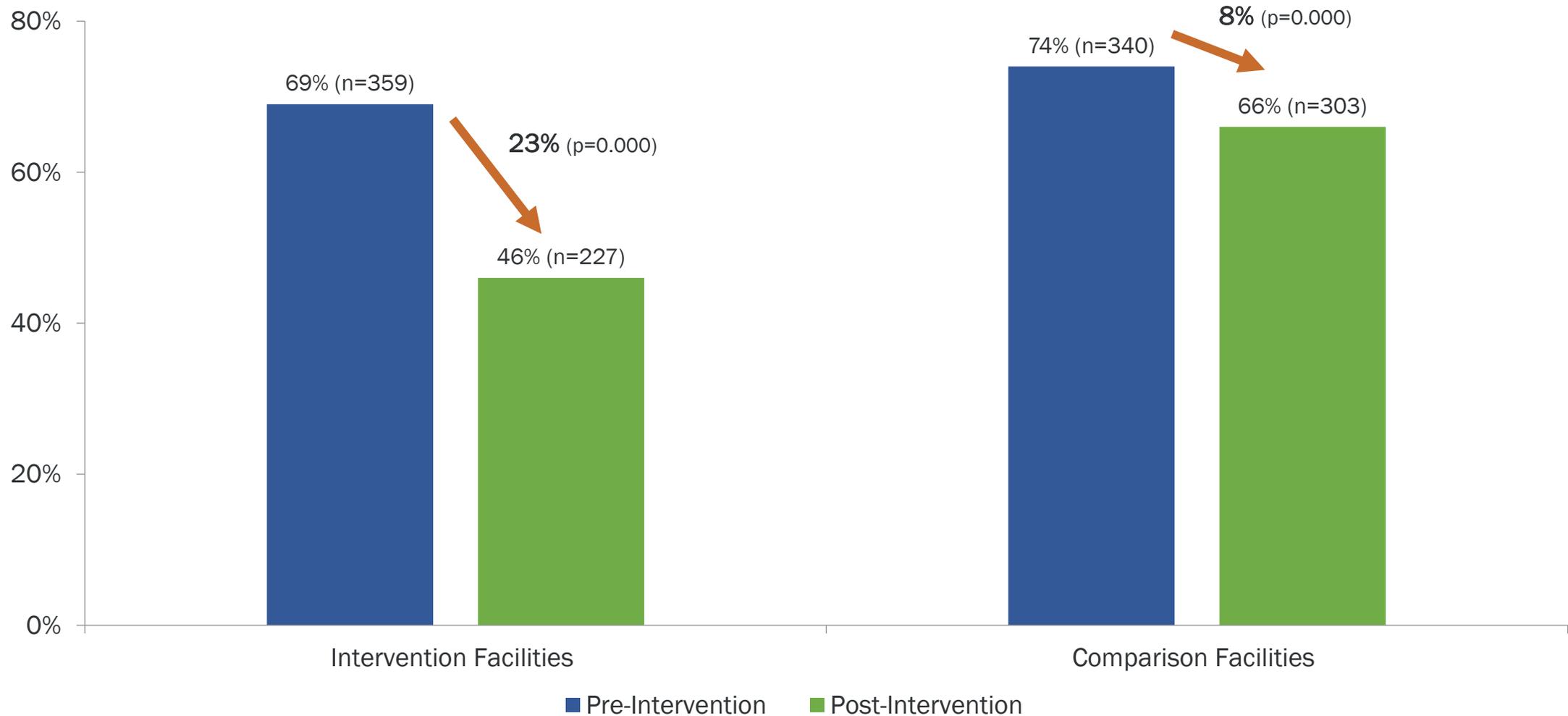
- + Stigma toward key populations
 - Men who have sex with men, sex workers, people who inject drugs
- + Costing analysis

- + Stigma toward youth (ages 15–24)
- + First adaptation to generalized epidemic setting

Worry about Contracting HIV While Caring for Clients Living with HIV: Composite (Ghana)



Stigmatizing Avoidance Behaviors: Composite (Ghana)



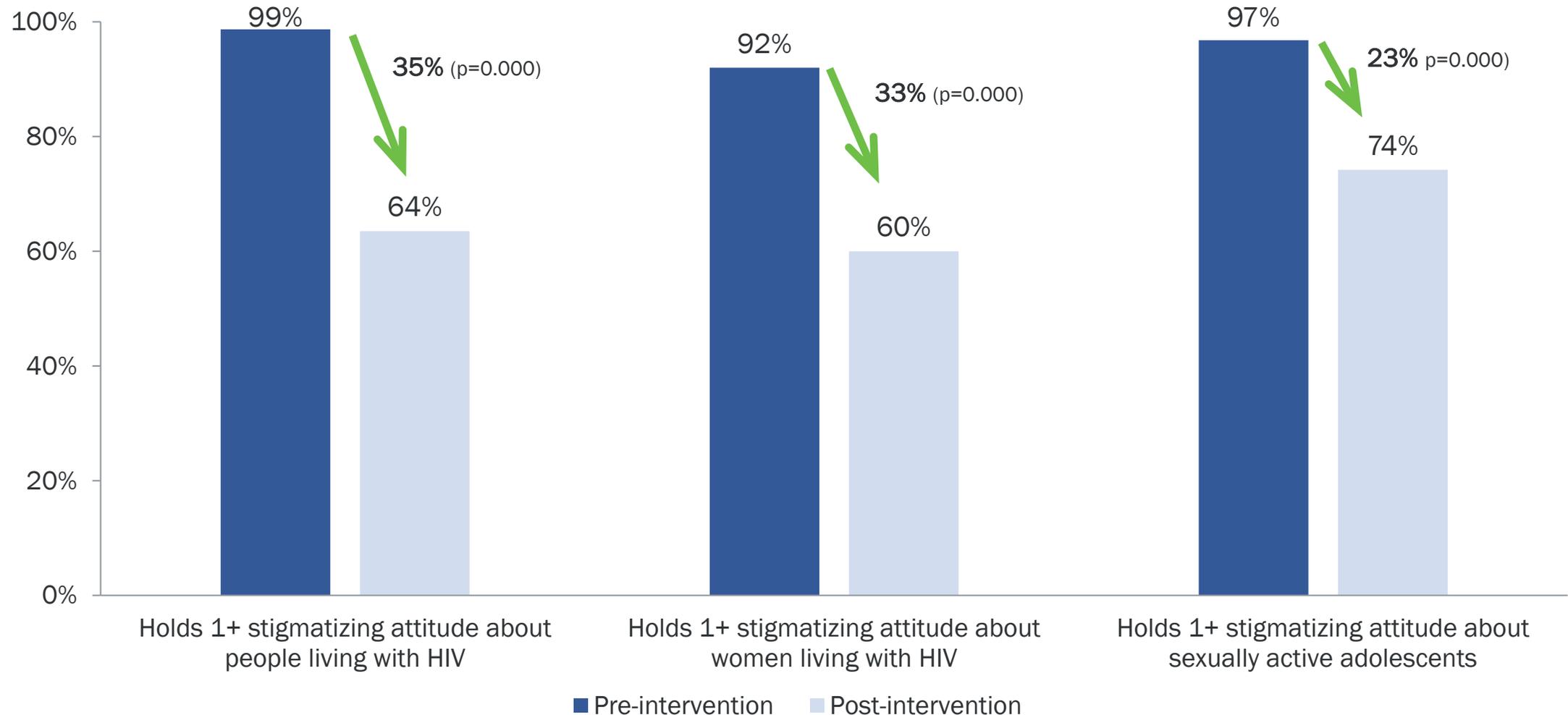
Provider Understanding of and Interactions with Key Populations Improved (Ghana, Pre/Post)

- Own preference not to treat men who have sex with men (MSM)
 - 15% decline (p=0.000)
 - Greater change in intervention facilities
 - Difference-in-differences: 14.2% (p=0.001)

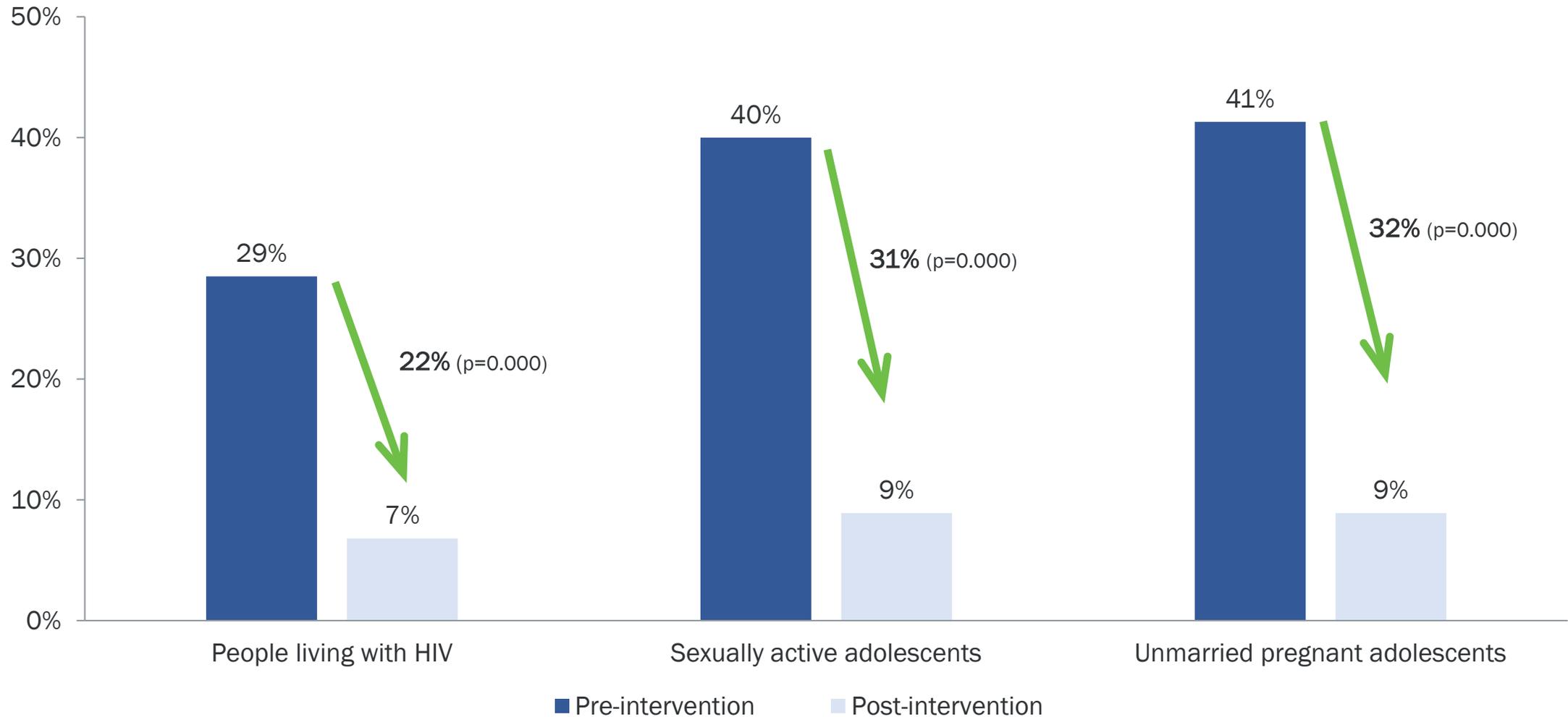
Since the training, we have seen an increase in MSM living with HIV coming for services. We think this is mostly due to the change in our staff and how they interact with key populations. We also see MSM coming freely for their medicines during regular facility hours. Before they preferred coming after hours, to avoid being seen by staff.”

*— Mr. Kofi Atakorah-Yeboah Jnr,
Champion Team Member, Bekwai Hospital*

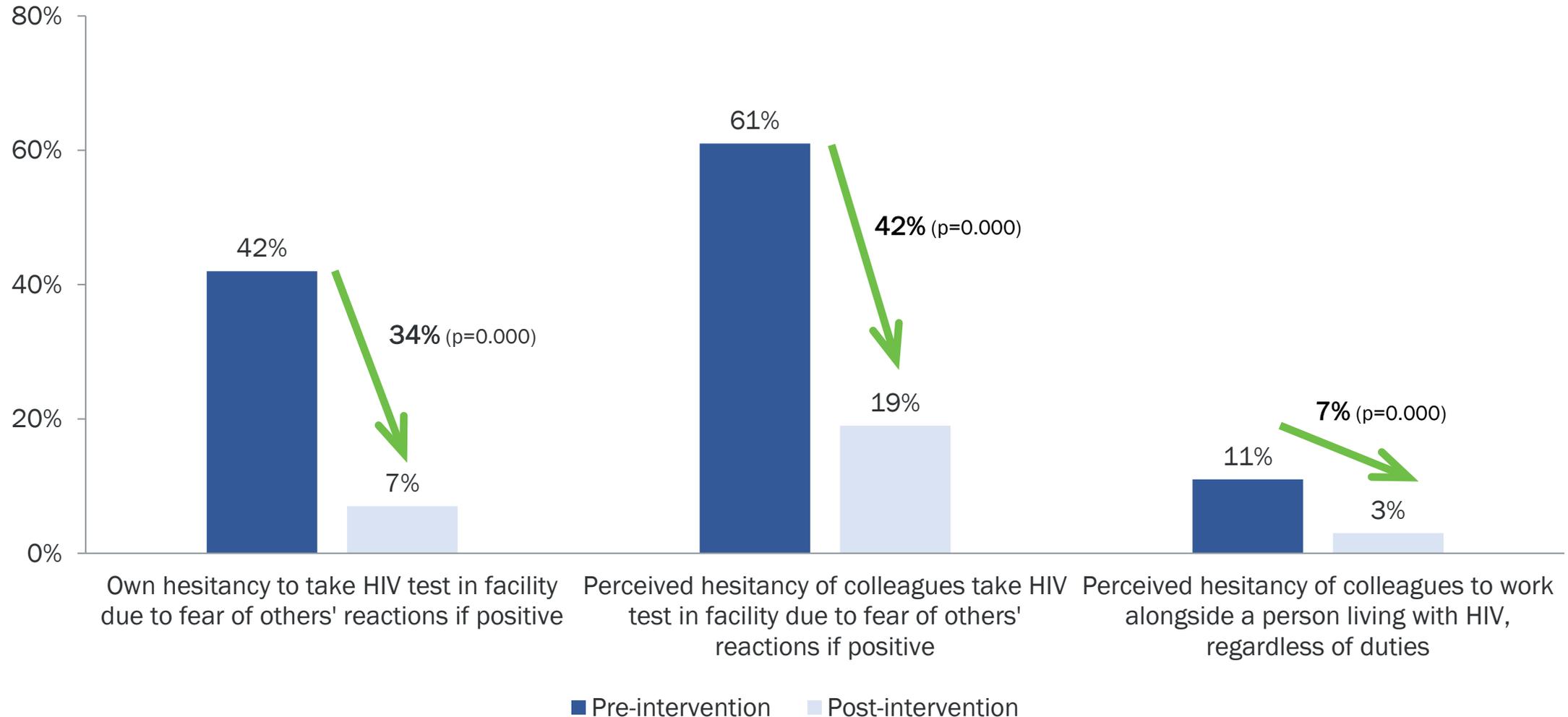
Stigmatizing Attitudes: Composite (Tanzania)



Observed Discrimination: Composite, By Group (Tanzania)



Influence of Stigma on Health Facility Staff (Tanzania)



Key Elements of the Total Facility Approach

- Evidence-based, building on two decades of work
 - Immediately actionable drivers
 - Adaptation of validated measurement and participatory training tools
- Recognition that all facility staff have a role to play
- Engagement of facility management
- Data-driven
 - Baseline informs intervention and catalyzes action
 - Endline evaluation
- Strengthens stigma-reduction capacity in facilities
 - Participatory approaches to learning and behavior change
 - Participatory stigma-reduction trainings led by staff and clients
 - Facility champion teams



Thailand: An Example of National Scale-up

“3 By 4” and National Framework for Measuring HIV Stigma and Discrimination

With grateful acknowledgment of the Bureau of AIDS, TB, and STIs, Department of Disease Control, Ministry of Public Health, Thailand

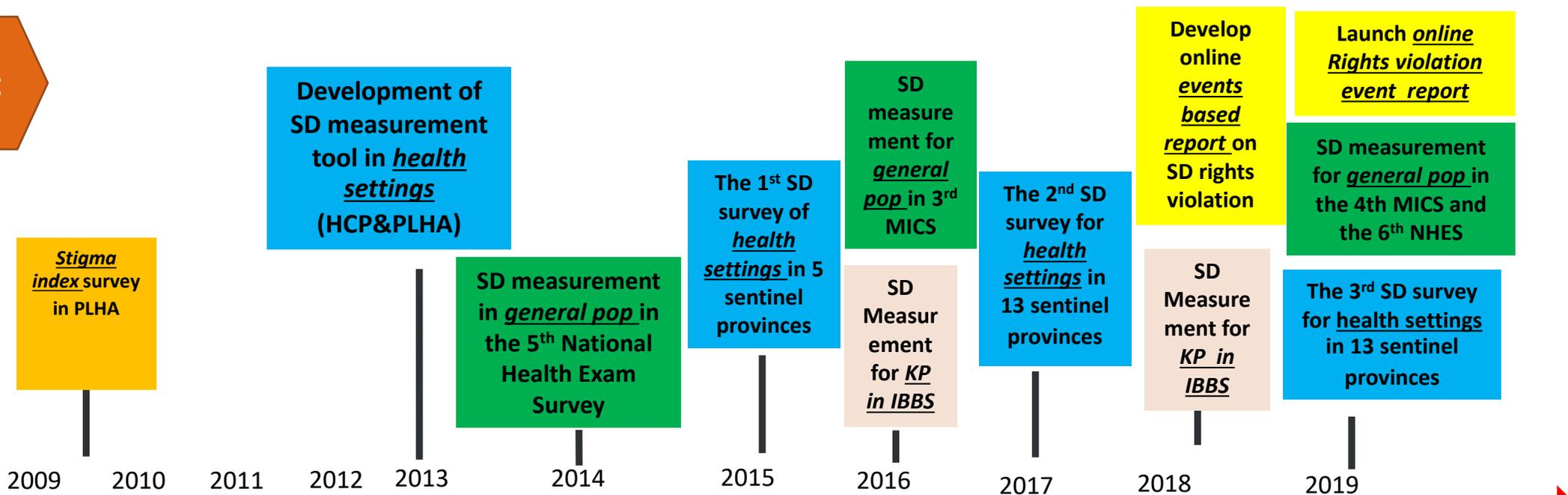


Timeline on



Measurement and Interventions on HIV-related Stigma in Thailand

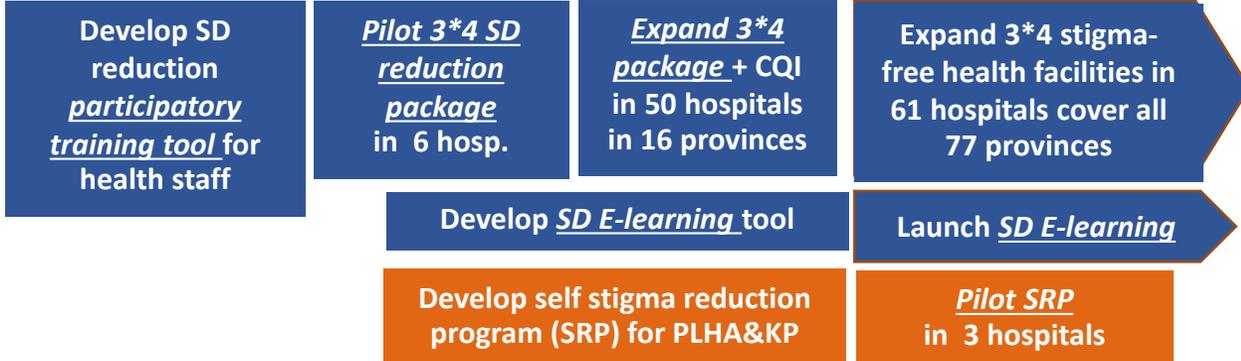
Measurement



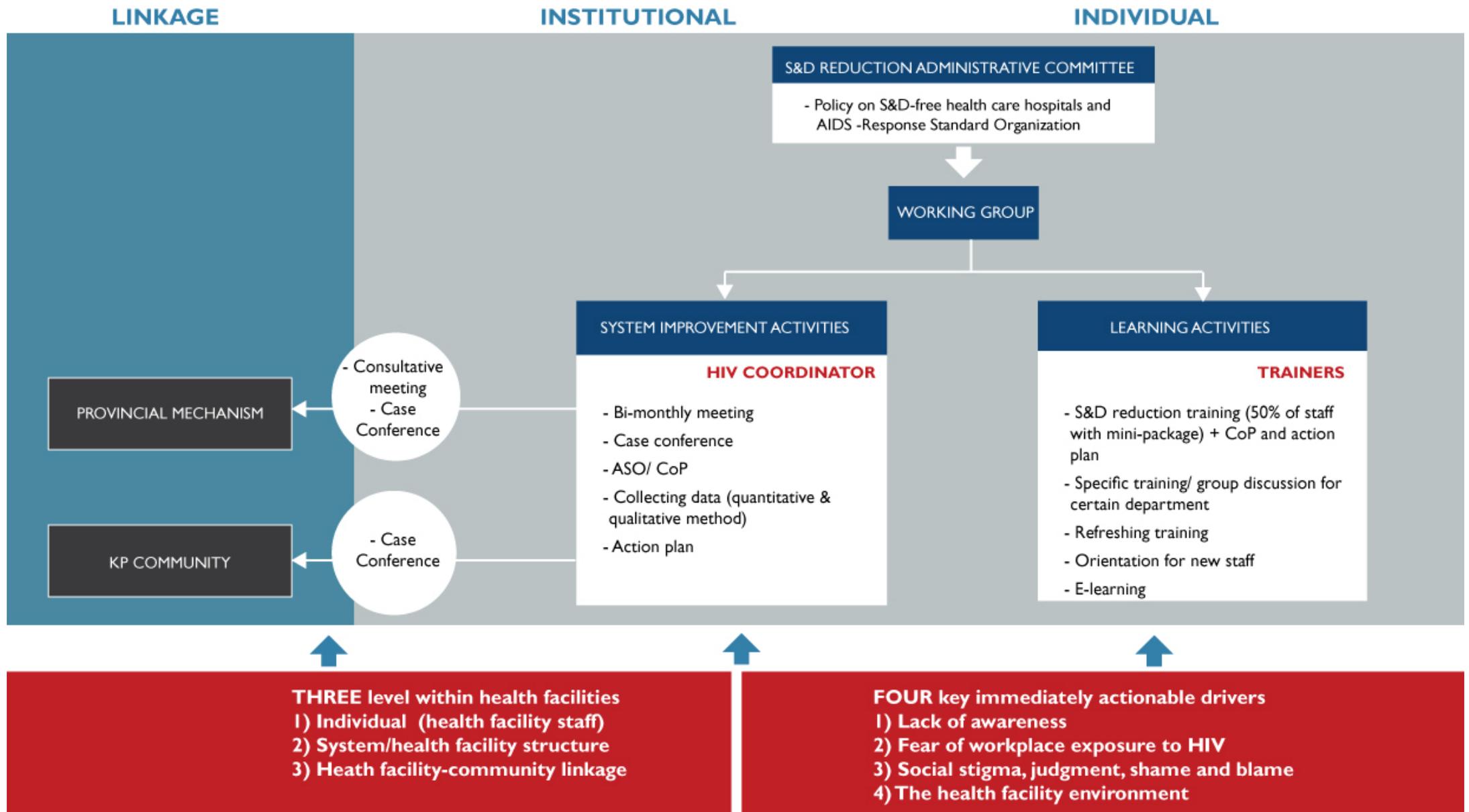
National HIV Strategic Plan 2012-16

National Strategy to end AIDS 2017-30

Interventions



PRINCIPLE: CREATE SAFE SPACE FOR LEARNING S&D REDUCTION / PARTICIPATION OF KPs AND PLHIV



Source: Bureau of AIDS, TB, and STIs, DDC, MOPH, Thailand

Thailand's National Framework for Measuring HIV Stigma and Discrimination

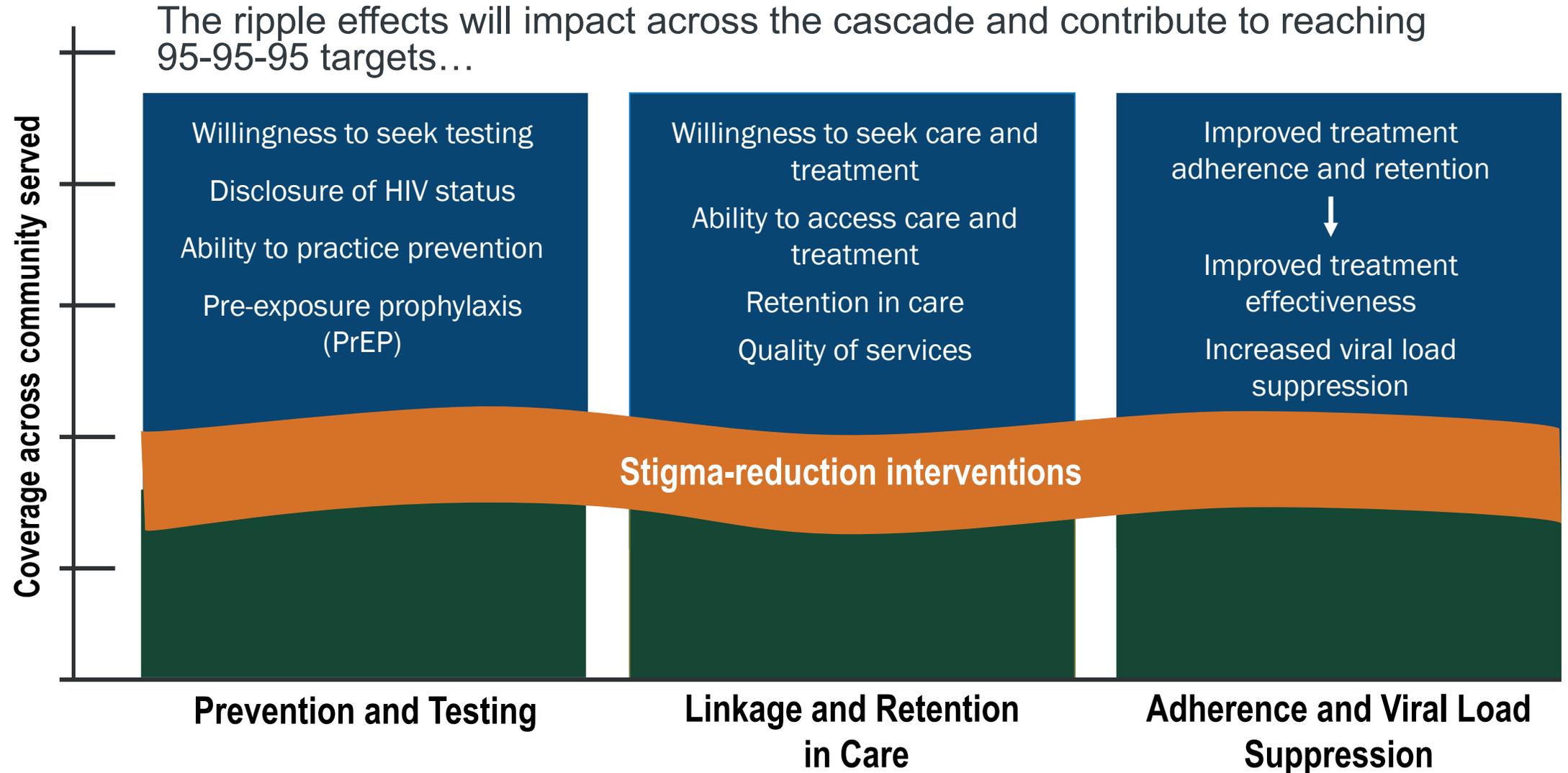
POPULATION (FREQUENCY)	OBJECTIVES	METHOD OF MEASUREMENT
General Population (every 5 years)	Attitudes towards PLHIV	Integrated in the existing household survey
Key Populations (every 2 years)	Experience of S&D	Integrated in the IBBS
Health Facility Staff (every 2 years)	Assess key drivers and enacted stigma	Survey in sentinel sites (6–8 provinces)
PLHIV (every 2 years)	Experience of S&D in a healthcare setting	Survey in sentinel sites (6–8 provinces)
Event Based Monitoring System (ongoing)	Monitor events relating to violence, abuse, and rights violation towards KAP, people living with or affected with HIV	To be determined

Conclusion

Action is Possible

- **Measure: standardized and validated tools exist**
 - Make S&D reduction a key goal in national strategies
 - Integrate S&D indicators into national HIV M&E frameworks
 - Expand and standardize measurement of S&D
- **Make S&D-reduction part of all HIV programs: intervention and programmatic tools are available**
- **Make stigma reduction an explicit component of delivering high-quality health services by:**
 - Integrating S&D-reduction into quality-improvement processes
 - Incorporation into medical training—pre and in-service (for all staff)
 - Licensing and accreditation for individuals & facilities
 - Performance assessment & supervision
 - Reporting and redress mechanisms
- **Leverage synergies for stigma reduction**
 - Combine stigma reduction across stigmatized conditions and groups

Stigma Reduction is a Smart Investment: if You Invest in Stigma Reduction...





Action to reduce facility stigma is possible!

Global measurement and intervention tools are easily adaptable across diverse contexts