The global HIV community has committed to critical programmatic goals for HIV treatment and prevention, including UNAID's 90-90-90 and WHO's recent expansion of ART eligibility to all persons living with HIV (PLHIV). Along with forthcoming recommendations on improving linkage to and retention in care, these ambitious targets call for PEPFAR country teams to think critically and creatively about sustainable control of the HIV epidemic as they plan for 2016 Country Operational Plan (COP).

Reaching these goals requires addressing barriers to HIV treatment and care that impede scale-up. Stigma and discrimination (S&D) have been firmly established as barriers to effective and equitable healthcare, hindering uptake of HIV testing and timely entry into HIV care, treatment, adherence, and prevention. Populations most likely to experience S&D in health settings are often those most at-risk for HIV infection. An investment in S&D-reduction interventions is, therefore, a sound investment in reaching and sustaining new global targets.

Health Policy Plus (HP+) is a USAID- and PEPFAR-funded, five-year cooperative agreement with a ceiling of US$185 million, awarded to Palladium (formerly Futures Group) and partners in August 2015. HP+ builds on extensive experience, tools, and approaches, garnered through the consortium's nearly 40 years of global health leadership, most recently as part of the Health Policy Project (HPP).

The HP+ team has a history of advancing the field of HIV-related stigma reduction through conducting groundbreaking research and leading initiatives in the creation of globally standardized tools and indicators for measuring health facility S&D and addressing it through stigma-reduction programming. Staff members have worked with country partners to improve reporting and monitoring of S&D in health centers; design and implement gender and sexual diversity trainings to PEPFAR staff in 38 countries; study the impact of S&D on access and adherence to care for adolescents, pregnant women, and sex workers; and design and test a stigma-reduction package of tools for health facilities (see Box 2). As experts in the field of S&D reduction, HP+ can directly support the achievement of global targets across the HIV continuum of care.

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1 Available at: http://www.healthpolicyproject.com/index.cfm?id=stigmapackage
2 Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=338
3 Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=261
4 Available at: http://www.healthpolicyproject.com/index.cfm?id=GSDResources
5 Available at: http://www.healthpolicyproject.com/index.cfm?id=stigmaInhibitsUptake
6 Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=536
7 Available at: http://www.healthpolicyproject.com/index.cfm?id=stigmapackage
HP+ Comprehensive Approaches to Reaching and Sustaining HIV Targets

1. Identifying drivers of S&D through policy and service delivery analyses

Countries must have a clear understanding of their current gaps in stigma reduction programming and any political or legal roadblocks to implementation. HP+ has a number of tools to support country stakeholders in assessing barriers at various levels, such as the Policy Analysis and Advocacy Decision Model for HIV-Related Services\(^8\) or the validated questionnaires\(^9\) to measure the extent and nature of S&D in health facilities (see Box 2). With established expertise in costing, HP+ can also help countries contrast the price of S&D’s negative impacts with that of stigma-reduction interventions, offering a powerful approach to building support and mobilizing resources to combat HIV-related stigma.

2. Reducing S&D at the health facility level

PLHIV and key populations are often subject to negative attitudes and actions at the hands of healthcare providers, discouraging many from accessing services or disclosing information. HP+ staff members have used participatory methods\(^10\) to increase understanding of S&D among facility workers. In many countries, the team also engaged transgendered populations to create “blueprints”—a combination of S&D reduction and clinical information—and used these blueprints to train doctors in the provision of appropriate, non-stigmatizing services. Blueprints were created for both the Latin American and Caribbean region\(^11\) and the Asia and Pacific region.\(^12\) In light of new WHO recommendations on task shifting for HIV testing, trainings such as these and the HPP-led gender and sexual diversity trainings\(^13\) will be critical to ensuring stigma-free services.

3. Promoting PHDP and PLHIV peer leadership

Under the differentiated care framework, WHO recommends less frequent clinic visits, medication pick-ups, and viral load testing for patients stable on antiretroviral treatment (ART). PLHIV must, therefore, feel empowered to advocate for and manage their care. HP+ is committed to building capacities and social capital of those affected by HIV. The Positive Health, Dignity, and Prevention (PHDP) Curriculum,\(^14\) created under HPP with the Jamaican Network of Seropositives, seeks to strengthen PLHIV leadership, advocacy, and peer support. The curriculum includes an important treatment literacy module on achieving optimal care and maximal benefits of ART.

4. Ensuring sustained, effective treatment through S&D redress systems

Ensuring effective, long-term care requires forward-thinking solutions. HP+ staff can help countries craft strategies to move S&D-reduction efforts forward and engender accountable and transparent health systems. For example, HPP supported the Ghana AIDS Commission, the Commission on Human Rights and Administrative Justice, and civil society stakeholders to devise and launch a web-based reporting system\(^15\) for HIV- and key population-related discrimination.

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\(^8\) Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=79
\(^9\) Available at: http://www.healthpolicyproject.com/index.cfm?ID=publications&get=pubID&pubID=49
\(^10\) Available at: http://www.healthpolicyproject.com/pubs/281_SDTrainingGuide.pdf
\(^11\) Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=778
\(^12\) Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=484
\(^13\) Available at: http://www.healthpolicyproject.com/index.cfm?id=GSDDResources
\(^14\) Available at: http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=133
\(^15\) Available at: http://www.healthpolicyproject.com/index.cfm?ID=CHRAJLaunch

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