How to Engage with Health Facilities to Reduce HIV-Related Stigma and Move Closer to Test and Treat Goals

Webinar Series: Five Ways to Accelerate Progress Toward the 95-95-95 Goals

Ariel Berry, USAID; Dr. Laura Nyblade, HP+; Sandra McLeish, HP+; Marianna Balampama, HP+; Dr. Nii Akwei Addo, EARC Ghana
Outline

HP+ stigma and discrimination approach overview

Jamaica
  • Key findings from a baseline study

Tanzania
  • Key findings from a sample of adolescents and young clients living with HIV

Ghana
  • Intervention

Questions and Discussion
Why and Where We Address Stigma in Health Facilities

Immediately Actionable Drivers
1. Fear of transmission
2. Awareness of stigma
3. Attitudes
4. Health facility environment

Stigma Manifestations
- experienced, anticipated, perceived, internalized, etc.
- avoidance, harassment, refusal to treat, etc.

HIV Treatment Cascade
1. Testing and diagnosis
2. Linkage to care, treatment initiation, and retained in care
3. Adherence

Viral Suppression


HIV Treatment Cascade Reference Literature:
(1) Testing (Musheke et al., 2013)
(2) Linkage to and retained in care (Govindasamy et al., 2012; Alvarez-Uria et al., 2013)
(3) Adherence (Katz et al., 2013)
General Total Facility Approach: Three Stages

- **Stage 1: Baseline Assessment**
  - Quantitative survey of health facility staff and clients living with HIV in selected facilities

- **Stage 2: Stigma-Reduction Interventions**
  - Based on findings from Stage 1
  - Designed with the health facilities
    - Participatory training plus other activities

- **Stage 3: Endline Assessment**
  - Comparable to baseline
  - Allows for evaluation of interventions
Study Limitations

- Samples are not nationally representative
- Potential for social desirability bias
- Client survey
  - Recruitment done at health facility, so all clients linked to care
  - Not able to reach people living with HIV who do not access services
  - Likely missing those who may be most affected by stigma and discrimination
  - Bias in sample that could potentially result in under-reporting stigma and discrimination
Supporting the HIV Response in Jamaica through Understanding and Responding to Stigma and Discrimination in Selected Health Facilities:

*Selected Key Findings from the Baseline Study*

Sandra McLeish, Country Director, HP+ Jamaica
This initiative was conducted in Jamaica in partnership with:

The Ministry of Health

The National Family Planning Board

The University of the West Indies HIV Response Programme (UWIHARP)
Scope of the Baseline Study

- Three facilities in two regions
  - South East Regional Health Authority
  - Western Regional Health Authority
- Health facility staff of all levels who have any contact with clients
  - Clinical and non-clinical
  - N=446
- Adult clients living with HIV utilizing one of the three facilities
  - N=292
- Quantitative study—surveys
  - Health staff: largely self-administered
  - Clients: interviewer-administered
Key Baseline Findings
Actionable Drivers among Health Workers

- Worry about HIV transmission in the workplace persists
  - 10% of staff worried about touching the clothing of clients living with HIV, including 5% of doctors and 6% of other medical staff
  - 60% of doctors and 58% of medical staff expressed worry around at least 1 out of 5 actions

- Stigmatizing attitudes are pervasive
  - 54% of all health care workers agreed that most people living with HIV do not care if they infect others
  - Only half agreed with the statement “women living with HIV should be allowed to have babies if they wish”

- Knowledge and perceived enforcement of health facility policies relatively high
  - 66% agreed that they are not allowed to test facility clients for HIV without their knowledge (50% of doctors)
  - 72% thought they would get in trouble at work if they discriminated against people living with HIV (57% of doctors)
Manifestations
Stigmatizing Avoidance Behaviors: Overprotection while Caring for Persons Living with HIV

- Extra precautionary measures: 47.8% (Total), 44.3% (Cleaning/Aux.), 50.0% (Medical/Pharmacists/Technicians), 27.8% (Support/Admin.), 12.5% (Total), 12.5% (Cleaning/Aux.), 25.0% (Medical/Pharmacists/Technicians), 50.0% (Support/Admin.).
- Wear gloves for all aspects: 51.0% (Total), 45.8% (Cleaning/Aux.), 51.0% (Medical/Pharmacists/Technicians), 12.5% (Support/Admin.).
- Wear double gloves: 42.5% (Total), 37.1% (Cleaning/Aux.), 45.8% (Medical/Pharmacists/Technicians), 16.7% (Support/Admin.).
- Avoid contact: 8.8% (Total), 16.3% (Cleaning/Aux.), 8.8% (Medical/Pharmacists/Technicians), 6.1% (Support/Admin.), 14.3% (Total), 14.3% (Cleaning/Aux.), 14.3% (Medical/Pharmacists/Technicians), 14.3% (Support/Admin.).
Healthcare Workers: Observed Discrimination towards People Living with HIV in the Past 6 Months, by Category of Staff

- Talking badly about
  - Total (446): 46.6%
  - Cleaning/Aux. (98): 28.3%
  - Medical/Pharmacists/Technicians (293): 29.5%
  - Support/Admin. (61): 14.8%

- Providing poorer care
  - Total (446): 45.7%
  - Cleaning/Aux. (98): 21.7%
  - Medical/Pharmacists/Technicians (293): 36.5%
  - Support/Admin. (61): 14.8%

- Unwilling to provide care
  - Total (446): 36.9%
  - Cleaning/Aux. (98): 30.4%
  - Medical/Pharmacists/Technicians (293): 31.8%
  - Support/Admin. (61): 9.8%
Perception of Coworkers Hesitancy to Test, Seek Treatment, and Work Alongside Coworker Living with HIV and Own Hesitancy to Test

- Other staff hesitancy to take an HIV test:
  - Cleaning/Auxiliary Staff (92): 52.2%
  - Medical/Pharmacists/Technicians (293): 65.2%
  - Support/Admin Staff (61): 70.5%

- Own hesitancy to take an HIV test:
  - Cleaning/Auxiliary Staff (92): 40.2%
  - Medical/Pharmacists/Technicians (293): 47.8%
  - Support/Admin Staff (61): 45.9%

- Work alongside a coworker living with HIV:
  - Cleaning/Auxiliary Staff (92): 31.5%
  - Medical/Pharmacists/Technicians (293): 38.6%
  - Support/Admin Staff (61): 36.1%

- Hesitency of staff living with HIV to seek treatment at facility:
  - Cleaning/Auxiliary Staff (92): 63.0%
  - Medical/Pharmacists/Technicians (293): 76.1%
  - Support/Admin Staff (61): 74.0%
Clients: Overall Reported Levels of Experienced Discrimination in HIV Services in the Past 6 Months, by Gender

Reports at Least 1 of 7 Forms of Discrimination

<table>
<thead>
<tr>
<th>Experienced Discrimination</th>
<th>Man</th>
<th>Woman</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.0%</td>
<td>20.0%</td>
<td>26.0%</td>
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</tbody>
</table>
Confidentiality is a Key Issue That Needs Further Exploration and To Be Addressed

**Clients report:**
- 3.4% report that health facility staff have told other people about their HIV status without their consent in the past 6 months (2.1% didn’t answer the question)
- 38% disagree with the statement “medical records related to HIV status are kept confidential in this facility”

**Staff report:**
- 26% observed health workers disclosing a client’s HIV status without their consent in the past 6 months (5.6% didn’t answer the question)
Assessing and Reducing Stigma and Discrimination in Health Facilities in Tanzania

Focus on Youth and Gendered Aspects of the Data

Marianna Balampama, Country Director, HP+ Tanzania
Partners

- National AIDS Control Program (NACP), Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDEC)
- Muhimbili University of Health and Allied Sciences (MUHAS)
- Kimara Peer Educators and Health Promoters Trust
- Regional Health Management Team, Morogoro Region
- District Health Management Teams, Kilosa and Mvomero
- District Hospitals, Kilosa and Mvomero
Methodology

- **Quantitative study (survey)**
  - 2 district-level facilities in Morogoro Region

- **Health facility staff—largely self-administered**
  - All levels who have any contact with clients
  - $N=233$

- **Clients of target facilities—interviewer-administered**
  - Adults living with HIV: $n=243$
  - Youth living with HIV (ages 15-24): $n=88$

- **Sampling methodology**
  - Health facility staff: census
  - Clients: convenience sample from HIV clinics at the facilities; based on facility case load
Findings specific to Adolescent and Young Clients Living with HIV (ages 15-24)
Health Facility Staff: Attitudes towards Youth

- Young people living with HIV should receive counseling and support to make informed decisions on having pregnancy (Disagree)
  - Support Staff: 11%
  - Admin staff: 26%
  - Medical staff: 16%

- Adolescents living with HIV should not have sex (Agree)
  - Support Staff: 53%
  - Admin staff: 58%
  - Medical staff: 42%

- Adolescent boys engaging in sexual activity is normal (Disagree)
  - Support Staff: 40%
  - Admin staff: 47%
  - Medical staff: 49%

- Adolescent girls who are sexually active are promiscuous (Agree)
  - Support Staff: 57%
  - Admin staff: 55%
  - Medical staff: 73%
Health Facility Staff: Observed Discrimination toward Unmarried Pregnant Youth, in Past 3 Months, by Category of Staff

- Healthcare workers unwilling to care for pregnant unmarried youth
  - Support staff: 21%
  - Admin staff: 29%
  - Medical staff: 36%

- Healthcare workers providing poorer quality of care to a pregnant unmarried youth
  - Support staff: 11%
  - Admin staff: 14%
  - Medical staff: 30%

- Healthcare workers talking badly about a pregnant unmarried youth
  - Support staff: 19%
  - Admin staff: 20%
  - Medical staff: 34%
Health Facility Staff: Composite of Observed Discrimination (Yes to at Least 1 of 3 Items) toward Youth Client Groups, Last 3 Months, by Category of Staff

- **Perinatally infected youth**: 24% Support staff, 38% Admin staff, 41% Medical staff
- **Youth living with HIV, non-perinatally infected**: 21% Support staff, 38% Admin staff, 42% Medical staff
- **Unmarried pregnant youth**: 24% Support staff, 38% Admin staff, 46% Medical staff
- **Sexually active youth**: 26% Support staff, 38% Admin staff, 44% Medical staff
Youth: Support Experienced in the Past 3 Months

- Never left alone or unattended in clinic: 98%
- Encouraged to make own decisions about treatment, care options: 92%
- Ensured you understood procedures and medications, obtaining consent before doing anything: 94%
- Provided respectful and welcoming care: 96%
Youth: Discrimination Experienced in the Past 3 Months (9 Types of Discrimination Measured)

<table>
<thead>
<tr>
<th>Number of Discriminatory Behaviors</th>
<th>% of Youth Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>47%</td>
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<tr>
<td>One or two</td>
<td>45%</td>
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<tr>
<td>Three or four</td>
<td>8%</td>
</tr>
<tr>
<td>Five or more</td>
<td>0%</td>
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<tr>
<td>Composite (at least one)</td>
<td>53%</td>
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</table>
Medical records relating to HIV status are kept completely confidential

Healthcare workers are not allowed to force HIV+ clients to use contraception if they do not want to

Healthcare workers will get in trouble at work if they discriminate against persons living with HIV

Healthcare workers are not allowed to test clients for HIV without their consent

Would feel comfortable and confident to report a complaint if there was a place to do so

Youth: Perceptions of Facility Policies and Practices

Female | Male
---|---
Medical records are kept confidential | 68% | 58%
Healthcare workers cannot force contraception | 48% | 54%
Healthcare workers will get in trouble if they discriminate | 48% | 40%
Healthcare workers cannot test without consent | 48% | 77%
Would feel comfortable to report a complaint | 63% | 82%
Any questions at this point?
Implementing a Stigma and Discrimination (S&D) Reduction Intervention in Five Pilot Facilities

*The Ghana Success Story*

Dr. Nii Akwei Addo, Educational Resource Assessment Centre (EARC)
What the Data Told Us to Address…

<table>
<thead>
<tr>
<th>Fear of workplace HIV transmission</th>
<th>Attitudes</th>
<th>Health Facility Environment</th>
<th>Manifestations</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry about workplace transmission of HIV and self-reporting use of stigmatizing avoidance behaviors were high</td>
<td>Negative attitudes about people living with HIV were prevalent</td>
<td>Awareness and enforcement of policies was low</td>
<td>Over half of health workers reported observed discrimination</td>
<td>Over a third of clients are not using their closest HIV clinic: 74% cite stigma as a key reason</td>
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<tr>
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<td>Confidentiality a key issue</td>
<td>One quarter of clients reported experiencing discrimination</td>
<td>Over half report anticipated stigma leading to delay or avoidance of HIV services</td>
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<td>Stigma affected the health workers themselves</td>
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Value of Having Data

- The data showed that drivers and manifestations of S&D were high, indicating that an intervention was necessary and how to focus it
- This was the first time Ghana had systematically measured the extent of the problem
- People had believed that instances of S&D were high but lacked evidence to support the claim and move to action
Intervention Timeline

Jan 2017 – Jan 2018

Baseline

- IRB protocol submission/approval
- Data collection and management
- Baseline participatory dissemination workshops (completed Sept 2017)
- Final baseline report

Sept 2017 – Jan 2018

Intervention

- Adaptation of training materials
- Training of trainers
- Roll out trainings in facilities
- Formation of champion teams
- Teams develop interventions
- Support/discussion with teams and management on interventions
- Roll out interventions

Feb 2018 – May 2018

Endline

- Endline data collection and management
- Final participatory dissemination
- Final report
Participatory Facility-Based Two-Day Staff Training: Activities for All Levels of Staff

<table>
<thead>
<tr>
<th>Topic</th>
<th>Corresponding Exercise</th>
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<tbody>
<tr>
<td>Create awareness of what stigma is in concrete terms</td>
<td>Identify stigma and discrimination through pictures; analyze stigma in health facilities</td>
</tr>
<tr>
<td>Understand and address fear of workplace HIV transmission</td>
<td>Partner work and QQR tool work on non-sexual transmission; role play to review standard precautions</td>
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<tr>
<td>Gender and sexual diversity, S&amp;D towards key populations</td>
<td>Sexual diversity education and terminology; learn about and connect stigma to human rights</td>
</tr>
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<td>Building empathy and reducing distance (contact strategies)</td>
<td>Listen to first-hand experiences from members of key populations and people living with HIV; discuss experiences in health facilities; self-reflection</td>
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<tr>
<td>Working to create change</td>
<td>Develop realistic strategies and a code of practice and action plan</td>
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The medical director of Tema General Hospital participated in the training and found it so helpful he said was going to ensure all staff receive the training.
Health Facility S&D-Reduction Champion Teams

• Champion teams comprised of 10 facility staff representing multiple departments and levels of staff, including management

• Key selection criteria for members:
  – Enthusiasm in the training and commitment to change
  – Self-identification of interest to be on the team

• Management endorsed the team, but had no hand in selecting them

• Champion teams developed a program of S&D-reduction activities for their facility
## Type of Health Facility S&D-Reduction Activities

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Launch S&amp;D in facility</th>
<th>Develop banners</th>
<th>Complete training of staff and follow-on trainings</th>
<th>Departmental staff meetings (weekly) with S&amp;D as standing agenda item</th>
<th>Print code of ethics QQR standard precaution guidelines</th>
<th>Develop and produce S&amp;D-depicting stickers/posters</th>
<th>Reporting mechanisms for complaints and compliments</th>
<th>Staff name tags</th>
<th>Conduct evaluation</th>
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<td>Agormanya St Martin De Porres</td>
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<td>Brekum Holy Family</td>
<td>X</td>
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<td>Bekwai Govt Hospital</td>
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<tr>
<td>Tema General Hospital</td>
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“This training was really timely because a sister hospital was recently taken to court over disclosure of a client’s HIV status without permission” – Medical director
Key Lessons Learned

• Data on extent and nature of S&D drivers and manifestations critical to define the challenges and opportunities for intervention and catalyze action.

• Building facility ownership at all levels from the start is key. This is done through:
  – Participatory dissemination of data
  – Trainers from the facilities and surrounding communities
  – Deliberate and continual engagement of senior management
  – Champions within facility identified and empowered to work as a team
  – Facilities supported to design their own responses after training

• Training is critical. It helps to get staff involved, reminds them of their obligations, and empowers them to think about how they can create change.
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