

# 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*

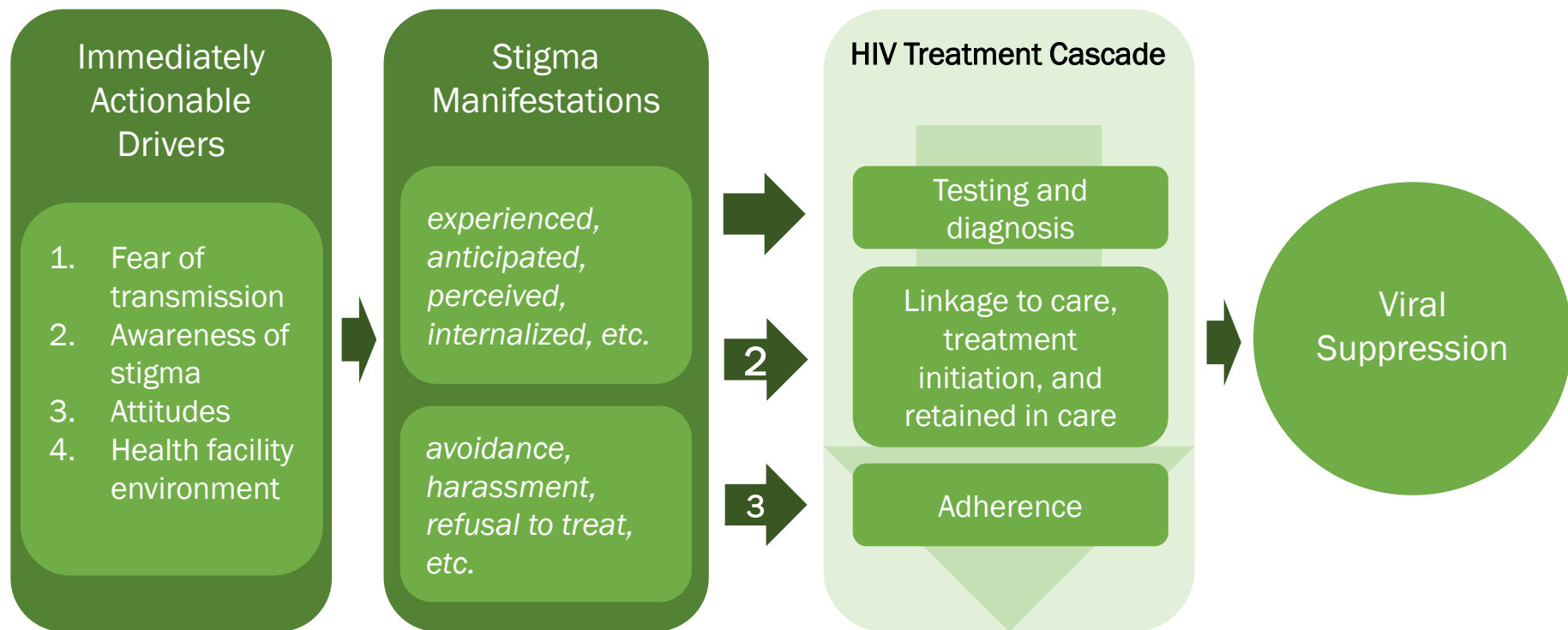
*Ariel Berry, USAID; Dr. Laura Nyblade, HP+; Sandra McLeish, HP+; Marianna Balampama, HP+; Dr. Nii Akwei Addo, EARC Ghana*



# 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



Adapted from: Nyblade, L. and RTI International. 2016. *HIV Stigma Measurement: A Rapid Scan of Two Decades of Work*. Presentation at White House Meeting on Stigma, Washington, D.C.

## 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

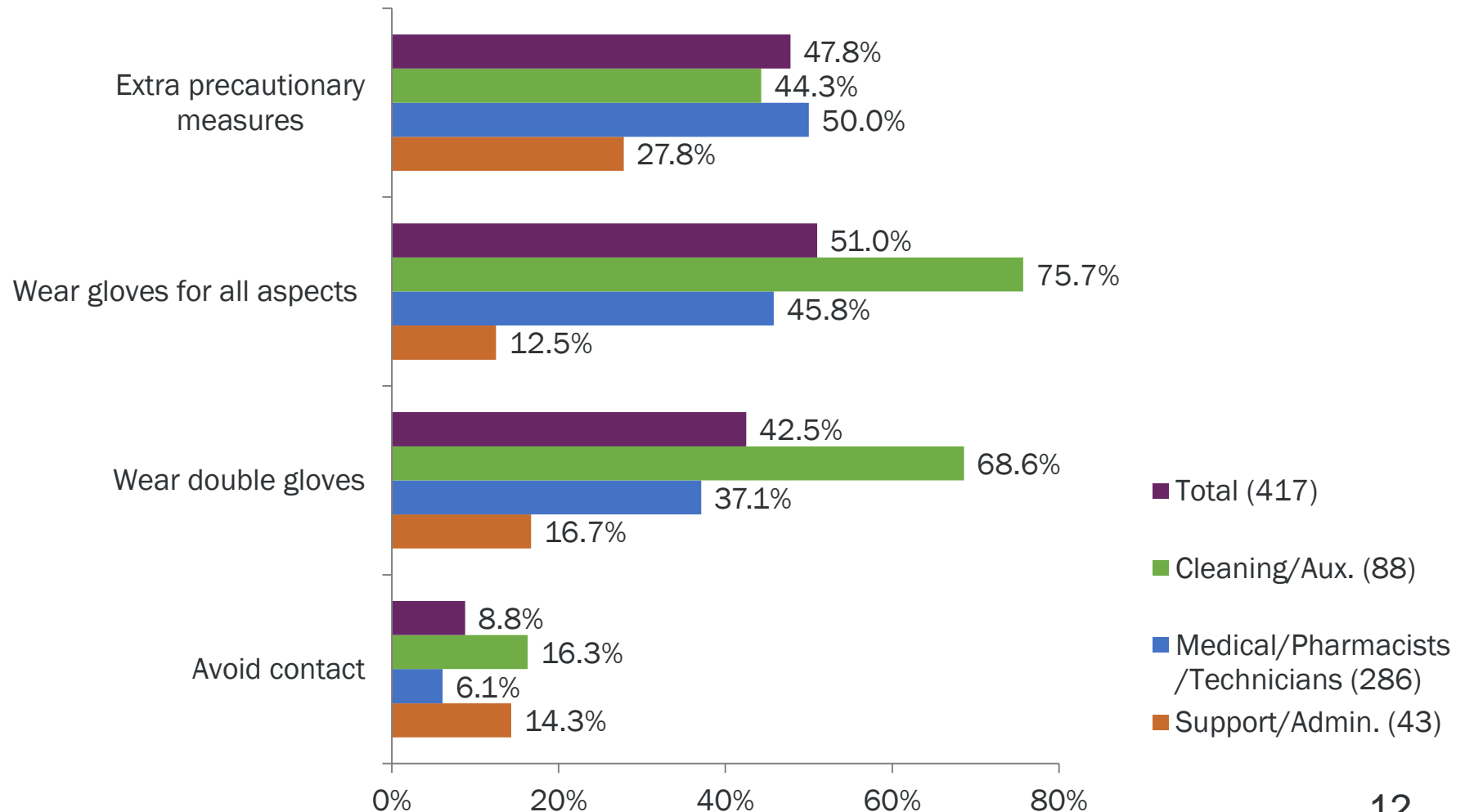
# Actionable Drivers among Health Workers

- 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)

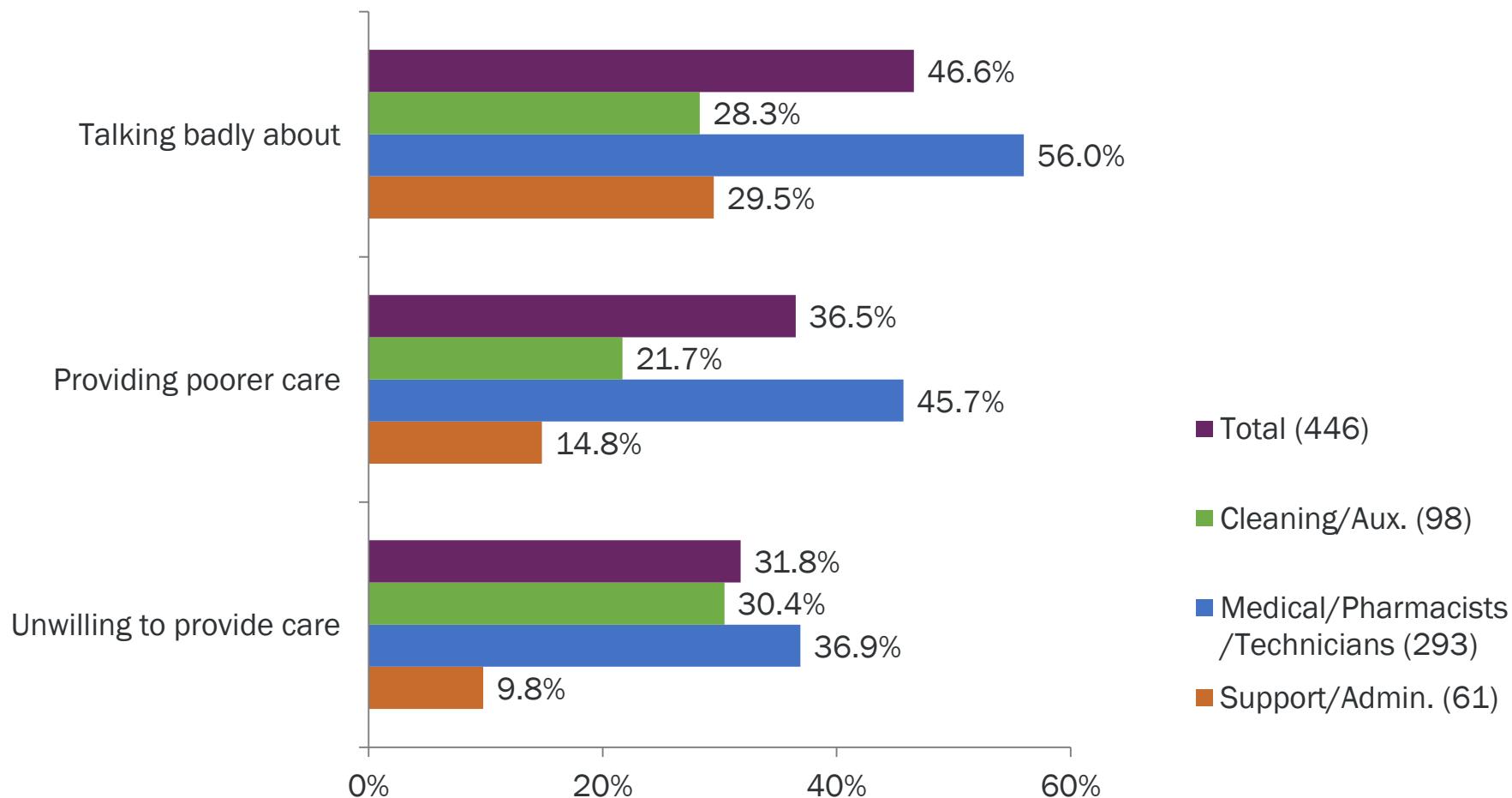


# Manifestations

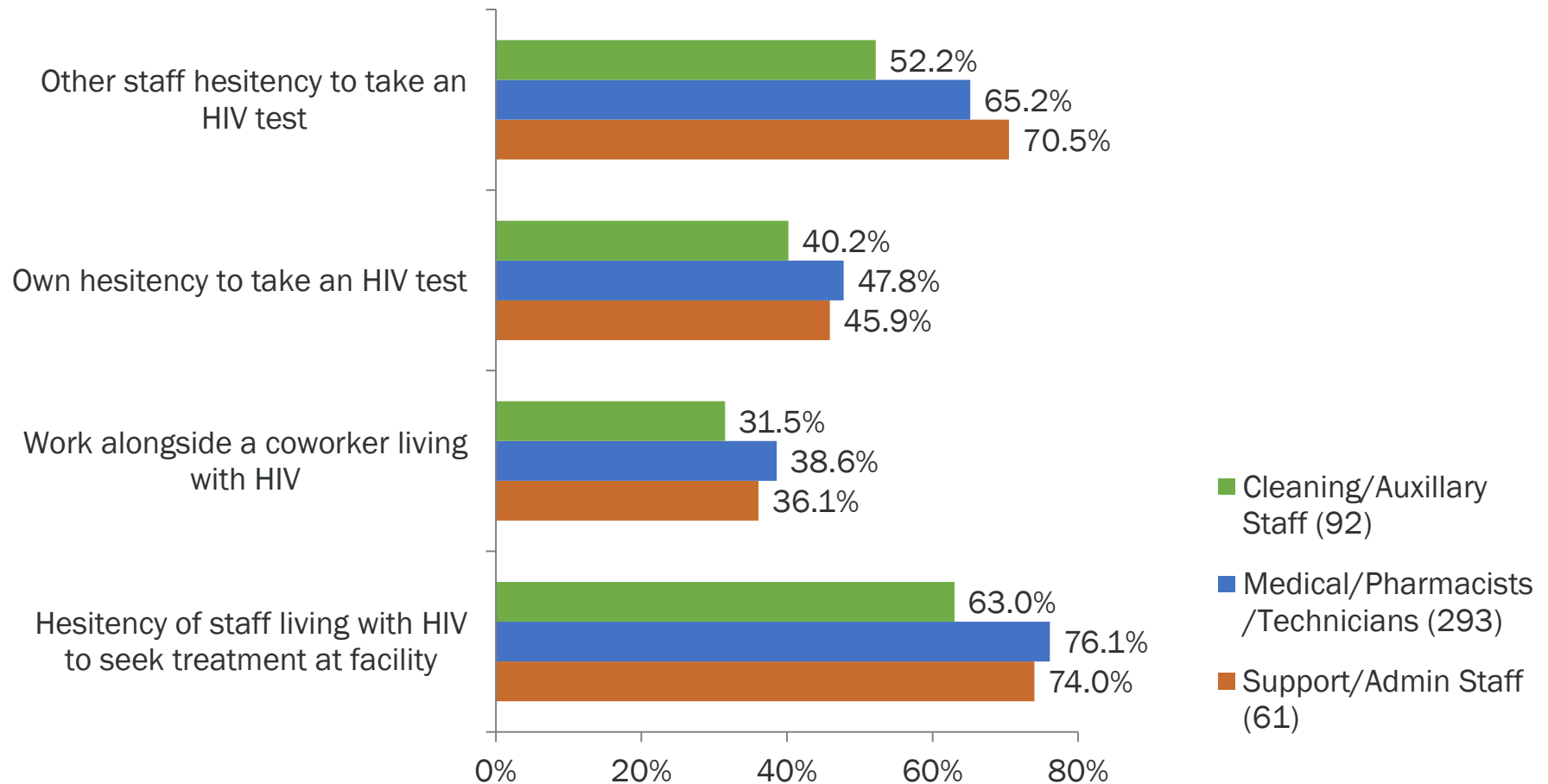
# Stigmatizing Avoidance Behaviors: Overprotection while Caring for Persons Living with HIV



# Healthcare Workers: Observed Discrimination towards People Living with HIV in the Past 6 Months, by Category of Staff

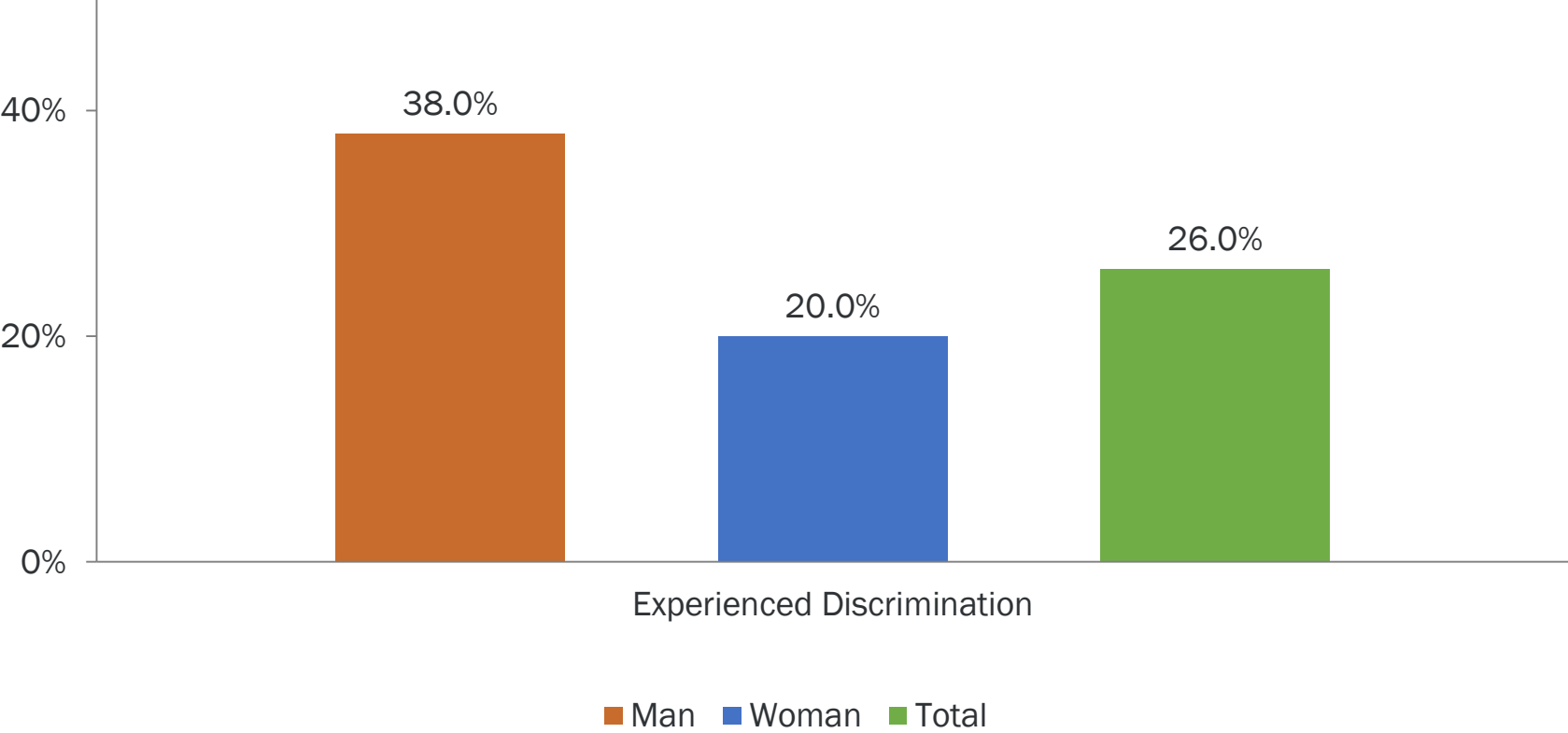


# Perception of Coworkers Hesitancy to Test, Seek Treatment, and Work Alongside Coworker Living with HIV and Own Hesitancy to Test



# 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*



# 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):  $n=88$

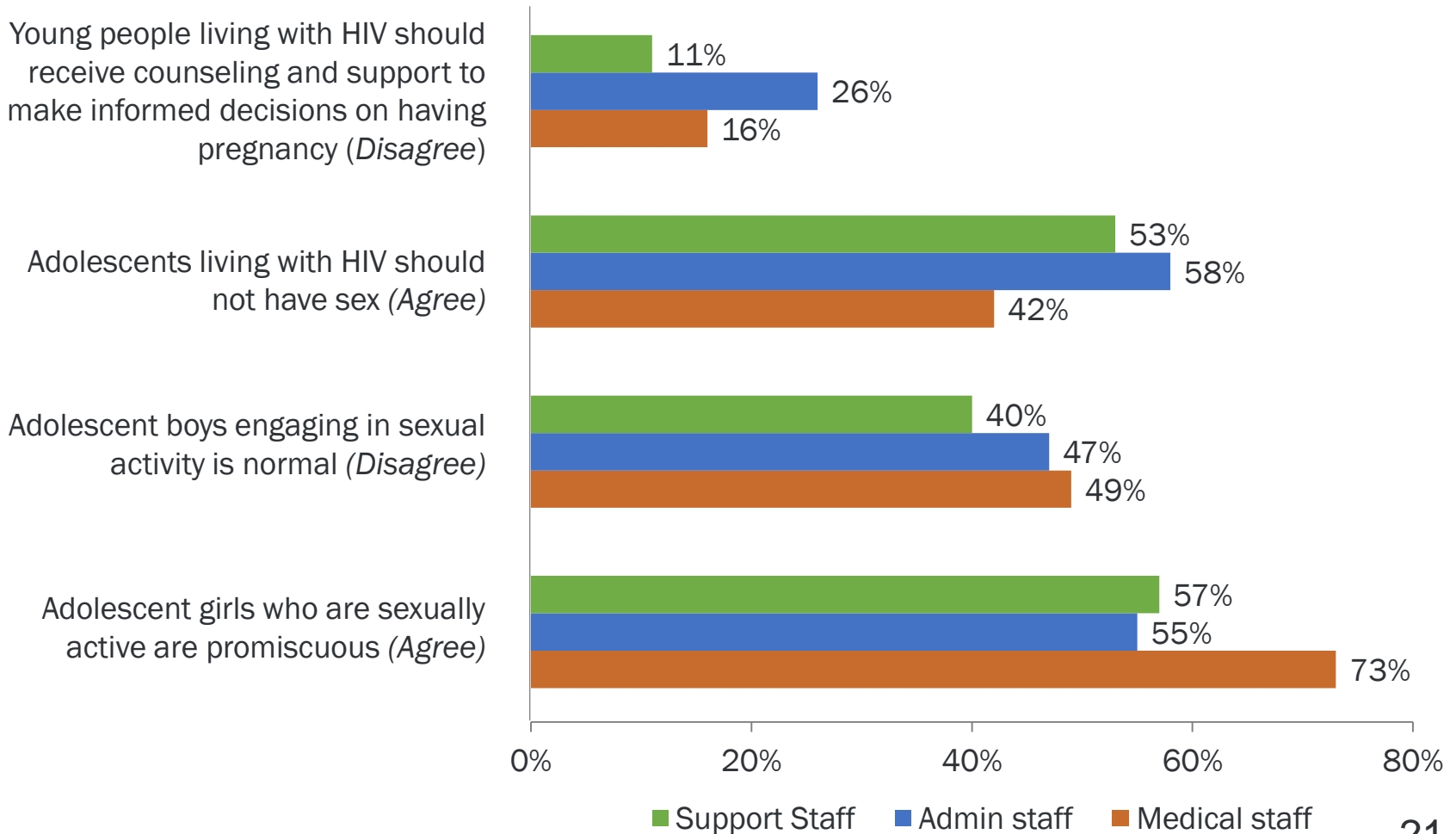
## + Sampling methodology

- Health facility staff: census
- Clients: convenience sample from HIV clinics at the facilities; based on facility case load

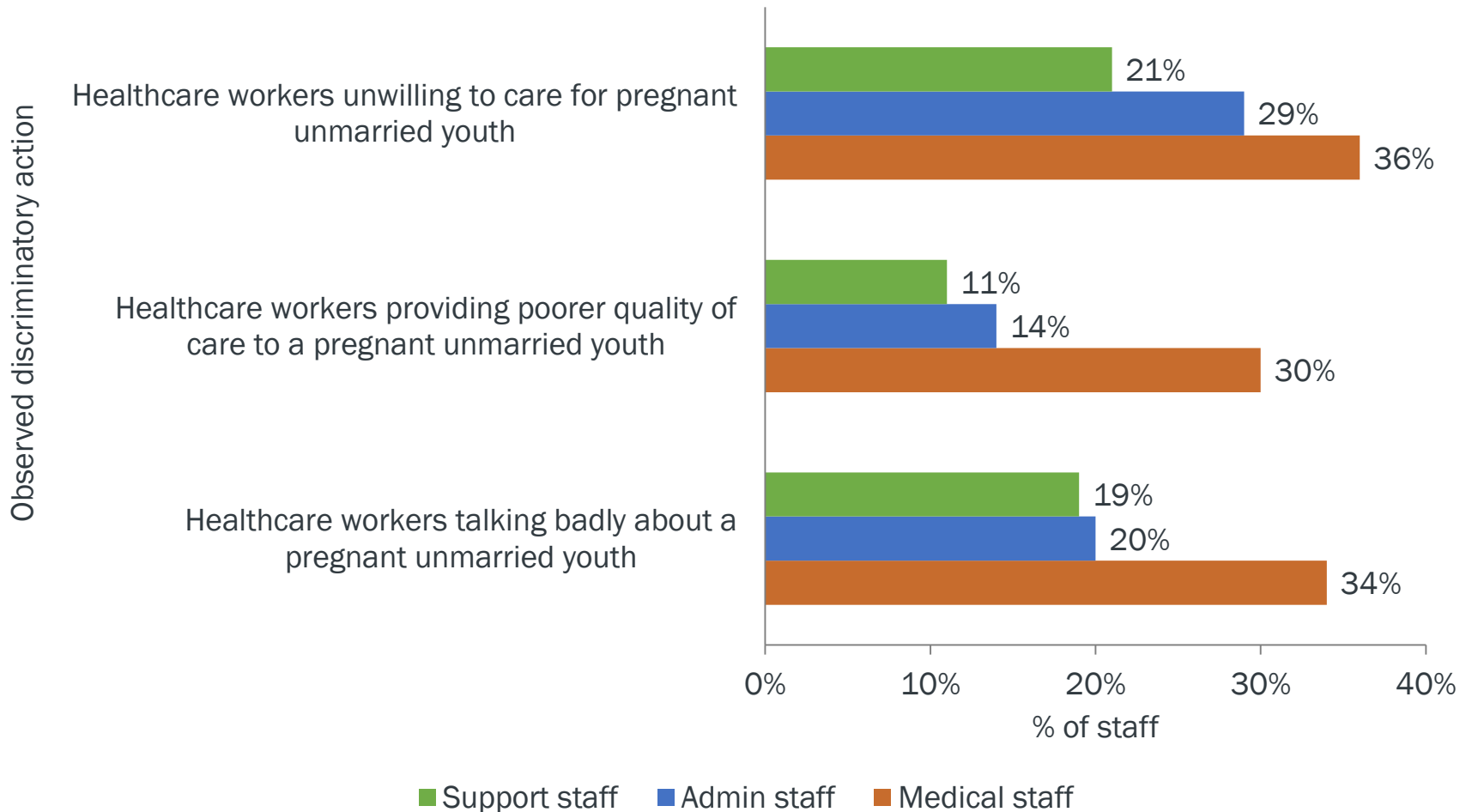


# Findings specific to Adolescent and Young Clients Living with HIV (ages 15-24)

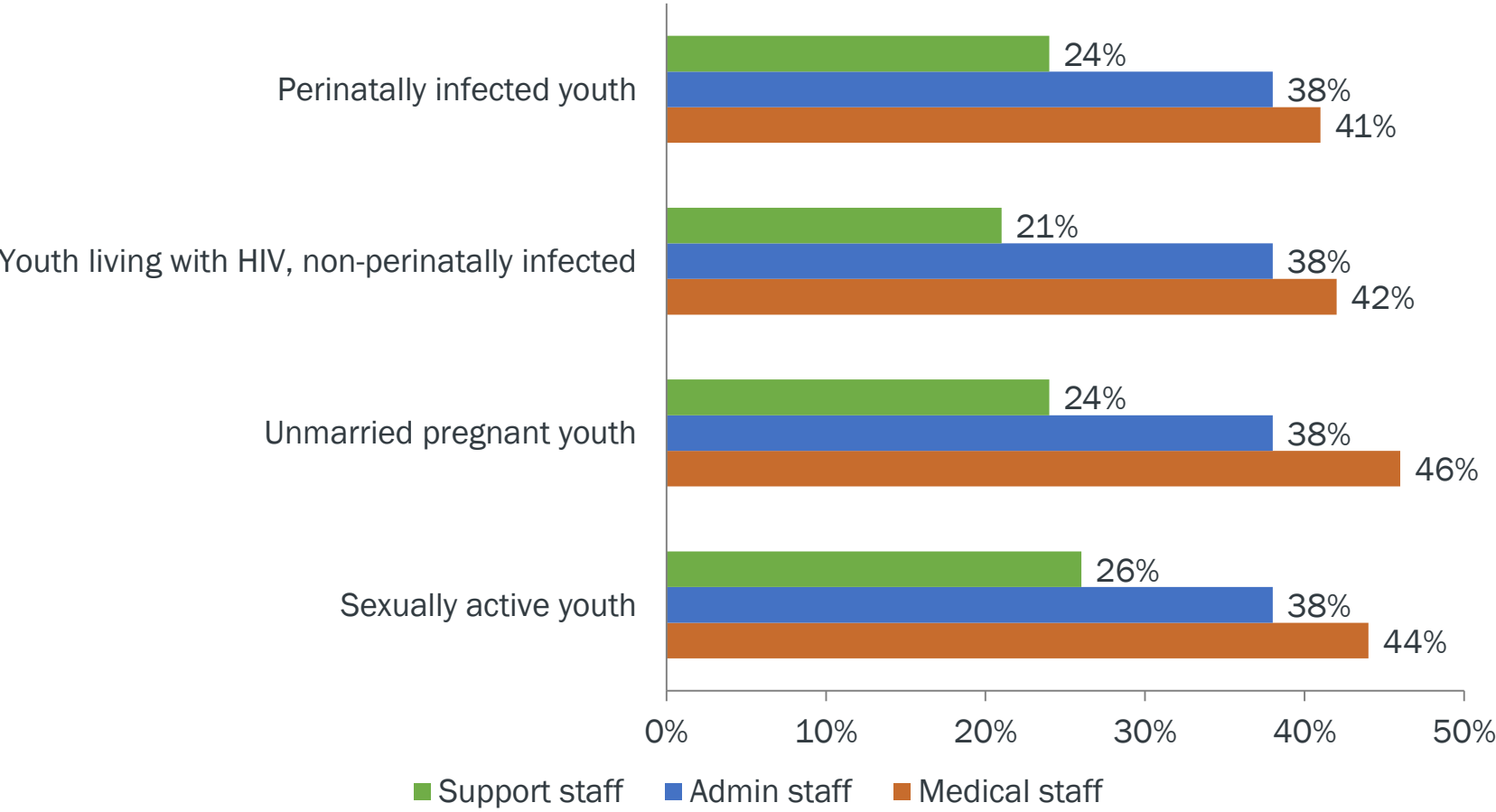
# Health Facility Staff: Attitudes towards Youth



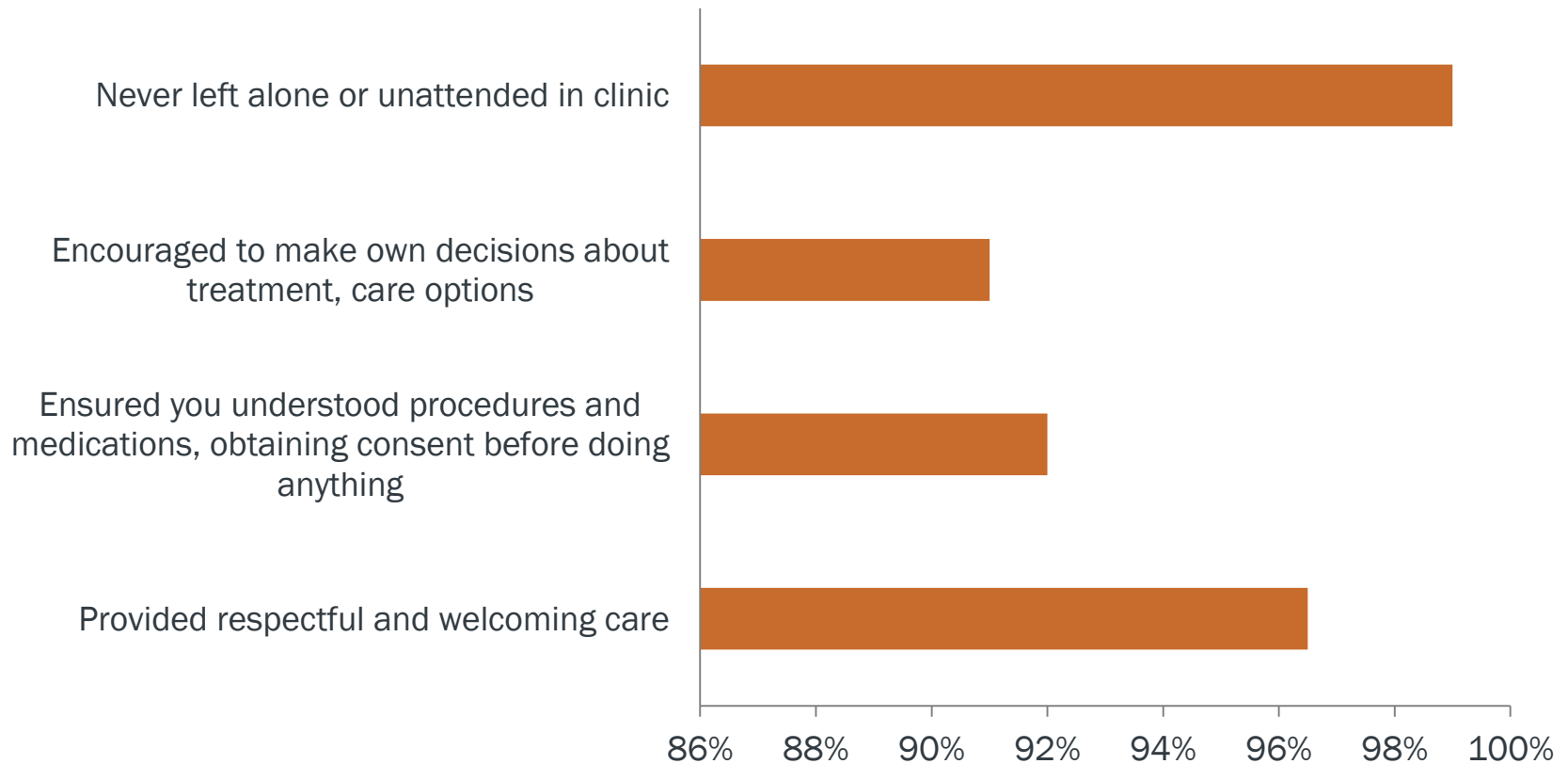
# Health Facility Staff: Observed Discrimination toward Unmarried Pregnant Youth, in Past 3 Months, by Category of Staff



# 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

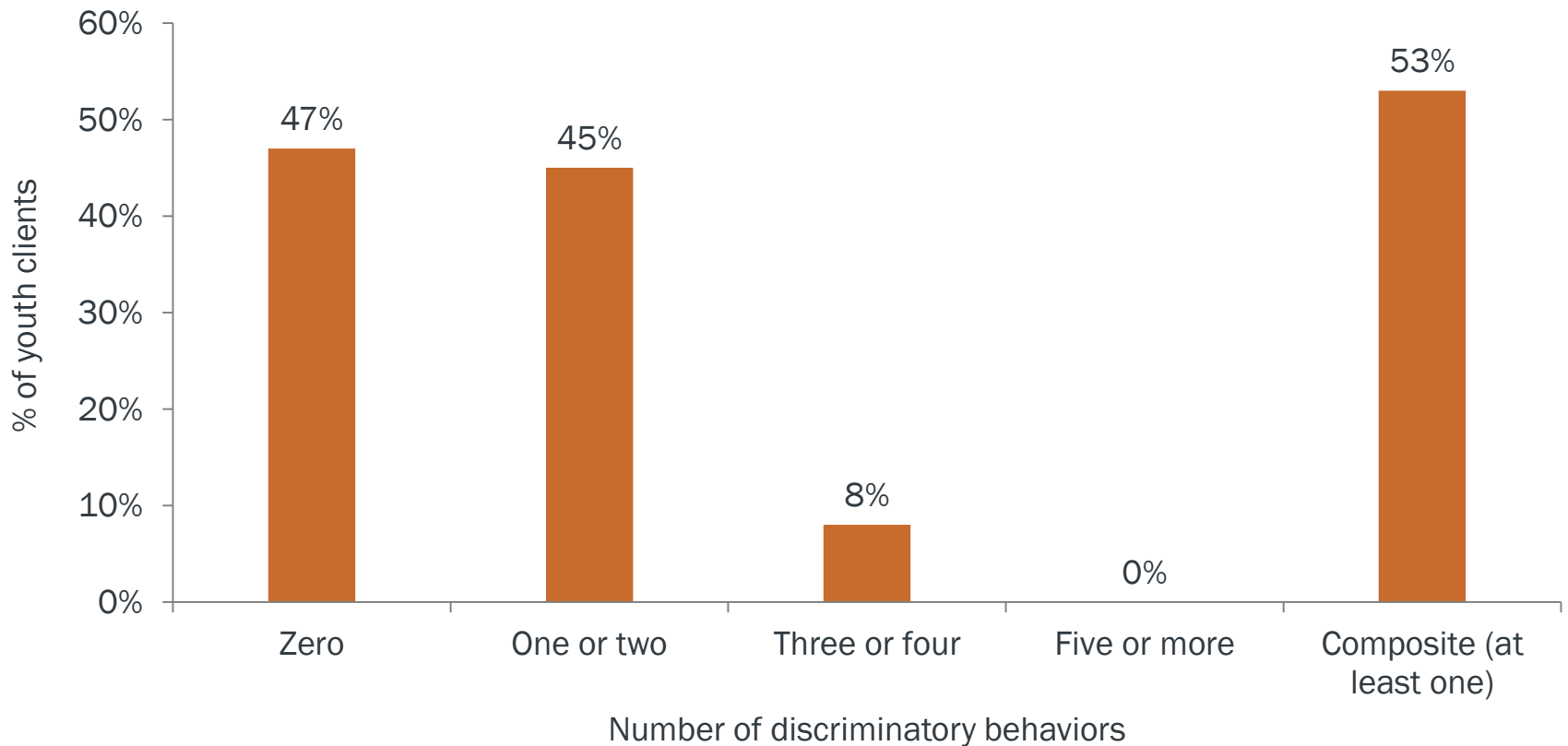


# Youth: Support Experienced in the Past 3 Months

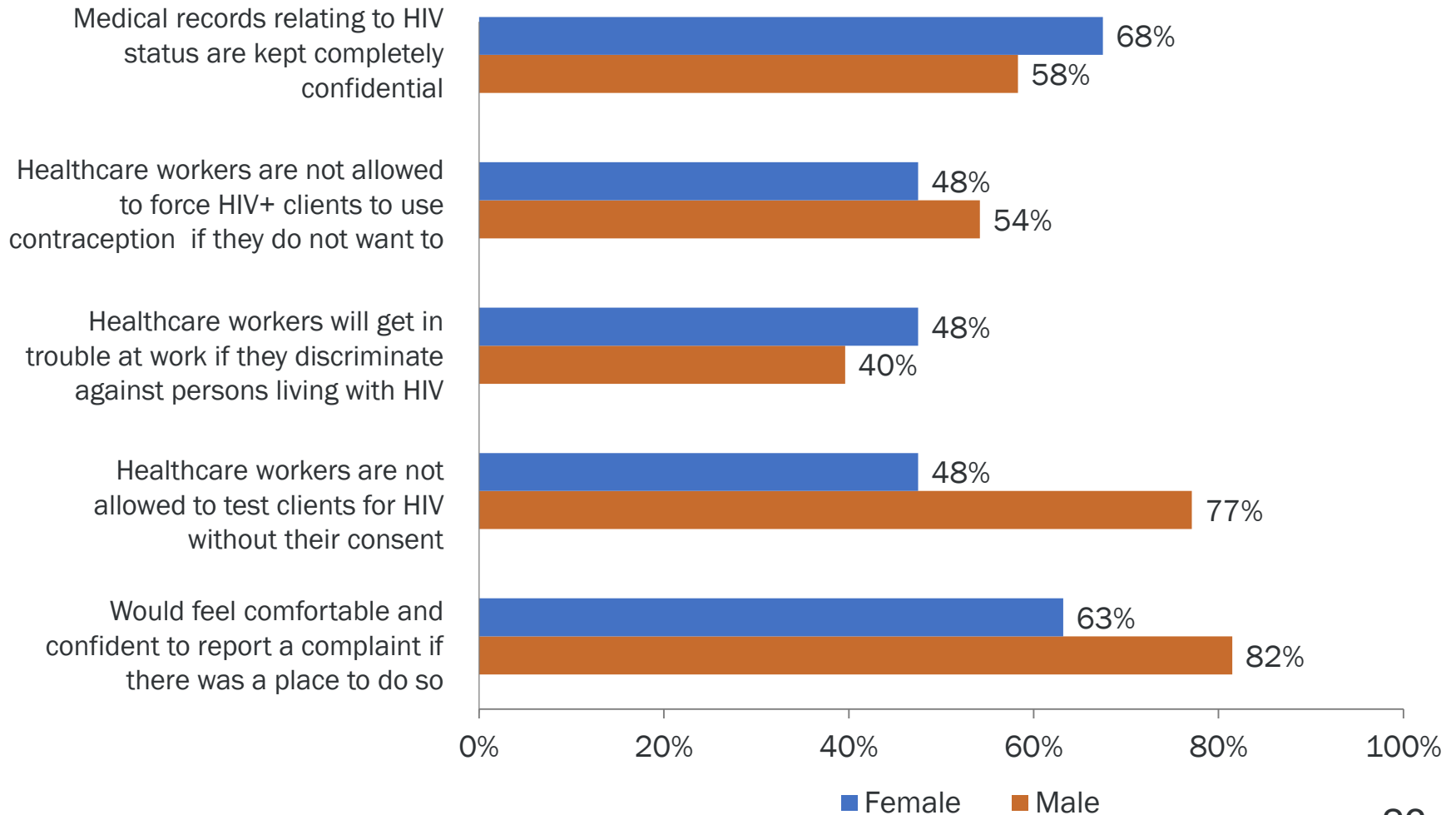




# Youth: Discrimination Experienced in the Past 3 Months *(9 Types of Discrimination Measured)*



# Youth: Perceptions of Facility Policies and Practices





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...

## Fear of workplace HIV transmission

Worry about workplace transmission of HIV and self-reporting use of stigmatizing avoidance behaviors were high

## Attitudes

Negative attitudes about people living with HIV were prevalent

## Health Facility Environment

Awareness and enforcement of policies was low  
Confidentiality a key issue  
Stigma affected the health workers themselves

## Manifestations

Over half of health workers reported observed discrimination  
One quarter of clients reported experiencing discrimination

## Consequences

Over a third of clients are not using their closest HIV clinic: 74% cite stigma as a key reason  
Over half report anticipated stigma leading to delay or avoidance of HIV services

## 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

| Topic   | Corresponding Exercise   |
|---|--|
| Create awareness of what stigma is in concrete terms        | Identify stigma and discrimination through pictures; analyze stigma in health facilities   |
| Understand and address fear of workplace HIV transmission   | Partner work and QQR tool work on non-sexual transmission; role play to review standard precautions  |
| Gender and sexual diversity, S&D towards key populations    | Sexual diversity education and terminology; learn about and connect stigma to human rights   |
| Building empathy and reducing distance (contact strategies) | Listen to first-hand experiences from members of key populations 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  |

*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

| ACTIVITY                      | Launch S&D in facility | Develop banners | Complete training of staff and follow-on trainings | Departmental staff meetings (weekly) with S&D as standing agenda item | Print code of ethics QQR standard precaution guidelines | Develop and produce S&D-depicting stickers/posters | Reporting mechanisms for complaints and compliments | Staff name tags | Conduct evaluation |
|-------------------------------|------------------------|-----------------|--|---|---|--|---|-----------------|--------------------|
| Ekwei St Martin De Porres     | X                      | X               | X  | X   | X   | X  | X   | X               |                    |
| Agormanya St Martin De Porres | X                      |                 | X  | X   | X   | X  |   |                 |                    |
| Brekum Holy Family            | X                      | X               | X  | X   | X   | X  | X   |                 |                    |
| Bekwai Govt Hospital          | X                      | X               | X  | X   | X   | X  |   |                 |                    |
| Tema General Hospital         | X                      |                 | X  | X   | X   | X  | X   |                 | X                  |

# Intervention in Action



*“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.



Thank You!

# HP+

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