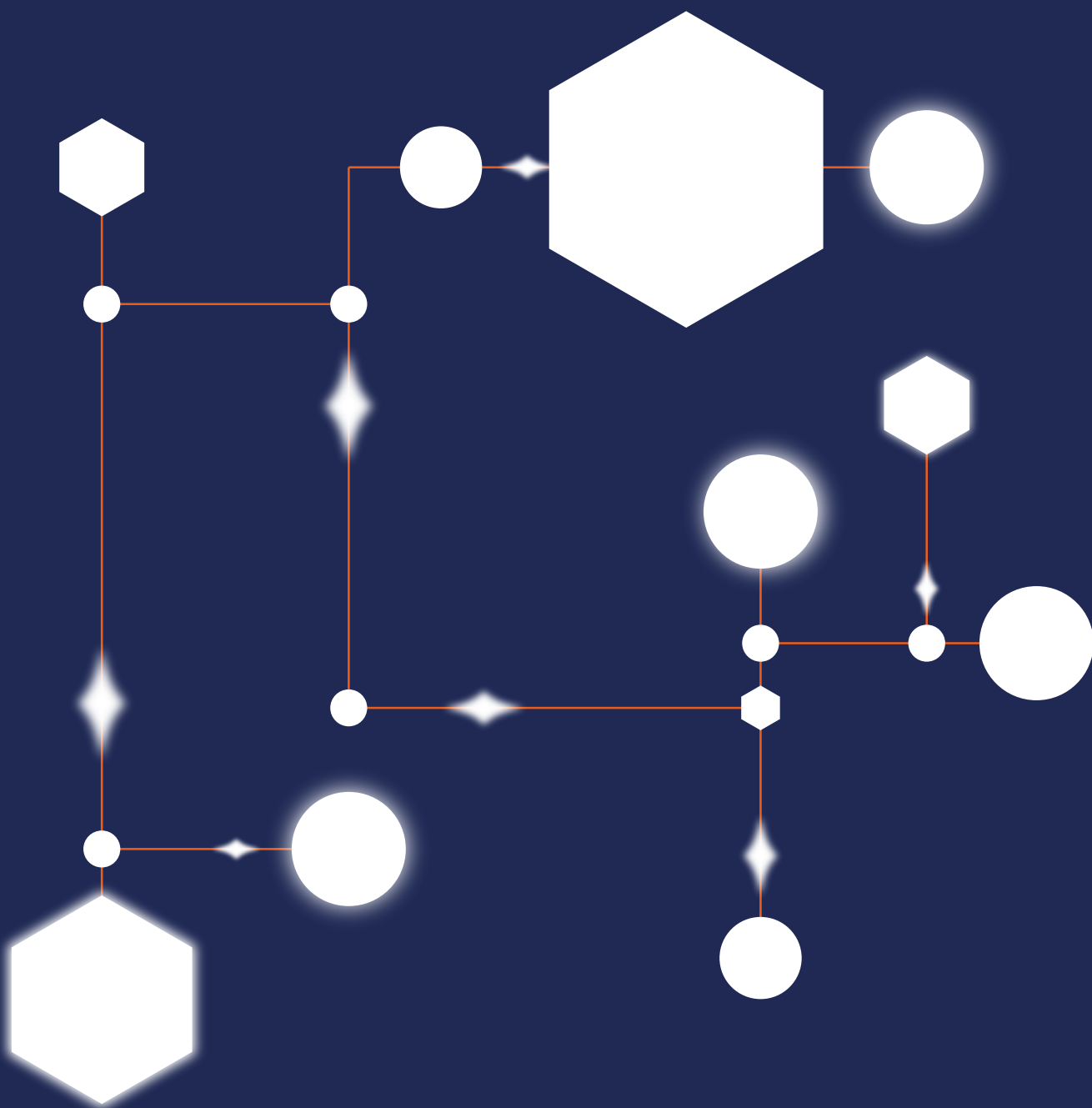

Ensuring quality health care by reducing HIV-related stigma and discrimination

Technical brief



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Abbreviations

ARV	antiretroviral
CLM	community-led monitoring
HSDF	Health Stigma and Discrimination Framework
NGO	non-governmental organization
OAMT	opioid agonist maintenance therapy
PHC	primary health care
PrEP	pre-exposure prophylaxis
QI	quality improvement
R-R-T-T-P-R	Reach – Recruit – Test – Treat – Prevent – Retain
SIDC	Society of Inclusion and Development in Communities and care for all (Lebanon)
STI	sexually transmitted infection
UHC	universal health coverage
WHO	World Health Organization



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Glossary

Actionable drivers of HIV-related stigma	The specific factors that can drive stigma, including fear of contracting HIV in the workplace, lack of awareness and understanding of stigma, health care workers' attitudes and the institutional environment in health care settings, that can be addressed through actions (1).
Equity	The absence of unfair, avoidable or remediable differences among groups of people (2).
HIV-related stigma and discrimination	<p>Any stigma and discrimination that affects the HIV response, including on the basis of sex, gender identity, sexual orientation, drug use, sex work and HIV status.</p> <p>HIV-related stigma is a range of devaluing experiences, such as avoidance behaviours, gossip, verbal abuse and social rejection.</p> <p>HIV-related discrimination can include stigmatizing behaviours that affect the enjoyment of rights, as well as physical abuse, denial of health or social services, denial or loss of employment or education opportunities or even police arrest. It can be embedded in criminal laws, travel restrictions, mandatory testing and employment restrictions (3).</p>
Intersectionality	An analytical lens that examines how different social characteristics (such as gender, class, race, education, ethnicity, age, geographic location, religion, migration status, ability, disability, sexuality, etc.) interact to create different experiences of privilege, vulnerability and/or marginalization (4). People may experience intersectional discrimination or stigma on several grounds, including race, disability and socioeconomic status (3).
Key populations	Defined groups who, due to specific higher-risk behaviours, are at increased risk of HIV, irrespective of the epidemic type or local context. These populations often face legal and social issues related to their behaviours, which further increase their vulnerability to HIV. The five main key population groups are: men who have sex with men, sex workers, trans and gender diverse people, people who inject drugs and prisoners and other incarcerated people (5).
Person-centred care	Care approaches and practices in which the person is seen as a whole, with many levels of needs and goals, the needs being derived from their personal social determinants of health (6).
Primary health care (PHC)	Primary health care is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and well-being closer to communities.
Quality of care	Good-quality health services should be effective, safe and people-centred to realize the benefits of good-quality health care. Health services must also be timely, equitable, integrated and efficient (7).



Right to health	The right to health and other health-related human rights are legally binding commitments enshrined in international human rights instruments. WHO's Constitution also recognizes the right to health. Every human being has the right to the highest attainable standard of physical and mental health. Countries have a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and address the root causes of health disparities, including poverty, stigma and discrimination (8).
Social determinants of health	The non-medical factors that influence health outcomes. Examples of the social determinants of health include income and social protection, housing, basic amenities and the environment, social inclusion and non-discrimination and access to affordable health services of decent quality (9).
Universal health coverage (UHC)	Access for all people to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care (10).



Importance of quality, stigma-free care in health care settings

Providing quality, stigma-free services is essential to equitable health care for all and achieving global HIV goals and broader Sustainable Development Goals related to health (11). Every person has the right to the highest attainable standard of physical and mental health. Countries have a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and address the root causes of health disparities, including poverty, stigma and discrimination (8).

The health sector is uniquely placed to lead in addressing inequity, assuring safe person-centred care for everyone and improving social determinants of health by overcoming taboos and discriminatory or stigmatizing behaviours associated with HIV, viral hepatitis and sexually transmitted infections (STIs). Improving health care quality and reducing stigma work together to enhance health outcomes for people living with HIV. Together, they make health care services more accessible, trustworthy and supportive. This encourages early diagnosis, consistent treatment and improved mental well-being. Thus, people living with HIV are more likely to engage with

and benefit from health care services, leading to improved overall health.

Advances in HIV prevention and treatment, reductions in dedicated HIV funding, opportunities for integration with services for comorbidities and other factors are increasingly leading policy-makers and health system managers to consider shifting towards a primary health care (PHC) approach (12). To ensure that people living with or affected by HIV can access and stay engaged in care, it is critical that PHC workers have the skills to deliver quality, stigma-free HIV and sexual and reproductive health services.

This technical brief outlines priority areas to guide health facility managers through the process of ensuring quality, stigma-free services. In addition, it describes key actions that can be taken to achieve them. Evidence-based good practice examples and implementation studies from a variety of countries are included throughout the brief to highlight and demonstrate how these priority actions can be applied in practice and lead to improved outcomes. While the focus of the brief is on the health facility level, it also applies to community service delivery models (Box 1).

Box 1. Putting this brief in context

This brief:

1. aligns with the World Health Organization (WHO) commitment to eliminate discrimination in health care settings in order to achieve the United Nations 95–95–95 HIV testing, treatment and viral suppression targets. Work toward these targets aims to close gaps in HIV treatment coverage and outcomes in all sub-populations, age groups and geographic settings, striving for universal health coverage (UHC).
2. supports WHO's Global Health Sector Strategies target of fewer than 10% of people living with HIV, hepatitis or STIs and people in key populations having experienced stigma in health care settings (11).
3. identifies opportunities to simultaneously strengthen PHC and meet disease-specific goals, including those for HIV (12). Broadly, these opportunities include political commitment and leadership, governance and policy frameworks, funding and resource allocation and engagement of communities and other stakeholders.
4. supports the goal of the Global Partnership for Action to Eliminate all Forms of HIV related Stigma and Discrimination (2018) (13) and the 10–10–10 societal enabler targets (14). WHO leads the priority area of health care settings in enabling equitable access to the full range of quality health services.



Stigma and discrimination continue to impede access to and uptake of HIV services

Stigma and discrimination hinder individuals from seeking and obtaining HIV-related care and remain a significant barrier to uptake of and access to health services along the HIV continuum. They result in missed opportunities in prevention, delayed testing, missed diagnoses, poor retention in treatment programmes, concealment of health status and, in general, poor uptake of health services (15, 16). Many people from key populations face multiple and intersecting forms of stigma and discrimination based on factors such as age, sex, race, health status, disability, nationality, migration status or criminal record. When coupled with living with or being affected by HIV, this stigma can further impede care. Ensuring that health care services provide quality, stigma-free care is fundamental to support individuals when they are most vulnerable and in need of health services (17, 18).

There is substantial evidence documenting the negative impacts of stigma and discrimination (19). Across countries with available data, up to 21% of people living with HIV have reported being denied health care in the preceding 12 months, and in 11 countries 40% reported being forced to submit to a medical or health procedure (20). In addition, people living with HIV who perceive high levels of stigma are 2.4 times more likely to delay care until they are very ill (21). Importantly, there is also a growing body of evidence that effective interventions can address these issues by focusing on the actionable drivers and facilitators of health-related stigma or its manifestations (5, 22, 23) (Box 2).

Ensuring that health services provide quality, stigma-free care is fundamental.

Stigma and discrimination – related yet distinct

The terms “stigma” and “discrimination” are often used interchangeably. However, they differ, and tailored responses to both are critical to improving the quality of health care.

Stigma (values and attitudes) is a range of devaluing experiences, which can lead to **discrimination** (actions) where they affect the enjoyment of rights. (3)



Box 2. Range of interventions that can address different aspects of stigma and discrimination for key populations

Intervention approach	Description
Information based	Providing information about health and health-related stigma
Skills building	Conducting sensitization or other skills-building activities for health care workers, law enforcement officers and others
Counselling and support	Supportive services for members of key population groups
Contact with key populations	Facilitating interactions between key population members and health care workers, law enforcement officers and others
Structural	Institute anti-stigma and anti-discrimination policies and codes of conduct with monitoring, oversight and opportunities for key population members to report discrimination, including redress and accountability mechanisms
Biomedical	Ensuring UHC and professional, non-discriminatory provision of care, including HIV, viral hepatitis and STI services for key populations

Source: WHO (5).



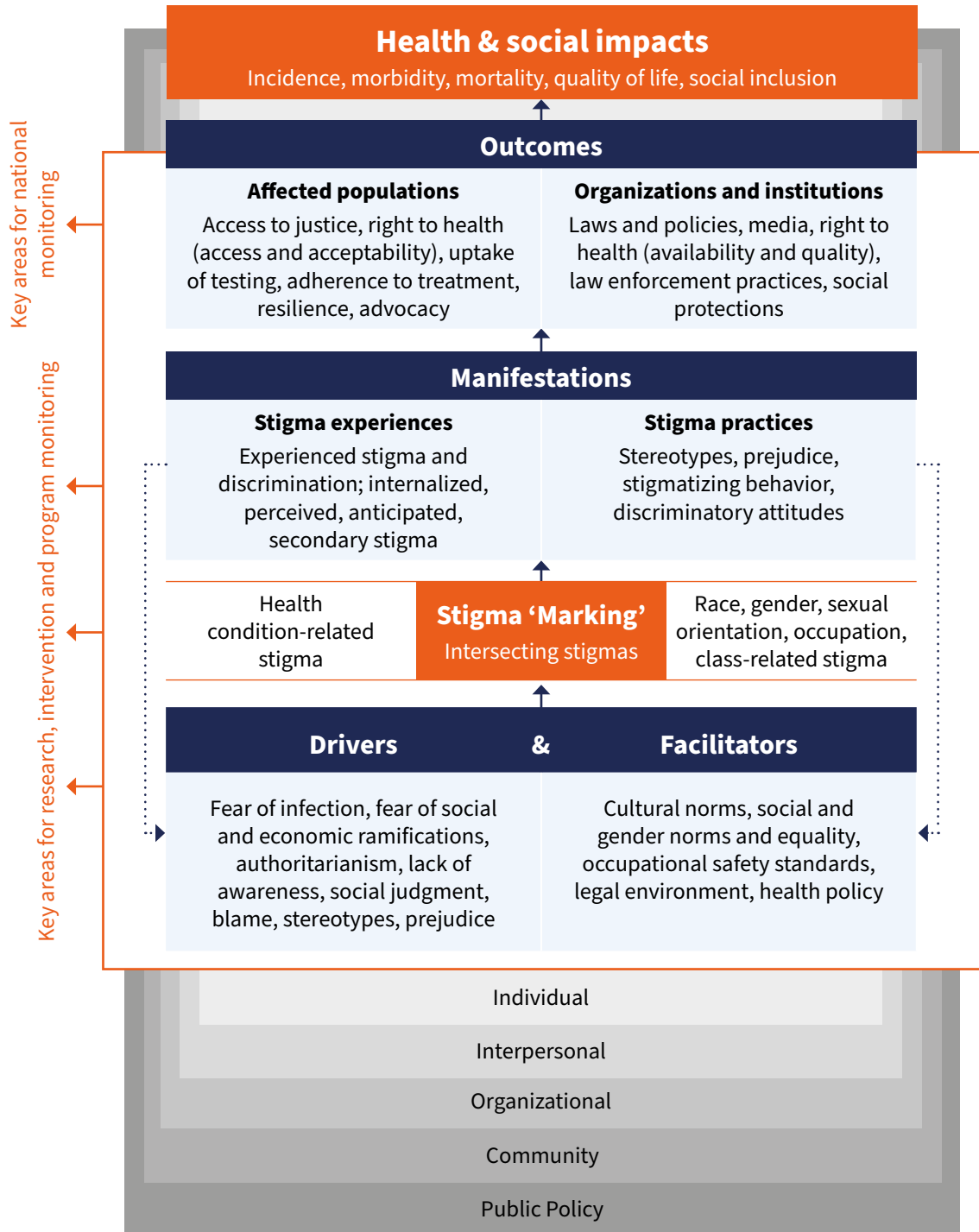
Community nurses paying a visit to an elderly patient in Romania © WHO / Igor Vrabie



The Health Stigma and Discrimination Framework (HSDF) (Fig. 1) describes how these aspects of stigma unfold across our societies and indicates where to intervene with programmes and services and where to target routine measurement to track stigma and

discrimination. The HSDF can inform programme planning, policy development and translational research efforts to address HIV and other health-related stigmas and develop interventions that promote health and well-being (24).

Fig. 1. Health Stigma and Discrimination Framework



Source: Stangl et al. (24).



How can facilities provide quality and equitable care?

Health facilities have many interventions to consider for addressing stigma and discrimination. No single action alone can generate and sustain change; addressing HIV-related stigma in the long term will require a variety of approaches (23). Efforts that are supported across different levels, engage many actors and are sustained over time will be most effective. Enabling affected communities and groups to form the core of the response, engaging opinion leaders and building partnerships will create the most appropriate and, thus, the most effective programming. Success is greatest when strategies are co-developed and guided by those with lived experience of stigma and discrimination in health care settings and, therefore, respond appropriately to the local context. Context is important, affecting how health care facilities are

able to become sites of quality care and achieve UHC by advancing efforts to reduce stigma. These efforts will strengthen feedback mechanisms and accountability for meeting quality standards while at the same time help to shift power dynamics between health care providers and service users (25). In addition, taking a “universal precautions” approach to reducing stigma, which recognizes that all people may experience stigma and discrimination related to one or more aspects of their identities, attributes, practices and/or health conditions, can be useful when framing policies and programmes in facilities (26).

Putting communities at the core, engaging leaders and building partnerships creates the most effective programming.



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Priority areas for ensuring quality, stigma-free services

To ensure quality care that is free from stigma, several key principles and components are crucial. Ensuring person-centredness, quality improvement and enabling environments should be reflected in implementation, evaluation and accountability

mechanisms in health care settings. These three priorities have been identified in the latest evidence of effective interventions and promising practices in diverse global contexts (Fig. 2).

Fig. 2. Three priority areas for achieving quality, stigma-free health care





Priority 1 | Ensure that people are at the centre of processes and that approaches are framed around enabling a high quality of life

It is important to ensure that health care facilities and workers are able to provide person-centred care, which focuses on the health needs, preferences and expectations of people and communities (27).

At the facility and provider levels, key actions to ensure person-centred care that support the achievement of good-quality and stigma-free health care include:

- 1 Increase awareness about stigma, person-centred care and different service models that promote quality care
 - Frame efforts as quality-of-life and holistic approaches to cross-cutting health concerns (rather than as siloed or deficit-based approaches to health conditions) (28).
 - Ensure that health workers have understandable HIV and health literacy information that addresses fears and misconceptions about HIV, including transmission and the role of HIV viral suppression (Box 3).
 - 2 Build trusting relationships and formal engagements with local communities of people living with HIV and key populations representatives. Build the willingness of health care leaders to collaborate with communities as true partners (29, 30).
 - 3 Build the capacity of a multi-disciplinary health workforce through ensuring sufficient numbers of workers with good competency levels (23).
- Convene participatory training approaches that include HIV specialists and are co-designed and co-facilitated with community representatives.
 - Address internalized stigma, unconscious bias, empathy, coping, privacy and confidentiality and related topics.
 - Disseminate lessons learned from research and peer experiences.
 - Use gender-appropriate language.
 - Provide effective supervision and fair compensation to improve retention of health workers.
 - Offer co-counselling for HIV, mental health, substance use conditions and sexual and reproductive health as appropriate.
 - Establish trusted referrals to connect service users and providers to other sources of help and support.
 - Develop approaches to strengthening social support, such as engaging family members or partners in raising awareness of stigma (31).
- 4 Use digital technologies in ways that strengthen privacy and confidentiality, facilitate access to care and service delivery and improve effectiveness, efficiency and accountability (32).

Person-centred care focuses on individual needs and reduces stigma and discrimination against all clients.



Box 3. The role of HIV viral suppression in improving individual health and reducing transmission and the U=U campaign

In 2023 WHO published a policy brief describing key HIV viral load thresholds and the available viral load testing approaches for monitoring how people living with HIV respond to antiretroviral therapy (33). HIV viral suppression is critical to improve health, prevent sexual transmission, and reduce perinatal transmission. The policy brief details the findings (box below).

- *There are three key categories for HIV viral load measurements: unsuppressed (>1000 copies/mL), suppressed (detected but \leq 1000 copies/mL) and undetectable (viral load not detected by test used).*
- *People living with HIV who have a viral load undetectable by any WHO-prequalified combination of sample and testing platform, including dried blood spot samples, and continue taking medication as prescribed have zero risk of transmitting HIV to their sexual partner(s).*
- *People living with HIV who have a suppressed but detectable viral load and are taking medication as prescribed have almost zero or negligible risk of transmitting HIV to their sexual partner(s).*

The bottom-line message for people living with HIV and the general public is that **a person with an undetectable viral load who continues taking medication as prescribed cannot sexually transmit HIV**. Thus, HIV viral load test results can be a motivation for adhering to treatment and achieving the ultimate goal of an undetectable viral load. Emphasizing and strengthening adherence counselling during initiation of ARV therapy and throughout treatment are essential, including communicating about the prevention benefits of viral load suppression to all people living with HIV.

Community-led initiatives that communicate the benefits of viral suppression, such as Undetectable = Untransmittable (U=U) campaigns (see <https://preventionaccess.com>), provide helpful messages and tools to encourage people living with HIV to achieve and maintain viral suppression. This can reduce anxiety about transmitting HIV to sexual partners, support safer conception for serodiscordant couples and reduce community stigma. WHO guidance encourages the use of U=U messages as part of counselling, educational information and demand creation activities.

Educating health care providers about viral suppression and the importance of messaging about U=U could enhance efforts to reduce stigma (34). Knowledge and understanding of U=U can be a highly effective tool for destigmatizing HIV and reducing associated discrimination (35).



Planning with communities: Designing non-discriminatory, rights-based, youth-friendly PrEP services for adolescents (36)

Brazil

A study in São Paulo, Brazil, has documented how programmes aimed at improving providers' knowledge of HIV prevention and their ability to provide tailored care can reduce stigma-related barriers. A sub-study, nested within the PrEP 1519 study, interviewed adolescents to learn their perspectives on pre-exposure prophylaxis (PrEP) services. The study concluded that providing youth-friendly differentiated services based on upholding adolescents' human rights is crucial to ensuring their engagement and adherence in HIV prevention and care.

The study explored with participants the importance of various aspects of human rights in service delivery and how these aspects mattered to them. Using an approach grounded in the standards and principles central to a rights-based approach to health service delivery, the study found that all participants valued inclusion and equal treatment, including using clients' chosen pronouns, protecting privacy and confidentiality and seeing themselves represented in the clinic by health care workers who were also part of their community. In addition, the following actions were significant to a person-centred approach:

- ◆ providing a safe space for adolescents to feel accepted
- ◆ relaying information in a youth-friendly way
- ◆ using clear language
- ◆ supporting young people's capacity to make autonomous, well-informed decisions for their own health.

This example shows how embedding a study within a large trial can provide insights on community priorities for addressing stigma, discrimination and human rights. These insights can inform the planning and delivery of quality health services.

Involving communities in planning and holding facilities to account is an important quality improvement approach and can bring stigma reduction to the fore in HIV prevention services.



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Integrating opioid agonist maintenance therapy (OAMT) into primary care settings and enabling intergroup contact reduces stigma towards people who inject drugs in Ukraine (37)

Ukraine

Integrated service delivery in primary care that uses differentiated approaches, with strong linkages with specialized and social service, is effective for reducing stigma that stands in the way of ending the syndemics of HIV, tuberculosis, viral hepatitis, STIs and OAMT.

In Ukraine, as part of a large implementation trial facilitating knowledge exchange between specialists and primary care providers (Project ECHO), OAMT was integrated into 24 primary care clinics across 12 regions. Project ECHO is a support tool developed to treat clients with chronic conditions who do not have direct access to specialists. It addresses clients' need for holistic care, including screening and treatment for co-morbid conditions.

Results showed that moving delivery of OAMT from specialized treatment centres to primary care settings improved clinicians' attitudes and significantly reduced stigma towards people who inject drugs. Based on the assessment of providers' responses in structured surveys after direct and indirect contact with people who use drugs, this improvement can be linked to increased contact between people who inject drugs and primary care providers. Reduction in stigma was also associated with greater engagement in preventive health services and screenings among people who inject drugs.

The findings show how the integration of OAMT and other HIV services into primary health care and associated capacity development of the health workforce can reduce stigma by:

- ◆ providing continuous support to primary care providers through information and competency development for integrated services;
- ◆ supporting contact and facilitating understanding about the needs of diverse communities, including people who use drugs;
- ◆ using implementation science to validate approaches to reducing stigma in health care settings and improving attitudes towards people who use drugs.



Reducing intersectional stigma towards key populations in health care facilities: The PRISM Ghana-adapted Total Facility Approach for stigma reduction in health facilities (38-41)

Ghana

In Ghana a multi-level intervention that included the Total Facility Approach for health facilities and other peer support for key populations reduced stigma among health care workers. Men who attended intervention facilities were significantly more likely to get tested for HIV than men who attended non-intervention facilities. The evidence-based Total Facility Approach addresses actionable drivers of stigma (fear of HIV transmission, awareness of stigma, attitudes and health facility environment) and recognizes that involving staff, both medical and non-medical, in stigma reduction efforts helps transform the facility environment. Activities included delivering training to other staff members, systems for client complaints and compliments, placing and posting public notices of commitment to stigma-free facilities, as well as integrating stigma reduction efforts into existing structures and processes.

Teams of stigma reduction champions at the facility level formed to develop action plans and lead stigma reduction activities, which were supported by small grants. The following actions by the stigma-reduction champions effectively transformed the environment as well as individuals.

- ◆ The champions worked cooperatively with management to design, plan and deliver facility stigma-reduction activities.
- ◆ Stigma-reduction training of trainers built:
 - participatory facilitation skills;
 - knowledge of relevant content;
 - interpersonal competencies, for example, respecting privacy and confidentiality, use of non-stigmatizing and inclusive language.
- ◆ The contact and partnership with diverse communities was encouraged.
- ◆ Approaches to address stigma attached to intersectional identities were implemented.
- ◆ Participatory training for all staff was conducted, offering flexible schedules to accommodate training across the range of facility staff.

“We found the HIV stigma-reduction Total Facility Approach materials and approaches were readily adapted to address intersectional stigma in Ghana. The participatory approaches and on-site delivery of training for all levels of staff were well received and are approaches that will translate well across facility types and country settings.” – Emma A. Banning, Team Leader, Educational Assessment and Research Centre





Priority 2 | Build stigma reduction into facility-based quality improvement approaches to improve quality of health care services

Improving quality of care is an ongoing process, not a time-limited activity. Therefore, quality improvement mechanisms should be routinely integrated into health service delivery. In addition to capacity building for the health workforce, achieving change requires engaging various levels within the facility to reduce stigma and discrimination, such as facility level managers, administration and department leads. These changes at facilities can be large or small but always should be guided by the community of health care clients and the facility's workforce at all levels.

Key actions to situate stigma reduction within quality improvement include:

- 1 Invest and allocate funds at the facility level specifically to reduce stigma through quality improvement.
- 2 Create effective structures that make it easier, faster or more efficient for organizations to continuously improve the quality of care (42, 43).
 - Use health information systems to generate reliable data that can inform quality improvement at the interpersonal and facility levels.
 - Establish accountability mechanisms to assure that services are stigma-free, such as:
 - o service user satisfaction survey
 - o end-user focus group discussions
 - o quality audits
 - o review and response protocols for reported incidents.
- 3 Institutionalize routine learning, reflection and quality improvement (23) by:
 - strengthening research and learning, including through case reviews, sharing of best practices and response to reports of maltreatment, and reporting in detail of how interventions have been conducted and evaluated;
 - encouraging and providing support for good practices and quality improvement processes focusing on reducing stigma and discrimination;
 - identifying quality of care champions at all levels to foster awareness of the need to oppose stigma and discrimination;
 - encouraging and providing support for learning and improvement.
- 4 Foster inclusive, respectful, safe, friendly and non-discriminatory workplace cultures in health care by
 - modify physical facility and client pathways by carefully planning waiting areas, exam areas and other factors;
 - developing and displaying codes of conduct.

Quality improvement should be ongoing and its mechanisms, built into service delivery.



Enhancing human-rights affirming and non-discriminatory policies between professional medical associations: Implementing codes of conduct on stigma-free services for key populations and people living with HIV

Lebanon

The Society of Inclusion and Development in Communities and care for all (SIDC) (44), the Order of Nurses, the Social Workers Syndicate and others in Lebanon developed and published a joint position statement on stigma-related issues that key populations and people living with HIV were facing when accessing services. This statement came in response to evidence presented through a series of meetings about the findings of the Rights – Evidence – ACTion (REAct) tool, which records, monitors and triggers responses to human rights violations that take place when people access HIV and health services (45). The statement emphasized the right of individuals and vulnerable groups to access health care services with dignity, free from stigma and discrimination. In another response, the Lebanese Order of Midwives focused on their anti-discrimination policy, which seeks to foster equality, protect human rights, enhance diversity and create environments where everyone can benefit from midwifery services. The policy reflects a commitment to justice, respect and the inherent worth of every individual.

In 2022, as part of the project, “Gateway to better health – Improving access to health care for vulnerable populations in Lebanon”, SIDC continued its advocacy work with the three orders/syndicates, encouraging them to implement guidelines in their codes of conduct that protect key populations and people living with HIV from stigma and discrimination. In addition, in June 2024, the Social Workers Syndicate and the Order of Midwives jointly convened an event to share experiences with tackling stigma and discrimination at health care settings.

“More joined-up efforts are needed as professionals to response to stigma.” —Dr Nadia Badran, President of the Social Workers Syndicate

“Through this anti-discrimination policy, we aim to improve the infrastructure of our Order in accordance with the framework of human rights. We hope to develop the performance of midwives and emphasize our commitment as the Order to non-discrimination towards members and beneficiaries, as well as the members’ commitment towards their Order and beneficiaries, especially the most vulnerable.” —Dr Rima Cheaito, President of the Lebanese Order of Midwives

This example shows how collaboration between health care leaders and organizations can enhance inclusive and non-discriminatory workplace cultures in health care facilities by:

- ◆ establishing and enforcing clear codes of conduct for health care workers
- ◆ establishing safe and responsive feedback mechanisms
- ◆ formalizing partnerships with diverse communities
- ◆ sharing best practices between professional associations.



Priority 3 | Ensure that approaches to reducing stigma engage structures and systems

Addressing health-related stigma requires a multifaceted approach, given the interconnected nature of the factors affecting health. This means engaging with various levels of society, including individuals, families, communities, the general population, peers, and institutions and systems. In particular, building the trust of communities is essential. Health care facilities, management and competency development approaches should be designed, implemented and sustained in collaboration with communities to attain quality care for all. (39)

A multifaceted approach is essential for addressing stigma.

Key actions to create enabling environments for quality health care include:

- 1 Strengthen collaborations and sharing of expertise among health care leaders.
- 2 Engage and broker partnerships between all stakeholders.
 - Offer practical support and opportunities for people living with or affected by HIV to engage actively and meaningfully in health systems planning and quality improvement efforts.

- Develop institutional cultures in health care facilities that promote quality improvement and zero tolerance of stigma. Instruments for this include workplace standards and mainstreaming such standards through cross-sectoral partnerships – for example, with higher education, labour unions, justice and medical professional colleges and associations.
- Strengthen procedures and operational guidelines, such as occupational safety standards, standard operating procedures, codes of conduct, anti-discrimination and anti-harassment policies and non-discriminatory employment processes and selection criteria.

- 3 Explore developing and scaling up community-based and community-led service delivery.
 - 4 Develop and strengthen services networks, including trusted referral pathways to social, legal or other services.
 - 5 Advocate and campaign for investment in interventions that reduce stigma and unconscious bias, including across social determinants of health.
-

Building the trust of communities is best achieved through collaboration.



Scale up and nationalize policy commitment to integrating stigma and discrimination reduction efforts throughout the HIV response (46)

Thailand

Partnerships among communities, government, civil society, nongovernmental organizations (NGOs) and development partners are crucial in putting reduction of stigma and discrimination on the national agenda.

In Thailand a stigma and discrimination reduction package for health facilities was developed by the Ministry of Public Health – the “3x4 approach”, which includes:

- ◆ working across three levels – individual, system/health facility structure and health facilities/ community;
- ◆ addressing four actionable drivers of stigma – lack of awareness and understanding of stigma, concerns about workplace acquisition of HIV, negative health worker attitudes and facility environment.

Key partners and stakeholders engaged in participatory training, and core teams of champions were established to lead facility-specific activities. These activities included establishing a code of practice, linking with communities and convening learning sessions with clients. An e-learning curriculum addressing the drivers of stigma and discrimination, developed in 2019, reached a high proportion of staff in every facility in the country. In 2022 the National AIDS Committee endorsed U=U as a national strategy to reduce stigma and eliminate discrimination. The Committee plans to develop U=U e-learning and communication tool kits as an intensive strategy to address stigma and discrimination.

Pre- and post- evaluations of the pilot 3X4 programme provided initial insights, and a modified approach was expanded to 48 health facilities in 16 provinces. Modifications included shortening training and developing video testimonials instead of an in-person panel and adding a programme aimed at reducing internalized stigma and integrating continuous quality improvement activities, such as case conferences for service and system quality improvement. In the latest National Action Plan, Thailand plans to expand the 3x4 packages, with a goal to reach 80% of targeted health facilities by 2027.

Thailand is one of the first countries to successfully integrate stigma and discrimination reduction efforts into its national HIV response. The Ministry of Public Health also accelerated its implementation of ending AIDS and integrating prevention and care packages under the concept of Reach – Recruit – Test – Treat – Prevent – Retain (R-R-T-T-P-R) (47) to provide key populations and other populations at high risk of HIV with greater access to health services. Scale-up of the integration of stigma and discrimination reduction efforts into R-R-T-T-P-R is one of the major strategies to reach affected populations.

The goal to reduce stigma and discrimination was cemented through a costed operational plan (National Operational Plan for Ending AIDS 2015–2019) (48), which serves as a roadmap for translating policy into actionable, focused measurement and intervention activities. Routinely measuring progress at facility level to address stigma was integrated into the national HIV monitoring and evaluation plan, leading to a national systematic surveillance system that monitors experiences of key populations and the general population. Specific questions on stigma and discrimination were added to the existing national surveys, and simplified and standardized measures were developed to regularly collect data.



This example highlights how enabling environments, by aggregating facility interventions and monitoring, support good quality health care and reduce stigma. Indicators and baseline data on stigma and discrimination can help facility management and staff to understand the different forms of stigma, to measure their prevalence and impact and to develop plans for action. At the same time, these data are informing the expansion phase at the national level. The efforts in Thailand demonstrate how health sector leadership can scale up effective attention to reducing stigma and ensuring quality from facility to national levels.

Engaging and responding to stigma in health care settings

Strong partnerships between health care and community leaders are key for ensuring quality, stigma-free health services.

Health care leaders

Health care leaders play a critical role in promoting and assuring quality and equitable services that are free from stigma and discrimination. Institutional policies and practices must enable this vision, deliberately creating and fostering an inclusive and healthy work environment where leaders model good practice and adaptive responses address individual and team challenges (49).

Health workforce

All health and care workers must be equipped with the critical consciousness to be mindful of their own values and attitudes, as well as know the tools and approaches for offering stigma-free, inclusive, person-centred quality services. At the facility level, this includes all staff who perform any administrative, auxiliary or medical services.

It is also crucial to consider that health and care workers living with HIV face their own challenges. They not only need to possess these skills but also benefit from receiving support and understanding from their colleagues (Box 4). This involves health care facility staff actively supporting and advocating for their clients and colleagues by being upstanders (Box 5).

Box 4. Health and care workers living with HIV

Health and care workers living with HIV, as well as those who provide HIV-related services and various services for key populations, may practice stigma themselves and at the same time experience others' stigmatizing attitudes and actions. Health and care workers need safe, supportive and dignified conditions for work. The WHO Global health and care worker compact provides recommendations to safeguard health and care workers' rights and promote a safe and enabling environment free from racial and all other forms of discrimination (50).



Box 5. Being an upstander (51)

Fear of perpetuating stigma and discrimination should not stop individuals and organizations from calling out stigma and discrimination and being open to learning and changing behaviours, structures and systems (52).

Leaders at all levels of the health sector can emphasize to staff the importance of becoming an upstander, rather than a bystander, to promote positive change. An upstander is someone who sees what happens and intervenes, interrupts or speaks up – for example, in response to witnessing stigma, discrimination, racism, homophobia or bullying (53). When an upstander acts in such a situation, the person affected (for example, the person being stigmatized or bullied) may feel supported. This may reduce the longer-term effects of that negative experience, such as anxiety and depression.



Supporting stigma-free services for health care workers living with HIV (54)

Zambia

Confidentiality and privacy are key to people's willingness to access HIV care services, and this is as true for people living with HIV who are themselves health services providers as it is for other health care users. A recent qualitative descriptive study in Zambia evaluated manifestations of HIV stigma among health care workers in health care facilities. The analysis from interviews and questionnaires highlights the gaps and concerns about stigma and describes how health care workers living with HIV in Zambia found alternative strategies to "quietly navigate" stigma and protect their confidentiality and privacy when accessing HIV care and collecting antiretroviral therapy drugs.

"I think if we had anti-stigma training across the board [as a standalone,] it would be great, to know that all health workers received training to recognize stigma, rather than just tag it into other trainings..." — District health director

"Even I cannot be open all the time about my status. When I go to collect my ARVs, I put on my Nurses Tutor uniform so that no one knows why I have come. They think I am just there as a tutor. And with my family, when I hear the way they talk about HIV, the negative things they say, I cannot tell them. Only a few family members know I am living with HIV." —Senior volunteer, Zambia Network of People Living with HIV



The study noted specific strategies used by health care workers living with HIV to protect their confidentiality and privacy. These strategies could be implemented in facilities.

- ◆ counselling outside of normal clinic hours
- ◆ collecting ART in plain packages
- ◆ at-home HIV services such as self-testing or home delivery of ART
- ◆ integration of services
- ◆ digitalization of health records.

In addition, shared respect for confidentiality and privacy among all staff could be encouraged through codes of conducts and capacity-building promoting ethical behaviour.



Communities

Community leadership and engagement at all levels, including in designing stigma reduction interventions, are essential to ensure quality care and support efforts to overcome stigma and discrimination. In addition, communities play a pivotal role in promoting accountability, including through community-led monitoring (CLM) – a process

that can provide structured, real-time data to drive improvements in care and is an essential component of a national HIV health information system.

Community groups, such as those involving people living with HIV, members of key populations, young people, women and girls and other groups affected by HIV, should determine the focus of CLM (32). More information on CLM and on the People Living with HIV Stigma Index 2.0 can be found in Annex 2.



Health workers helping communities disseminate information about viral suppression to reduce stigma and discrimination towards people living with HIV

Cambodia

In December 2023 the Cambodian People Living with HIV Network, the ARV Users Association and the Cambodian Community of Women Living with HIV, in collaboration with partner organizations, organized two U=U information campaigns in the Siem Reap and Banteay Meanchey provinces in Cambodia. The campaign aimed to raise awareness of the U=U message and to reduce stigma against people living with HIV. This was accomplished by disseminating and facilitating the uptake of guidance and technical documents on U=U and engaging with health care workers to produce campaign materials in the local language. These materials emphasized that ARV adherence was still the key advice underpinning messages about U=U.

In each province 150–200 participants, including representatives of government, civil society, partner organizations, community and representatives from ART clinics, paraded through the streets on tuk-tuks and bicycles, holding up banners and chanting slogans about the importance of U=U in both Khmer and English. Also, key messages were amplified through an online social media campaign. ART clinics participated in the campaign with increased commitments to integrate U=U messages into routine counselling for people accessing ART services.

“The U=U campaigns really showed the powers of community leadership. For community leadership to be strong and meaningful, it must include partnerships with key partners, such as government, development partners, civil society and local authorities, which will result in real positive impact in the lives of people living with HIV and key populations.” —Seum Sophal, Cambodian People Living with HIV Network and the Joint Forum of Networks of People Living with HIV and Most At-Risk Populations

This example highlights how, as leaders respected within their communities, health care workers can be allies supporting community initiatives and advocates and can play a crucial role in leveraging influence beyond the health sector to reduce stigma.



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Considerations for planning, implementing and evaluating facility-level interventions to reduce stigma and improve health care

Planning, implementing and evaluating quality improvement interventions in facilities are crucial steps for improving outcomes. It is important to consider several factors in the design of these steps, such as how to meaningfully engage key stakeholders, securing and allocating appropriate resources, including funding and personnel, and utilizing tools and approaches tailored to

the facility. Annex 1 outlines considerations when planning, implementing and evaluating an intervention to address the actionable drivers of stigma and ensure good-quality health care. Facility-based interventions that consider these elements and are specific to their context can lead to significant improvements in health outcomes.

Monitoring, evaluation and learning

Routine data collection and quality improvement activities can help to promote stigma and discrimination reduction activities and enhance person-centred care across various contexts (Box 6). Facility-level data can contribute to measuring the indicators and comprehensive reporting for Global AIDS Monitoring (Annex 2). Quality monitoring and measurement should be continuous, utilizing diverse data sources. Often, these monitoring processes are already present and need only to be

adapted, expanded and consistently monitored. These processes include, but are not limited to, seeking and responding to client feedback, disaggregating clinical performance data by key populations, assessing patient experiences and evaluating the HIV health literacy of facility staff. Several standardized and validated measures are available to support appropriate monitoring and evaluation (Annex 2).

Box 6. Quality improvement and stigma reduction in South-East Asia

Lessons learned from the Quality Improvement (QI) Learning Network in South-East Asia highlight how peer learning and application of QI methods has reduced HIV-related stigma and discrimination in health care settings. Using data from health care worker surveys, client feedback and clinical performance data, facilities apply QI methods (for example, process mapping and plan-do-study-act cycles) to identify root causes of suboptimal outcomes and then implement tailored interventions to reduce identified gaps (55).

Through this process, a broader conceptualization of quality of care is forged, in which stigma and discrimination reduction activities and people-centred service delivery are explicitly aligned with the 95-95-95 targets. In Cambodia, Lao People's Democratic Republic, Thailand and Viet Nam, network activities have sought to accelerate progress toward these targets by linking stigma and discrimination reduction activities to routine quality improvement activities in health care facilities (56).



Conclusions and way forward

1. Numerous interventions have proved effective to address and reduce HIV-related stigma and discrimination in health care settings. There is no “one size fits all” approach; countries and facilities need to plan interventions based on the local context (including epidemiological, social and cultural contexts). These interventions can be most effective when co-designed with communities of people living with and most affected by HIV.
2. The evidence shows that there are concrete and feasible interventions, presented in this document, that can be adopted at the health facility level. Taken together, these efforts will help to reduce HIV-related stigma and discrimination through multi-level and multi-component actions across various settings and engaging multiple stakeholders.
3. HIV-related stigma and discrimination often occur alongside other forms of stigma that can be related to marginalized identities or behaviours. Person-centred, holistic and integrated approaches recognizing these multiple sources of stigma can help to enable health and enhance quality of life, particularly for the most vulnerable groups, including key populations.
4. Addressing stigma and discrimination through the lens of health care quality improvement builds a strong case for progressively realizing the human right to the highest attainable standard of health for all. Timely access to HIV testing, treatment, care and support enhances health system resilience and sustainability. As more and more HIV services are moving from HIV-specific settings to PHC and general health care services, efficiency and quality gains will strengthen access to services and progress towards UHC.
5. Approaches and interventions presented in this technical brief, as well as good practice examples, provide practical guidance for managers of health services for people living and affected by HIV. These measures can be adapted and implemented now, while WHO works on further normative and implementation guidance in this area.

Approaches that recognize multiple sources of stigma can enhance health and quality of life, particularly for the most vulnerable.



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Annex 1. Questions to consider in planning and implementing a quality-improvement intervention to reduce stigma and discrimination

These questions can help ensure that your intervention is fully thought out, planned, implemented, conducted, and evaluated for future improvement.

Before	During	After
<ul style="list-style-type: none">◆ Have you considered how to involve people at every level at the facility in some way?	<ul style="list-style-type: none">◆ Are communities meaningfully involved?	<ul style="list-style-type: none">◆ Are dedicated resources in place to support and sustain actions following the intervention?
<ul style="list-style-type: none">◆ Have you secured the endorsements and support of facility and/or programme leadership?	<ul style="list-style-type: none">◆ Are you addressing awareness of stigma and its manifestations?	<ul style="list-style-type: none">◆ Are lessons learned being shared among facilities?
<ul style="list-style-type: none">◆ Are you aware of the current priorities for addressing stigma and/or discrimination?	<ul style="list-style-type: none">◆ Are you promoting the latest science - on U=U, for example - to address fears of transmission?	<ul style="list-style-type: none">◆ Have results from monitoring, evaluation and learning been applied to improve services and communication?
<ul style="list-style-type: none">◆ Have you planned how to co-design the intervention with communities?	<ul style="list-style-type: none">◆ Are you delivering transformative approaches in training, enabling and modelling behaviour that address attitudes and values?	<ul style="list-style-type: none">◆ Have facility leaders responded to or been held accountable by staff and participants, as well as by local communities, for key quality issues identified during the intervention?



Before	During	After
◆ How will communities be compensated for their time co-facilitating the intervention?	◆ Can progress made be sustained and supported through the institutional environment?	◆ Are planned mitigation and quality improvement strategies being carried out?
◆ Are safety measures in place to minimize risks and ensure privacy to communities that engage with services?	◆ Are facility leaders meaningfully engaged in the intervention and committed to following up?	◆ Are plans in place for repeated or follow-up engagement with participants?
◆ Is the project team at the facility prepared and trained to communicate respectfully and without stigma?		◆ Have new champions emerged who can further lead quality improvement efforts?
◆ Are codes of conduct developed and displayed?		
◆ Are benchmarks of quality clearly articulated and known to all health and care workers (medical and non medical)?		
◆ Has a monitoring, evaluation and learning framework been developed and implemented for the intervention?		
◆ Have you developed trusted partnerships for referrals to social and other support services?		



Annex 2. Further resources

WHO resources

- WHO quality toolkit shares tools for improving the quality of health services in different contexts. (<https://qualityhealthservices.who.int/quality-toolkit/qt-home>)
- Global health and care worker compact makes recommendations on how to protect health care workers and safeguard their rights and how to promote and ensure decent work, free from racial and all other forms of discrimination, and a safe and enabling practice environment. (<https://www.who.int/publications/i/item/9789240073852#:~:text=The%20Global%20health%20and%20care,safe%20and%20enabling%20practice%20environment>)
- Community engagement: a health promotion guide for universal health coverage in the hands of the people is a guide intended for change agents involved in work at the level of communities and health care settings. (<https://www.who.int/publications/i/item/9789240010529>)
- Key considerations: Integration of mental health and HIV interventions provides a compilation of tools, best practices, recommendations and guidelines that facilitate the integration of interventions and services to address the interlinked issues of mental health and HIV. (<https://www.who.int/publications/i/item/9789240043176>)
- Universal health coverage compendium assesses whether essential health benefit packages sufficiently reflect the comprehensive health needs of populations that, typically, are inadequately served. (<https://www.who.int/universal-health-coverage/compendium>)
- Primary health care and HIV: Convergent actions helps decision-makers to consider and optimize the synergies between existing and future assets and investments for both PHC and disease-specific responses, including HIV. (<https://www.who.int/publications/i/item/9789240077065#:~:text=WHO%20promotes%20primary%20health%20care,other%20Sustainable%20Development%20Goal%20targets>)

- Public health advice on preventing and addressing stigma and discrimination related to mpox provides information on the potential impact of stigma and recommends language and actions to counter stigmatizing attitudes and discriminatory behaviours and policies. (https://cdn.who.int/media/docs/default-source/documents/emergencies/final-rcce-interim-guidance-on-using-inclusive-language-to-address-stigma-and-discrimination-1-september-2022.pdf?sfvrsn=b5749547_13)

WHO guidelines

- Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (July 2022) outlines a public health response for the five key populations. It presents and discusses new recommendations and consolidates recommendations and guidance from current WHO guidelines. (<https://www.who.int/publications/i/item/9789240031593>).
- Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach (July 2021) brings together existing and new clinical and programmatic recommendations across different ages, populations and settings, consolidating all relevant WHO guidance on HIV produced since 2016. (<https://www.who.int/publications/i/item/9789240031593>)

WHO regional training modules

- WHO Eastern Mediterranean Region (2015). *Training modules: HIV basic knowledge and stigma reduction in health care settings*. (<https://www.emro.who.int/asd/publications/stigma-and-discrimination.html>)



Other resources

- UNAIDS (2021). Global AIDS Monitoring Framework 2022–2026. (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_GAM_Framework_2022_EN.pdf)
- UNAIDS (2020). *Evidence for eliminating HIV-related stigma and discrimination — Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings*. (<https://www.unaids.org/en/resources/documents/2020/eliminating-discrimination-guidance>).
- The Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination (2023). *Practical guide to ending HIV-related stigma and discrimination — Best practices and innovative approaches to reduce stigma and discrimination at the country level*. (https://www.unaids.org/en/resources/documents/2023/GlobalPartnershipStigmaDiscrimination_PracticalGuide).
- The Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination (Global Partnership) (2023). *Guidance by the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination — Monitoring and evaluating programmes to eliminate HIV-related stigma and discrimination in six settings*. (https://www.unaids.org/en/resources/documents/2023/GlobalPartnershipStigmaDiscrimination_Guidance)
- *The People Living with HIV Stigma Index* (<https://www.stigmaindex.org/>).
- UNAIDS (2021). *Establishing community-led monitoring of HIV services*. (https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf).
- Global Fund. *Breaking down barriers: a Global Fund initiative to advance the right to health*. (https://www.theglobalfund.org/media/1213/crg_breakingdownbarriers_qa_en.pdf)

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