

Rationale for including this intervention in the proposal

Research has shown that stigma and discrimination undermine HIV prevention efforts by making people fear to seek HIV information, services and modalities to reduce their risk of infection and/or fear to adopt safer behaviour, lest these actions raise suspicion about their HIV status. Research has also shown that fear of stigma and discrimination also discourages people living with HIV from disclosing their status, even to family members and sexual partners, and undermines their ability to access and adhere to treatment. Thus, stigma and discrimination weaken the ability of individuals and communities to protect themselves from HIV and to stay healthy when infected.

All country and regional consultations on universal access to HIV prevention, treatment, care and support held in 2005 and 2006 identified stigma and discrimination as key obstacles to universal access. In addition, there is an apparent relation between having laws prohibiting discrimination against key populations and achieving higher prevention coverage of these populations.

Stigma and discrimination needlessly increase the suffering associated with HIV, affect the overall well-being and health of those affected, and undermine the ability of people living with HIV to remain productive, self-supporting citizens and reach their human potential. As no one should suffer from discrimination (a human rights violation), reducing HIV-related stigma and discrimination is a public good in itself.

HIV-related *stigma* refers to the negative beliefs, feelings and attitudes towards people living with HIV as well as those groups suspected of being infected by HIV, affected by HIV by association, such as the families of people living with HIV, or those most at risk of HIV transmission, such as people who inject drugs, sex workers, lesbians, gay men, transgender and intersex people (LGBTI).

HIV-related *discrimination* refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes unfair treatment of key affected populations, such as sex workers, people who use drugs, LGBTI people, prisoners, and in some social contexts women, young people, migrants, refugees and internally displaced people. Discrimination can be institutionalised through existing laws, policies and practices that negatively target people living with HIV and marginalized groups.

Situation analysis

Research has shown that the actionable causes of stigma and discrimination (as well as their manifestations) are remarkably similar across cultures. These causes include:

- Lack of awareness of stigma and of its harmful consequences;
- Irrational fears and lack of sufficient knowledge regarding fear of HIV infection
- Social judgement, prejudice and stereotypes against people living with HIV and key populations at risk
- Structural facilitators such as laws, policies, institutions.

A situation analysis should assess what is driving stigma and discrimination and what can facilitate their reduction in different settings. The situation analysis could include the following questions:

Structural level facilitators

- Are there laws in place to protect people living with HIV and key populations from discrimination and are they being enforced?
- Are there laws in place that hinder access of certain populations to HIV services, e.g. inappropriate criminalisation of HIV transmission; criminalisation of sex work, same sex sexual activity, or harm reduction measures; HIV-related travel restrictions?
- Are there mechanisms to report, document and address cases of discrimination against people living with HIV or key affected populations?
- Are law enforcement practices discriminatory, e.g. do police harass, arrest, practice violence against sex workers, people who use drugs, and/or men who have sex with men and thus interfere with HIV-prevention, treatment, care and support efforts among these populations?
- Do people living with HIV and key populations know their right to be free from discrimination and do they have access to justice in case of unfair treatment, e.g. through affordable and accessible legal services?

Institutional contexts

- Does the country have policies against HIV-related discrimination in employment and health care settings, schools, and other institutional settings?
- Do health care providers, police, judges, lawyers, etc. receive training on non-discrimination in the context of HIV?

Attitudes and behaviours

- Does the general population hold stigmatising attitudes and exhibit stigmatising behaviour towards people living with HIV and/or key affected populations? What are the causes of these views?
- Do service providers in institutional settings e.g. health care workers, teachers, religious leaders, prison staff, etc. hold stigmatising attitudes or engage in discriminatory actions? What are the causes of these views?
- Do people living with HIV, sex workers, men who have sex with men, transgender population, people who use drugs, prisoners, etc. experience stigma and discrimination, and if so, what forms do they take and in what contexts do they occur?

In order to develop and implement relevant programmes it is also useful to have information on groups affected by stigma and discrimination, including on their political and legal operating space, knowledge of human right and laws, and general social and economic strength and resilience to reject stigma and discrimination.

There are tools available for assessing the prevalence and forms of stigma and discrimination and their drivers. These include:

- The *People Living with HIV Stigma Index* <http://www.stigmaindex.org/>
- The *PLHA-friendly Achievement Checklist, A Self-assessment Tool for Hospitals and Other Medical Institutions caring for People Living with HIV/AIDS* <http://www.popcouncil.org/pdfs/horizons/pfechkst.pdf>

Populations that should benefit from and/or be involved in programmes to reduce stigma and discrimination

1. Service providers, including health care professionals, police, judges, teachers and social workers.
2. Change agents, such as community and religious leaders, media, celebrities, sport stars, etc.
3. People living with HIV and members of other stigmatised populations so as to address internalised stigma as well as to empower them to take the lead in efforts to reduce stigma and discrimination.

Key programmes to consider

Programmes should be based on a situation analysis and target the key drivers of stigma and discrimination at all levels. Programmes should also be based on clear, specific objectives or results, including specific changed attitudes and behavioural objectives of (a) stigmatizing groups; (b) stigmatized groups and (c) changes in structural drivers and facilitators of stigma and discrimination.

Programmes at structural level may include:

- Law review and reform
 - An audit of the elements of the legal environment (law, law enforcement, access to justice) and their impact on HIV prevention, treatment, care and support
 - Drafting/promoting legislation that protects people living with HIV and key populations from discrimination
 - Promoting the removal of punitive legislation, including criminalisation of HIV transmission, sex work, harm reduction, consensual homosexual activity
- Law enforcement
 - Training of law enforcement, lawyers and judiciary on non-discrimination in the context of HIV

- Joint planning/programming with the Ministers of Interior and Justice, the police, prison authorities in the HIV response
- Access to justice
 - Legal literacy programmes among people living with HIV and key populations at risk to know their rights and relevant laws
 - Programmes to support among civil society partners advocacy and social mobilisation against stigma and discrimination
 - Establishment/expansion of HIV-related legal services, alternative forms of dispute resolution and/or assistance with informal or traditional legal systems

Programmes at institutional level may include:

- Establishment/ operationalisation of workplace policies against discrimination
- Workplace programmes and training for health workers, social workers, uniformed services, education sector

Programmes at community level may include:

- Participatory education programmes to dispel HIV-related myths, fears, and unanswered questions about how HIV is and is not transmitted
- Programmes on interaction, discussion and values clarification to reject attitudes of “shame and blame”, judgement and gender inequality
- Engagement of the media and mass communications (e.g. compassionate messaged from religious leaders, engaging celebrities; edutainment)
- Programmes on behaviour and social change communication

Programmes at individual level to reduce internalised and anticipated stigma may include:

- Counselling and psychosocial support around stigma and discrimination
- Integrated care/support programmes for quality of life
- Peer support and support groups, e.g. PMTCT, ART, addressing stigma and discrimination adherence support; support groups
- Legal services/redress for discrimination

For more information, please see the following:

- UNAIDS (2007) *Reducing HIV Stigma and Discrimination, A Critical Part of National AIDS Programmes, A resource for national stakeholders in the HIV response*
http://data.unaids.org/pub/Report/2008/jc1521_stigmatisation_en.pdf
- UNAIDS, IDLO, UNDP (2009) *Toolkit: Scaling Up HIV-Related Legal Services*
http://data.unaids.org/pub/Manual/2010/20100308revisedhivrelatedlegalservicetoolkitwebversion_en.pdf
- UNAIDS, IPU, UNDP (2007) *Taking Action Against HIV, A Handbook for Parliamentarians*
http://data.unaids.org/pub/Manual/2007/20071128_ipu_handbook_en.pdf
- World Bank (2007) *Legal Aspects of HIV/AIDS, A Guide for Policy and Law Reform*
<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/LegalAspectsOfHIVAIDS.pdf>

Linkage with other interventions

Programmes to reduce HIV-related stigma and discrimination may be implemented independently or be integrated into other HIV interventions, such as social and behaviour change programmes, community outreach and mobilisation, HIV testing and counselling, treatment, PMTCT, and home-based care.

Indicators

Programmes to reduce stigma and discrimination should use baseline indicators for their programmatic outcomes of actual reduction in stigma and discrimination (e.g. among the community and within key institutions, such as law enforcement and hospitals. Where possible, indicators should also demonstrate impact on uptake and access to HIV testing, prevention, treatment and care).

Current indicators for measuring stigma and discrimination programme outcomes, including attitudes, behaviours as well as changes in institutional facilitators are currently being revised. Current indicators that can be used include the following:

The People Living with HIV Stigma Index

This index provides a tool to measure and detect changing trends in relation to stigma and discrimination experienced by people living with HIV. It is implemented by and among people living with HIV. For more information on this methodology, visit:

<http://www.stigmaindex.org/>

Indicators on accepting attitudes towards people living with HIV, included for example in MEASURE DHS (Demographic and Health Surveys)

- % of people expressing accepting attitudes towards people living with HIV. This indicator is composed of four component questions targeted to general population
 - If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?
 - If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them?
 - If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?
 - If a member of your family became infected with the AIDS virus, would you want it to remain a secret?

For more information, visit:

http://www.measuredhs.com/hivdata/ind_tbl.cfm

National Composite Policy Index (NCPI)

The NCPI, an integral part of the UNGASS indicators, includes several questions that are relevant in terms of measuring the structural and institutional facilitators of stigma and discrimination. These questions include:

Questions that assess the existence of protective and punitive laws:

- Does the country have laws and regulations that protect people living with HIV against discrimination?
- Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations? (Women, young people, IDUs, MSM, SWs, prisoners, migrants, other)
- Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations? (Women, young people, IDUs, MSM, SWs, prisoners, migrants, other)

Questions to assess law enforcement

- Does the country have the following human rights monitoring and enforcement mechanisms?
- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work
- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
 - In the last 2 years, have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?
 - Overall, how would you rate the effort to enforce the existing policies, laws and regulations in 2009?(10 point scale from very poor to excellent)

Questions to assess access to justice

- Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?
- Are the following legal support services available in the country?
 - Legal aid systems for HIV casework
 - Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV
 - Programmes to educate, raise awareness among people living with HIV concerning their rights

Questions on policies and programming relevant to stigma and discrimination

- Does the multisectoral strategy address the following target populations, settings and crosscutting issues? (including HIV and poverty; human rights protection; involvement of people living with HIV; addressing stigma and discrimination; dender empowerment and/or gender equality
- To what extent has HIV prevention been implemented? (including IEC on stigma and discrimination reduction) - The majority of people in need have access – agree/don't agree/ N/A)

- Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?
- Are there programmes in place to reduce HIV-related stigma and discrimination? IF YES, what types of programmes?
 - media
 - school education
 - personalities regularly speaking out
 - other

For more information, please see:

http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2010_UNGASS_Reporting.asp which measures institutional change.

Important reminder!

Programmes to reduce stigma and discrimination should help to empower those affected by stigma and discrimination and should be implemented in ways that promote equality and non-discrimination, participation, inclusion and accountability.

The most effective programmes address the drivers of stigma and discrimination; have support for at least for 3 to 5 years; are tailored to the context; involve people living with HIV and key affected populations in design, implementation and monitoring; and employ multiple strategies to achieve change.

Given the pervasiveness of stigma and discrimination, the response to these should involve interventions at different levels, including in families, communities and institutions (health care, police, education, employment, the media, Parliament, judiciary) and seek to change, where necessary, policies, laws, and regulations so that they protect against discrimination, not further it.

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