Addressing stigma and discrimination in the COVID-19 response

Applying the evidence of what works from HIV-related stigma and discrimination in six settings to the COVID-19 response

Contents

Background

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The UNAIDS Secretariat, as co-convener of the Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination (Global Partnership), was tasked to develop this brief, based on consultations with its Technical Working Group (TWG), to provide evidence-informed guidance to countries on the intersection of stigma related to HIV and COVID-19 in national responses. UNAIDS thanks co-conveners and TWG members for participating in consultations, contributing their time and providing expert recommendations.

Introduction

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In the wake of the fear and uncertainty that emerge during a pandemic, stigma and discrimination quickly follow, exposing people to violence, harassment and isolation, and hampering the delivery and uptake of essential health services and public health measures to control the pandemic *(1)*.

The stigma that arises during a pandemic can exacerbate existing inequalities *(2)*, including those related to race, socioeconomic status, occupation, gender, immigration status and sexual orientation.

The presence of stigma specific to certain health conditions has been observed in the HIV pandemic, the outbreaks of Ebola virus and Zika virus *(3)*, and now the COVID-19 pandemic *(2)*. The anticipation of stigma during a pandemic can interfere with the adoption of preventive measures, timely testing and adherence to treatment *(4)*.

Many forms of stigma and discrimination have surfaced since the identification of COVID-19. Xenophobia has been directed at people thought to be responsible for "bringing" COVID-19 into countries. People who have recovered from COVID-19, essential workers such as health-care staff, and populations facing pre-existing stigma and discrimination (e.g. people living with HIV, people from gender and sexual minorities, sex workers, migrants) have been subject to verbal and physical abuse *(5)*.

In several countries, people living with HIV report being required to disclose their HIV status when seeking HIV services during lockdowns, especially adolescents, women and transgender people *(6)*. Increases in violence have been reported among women and people from gender and sexual minorities as a result of stay-at-home orders and physical distancing measures *(7, 8)*. Attacks on lesbian, gay, bisexual and transgender youth under the guise of public health enforcement measures, and lack of social protection and income security for sex workers, have been documented *(9, 10)*.

Efforts to eliminate both existing and COVID-19-related stigma and discrimination are urgently needed and should be an integral component of global efforts to respond to the pandemic. Particular attention is needed to ensure people from vulnerable populations, including racial and gender minorities, are protected during the response and are not further marginalized, as emerging evidence suggests these populations are experiencing high morbidity and mortality related to COVID-19 *(11)*.

Engagement and participation of all sectors of the community in the development of context-specific public health responses to COVID-19 are paramount *(12)*. Networks of people living with HIV, key populations and women's groups have three decades of experience of implementing stigma-reduction programmes in the context of HIV, which countries can tap into to inform and support community-based public health responses to COVID-19 *(13)*.

Evidence-based recommendations on reducing stigma and discrimination

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In December 2017 the Global Partnership was formed to translate political commitments made by Member States into action to eliminate HIV-related stigma and discrimination at the country level. The Global Partnership "creates an opportunity to harness the combined power of governments, civil society, bilateral and multilateral donors, academia and the United Nations to consign HIV-related stigma and discrimination to history" *(14)*.

In 2020 the Global Partnership launched a report that reviewed the latest evidence on what works to reduce HIV-related stigma and discrimination. The report provides evidence-based recommendations for six interconnected settings: community, workplace, education, health care, justice, and emergency/humanitarian settings *(15)*.

Many of these recommendations are applicable to addressing stigma and discrimination related to COVID-19. The recommendations summarized in this brief have been adapted from the Global Partnership evidence review and reflect programmes and actions that can be readily incorporated into public health responses to COVID-19.

To be reflective of United Nations agreed language, this brief refers to populations at risk of "being left behind", including but not limited to people living with HIV, key populations (gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, people in prison and other incarcerated populations), indigenous populations, people with disabilities, migrants, refugees, and women and girls, particularly adolescent girls and young women.

The brief contains tables with specific recommendations for addressing stigma and discrimination related to COVID-19 in each of the six settings of the Global Partnership. The socioecological level (individual, interpersonal, organizational, community, public policy) and focus populations for each recommendation are noted. All of the actions detailed in the following tables should be rights-based, (e.g. health services must be available, accessible, acceptable, good-quality) and community-led.

Other relevant guidance documents on addressing human rights issues in the context of COVID-19 are provided in Annex 1.

Community settings, including individuals, families and communities

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Level/focus population	Recommendation
Individual (essential workers, people diagnosed with or recovered from COVID-19, populations at risk of "being left behind")	Provide virtual counselling services and support groups for essential workers to help them cope with stress and post-traumatic stress disorder in the context of COVID-19
	Provide support services for people diagnosed with or recovered from COVID-19 to mitigate internalized, experienced or anticipated stigma; where possible, sessions should be led or co-facilitated by people who have recovered from COVID-19
	Provide support services for populations at risk of "being left behind" in the COVID-19 response, including access to social protection programmes, masks and hand sanitizer, free COVID-19 testing and treatment, mental health services and counselling
	Virtually inform (e.g. via public service announcements, written materials, text messages) or train populations "being left behind", people from racial and gender minorities, essential workers, people living in high-density housing, and older people to help them understand what constitutes discrimination, how to assert their rights (e.g. to housing, employment, health services), and how to access justice if discriminated against in the context of COVID-19
Interpersonal (family of people diagnosed with or recovered from COVID-19)	Provide personal protective equipment (PPE), including masks, face shields, gloves and sanitizer, to people caring at home for family members with COVID-19 to reduce the risk of and ease fears associated with COVID-19 transmission and ensure sick family members receive needed care and support
	Provide access to virtual family counselling services, COVID-19-specific hotlines and support services, and support groups for individuals and family members of people diagnosed with or recovered from COVID-19 to mitigate internalized, experienced or anticipated stigma
Organizational (advocacy organizations, networks of people living with HIV, health facilities, community-based organizations, nongovernmental organizations, government agencies working on social services/ protection)	Tap into 30 years of experience of networks of people living with HIV, key populations and women's groups of implementing stigma-reduction programmes in the context of HIV, and ensure these groups are involved in COVID-19 response planning; e.g. transgender networks in Nepal and Pakistan are providing essential needs packages and outreach in remote areas
	Provide funding for existing networks to adapt their stigma-reduction tools and approaches to the COVID-19 context and lead (or train other community-based organizations to lead, as appropriate) the implementation of stigma-reduction programmes using appropriate cultural mediums (e.g. songs, dance, prayers, sermons) delivered through virtual or other safe platforms and forums
	Follow a human rights-based approach to address COVID-19-related stigma and discrimination by ensuring good-quality support services are available, acceptable and accessible to people who experience stigma and discrimination (e.g. violence, job loss, loss of housing) related to COVID-19; this could include training governmental staff at social services and protection agencies and addressing barriers to uptake of services (e.g. location and reach of services during lockdowns, limited public transportation, concerns around confidentiality, welcoming staff)
Community (general public, opinion leaders, family of people diagnosed with or recovered from COVID-19)	Raise awareness and knowledge among communities about how COVID-19 is and is not transmitted, and how people can safely care for loved ones diagnosed with COVID-19 to reduce stigmatizing behaviours and promote non-stigmatizing ways to support community members diagnosed with or recovered from COVID-19, build health literacy, sensitize leaders and identify supportive strategies
	Implement programmes using media that do not require face-to-face contact (e.g. radio, TV, community announcements, billboards, written materials) to address drivers of COVID-19-related stigma and discrimination and existing stigmas around race, gender, socioeconomic status and migration, which may be exacerbated by the pandemic
	Develop messages with the community and public health leaders, people living with HIV, other populations "being left behind" and key stakeholders (e.g. political and religious leaders) to ensure appropriateness, comprehension and inclusion of relevant intersecting stigmas for each context *(16)*
	Ensure public health messages are non-stigmatizing and empower people, such as by suggesting safe ways to support people affected by COVID-19 (e.g. providing a meal, talking at a distance while wearing masks)
	Use non-stigmatizing language to reduce blame, e.g. "people diagnosed with COVID-19" instead of "people infected with COVID-19" and "people recovered from COVID-19" instead of "survivors of COVID-19"
	Do not attribute COVID-19 to a specific place, region or group of people *(17)*
Public policy (national government, funding agencies, local and national duty-bearers, public health officials)	Fund advocacy groups led by networks of populations "being left behind" to ensure the protection of these populations in the context of COVID-19
	Measure COVID-19-related stigma in the community using qualitative assessments (e.g. virtual focus-group discussions with representatives of people diagnosed with or recovered from COVID-19 and the broader community) and quantitative data collection (e.g. brief, standardized online or text message surveys) to guide development and implementation of programmes to reduce stigma and discrimination

Workplace settings

Level/focus population	Recommendations
Individual (employees)	Provide information to staff on confidential mechanisms to report instances of stigma, discrimination, harassment and bullying related to COVID-19
	Make available mechanisms for seeking redress related to COVID-19 discrimination and articulate them clearly to staff
	Provide an opportunity for management and workers to conceptualize, plan, implement and evaluate non-discriminatory COVID-19 workplace programmes for stronger buy-in, trust and confidence
	Provide information about support services for employees who experience physical, sexual or psychological violence, and children of employees who experience sexual violence or child abuse, as a result of COVID-19 prevention measures (e.g. stay-at-home orders); services may include national hotlines, available shelters, legal service providers, and organizations that provide support for survivors of violence
Organizational (employers)	Incorporate COVID-19 into workplace policies in accordance with local COVID-19 safety guidelines
	Build on existing HIV workplace programme structures, such as workplace policies, trained peer educators, HIV health committees and HIV education programmes, and expand them to include content on COVID-19
	Pay particular attention to gender in policies related to working from home and taking personal and sick leave, recognizing that women disproportionately bear the burden of caregiving for children unable to attend day care or school and sick family members *(18)*
	Provide training on human rights and gender equality competencies for all workers, including information on existing workplace policies related to HIV, COVID-19 and non-discrimination
	Partner with workers who have recovered from COVID-19 to speak to staff and contribute towards the reduction of stigma and discrimination (e.g. writing blogs or sharing a brief video about their experiences with COVID-19)
	Provide all employees with accurate, up-to-date, relevant, evidence-informed information on COVID-19 and comorbidities and legal literacy to reduce fear and encourage uptake of preventive measures and timely engagement with the health-care system if symptomatic
	Ensure workers and their representatives are consulted, informed and trained on occupational safety, and health and workplace systems are strengthened to address COVID-19 issues
	Where necessary, provide adequate protective clothing and protective equipment at no cost to workers
Public policy (local and national duty-bearers, public health officials)	Ensure protection is in place for people who must leave their jobs for short or long periods to provide care in the context of COVID-19, to encourage gender parity in caregiving and prevent gender discrimination, and to ensure gains made in gender equity in the workplace are not lost *(18)*
	Ensure sex workers, whose work is criminalized in many countries, and who have been particularly affected by COVID-19 measures such as stay-at-home orders, curfews and social distancing, are included in social protection and financial support programmes (e.g. cash transfer programmes) announced by governments in response to the economic impacts of COVID-19 *(19)*

Education settings

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Level/focus population	Recommendations
Individual (educators, students)	Engage students, parents and the broader community in reducing stigma related to health conditions such as HIV or COVID-19 (e.g. with virtual community meetings or sensitization through cultural mediums) by addressing the drivers and causes stigma in education settings
	Provide educators with the training and institutional support necessary to meet the psychosocial needs of students during the pandemic, particularly students who are members of populations "being left behind", and to facilitate an educational environment free from stigma and discrimination
Organizational (schools)	Implement strategies to make sure all children can learn during virtual or limited in-person schooling; strategies must be context-specific and may include providing free technology (e.g. computers, tablets, wi-fi hotspots) or delivering school materials to students in their homes; these strategies should ensure girls are not left behind due to traditional gender roles and norms that disproportionately impose more family and domestic responsibilities on girls
	When schools reopen, prioritize in-person schooling for primary school students and children most at risk of falling behind
	Involve youth and women's organizations, networks of populations "being left behind" and other relevant community stakeholders in the development of educational strategies during the COVID-19 pandemic
	Implement programmes (e.g. hotlines, radio shows, mobile peer mentor programmes, web-based support groups, physically distanced individual counselling sessions) for students to enhance their coping skills, minimize stress, build confidence and offer the tools they need to respond to stigma and discrimination related to COVID-19 if they see or experience it
	Ensure the information students would have received in school about reproductive health and sexuality and about how to access youth-friendly health services is still available to adolescents during stay-at-home orders; this may require integrating information and services with other home-based or mobile health services provided in the context of COVID-19; access to virtual services may be an option *(20)*
	Implement COVID-19-specific workplace programmes for educators and staff focused on building non-discriminatory practices, expanding access to services and benefits for staff, and creating policies to prevent stigma, discrimination and bullying while ensuring confidentiality; build on or adapt existing workplace programmes developed for HIV where possible
Public policy (local and national duty-bearers, public health officials, ministry of education)	Establish mechanisms (including psychosocial care and support) for safe reporting of and responding to incidents of stigma, discrimination and bullying related to COVID-19
	Reduce social and racial inequalities exacerbated by the pandemic by ensuring education and social protection policies are concordant with and sensitive to the special needs of young people, including orphans and other children who experience intersecting stigmas and vulnerabilities; this includes ensuring access to subsidies during COVID-19, such as school fees and school feeding programmes

Health-care settings

Level/focus population	Recommendations
Individual (people diagnosed with or recovered from COVID-19)	Provide personal protective equipment (PPE) including masks, face shields, gloves and sanitizer, to people caring at home for family members with COVID-19 to reduce the risk of and ease fears associated with COVID-19 transmission and ensure sick family members receive needed care and support
	Link people diagnosed with or recovering from COVID-19 to appropriate support services (e.g. peer support groups, COVID-19 specific hotlines, social protection services)
	Integrate legal services (e.g. paralegals, patient advocates) into health facilities to provide on-site or virtual guidance and awareness-raising for populations "being left behind" about their rights and quality standards in accessing services and discrimination-free health care
	Supplement in-person legal support services with awareness-raising videos and written or electronic material with referral information in the context of COVID-19
Interpersonal (family of people diagnosed with or recovered from COVID-19)	Provide training and information on the basics of providing care safely to families and caregivers of people diagnosed with COVID-19 to minimize risk of transmission within families, address misconceptions about COVID-19, and mitigate stigma resulting from caring for a person with COVID-19
Organizational (health facilities)	Provide training on the basics of COVID-19 health care to community health workers and key stakeholders so they are equipped with the latest knowledge and can mitigate misconceptions in the community about COVID-19 and reduce stigma and discrimination that may arise due to lack of knowledge, misconceptions and fear
	Assess knowledge and practices of health-care workers and attitudes towards populations "being left behind" and COVID-19 to help health facility administrators identify and address any issues
	Ensure universal PPE and supplies to test and treat COVID-19 are always stocked to protect health-care providers, including community health-care workers and those working in community-led health services; this ensures communities are reached with services safely, reduces the risk of COVID-19 transmission in the workplace and community, and reduces the fear of infection and stigmatizing behaviours towards and among health facility staff
	Establish a facility-level monitoring system to capture stigma, discrimination and rights violations related to COVID-19; this may include anonymous feedback on users' experiences at health facilities, or a formal system for reporting and resolving rights violations
Public policy (ministry of health)	Engage people affected by COVID-19 in planning and implementation of COVID-19 responses, including interventions to mitigate COVID-19 related stigma and discrimination
	Ensure essential health services continue in the context of COVID-19, including sexual and reproductive health services, and care and support for survivors of violence and people with chronic health conditions; e.g. Viet Nam is providing take-away doses of methadone maintenance therapy for people who use drugs during the pandemic
	Establish differentiated models of care, including community service delivery to ensure continued access to services for all, including populations "being left behind" during the pandemic *(21)*

Justice settings

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Level/focus population	Recommendations
Individual (populations "being left behind")	Empower populations "being left behind" with knowledge of their legal rights in the context of COVID-19 and (where appropriate) their obligations under the law and how they can access legal support and redress
Community (networks of populations "being left behind", general public)	Enable local networks of populations "being left behind" to monitor the impact of laws (civil and penal codes) or policies related to COVID-19 that may impede HIV services, and any changes in policies and laws, and advocate for change as needed
	Mentor and strengthen the capacity of community service organizations working with populations "being left behind" to continue to meaningfully involve them in HIV service programming during the COVID-19 pandemic
	Deliver legal literacy programmes such as awareness-raising campaigns that provide information about rights and laws related to COVID-19 through media community mobilization and education, peer outreach and hotlines
Organizational (police, security forces and prison administrators, the judiciary, civil society organizations)	Provide in-service training for police officers, judiciary members and prison staff on COVID-19 policies, gender-based and intimate partner violence, key populations, and responsible and supportive policing in the context of the pandemic
	Training should cover the latest science on COVID-19; the importance of reaching out to populations at risk; the importance of appropriately addressing all violence, including domestic and sexual violence and violence by third parties and law enforcement, in the context of COVID-19 and for members of key populations; and the negative consequences of illegal police activity on justice and the COVID-19 response
	Ensure PPE is always stocked and available in prisons and other closed settings, police precincts and courts to reduce the risk of exposure to COVID-19; this reduces the risk of COVID-19 transmission in the workplace and reduces the fear of exposure and stigmatizing behaviours among law enforcement personnel
	Expand training for prison personnel to include information on COVID-19 prevention and health-care needs and human rights of people diagnosed with, recovered from or particularly vulnerable to COVID-19
	Implement strategies to reduce exposure to COVID-19 in prison settings, such as reducing the number of people sharing cells, ensuring masks and hand sanitizer are available, ending overincarceration, and releasing people jailed for non-violent crimes, as some countries have done
	Implement programmes to prevent violence against women and populations "being left behind" in the context of COVID-19 and to address stigma and discrimination in partnership with women-led organizations and organizations for populations "being left behind"
	Monitor and report all violence, including violence perpetrated by law enforcement officers, and establish redress mechanisms to provide justice _(22, 23)_
	Monitor levels of stigma and discrimination in justice settings using globally agreed indicators, adapted to COVID-19, and the attitudes and practices of law enforcement personnel
Public policy (government ministries, parliamentarians, funding agencies)	Strengthen legal and policy environments to ensure laws and policies protect populations "being left behind", e.g. reform family law, domestic violence laws, inheritance laws and law enforcement where these laws fail to protect women or create barriers to health services; reform laws criminalizing people on the basis of sex work, same-sex sexual activity and drug use; and lower the age of consent for preventive health services (e.g. COVID-19 testing, sexual and reproductive services, HIV testing)
	Fund advocacy groups to support the legal reform process and advocate for and monitor the implementation of supportive laws and policies and advocate for changes, such as greater government funding to increase the quality of COVID-19-related services available to populations "being left behind"
	Routinely inform and sensitize duty-bearers on legal, health and human rights related to COVID-19, relevant national laws, and implications for enforcement, investigations and court proceedings _(24)_
	Routinely review existing laws, regulations and policies relating to COVID-19 and assess whether they are stigmatizing or discriminatory to any population, e.g. determine the point at which migration and travel policies are no longer a part of the COVID-19 response but instead serve to discriminate against migrants or populations from specific countries; and refrain from overly broad use of criminal laws, in particular criminalization of COVID-19 non-disclosure, exposure and transmission
	Limit the use of police force and coercive practices related to COVID-19, in line with international human rights law and recommendations from human rights experts

Emergency/humanitarian settings

Level/focus population	Recommendations
Individual (populations in emergency settings)	Ensure COVID-19 services reach populations in emergency settings to protect their health and well-being, e.g. provide access to social protection programmes, masks and hand sanitizer, and free COVID-19 testing and treatment, mental health services and counselling *(25)*
	Provide information or virtual training for populations in emergency settings to help them understand what constitutes discrimination, how to assert their rights (e.g. to housing, employment, health services), and how to access justice if discriminated against in the context of COVID-19
	Implement programmes and services to reduce intersecting stigmas (e.g. internalized stigma, stigma related to refugee status, xenophobia) faced by people in conflict and crisis settings and exacerbated by the COVID-19 pandemic
	Support the needs of populations "being left behind" by providing safe access to testing, care and treatment for COVID-19
Community (community-health workers)	Strengthen capacity of community health workers by ensuring appropriate linkages between communities and formal health systems in emergency settings
Organizational (community-based and humanitarian organizations, multilateral organizations)	Ensure PPE is always stocked and available in emergency settings for humanitarian workers and people living in refugee and internally displaced population camps and settlements to reduce the risk of exposure to COVID-19; this reduces the risk of COVID-19 transmission and reduces the fear of exposure and stigmatizing behaviours among humanitarian workers
	Engage populations "being left behind" and community-based organizations in the development and implementation of interventions to reduce COVID-19-related stigma and discrimination in emergency and humanitarian settings
	Educate humanitarian actors, including the United Nations Office for the Coordination of Humanitarian Affairs, cluster leads and cluster partners, in addressing stigma and discrimination, working with people diagnosed with COVID-19, and working with key populations in emergency settings
	Provide in-service training for humanitarian workers on COVID-19 policies, gender-based and intimate partner violence, and populations "being left behind"
	Ensure training covers the latest science on COVID-19, and the importance of reaching out to populations at risk and appropriately addressing all violence, including domestic and sexual violence and violence by third parties and law enforcement, in the context of COVID-19 and for members of populations "being left behind"
	Implement programmes to prevent, address, monitor and report violence against populations "being left behind" in emergency settings
	Monitor levels of stigma and discrimination using globally agreed indicators, adapted to COVID-19, in emergency settings, including the experiences of internally displaced people and refugees, and the attitudes and practices of humanitarian personnel
Public policy (national governments, national duty-bearers)	Include provisions for populations "being left behind" in national emergency plans, ensuring procedures are in place to protect women and girls from gender-based and intimate partner violence that may escalate due to COVID-19 restrictions
	Ensure populations "being left behind" have access to legal assistance in host communities, camps for internally displaced people and refugees, and border settings

Conclusion

Adapting evidence-based interventions from the HIV response to reduce stigma and discrimination and integrating them into the global COVID-19 response is critical. Immediate action will reduce the negative impact of COVID-19 on public health and safety and will strengthen our collective ability to control the pandemic by removing critical barriers to seeking care, testing, and adherence to guidelines on physical distancing and use of PPE.

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Annex

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Annex 1. Relevant setting-based guidance on human rights in the context of COVID-19

Community settings

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