



# HIV-Stigma Research & Action

## What We Know

## Gaps and Next Steps

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# What We Know

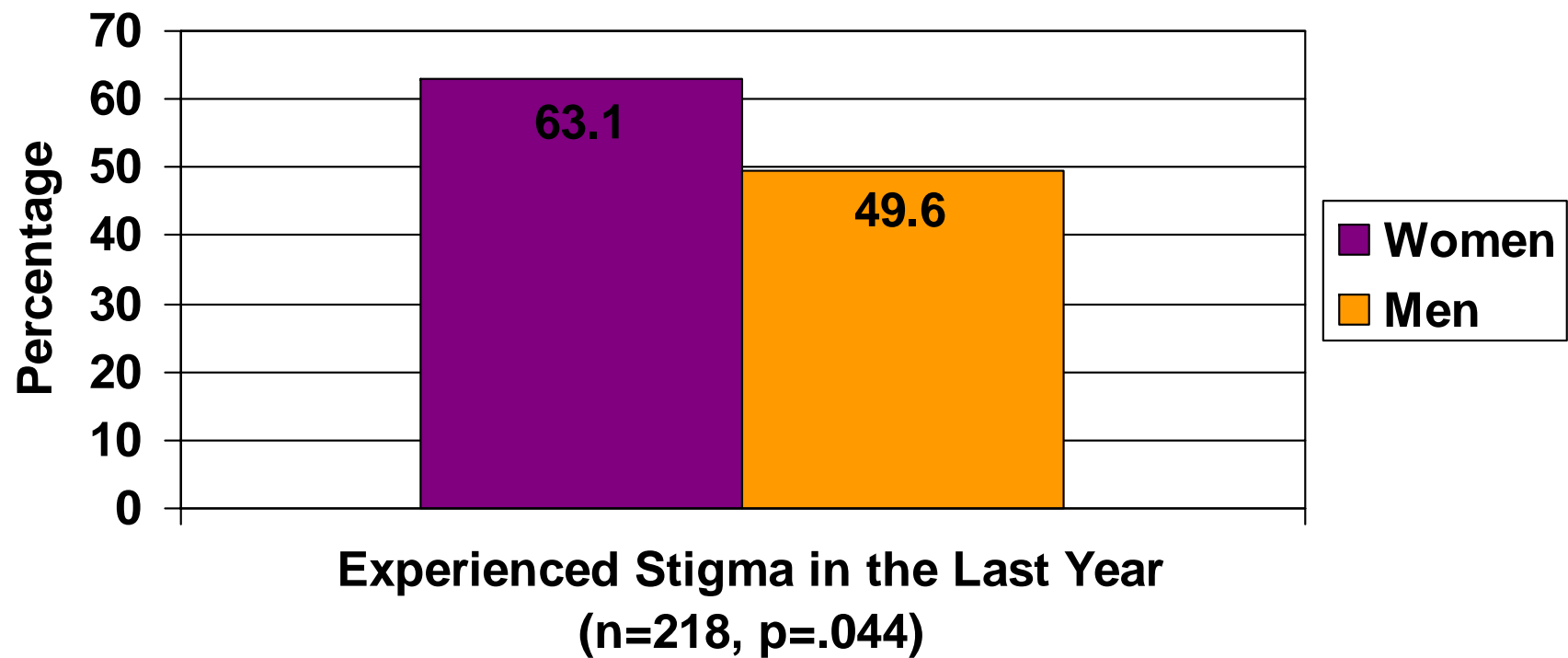


- HIV-stigma is:
  - Barrier to universal access
  - Universal
  - Prevalent
  - Differentially experienced by women and men
  - Actionable
  - Measurable

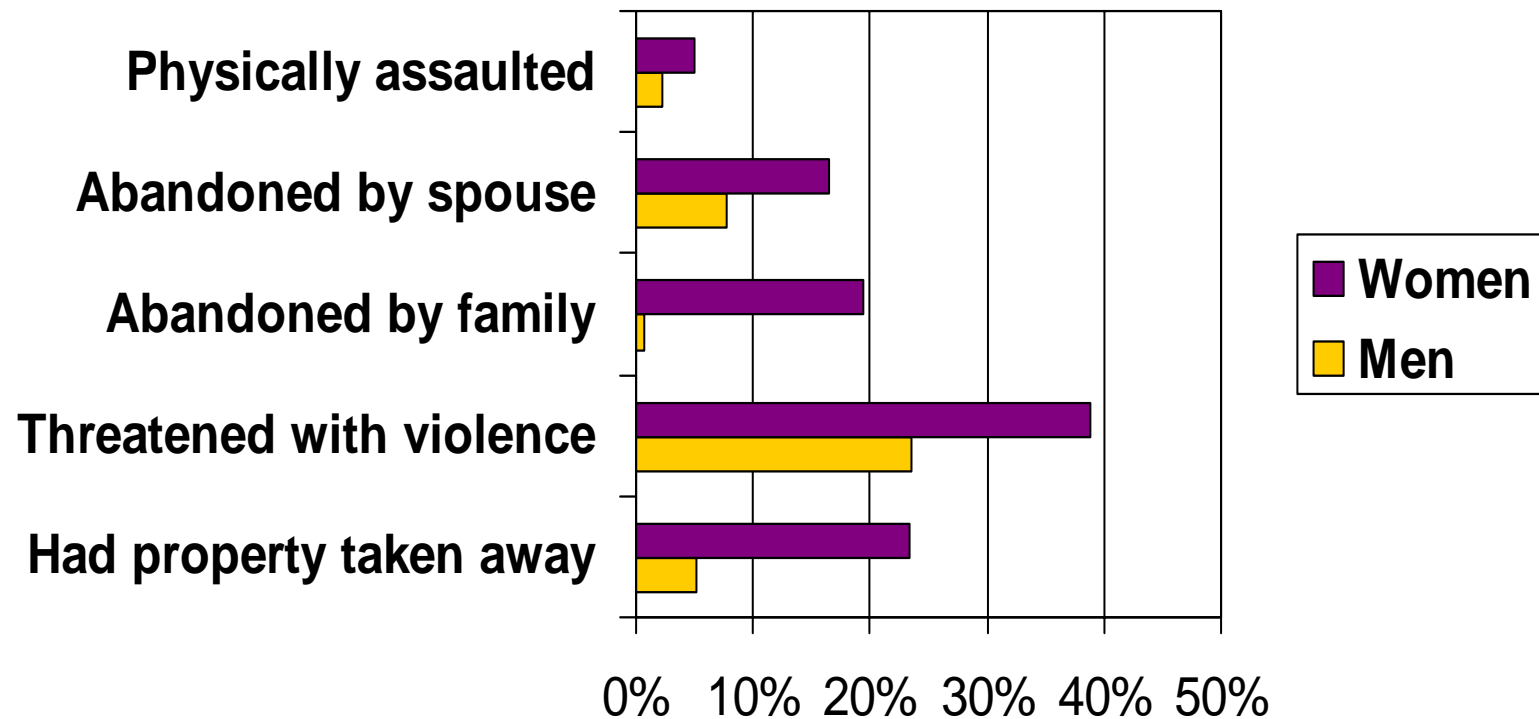
# Research to Action Program

- Disentangling HIV-stigma: Ethiopia, Tanzania, Zambia, Vietnam (2001-2003)
- Development & Adaptation of stigma reduction tools  
*Understanding and Challenging HIV-stigma: Toolkit for action*
- Measurement of stigma
  - Develop stigma indicators & field-test for validity & reliability (Tanzania Indicators Field Test Group)
- Evaluation of stigma-reduction interventions

# HIV-Stigma is Prevalent



# Differentially experienced by Women and Men



# Underlying Causes

- Fear of casual infection of HIV remains high
  - 46.6% of survey respondents in Tanzania feared HIV infection through one of 12 channels
- Stigmatizing attitudes remain high
  - 50.4% agreed with 1 of 3 Shame items
    - e.g. I would feel ashamed if someone in my family had HIV/AIDS*
  - 65.7% agreed with 1 of 4 judgment and blame items
    - e.g. HIV/AIDS is a punishment for bad behavior*



# Anti-Stigma Tools and Intervention Models Exist

# Anti-Stigma Toolkit



- *Understanding and Challenging HIV-stigma: Toolkit for action*
  - Developed through a participatory process
  - Based on research findings
  - Available in English, French, KiSwahili, Amharic, Vietnamese, Portuguese (in progress)
  - Adaptations and second edition in process
- Practical interventions in multiple settings using toolkit
  - Community, government & faith leaders, health providers, PLHA, media
  - Regional TOT program based out of Zambia (International HIV/AIDS Alliance)

# Interventions: Key Lessons learned

- Start at 'home'
  - Recognition of stigma & discrimination
  - Building skills
  - Listen; Let go; Learn
- Open the Gate and build capacity among leaders
  - Policy makers
  - Community & religious leaders

# Interventions: Key Lessons learned

- Involve groups experiencing stigma: People Living with HIV or AIDS, MSM, sex workers, transgendered people, Injecting Drug Users, Carers
  - Enhance visibility and raise awareness of S&D
  - Address self-stigma
  - Skills building for advocacy, defence of human rights, education of others
  - Networking between stigmatized populations for joint solidarity

## Interventions: Key Lessons learned

- Target the media, police and healthcare workers
- Participatory approach: use the toolkit
- Diversified activities; use positive images of PLHA
- Sustained activities over time
  - Incorporation into existing activities (e.g. HBC, Peer education, counseling)
  - Ongoing support and refresher training



# Remaining Gaps and Next Steps

# Gaps and Next Steps

- Studies to examine the relationship between:
  - Reducing HIV-stigma and uptake of HIV services, treatment and prevention
  - Availability of ART and prevalence of HIV-stigma
- Nexus between Gender, Stigma and Violence
- Layered (compounded) stigma
- Operations research to rigorously evaluate stigma- reduction programs

## Gaps and Next Steps



- Standardized set of stigma indicators
- Sharing best practices and collective learning
- Adaptation of successful tools and practices
- Scaling up
- Increased advocacy

# HIV Stigma Can Be Reduced

- We understand enough to act
- We have practical anti-stigma tools
- We have measures to evaluate
- Each of us can make a difference



# Acknowledgments

- Muhimbili University College of the Health Sciences and Kimara Peer Educators and Health Promoters Trust, Tanzania
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**Toolkit, Research &  
Measurement Reports**

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