PrEP Learning Network:
Addressing the Elephant in the Room: Stigma and PrEP rollout

July 23, 2020
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WHAT WORKS FOR STIGMA REDUCTION IN HEALTH FACILITIES: LESSONS LEARNED

KENYA’S EXPERIENCE WITH PrEP FOR ALL

SPECIAL PRESENTATION: PrEP PSA FROM SOUTH AFRICA

WHAT’S NEXT WITH THE LEARNING NETWORK
Laura Nyblade
Fellow, Health Policy, RTI International

Laura Nyblade is an RTI Fellow and Senior Technical Advisor on Stigma and Discrimination in the division for global health, RTI International and for USAID’s Health Policy Plus Project. For the past two decades, Dr. Nyblade has built a portfolio of research and programmatic work on HIV stigma and most recently led work focused on reducing stigma in health facilities through a whole facility approach that engages all levels of health workers.

Elizabeth Irungu
Deputy Site Coordinator, Partners Demonstration Project

Elizabeth Irungu, MBChB, MPH, is faculty at the School of Public Health in Jomo Kenyatta University of Agriculture and Technology in Kenya. She has over ten years’ experience conducting HIV prevention research among HIV serodiscordant couples and among women in general. Elizabeth leads the Partners Scale-Up Project, which has been working within the national program to catalyze scale up of oral PrEP in health facilities.
Use the “Chat” feature to ask questions!

There will be dedicated Q&A after the presentations — please feel free to ask questions during this time or type your questions into the chat box at any point during the presentations.

Make sure to share your chat with “All panelists and attendees” not just panelists.
Why do we need to consider stigma in PrEP rollout?
Overview: Stigma influences PrEP Use
Overview: Dimensions of stigma

- HIV
- Association (e.g., sex worker, men who have sex with men)
- Behavior (e.g., sexually promiscuous, premarital sex)
Overview: Stigma and PrEP roll out

To increase PrEP use and continuation we need to address stigma.
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Lessons learned
Laura Nyblade, PhD, Fellow and Senior Technical Advisor, Stigma and Discrimination, Health Policy Plus/RTI International

What works for reducing stigma in health facilities:
Acknowledgments

- Respondents, facility staff, and management in Ghana and Tanzania, and Thailand
- Governments of Tanzania, Ghana, and Thailand, including ministries of health and national AIDS programs
- Local implementing partners in the three countries
- Donors, including U.S. Agency for International Development (USAID), U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, National Institutes of Mental Health (NIMH), and Ford Foundation
Definitions and Terminology
Stigma: A Fundamental Determinant of Health and Health Equity

- Stigma undermines three key determinants of health:
  - Access to resources
  - Access to social support
  - Psychological and behavioral responses

- Through exclusion, segregation, discrimination, stress and downward socioeconomic placement

(Hatzenbuehler et al. 2013)
Stigma: A Social Process that Occurs within the Context of Power

1. Distinguishing and Labeling Differences
(person living with HIV, person who injects drugs, gay man, sex worker)

2. Associating Negative Attributes
(irresponsible, immoral, promiscuous, untrustworthy)

3. Separating “Us” from “Them”
(physical and social isolation)

4. Status Loss and Discrimination
(denial of health care, verbal & physical abuse, loss of respect)

The Soup of Stigma Terminology
<table>
<thead>
<tr>
<th>Types of Stigma</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced</td>
<td>Stigma that is enacted through interpersonal acts of discrimination</td>
</tr>
<tr>
<td>Perceived</td>
<td>Perception of the prevalence of stigmatizing attitudes in the community or among other groups (e.g., healthcare providers)</td>
</tr>
<tr>
<td>Anticipated</td>
<td>Fear of stigma, whether or not it is actually experienced</td>
</tr>
<tr>
<td>Internalized (Self)</td>
<td>Acceptance of experienced or perceived stigma as valid, justified</td>
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<tr>
<td>Types of Stigma (Continued)</td>
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<td>-----------------------------</td>
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<tr>
<td><strong>Secondary</strong></td>
<td>Stigma by association, extended to family or other caregivers of the stigmatized individual</td>
</tr>
<tr>
<td><strong>Observed (Vicarious)</strong></td>
<td>Stigma happening to others that is witnessed or heard about</td>
</tr>
<tr>
<td><strong>Structural</strong></td>
<td>Laws, policies, and institutional architecture that may be stigmatizing (or, alternatively, protective against stigma)</td>
</tr>
<tr>
<td><strong>Intersectional</strong></td>
<td>Convergence of multiple stigmatized identities within a person or group/intersecting of stigmas faced by individuals who are part of multiple marginalized groups</td>
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</tbody>
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Measurement and Interventions

What We Have Learned: Key Principles for Stigma-Reduction Programming
Why and Where We Intervene to Reduce Stigma and Discrimination

Immediately Actionable Drivers

1. Fear of contracting HIV
2. Awareness of Stigma
3. Attitudes
4. Institutional Environment

Stigma Manifestations

- experienced, anticipated, perceived, internalized, etc.
- avoidance, harassment, refusal to treat, etc.

HIV Prevention Cascade

- Testing & diagnosis
- Linkage to prevention services & Enrollment in PrEP
- PrEP continuation

Reduced risk of HIV infection

Stigma Measurement and Intervention
Key Principles for HIV Stigma-Reduction Interventions

Address immediately actionable drivers
- Raise awareness
- Discuss and challenge the shame and blame
- Address fears and misconceptions about contracting HIV

Create partnerships between affected groups and opinion leaders
- Contact strategies
  - Build empathy
  - Model desirable behaviors
- Recognize and reward role models

Place affected groups at the center of the response
- Develop and strengthen networks
- Empower and strengthen capacity
- Address self-stigma
A Myriad of Intervention Tools
Training Package for Health Facilities: Health Policy Project

• Based on field application in 9 countries
• Can be tailored for different audiences and timeframes
• Includes 17 sample workshops and 1 refresher
• Has been adapted and used in many places
Intervention Examples

Bringing measurement and Key Principles Together to Reduce Stigma in Health Facilities
Combating HIV-Related Stigma and Discrimination in Health Facilities
Results from Ghana and Tanzania
The HP+ Total Facility Approach to Stigma Reduction: Three Phases

Assessment (Baseline)

Steps
1. Adapt global assessment tools
2. Quantitative surveys
   - Facility staff
   - Clients living with HIV
3. Participatory dissemination

Intervention

Steps
1. Adapt global training tools
2. Participatory skills building
   - Training of facilitators
   - Stigma-reduction trainings for all staff
3. Other tailored, facility-led interventions

Evaluation (Endline)

Steps
1. Quantitative surveys
2. Data analysis
3. Dissemination at facilities
Participatory Skill Building

• Training of facilitators: Facility staff and clients living with HIV, including youth (Tanzania)
  o Competitive selection of facilitators (Tanzania)
  o Five-day offsite training and five days of mentoring/coaching (led by master trainers)

• Two days onsite, participatory skills building for facility staff (clinical and non-clinical)
  o Mix of levels and departments minimizes disruption of service delivery
  o Timing is flexible, depending on facility schedule
  o Holding the sessions one week apart deepened learning (Tanzania)
## Participatory, Facility-Based, Two-Day Staff Training

<table>
<thead>
<tr>
<th>Topic</th>
<th>Corresponding Exercise</th>
</tr>
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<tbody>
<tr>
<td>Create awareness of what HIV-related stigma is in concrete terms</td>
<td>Identify stigma and discrimination through pictures; analyze stigma in health facilities</td>
</tr>
<tr>
<td>Understand and address fear of contracting HIV in the workplace</td>
<td>Partner work and quality, quantity, route of transmission tool work on non-sexual transmission; role play to review standard precautions</td>
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<tr>
<td>Gender and sexual diversity, stigma and discrimination toward key populations (Ghana)</td>
<td>Sexual diversity education and terminology; learn about and connect stigma to human rights</td>
</tr>
<tr>
<td>Understand and address stigma faced by youth seeking HIV and other sexual and reproductive health services (Tanzania)</td>
<td>Use individual reflection, small group work, and plenary discussion to explore stigma experienced by youth, provider comfort/discomfort serving youth, ways to improve service delivery for youth clients</td>
</tr>
<tr>
<td>Building empathy and reducing distance (contact strategies)</td>
<td>Listen to first-hand experiences from members of key populations (Ghana), youth (Tanzania), and people living with HIV; discuss experiences in health facilities; self-reflection</td>
</tr>
<tr>
<td>Working to create change</td>
<td>Develop realistic strategies and a code of practice and action plan</td>
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*Final curriculum: 14 participatory exercises (Ghana), 16 exercises (Tanzania)*
More Tailored Interventions Designed and Implemented by Facility Staff

• **Local Solutions**
  o Champion teams
  o Public declarations to stigma-free care
    - Banners, posters, community TV and radio spots, loudspeaker announcements
  o Codes of conduct
  o Complaint and compliment system

• **Sustainable**
  o Integrated in existing structures and processes

• **Small seed grants** provided for stigma-reduction activities
Key Elements of the Total Facility Approach

• Evidence-based, building on two decades of work
  o Immediately actionable drivers
  o Adaptation of validated measurement and participatory training tools
• Recognition that all facility staff have a role to play
• Engagement of facility management
• Data-driven
  o Baseline informs intervention and catalyzes action
  o Endline evaluation
• Strengthens stigma-reduction capacity in facilities
  o Participatory approaches to learning and behavior change
  o Participatory stigma-reduction trainings led by staff and clients
  o Facility champion teams
Thailand: An Example of National Scale-up

“3 By 4” and National Framework for Measuring HIV Stigma and Discrimination

With grateful acknowledgment of the Bureau of AIDS, TB, and STIs, Department of Disease Control, Ministry of Public Health, Thailand
Timeline of implementation of HIV related stigma measurement and interventions in Thailand

**MEASUREMENT**

- **2012**: Develop standard tools for health settings
- **2013**: Integrate SD in 5th National Health Examination Survey
- **2014**: 1st National SD surveillance surveys in health settings
- **2015**: Integrate SD in 5th Multiple Indicators Cluster Survey
- **2016**: 2nd National SD surveillance surveys in health settings
- **2017**: Integrate SD in IBBS for key populations
- **2018**: 3rd National SD surveillance surveys in health settings
- **2019**: Launch community-led rights violation on-line report

**INTERVENTION**

- **2012**: Develop participatory training tool and 3 by 4 approach for health settings
- **2013**: Pilot 3 by 4 approach in 6 hospitals
- **2014**: Expand the 3 by 4 approach to 44 hospitals
- **2015**: National roll-out of stigma-free health facilities
- **2016**: Launch E-learning for health setting
- **2017**: Launch Thailand partnership to eliminate all forms of discrimination
- **2018**: National Strategy to end AIDS 2017-30

**SD**: Stigma and Discrimination

**IBBS**: Integrated Biological and Behavioral Survey

**National AIDS Strategic Plan 2014-16: “Getting to Zero”**

**National Strategy to end AIDS 2017-30**
Thailand’s 3 by 4 Approach for Stigma-free Health Facilities

4 ACTIONABLE DRIVERS
1. Awareness
2. Fear of infection
3. Opinion, attitudes, judgement, stereotyping, blame
4. Environment in health facility

3 LEVELS OF INTERVENTIONS
1. Individual
2. System and Structure
3. Linkages (beyond health facilities)

Hospital Administration Committee

Working Group/Champion Team
Assess • Advocate • Implement & Monitor

Individual learning activities
- Participatory training
- Small group learning tailored to facility
- E-learning on SD
- Other educational activities

System improvement activities
- Baseline, post-intervention survey
- Policy & service guidance setup
- Develop action plan
- Change service flow, practices
- Integrate with hospital system on quality improvement

Linkage activities
- Consultation
- Referral
- Meetings
- Engagement
- Listening to voices of clients

Provincial rights protections networks and mechanisms
- PLHA network
- Key population communities
## Thailand’s National Framework for Measuring HIV Stigma and Discrimination

<table>
<thead>
<tr>
<th>POPULATION (FREQUENCY)</th>
<th>OBJECTIVES</th>
<th>METHOD OF MEASUREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Population</td>
<td>Attitudes towards PLHIV</td>
<td>Integrated in the existing household survey</td>
</tr>
<tr>
<td>(every 5 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Populations</td>
<td>Experience of S&amp;D</td>
<td>Integrated in the IBBS</td>
</tr>
<tr>
<td>(every 2 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Facility Staff</td>
<td>Assess key drivers and enacted stigma</td>
<td>Survey in sentinel sites (6–8 provinces)</td>
</tr>
<tr>
<td>(every 2 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLHIV</td>
<td>Experience of S&amp;D in a healthcare setting</td>
<td>Survey in sentinel sites (6–8 provinces)</td>
</tr>
<tr>
<td>(every 2 years)</td>
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<td></td>
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<tr>
<td>Event Based Monitoring</td>
<td>Monitor events relating to violence, abuse, and</td>
<td>To be determined</td>
</tr>
<tr>
<td>System (ongoing)</td>
<td>rights violation towards KAP, people living with or affected with HIV</td>
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Conclusion
Action is Possible

• **Measure: standardized and validated tools exist**
  - Make S&D reduction a key goal in national strategies
  - Integrate S&D indicators into national HIV M&E frameworks
  - Expand and standardize measurement of S&D

• **Make S&D-reduction part of all HIV programs: intervention and programmatic tools are available**

• **Make stigma reduction an explicit component of delivering high-quality health services by:**
  - Integrating S&D-reduction into quality-improvement processes
  - Incorporation into medical training—pre and in-service (for all staff)
  - Licensing and accreditation for individuals & facilities
  - Performance assessment & supervision
  - Reporting and redress mechanisms

• **Leverage synergies for stigma reduction**
  - Combine stigma reduction across stigmatized conditions and groups
Action to reduce facility stigma is possible!

Global measurement and intervention tools are easily adaptable across diverse contexts
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WHAT’S NEXT WITH THE LEARNING NETWORK
Kenya’s Experience with PrEP for All

Elizabeth Irungu, MBChB, MPH
Partners Scale Up Project

PrEP Learning Network Webinar
July 23, 2020
PrEP works

• PrEP reduces risk of acquiring HIV infection by over 90% when adhered to

• PrEP works among people
  - Of all ages
  - Of all gender types
  - At risk of acquiring HIV by different modes
    - Vaginal, Penile, Rectal, Injecting drugs
PrEP is empowering

- Decreased anxiety
- Increased communication, disclosure, & trust
- Increased self-efficacy
- Increased sexual pleasure & intimacy
Countries with PrEP programs, April 2020


https://www.prepwatch.org/
PrEP Journey in Kenya – led by NASCOP

July 2016
Launch of revised ART guidelines

November 2016
PrEP implementers meeting

November 2016 – April 2017
PrEP TWG and subcommittee working group meetings

May 2017
National PrEP scale-up launch

October 2016
Formation of PrEP TWG by NASCOP

November 2016
Demo Projects Learning Workshop

2016
Approval of TDF generics
Kenyan Program

- Overseen by the national TWG with various sub-committees
  - Including service delivery and communication sub-committees
- PrEP recommended for all HIV negative individuals at substantial HIV risk
- No specific population was called out
  - To reduce stigma associated with delivery to specific populations
  - Anyone could seek services from any service delivery point where it is available
JiPende JiPrEP! - the campaign identity

Nation wide campaign targeted at general population
- To be aware of PrEP
- To self-assess for risk
- To seek services
Demand creation – media engagement
Creating PrEP awareness

Source: https://www.facebook.com/PrEPKenya/photos
Kenya’s epidemic is concentrated in several counties and the PrEP program has placed efforts in those counties.

PrEP is an intervention for all persons at risk of acquiring HIV:
- for multiple populations – couples, AGYW, MSM, FSW, fisherfolk, etc.
• Awareness tools targeting various audiences were developed and disseminated
• Including posters, FAQs, other visibility materials such as banners and t-shirts
• Mainly led by partners
Creating PrEP awareness

PrEP is a new HIV prevention method.

I am PrEPared for a HIV-free life.

One tablet a day can protect you from HIV.

Email: prep@tvchealth.org, Website: www.tvchealth.org/prcp-project
Phone number: 0722203610, 0733 3333268

Visit Ishtar MSM wellness centre for more information or call +254202497228 or 0713797157
Client Encounter Form

Behaviour risk assessment

Mark all that apply:

- Sex partner(s) is HIV+ and (mark all that apply):
  - Not on ART
  - On ART <6 months
  - Suspected poor adherence to ART
  - Detectable HIV viral load
  - Couple is trying to conceive

- Sex partner(s) high risk & HIV status is unknown
- Has sex with >1 partner
- Ongoing IPV/GBV
- Transactional sex
- Recent STI (past 6 months)
- Recurrent use of post-exposure prophylaxis (PEP)
- Recurrent sex under influence of alcohol/recreational drugs
- Inconsistent or no condom use
- Injection drug use with shared needles and/or syringes
Commodity Consumption Trends

TDF/FTC Consumption 2017 - 2020
Clients on PrEP by age and population type; April 2020

- Discordant couples account for half of PrEP clients
- The age group greater than 30 years has the highest number of clients on PrEP
- Females constitute 58.2% of PrEP users
Early lessons

• National and county government involvement and buy-in is key
  • Create harmony and guidance for all players
• Fitting within an existing program facilitates implementation
  • Training – use existing training structures
• PrEP services availed to all at risk of HIV
PrEP is a powerful, effective, safe and empowering tool for all persons at risk. Let’s avail it.
Acknowledgements

- PrEP users from whom we continue to learn
- Mary Mugambi – PrEP & HTS Program Manager, NASCOP
- Kenyan PrEP Technical Working Group
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WHAT’S NEXT WITH THE LEARNING NETWORK
A Special Video Presentation

Elmari Briedenhann
Wits RHI

PrEP4Youth Video series

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WHAT’S NEXT WITH THE LEARNING NETWORK
Upcoming Sessions: Register Today!

Up Next…

Expanding access to PrEP through community-based delivery

Visit https://www.prepwatch.org/virtual-learning-network for up-to-date information.
Visit PrEPWatch for additional resources

- Webinars are recorded and will be accessible on PrEPWatch within a week post-presentation date
- Additional, complementary resources will also be shared on PrEPWatch—including related research articles and tools
- Registration for upcoming webinars is also located on PrEPWatch

www.prepwatch.org/virtual-learning-network/  TWITTER: @PrEP_LN
Exit Poll
Thank You!