



"A human rights-centered and stigma-free response to HIV"

Dr. Louie Ocampo Country Director UNAIDS Philippines





Question # 1

XIAS

STIGMA

"Feeling that people deserve to get HIV because they are gays is a form of





Question # 2

<u><u></u>RIAS</u>

Use of double-gloving in attending HIV clients is an extrinsic manifestation of

Discrimination



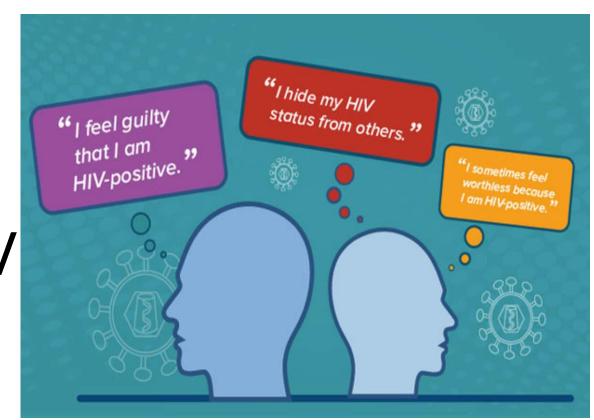


Question # 3

XIAS

is when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves.

Internalized Stigma or Self Stigma

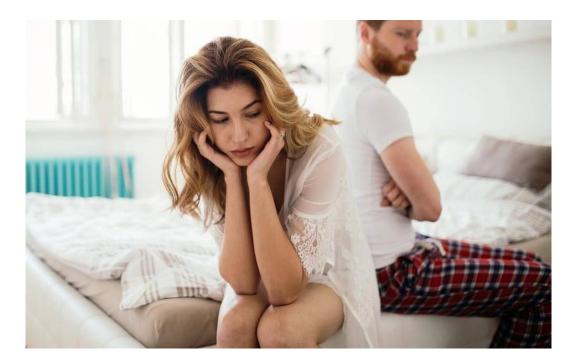


XIAS



Question #4 For PLHIV accessing HIV specific health service, the most common form of stigma being experienced from the health care providers İS

Advised not to have sex because of their HIV status



Question # 5

XIAS



True

The first step to reducing stigma and discrimination in health care facilities is by ensuring that staff members are educated about what stigma is.







What is HIV stigma?

HIV stigma is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

Here are a few examples:

- Believing that only certain groups of people can get HIV
- 2 Making moral judgments about people who take steps to prevent HIV transmission
- 3 Feeling that people deserve to get HIV because of their choices

What is discrimination?

While stigma refers to an attitude or belief, discrimination is the behaviors that result from those attitudes or beliefs. HIV discrimination is the act of treating people with HIV differently than those without HIV.

Here are a few examples:

- 1 A health care professional refusing to provide care or services to a person living with HIV
- **2** F
 - Refusing casual contact with someone living with HIV



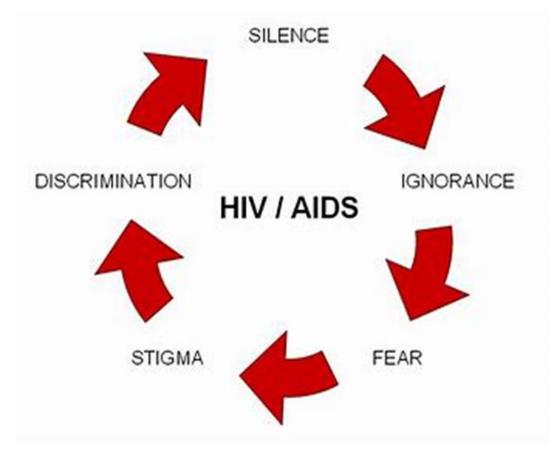
Socially isolating a member of a community because they are HIV positive



XIAS

Root Causes of Stigma

Lack of Information and Awareness
Outdated Beliefs
Fear of HIV
Moral Judgments
Cultural and Religious Beliefs
Judgmental Attitudes
Lack of Empathy







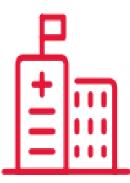
Effects if HIV-related Stigma & Discrimination

HIV-related stigma and discrimination significantly impacts the health, lives and well-being of people living with or at risk of HIV, especially key populations. Stigma and discrimination impedes the HIV response at every step, limiting access to:

 Image: Weight of the second




LINKING RIGHTS AND **HEALTH OUTCOMES**



People living with HIV who perceive high levels of HIV-related stigma are

2.4 times more likely to delay enrolment in care until they are very ill (5).

A study of transgender women in Argentina showed that those who had experienced discrimination in healthcare settings were

3X more likely to avoid

health-care settings than those who had not (6).

Where programmes have been put in place to respond to stigma and discrimination, access to services for HIV prevention, testing and treatment has measurably improved (7, 8).





<u><u></u>RIAS</u>



HIV-related stigma and discrimination continues to be pervasive.

Across countries with available data, up to **21%**

of people living with HIV reported being denied health care in the past 12 months (1).



In 11 countries with available data up to



40% of people

living with HIV

report being forced to submit to a medical or health procedure.

up to **26%** of women living with HIV reported that

receiving HIV treatment was conditional on taking contraceptives (1).







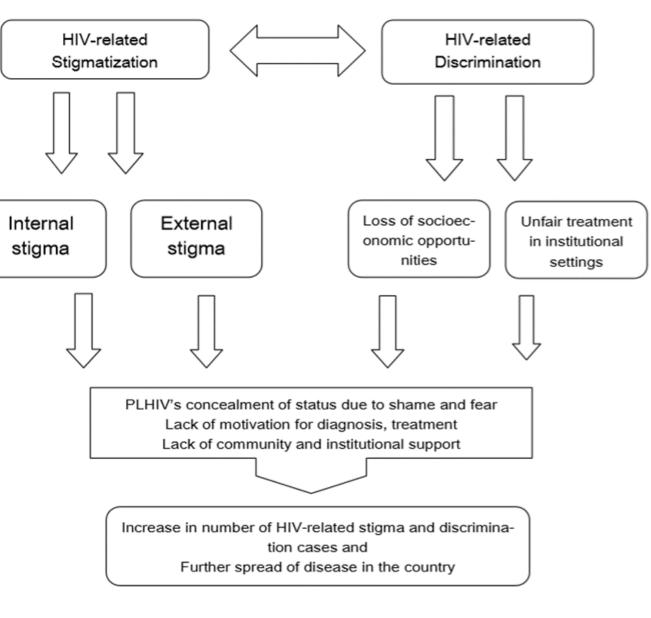
THE PHILIPPINE PEOPLE LIVING WITH HIV (PLHIV) STIGMA INDEX 2.0 (2019)

A research report prepared by:

Elma P. Laguna, Dr.rer.pol Justine Kristel Villegas

for the

DEMOGRAPHIC RESEARCH AND DEVELOPMENT FOUNDATION (DRDF), INC. and PINOY PLUS ADVOCACY PILIPINAS, INC. (PINOY PLUS)



XIAS





Table 18. Percentage of respondents reporting stigma and discrimination when accessing HIV-specific health care

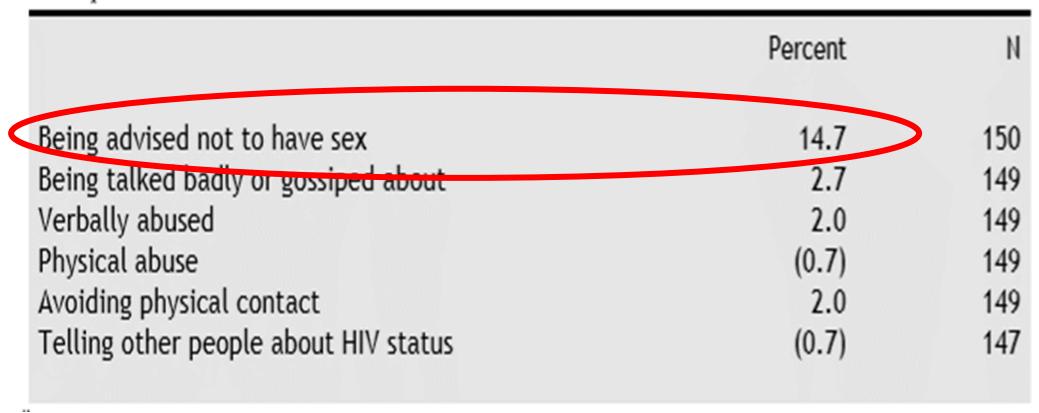
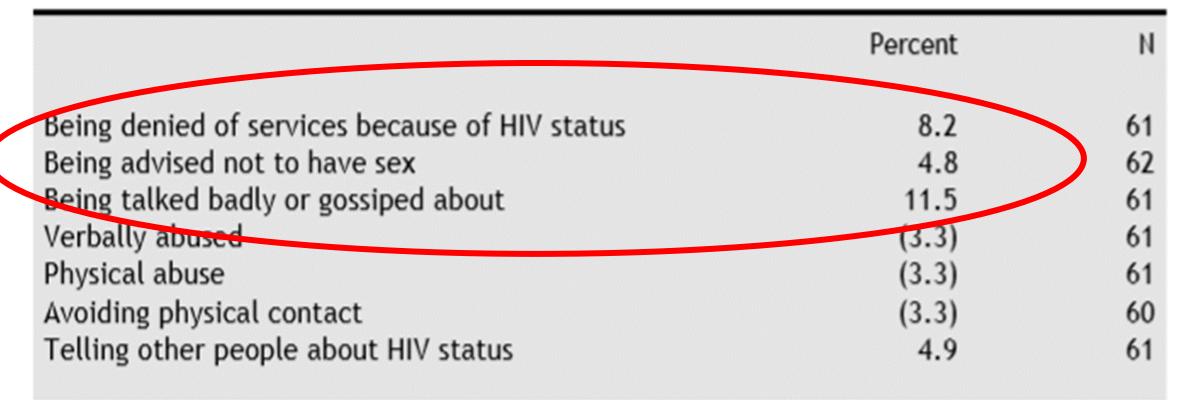








Table 19. Percentage of respondents reporting stigma and discrimination when accessing non-HIV related health care



11 4 5

Name of speaker

XIAS





GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025 Less than 10% of people living with HIV report internalized stigma or experience stigma and discrimination in health-care and community settings.

Less than 10% of key populations report experiencing stigma and discrimination.

Less than 10% of the general population reports discriminatory attitudes toward people living with HIV.

Less than 10% of law enforcement officers report negative attitudes toward key populations.





- 1.Human Rights Approach
 - 。 Dignity & Equality
 - $_{\circ}$ Non-Discrimination
 - 。 Informed Consent

| | _ | | | | | |
|---|-------------------------------|--------------------------|--|--------------------------------|---|----------------------|
| | PATHWAYS: PRISMS | | | | | |
| ROADMAP | Protect | R eform | Inform | Serve | Mobilize | Support |
| ESS RIGHTS-BASED BARRIERS TO SSING HIV AND AIDS SERVICES Final Draft March 2021 | Justice and Accountability | Policy and Governance | Information, Education and Communication | Service- delivery System | Community Empowerment and Engagement | Social Protection |



2. Stigma Reduction

XIAS

- 。 Education and Awareness
- Community Engagement
- Legal Literacy 0
- Language Matters 0



SERVICE QUALITY DISCRIMINATION

STIGMA AND

POLICY

FINANCE





3. Access to Healthcare& Support:

。Health Services

. Confidentiality

Social Support



Republic of the Philippines Department of Health OFFICE OF THE SECRETARY

JUN 3 0 2022

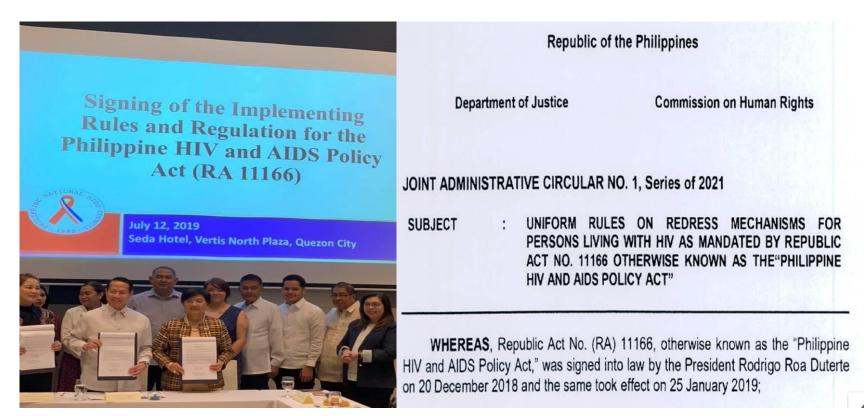
ADMINISTRATIVE ORDER No. 2022- 0024

> SUBJECT: <u>Guidelines on Differentiated Treatment for People Living with</u> <u>Human Immunodeficiency Virus (PLHIV) and Prophylaxis for</u> <u>HIV-Exposed Infants</u>





- 4. Legal Protections:
 - Anti-Discrimination Laws
 - 。 Legal Aid
 - Redress Mechanism
- 5. Empowerment and Participation:
 - Meaningful Involvement
 - Self-Advocacy









UNAIDS recommends seven key programmes for eliminating HIV-related stigma and discrimination (47):

- Stigma and discrimination reduction.
- HIV-related legal services.
- Monitoring and reforming laws, regulations and policies on HIV.
- Legal literacy ("know your rights").
- Sensitization of law makers and law enforcement agents.
- Training for health-care providers on human rights and medical ethics for HIV.



 Reducing discrimination and violence against women in the context of HIV.



| Problematic word or phrase | Preferred word or phrase | |
|---|---|--|
| AIDS (when referring to the virus, HIV) | HIV HIV and AIDS (when referring to both) | |
| Why: AIDS itself is not a condition. It is a range of conditions, or a syndrome, that occurs when a person's immune system is weakened by the HIV infection. | | |
| To catch AIDS To catch HIV To pass on HIV | To be diagnosed with HIV To acquire HIV To transmit HIV | |
| Why: AIDS cannot be caught or transmitted. People get HIV. HIV can be transmitted, but it is not hereditary. | | |
| Unprotected sex | Sex without a condom or medicines to prevent or treat HIV (such as pre-exposure prophylaxis (PrEP) or antiretroviral therapy) | |
| Why: "Unprotected sex" is often associated with sex without a condom. More precise terms are necessary as today there are numerous ways outside condom use to engage in safe sex to prevent HIV. | | |



| Body fluids | Blood, amniotic fluid, semen, pre-ejaculate, vaginal fluids, rectal fluids, |
|-------------|---|
| | breast milk |

Why: Only some body fluids transmit HIV. "Body fluids" covers all fluids coming from the body and not just those involved in HIV transmission. Be specific when possible.

| To battle HIV and/or AIDS War against HIV/AIDS | Response to HIV and AIDS | |
|---|---|--|
| Why: These terms may be considered militaristic and may lead others to think that people with HIV have to be "fought" or eliminated. | | |
| Risk Risky behavior High(er) risk group(s) Groups with high-risk behavior | people with certain risk factors such as [examples] people who engage in behaviors such as [examples] that may increase their chances of getting HIV risk factors such as [specifics/examples] behaviors that increase the chances of getting or transmitting HIV | |

communities over-represented in the HIV epidemic

populations with a high [prevalence/incidence] of HIV

Why: Some risk-related terms can be stigmatizing and may imply that the condition is inherent to a person or group rather than the actual causal factors.





| Victims Sufferers Contaminated Sick | People/person with HIV | |
|---|---|--|
| Why: Some people with HIV feel that these terms imply that they are powerless, with no control over their lives. Other unhelpful terms negatively define people with HIV by the condition. These terms also segregate the people who have HIV. | | |
| AIDS patient HIV patient Patient | Person with AIDS Person with HIV | |
| Why: The term "patient" implies a constant state of illness that can be misleading and demoralizing. Outside a clinical context, a person is not a patient. | | |
| Positives HIVers | Persons/people with HIV People with HIV (PWH or PWHIV) | |

AIDS or HIV carrier(s)Persons with HIV (PWH or PWHIV)Persons/people with diagnosed HIV (PWDH or PWDHIV)

Why: A person is not HIV or AIDS. A person lives with HIV once he or she gets the virus or progresses to having an AIDS diagnosis.



| Injection [injecting] drug user (IDUs) | Persons/people who inject drugs (PWID) | |
|--|--|--|
| Why: Injecting drug use refers to the transmission category and not the people themselves. | | |
| People who have an undetectable viral load have little risk of transmission | Treatment as prevention (TasP) People with HIV who have an undetectable viral load: - do not/don't transmit - will not/won't transmit Undetectable = Untransmittable or U=U People who are undetectable have effectively no risk of transmitting HIV People who are undetectable have negligible risk of transmitting HIV | |

Why: Research has shown that having an undetectable viral load prevents HIV transmission to others through sex or syringe sharing, and during pregnancy, birth, and breastfeeding. This is sometimes referred to as "treatment as prevention" (TasP).



Next Steps

XIAS

- 1. Institutionalization of S&D reduction programs in all settings
- Expand trainings on SOGIE, Legal literacy and HIV education beyond key populations
- 3. Strengthen redress mechanisms
- 4. Full implementation of the AIDS law
- 5. Empower community to demand for their rights (rights holder) and empower the providers as duty bearers



XIAS



"A stigma-free response to HIV involves compassion, understanding, and a commitment to human rights."



https://fb.watch/qN8dIAt_z8/