



HIV STIGMA REDUCTION SUMMIT RECOMMENDATIONS

March 13, 2017

Define and disseminate a framework for HIV-related stigma across Federal agencies, among HIV-related federally funded entities, and into the wider HIV service community, including integration into the next iteration of the National HIV/AIDS Strategy (NHAS).

- **Develop guides regarding use of this framework** by federal agencies, service providers, and clients (NHAS 3.C.3; 1.C.5)
- **Conduct a self-assessment of HIV stigmatization** embedded in policies, programs, messages, etc. across Federal agencies, including those tasked with addressing HIV/AIDS or public health. This should include an assessment of the stigmatization and marginalization of other traits, activities or identities shared by the populations most at risk for HIV (NHAS 1.C.5; 1.C.4; 1.A.2)

Develop HIV prevention messages and materials across the lifespan that are more sex positive and that fully embrace the current understanding of the HIV risk landscape.

- **Engage in widespread educational outreach about the benefits of Treatment as Prevention (TasP) and Pre-Exposure Prophylaxis (PrEP)** targeted at populations at higher risk for HIV, including the message that medication side effects are minimal and manageable (NHAS 1.C.5; 1.C.1; 1.A.2; 1.B.3; 1.B.4; 3.A.2; 3.C.3)
- **Develop a strategy that embraces social media** for dissemination of these messages (NHAS 1.C.2; 1.C.5; 3.A.2; 1.A.2)

Use levers of federal government to eliminate HIV-related stigma and discrimination wherever possible.

- **Update outdated regulations, rules and practices in which HIV-related stigma is embedded**, including the blood donation guidelines, Peace Corps recruitment/retention policies, Department of Defense recruitment/retention policies, and HIV-based prosecutions under the Uniform Code of Military Justice (NHAS 3.C.2; 1.C.5)
- **Incentivize states to dismantle HIV criminalization laws** (NHAS 3.C.2; 1.C.5; 1.A.2)
- **Promote insurance coverage for treatment of lipodystrophy and lipoatrophy** by leveraging federal antidiscrimination protections and/or encouraging enactment

of state-based coverage requirements (NHAS 2.A.1; 1.C.5)

Include a stigma reduction component in all federal HIV funding opportunity announcements and application processes.

- Applicants should be encouraged to consider and address HIV stigma, as well as **related forms of stigma for the populations served, the intersectional nature of such stigmas, and stigma related to comorbidities and other social determinants of health** (NHAS 2.A.3; 1.C.5; 1.C.4; 1.A.2; 3.C.3)
- **Require all federal grant applicants related to health workforce training and service delivery to have a stigma reduction plan** that will be considered in the scoring of the funding application (including training, assessments, monitoring, etc.) (NHAS 1.C.5; 2.A.3; 2.B.2)

Monitor and assess the operations/clinical/client experience related to stigma as part of the federal grantee review process, using a “Stigma 360” review that assesses the program at all levels.

- Reviews should include **client-based quality assurance evaluation** and be facilitated by a mechanism through which clients can report experiences related to stigma (i.e., a grievance process) (NHAS 2.A.2; 2.B.2; 1.C.5)
- **Incorporate metrics related to stigma experienced by clients** along the health care continuum (testing, diagnosis, engagement in care, treatment, retention) and include metrics to evaluate provider and health facility staff knowledge and mitigation of stigma and related adverse clinical outcomes (NHAS 1.C.5; 2.A.4)
- **Develop and disseminate a stigma reduction toolkit** for training of care center staff whose centers receive federal funding and otherwise **encourage support for technical assistance** that trains and supports grantees on reducing HIV and related forms of stigma; consider **adapting the stigma reduction toolkit for use by communities of faith** and engaging in training and capacity building for this work with interested groups (NHAS 2.A.5; 2.B.2; 1.C.5)

Enhance the self-esteem and bolster the resiliency of people living with HIV

- **Foster networks of people living with HIV and local HIV support groups**, and require those receiving federal funding to provide information about connecting to such groups after an HIV diagnosis (NHAS 3.C.3; 1.C.5)
- **Create leadership and professional development training opportunities for people living with HIV** who are serving on advisory boards and commissions, to help retain them and sustain their on-going participation (NHAS 3.C.4; 1.C.5)

Partner with Department of Education to encourage stigma reduction

- Starting in elementary school, in an anti-bullying framework, **provide guidance on curricula/education programs that value differences** and serve as a foundation for stigma reduction in later years (NHAS 1.C.5)
- **Promote comprehensive sexual health education that is evidence-based, sex-positive and inclusive** of all young people, regardless of sexual orientation or gender identity (NHAS 1.C.3; 3.A.2; 1.C.5)

- **Require training related to HIV-related stigma and other social determinants of health** in accredited curricula for the healthcare workforce, including interactive learning with people/patients who have personally experienced such forms of stigma (NHAS 1.C.5; 1.C.4; 2.B.2)