

Dignity
above all



Generic policy

**Protecting people living with HIV
from stigma and discrimination
in health care settings**

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Rationale and scope of the policy

HIV-related stigma refers to negative attitudes and beliefs directed toward people living with HIV that significantly discredit them in the eyes of others. HIV-related discrimination consists of actions or omissions that are derived from stigma and directed towards people living with HIV. Stigma and discrimination pose a significant threat to fundamental human rights.

Regrettably, people living with HIV encounter many forms of stigma and discrimination while seeking care in health facilities – the very places that should be their first line of support. Stigmatizing and discriminatory behaviours are believed to occur among all levels of staff including nurses, registration officers, pharmacists, cleaners and security personnel. These behaviours constitute a violation of basic human rights and of professional ethics. They have further negative impacts in that they create a barrier to fighting the HIV epidemic and contribute to keeping people living with HIV from adopting preventive behaviours and from accessing much-needed care and treatment.

Negative attitudes and misconceptions towards people living with HIV

- Misconceptions about how HIV is transmitted.
- Fears around the incurability of the disease and lack of treatment.
- Belief that HIV-positive people have engaged in a perceived immoral behaviour (such as homosexuality, drug use, sex work).
- Belief that HIV infection is the result of personal irresponsibility or a perceived moral fault (such as extramarital sex) that deserves to be punished.

Acts of stigma and discrimination occur in health care settings not only because of these misconceptions and lack of knowledge, but due to a lack of clear policies and regulations to protect the rights of people living with HIV and to provide guidance and best practices for health care facilities. There is a need for a supportive legal and regulatory environment to ensure that people living with HIV have access to justice systems when they face discrimination within a health care facility. This should be accompanied by training programmes and behaviour change strategy for health care personnel. In addition to providing a framework for the protection of people living with HIV against human rights violations, such a supportive environment also helps to achieve public health goals and contributes to a better response to the HIV epidemic.

Forms of stigma and discrimination in health care settings

- Denial of access to services.
- Prevention of access to counselling and testing.
- Acts of exclusion and isolation in specific wards and rooms.
- Testing for HIV and disclosure of HIV status without the patient's consent.
- Verbal abuse and lack of respect.
- Unjustified extra infection control measures that can mark a person as HIV-positive.

Medical ethics framework

Medical ethics concerns how to handle moral problems arising out of the care of patients. The fundamental principles of medical ethics are built on: respect of autonomy, by empowering the patient and helping them to come to their own decisions; beneficence, by promoting what is best for the patient; non-maleficence, by doing no harm to the patient; and justice, by ensuring all patients have access to the same standards of care.

Legal framework of HIV/AIDS-related stigma and discrimination

The Constitution of the World Health Organization enshrines the right of every human being to have the highest attainable standard of health as a fundamental entitlement. Protection and promotion of HIV/AIDS-related human rights are the responsibility and obligation of every country, as defined in international treaties. According to the United Nations Human Rights Council, discrimination against people living with HIV or those thought to be infected is a clear violation of human rights.

HIV/AIDS-related human rights include: the right to non-discrimination, equal protection and equality before the law; the right to life; the right to the highest attainable standard of physical and mental health; the right to liberty and security of person; the right to privacy; the right to freedom of opinion and expression and the right to freely receive and impart information; the right to freedom of association; and the right to be free from torture and cruel, inhuman or degrading treatment or punishment.

Policy objectives

- To assert a government's firm commitment to reduce the incidence of stigma and discrimination and human rights violations perpetrated against people living with HIV and people at risk of HIV in health care settings.
- To promote and enable a regulatory environment to support and protect people living with HIV and other affected populations in health care settings.
- To provide a national accountability framework to support provision of health care facilities and services that are free from HIV/AIDS-related stigma and discrimination.

Application of the policy

This policy applies to all health facilities and individuals (whether state or private) entitled to provide health services of any kind to people living with HIV, as listed below.

Health facilities

- Primary, secondary and tertiary health care facilities
- Private, public and nongovernmental organization facilities
- Day care and outpatient services
- Laboratories
- Pharmacies
- Dental clinics
- Physical therapy clinics
- Maternal and child care services.

Individuals

- Physicians
- Nurses
- Medical laboratory technologists
- Clerks
- Administrative staff
- Cleaners
- Any other workers in health care services.

Policy statement

All persons living with HIV/AIDS have the right to be treated equally in health care settings and are entitled to adequate care and treatment without any form of stigma or discrimination based on their HIV/AIDS status.

It is the ethical duty of all health care providers both within and outside health facilities to provide adequate and equal care, consultation, testing and treatment – with compassion and respect – for people living with HIV.

1. It is unethical to refuse to manage patients with HIV, to treat them differently from other patients, or to practice any form of stigma and discrimination against them. To do so is considered a violation of their human rights.

- People living with HIV should have the same rights and responsibilities as other patients.
- People living with HIV should not be excluded, isolated or made to stay in a separate ward/room.
- Health care workers should follow strict regulations to provide the same standard of care for HIV-infected patients as for other patients within health facilities, including medicine, nutrition and hygiene services.
- Health care providers should ensure that all patients are treated with respect and dignity.

2. Compulsory testing for HIV is prohibited in health care settings, and testing must be based on the patient's willingness (i.e. patient consent); or, when a patient is not able to consent due to unconsciousness or mental disability, HIV testing should be done only for the clinical benefit of the patient. In the latter circumstances, the purpose of testing, the reasons why testing is recommended and the implications of a positive test result must be clearly stated in the patient's file.
3. No patient should be denied health care services based on whether or not they consent to an HIV test or based on their HIV test results.
4. People living with HIV have the right to keep their HIV status and test results confidential, and health care providers should not disclose the HIV status of any patient to a third party (except with his/her written consent).
5. People living with HIV have the right to submit a complaint regarding any incident of stigma or discrimination encountered in a health care setting. Complaints may be submitted by a third party, based on the request of the person who encountered stigma or discrimination.

6. Health care providers within health facilities who are accused of stigmatization and discrimination of people living with HIV must be held accountable, and are subject to disciplinary measures in line with the procedures and regulations set by [state the name of the authority in charge]¹.
7. Health care providers have the right to a safe working environment. Health facilities must ensure the availability of adequate supplies for infection control precautions and adhere to proper infection control measures, consistent with national and universal precautions.
8. Health care facilities should organize education programmes and training for all personnel working within the health facility including information on HIV/AIDS, confidentiality protocols, basic human rights, all forms of stigma and discrimination, and protection of the rights of people living with HIV.
9. People living with HIV who present official complaints of incidents of stigma and discrimination should be protected against further discrimination or retaliatory actions by the person or health facility complained against. Examples of such retaliatory actions include, but are not limited to: denial of care, deliberate disclosure of HIV status, intimidation, etc.

¹ The name of the authority differs according to country (e.g. medical ethics committee, disciplinary body of the doctor's syndicate, etc.).

Procedure for reporting acts of stigma and discrimination in health care settings

Any person who believes that he/she has experienced stigma or discrimination on the basis of HIV status in a health care facility may report the incident through the correct channels (given below) and using the form attached in the next section. Information provided by the complainant shall be treated with strict confidentiality and will be disclosed only with the complainant's consent. Complainants may report the incident anonymously, and can ask a third party (such as an organization or delegated person) to submit the case.

The [state the name of the authority in charge] will take accountability measures against health care providers or health facilities involved in breaches of health care ethics and practice of stigma and discrimination against people living with HIV.

Once a complaint is submitted, it will be stored in the [state the name of the authority] database with a reference number. The database will be password-protected (if electronic) or properly locked (if paper-based) in order to protect the confidentiality of the complaint and complainant. Individuals or civil society organizations that report a complaint can use the reference number to access the submitted complaint through [specify where, how or which web address] to see updates. They can also contact [state the name of the authority, address and telephone number] staff directly to access case-relevant documentation, enquire about progress and ensure that redress is provided for the patient.

An example of a complaint form is provided in the next section.

Case submission

People encountering stigma and discrimination based on their HIV/AIDS status can submit a complaint using web-based systems, SMS, hotlines and/or paper forms (select what is applicable, and delete the rest).

Web-based systems

People living with HIV, or a third party, may report a case directly through a web-based reporting system at [indicate the website: <https://www.xxxx.xxx>].

SMS

People living with HIV, or a third party, may text complaints to a [state the name of the authority and SMS telephone number] database. Staff members will follow up with individuals/organizations through a telephone call or in-person interview to fill the complaint form and proceed to the next step.

Hotlines

People living with HIV, or a third party, may call a [state the name of the authority and hotline number] hotline, which will connect them directly with staff members who can help them to fill the complaint form.

Paper forms

A complaint form will be available at the health care facility or civil society organization to be filled and delivered [in person or by mail] to the [state the name of the authority and full address], either by the individual or through the civil society organization.

Sample complaint form

Any person who believes that he/she has experienced stigma or discrimination on the basis of HIV status in a health care facility may report the incident through this form. Information provided in this form will be treated with strict confidentiality and will be disclosed only with the complainant's consent. Complainants who wish to report the incident anonymously may ask someone else (such as an organization or delegated person) to submit the case. However if the complainant wishes to pursue legal action against the violator, the complainant must consent to disclosure of his/her name.

Contact information

Name of the complainant (if possible):

Name of supporting NGO (if any):

Gender: ☐ Female ☐ Male

Home phone: Preferred contact ☐ Yes ☐ No

Mobile phone: Preferred contact ☐ Yes ☐ No

Email: Preferred contact ☐ Yes ☐ No

Other preferred contact Name:
Phone:
Email:
Address:

Complaint Information

Please provide the following information about the individual(s) you believe discriminated or retaliated against you.

Date of the incident:

Name of the violator (if possible):

Time of the incident:

Name of the health care facility where the incident happened:

.....

Address of the health care facility:

I encountered of stigma and discrimination by:

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Administrative staff |
| <input type="checkbox"/> Laboratory technician | <input type="checkbox"/> Administrative staff |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Cleaner |
| <input type="checkbox"/> Health facility | <input type="checkbox"/> Other (please list) |

Form of stigma and discrimination encountered:

- | | |
|---|---|
| <input type="checkbox"/> Denial of service | <input type="checkbox"/> Exclusion and isolation |
| <input type="checkbox"/> Compulsory testing | <input type="checkbox"/> Verbal abuse and lack of respect |
| <input type="checkbox"/> Unjustified extra infection control measures | |
| <input type="checkbox"/> Breach of confidentiality | <input type="checkbox"/> Other (please list) |

Witness (if possible):

Brief description of the incident:

.....

.....

.....

Did you take any action as a result of the incident ?

☐ Yes ☐ No

If [Yes], please describe the action(s) taken:

.....

.....

.....

Why do you feel this incident was based on HIV/AIDS status?

.....

.....

.....

Submit

Once you submit this form, you will be contacted by [state the name of the authority] staff members for further investigation of your case. Our team consists of specially trained officers, investigators and lawyers who will handle your complaint with privacy and confidentiality. By submitting this form, you should receive a reference number that will help you follow up on your case and see progress and next stages.

Guide for adapting the generic policy

A national committee must be established within each country, to be led by the national AIDS programme. The committee should be mandated to discuss and develop a national policy and reporting system to protect people living with HIV from stigma and discrimination in health care settings.

The generic policy document provides a basis for discussion and country adaptation based on the national systems available to implement such policies. The national committees should consider the policy document as a guidance tool on which to build to produce a final policy model and develop a reporting system according to each country's systems and regulations.

The national committee should include representatives from relevant stakeholders including, but not limited to: people living with

HIV and their supporting nongovernmental organizations; the national AIDS control programme and other relevant departments in the ministry of health; the national authority(ies) that oversee and enforce medical ethics; and the national authority that oversees the quality of health services.

The nationally adapted policy document should be endorsed and disseminated by the highest authority responsible for overseeing and enforcing ethical standards in health service delivery, represented ideally by the minister of health of each country.

The generic policy document contains three sections: a model policy, a model for a case reporting system and a complaint form template for people living with HIV to use to report instances of stigma and discrimination that they may encounter.



Section 1 provides a rationale for the policy and background information about stigma and discrimination against people living with HIV, with a focus on forms of discrimination encountered in health care settings. It also provides a legal and medical ethics framework to illustrate HIV/AIDS-related human rights according to international treaties. Subsequently, it presents the policy statement and its components including objectives and to whom it will be applicable. The national committee may add to or adapt the policy as necessary and relevant to the country context. Furthermore, the committee needs to incorporate logistical information (name of the authority in charge) into the policy statement where indicated.



Section 2 is a model for a case reporting procedure, which will be the tool for people living with HIV to report any acts of stigma and discrimination they face within health care facilities. Implementation of the reporting system, as well as the authorities involved in

the reporting process, may differ according to each country. The national committee may add to or adapt the reporting procedure as necessary and relevant to the country context. Furthermore, the committee needs to agree on and incorporate logistical information (names, addresses, telephone numbers, etc.) depending on the systems that are in place for ensuring accountability in health service delivery within the country.

Section 3 provides a sample reporting form to be used by the complainant, or a third party, to report acts of stigma and discrimination in health care settings. The national committee may add to or adapt the reporting form as necessary and relevant to the national context. Furthermore, the committee needs to agree on and incorporate items necessary for the case reporting procedures outlined in section 2; for example, a section for administrative use to enter a reference number, information for submission (to whom, where and how), etc.

For more information:

 www.emro.who.int
 emrgohas@who.int

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