

**Introduction to the course**

**HIV basic knowledge and  
stigma reduction in health  
care settings**



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

## Introduction to the course

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral therapy
CITC	Client-initiated testing and counselling
CMV	Cytomegalovirus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
MENA	Middle East and North Africa
PCR	Polymerase chain reaction
PEP	Post-exposure prophylaxis
PITC	Provider-initiated testing and counselling
PLHIV	People living with HIV
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
VCT	Voluntary counselling and testing
WHO	World Health Organization

### Introduction for trainers

This training package is a comprehensive course specifically developed for the use in the countries of the WHO Eastern Mediterranean Region. It was designed to be adapted at the country level and used for developing and sustaining human capacity for stigma and discrimination reduction programmes. It consists of essential information and tools for training health care providers.

The target audience of the training course is health care workers, in all their diversity, in all health care settings.

To successfully deliver this training course, the trainers should become familiar with its content, format and suggested training methods.

### Background and justification of this training

HIV-related stigma and discrimination are defined as a process of devaluation of people either living with or associated with HIV and AIDS. Discrimination follows stigma and is the unfair treatment of an individual based on his or her real or perceived HIV status. Stigma and discrimination are now recognized as one of the greatest challenges to tackling HIV infection and as major barriers to the delivery of quality services by health providers. The pervasive effects of HIV-related stigma and discrimination are devastating in many ways and are documented in numerous studies. They can result in a lower uptake of HIV preventive services, including testing and counselling services and mother-to-child transmission prevention programmes, a limited or delayed disclosure of HIV serostatus to partners and family members, and inadequate care and support, such as postponement or rejection of treatment, care and support, with people living with HIV (PLHIV) even travelling outside local communities to seek medical and preventive care services because of fear of breaches of confidentiality and negative attitudes of health care providers.

In order to foster the HIV response in any country, it is necessary to address the stigma and discrimination aspects by undertaking coordinated and sustainable actions designed in a national framework. One of the most important actions is to implement regular participatory training for all health care staff aimed at increasing knowledge of HIV and universal precautions and awareness about stigma and discrimination and their harmful consequences and addressing misconceptions and underlying fears among health care workers about HIV transmission.

### Overall objectives of the training

After completing the training, the participant will be able to:

- describe briefly the epidemiology of HIV infection in the country, in the Region and in the world
- describe natural history of HIV and explain HIV transmission and prevention modes
- discuss the main guiding principles for HIV testing and counselling
- categorize the different approaches of HIV testing and counselling and their aims and objectives
- justify the enhanced efficacy of voluntary HIV testing and counselling over mandatory HIV testing
- appreciate the importance of respect for clients irrespective of their values, culture, sexual orientation, etc.
- address or modify attitudes that may negatively impact the client–counsellor relationship
- identify HIV-related stigma and discrimination in health care settings and discuss the impact of stigma and discrimination on people living with HIV
- discuss strategies to address stigma and discrimination in the delivery of HIV testing and counselling.

### How to use this training package

While no training manual can be exhaustive, this package represents a comprehensive document, containing the key activities and information necessary for stigma and discrimination reduction activities in the health care setting. The manual also provides guidance on how to conduct the training sessions.

This package contains four modules, organized into sections, with clearly stated objectives and session plans.

- Module 1: HIV epidemiology, transmission and prevention
- Module 2: Natural history and clinical aspects
- Module 3: HIV testing and counselling and ethics
- Module 4: HIV care and psychosocial support

Instructions on how to conduct each module are given in the beginning of each module with information on the duration of the module and its different sessions, the training material needed (the PowerPoint presentations, handouts and case studies for course participants, referred to in the manual, can be found attached). Information is also provided about the objectives of the module.

In each module there are several slides to be adapted according to the local context. The following slides should be prepared by the facilitator before starting the training.

- Module 1: slides 16 and 47
- Module 2: slides 17 and 18
- Module 3: slide 11 of session 1
- Module 4: slide 11 of session 1 and slides 5, 6, 7, 8, 9, 10, 11 and 12 of session 2

### Example of module instructions

*The objectives of the module are clearly stated at the beginning of the module.*

#### Specific objectives

After completing the module, the participants should be able to:

- Discuss the epidemiological situation in the country, the Eastern Mediterranean Region and worldwide.
- Present the characteristics of HIV and its transmission.
- Present the means of prevention of HIV infection.
- Take standard precautions in the health care environment to reduce the risk of body exposure accidents (BEA) and body fluid exposure accidents.
- Respond appropriately to BEA.

The duration of each session (and section if applicable) of the module are also presented in detail at the beginning of the module, with recommendations on how much time the discussion should take.



### Module schedule

Sessions	Topics	Methods	Length
<b>Section 1</b>			
Session 1 Care and treatment of a person living with HIV	Medical care for a person living with HIV	PowerPoint	5 minutes
		Discussion	15 minutes
	Main prophylaxes	PowerPoint	10 minutes
		Discussion	10 minutes
	Principles and impact of antiretroviral therapy	PowerPoint	20 minutes
		Discussion	10 minutes
<b>Section 2</b>			
Session 2 Service delivery	Adherence support and psychosocial support	PowerPoint	15 minutes
		Discussion	10 minutes
	HIV service delivery at national level	PowerPoint	15 minutes
		Discussion	10 minutes
			120 minutes

The educational tools and training material are also specified.

### Educational tools

- A series of slides presenting the module's goals and course documentation for session 1.
- A series of slides presenting the module's goals and course documentation for session 2.
- Paperboard and different colour markers.

Finally, the whole content of the module is displayed, with the slides of the presentations incorporated into the explanatory text, to make it easy for the trainers to link each slide with the main messages to deliver.

## Content

Facilitators should start the module with a reminder of the goals of Modules 1.

Slide 1



Slide 2

Module 1: HIV epidemiology, transmission and prevention	
Module 1	Participants will be able to: <ul style="list-style-type: none"> <li>-offer an insight into the epidemiological situation in the country and worldwide</li> <li>-present the HIV transmission modes and the broad approaches to prevention</li> <li>-implement post-exposure prophylaxis for HIV in the health care environment.</li> </ul>
Module 2	Participants will be able to: <ul style="list-style-type: none"> <li>-describe the natural history of the HIV infection</li> <li>-expose the main circumstances in which the HIV infection is discovered</li> <li>-describe some of the clinical manifestations of the HIV/AIDS infection.</li> </ul>
Module 3	Participants will be able to: <ul style="list-style-type: none"> <li>- name the techniques used for the biological diagnosis of the HIV infection</li> <li>- argue the need to comply with ethical and confidentiality imperatives in the health care environment</li> <li>- name the interventions to reduce HIV stigma and discrimination in health care settings.</li> </ul>
Module 4	Participants will be able to: <ul style="list-style-type: none"> <li>- inform a PLHIV about how care is organized in the country</li> <li>- inform a PLHIV about the principles of care</li> <li>- inform parents about the care available for a newborn baby, infant or child infected by HIV</li> <li>- argue the need for optimal adherence to antiretroviral therapy.</li> </ul>

Slide 3

Module 1: HIV epidemiology, transmission and prevention	
Module 1	Participants will be able to: <ul style="list-style-type: none"> <li>-offer an insight into the epidemiological situation in the country and worldwide</li> <li>-present the HIV transmission modes and the broad approaches to prevention</li> <li>-implement post-exposure prophylaxis for HIV in the health care environment.</li> </ul>
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Module 4	Participants will be able to: <ul style="list-style-type: none"> <li>- inform a PLHIV about how care is organized in the country</li> <li>- inform a PLHIV about the principles of care</li> <li>- inform parents about the care available for a newborn baby, infant or child infected by HIV</li> <li>- argue the need for optimal adherence to antiretroviral therapy.</li> </ul>

As mentioned previously, this is a generic training package designed to be adapted to the largest audience possible. However, it is the role of the trainer to tailor the contents and the methods to the specificities of the participants and the trainer should not hesitate to expand or shorten it, depending on the target population's learning needs and availability.



## Course trainers

The trainers who will conduct this training must be experienced in training and familiar with adult learning approaches. They are supposed to employ a variety of participatory training methods and techniques, and adapt materials to and the programme to the participants' profiles and needs.

A team of two trainers is necessary for conducting this course. The work of well-coordinated co-trainers increases the effectiveness of the training and allows the participants to benefit from the skills and expertise of both trainers.

The trainers should also have a deep knowledge of the fundamentals of care and convey sense of leadership and management. The trainers should have knowledge about how health care is organized in their country, especially HIV care and about the local epidemiological figures. Ideally, at least one of the trainers should be a physician or a biologist involved in HIV care in the country.

## Participants

The participants in this course can be health care workers from different background and not directly involved in HIV care. This course is not intended for physicians, nurses, paramedics or any other health care workers working in HIV care units but rather targeting other health care workers who are not dealing on a daily basis with PLHIV.

## Duration of the training

The curriculum consists of approximately 11 hours of training, which can be programmed as a 2-and-a-half-day training. However, because experience shows that it is often difficult to mobilize health

care workers over such a long consecutive period, the modules were intended to be independent and can be used separately over several sessions.

Hence, the programme may be adapted as appropriate to shorter periods of training. However, modules should be conducted in their logical sequential order or adapted according to their relevance to the profile of the country in which the training is taking place, the time available for training, and the level of knowledge of the participants.

### Optimum class size

An ideal group size is between 15 and 20. The smaller the group, the more quality time and opportunity is afforded for trainees to practice their skills. Smaller groups also allow trainers to better assess and aid the participants' skills development.

### Training methods

This training course aims at increasing knowledge, skills and personal development through increased self-awareness and change in attitudes in a participatory environment. Hence, the curriculum includes a wide variety of interactive methodologies and full participation on the part of the participant is expected.

Methods of training used in this curriculum include the following.

#### Interactive lectures

Trainers should make training as interactive as possible by encouraging questions from the group during and following presentations and by assigning questions for discussion after the presentations. Trainers should build on participant answers or reactions by responding and providing suggestions or comments as appropriate.

#### Role-plays

Role-plays are a useful way for participants to practice skills and to rehearse activities. They allow participants to experience activities and not just discuss them in theory. Their purpose is to influence the subsequent behaviour of participants.

Trainers should keep the role-plays as short as possible and to the point (as long role-plays tend to distract participants). They should explain beforehand the roles to the participants and explain to the audience what aspects of the role-play should be the main focus of audience observation.

After the role-play, trainers should discuss important issues that emerge from the exercise.

It is important to remind the participants that the role-play does not represent reality and that what they might say during the role-play does not reflect necessarily their opinions or beliefs.

### Small group work

Small groups are usually constituted of four to six participants. Small workgroups allow the trainees to have more opportunity to talk and they are less likely to be embarrassed than if they were in a large group. They gain self-confidence through sharing information.

The trainer does not lead the group but, instead, should structure the discussions so that the trainees accomplish the stated objectives. It is important to provide clear guidance at the beginning on:

- which topics will be discussed
- whether the group will draw conclusions or make decisions
- how much time the group will have.

The trainer may also ask the group to appoint a facilitator and a rapporteur. Small group work should be followed by a large group discussion so that general conclusions can be drawn.

### Open discussions

Open discussions or large group discussions allow the participation of all the trainees who are all active participants and are involved in problem-solving. The trainees have an opportunity to share already established expertise and skills which is one of the most important motivations for a participant to fully engage in a learning process.

Open discussions should be led by the trainer and involve the whole group.

Open discussions require from the trainer to ask questions, maintain objectivity and direct the discussion to keep it relevant to the learning objective.

The trainer, aware of cultural and gender issues, should also stress confidentiality, respect and non-judgment of the participants' opinions in order to allow an enabling environment and the participation of all the trainees.

The trainer must also ensure that all group members have equal opportunities to participate and that no one person dominates the discussion.

While keeping to the time and leaving adequate periods for discussion, the trainer should conclude the discussion with a summary of the main ideas, and relate the summary to the session objective(s) presented during the introduction to the session.

To enhance the effectiveness of this training, here are some practical suggestions on how to start and end each training day.

### How to start the training day: summarize key points addressed

It is recommended that each training day begin with a summary of key points covered the previous day. This can be done in approximately 15 minutes. This can be done through a variety of methods.

- A large group discussion, started by asking the group: "What were the most important points from yesterday's training?"
- The trainer can also assign, at the beginning of the day, a small group (2 or 3 persons), different each day, the task to prepare a little report on the training day, to be presented first thing in the morning the next day, and summarizing the key points addressed.
- The trainer writes the key points on the board or flipchart in the morning before participants arrive or presents key point using a lecture.

### How to end the training day: evaluate the day's proceedings

It is recommended that trainers assess the proceedings of each day by asking the participants to give a little feedback at the end of each day. The participants should be encouraged to freely express their feelings and points of view and to ask for clarification if some points are still unclear to them. The trainers should take into account the remarks of the trainees to improve the training on the following days or sessions.

Some participants may find it difficult to ask some specific questions in public and, for this reason, the trainers may set up a "question box", a container, placed in a corner of the room where the participants can write down on a piece of paper their questions if they don't want to ask them publicly and put the paper in the question box. The trainer checks the box every day and answers the questions.

## Role of people living with HIV as resource persons

PLHIV can be invited to attend the training as resource persons in the training team. They can provide valuable input during the whole training due to their background. They can act as co-trainer if they have the ability, or as a training assistant or help by providing testimonials on what it is like to live with HIV, on stigma and discrimination they are experiencing. Some PLHIV can also serve as role models of positive living.

Please note that if a PLHIV is participating in the training as co-trainer, he or she should not be the one who is giving the testimonials, especially on stigma in health care settings because the co-trainer should stay neutral and objective towards the health care worker trainees.

Moreover, in case of a testimony, PLHIV should first rehearse their story so that the facilitator may be able to get some more details, or suggest where to spend more time or cut short.

However, PLHIV attending the training, for whatever reason, must not be forced against their will and must clearly express their informed consent to participate to the training and to be identified as living with HIV.

PLHIV engaging in the training team should be briefed carefully about objectives, agenda, content, method and organization of the training.

## Preparing for a training course

Trainers should start to prepare for each training course at least one month in advance by carrying out the following activities.

- Identify and confirm the venue.
- Coordinate with the relevant authorities to purchase or acquire all the equipment and stationery required for the course.
- Review the Facilitator's Guide instructions and handouts to be used, and duplicate them.
- Ensure that adequate participants have been selected to attend the training. Selecting the right candidates for training is crucial to the success of all training events. Hence, participants should meet the criteria of selection and have the minimum technical qualifications required to provide the services for which the training is planned.
- Ensure that prospective participants have been invited, received their release from duty letter and have confirmed that they will attend.
- Prepare materials for each session, such as flipcharts.
- Plan and book catering.

Trainers should also gather together the following materials that will be used during the sessions.

- Adequate stationery (pens, notebooks, folders, etc.)
- Flipcharts and flipchart stand
- Cards and scissors
- Post-Its™ or small pieces of paper and tape
- Data show and computer for PowerPoint presentations projection
- PowerPoint presentations required
- Handouts
- Evaluation forms
- Programme of the training

Trainers should also pay attention to the room set-up, favouring an informal arrangement (like a circle configuration) which is more comfortable than the more formal and more academic atmosphere of the auditorium style. Moreover, an informal seating configuration allows the participants to move more freely for the exercises and removes the distance between the trainer and the participants. In an ideal configuration, participants can see each other and are all able to see the flipcharts/slides on a screen, and trainers have space to walk around.

## Sample training materials checklist

### Supplies and equipment

- Flipchart easels, pads and pens
- Cards and scissors
- Stationery (pens, notebooks, folders)
- Post-Its™ or small pieces of paper
- Tape
- Projection screen
- Power extension cords
- Data show and computer

### Learning materials

- Participant handout (1 for each participant and trainer)
- Trainer's manual (1 for each trainer)
- Set of PowerPoint slides (1)
- Copies of evaluation forms (1 for each participant and trainer)
- Pre-test and post-test questionnaires (1 for each participant and trainer)
- Course certificates (1 for each participant)

### Classroom logistics

- Ensure that the classroom is sufficiently large and has good light and ventilation
- Ensure that required audiovisual equipment is available
- Arrange for breaks and meals
- Arrange to set up the classroom the day before the training begins
- Make sure that the furniture is arranged appropriately
- Check all audiovisual equipment



## End-of-training evaluation

Please give us your opinion about the training by giving a score using the following rating scale.

- 1: Unacceptable
- 2: Poor
- 3: Average
- 4: Very good
- 5: Excellent

Item	Score
1. Achievement of course objectives	
2. Achievement of personal expectations	
3. Relevance of course to my work	
4. Usefulness of training materials	
5. Organization of the course	
6. Training facilities	
7. Catering	
8. Logistics	

Course length:

- Too long
- Just right
- Too short

On which topics would you have liked more information or preferred to spend more time?

.....  
.....  
.....

On which topics would you have liked less information or preferred to spend less time?

.....  
.....  
.....

Additional comments

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.....  
.....

HIV-related stigma and discrimination are major barriers to the delivery of quality services by health care providers. This comprehensive training package consists of essential information and tools for training health care workers in countries of the WHO Eastern Mediterranean Region. It comprises four modules covering the key activities and information necessary to reduce HIV-related stigma and discrimination in the health care setting.