



STIGMA: MEASURE IT, ACT ON IT, END IT.

**Community Leadership Session
to Combat HIV-related Stigma
and Discrimination**

**HIV2020
OCTOBER 1st
13-15PM CEST**



The Global Partnership to Eliminate all forms of HIV-related Stigma and Discrimination

How can it help communities in their advocacy?





WHAT IS THE GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV RELATED STIGMA AND DISCRIMINATION?

The Global Partnership is an initiative to focus attention on our work around stigma, to support better interventions and to replicate our successes across the world.

The partnership is co-convened by key organisations which are providing the structure, advocating for resources and providing a global platform for communities and civil society to lead this work.

- UNAIDS
 - PCB NGO Delegation
 - UNDP
 - UN WOMEN
 - Global Fund to Fight AIDS, Tuberculosis and Malaria
 - GNP+
-

WORKING IN DIFFERENT SETTINGS



The Global Partnership recognises that the key to ending stigma is the work of communities and civil society leading interventions in the different settings and areas of people's lives;

- households,
- workplaces,
- education settings,
- justice systems,
- health settings
- emergency and humanitarian settings



GUIDANCE AND REQUIREMENTS FOR COUNTRY IMPLEMENTATION

Partner with **CS&communities, UN partners, academia, private sector, donors & other stakeholders** to identify policy & programme gaps, design and implement evidence-informed interventions & track progress in eliminating HIV-related stigma & discrimination.

- **Assess the current state of HIV-related S&D** in the country or build on previous baseline assessments
 - Take actions on eliminating HIV-related stigma & discrimination **in all six settings over 5 years**; commit to **3 settings in the first year**;
 - **Allocate resources** to support the implementation, monitoring and reporting of interventions to eliminate HIV-related stigma and discrimination
 - **Monitor and report annually** on progress using existing and recommended indicators and building on routine national reporting processes (Global AIDS Monitoring (GAM,) GF Grant reports, PEPFAR COP reports, UBRAF reporting)
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EARLY ADOPTER COUNTRY PARTNERS (PHASE 1)

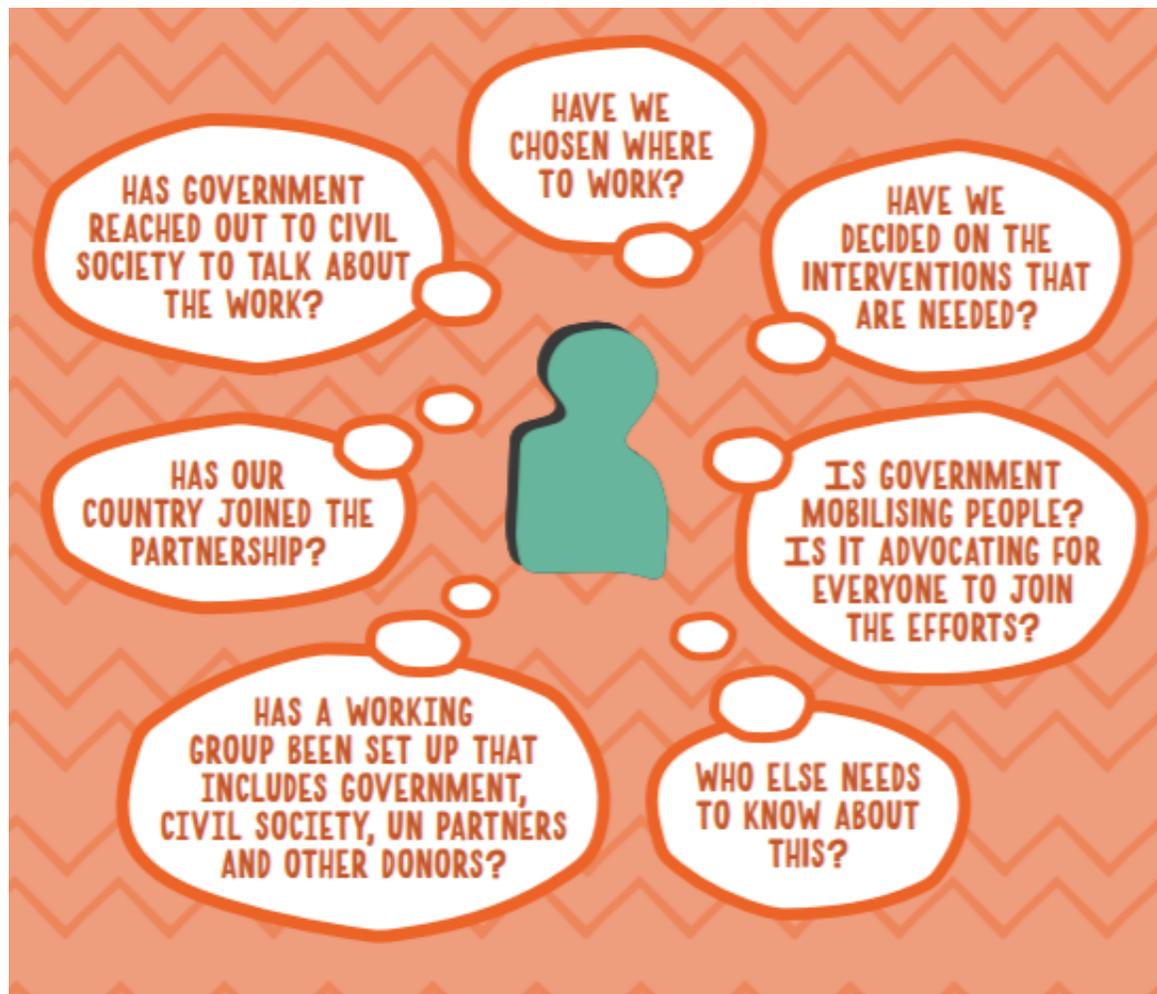
COUNTRY	FOCUS SETTINGS: Y1
Latin American and the Caribbean	
Jamaica	Workplace, Healthcare, Education
Argentina	Healthcare, Justice, Household
Asia and the Pacific	
Papua New Guinea	
Laos	Healthcare, Justice, Household
Nepal	TBC
Thailand	Healthcare, Justice, Workplace
Central and West Africa	
Côte d'Ivoire	Healthcare, Household, Emergency/Humanitarian
Central African Republic	Healthcare, Household, Workplace
Senegal	Household, Healthcare, Justice
Democratic Republic of Congo	Household, Healthcare, Justice



EARLY ADOPTER COUNTRY PARTNERS (PHASE 1)

COUNTRY	FOCUS SETTINGS: Y1
East and Southern Africa	
South Africa	TBC
Mozambique	TBC
Uganda	Healthcare, Justice, Education
Eastern Europe and Central Asia	
Moldova	Healthcare, Justice, Household
Kyrgyzstan	TBC
Middle East and North Africa	
Iran	Healthcare, Housing, Emergency/Humanitarian

WHAT DO YOU NEED TO KNOW?





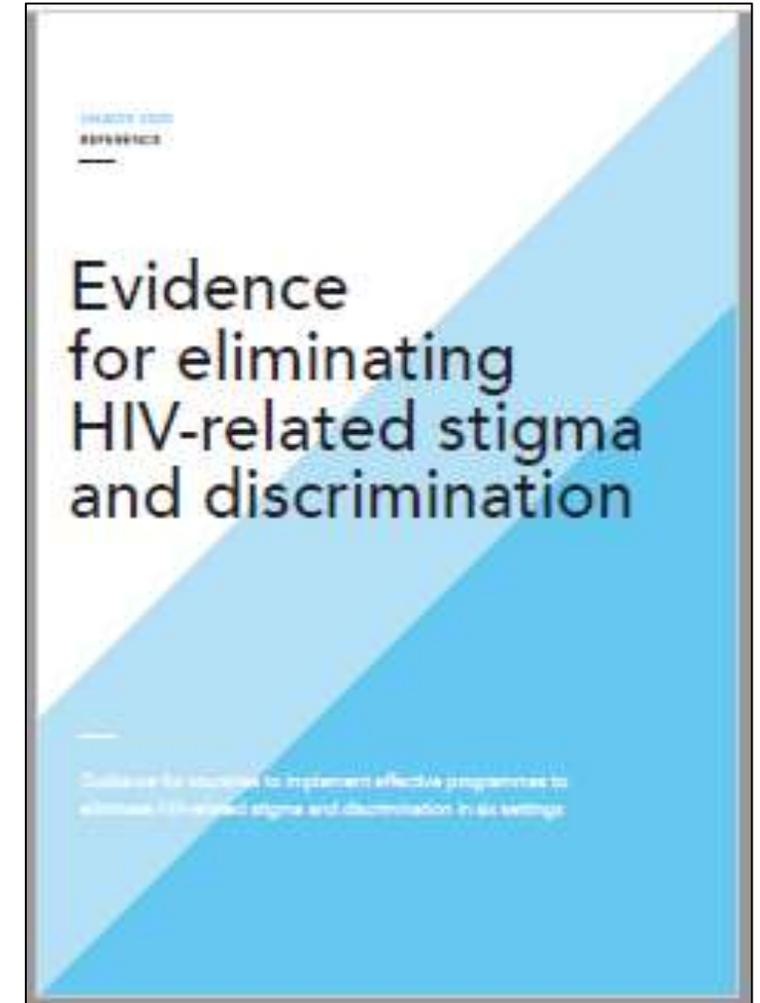
GUIDANCE ON EVIDENCE-INFORMED PROGRAMMES & INTERVENTION IN 6 SETTINGS

Focus Settings:

- Healthcare
- Workplace
- Educational
- Justice System
- Household (Individuals, families, communities)
- Emergencies and Humanitarian

Populations ‘being left behind’ –

- including but not limited to people living with HIV, key populations, adolescent
- girls, young women and migrants.





UNAIDS/GLOBAL FUND HUMAN RIGHTS PROGRAMME AREAS & INTERVENTION EXAMPLES

UNAIDS Key Human Rights Programmes	Settings & Intervention Examples
<p>1: Reducing stigma and discrimination</p>	<p><i>All Six Settings</i> Raising awareness media campaigns, contact strategies and engagement with religious and community leaders Inclusion of non-discrimination as part of institutional and workplace policies Measurement of HIV-related stigma through the People Living with HIV Stigma Index 2.0, BDB baseline assessment, GAT</p>
<p>2: Increasing access to HIV-related legal services</p>	<p><i>Community & Justice Settings</i> Legal information and referrals, Legal advice and representation, Alternative or community forms of dispute resolution, Strategic litigation</p>
<p>3: Monitoring and reforming laws, policies, and regulations</p>	<p><i>Community & Justice Settings</i> Review of laws/law enforcement practices to assess impact on HIV response Advocacy for law and policing practices reform Lobbying parliamentarians, ministers, religious & traditional leaders</p>



UNAIDS/GLOBAL FUND HUMAN RIGHTS PROGRAMME AREAS & INTERVENTION EXAMPLES

UNAIDS Key Human Rights Programmes	Settings & Intervention Examples
4: Enhancing legal literacy	<p><i>Community, Healthcare, Justice</i> Awareness-raising campaigns about rights and laws related to HIV through media Community mobilization and education</p>
5: Sensitizing lawmakers and law enforcement agents	<p><i>Justice, Education</i> Sensitization of police regarding HIV and how it is and is not transmitted HIV in the workplace programme for lawmakers and law enforcement</p>
6: Training health care providers on human rights and medical ethics related to HIV	<p><i>Healthcare, Education</i> Human rights and ethics training conducted with health-care providers, administrators, regulators</p>
7: Reducing discrimination against women in the context of HIV	<p><i>All settings</i> Strengthening legal and policy environment to ensure laws protect women and girls from gender inequality and violence Age-appropriate SRH and life-skills education programmes that also seek to reduce gender inequality and gender-based violence Programmes to increase access to education & economic empowerment</p>



**TIME TO END HIV
RELATED STIGMA:**

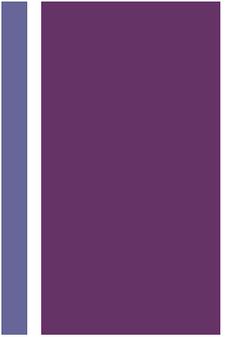
**THE GLOBAL PARTNERSHIP FOR ACTION TO
ELIMINATE ALL FORMS OF HIV-RELATED
STIGMA AND DISCRIMINATION**



The Global Partnership in Asia and Pacific Regions

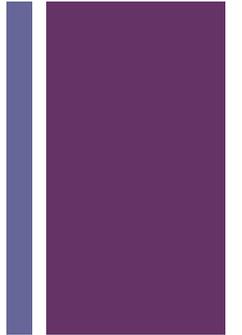
■ **The Global Partnership for Action to Eliminate All Forms of HIV related Stigma – 1st wave:**

- Papua New Guinea (PNG), Nepal, Lao PDR and Thailand
- Healthcare, Justice and Household settings(PNG, Nepal and Lao PDR), Healthcare, Justice and workplace (Thailand)
- National Coordinators from PLHIV networks in countries who join the Global Partnership is assigned to ensure Civil Society and Community is fully engage into GP's processes
- The Overall engagement processes of Civil Society and Community is lead by GNP+





Civil Society and Community Engagement into the Global Partnership



■ **EXPECTED RESULTS:**

- CS and Community are fully involved in all stages of the Global Partnership Implementation
- CS and Community have all the resources and means necessary to be equal partners and participants making processes
- Global Partnership is receiving effective and quality feedback and contribution from CS and Community.

■ **STRATEGY IMPLEMENTATION:**

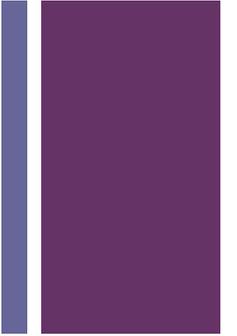
- Inclusive and accountable to their constituency
- Meaningful involvement in decision-making
- Promotion and Advocacy campaign about Stigma and Discrimination and Global Partnership progress and challenges.



The Works:

Global Partnership VS COVID19

- The COVID-19 pandemic with Movement Restriction regulated by Authority is become a challenge
- National Consultation needs to be conducted Virtually
- The Global Partnership together with The Technical Working Group has produced document on “Applying the evidence of what stigma and discrimination in six setting in the context of the COVID-19 response”





The Works:

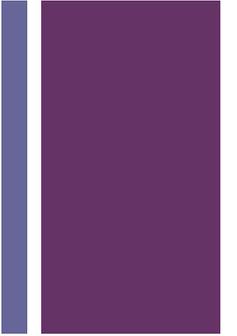
The Global Partnership in Asia Pacific (1)

PAPUA NEW GUINEA

- Strong engagement from UN Agencies, Stakeholders and Human Rights Commission
- Community consultation on GP – Face-to-Face during events and meetings in the country.

NEPAL

- Engaged with UN Agencies – Entry point SI 2.0.
- Strong support from PLHIV Community and ready to roll-out the Online National Consultation on GP





The Works:

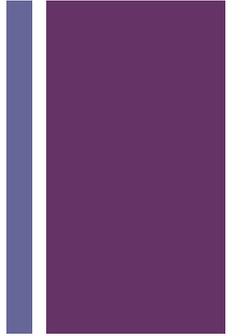
The Global Partnership in Asia Pacific (2)

LAO PDR:

- Still focus their work on social media platforms
- Rebuild community capacity for their engagement into the Global Partnership implementation.

THAILAND:

- More progressive work on the Global Partnership in the country
- Setup “Thailand Partnership Committee for Zero Discrimination” with Civil Society, Community and Religious leader engagement.
- Produced clear frameworks on Civil Society and Community engagement into the Global Partnership implementation.
- On going process on the development of the national, costed and multisectoral, operation plan for 2021 – 2026.

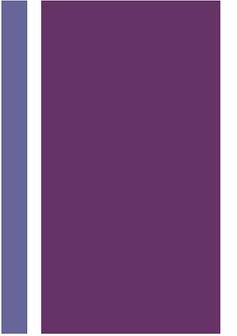




The Works:

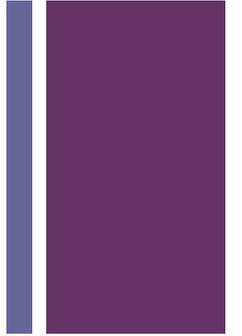
Asia Pacific Regional Strategy Approach

- ✓ Work closely with National Coordinators for the roll-out of Online National Consultation including on advocacy and communication campaigns.
- ✓ Provide Technical Support to the National Coordinator for the meaningful engagement of Civil Society and Community into the country's Global Partnership processes.
- ✓ Ensure the National Global Partnership is produce a safe channel for feedback mechanism on stigma and discrimination.
- ✓ Produce a collective works amongst countries join the Global Partnership in Asia Pacific, and
- ✓ Establish knowledge Sharing part of “South-to-South” learning process among countries' Global Partnership.





The Country Global Partnership Way Forward and Recommendation



- Encourage national coordinators to continue their current works for the Global Partnership
- Provide knowledge sharing from the implementation of Global Partnership in other regions
- Ensure Civil Society and Community is fully and have a meaningful engagement on the Global Partnership process in the country
- Conduct a regular meeting to ensure the collective works on the Global Partnership is achieve
- Ensure Stigma and discrimination is back as the mainstream strategy on HIV response in the country.



THANK YOU

The Asia Pacific Global Partnership

**FIGHT
FOR LIFE**

100%.LIFE

Global Partnership

Global Partnership in UKRAINE

Challenges:

- Lack of political will
- Significant changes in political situation

Successes:

- Ukraine expressed its interest and committed itself not even in 3, but in 4 settings

Justice

Household

Healthcare

Emergency

GIPA principles have been followed

100%LIFE

Global Partnership in UKRAINE

The main advocacy targets identified by the communities:

- Decriminalization of the HIV transmission and KPs
- Depenalization of sex work and drug use
- Harmonization of National legislation according the best European democratic laws and human rights based policies
- Eliminating of stigma and discrimination

100%.LIFE



**THE HOLOCAUST
WAS LEGAL**



**HIDING JEWS
WAS CRIMINALIZED**



**SLAVERY
WAS LEGAL**



**FREEING SLAVES
WAS CRIMINALIZED**



**SEGREGATION
WAS LEGAL**



**PROTESTING RACISM
WAS CRIMINALIZED**

**FRIENDLY REMINDER:
LEGALITY ISN'T A GUIDE TO MORALITY**

100%LIFE

Fight with Stigma and Discrimination

- Advocacy Plan and Strategy to remove legal barriers
- Community driven decisions – well-developed SC and Communities.
- Experience with Stigma Index BUT no advocacy based on the results of the research
- Global Partnership as a driver and advocacy tool for the targeted advocacy
- Measurable targets

100%.LIFE

Justice

Main activities included in the Global Fund grant:

- Parliamentary Platform on HIV “Fight for Health” driven by the communities to advocate human rights and changing of the legislation
- Trainings for the police, prosecutors, judges, representatives of the penitentiary system to reduce stigma and discrimination towards PLHIV and KPs
- Services aimed at providing legal assistance in case of violation of rights for representatives of PLHIV and KPs

100%.LIFE

Healthcare

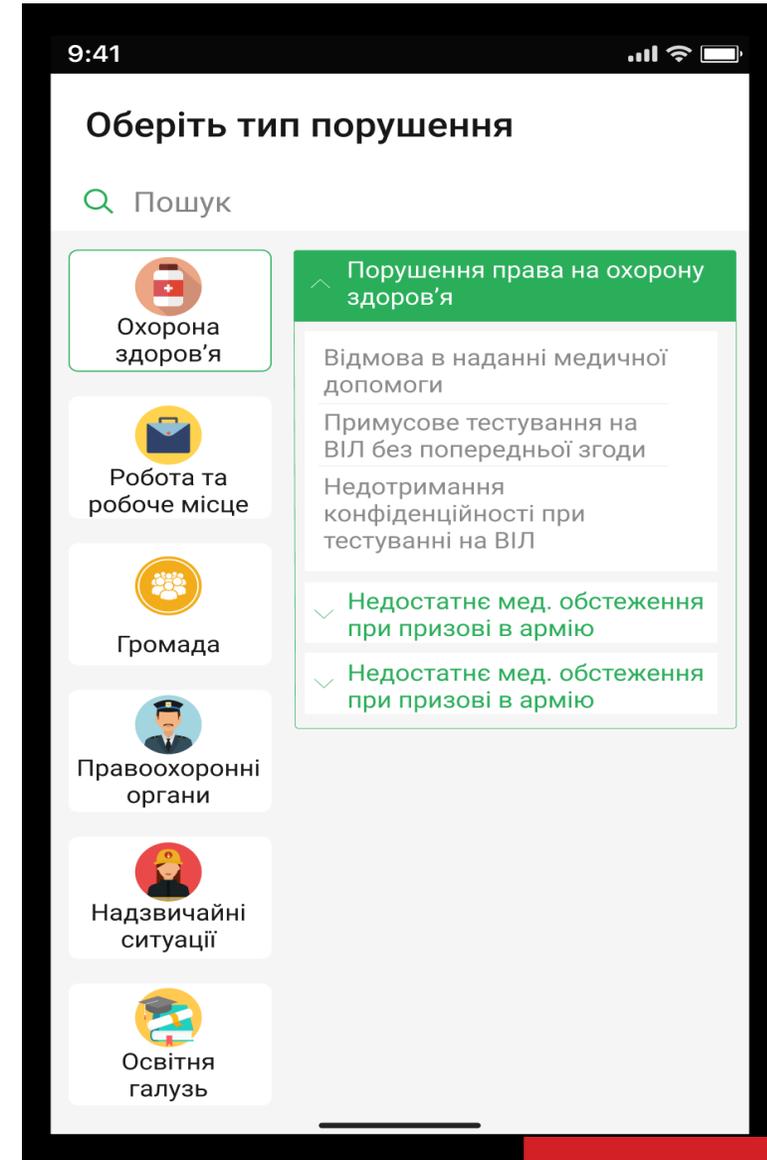
Main activities included in the Global Fund grant:

- Trainings for the healthcare providers to reduce stigma and discrimination towards PLHIV and KPs
- Development of the educational on-line courses on non-stigmatization and non-discrimination of the KPs. The first successful experience was funded by UNFPA. The course on “HIV Tolerance and Hope” was developed by the communities themselves with the involvement of infectious disease doctors and UNFPA and UNAIDS. The biggest achievement was that it was approved by the PHC and included in the package of courses that add points to the accreditation of doctors. The course is posted on the website of the PHC. 1000 doctors trained

100%LIFE

Innovations

- Implementation of the Global Partnership indicators in the reporting system of the Public Health Center
- Human Rights Module in DataCheck Mobile Application with the first level of reporting based on settings identified by Global Partnership



100%LIFE

**FIGHT
FOR LIFE**

100%.LIFE



PLHIV STIGMA INDEX 2.0

Using the data for Advocacy



HIV2020

October 1st, 2020



What is the PLHIV Stigma Index?

- Project governed by GNP+, ICW, and UNAIDS
 - First launched in 2008
 - Implemented in over 100 countries
 - Updated version “PLHIV Stigma Index 2.0” launched in 2018, to reflect shifts in the global HIV response
 - Community-based research project, that uses a standardized tool and methodology to document the experiences of PLHIV regarding HIV-related stigma and discrimination and intersectional stigma
 - *Product* is as important as the *process*
-



The results are in! Now what?

- The PLHIV Stigma Index project does not ‘end’ with the final report.
 - The data gathered functions as evidence, which should be used to influence policy and programming, and advocate for changes to reduce stigma and discrimination
 - What can be done to ensure that the results are turned into action?
 - Include a budget line to support the PLHIV network with follow-up advocacy work
 - Include relevant stakeholders throughout the process (e.g. in the Steering Committee)
 - Create an advocacy plan, including concrete actions and specifying roles and responsibilities
 - Keep track of the impact of the advocacy actions, to show which changes have been achieved
 - This can be used for additional fundraising activities
-



Experiences from Zimbabwe: Results from 2014

The results revealed high levels of stigma and discrimination in religious settings:

- 10.6% of the total 1818 respondents reported exclusion from religious activities or places of worship (8.6% male, 11.8% female)

15-19 years	20-24 years	15-29 years	30-39 years	40-49 years	50+ years
12.7%	12.2%	9.0%	11.3%	9.8%	12.3%

- In-depth interviews provided more insight into these experiences

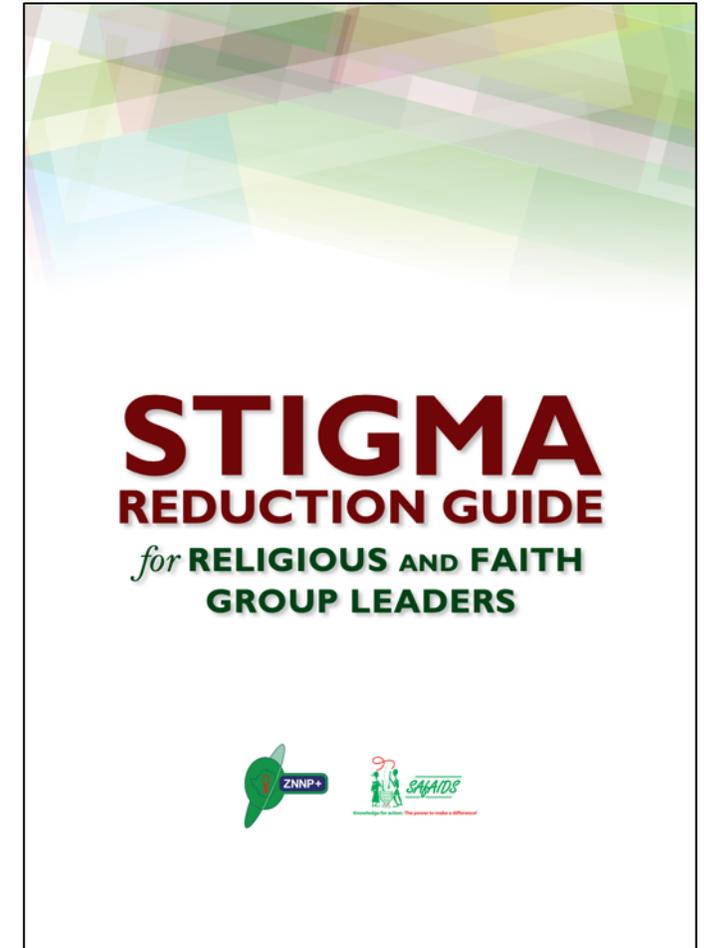
“...The ways in which pastors are preaching in churches and at funerals is not good, because they assume that the person who died of HIV was promiscuous. For example, I once attended a funeral, the pastor was saying we preach to you that you must only have one partner, but you don’t listen, but now you see what happens you become positive...”



Experiences from Zimbabwe: Advocacy Actions

Combatting religion-based HIV-related stigma and discrimination:

- 1) Video documentary of PLHIV sharing their experiences with HIV-related stigma and discrimination in religious settings
- 2) Framework to engage religious leaders in reducing stigma





Experiences from Vietnam



Vietnam Network for People Living
with HIV (VNP+)



Experiences from Vietnam: Look at the results in 2014



Findings related to HIV-related stigma and discrimination in healthcare facilities:

- Overall findings revealed concerns about quality and confidentiality of healthcare and HIV testing
 - 60.1% of PLHIV reporting not being able to discuss their treatment with healthcare workers
 - 3.6% of FSW reporting being denied healthcare services
 - 3.1% of all respondents, and 5.6% of PWID, were coerced into testing
 - 7.6% of respondents were tested without their knowledge
 - Over one-third of all respondents (37.5%) and nearly half of PWID (45.3%) reported their status being disclosed to other without their consent.
-



Experiences from Vietnam: Recommendations



- The quality of healthcare for PLHIV, particularly interactions with healthcare workers (especially for MSM living with HIV), should be improved through education and training for healthcare workers (in collaboration with networks of PLHIV).
 - Training on anti-stigma for health workers and coordinating with self-help groups of PLHIV to improve the quality of medical care for people with HIV.
-



Experiences from Vietnam: Turn into actions



Good practice: Engaging community networks to measure stigma and discrimination in Viet Nam

- 2016 – VNP+, together with UNAIDS and Vietnam Administrative of HIV/AIDS Prevention and Control (VAAC), developed and piloted a training initiative to reduce HIV-related stigma and discrimination in health-care settings in Ho Chi Minh City, Viet Nam—a Fast-Track city.
 - UNAIDS and the VAAC supported the Ho Chi Minh City Provincial AIDS Center and the VNP+ to adapt the survey tools and use these to assess HIV-related stigma and discrimination in selected health-care settings in late 2016.
 - The survey results were then used to develop training manuals, which were used to pilot training for health workers in selected healthcare facilities. The involvement of VNP+ in the process was vital to the success of the pilot and it was described as a good practice in the background document of the special session of the UNAIDS Program Coordination Committee on stigmatization and discrimination in health facilities in December 2017, with special attention given to the strong participation of the VNP+ from process of planning, implementing, M&E, and training for Health Care Workers (include Co-trainers and Engaged in revision of Codes of conduct for facilities for use in training)
-



Experiences from Vietnam: Policy documents



- The Directive on strengthening HIV-related stigma and discrimination reduction in healthcare facilities issued by Minister of Health (MoH) on December 26, 2017.
 - The Guideline on reducing HIV-related stigma and discrimination in health facilities issued by Director of Vietnam Administrative of HIV/AIDS Prevention and Control (VAAC) on December 28, 2017.
-



Experiences from Vietnam: S&D Quality Improvement (QI) Program



- As a follow up to baseline data collection completed in September 2018, a second round of data collection will be conducted in other 03 provinces from Q3 2019.
 - As part of VAAC's broader approach to stigma reduction, all provinces have been requested to report on progress of implementation of activities on reduction of HIV-related stigma and discrimination in healthcare settings in May 2019.
 - Plan of the ongoing coaching of participating facilities on their S&D Quality Improvement (QI) activities, support of peer learning and exchange among facilities and provinces and follow-up data collection completed in Q3 2019. Up to now the implementation has continued with scale up of S&D QI activities in 6 additional provinces.
 - In addition, VAAC is currently developing standards of patient/KP-friendly services and training materials on KP sensitization for HCWs to complement facility-level S&D Quality Improvement (QI) activities.
-



Experiences from Vietnam



Thank you!



PLHIV Stigma Index Advocacy Toolkit

In April 2020, the PLHIV Stigma Index Advocacy Toolkit was launched.

*“Measure it, Act on it, Do it:
Using the PLHIV Stigma Index to Achieve Change”*

A toolkit to equip PLHIV networks to take forward advocacy actions based on key findings and recommendations from PLHIV Stigma Index reports.

- Includes hands-on tools
- Sample time frames and budget estimations for activities
- Links to the Global Partnership settings
- Soon available in French, Spanish, Portuguese, and Russian



PLHIV Stigma Index Advocacy Toolkit

Toolkit overview

- Stage 1: What needs to change?
 - Step 1: Review findings and recommendation
 - Step 2: Convene
- Stage 2: Who can make that change?
 - Step 3: Map opportunities and targets
 - Step 4: Plan
- Tools:
 - Tool 1: Prioritisation grid
 - Tool 2: Meeting agenda and facilitation notes
 - Tool 3: Using the human rights system
 - Tool 4: Advocacy budget template
 - Tool 5: Advocacy plan template

MEASURE IT, ACT ON IT, DO IT

Toolkit overview

Advocacy requires both education and action. To be effective, advocacy needs to be based on good evidence, and those in power need to be educated about why change is needed. PLHIV Stigma Index Reports provide the material for the first stage in the process, identifying what needs to change. The second stage is to find out who can make that change.

Timings	Overview	Tools
Stage 1: What needs to change?		
1-2 days	Step 1: Review findings and recommendation	Tool 1: Prioritisation grid Tool 5: Advocacy plan template
2 days including a half-day meeting	Step 2: Convene	Tool 2: Meeting agenda and facilitation notes Tool 5: Advocacy plan template
Stage 2: Who can make that change?		
1-2 days	Step 3: Map opportunities and targets	Tool 3: Using the human rights system Tool 5: Advocacy plan template
1 day	Step 4: Plan	Tool 4: Advocacy budget template Tool 5: Advocacy plan template

Stage 1
Stage 2

Review
What needs to change?

Convene
What are the most urgent issues to address?
Who are your partners and allies?

Map
What are the key opportunities, targets and goals?

Plan
What are the key dates, activities and costs?

PLHIV Stigma Index Advocacy Toolkit

Stage 1: What needs to change?

- Step 1: Review findings and recommendations
 - Review PLHIV Stigma Index report, its key findings and recommendations. Share reflections and ideas as a group.
- Step 2: Convene
 - Meet with the PLHIV Stigma Index partnership team to present and discuss the findings and recommendations. Next, identify which are most urgent to address. Note the importance of doing this collectively, to build consensus and support for the advocacy strategy.

MEASURE IT, ACT ON IT, DO IT

STAGE 1: WHAT NEEDS TO CHANGE?

In this stage you will review PLHIV Stigma Index findings and recommendations and then convene a review meeting with a PLHIV Stigma Index partnership team to prioritise the advocacy actions to focus on.

Step 1: Review findings and recommendations

Step 2: Convene



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PLHIV Stigma Index Advocacy Toolkit

Stage 2: Who can make that change?

- Step 3: Map opportunities and targets
 - Map who has the power to take steps to end stigma and discrimination against PLHIV in the priority areas selected. In addition, map upcoming advocacy opportunities at national, regional and international level.
- Step 4: Plan
 - After identifying the key policy processes and people you need to target, you are ready to develop your advocacy plan. The network of PLHIV, with support from local partners, should be leading the planning. Plan key dates and activities and determine the advocacy capacity.

MEASURE IT, ACT ON IT, DO IT

STAGE 2: WHO CAN MAKE THAT CHANGE?

In this stage, the taskforce you set up in Step 2 will map and identify key opportunities, targets and goals for your advocacy and develop an advocacy plan.

Step 3: Map opportunities and targets

Step 4: Plan



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Tool 1: Prioritisation grid

Focus area	PLHIV Stigma Index Questionnaire	Question	How to use it
Justice system	Section B: Question 14 (k)	My HIV status was disclosed to authority figures (police, judges, law enforcement officials, etc.) without my consent	Demand the right to privacy, confidentiality of medical records and HIV status, with penalties for those that flout the law Demand the removal of legislation that permits mandatory HIV testing upon arrest and call for all testing to be voluntary
	Section F: Question 48 (f)	I was arrested or taken to court on a charge related to my HIV status	Demand the repeal of laws that criminalise HIV non-disclosure, exposure and transmission
	Section E: Question 33	I am not taking HIV treatment or stopped because I was in prison or detention and treatment was not available	Demand full access to treatment for incarcerated people
Workplace	Section B: Question 14 (f)	My employer(s) and/or co-workers know my HIV status	Demand the right to workplace confidentiality
	Section B: Question 14 (g)	My HIV status was disclosed to my employer(s) and/or co-workers without my consent	Demand the right to privacy and demand removal of any legislation that permits HIV testing as part of recruitment processes
	Section C: Question 16 (i)	I have been refused employment or lost a source of income or job because of my HIV status	Demand right to equal opportunities and the removal of workplace discrimination against people living with HIV
	Section C: Question 16 (j)	My job description or nature of my job was changed, or I was denied a promotion because of my HIV status	As above
	Section F: Question 48 (b)	I was forced to get tested for HIV or disclose my status in order to apply for a job or get a pension plan	Call for HIV workplace policies and demand removal of any legislation that permits HIV testing as part of recruitment or pension entitlement
Education	Section B: Question 14 (h) & (i)	My teacher(s) and/or school administrators and/or classmates know my HIV status, or my HIV status was disclosed to them without my consent	Demand the right to privacy and confidentiality for all students and pupils
	Section F: Question 48 (c)	I was forced to get tested for HIV or disclose my status in order to attend an educational institution or get a scholarship	Demand the removal of policies that include mandatory testing as part of enrolment or scholarship applications; demand an end to educational discrimination against people living with HIV

Focus area	PLHIV Stigma Index Questionnaire	Question	How to use it
Healthcare	Section E: Question 21	I was tested without my knowledge and only found out after the test had been done	Demand the right to bodily integrity, informed consent and an end to unethical medical practices
		I was forced to take an HIV test without my consent	Demand compliance of all health services with human rights standards
	Section E: Question 27	I felt pressured or forced to start HIV treatment by healthcare staff	Demand informed consent and an end to mandatory treatment
	Section E: Question 33	I stopped care or treatment for HIV and hesitated or delayed restarting care because I had a bad experience with a health worker previously	Demand compliance of all health services with human rights standards
	Section E: Question 41	I have experienced stigma and discrimination from health facility staff where I receive HIV care in the form of: a. Denial of services b. Instruction not to have sex c. Gossip d. Verbal abuse e. Physical abuse f. Avoidance of contact (double-gloving) g. Disclosure without consent	Demand compliance of all health services with human rights standards, including patient confidentiality
Section E: Question 43	I have experienced stigma and discrimination from non-HIV health facility staff in the form of: a. Denial of services b. Instruction not to have sex c. Gossip d. Verbal abuse e. Physical abuse f. Avoidance of contact (double-gloving) g. Disclosure without consent	Demand compliance of all health services with human rights standards, including patient confidentiality	

Focus area	PLHIV Stigma Index Questionnaire	Question	How to use it
Healthcare	Section E: Question 45	It's clear to me that my medical records are not being kept confidential	Demand the right to privacy and patient confidentiality
	Section E: Question 46	Solely due to my HIV status, healthcare professionals have: a. Advised me not to have a child b. Pressured or incentivised me to get sterilised c. Sterilised me without my knowledge/consent d. Denied me contraception/FP services e. Told me I had to use a specific method of contraception to get HIV treatment	Demand the right to informed consent
	Section E: Question 47	(Women-only) Solely due to my HIV status, healthcare professionals have: a. Advised me to terminate a pregnancy b. Pressured me to use a specific type of contraception c. Pressured me to use a particular method of giving birth/delivery option d. Pressured me to use a particular infant feeding practice e. Pressured me to take HIV treatment during pregnancy	Demand sexual and reproductive health rights for women living with HIV Demand the right to informed consent



Checklist

- Check your GF proposal
 - Were GP interventions included?
 - Was PLHIV Stigma Index included?
 - Check National plan
 - Check your PLHIV Stigma Index
 - When it was done last?
 - Advocate for its implementation
 - Read GP Evidence Document
 - Read PLHIV Stigma Index Advocacy Tool
 - Check for each of the settings
 - What data do you have?
 - What interventions do you need?
 - Build your advocacy strategy
-



Advocate!

- PLHIV Stigma Index helps you to identify most important (priority) interventions, that should be supported by Global Partnership - and get better understanding of your strategy
 - PLHIV Stigma Index data is your instrument in advocacy of most important interventions – helps you to convince Government, other stakeholders that are involved into Global Partnership Implementation
 - PLHIV Stigma Index helps you to measure your progress – and check if you are getting closer to the goal of Global Partnership – to Eliminate all forms of HIV related Stigma & Discrimination
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THANK YOU!

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