

## AGENDA 2025

# Implement targeted education programs to reduce stigma in settings where it is especially acute

## OBJECTIVES

To reduce HIV stigma and discrimination-related barriers to testing, treatment and care.

## CURRENT ISSUES

- HIV-related stigma and discrimination continue to be a central part of the lives of many people with HIV across Australia.<sup>1</sup> That stigma is driven by a range of factors, including outdated notions of HIV and misinformation about transmission and transmissibility.
- HIV-related stigma and discrimination is experienced in a range of settings, including the gay community, the general community, health care settings, government agencies, workplaces and mainstream and on-line media.<sup>1</sup>
- By way of example, in 2018, one-third of HIV positive participants in the Stigma Indicators Project reported any negative treatment by health workers.<sup>2</sup>
- The effects of stigma and discrimination are multifaceted. HIV-related stigma and discrimination is a source of significant harm in the lives of individuals, causing both a decline in wellbeing and quality of life (through social isolation, shame, anxiety and depression) and in physical wellbeing (social isolation is correlated with poorer adherence to HIV treatment).
- Stigma and discrimination present a barrier to people presenting for regular testing, disclosing HIV status, and sustaining contact with health care and treatment adherence.<sup>3,4,5</sup> These factors in turn pose a risk to our public health goals of reducing HIV transmission.
- Despite the substantial body of knowledge about the prevalence, nature and impact of HIV-related stigma there has been limited investment to date in innovative activities to address stigma and discrimination.

## PROPOSED ACTIVITIES

- Invest in interventions that build individual resilience among people with HIV so that individuals can withstand stigma and discrimination where it does occur.
- Develop strategies to address systemic factors that perpetuate stigma and discrimination, including policies, processes and laws that regulate key populations and have an adverse impact on those populations.
- Address HIV-related stigma and discrimination in clinical settings by designing interventions that address context-specific stigma and discrimination partnering with: professional health bodies, medical schools, colleges and other related vocational learning, and government health bodies.
- Conduct research to increase the evidence base for promising and effective stigma-reducing interventions.

## COST-BENEFIT

- This investment will contribute to the prevention of poorer health outcomes among people with HIV, thereby reducing pressure on primary care and public health, and reduce late diagnoses and the health care costs associated with late HIV diagnosis.

## INVESTMENT

- \$3 million per annum

*Continued overleaf*

## References

1. Broady, T., et al., Stigma Indicators Monitoring Project: Summary report. Phase Two. 2020, Centre for Social Research in Health: UNSW Sydney.
2. CSRH. Stigma Indicators Monitoring Project: People Living with HIV, Centre for Social Research in Health: UNSW Sydney.
3. Cama, E., et al., The relationship between negative responses to HIV status disclosure and psychosocial outcomes among people living with HIV. *Journal of Health Psychology*, 2020. 25(4): p. 538-544.
4. Cama, E., et al., The impact of HIV treatment-related stigma on uptake of antiretroviral therapy. *AIDS Care*, 2015. 27(6): p. 739-42.
5. Newman, C.E., et al., 'Not Until I'm Absolutely Half-Dead and Have To:' Accounting for Non-Use of Antiretroviral Therapy in Semi-Structured Interviews with People Living with HIV in Australia. *AIDS Patient Care STDs*, 2015. 29(5): p. 267-78.