

AGENDA 2025

Fund foundational and implementation research to better understand and monitor HIV stigma and build evidence for effective interventions

OBJECTIVES

To reduce HIV stigma and discrimination to improve the health, wellbeing and quality of life of people living with HIV and promote HIV prevention and testing.

CURRENT ISSUES

- Stigma reduces individual health, well-being and quality of life and leads to social and economic exclusion that is a fundamental cause of population health inequalities.^{1,2}
- Stigma is driven by a range of factors, including from perceptions of blame and fear of contagion, and is entwined with stigma against homosexuality, as well as outdated notions of HIV and misinformation about transmission and transmissibility.³ By way of example, a majority of respondents in the Stigma Indicators Project indicated that they would behave negatively to some extent towards a person with HIV.⁴
- Stigma reduces screening, diagnosis and treatment uptake; it acts as a barrier to HIV testing, it reduces willingness to disclose HIV status and engage in HIV treatment.^{5,6,7} These factors in turn pose a risk to our public health goals of reducing HIV transmission.
- Issues of layered stigma associated with multiple stigmatised identities require specific attention. These issues are particularly relevant for people living with (or at risk of) HIV who are Aboriginal or Torres Strait Islander or from CALD backgrounds. This is also a consideration for people who are multiply labelled because of their HIV status and other practices/identities which attract stigma (such as sexual orientation, injecting drug use, sex work or co-occurring health conditions).
- There is an urgent need for increased investment in stigma reduction programs, including foundational research into ways to expand the evidence base and monitoring and evaluation of outcomes. A significant investment and coordinated effort would ensure Australia has a world-leading response in reducing HIV stigma and discrimination.

PROPOSED ACTIVITIES

- Co-design a series of evidence-informed interventions in collaboration with people living with HIV and affected communities that aim to reduce stigma and challenge outdated notions about living with HIV in different settings.
- Conduct implementation research studies designed to demonstrate what interventions are effective at reducing stigma and discrimination in different settings, particularly in the provision of health care, as well as within the general community, and at multiple levels such as individual, interpersonal, organisational and structural.
- Scale up interventions that show promising outcomes, in collaboration with community, government and clinical partners, in reducing stigmatising and discriminatory attitudes and monitor impact and outcomes.
- Publish monitoring and evaluation reports on HIV-related stigma and discrimination, and key findings of interventions that have been effective or show promise at combatting HIV stigma.

Continued overleaf

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

- \$5 million per annum.

References

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3. Gilmore, N. and M.A. Somerville, Stigmatization, scapegoating and discrimination in sexually transmitted diseases: overcoming 'them' and 'us'. *Social Science & Medicine*, 1994. 39(9): p. 1339-58.
4. CSRH. Stigma Indicators Monitoring Project: People Living with HIV, Centre for Social Research in Health: UNSW Sydney.
5. 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.
6. Cama, E., et al., The impact of HIV treatment-related stigma on uptake of antiretroviral therapy. *AIDS Care*, 2015. 27(6): p. 739-42.
7. 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.