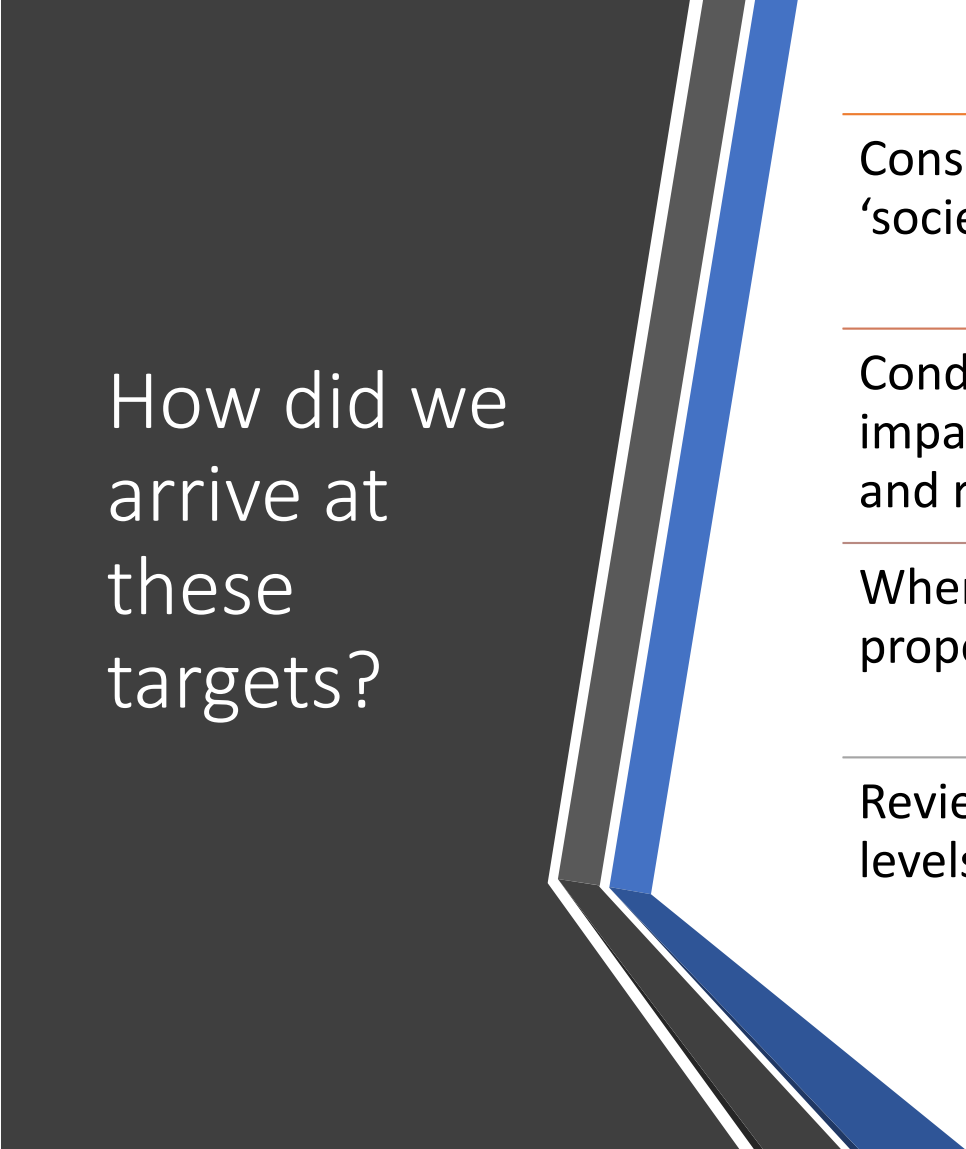




The Evidence Behind the Societal Enabler Targets and Programmatic Strategies to Meet Them

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June 4, 2021



How did we
arrive at
these
targets?

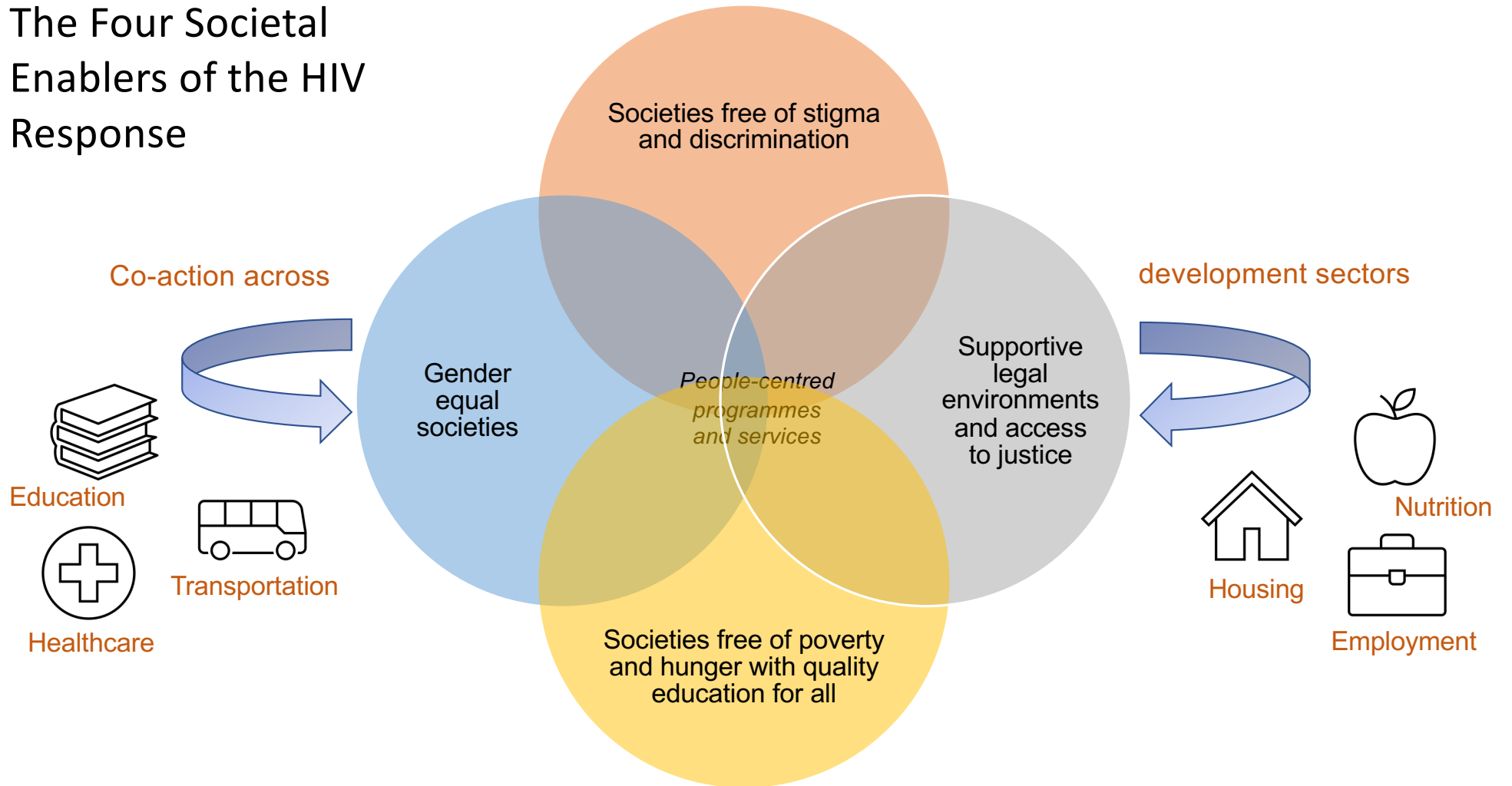
Consolidated expert recommendations into 4
'societal enablers'

Conducted scoping review – to establish the
impact of societal enablers on the HIV services
and related outcomes

Where evidence of impact was identified,
proposed targets

Reviewed available global data to set target
levels

The Four Societal Enablers of the HIV Response



Overview of scoping review

- Limited our search strategy to the three enablers that fall within the HIV sector
- Inclusion criteria:
 - all study designs across all countries and population groups;
 - only studies that explicitly examined the relationship between a societal enabler or impediment and an HIV service or related outcome and demonstrated a significant impact using quantitative measures
- 30 studies met the inclusion criteria
- Majority (60%) of studies examined societal impediments to HIV response

Evidence: impact of legal environment and access to justice on HIV outcomes (n=6)

Reference	Population	Results
Shannon et al. 2015, global	Female sex workers	Decriminalisation of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33–46% of HIV infections in the next decade.
McKinnon et al., 2019, sub-Saharan Africa	Adolescents aged 15-18	Legal age of consent below 16 years was associated with an 11.0 percentage points higher coverage of HIV testing
Schwartz, 2015, Nigeria	Men who have sex with men	MSM more likely to fear accessing healthcare following the enactment of legislation to further criminalising same-sex practices Fear of seeking health care (aIRR: 2.92, 95% CI 1.46–5.84)

Evidence: impact of gender inequality on HIV outcomes (n=9)

Reference	Population	Results
Beattie et al., 2015, India	Female sex workers	Experience of non-partner violence (being raped in the past year and/or beaten in the past six months) was significantly associated with HIV prevalence aOR: 1.59 (1.18, 2.15), p=0.002
Hatcher et al., 2015, global	Women living with HIV	Intimate partner violence significantly associated with lower ART use, poorer self-reported ART adherence and lower odds of viral load suppression <i>ART use</i> [OR=0.79 (0.64-0.97)]; <i>ART adherence</i> [OR=0.48 (0.30-0.75)]; <i>Viral suppression</i> [OR=0.64 (0.46-0.90)]
Kyegombe et al., 2014, Uganda	General population	SASA! community mobilization intervention focused upon shifting harmful social norms significantly associated with increased HIV testing and condom use among men. <i>HIV testing past year</i> [aRR: 1.50 (1.13-2.00)]; <i>condom use at last intercourse</i> [aRR: 2.03 (1.22-3.39)]

Evidence: impact of stigma and discrimination on HIV outcomes (n=15)

Reference	Population	Results
Chimoyi et al., 2015, South Africa	Commuters from general population	Stigma and discrimination reduced the likelihood of testing (aOR: 0.40, 95% CI 0.31-0.62)
Golub and Gamarel, 2013, USA	LGBTQ	MSM and transgender women experiencing anticipated stigma were 46% less likely to test for HIV in the past six months (aOR: 0.54, 95% CI 0.40-0.73)
Sabapathy et al., 2017, Zambia and South Africa	People living with HIV	PLHIV who have felt ashamed of their HIV status are more likely to present late for HIV care (aOR: 1.82, 95% CI 1.10-3.03 if they agree to the statement) and late for treatment initiation (aOR: 1.71, 95% CI 1.05-2.79 if they strongly agree to the statement)
Hargreaves, 2020, Zambia and South Africa	People living with HIV	PLHIV experiencing internalized stigma were less likely to be virally suppressed (aRR: 0.94, 95% CI 0.89-0.98)

Targets: Societal Enablers

10–10–10

for removing barriers to the establishment of supportive legal and policy environments, access to justice, gender equality and a society free of stigma and discrimination limiting access or utilization of HIV services

Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.

Less than 10% of people living with HIV and key populations experience stigma and discrimination.

Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

Achieve SDG targets critical to the HIV response (i.e. 1, 2, 3, 4, 5, 8, 10, 11, 16, 17) by 2030

Global AIDS Monitoring 2021

Indicators for monitoring the
2016 Political Declaration on Ending AIDS

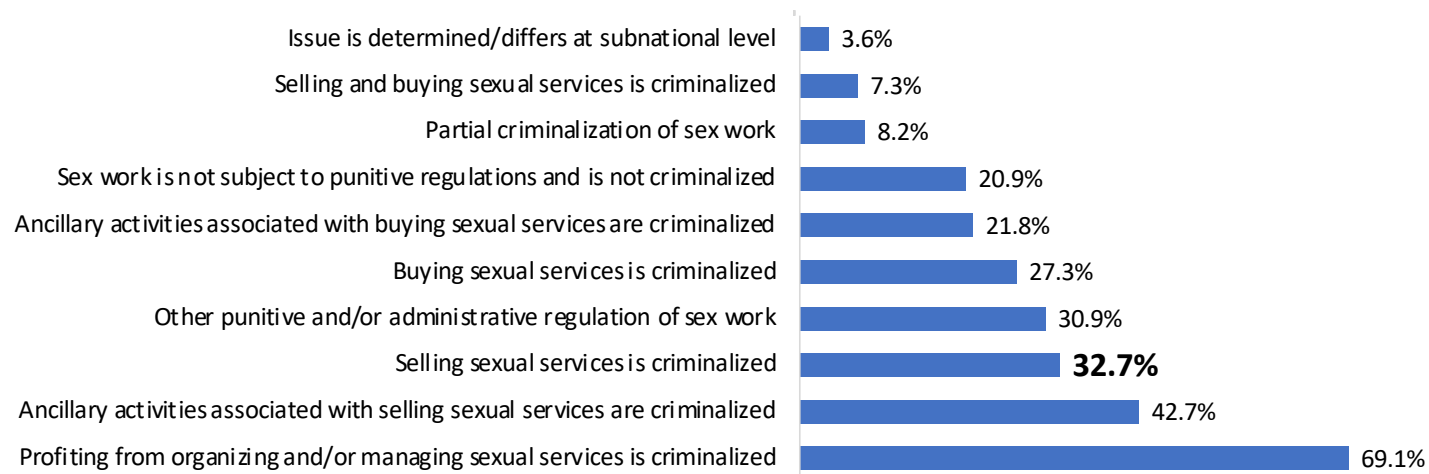
How is progress towards these targets assessed?

- Currently 14 indicators in the GAM relevant to societal enablers
- 23 new indicators being proposed for GAM 2022
- 16 existing SDG indicators also recommended

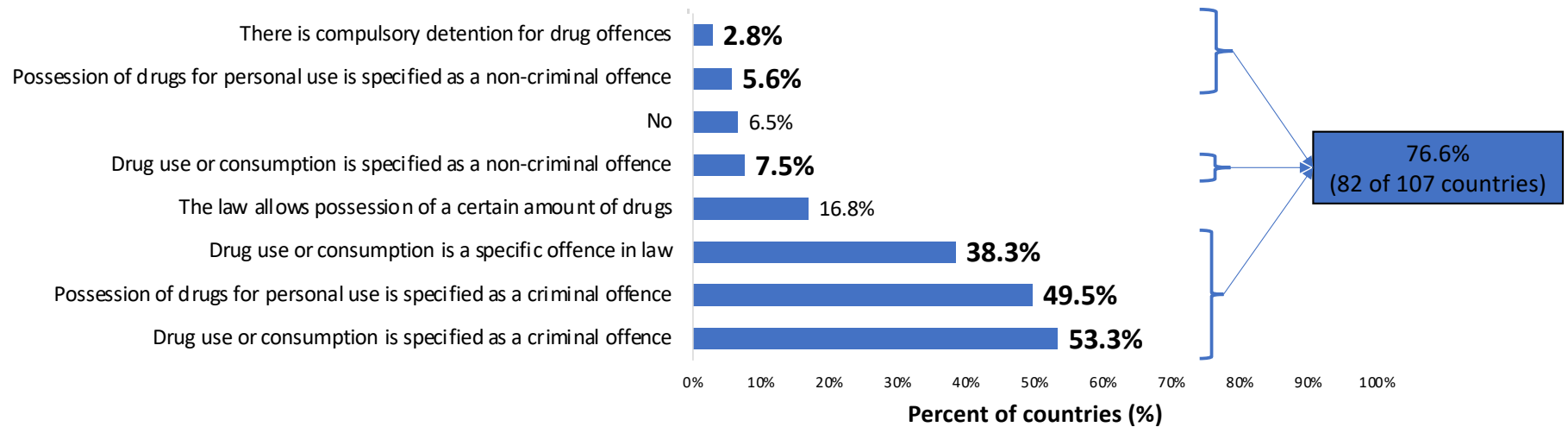
10-10-10: How did we set these levels?

- First based the levels on the data available for the indicators proposed to construct each target
 - Levels ranged from <50% to <10%
- Then, we thought it would be clearer to have a consistent target level across the three top-line targets: 25-25-25
- However, after internal discussion and feedback from UNAIDS staff, we decided to be more ambitious: 10-10-10
- Some UN member countries may question these: too ambitious versus not ambitious enough
- Ultimately wanted targets that are achievable not aspirational

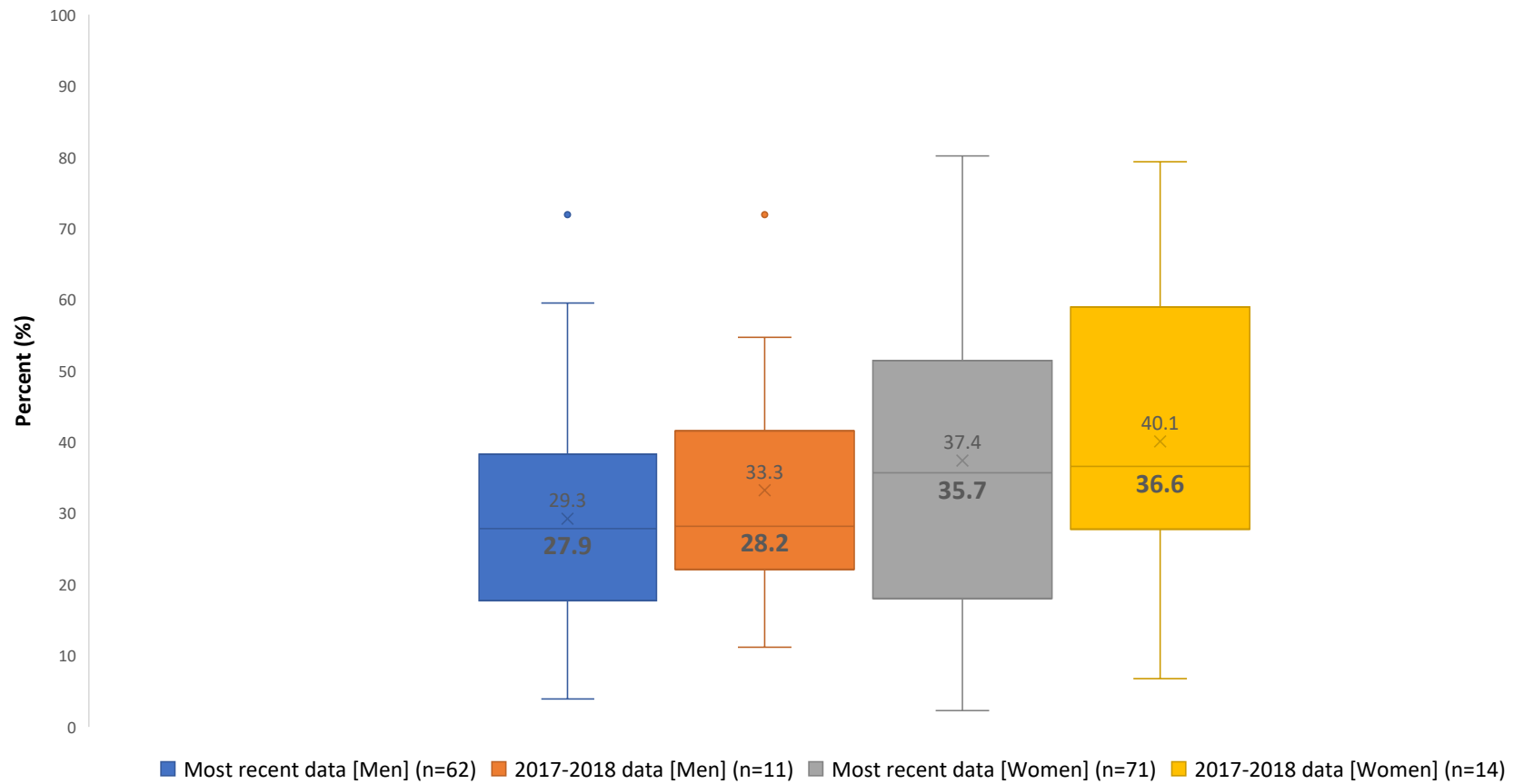
1.1.1 Percentage of countries that criminalize sex work (n=110)



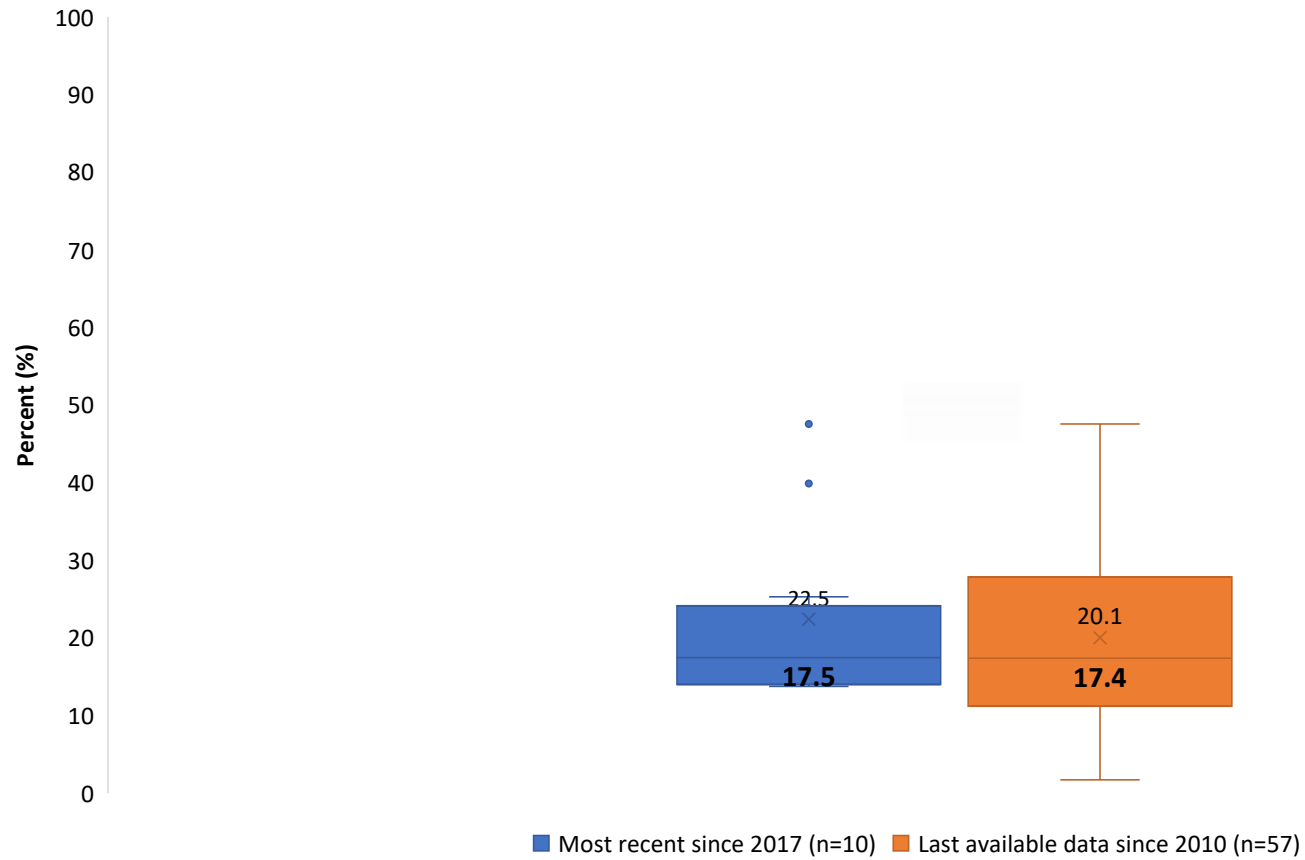
1.1.2 Percentage of countries that criminalize possession of small amounts of drugs (n=107)



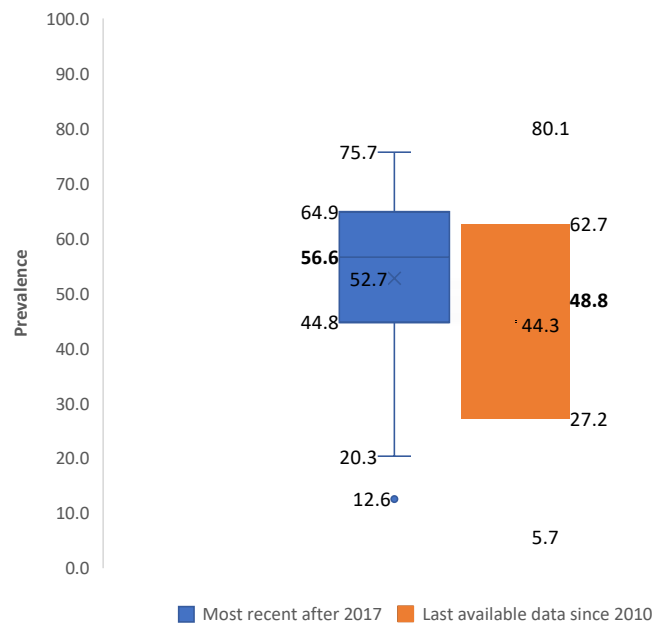
2.3.1 Percentage of people who support inequitable gender norms (n=71)



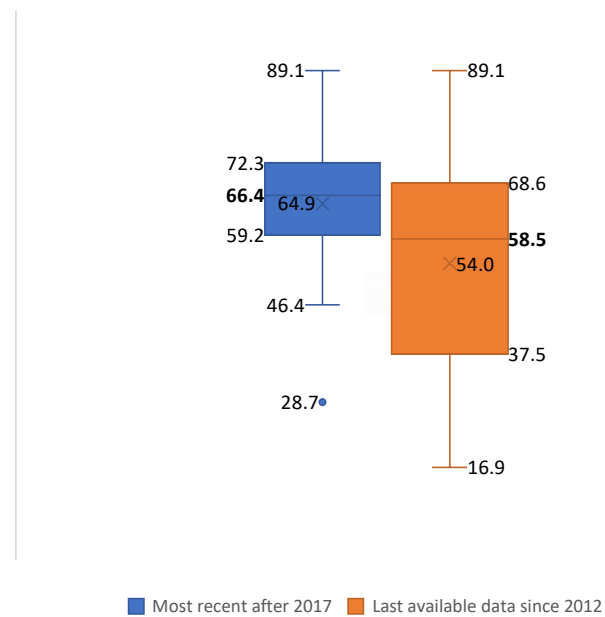
2.1.1 Percentage of women and girls subjected to IPV (n=57)



Discriminatory attitudes: Would not purchase vegetables from a person living with HIV



Discriminatory attitudes (composite): would not purchase vegetables from a person living with HIV and children living With HIV should not be allowed in schools

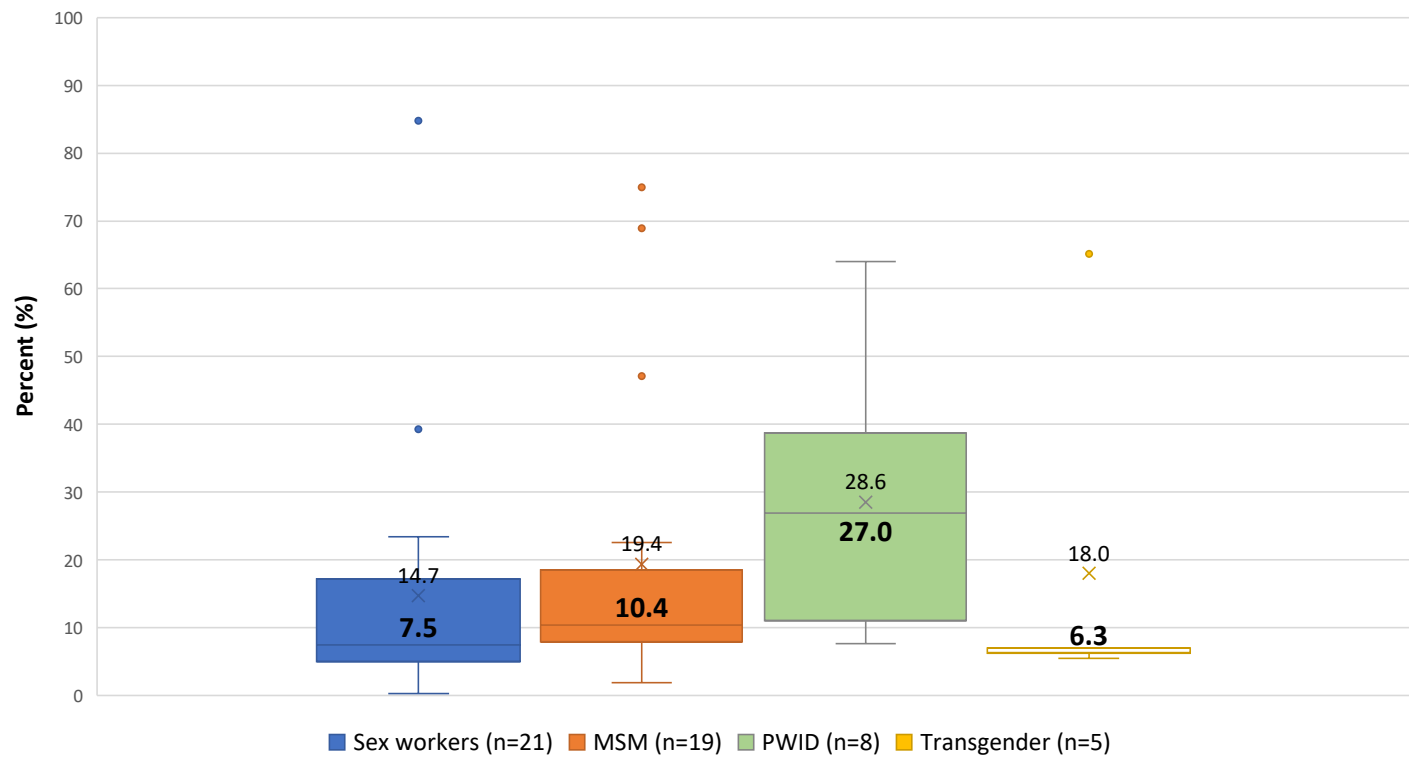


3.3.5 Percentage of sex workers who report avoiding health care because of stigma and discrimination

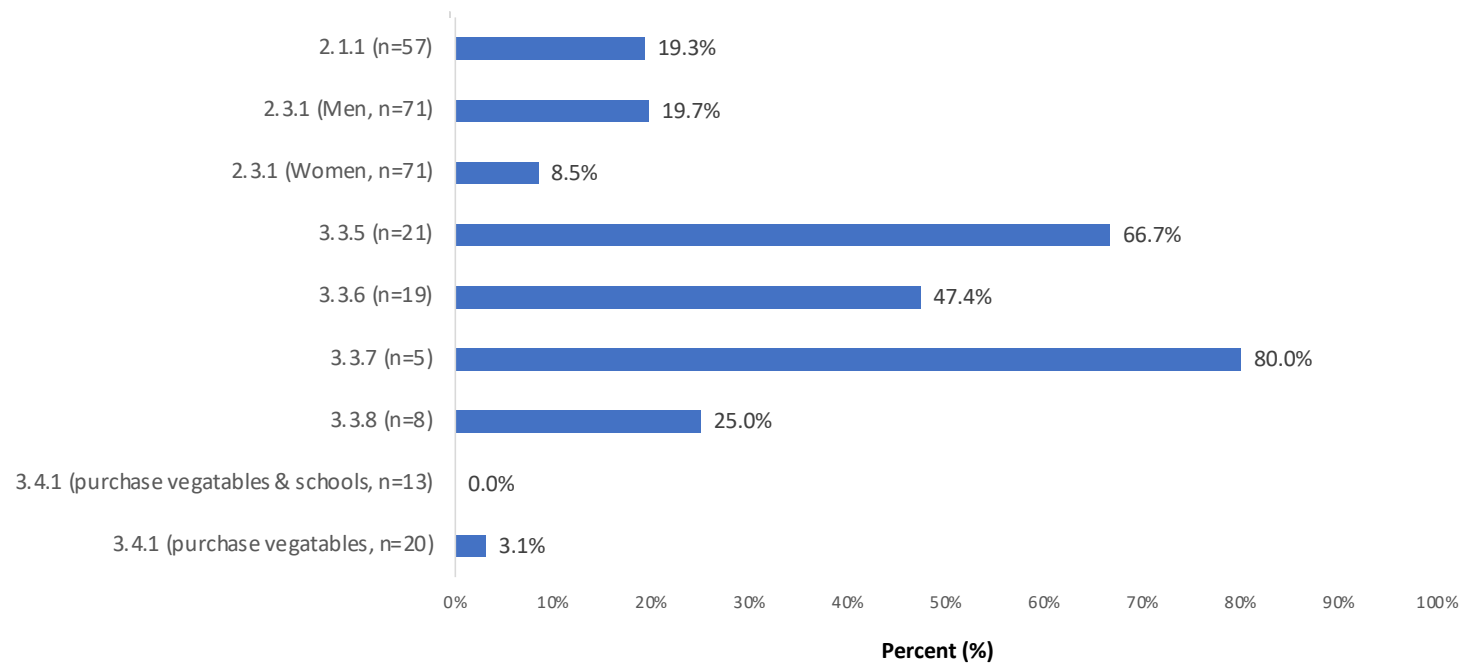
3.3.6 Percentage of gay men and other men who have sex with men who report avoiding health care because of stigma and discrimination

3.3.7 Percentage of transgender people who report avoiding health care because of stigma and discrimination

3.3.8 Percentage of people who inject drugs who report avoiding health care because of stigma and discrimination



Proportion of countries with an indicator below 10%



In Summary

- Targets intended to focus global efforts on lifting impediments to make our HIV programmes work
- Targets were established based on:
 - Evidence of impact on HIV service or related outcome
 - Review of available data to estimate current 'baseline' values
 - Extensive consultation with technical experts
- We know that our vision is to eliminate these impediments, but we are not close enough to argue for complete elimination
- We know it is possible to achieve the 10-10-10, as a few countries already have

What programs should countries implement to achieve the societal enabler targets?



Journal List > J Int AIDS Soc > v.17(1); 2014 > PMC4221500

JIAS JOURNAL OF THE
INTERNATIONAL AIDS SOCIETY 



[J Int AIDS Soc.](#) 2014; 17(1): 19228.
Published online 2014 Nov 4. doi: [10.7448/IAS.17.1.19228](https://doi.org/10.7448/IAS.17.1.19228)

PMCID: PMC4221500
PMID: [25373519](https://pubmed.ncbi.nlm.nih.gov/25373519/)

The cost and cost-effectiveness of gender-responsive interventions for HIV: a systematic review

[Michelle Remme](#),^{S,1} [Mariana Siapka](#),¹ [Anna Vassall](#),¹ [Lori Heise](#),¹ [Jantine Jacobi](#),² [Claudia Ahumada](#),² [Jill Gay](#),³
and [Charlotte Watts](#)¹

J Int AIDS

Eliminating all forms of HIV-related stigma and discrimination: A framework for action and accountability to achieve the Global Partnership

The new guidance document reviews:

1. How stigma operates and how we can stop it
2. Key principles of stigma and discrimination-reduction efforts
3. Common intervention approaches
4. The latest evidence-based interventions to reduce HIV-related stigma and discrimination in six settings, and
5. Considerations for monitoring the success of the programmatic interventions recommended for each setting

The six settings are:

- Community , Workplace, Education, Healthcare, Justice and Emergency



A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come?

Anne L. Stangor,¹ Jennifer K. Lloyd,² Laura M. Brady,¹ Claire E. Holland,² and Stefan Baral²

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This article has been cited by other articles in PMC.

Abstract

Go to:

Introduction

HIV-related stigma and discrimination continue to hamper efforts to prevent new infections and engage people in HIV treatment, care and support programmes. The identification of effective interventions to reduce stigma and discrimination that can be integrated into national responses is crucial to the success of the global AIDS response.

Research article | [Open Access](#) | Published: 15 February 2019

A systematic review of multi-level stigma interventions: state of the science and future directions

Deepa Rao , Ahmed Elshafei, Minh Nguyen, Mark L. Hatzenbuehler, Sarah Frey & Vivian F. Go

BMC Medicine 17, Article number: 41 (2019) | [Cite this article](#)

6433 Accesses | 24 Citations | 26 Altmetric | [Metrics](#)

Abstract

Background

Researchers have long recognized that stigma is a global, multi-level phenomenon requiring intervention approaches that target multiple levels including individual, interpersonal, community, and structural levels. While existing interventions have produced modest reductions in stigma, their full reach and impact remain limited by a nearly exclusive focus targeting only one level of analysis.

‘Management of a spoiled identity’: systematic review of interventions to address self-stigma among people living with and affected by HIV

Marija Pantelic,^{1,2} Janina I Steinert,³ Jay Park,⁴ Shaun Mellors,² Fungai Murau²

ABSTRACT

Background Self-stigma, also known as internalised stigma, is a global public health threat because it keeps people from accessing HIV and other health services. By hampering HIV testing, treatment and prevention, self-stigma can compromise the sustainability of health interventions and have serious epidemiological consequences. This review synthesised existing evidence of interventions aiming to reduce self-stigma experienced by people living with HIV and

Key questions

What is already known?

- ▶ Self-stigma among people living with and affected by HIV is a global public health threat because it hampers use of healthcare services, as well as uptake of and adherence to life-saving antiretroviral treatment (ART).
- ▶ Little is known about what works to reduce self-stigma.

Methods

- This guidance document drew from:
 - The latest evidence on successful interventions, programmes, laws and policies from recent systematic reviews
 - Targeted literature search by setting
 - Input from technical experts
- It should be noted that the intervention examples presented in this report are not exhaustive.

Addressing stigma and discrimination in the COVID-19 response

Applying the evidence of what works from HIV-related stigma
and discrimination in six settings to the COVID-19 response

COVID-19 Adaptation

- Launched in November 2020
- Adapted the recommendations for the COVID-19 response
- Provides evidence-informed guidance to countries on the intersection of stigma related to HIV and COVID-19 in national responses.

Integrating stigma and discrimination reduction into health policy

- Research evidence is critical for setting global health policy
- In the case of the HIV response, data for research studies informed the:
 - Societal enabler targets;
 - Indicators to monitor progress towards these targets; and
 - Recommendations for programmes for countries to implement to achieve the targets
- We know that stigma and discrimination are impediments to numerous health outcomes
- Your research in this area is critical to influence health policy