

Experience from the Western Balkans

Reducing stigma and discrimination among PHC providers through Basic HIV/AIDS training

Introduction

The stigma and discrimination associated with HIV/AIDS are major concerns to people suspected of or confirmed to be HIV positive. These individuals experience discrimination in all aspects of their lives, however most disturbing is the discrimination encountered within the health care setting. To respond to this issue, the Western Balkans Programme to Fight HIV/AIDS, a regional programme funded by Sida, and implemented by Fondation PH Suisse – *Partnerships in Health*, initiated a training activity that focused on strengthening primary health care provider knowledge and skills in the care and support of individuals suspected of or confirmed to be living with HIV or AIDS, with a focus on addressing stigma, discrimination, and workplace safety.

Goal

The goal of the training programme is two-fold. The first goal is to create teams of trainers, consisting of a primary health care doctor, nurse, and infectious disease specialist, to deliver quality basic HIV/AIDS training to colleagues from primary health care institutions through a “training of trainers” course. The second goal is to organize and monitor the delivery of one-day training courses on HIV and AIDS throughout four western Balkan countries to increase primary health care providers’ awareness on the impact of lack of knowledge, negative attitudes, and stigma on quality care for people affected by HIV. The targeted number of PHCs to take part in the training is between 15-20%.

Training Programme

Prior to designing the training courses, a PHC provider needs assessment was conducted in five countries of the region, which highlighted the existence of significant stigma and discrimination in health care settings (i.e. poor knowledge about modes/risks of transmission, judgmental attitudes about behaviours and lifestyles of potentially HIV positive people, fears of job-related infection, and lack of post-exposure prophylaxis). Following this assessment, a *Basic HIV/AIDS Training Course for PHC Providers* was designed to respond to the needs, focusing on increasing early diagnosis and improving quality of care. This curriculum was introduced to participants during the “training of trainers” course and focus was placed upon how to transfer information that would challenge PHC providers to re-assess attitudes and behaviours that may be stigmatizing or discriminatory.

Results

To date, four countries within the Western Balkans have either started the programme (training of trainers) or are implementing the one day HIV/AIDS training courses across their respective countries. The trainings are taking place in both highly populated areas (capital cities) and in smaller, rural cities and towns across the countries. There has also been a strong involvement of PLWHA in all countries, through their participation in a number of the training courses to discuss personal experiences in relation to discrimination from health care institutions. PHC providers have shown great interest in the training course and have asked that more courses be offered in related content areas. The team approach has also highlighted and “role modelled” the importance of primary care-specialist networking. An estimated 5,000 PHC providers across the region will have taken part in the training course by the end of its implementation.

Conclusions

To ensure sustainability, governments and professional associations have assumed some responsibility for scaling up the training program, through accreditation of new trainer teams and allocation of CME points to participants of the Basic HIV/AIDS course. In one of the countries, the programme will be implemented through the Primary Health Care Centre. Efforts are also in place to include this programme into national medical and nursing faculty curricula.