Potential Impact of Integrated Stigma Mitigation Interventions in Improving HIV/AIDS Service Delivery and Uptake for Key Populations in Senegal

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Outline

• Stigma, HIV, and Key populations
• Stigma Intervention
• HIV Prevention 2.0 Study
  – Design
  – Intervention
  – Result
• Conclusions
Where Stigma Data Are Available for Key Populations

Potential Causal Pathway for Stigma and HIV-Risks

**Structural Equation Model**
- Indirect effect of stigma in health system on sexual risk practices
- 527 MSM from Lesotho
- *p=0.072; **p<0.01

**Stigma as upstream determinant of HIV risk**

**Opportunity**
- Target stigma to improve HIV risk

Source: Da, Stahlman, and Baral S. Depressive symptoms and Alcohol use as Mediators of HIV-related risk practices and stigma affecting men who have sex with men in Lesotho: a Structural Equation Modelling Approach, Annals of Epidemiology, 2016
A systematic review of interventions to reduce HIV-related stigma and discrimination

Results:
Domains and levels targeted and approaches employed in the 48 studies.

- Multiple intervention strategies
- Target multiple stigma domains
- Target multiple socioecological levels
HIV Prevention 2.0 Study

- **Objective:** Develop and Evaluate Integrated Stigma Mitigation Interventions
- **Study design:** Longitudinal cohort
- **Study Population:**
  - Female sex workers
  - Men who have sex with men
- **Location:** Senegal
  - Dakar
  - Mbour
  - Theis
Integrated Stigma Mitigation Intervention Framework for Key Populations

**INTERVENTION**

**COMMUNITY (Preclinical)**
- Peer-based approach
- Peer-led groups sessions
- Increase participants efficacy in preventing HIV infection

**CLINICAL**
- Training of healthcare workers
- Reinforce cultural and clinical competency in service provision to key populations

**POSTCLINICAL (Web-based)**
- Peer-to-peer anonymous referral system
- Information on health services and prevention

**STIGMA**
- Reduction of perceived stigma
- Reduction of experiences of stigma in health settings
- Reduction of individual stigma

**OUTCOMES**
- Improve effectiveness of existing HIV services
- Increased uptake of these services by key populations
- Decrease in reported experienced and perceived stigma
- Increased consistent use of condoms and condom compatible lubricants
- Increased adherence to HIV treatment regimens
- Decreased community HIV viral load
Baseline

MSM
N=724

FSW
N=758

24 Month Follow up

MSM
N=172

FSW
N=185

• Abbreviated questionnaires (months 3, 9, 15, 21)
• Full assessment (Baseline, 6, 12, 18, 24)
HIV Prevalence

Study Participants

- Female sex workers: 5.3
- Men who have sex with men: 30.3

Population Estimates

- Female sex workers: 3.3
- Men who have sex with men: 23.5
- Adults 15-49: 0.5

RDS Adjusted
HIV Continuum of Care at Baseline Among FSW and MSM in Senegal

- **Living with HIV**: 5.3% (FSW) vs. 30.2% (MSM)
- **Reported to know HIV status**: 13.2% (FSW) vs. 55% (MSM)
- **Self-reported to have had a CD4 test**: 50% (FSW) vs. 58.6% (MSM)
- **Ever Initiated ART**: 68.2% (FSW) vs. 82.8% (MSM)
- **Currently on ART**: 63.6% (FSW) vs. 66.7% (MSM)
- **Viral suppression out of those who self reported ART**: 63.6% (FSW) vs. 66.7% (MSM)

Legend: 
- Red: Men who have sex with men
- Blue: Female sex workers
# Stigma Measures

<table>
<thead>
<tr>
<th>Question</th>
<th>Stigma</th>
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<tbody>
<tr>
<td>Felt afraid seek health services because you worried someone may learn</td>
<td>Perceived</td>
</tr>
<tr>
<td>you have sex with men (MSM)/sell sex (FSW)</td>
<td></td>
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<tr>
<td>Avoided seeking health services because you worried someone may learn</td>
<td>Perceived</td>
</tr>
<tr>
<td>you have sex with men (MSM)/sell sex (FSW)</td>
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<tr>
<td>Denied health services or had someone keep you from receiving health</td>
<td>Enacted</td>
</tr>
<tr>
<td>services because have sex with men (MSM)/sell sex (FSW)</td>
<td></td>
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<tr>
<td>Heard health care providers make discriminatory remarks or gossip about</td>
<td>Enacted</td>
</tr>
<tr>
<td>you because you have sex with men (MSM)/sell sex (FSW)</td>
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<tr>
<td></td>
<td>Baseline</td>
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<tr>
<td>--------------------------------</td>
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</tr>
<tr>
<td>Felt afraid to seek health services</td>
<td>21.9</td>
</tr>
<tr>
<td>Avoided health services</td>
<td>22</td>
</tr>
<tr>
<td>Denied health services</td>
<td>3.4</td>
</tr>
<tr>
<td>Heard health provider gossip</td>
<td>9.4</td>
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</tbody>
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Perceived and Enacted Stigma Among Female Sex Workers at Baseline, 3 Months, and 6 Months
Perceived and Enacted Stigma Among Men Who Have Sex with Men at Baseline, 3 Months, and 6 Months

- Felt afraid to seek health services: Baseline 17.7, Month 3 10.5, Month 6 9.8 (P = 0.004)
- Avoided seeking health services: Baseline 15.3, Month 3 11.0, Month 6 11.8 (P = 0.062)
- Denied health services: Baseline 1.3, Month 3 1.7, Month 6 1.0 (P = 0.755)
- Heard health provider gossip: Baseline 5.5, Month 3 8.1, Month 6 6.1 (P = 0.323)
Implementation Outcomes
The workshop(s) were effective in addressing stigma

Female sex workers

- Strongly agree: 68.5%
- Agree: 14%
- Neither agree or disagree: 8.4%
- Disagree: 6.3%
- Strongly disagree: 2.8%

Men who have sex with men

- Strongly agree: 55.7%
- Agree: 15.5%
- Neither agree or disagree: 15.5%
- Disagree: 5.2%
- Strongly disagree: 8.2%
Implementation Outcomes
The topics covered in the workshop(s) were relevant to my life

Female sex workers
- Strongly agree: 0
- Agree: 18.5
- Neither agree or disagree: 81.6
- Disagree: 0
- Strongly disagree: 0

Men who have sex with men
- Strongly agree: 0
- Agree: 12.4
- Neither agree or disagree: 86.6
- Disagree: 0
- Strongly disagree: 0
Lessons from Preliminary Stigma Data

• Reduction was observed in perceived stigma, however enacted stigma in the healthcare setting did not significantly decrease from baseline.

• Increased resiliency amongst participants in the cohort.

• Need to continue perceived stigma reduction efforts with cohort participants in order to maintain progress despite continued experience of stigma.
Conclusions

• Reinforces the need for stigma mitigation interventions to be combined with enhanced linkage and retention to HIV care and treatment to optimize HIV outcomes among key populations.

• Although stigma is understood to be an important determinant of HIV risks, less is known about effective interventions to reduce stigma amongst key populations.

• Baseline and follow up data suggested the potential utility of the multicomponent ISMI

• There is an urgent need to address stigma in order to improve the health and human rights of key populations in Senegal, and globally.
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