<table>
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<tr>
<th>Speaker name</th>
<th>Statement</th>
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<tr>
<td>Jim Stanford</td>
<td>Interests to declare: None</td>
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Date: 22/06/17  
June 2017
HIV Stigma SIG

Jim Stanford
• Providing information on HIV, HIV stigma and on key affected populations

• Skills-building and participatory learning approaches. Such as workshop-based activities where skills can be taught to support a person to recognise and challenge stigma

• Counselling and support for people living with or affected by HIV - help to recognise and deal with self-stigma and to build resilience
Stigma associated with HIV remains one of the largest barriers for people living with HIV...A significant drive for the inclusion of HIV educational curriculums in general education as well as other curriculums such as nursing, midwifery, health and social care-related subjects is required.
• Include HIV education in schools
• Raise public awareness and knowledge
• Provide emotional, educational and referral support to people living with HIV
Stigma Special Interest Group

- Normalising
- Awareness raising
- Education
- Networking/ Collaboration
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<td>We had a sign put on our building that identified all the services we have - Allergy / Immunology / HIV. Lots of people didn’t like it initially but we felt it would be wrong to have the other services identified and not HIV. People have adjusted to it. Providing HIV services in an integrated sexual health service.</td>
<td>Campaign around World AIDS Day locally, and for HIV testing week. Area of concern is care support in the home, and care homes...what happens with an ageing HIV population. Experiencing and challenging discriminatory behaviour in healthcare. Written publications for professional journals, speaking at nursing conferences to raise awareness of HIV and associated issues and undertaken talks to members of the public/social groups.</td>
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Education:

Focused training... if patients have a ‘negative’ experience in a particular area of the Trust - we will offer to go and do some training in that area.

Training sessions externally where are patients are looked after - at mental health units, at schools, at nursing homes etc.

A real need for better training and information about HIV in the other parts of the healthcare system. It appears that some clinical (and care) staff still have 1980s views about HIV, transmission, risk and so forth...and so behave inappropriately.

Educational evidenced based methods in challenging HIV stigma and discrimination and best practice in teaching and learning about HIV for all first-year pre-registration nurses. A national HIV “induction booklet” for student nurses.
Networking/Collaboration:

Making good links with GP practices and helping them promptly with patients when they need it. Chair of the RCN Public Health Forum and HIV sexual health lead for the Forum so can engage and influence a number of stake holders.

Active member and steering committee(s) member of the European AIDS Treatment Group.

Collaboration with community members and people living with HIV: judging from my own experience of being taught by people living with HIV I would suggest that the best possible way for healthcare professionals to become stigma free is that: to be taught by someone living with HIV...
HIV Stigma and language

- Avoiding the use of the word “infection” and its derivatives
- Stopping or ending vertical transmission instead of elimination
- People living with HIV instead of PLHIV
- Sero-different couple or relationship instead of Sero-discordant couple/relationship
- Don’t talk of Lost to follow-up: Instead use need to find
- Disclosure of HIV: Instead use telling/ sharing HIV