



HEALTH4ALL

Strengthening Health Workers' Capacity to Serve Key Populations with Stigma-Free HIV Services

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THE PROBLEM

Globally, remarkable progress has been made in halting and reversing the HIV epidemic: annual new infections have declined by 35% since 2000, and 15 million people living with HIV are now on antiretroviral therapy (ART). However, up to half of all new HIV infections among adults worldwide occur among key populations: sex workers, men who have sex with men, transgender people, and people who inject drugs. As governments, donors, and the wider health and development community work toward an AIDS-free generation, HIV programs are better engaging with and implementing approaches that meet the needs of key populations.

Unfortunately, stigma and discrimination across the spectrum of HIV services remain major barriers to epidemic control. Many members of key populations report unwelcoming, disrespectful, or discriminatory treatment by health workers, which affects whether those populations will continue or seek HIV services. Health workers' emotions and biases, as well as cultural norms, beliefs, and structural inequities, often determine how services to key populations are delivered.

OUR INNOVATION

Through the global USAID- and PEPFAR-funded LINKAGES initiative managed by FHI360, project partner IntraHealth International led the development of the Health4All campaign in 2016 to better assess, address, and strengthen the capacity of health workers to serve the needs of key populations. The aims of Health4All are to guide self-reflection among health workers and improve their empathic, clinical, and interpersonal skills so they can provide high-quality, comprehensive services to key populations free of stigma and discrimination.

As part of the campaign, IntraHealth produced a training guide, *Health4All: Training Health Workers for the Provision of Quality, Stigma-Free HIV Services for Key Populations*. IntraHealth pilot-tested the guide in Angola, Malawi, and South Sudan as a working document that should be continuously refined through feedback from ministries of health, trainers, peer educators, and health workers as it adapts to local needs.

Key to the Health4All approach is that training is conducted in collaboration with representatives from local key population constituencies who are already engaged in HIV programs. Meaningfully including members of key populations—such as those already working as advocates and program implementers—in the Health4All trainings as cofacilitators, participants, and panel members is a critical and essential component of successful training that leads to long-term changes. Honest dialogue between health workers and members of key population groups is clearly transformational for many health workers. Another important aspect of the trainings is the use of data from facilities to

guide participants to interpret and better use available monitoring data to assess quality and coverage of services.

The training guide provides a road map on how to assemble a facilitation team; core training principles to ensure sessions are locally relevant, self-reflective, and honest; and information about the latest and best clinical standards of care for key populations, including World Health Organization and United Nations HIV prevention strategies. It contains sample training agendas that can be customized and websites that connect to resources and deeper information.

The training guide includes modules on the rationale behind delivering services for key populations and the need for high-quality, appropriate services. The last and most important module helps ensure that lessons learned are translated into action items that are required of individuals, communities, providers, and facilities to correct stigma and discrimination. Action plans generated from the Health4All trainings become the responsibility of those in attendance as well as LINKAGES project staff who monitor and support action plans.

Prior to training, most health workers have little or no understanding of the concept of key populations. Thoughtfulness and empathy are elicited in health workers over time through a series of questions such as, “Why are key populations vulnerable to HIV?” Participants learn the difference between gender and sex and how to better understand those who do not adhere to cultural gender norms, or the reasons behind alcohol and drug abuse. Participants gain an awareness of human rights violations that key populations often



experience, such as rape, verbal abuse, or being denied food or services. The training ends with a follow-up questionnaire to see how well participants absorbed knowledge.

Complementing the Health4All training strategy, LINKAGES regularly monitors the quality of services among its partners through surveys and helps them to make changes, as needed, to modify activities and improve services. The program has also evolved to focus more on younger populations and those who engage in multiple high-risk behaviors.

WHAT WORKED

Since 2016, IntraHealth has worked with 14 LINKAGES country offices in Africa, Asia, and the Caribbean to deliver Health4All trainings to more than 800 participants. IntraHealth and LINKAGES have continuously refined the guide and strategies to reflect insights from the trainings. To date, pre- and post-training assessments have consistently demonstrated increases in knowledge and changes in attitudes related to key populations.

Post-training surveys show that those who go through the training report that they gain better insight into key populations, the factors that make them vulnerable, the

challenges they face, and the constraints of professionals in dealing with those issues. The governments of Cambodia, Indonesia, Kenya, and Suriname have adapted and endorsed Health4All as a national curriculum.

“I have my own feelings about things but will not let my feelings determine how I treat clients. I approach everyone as equals. It doesn’t matter what background you have; everyone is equal to me.”

*—Health care provider, Health4All training
Suriname, December 2017*

WHAT WE LEARNED

It’s imperative that key populations are fully engaged in the Health4All approach, as some of the most important outcomes of the trainings are the new social connections established among key population advocates, HIV program administrators, and service providers. Creating training environments that are safe spaces for open and honest dialogue between health workers and key populations proved relatively easy. Most participants are respectful of one another. Health workers are eager to learn more about key populations, especially their personal experiences trying to access HIV or other health care services. But, more than that, health workers truly want to serve their clients as best they can.

This training should be delivered to anyone at a health facility who interacts with key populations, not just

clinical health workers but security guards, drivers, and receptionists. It is critical that facilities create supportive environments that are holistically free from discrimination and stigma so that key populations will feel encouraged to seek HIV services and treatments, thereby joining other populations who have been able to successfully manage the virus.

“I believe I will improve my approach and that I will offer integrated health care to key populations with respect and dignity, and train other health care providers and share information at all levels.”

*—Health care provider, Health4All training
Maputo, Mozambique, November 2016*

NEXT STEPS AND OPPORTUNITIES FOR REPLICATION AND SCALE-UP

More program research is needed to determine the long-term effects of the Health4All approach, even as it has been recognized and scaled up as an important instigator for tackling complex interrelated social norms and attitudes that affect key populations' access to and use of HIV services. IntraHealth continues to support several LINKAGES country programs in the implementation of Health4All, and to make materials available for the global community to adapt and tailor it for further use. IntraHealth has also developed short, refresher education materials to be used with those already trained in Health4All to support maintenance and expansion of Health4All campaigns.

COUNTRIES THAT HAVE COMPLETED HEALTH4ALL TRAININGS

Angola, Burundi, Cambodia, Côte d'Ivoire, Democratic Republic of the Congo, Haiti, Honduras, Indonesia, Liberia, Malawi, Mali, Mozambique, South Sudan, Suriname, Thailand.

This brief is part of a larger publication about IntraHealth's innovative approaches to global health—one output of a 2019 landscape analysis of innovation at IntraHealth commissioned by its chief technical officer, Dai Hozumi.

Read the full report at www.intrahealth.org/7-creative-approaches

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