

WHO EPI-WIN webinar: managing stigma and discrimination in health care settings in public health emergencies such as monkeypox



Value of sharing experiences of MPX infection

World Health Organization

➤ Note that increasingly people are sharing their experiences of infection to help break down the stigma and feelings of shame that can arise.



Mark Ford, 35, lives in Los Angeles and contracted Monkeypox in June.

LIVE: Q&A on monkeypox. Tune in and ask your questions!

World Health Organization (WHO)

12:00 Ask your questions about monkeypox here!

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12:00 Every doctor's surgery needs to be properly informed right now and guidance on what to look for and deal with it quickly to save lives.

Everyone is susceptible to monkeypox

Stigma hampers the fight against the virus




Be aware of the symptoms.
Do not hesitate to contact your healthcare provider if you're concerned

ecdc



can do to keep yourself and others safe and healthy during the current outbreak



what's comfortable for you, and what your limits are.

6:46 PM - Aug 28, 2022 - Twitter Web App

Today's webinar

Webinar welcome and introduction – Supriya Bezbaruah, WHO
Framing stigma and discrimination and session moderation – Andy Seale, WHO

Speakers:

- **Harun Tulunay, UK**
- **Dr Maricela Valerio, Brazil**
- **Dr Alvaro Furtado, Spain**
- **Mindy Frost; WHO**

Q&A

Wrap up and close

Intersectional stigma and health

“By definition, or course, we believe the person with a stigma is not quite human. On this assumption, we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances”

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Cliffs, N.J: Prentice-Hall.

Turan et al. *BMC Medicine* (2019) 17:7
<https://doi.org/10.1186/s12916-018-1246-9>



Collection on: Stigma Research and Global Health

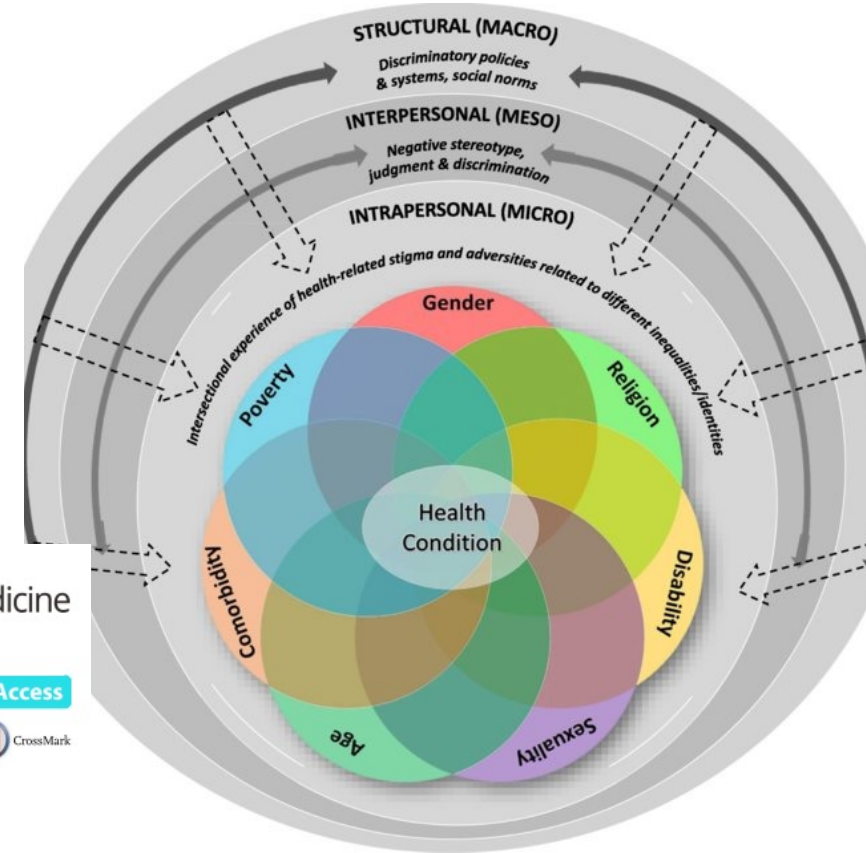
CORRESPONDENCE

Open Access

Challenges and opportunities in examining and addressing intersectional stigma and health

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BMC Medicine



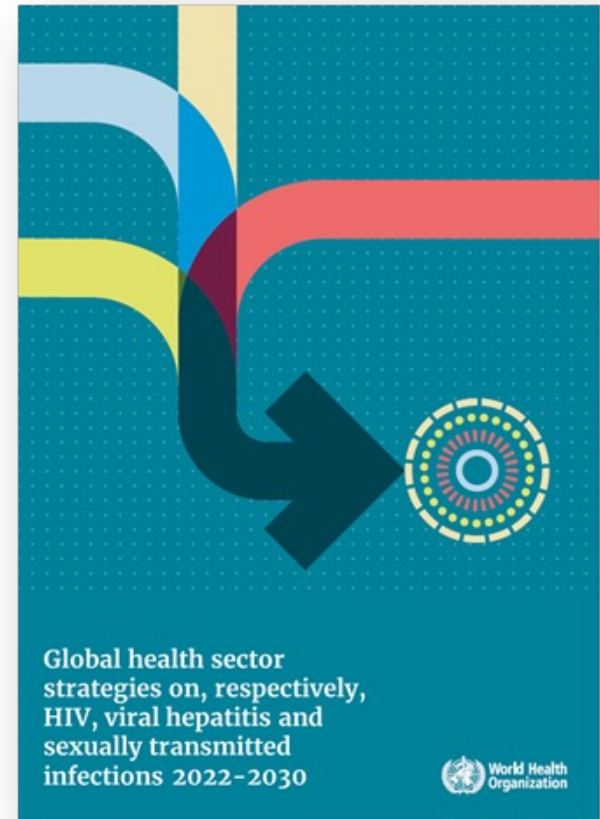
Framing stigma and discrimination in health care settings in the context of HIV, viral hepatitis and STIs (WHA75.20)

Action 8: Stigma and discrimination in health care settings

The health sector is responsible for ensuring that everyone can access services for HIV, viral hepatitis and sexually transmitted infections in an inclusive, non-discriminatory and supportive environment.

Key health sector interventions include regular trainings for all health care staff to increase knowledge of these diseases, address misconceptions and underlying fears, and raise awareness about the harmful consequences of stigma and discrimination, including delayed health service utilization and health inequalities; and the development and monitoring of standards for health care workers to ensure that all patients are treated with respect, dignity and compassion.

Health-care workers should be educated about patient rights, as well as their own, and about how to sensitively provide care to all patients, especially key and most-affected populations. Stigma and discrimination towards health-care workers, including those who may themselves be living with HIV, viral hepatitis or sexually transmitted infections, must also be addressed to advance this goal.



HIV-related discrimination in health-care settings

Discrimination in health-care settings is widespread across the world and takes many forms. It is often directed towards some of the most marginalized and stigmatized people in society, including people living with HIV and key populations, **many of whom face intersecting forms of discrimination on the basis of their age, sex, race or ethnicity, physical or mental health status, disability, sexual orientation or gender identity, nationality, asylum or migration status, or criminal record.** Women and girls are particularly likely to experience multiple forms of discrimination.

Discrimination can also affect health workers. Negative attitudes about and fears of HIV among health workers, compounded by inadequate training or protocols, may lead to inadequate caring for people living with or affected by HIV. A lack of respect for the rights of health workers also affects their ability to provide services and may be harmful to their own health. Health workers may themselves be living with HIV or engaging in stigmatized behaviours, which could deter them from seeking the care they need.

Those working with people living with HIV may be subject to HIV-related discrimination by proxy. Gender-based discrimination is also entrenched in the health workforce.

https://www.unaids.org/sites/default/files/media_asset/20171129_UNAIDS_PCB41_Zero_discrimination-health-care-settings_17.27_EN.pdf

Elements of a response...

- Monitoring levels of discrimination in health-care settings, including the experiences of health service users, as well as the attitudes and practices of service providers
- Educating the health workforce, including pre-service and in-service training to develop human rights and gender equality competencies
- Protecting health workers through the effective implementation of occupational health and safety standards and respecting the labour rights of health workers
- Strengthening the capacity of community health workers and building community interventions, and ensuring appropriate linkages between communities and formal health systems
- Empowering health service users and increasing their access to justice by making them aware of and able to claim their rights, including those to discrimination-free health care, through rights/legal literacy programmes and legal services
- Ensuring the meaningful participation and involvement of people living with HIV and key and affected populations, as well as of community-based organizations

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Today's guest speakers

Harun Tulunay

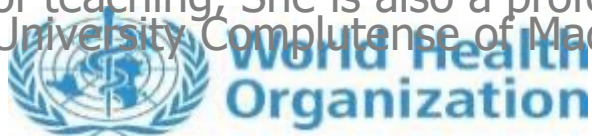
Born in Turkey, Harun worked as an events manager for over 10 years. He moved to the UK in 2015 to escape anti-LGBT+ hostility and discrimination. After being diagnosed with HIV in 2016, he chose to use the experience to become an ambassador for good sexual and mental health, volunteering for several London-based charities. In 2020 he decided to devote himself fully to HIV support work and left events and digital marketing. He joined Positively UK, where he currently works as Training and Volunteer Coordinator. In June 2022 he contracted Monkeypox and was hospitalized for 10 days, becoming one of the most severe cases in the UK. He shared his experience publicly to raise awareness of the condition and to challenge the stigma around it. His story has been shared with the world by WHO and UN to raise awareness.

Dr Alvaro Furtado da Acosta

Alvaro Furtado da Costa, is an infectious disease physician graduated from Faculty of Medicine of the University of São Paulo where he also did his residency. Today he works at the referral center (CRT), as doctor at the outpatient clinic for people living with HIV. He is an investigator of Casa da Pesquisa, which is a research unit of CRT working on trials for the prevention and vaccines for (research unit of CRT, trials for HIV prevention vaccines (HPTN 083 and Mosaico).

Dr Maricela Valerio Minero

Dr. Valerio has a degree in Medicine and Surgery from the National Autonomous University of Mexico, with specialization in Internal Medicine and Infectious Diseases. She obtained her PhD at the Complutense University of Madrid. She has been working since 2007 in the Clinical Microbiology and Infectious Diseases Service of the Hospital General Universitario Gregorio Marañón, Madrid. Dr. Valerio is a researcher affiliated with the Instituto de Investigación Sanitaria Gregorio Marañón. She has published more than 100 articles in scientific journals. In the field of teaching, she is also a professor in the Department of Medical Microbiology at the Faculty of Medicine of the University Complutense of Madrid.



Thank you – questions

Acknowledgements

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