

**Fast-Track Cities initiative**  
**Updated stigma proposal for London**  
**March 2020**



**MAYOR OF LONDON**



## Introduction

We must address HIV stigma to get London to zero new HIV transmissions, zero preventable deaths and to get 100 percent of people living well with HIV.

The [London Fast-Track Cities](#) initiative has funding for the next three years to help London to get to zero HIV stigma by 2030.

The [Fast-Track Cities London Leadership Group](#) set up a stigma group to lead on this work. The group includes people from voluntary groups, the NHS, local councils, public health and the Mayor's office, healthcare professionals and people living with HIV.

The stigma group looked at the evidence of how to address HIV stigma. They also looked at the work already happening in London.

The group set out three key areas for London's response to tackle HIV stigma: internal stigma, stigma in the NHS and other public services and stigma in society.

The stigma group shared a draft proposal for feedback. People living with HIV, and people working in the HIV sector attended an event on Friday 31 January to shape the proposal.

## The vision

Our vision is to change people's behaviours and attitudes. We want to create community and social action to make London an HIV-friendly city:

***Londoners will feel comfortable to be open about their HIV status, and they will not experience stigma based on their HIV status. Londoners will be able to live well with HIV.***

What will look and feel different?

We want Londoners to be able to say:

- I do not discriminate against people living with HIV, at risk of HIV or affected by HIV
- I am not afraid of meeting people living with HIV
- I do not experience stigma based on my HIV status
- I feel free and able to be open about my HIV status without fear of stigma
- Organisations that provide me with public services are HIV-friendly
- I feel able to challenge stigma or discrimination when I witness it

The [Fast-Track Cities London roadmap to zero](#) shows our vision of what 2030 will look like for London. It shows the link between our stigma work and the other Fast-Track Cities work happening.

## How did we get feedback?

We shared our plans to get a range of feedback. See the [full list of what we did in Appendix A](#).

In general, people agreed on the three key areas, and proposed work. People felt that some of what was described already existed. The next steps need to build on, rather than copy, this work.

People agreed that we must consider other types of stigma that people experience (for example because of their race or gender). A key item to consider was the plan for continuing this work when the three-year funding finishes.

With the rest of the feedback, there were many different ideas about the best way to do this work.

People also strongly advised us to make sure that we write materials in plain English so all people living with HIV can read and feedback on plans.

A full [summary of the feedback received can be found in Appendix B](#).

## What values will guide this work?

The feedback we got supported the guiding principles or values in our draft proposal. Everything we do to end stigma in London should be designed with these values in mind.

These values are:

*a. Be community led*

We need to make sure people living with HIV lead the design and delivery of this work.

*b. Use the right language*

We need to make sure the language we use is easy to understand. We need to make sure our language does not reinforce stigma and that it takes into account the diversity of people in the HIV community.

*c. Put the 'human' back into HIV*

We need to focus on the person living with HIV and not the virus. We need to make it normal to talk about people living with HIV, not to talk about the problem of the virus.

*d. Call out stigma*

We need to make it clear what stigma looks like in real life and how it affects people.

*e. Strengthen how the UK responds to stigma*

We need to work together with other UK cities to build a strong national response to HIV stigma.

*f. Find out the best ways to tackle stigma*

We need to use evidence about the best ways to address HIV stigma and evaluate what we do, so we know what works.

*g. Focus on connecting stigmas and the effects on health*

We need to design work that supports the different types of people living with HIV. We need to understand how other forms of stigma affect people's lives and health. We need to make sure our work goes deep into communities where there is no current support.

*h. Create community or social action*

We need to make sure communities learn about HIV. Communities need to come up with solutions and take action to stop stigma together. One piece of work alone cannot stop stigma.

*i. Add value to current anti-stigma work*

We need to recognise work that tackles stigma and make sure our work adds value. We need to celebrate and share work. We need to emphasise the anti-stigma message and increase the impact of existing work.

*j. Consider how stigma work done with Fast-Track Cities funding will continue after the funding ends*

We need to plan for this when we design the next steps.

## **Proposed anti-stigma work**

People generally agreed on the draft proposal's three focus areas. Below, we describe each area. We have included a [summary of all the feedback we received broken down by area in Appendix B](#).

### **Internal stigma**

**We need to address internal stigma by empowering people living with, affected by and at risk of contracting HIV. We propose to do two things for this work:**

1. We will train people living with, affected by and at risk of HIV. This will support people to develop resilience, confidence and skills to tackle internal stigma.

Based on the feedback:

- A range of voices will help design the training
- The training will take into account other forms of discrimination
- The training will train a diverse group of people
- The training will cover basic expenses like travel or childcare to allow people to attend
- We will take account of existing work
- The training will increase skills to improve people's quality of life. For example, the training will develop people's skills for future employment
- There will be a clear route for referral into mental health services for people who need it

2. After the training, we will create and grow a group of HIV ambassadors.

The ambassadors will be the public facing voices of London's Fast-Track Cities initiative. Ambassadors will share their stories with other people in the HIV community. Ambassadors will share their stories through the work with the public.

The ambassadors will represent a wide variety of people and have clearly defined roles. We will create a method to compensate ambassadors for their time.

The stigma group ran a survey to find out about current work to tackle internal stigma. We included the [results in Appendix C](#).

## **Stigma in the NHS and other public services**

### **We will create an 'HIV-friendly' charter or kitemark for organisations.**

Fast-Track Cities wants organisations in London to commit to being HIV-friendly. Fast-Track Cities will start this work with the NHS; the NHS is one of the biggest employers in London and one of the partners of Fast-Track Cities. We want to make sure that people who use the NHS are confident to be open about their HIV status, if they want to.

We will create an HIV-friendly charter, which will detail what an NHS organisation must put in place to meet the "HIV-friendly" standard. We will ask organisations to commit at board level. We will ask organisations to provide evidence that they meet the criteria for the charter. If organisations meet the criteria, they will receive the HIV-friendly award.

The proposed criteria are for organisations to:

- Train staff about HIV stigma
- Run a campaign in their organisation using a communications toolkit
- Put in place a clear reporting process for people who experience discrimination
- Put in place support for staff living with or affected by HIV

We will include a regular review that make sure organisations who are awarded HIV-friendly status, stay committed to the charter. We will plan to make sure the HIV-friendly charter can continue after the three years funding finishes.

We will pilot the charter with a few NHS organisations before we roll it out to all of London. We received a few ideas for the best way to select pilot organisations. We will consider these ideas in the next steps.

We will use a positive approach with the HIV-friendly charter – we will celebrate the role of the NHS in London’s response to HIV. We will celebrate how close London is to zero transmissions, and we will not shame or criticise NHS staff.

After we roll out the HIV-friendly charter across the NHS, we will expand the HIV-friendly charter to other government services. For example, we will use a similar approach to roll out the charter in:

- Care homes
- Social services
- The police force
- Housing offices

The stigma group ran a survey to find out about current work to tackle stigma. We included [the results in Appendix C](#).

## Stigma in society

**We will change how people see HIV in the 2020s, both for people living with HIV and the people around them.**

Our vision for this work matches our principles to create social action, a human voice and community led storytelling. We want to create a call to action to ‘come join us’. We want to build a social movement for change. The work should support existing work to make conversations about HIV normal, through strong and positive stories from people living with HIV.

Due to the different opinions we received on how to deliver this work, this work may be the most difficult to deliver of the three areas. The next steps will be:

- To review in more detail existing work and all of the feedback that we received
- To review the evidence on how to create social action for change

However, from what we heard we know:

This work must not copy what organisations already do. People suggested that we do something radically different. People also suggested that we give more funding to work that organisations do already, so they can expand their reach.

People talked a lot about the existing campaigns in London. A social movement is not a campaign, but it does have campaign elements in it. With our next steps, the stigma group will invite organisations that run existing campaigns to share their work in more detail. We want to identify gaps and opportunities.

For this part of the work, the feedback was:

- The work should be big, bold and visible
- Engage with the public outside of the HIV sector to avoid ‘preaching to the converted’
- Consider other forms of discrimination
- Use messages that also involve HIV negative people, and use influencers, social media and the media to spread our messages
- Work with other sectors to break out of the ‘HIV bubble’
- Make sure the HIV message is not watered down to keep a clear focus on the goal of getting to zero stigma

The stigma group ran a survey to find out about current work to tackle stigma. We included [the results in Appendix C](#).

## **Evaluation**

The evaluation for this work will be complex.

Stigma is a complex topic, and lots of different organisations are doing anti-stigma work in London. We will need to think through how we evaluate the impact of our work. Members of the stigma group will receive support from specialists to design the evaluation plans from the start.

## **Next steps**

The next steps are to:

- Agree the budget for each key area of work: internal stigma, stigma in the NHS and public services and stigma in society
- Agree the timelines
- Plan how to commission each part of the work

## **Internal stigma:**

We will create a course outline. The course will be adaptable for different communities, cultures and contexts. We will develop the course with HIV organisations and people from the community. We will then invite organisations to bid to deliver the course to the people they serve.

**Stigma in the NHS and other public services:**

We will commission an organisation to create an HIV-friendly charter. The charter will include a training pack and a communications pack. This organisation will use a design group to inform the process. The design group will be made up of representatives from the community, NHS organisations, Health Education England and others. The organisation will pilot the charter in a few NHS organisations to test the charter, and to learn from its development.

**Stigma in society:**

We will commission work to set a baseline on the public's knowledge and attitudes to HIV. We will use the support of marketing professionals and people with social movement expertise to design the next steps. The stigma group will invite organisations that run existing campaigns to share their work and get involved. We will develop a hashtag for this work, so that we can track and evaluate how the message spreads.

We want to keep everyone up to date with this work and need people to get involved. Please email us at [hlp.londonftci@nhs.net](mailto:hlp.londonftci@nhs.net) if you are interested in getting involved.

Look out for our monthly newsletter/update or add yourself to our mailing list here: <http://bit.ly/2TV4ADx>.