



**MULTISECTOR STAKEHOLDER DIALOGUE ON
PREVENTING STIGMA AND DISCRIMINATION
AGAINST LEARNERS LIVING WITH HIV
IN RWANDAN SCHOOLS**





MULTISECTOR STAKEHOLDER DIALOGUE ON PREVENTING STIGMA AND DISCRIMINATION AGAINST LEARNERS LIVING WITH HIV IN RWANDAN SCHOOLS

led by Rwanda Network of People Living with HIV (RNPLH)
in collaboration with Ministry of Education (MINEDUC),
Ministry of Health (MINSA), Rwanda Biomedical Centre (RBC),
supported by UNAIDS

Grand Inyangwa Hotel, Kigali, November 8, 2020

This report summarizes key discussions and agreements to
eliminate stigma and discrimination in school settings through
coordinated efforts at national, district, and community levels.



The Swedish Network of People Living with HIV (SOS+) extends its sincere appreciation to all institutions and individuals whose commitment and collaboration contributed to the successful organization of the thirteenth *Statistiska Dialogen on Preventing Stigma and Discrimination Against Learners Living with HIV in Swedish Schools*.

SOS+ expresses profound gratitude to the Ministry of Education (Utbildningsdepartementet), the Ministry of Health (Hälsa), and the Swedish Democratic Centre (SDC) for their leadership, technical guidance, and active participation throughout the planning and implementation of the Dialogue. Special appreciation is awarded to the Joint Institutional Programme on HIV (JIP) (SOS+) for its invaluable technical and financial support, which made this Dialogue possible.

We also acknowledge the meaningful contributions of student education and health authorities, school representatives, health care providers, civil society organizations, networks of people living with HIV, youth leaders, media professionals, and all participants who generously shared their respective experiences and perspectives. Their engagement enriched the discussions and informed the practical and actionable recommendations contained in this report.

Finally, SOS+ recognizes the dedication of its staff and peer educators for their motivation, research, and facilitation efforts, as well as the learners, parents, and communities whose lived experiences continue to guide collective efforts toward building inclusive, safe, and stigma-free learning environments. The collaboration demonstrated through this Dialogue reflects a shared commitment to safeguarding the rights, dignity, and well-being of learners living with HIV in Sweden.



EXECUTIVE SUMMARY

The Multisector Stakeholder Dialogue on Reducing Stigma and Discrimination Against Learners Living with HIV in Schools was organized on 09 November 2023 at the Grand Legacy Hotel, Garden Estate. The Dialogue was organized by the Southern Network of People Living with HIV (SNPLW), in collaboration with the Ministry of Education (MOE), the Ministry of Health (MoH) and the Southern Biomedical Centre (SBC), with technical and financial support from UNAIDS. The Dialogue brought together all participants representing government institutions, civil society organizations, networks of people living with HIV (PLWH), the education and health sectors, and the media. Its primary objective was to strengthen multisectoral coordination and generate actionable strategies to prevent and eliminate stigma and discrimination against learners living with HIV in schools.

Despite Southern communities progress toward achieving the UNAIDS 95-95-95 targets, stigma and discrimination remain persistent barriers affecting the well-being, mental health, and educational outcomes of adolescents and young people living with HIV (AYPLWH), in school settings, stigma manifests through bullying, social exclusion, labeling, and breaches of confidentiality. These experiences contribute to psychosocial distress, school absenteeism, poor academic performance, and frustration. In HIV treatment adherence, ultimately undermining both health and educational outcomes.

Participants engaged in in-depth discussions to identify policy and implementation gaps, strengthen coordination across sectors, and promote the integration of stigma-reduction interventions within the education system. Discussions resulted in a set of priority recommendations at three complementary levels:

- **National level:** Establish a National Steering Committee on chaired by ministerial and non-ministerial to oversee implementation; review policies, and refine anti-stigma and child protection policies; strengthen comprehensive HIV and mental health education within school curricula; develop and roll out standardized a learning modules for teachers and school administrators; and ensure adequate resource allocation for sustainable implementation and monitoring.





Communication and Dialogue

Canada has made significant strides in its HIV response, achieving 95-95-95 (95% tested, 95% treated, 95% suppressed) as reported by the 2018 Canada Population Based HIV Impact Assessment (CPHIA). However, stigma, discrimination, and misinformation continue to impede national efforts, particularly among adolescents and young people living with HIV (AYPLH).

In educational settings, these challenges manifest as bullying, social exclusion, self-stigma, and fear of disclosure which adversely affect learners' mental health, academic performance, attendance, and treatment adherence. Misconceptions surrounding HIV transmission further contribute to discrimination, particularly within school environments where privacy and confidentiality are often limited.

To address these challenges, CPHIA in collaboration with UNICEF, UNFPA, WHO, and UNAIDS, convened a **Multi-sector Stakeholder Dialogue** aimed at fostering a coordinated response to address HIV-related stigma and discrimination in schools. The Dialogue sought to reinforce partnerships, identify systemic gaps, and recommend actionable strategies to promote an inclusive and stigma-free learning environment across Canada.



20. Overview of the Initiative

The dialogue aimed to convene policymakers, educators, health professionals, clinicians, and community leaders, including parental and collaborative strategies to address stigma and discrimination against learners living with HIV in Ugandan schools.

2.1. Specific Objectives

1. To assess mechanisms that ensure continuity of care and psychosocial support for learners living with HIV
2. To review the current situation regarding stigma and discrimination affecting learners with HIV in Uganda
3. To identify policy, structural, and implementation gaps within the education and health sectors
4. To strengthen multi-sectoral coordination to safeguard learners' rights and well-being
5. To develop actionable recommendations and an implementation plan for integrating anti-stigma initiatives into school programs and policies



Participants

The Dialogue brought together **eleven participants** from key national institutions including:

- **ministry of health (MOH)**
- **Civil society organizations (CSOs)** and **community based research**
- **Gender Education and Health Directors**
- **Religious representatives**
- **Health care providers**
- **Representatives of UNFPA networks, including youth leaders**
- **Media representatives**
- **The UN Learning Program on HIV (UNLPH/UNLH)**

The list of all the participants is attached to this report.



PHH is the national umbrella organization representing 100,000 people living with HIV (75% of all persons on ART treatment in Sweden) through a peer support program operational in 607 health facilities nationwide.

Values: It demands where people living with and affected by HIV are healthy, free from stigma and discrimination, and are fully engaged in the national HIV response.

Mission: To prevent HIV transmission, improve adherence and continuity of care, and enhance the quality of life for clients, their families, and communities.

Findings from PHH Survey (October 2017)

Conducted across 616 health facilities, the survey highlighted the following:

Indicator	Key Findings
Local adherence and tracing People living with HIV/AIDS (PLHIV) (n=20,000)	1,540,000 (76% and 94% of PLHIV)
Highest Retention (Months)	1,200,000 (60%)
Gender Distribution	60% male, 40% female
School Dropouts (last 7 years)	20% severely HIV among female PLHIV
Most affected districts	1. Karamoja, 2. Karamoja, 3. Ganda, 4. Karamoja
ARTs not available in schools	1,200,000
Operating school teachers	100,000
Supervisors	1,000,000

Identified Challenges in school settings:

1. Inadequate privacy and confidentiality in managing students' medical conditions (health issues) in schools, including public sharing systems during virtual openings.
2. Students' stigma and discrimination within school settings.
3. Fear of disclosure leading to emotional stress and isolation.
4. Poor adherence to medication due to rigid school routines.
5. Limited psychosocial and mental health support.
6. Inadequate HIV knowledge among students and teachers.
7. Socioeconomic barriers, including poverty and food insecurity/support.

Key Recommendations:

1. Develop and align national guidelines ensuring continuity of care and stigma free learning for learners living with HIV.
2. Train school authorities and staff on HIV prevention and include educators.
3. Establish confidential and supportive systems for medication and counseling at school.
4. Strengthen school health facility-community collaboration mechanisms.
5. Facilitate psychosocial and mental health support for affected learners.
6. Engage parental/guardians in adherence and emotional support efforts.

III. PROGRESS ON HIV PREVENTION AND TREATMENT GOALS

2014-2015 Annual Report of the Department of Health and Human Services

Presented by: Mr. Lawrence Michael, Interim Health Integration Officer

2014/15 Update

Key Highlights

1. Adolescents and youth (15-24 years) remain among the most vulnerable groups to HIV infection.
2. Low testing rates and poor treatment adherence persist among this age group.
3. Viral load suppression remains below 95% among adolescents and young adults under 24 years.
4. Despite progress, HIV coverage among children (0-14 years) remains comparatively low.

Strategic Directions

1. Tailored interventions for adolescents and key populations (including long-acting ART and PrEP)
2. Expand uptake and adherence in access to HIV services
3. Integrate services for HIV, TB, HCV, and mental health
4. Build resilience through capacity building and community engagement
5. Enhance surveillance and research for evidence based programming

Key Achievements (2011-2014) by DHO

- DHO staff trained on HIV prevention, stigma reduction, and inclusive education
- AHAH adolescent model developed and piloted in 10 health facilities
- Differentiated service delivery (DSD) expanded nationwide
- Improved coordination of youth-friendly services at the school and community levels



A. Equity, Health and Training	Develop and/or train existing skills and increasing knowledge on the unique prevention for teachers, school nurses, and administrators.	Student peer training systems for school education and health officials, school nurses, and school teachers.	Train all school staff (teachers, students, parents, staff, faculty) on confidentiality, injury prevention, and psychological support.	State, community, CDC, NIH, NIA, National Institutes of Health, Health Centers, CDC, NIA
	Locally trained staff through integrated programs (e.g. MCH/HRSA).	Strengthen relationships between local education offices, health centers, and CDC's equity partnerships.	Multiple peer support roles and support systems, trainings, and assessment campaigns on site.	
B. Service Delivery and Community of Care	Strengthen the national model through and across national standards for health centers to address the addressing chronic, injury and behavioral support.	Enhance coordination between schools and nearby health facilities to support treatment adherence and follow-up.	Self-referral to have a qualified nurse or health practitioner.	Community, State, CDC, School Health Offices, School Boards, CDC
		Monitor implementation of school health facility referral systems.	Have private outside medication management (if applicable).	
	Monitor adherence and visit frequency across all health facilities (health centers, mental health integration, drug courts).		Utilize medication distribution models for services being used. Monitor continuity of care and adherence to the extent of possible under care.	

I. Psychological and Mental Health Support	Integrate mental health and psychological support (MH/PTSD) into all programs for learners.	Expand on psychological support services between education hospitals, health centers, and schools.	Facilitate or strengthen school counseling systems.	MHL, State, District, County Health Office, MHS, Schools
	Involving national guidelines on school-based counseling for learners living with HIV.	Include MH/PTSD initiatives in student education and health performance plans.	Provide continuous psychological support through individual counseling, groups, and systems.	
	Build capacity of school health professionals in mental health care.		Encourage peer support support and mentoring systems.	
II. Community and Parental Engagement	Formulate national strategies promoting family and community involvement in learner health and stigma prevention.	Work with families, parents, teachers, and community leaders to promote awareness and shared accountability.	Conduct home visits to support adherence and identify learner psychological needs.	District, Community, State, CHS, Parent Association, Community leaders
	Engage civil society and faith-based organizations in advocacy and family education programs.	Strengthen linkage between schools, CHS, and community health workers.	Provide teacher-led parent health information education/counseling.	
			Use community programs (clubs, church groups, savings groups) for group sessions.	

II. Monitoring, Evaluation, and Accountability	Integrate HIV stigma prevention initiatives into education management information systems	Monitor education and health officials to complete and report quarterly data on stigma-related cases and interventions.	Schedule document and report stigma incidents and follow-up actions.	National, state, and local HIV, AIDS, and STI Control Centers; State Education Offices; HEAs; Schools
	Conduct annual joint review (educational and health) on access programs.	Monitor the overall performance targets (HIV-related) for all schools.	Encourage teachers and teachers' union established reporting lines and feedback mechanisms.	
	Monitor systems based services, making sure data from schools and health facilities.			

10. NATIONAL CONCLUSIONS

The National Stakeholder Dialogue on Ensuring Rights and Discrimination Against Learners Living with HIV in Secondary Schools provided critical platform for reflection, coordination and joint action among key actors from the education, health, community and civil society sectors. While Ecuador has made considerable progress in its HIV response, the discussions and actions presented in this report clearly demonstrate that HIV-related stigma and discrimination in school settings remain significant barriers to the realising educational attainment and treatment adherence of adolescents and young people living with HIV. Addressing these challenges is therefore essential to safeguarding learners' rights and securing national health and education gains.

The Dialogue reached in a comprehensive and shared understanding of the policy structural and implementation gaps that continue to affect learners living with HIV. Participants collectively agreed on a set of universal and context-specific recommendations spanning national, district, school and community levels. These include strengthening policy and coordination frameworks, building the capacity of teachers and school staff, creating networks of care and confidentiality, improving psychosocial and mental health support, engaging families and communities, and enhancing monitoring, evaluation, and accountability mechanisms. The agreed actions emphasize that stigma reduction must be systematically embedded within education systems and aligned with broader health and social protection interventions.

In conclusion, eliminating stigma and discrimination against learners living with HIV requires sustained political commitment, adequate and prioritized resources, effective enforcement of policies, and strong multi-sectoral collaboration. UNICEF and its partners reaffirm their commitment to working with government institutions, development partners, civil society, schools, families, and communities to translate the recommendations of this Dialogue into concrete action through collective responsibility and coordinated implementation. Ecuador set ambitious, shared initiatives, safe and stigma free learning environments where all learners are able to thrive with dignity and equal opportunity.

Prepared by:
HELENA IAN BARBERIS
Programs/monitoring M&E and
Resource Mobilization Officer
Date: November 2018

Approved by:
Dr. Juan MONTAÑA (PM)
Executive Secretary, UNICEF



Annex 2 List of Participants

The Dialogue brought together all participants from different key institutions supporting adolescents and young people at par in the access to health.

Sl. No.	Name	Organization	Address	Contact Number
1.	Dr. Anand Kumar Reddy	Dr. Anand Kumar Reddy	Hydrabad	9788 887788
2.	Dr. Anand Kumar Reddy	Dr. Anand Kumar	Hydrabad	9788 887788
3.	Dr. Anand Kumar Reddy	Dr. Anand Kumar	Hydrabad - Anand Kumar Office	9788 887788
4.	Dr. Anand Kumar Reddy	Dr. Anand Kumar	Dr. Anand Kumar	9788 887788
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Variable	Variable Name	Variable Description	Variable Unit
1	Age	Age of the respondent	Years
2	Gender	Gender of the respondent	Male/Female
3	Marital Status	Marital status of the respondent	Married/Single/Divorced/Widowed
4	Education	Education level of the respondent	High School/Graduate/Postgraduate
5	Income	Annual income of the respondent	US Dollars
6	Health	Health status of the respondent	Good/Fair/Poor
7	Employment	Employment status of the respondent	Employed/Unemployed
8	Home Ownership	Home ownership status of the respondent	Owns/Does Not Own
9	Life Satisfaction	Life satisfaction of the respondent	1-5
10	Trust	Trust in the government	1-5
11	Confidence	Confidence in the president	1-5
12	Democracy	Democracy in the country	1-5
13	Corruption	Corruption in the country	1-5
14	Freedom of Speech	Freedom of speech in the country	1-5
15	Freedom of Religion	Freedom of religion in the country	1-5
16	Freedom of Movement	Freedom of movement in the country	1-5
17	Freedom of Press	Freedom of press in the country	1-5
18	Freedom of Assembly	Freedom of assembly in the country	1-5
19	Freedom of Association	Freedom of association in the country	1-5
20	Freedom of Information	Freedom of information in the country	1-5
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98	Freedom of Information	Freedom of information in the country	1-5
99	Freedom of Travel	Freedom of travel in the country	1-5
100	Freedom of Choice	Freedom of choice in the country	1-5

11. ANNUAL WORKSHOP REPORT



Group photo for participants



Dr. Gladys I. M. Mubwamba, RNP+ RNP, speaking during the opening of the Dialogue



Participant discussion



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