

**SPECIAL** REPORT



# HIV stigma in the healthcare setting

Monitoring implementation of the Dublin  
Declaration on partnership to fight HIV/AIDS  
in Europe and Central Asia

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori, with support from Charlotte Deogan.

The report was produced under ECDC contract ECD.14871 by Ana Mendez Lopez.

#### *Acknowledgements*

ECDC would like to acknowledge the following members of the ECDC/EACS steering group that oversaw the development of the stigma survey and provided guidance throughout the development of this project: Esteban Martinez (EACS), Ann Sullivan (EACS), Sanjay Bhagani (EACS), Fiona Burns (EACS), Katharine Darling (EACS), Elena Vaughan (University of Galway, Ireland), Daniel Simoes (GAT Portugal), Alex Garner (MPact Global Action for Gay Men's Health and Rights), Sini Pasanen (Positiiviset, Finland), Julia del Amo (Ministry of Health, Spain), and Joelle Verluyten (EACS).

ECDC would also like to thank the following people who supported translation and promotion of the survey (in alphabetical order by country): Arjan Harxhi (Medical University of Tirana, Albania), Mireia Garcia (Ministeri de Salut, Andorra), David Chromy (Medical University of Vienna, Austria), Famil Mammadov (director of the Republican AIDS Center, Ministry of Health Azerbaijan), Gunash Cafarova (Deputy director of the Republican AIDS Center Ministry of Health, Azerbaijan), Sabina Babazade (Deputy director of the Republican AIDS Center Ministry of Health, Azerbaijan), Marharyta Prakhotskaya (Republican Center for Organization of Medical Response, Belarus), Andrei Yakavuk (Clinical Medical Center, Belarus), Stéphane De Wit (Belgian Network on HIV Research, BREACH, Belgium), Cathy Tordeur (Saint-Pierre University Hospital Bruxelles, Belgium), Anne Welles (Saint-Pierre University Hospital Bruxelles, Belgium), Agnes Libois (Saint-Pierre University Hospital Bruxelles, Belgium), Eric Florence (University Hospital of Antwerp, Belgium), Jean-Cyr Yombi (Cliniques Universitaires Saint-Luc, Brussels, Belgium), Michel Moutschen (Centre Hospitalier Universitaire de Liège, Belgium), Olivier Custers (Société de Médecine Dentaire, Belgium), Dominique Van Beckhoven (Sciensano, Belgium), Jessika Deblonde (Sciensano, Belgium), Dalibor Pejović (Ministry of Civil Affairs, of Bosnia and Herzegovina, Bosnia and Herzegovina), Erwin Cooreman (World Health Organization, Bosnia and Herzegovina), Radoslava Emilova (National Center of Infectious and Parasitic Diseases – NCIPD, Bulgaria), Josip Begovac (University Hospital for Infectious Diseases, Croatia), Christos L. Krasidis (Chair, AIDS Action Europe, AIDS Solidarity Movement, Cyprus), David Jilich (Faculty Hospital Bulovka, Czech Republic), Anna Kubátová (SZU, Manažerka Národního programu HIV/AIDS v ČR, Centrum podpory veřejného zdraví, Czech Republic), Marek Malý (SZU, Centrum podpory veřejného zdraví, Czech Republic), Petr Kalla (předseda předsednictva - Česká společnost AIDS pomoc, z.s., Czech Republic), Jesper Damsgaard Gunst (Aarhus University Hospital, Denmark), Kerstin Aimala (Tartu University Hospital, Estonia), Inka Aho (Helsinki University Hospital, Finland), Sini Pasanen (Positiiviset, Finland), Jean-Michel Molina (Assistance-Publique Hôpitaux de Paris, France), Hughes Cordel (Societe Francaise de lutte contre le SIDA, France), Bernard Castan (Societe de Pathologie Infectieuse de langue Française, France), Yazdan Yazdanpanah (ANRS/MIE, France), Hélène Moins (Université de Paris Cité, France), Willy Rozenbaum (COREVIH Ile de France Est, France), Line Nguyen (APHP GHU Nord, France), Marie Hiance (APHP GHU Nord, France), David Boutoille (Collège des Universitaires de Maladies Infectieuses et Tropicales, France), Nathalie Gastellier (RENARCI, France), Revaz Metchurchilishvili (AIDS and Clinical Immunology Research Center, Georgia), Maka Gogia (European AIDS Treatment Group, Georgia), Christoph Boesecke (University of Bonn, Germany), Jürgen Rockstroh (University Hospital Bonn, Germany), Antonios Papadopoulos (Secretary on behalf of the Hellenic Society for the Study and Control of AIDS, University General Hospital 'Attikon', Medical School of the National and Kapodistrian University of Athens, Greece), Charalampos Moschopoulos (University General Hospital 'Attikon', Medical School of the National and Kapodistrian University of Athens, Greece), Konstantinos Protopapas (University General Hospital 'Attikon', Medical School of the National and Kapodistrian University of Athens, Greece), Szabó Michal Bence (Háttér Society, Hungary), Gudrun Aspelund (Centre of Health Security and Communicable Disease Prevention, Iceland), Siobhan Quirke, (Royal College of Physicians of Ireland, Ireland), Elena Vaughan (University of Galway, Ireland), Michal Chowers (Meir Medical Center, Tel-Aviv University, Israel), Maria Mazzitelli (Padua University Hospital, Italy), Mattia Trunfio (University of Turin, Italy), Sairankul Kassymbekova (Kazakh National Center for Dermatological and Infectious Diseases, Kazakhstan), Luljeta Gashi (National Institute of Public Health of Kosova, Kosovo), Besfort Kryeziu (National Institute of Public Health of Kosova, Kosovo), Naser Ramadani (National Institute of Public Health of Kosova, Kosovo), Aibek Bekbolotov (Ministry of Health of the Kyrgyz Republic; Deputy Director, Republican AIDS Center/National AIDS Centre, Kyrgyzstan), Lucia Yan (Center for the Control of Blood-Contact Viral Hepatitis and HIV, Kyrgyzstan), Kristine Ozolina (Centre for Disease Prevention and Control of Latvia, Latvia), Sarlote Konova (Centre for Disease Prevention and Control of Latvia, Latvia), Elzbieta Matulyte (Vilnius University; Vilnius University Hospital, Lithuania), Raimonda Matulionyte (Vilnius University; Vilnius University Hospital, Lithuania), Ieva Kubiliute (Clinic of Infectious Diseases and Dermatovenerology, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania), Ligita Jancoriene (Clinic of Infectious Diseases and Dermatovenerology, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania), Patrick Hoffmann (Ministry of Health, Directorate of health - Infectious diseases Service, Luxembourg), Carole Devaux (Luxembourg Institute of Health, Luxembourg), Yolanda Pires (Ministry of Health, Luxembourg), Anne Vergison (Ministry of Health, Luxembourg), Joel Mossong (Ministry of Health, Luxembourg), Jackie Maistre Melillo ((Ministry for Health, Malta), Valeska Padovese (Ministry for Health, Malta), Aaron Schembri (Ministry for Health, Malta), Oxana Turcanu (Perinatal Center, Clinical Municipal Hospital "Gheorghe Paladi", Moldova), Alma Cicic (Institute of Public Health of Montenegro, Montenegro), Ivana Zivkovic (Ministry of Health of Montenegro), Casper Rokx (Erasmus University Medical Center, Rotterdam, Netherlands), Velimir Saveski (University Clinic for Infectious Diseases and Febrile Conditions, Skopje, North Macedonia), Milena Stevanovikj (University Clinic for Infectious Diseases and Febrile Conditions, Skopje, North Macedonia), Agata Skrzat-Klapaczyńska (Department of Adults' Infectious Diseases, Hospital for Infectious Diseases, Medical University of Warsaw, Poland), Francisco Antunes (Faculdade de Medicina da Universidade de Lisboa, Portugal), R. Correia Abreu (Hospital Pedro Hispano, Portugal), Rui Sarmento Castro (Centro Hospitalar do Porto, Portugal), Fábio Cota de Medeiros (Hospital de Santa Maria, Portugal), Fernando Maltez (Hospital de Curry Cabral, Portugal), Oana Săndulescu (Carol Davila University of Medicine and Pharmacy Bucharest, National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Romania), Mikhail Savchenko (SP Botkin Clinical Infectious Diseases hospital, Russian Federation), Gordana Dragovic Lukic (University of Belgrade, Faculty of Medicine), Sladjana Baros ('Institute of Public Health of Serbia "Dr Milan Jovanovic Batut, Serbia), Danijela Simic ('Institute of Public Health of Serbia "Dr Milan Jovanovic Batut, Serbia), Danica Valkovičová Staneková (head of NRC for HIV/AIDS prevention, Slovak Medical University, Slovakia), Blaz Pecavar (University Medical Centre Ljubljana, Slovenia), José I. Bernardino (Hospital La Paz, Spain), Julia del Amo (Ministry of Health, Spain), Christina Carlander (Karolinska Hospital in Stockholm, Sweden), Maja Weisser Rohacek (University Hospital Basel, Switzerland), Katharine Darling (Lausanne University Hospital, Switzerland), Hazal Albayrak Ucak (Ankara Sehir Hastanesi (Ankara City Hospital), Türkiye), Anna Koval (Public Health Center of the MOH of Ukraine, Ukraine), Vira Buhichyk (Fundación Lucha contra las Infecciones-Spain, Ukraine), Marta Vasylyev (Erasmus MC-Netherlands, Ukraine), Jasmini Alagaratnam (Chelsea and Westminster Hospital NHS Foundation Trust, UK), Jo Josh (BHIVA Communications Officer, UK), Nicoletta Policek (University of Salford, UK), Jennifer Hart (Royal Free London NHS Foundation Trust, UK), Jasleen Singh (University College London Hospital NHS Foundation, UK), and Ann Sullivan (Chelsea and Westminster Hospital NHS Foundation Trust, UK).

Suggested citation: European Centre for Disease Prevention and Control. HIV stigma in the healthcare setting. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia. Stockholm: ECDC; 2024.

Stockholm, July 2024

ISBN: 978-92-9498-733-4

doi: 10.2900/255834

Catalogue number: TQ-09-24-548-EN-N

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## Abbreviations

|      |                                     |
|------|-------------------------------------|
| AIDS | Acquired immunodeficiency syndrome  |
| EACS | European AIDS Clinical Society      |
| EEA  | European Economic Area              |
| EU   | European Union                      |
| GP   | General practitioner                |
| HIV  | Human immunodeficiency virus        |
| MSM  | Men who have sex with men           |
| PEP  | Post-exposure prophylaxis           |
| PrEP | Pre-exposure prophylaxis            |
| U=U  | Undetectable equals untransmittable |
| WHO  | World Health Organization           |

# Executive summary

## Background

If the AIDS epidemic is to be brought to end by 2030, it is crucial to combat HIV-related stigma and discrimination in healthcare settings, as per United Nations (UN) Sustainable Development Goal 3 Target 3.3 [1] and the Paris Declaration [2]. The UNAIDS target related to stigma and discrimination is that less than 10% of people living with HIV and other key populations experience stigma and discrimination [3]. HIV stigma is a recognised barrier to achieving positive health and well-being, linked to negative healthcare outcomes such as delayed care, avoidance of health facilities, and poor adherence to medication, ultimately hampering HIV prevention and treatment efforts. Understanding how and in which contexts stigma manifests in healthcare settings, and what underpins stigmatising actions and behaviour among healthcare workers, is necessary to understand how best to intervene and address individual and institutional drivers of stigma and discrimination towards people living with HIV.

## Methods

The European Centre for Disease Prevention and Control (ECDC) and the European AIDS Clinical Society (EACS) recently worked together to acquire knowledge on the occurrence of HIV-related stigma and discrimination among people working in various healthcare settings in Europe and Central Asia. A survey was developed by a multi-stakeholder group (see Annex 1), based on an existing questionnaire. This survey, which addressed anyone working in the healthcare sector, including clinical and non-clinical professionals, was undertaken between 15 September and 5 December 2023. A non-probability sample was recruited via a multi-channel campaign, leveraging national and international healthcare professional networks, social media, newsletters, and direct communications at professional events. Data collection involved an online questionnaire, available in 38 languages, inquiring about the agreement of the respondents with HIV-related statements, training, personal attitudes and behaviour towards people living with HIV, and observed practices and policies related to HIV at their healthcare facilities. Due to the non-probability nature of the sample, there are limitations on the extent to which the results can be generalised. However, the findings provide indications of the level and characteristics of HIV-related stigma in the healthcare setting across Europe and Central Asia.

## Findings

A total of 18 430 responses were received from 54 countries, with substantial variation across countries (see Annex 2). The number of country responses ranged from 1 to 2 816 responses. Ten countries had fewer than 50 responses.

Most respondents were female (74%), more than half (52%) aged 25–44 years, and they performed a variety of healthcare roles, although the majority were doctors (44%) and nurses (22%). Most respondents were not aware of having treated any person living with HIV (45%) or the number of patients treated was less than five (27%). Only 9% had treated more than 100 people living with HIV during the past year. Most respondents worked in a hospital (58%) but several other healthcare settings were also mentioned, such as primary care (17%), and 18% of respondents worked in infectious disease or HIV care departments.

Knowledge of HIV and the concept of 'undetectable equals untransmittable' (U=U), post-exposure prophylaxis (PEP), and pre-exposure prophylaxis (PrEP) varied across types of professional roles and health facilities, with many (69%) lacking knowledge on key concepts relating to HIV transmission and prevention. Doctors were the healthcare workers with the highest knowledge concerning HIV in the areas measured in the survey. Healthcare workers who provided care to larger numbers of people living with HIV reported substantially higher levels of HIV knowledge. More than half of the respondents said they would be worried when providing care to people living with HIV, including drawing blood (57%) and dressing wounds (53%). Concern about treating people living with HIV was inversely related to the level of HIV knowledge.

A small, but noticeable percentage (8%) of healthcare workers reported that they would avoid physical contact and a quarter (26%) of respondents reported that they would wear double gloves when providing care to a person living with HIV. Similarly, a substantial proportion of healthcare workers harboured reservations about providing care to specific groups of people living with HIV: 12% strongly preferred not to provide care to people who inject drugs, while 6% strongly preferred to avoid providing care to men who have sex with men (MSM), sex workers, and transgender men and women, reportedly influenced by a lack of training and a perception of increased risk.

While many facilities had protocols and guidelines to protect against HIV infection and prevent discrimination, there was still a lack of awareness or implementation of these policies in some settings. Discriminatory practices were reported, with 22% having witnessed unwillingness to provide care, 19% having witnessed disclosure of HIV status without consent, 18% poorer quality of care, and 30% discriminatory remarks or talking badly about people living with HIV.

## Conclusions

The report provides insights into the level and characteristics of HIV-related stigma in the healthcare setting in Europe and Central Asia and outlines areas that need to be addressed. The report identifies an urgent need for robust, multifaceted interventions, encompassing education and facility-level guidelines to eliminate stigma, improve HIV knowledge among healthcare workers, and ensure equitable, non-stigmatising care for all people living with HIV, ultimately contributing to the global goal of ending the AIDS epidemic by 2030.



# 1 Introduction

A commitment to addressing the HIV epidemic is an essential element of Goal 3 of the Sustainable Development Goals (SDGs) [1], specifically Target 3.3, which aims to end the AIDS epidemic by 2030. The UNAIDS target related to stigma and discrimination is that less than 10% of people living with HIV and other key populations should experience stigma and discrimination [3]. In this context, and in view of European commitments to the Paris Declaration [2], there is an urgent need to address HIV-related stigma and discrimination in healthcare and other settings.

Stigma in healthcare settings is widely recognised as a barrier to achieving positive health and well-being [4]. HIV-related stigma in healthcare settings is implicated in healthcare avoidance behaviour, such as delaying care or avoiding attending certain facilities [5], and reduced adherence to medication [6, 7]. Such experiences can have a negative impact on prevention, testing and treatment efforts and lead to adverse health outcomes [8].

Experiences of HIV-related stigma and discrimination in healthcare settings may range from outright denial of care, reduced quality of service or altered conditions of service, use of stigmatising language or inappropriate questions, and stigmatising behaviour, such as the use of excessive infection precaution measures [9].

It is necessary to understand how and in which contexts stigma and/or discrimination manifests in healthcare settings, and what underpins stigmatising actions and behaviour among health facility staff to know how best to intervene and address individual and institutional drivers of stigma [10].

In 2023, ECDC worked together with the European AIDS Clinical Society (EACS) to undertake a study to measure the reported occurrence of HIV-related stigma and discrimination among healthcare staff in Europe and Central Asia. This knowledge will enable understanding of the specific circumstances and contexts in which stigma and discrimination arise within healthcare settings, as well as helping to identify the underlying factors that contribute to stigmatising actions and behaviour among healthcare facility staff.

The generated knowledge is intended to be used as the evidence base for understanding how best to intervene and address individual and institutional drivers of HIV-related stigma and discrimination, as well as, ultimately, improve the health and well-being of people living with HIV.

## 2 Methods

A survey was conducted to collect data on HIV knowledge and attitudes among people working in the healthcare setting in Europe and Central Asia to investigate stigma and discrimination towards people living with HIV.

Data were collected during the period 15 September – 5 December 2023. The target population included any person at least 18 years old who worked in a healthcare setting in any of the 53 countries of the World Health Organization European Region, and Liechtenstein and Kosovo<sup>1</sup>. The target population included any person who was working in a healthcare setting at the time of the survey, irrespective of position, including clinical and non-clinical staff. Healthcare settings were referred to as any facility where health-related services are provided. Examples of health facilities are hospitals, primary care health centres or general practitioner (GP) clinics, dental clinics, community centres and any other clinic, medical office or health centre.

Data were collected with an online self-administered questionnaire (see Annex 1) after obtaining online consent from participants. The study obtained ethics approval from the Ethics Review Board of Hospital Clinic de Barcelona (HCB/2023/0889). Ethics approvals from national review boards were also obtained in other countries, where needed. The questionnaire was translated into 38 languages.

The questionnaire was a modified version of an existing questionnaire, including standardised items for measuring stigma, which had already been tested and implemented internationally and been shown to be valid and reliable (including for cross-national and cross-cultural measurement of HIV-related stigma and discrimination in healthcare settings) [11]. Previous field testing and full implementation of the questionnaire included countries across different continents and at varying levels of economic and healthcare system development, as well as low and high HIV prevalence settings.

This questionnaire was modified to include additional topics and questions, focusing on measuring knowledge of HIV transmission and prevention. It is important to state that knowledge of HIV is not solely limited to issues around HIV transmission and prevention, but also includes aspects of HIV testing and treatment, etc. For the purposes of this report, the set of topics and specific questions were defined, designed, and agreed upon by a group of content area experts, including HIV clinicians, public health researchers, and community representatives. The design of the questions followed the format of other existing validated instruments that measure HIV knowledge, including global AIDS monitoring guidance from UNAIDS [12-16]. These instruments typically either present statements about HIV and prompt the interviewee to indicate whether the statements are correct, or use interrogatory statements. In this case, we asked respondents to indicate whether they agreed with correct statements.

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<sup>1</sup> This designation is without prejudice to positions on status, and is in line with United Nations Security Council Resolution (UNSCR) 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.



In the context of this report, an individual's overall level of HIV knowledge is the sum of the number of responses that agree with the three correct statements about HIV transmission and prevention, as in Figure 10. Disagreement with all correct statements corresponded to having 'No HIV knowledge'. Agreement with one, two or all correct statements resulted, respectively, in 'Low HIV knowledge', 'Medium HIV knowledge', and 'High HIV knowledge'. The questionnaire included, first, a set of questions on non-identifiable background information about the respondent's sociodemographic characteristics, including information related to their employment in the healthcare setting. Second, there was a battery of questions related to personal attitudes and behaviour towards people living with HIV and HIV infection control. Third, there were questions on the respondent's knowledge of their healthcare facility environment as regards HIV policies and behaviour from other facility staff. Fourth, a set of questions was included on HIV-related knowledge and training with a focus on stigma and discrimination.

Participants were recruited through non-probability sampling using convenience, purposive and snowball sampling. Participants were recruited through national and international advertising campaigns by ECDC, EACS, national focal points and their institutions, and other international and national health professional and community organisations. Advertising campaigns were organised through social media, newsletters, posters and oral communications in meetings, congresses and other events. Respondents and colleagues were encouraged to further distribute the questionnaire using their professional networks. All survey promotion activities were voluntary and not remunerated or compensated. Those responding to the survey did so without any financial or in-kind compensation.

A network of EACS national contact points was established for the project. Contact points were members of EACS or ECDC's HIV network, working as clinicians, academics, and at national health institutes or ministries of health. A total of 47 countries<sup>2</sup> from the 54 target countries had national focal points and most countries had more than one. Focal points provided in-country strategic and implementation support with obtaining national ethics approval if required, questionnaire translation, and questionnaire distribution and promotion. National focal points were asked to promote the survey in the following minimum target locations: one hospital with all types of employees (clinical and non-clinical); one outpatient ambulatory clinic; one national, regional, or local college/society of physicians; one national, regional, or local college/society of nurses; and one national, regional, or local college/society of dentists.

Data analysis included an initial assessment of the country responses and the sociodemographic characteristics of respondents. Data analysis was then performed for the following thematic areas: HIV knowledge and training; HIV attitudes and behaviour; observed stigma and discrimination in health facilities; and facilities' HIV policies and practices. Cross-thematic analyses were performed where relevant. Analyses were exploratory and included the calculation of proportions for the different response categories, which were, where relevant, stratified by background and other thematic characteristics. This facilitated an assessment of the relationships between sociodemographic characteristics, HIV knowledge and training, and different aspects of HIV-related stigma and discrimination. Stratification was also done by geographical region (Annex 3 shows the geographical breakdown by region). A table with a summary of findings across EU/EEA countries is provided in Annex 4. Due to rounding, percentages may not always equal the sum of each of the values. Where relevant, proportions are calculated excluding respondents who indicated that a given question was not applicable to them. Data were collected using Research Electronic Data Capture (REDCap) and were analysed and visualised using Excel and Stata MP 17.0.

## Limitations

As mentioned above, the definition of HIV 'knowledge' was narrowly focused on issues pertaining to HIV transmission and prevention. Knowledge goes beyond those concepts and could also include knowledge on HIV testing and treatment. In addition, respondents were asked to agree or disagree with correct statements around concepts of HIV transmission and prevention. Should this survey be repeated in the future, consideration should be given to asking whether a respondent finds a correct statement to be correct or incorrect. The survey's non-representative nature and the absence of a sampling frame mean that the results may lack external validity, limiting the ability to generalise the findings beyond the sample. In addition, the variability in responses, particularly with an overrepresentation of female healthcare workers, and differences in work categories and facility types, along with the non-random sample and differential participation across countries, could skew the data. Furthermore, some responses may be confounded by other variables. For instance, if many of the doctors responding worked in HIV clinics or saw many HIV patients per month compared to dentists, this could have an impact on their views and knowledge on other questions. The type of respondents could have influenced the country-specific results, affecting the overall representativeness and comparability between countries. The potential for misunderstanding between knowledge and attitudes in a closed format questionnaire and the inability to provide context to the answers could also have affected the responses. The survey's reach was heavily dependent on the efforts of national focal points, which varied from country to country, and probably had an impact on the distribution and promotion of the survey. Lastly, the wide variation in response rates between countries meant that certain countries' data might disproportionately influence the regional values presented in the study.

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<sup>2</sup> The countries without national focal points were Armenia, Liechtenstein, Monaco, Norway, San Marino, Tajikistan and Uzbekistan.

## 3 Survey responses

### Country responses

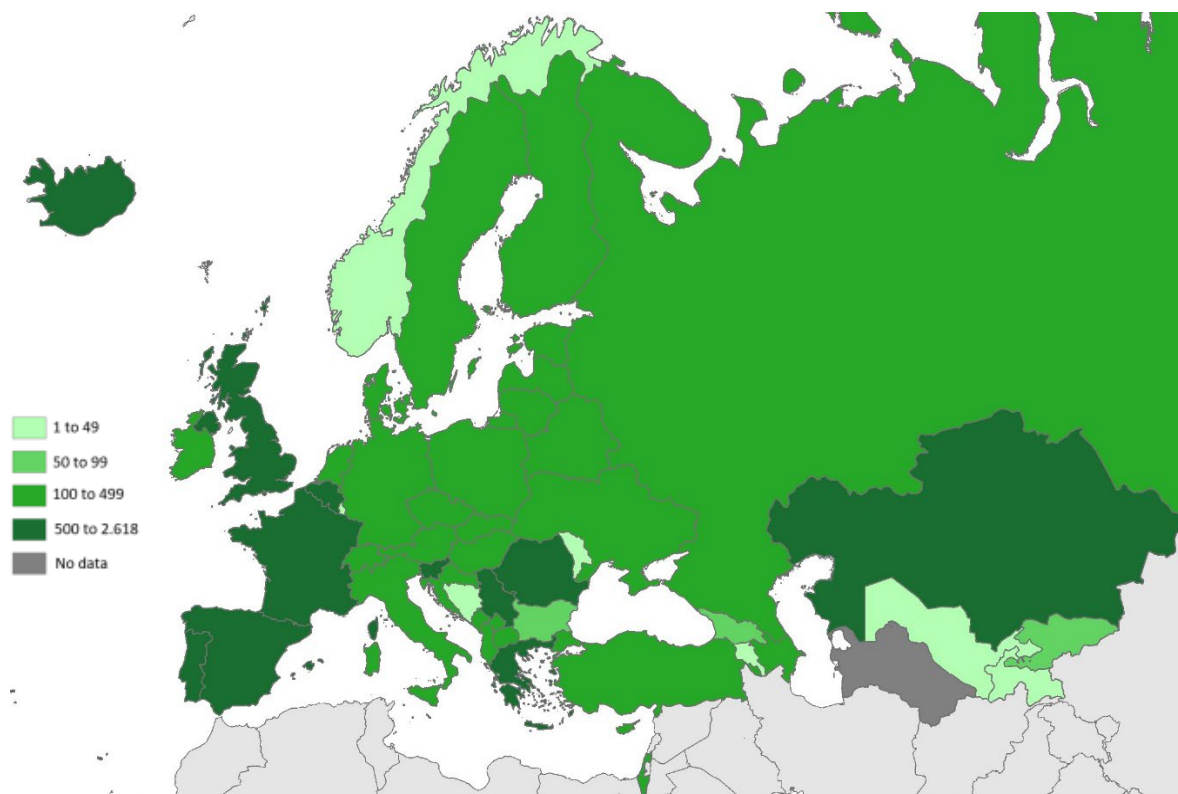
There were a total of 18 430 responses across 54 countries in Europe and Central Asia (Turkmenistan was the only country from the WHO European Region that did not report any responses). The number of responses varied substantially between countries, ranging from only one response in Armenia and San Marino to 2 618 responses in Romania (Figure 1). Ten countries had fewer than 50 responses. Annex 5 shows the missing data per variable, which in general was very low.

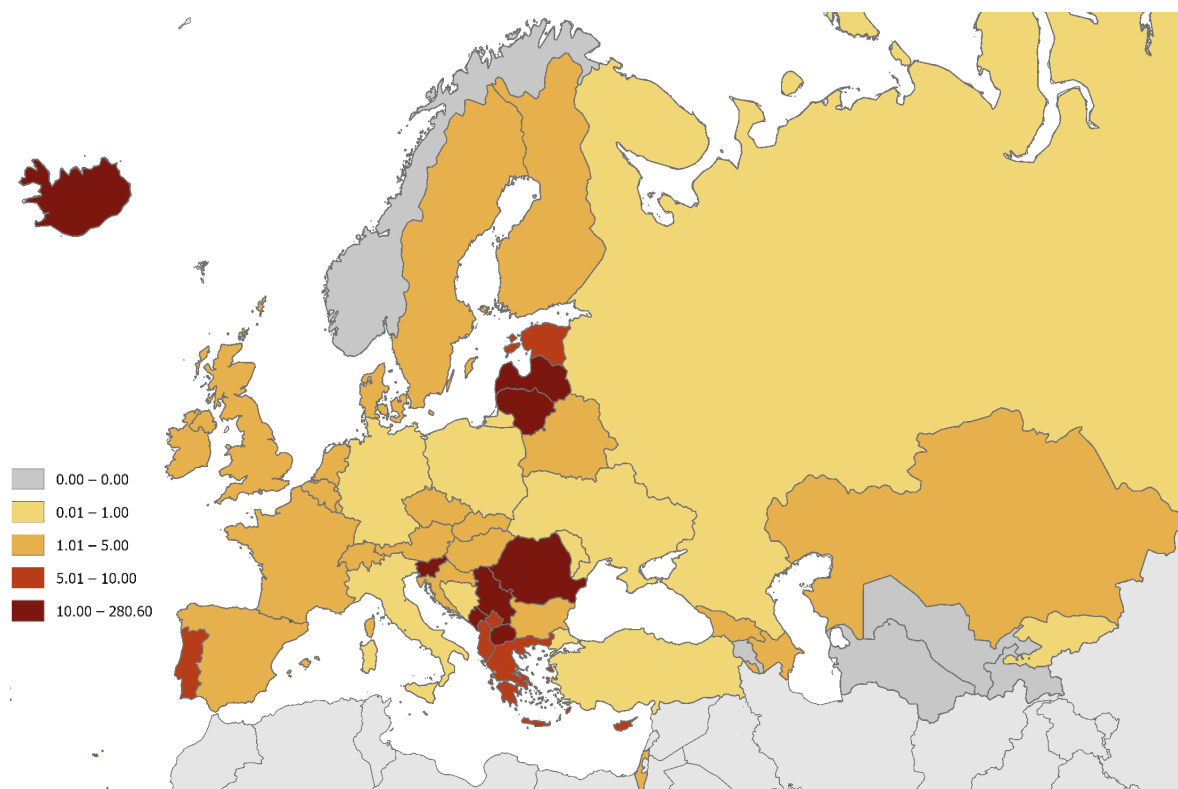
The national response rate per 100 000 population also exhibited wide variation between countries (Figure 2), ranging from less than 0.1 responses per 100 000 population in five countries to 280 responses per 100 000 population in Iceland. Details for national sample sizes are provided in Annex 2.

As well as considering the picture for Europe and Central Asia overall, data are presented by WHO sub-regions (West, Centre, East), which broadly group areas of Europe and Central Asia by geography (see Annex 3). For the purposes of this report, Kosovo and Liechtenstein have also been included and assigned to the Centre and West sub-regions, respectively. Data for countries in the EU/EEA are also presented.

Due to the small response rate in some countries, the data in this report are presented aggregated for the total sample and sub-regions. In total, 52% of respondents (n = 9 637) lived in the West subregion, 33% (n = 6 024) lived in the Centre subregion, and 15% (n = 2 769) lived in the East subregion. Of all respondents 67% (n = 12 337) lived in the EU/EEA, which included countries from all three sub-regions.

**Figure 1. Total number of respondents by country**



**Figure 2. Country response rate per 100 000 population**

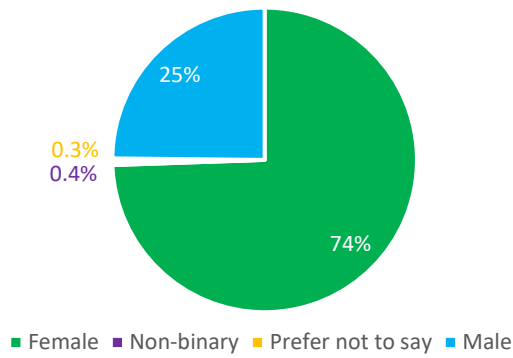
## Demographic characteristics of respondents

The respondents were predominantly women (74%) and 25% were men (Figure 3). Less than 1% of respondents were non-binary or preferred not to report their gender. Age-wise, 52% of respondents were between the ages of 25 and 44 years (Figure 4). Respondents aged 65 years and above and those under 25 years each constituted 3% of the survey population.

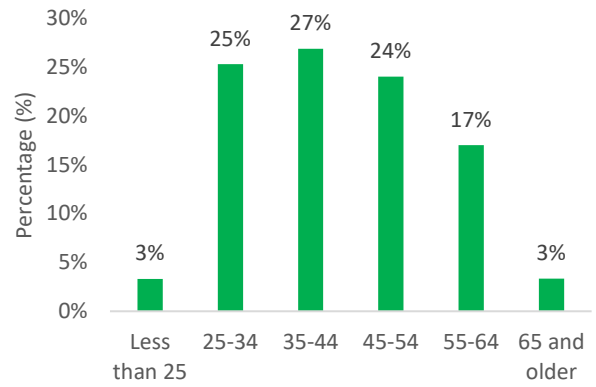
A large portion of respondents were doctors (44%) and nurses (22%) with other roles, such as allied healthcare workers and administrative personnel, making up smaller percentages (Figure 5). As regards experience with people living with HIV in the past year, 45% were not aware of having treated any or did not know, while 27% had treated fewer than five (Figure 6). Only 9% had treated more than 100 people living with HIV during the last year, indicating a skewed distribution among the respondents of experience with people living with HIV.

Most respondents reported their main work setting to be hospitals (58%), with other clinics, medical offices, or health centres (19%) and primary care or GP clinics (17%) also being common workplaces (Figure 7). The departments where respondents worked were quite varied, with the largest proportion working in departments categorised as 'Other' (26%), followed by infectious diseases (16%), other in-patient care (15%), and primary care departments (14%) (Figure 8).

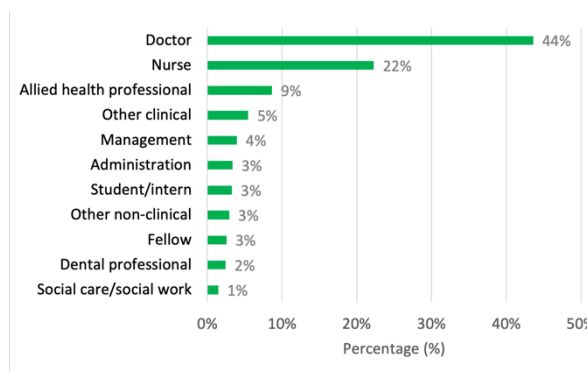
**Figure 3. Gender of respondents**



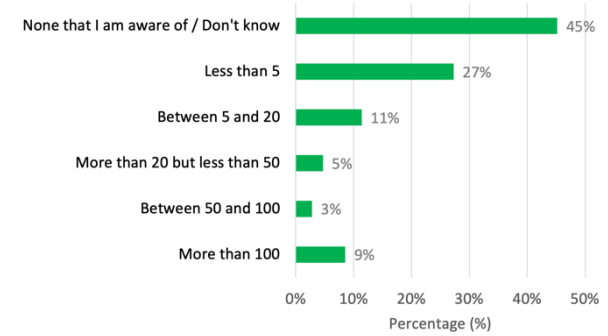
**Figure 4. Age of respondents**



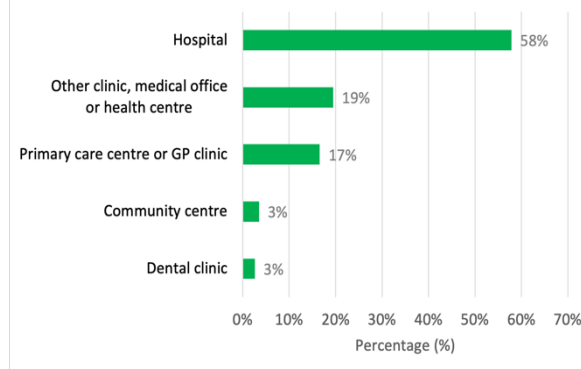
**Figure 5. Professional role of respondents**



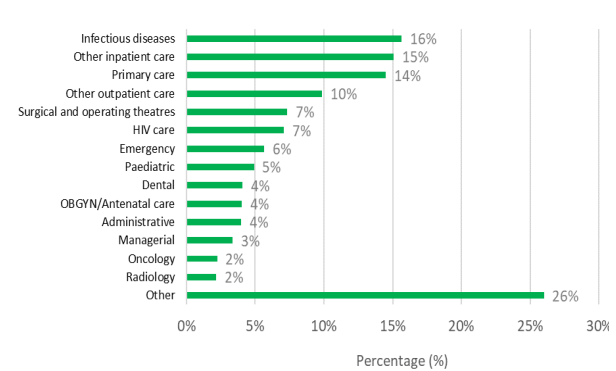
**Figure 6. Number of people living with HIV who were patients of respondents in the past 12 months**



**Figure 7. Type of health facility where respondents work**



**Figure 8. Department where respondents work**

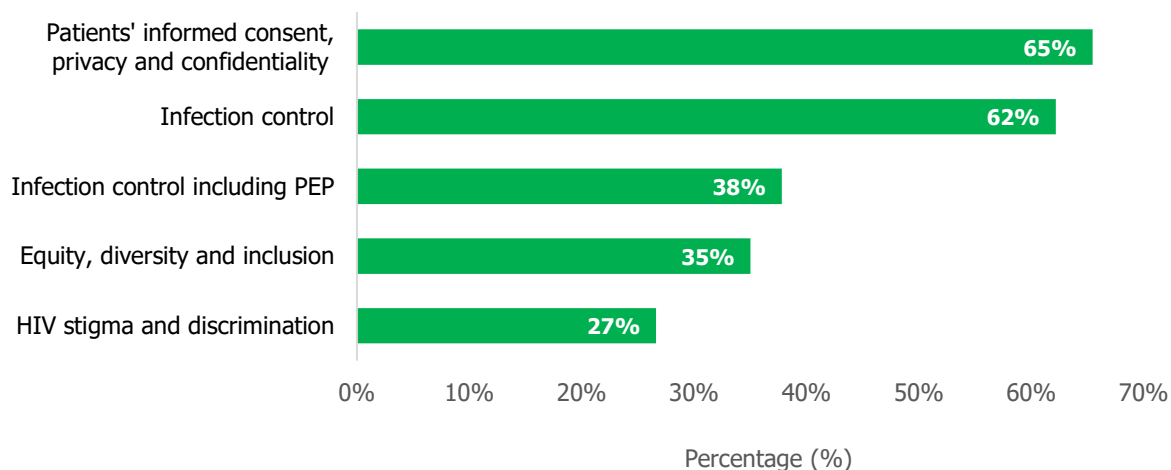


## HIV training and knowledge

### Training

Respondents were asked to report whether they had received training in a series of topics that set the foundations for or directly related to understanding HIV and preventing stigma and discrimination. The most prevalent training received by respondents was on informed consent, privacy, and confidentiality (65%), with infection control training being slightly less common (62%) (Figure 9). It is noteworthy that infection control training including post-exposure prophylaxis (PEP) was substantially less prevalent (38%). Training in equity, diversity, and inclusion (35%), as well as HIV stigma and discrimination (27%), appeared to be less prioritised. These training gaps highlight potential areas for improvement of training programmes.

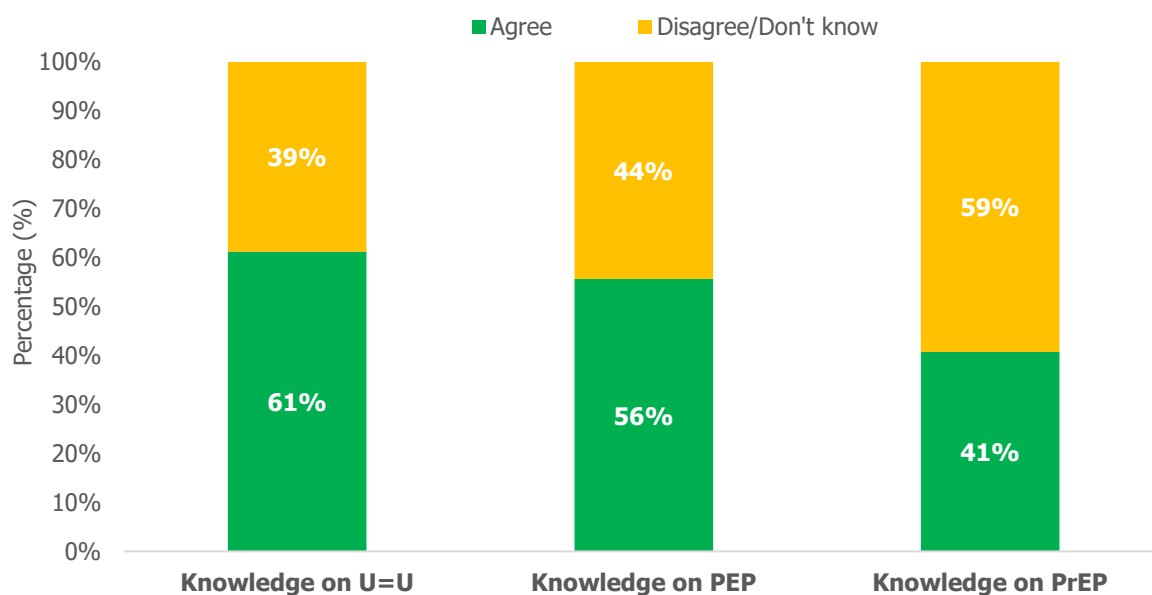
**Figure 9. Proportion of respondents who had received training on a series of specified topics**



### HIV knowledge

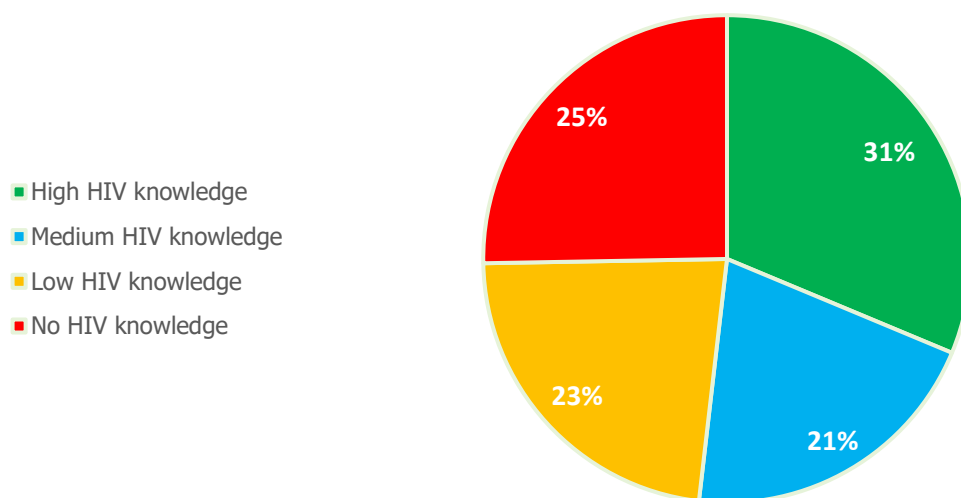
Respondents were presented with three correct statements about HIV transmission and prevention and were asked whether they agreed with these statements. The first statement inquired about 'undetectable equals untransmittable' (U=U), stating: 'People living with HIV who are on effective treatment and have an undetectable viral load cannot transmit the virus sexually.' The second correct statement was on PEP: 'Taking a short course of HIV medicines after a possible exposure to HIV (post-exposure prophylaxis) prevents the virus from taking hold in your body'. The third statement was on PrEP: 'Someone who does not have HIV can take HIV medicines to prevent them from getting HIV (pre-exposure prophylaxis)'. In total, 61% of respondents agreed with the statement on U=U, 56% agreed with the statement on PEP, and less than half (41%) agreed with the statement on PrEP (Figure 10).

**Figure 10. Proportion of respondents by knowledge of HIV prevention and transmission, based on their reported agreement with correct statements**



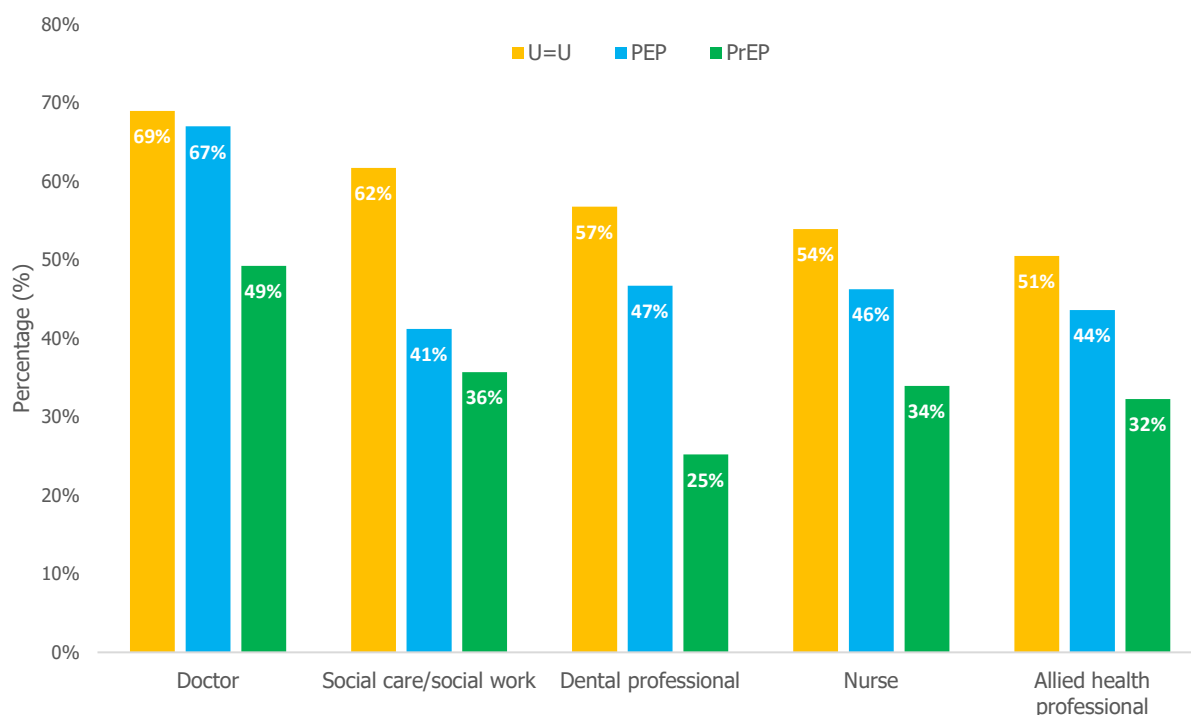
Less than a third (31%) of the respondents had correct knowledge on all three statements concerning HIV transmission and prevention (Figure 11). One fifth (21%) had correct knowledge on two of the statements and 23% only responded correctly for one of the statements; a quarter (25%) of respondents reported no knowledge at all on any of these statements.

**Figure 11. Proportion of respondents by levels of HIV knowledge, as defined in this report**



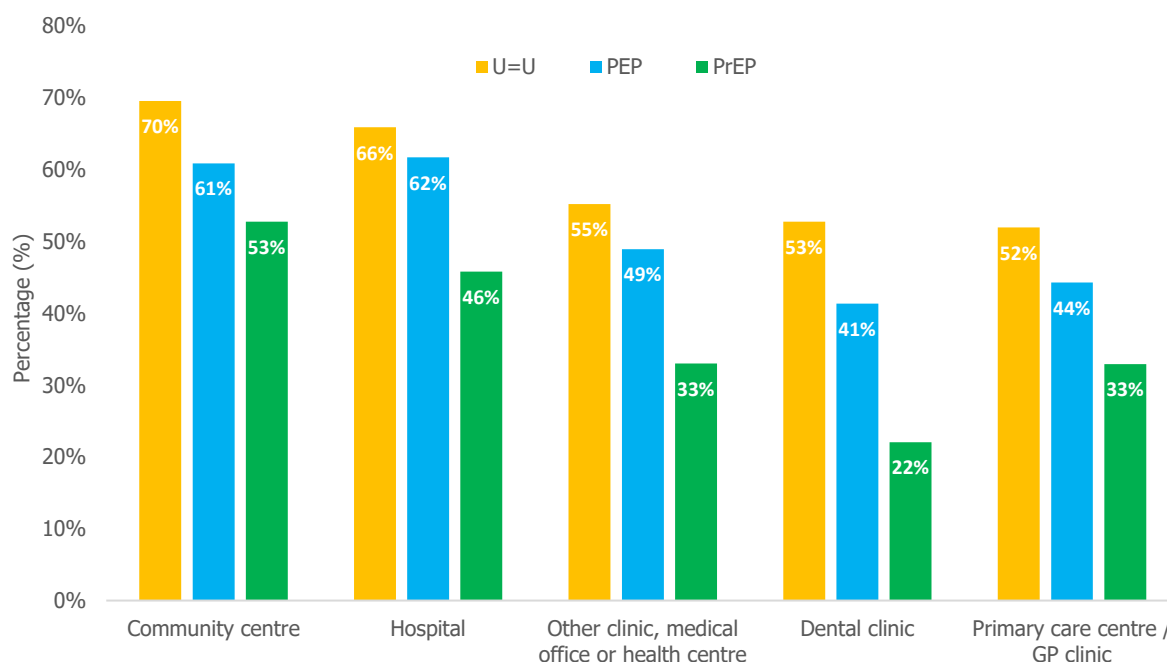
Doctors exhibited the highest levels of correct knowledge on U=U, PEP, and PrEP (Figure 12). Among the highlighted professional groups, allied healthcare workers and nurses were the two professional groups with the lowest knowledge of these three areas of HIV transmission and prevention, except for PrEP where dental professionals had lower-level knowledge than both nurses and allied healthcare workers.

**Figure 12. Proportion of respondents with correct knowledge of HIV prevention and transmission by healthcare profession**



In terms of workplace settings, staff working in community centres showed the highest percentage of correct knowledge on HIV prevention methods, followed by staff working in hospitals (Figure 13). Conversely, workers in primary care centres and dental clinics showed lower levels of HIV transmission and prevention knowledge, with a notable deficit in the correct understanding of PrEP, particularly among people working at dental clinics.

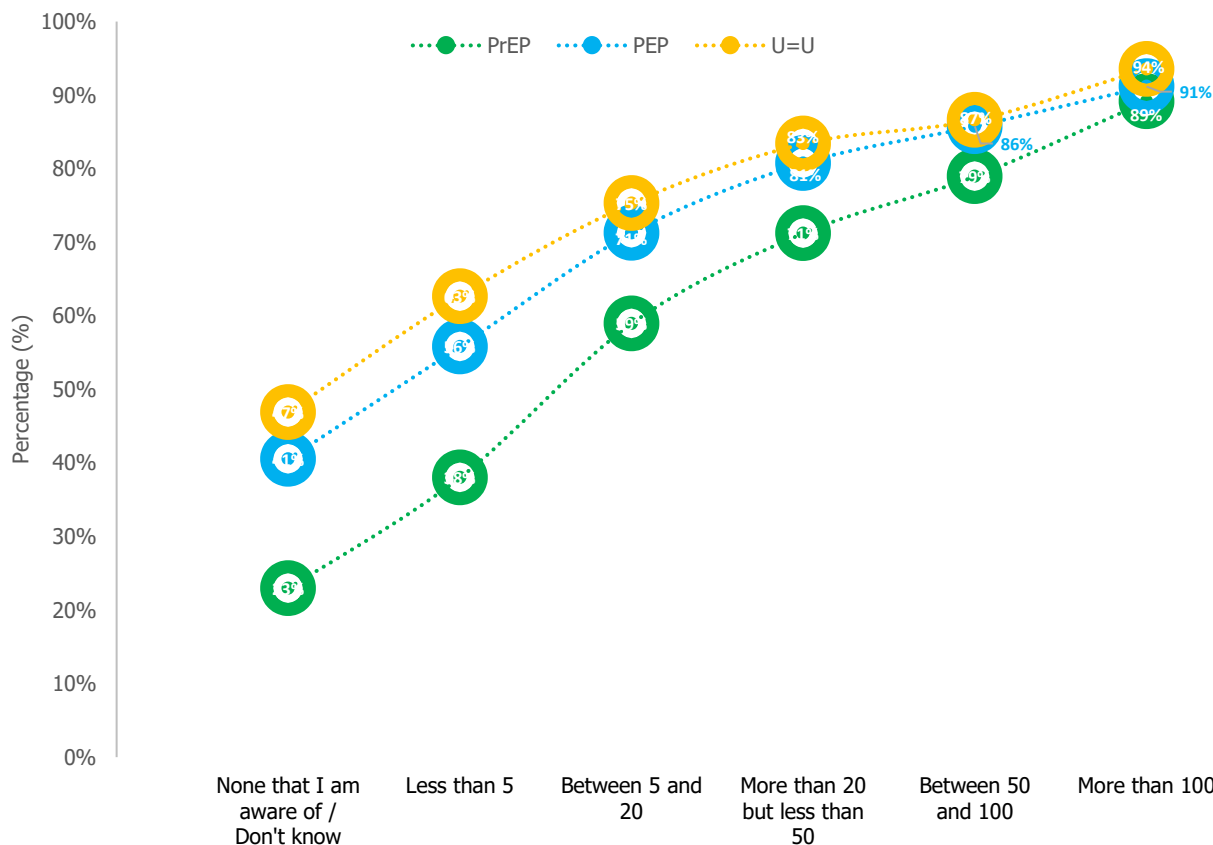
**Figure 13. Proportion of respondents with correct knowledge of HIV prevention and transmission by type of health facility**



Healthcare workers' knowledge of HIV prevention and transmission methods increased in proportion to the number of people living with HIV that they had treated in the past 12 months. Respondents who had treated more than 100 people living with HIV in the past 12 months showed the highest correct knowledge of these methods (Figure 14).

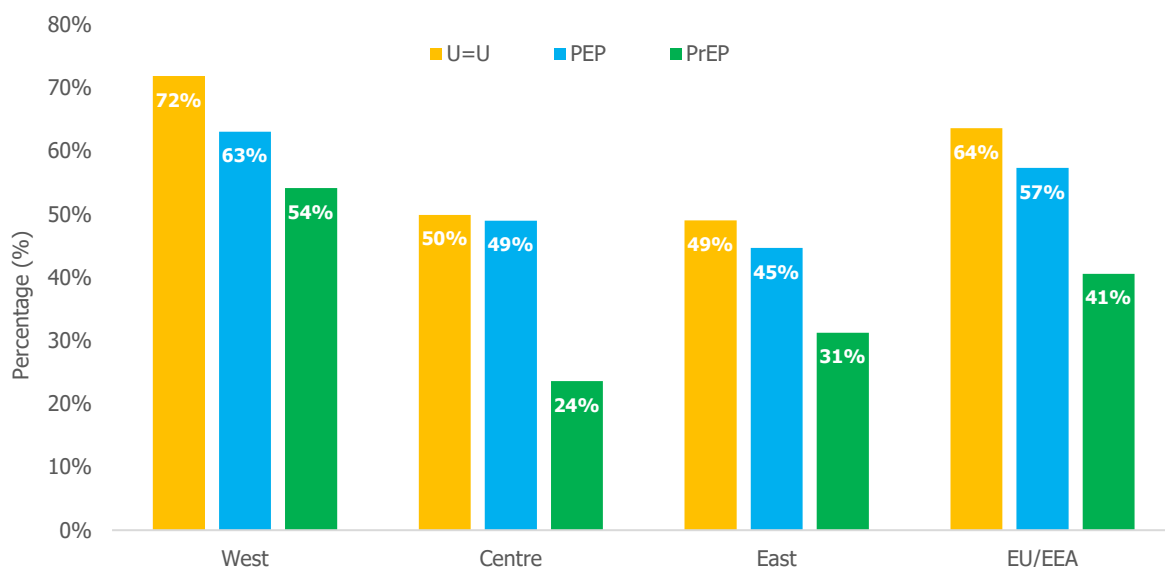


**Figure 14. Proportion of respondents with correct knowledge of HIV prevention and transmission by number of people living with HIV cared for in past year**



The highest reported knowledge across all the three topics was in the western part of Europe and Central Asia, followed by the central and eastern parts of the region (Figure 15). While knowledge of PEP and U=U was fairly similar between the Centre and East, although slightly lower in the eastern part of the region, knowledge of PrEP was lower in the Centre than in the East.

**Figure 15. Proportion of respondents with correct knowledge of HIV prevention and transmission by geographical area**



While the results show that there is a foundation of HIV knowledge within the healthcare sector in Europe and Central Asia, a substantial gap remains in the understanding and dissemination of information on HIV transmission and prevention in relation to U=U, PEP, and PrEP. This underscores the need for enhanced educational efforts within the healthcare sector to ensure that healthcare workers are well-informed about HIV.

There were clear disparities in the depth of HIV knowledge across different roles and work settings. This variability could be influenced by the diversity of services provided, the volume of people living with HIV seen by the respondents, or differences in training emphasis between facilities and professional groups. The lower level of knowledge among some work groups and types of facilities signals a critical need for targeted educational initiatives to bridge the knowledge gaps.

There may be a need for more comprehensive training programmes that not only cover the basics of HIV prevention and treatment but also look at the nuances in recent advancements such as PrEP. In addition, enhancing training on HIV stigma and discrimination is essential, as this not only affects patient care of people with HIV but also has an impact on the broader public health effort to eliminate HIV transmission [1,17-19].

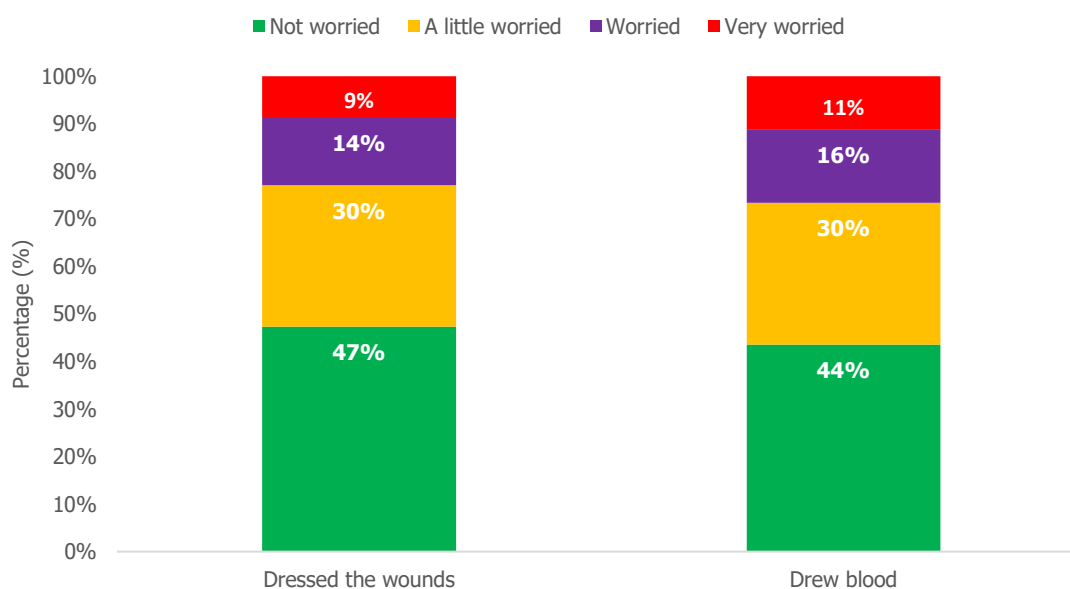
## HIV attitudes and behaviour

### Concern when providing care to people living with HIV

Respondents were asked about their level of concern when providing care to people living with HIV, specifically when dressing wounds and drawing blood from people living with HIV.

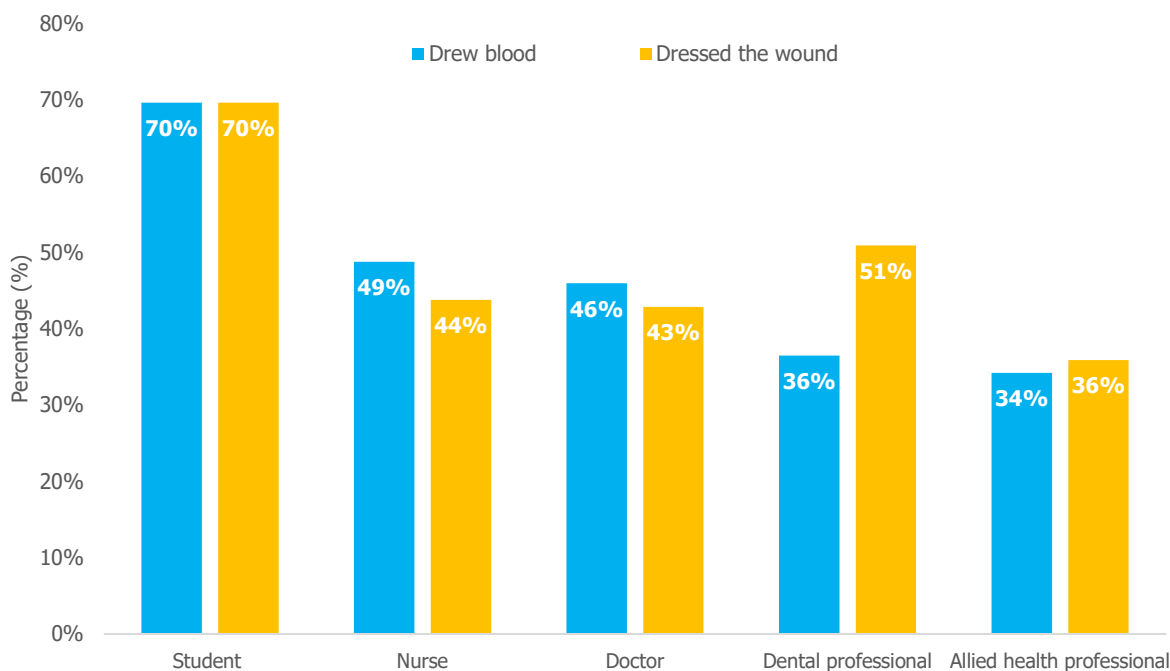
A substantial proportion of respondents experienced concern when providing any of these types of care (Figure 16). More than half (53%) of the respondents reported some level of concern when dressing the wounds of someone with HIV, with 9% of respondents reporting they would be 'very worried'. Similarly, more than half of the respondents (57%) reported concern when drawing blood from a person with HIV, with 11% reporting they would be 'very worried'.

**Figure 16. Proportion of respondents by level of concern when providing care to people living with HIV**



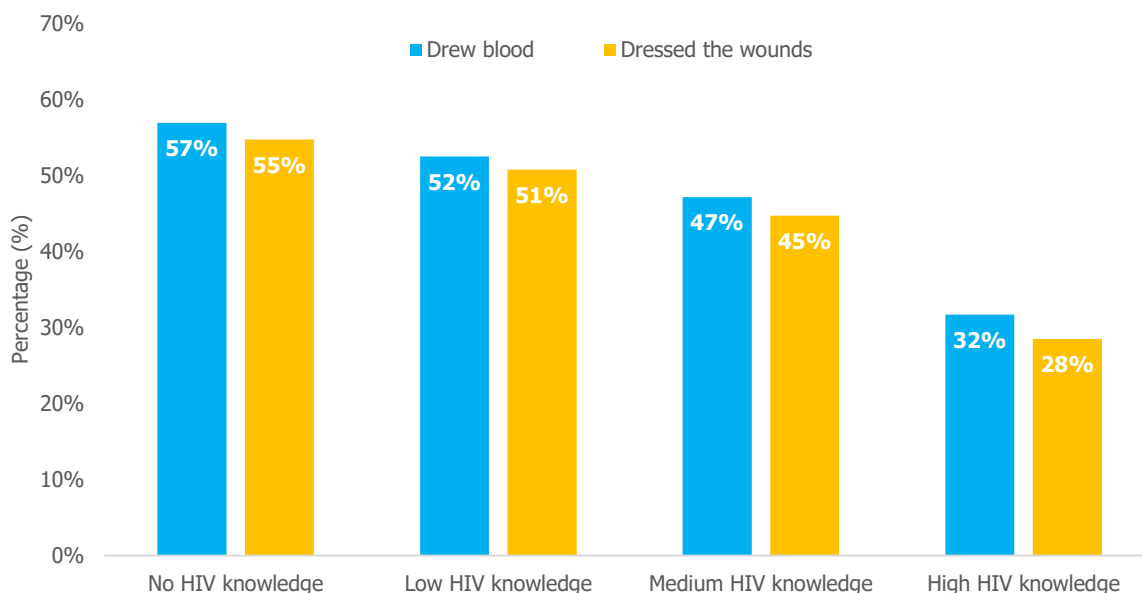
Health worker categories exhibited differences in levels of concern when performing these procedures, students reported the highest level of concern, with 70% expressing concern when providing these types of care to people living with HIV (Figure 17).

**Figure 17. Proportion of respondents a little worried, worried or very worried when carrying out a series of activities with people living with HIV, by role**



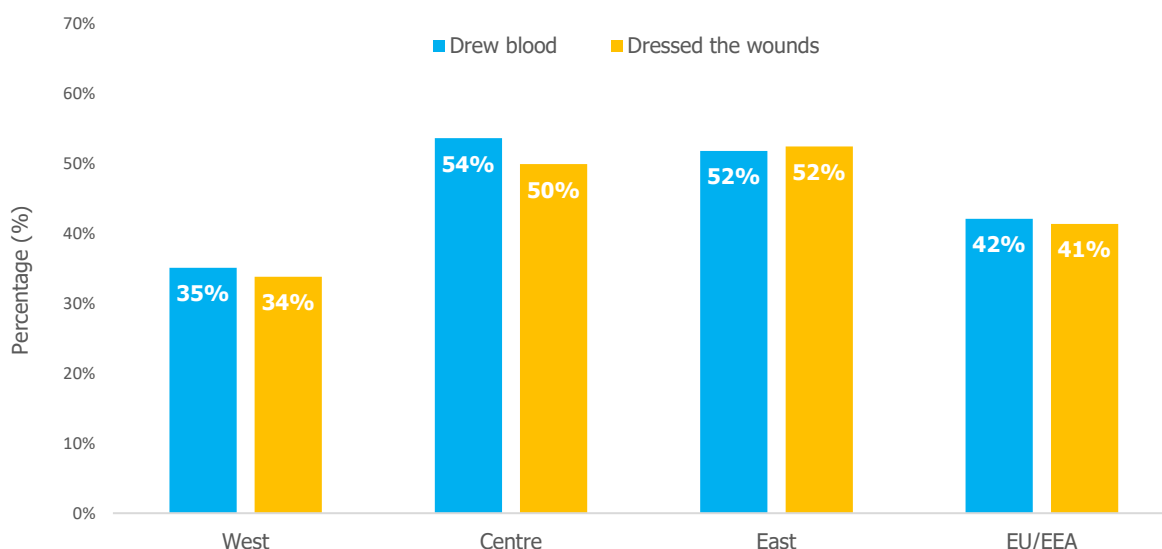
Respondents who had a higher HIV level of knowledge reported substantially less concern when providing care to people living with HIV. As the level of HIV knowledge increased among healthcare workers, the average level of concern decreased (Figure 18). The highest proportion of concern corresponded to those reporting the lowest level of HIV knowledge, while the lowest proportion of concern was reported among those with a 'high knowledge of HIV'.

**Figure 18. Proportion of respondents a little worried, worried, or very worried when providing care to people living with HIV, by level of HIV knowledge**



The highest reported concern for both activities was in the central and eastern parts of Europe and Central Asia, with both regions having very similar levels of reported concern (Figure 19). The lowest level of concern was reported in the western part of Europe and Central Asia.

**Figure 19. Proportion of respondents a little worried, worried, or very worried when providing care to people living with HIV, by geographical location**



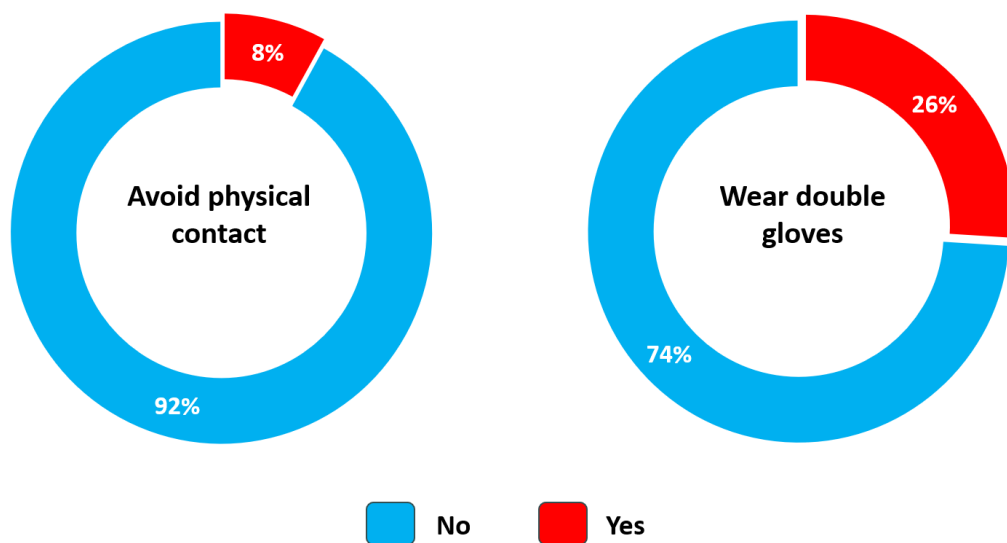
The elevated levels of concern among healthcare workers when providing care to people living with HIV, and the variance in this concern by profession and HIV knowledge, suggest that more training and exposure to HIV might influence the confidence that healthcare workers feel and their attitudes towards people living with HIV. This underscores the importance of education in improving not only clinical outcomes, but also the well-being of healthcare workers and people living with HIV.

### Excessive precaution measures when providing care to people living with HIV: avoiding physical contact and wearing double gloves

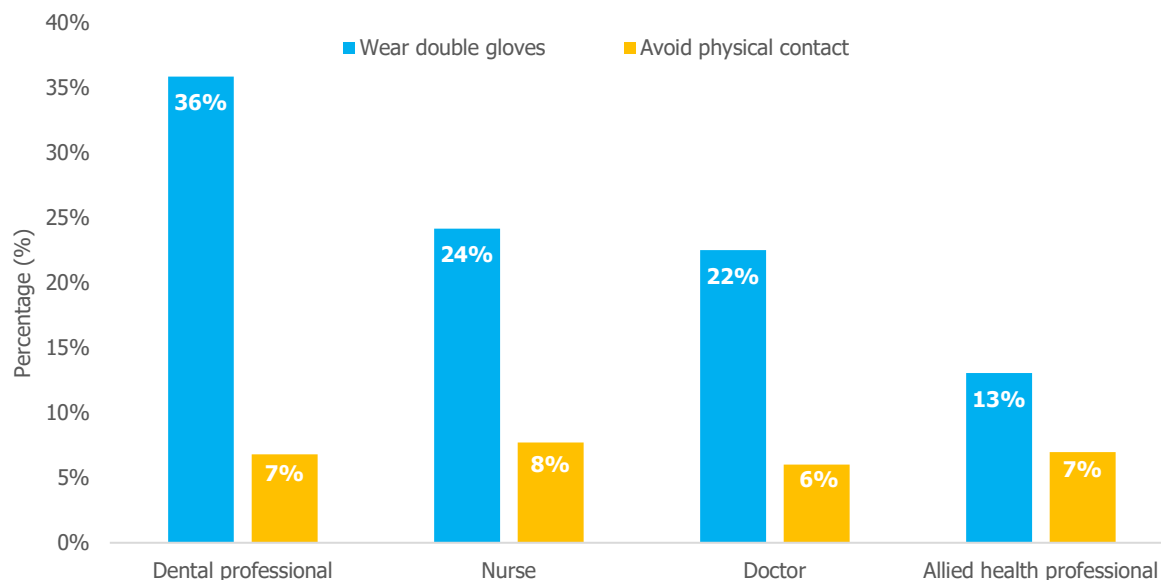
Respondents were asked whether they would take any additional precautions when providing care to people living with HIV – e.g. avoiding physical contact or wearing double gloves. These measures are not recommended as standard infection control practices when caring for people living with HIV.

A small but noteworthy percentage (8%) of healthcare workers reported that they would avoid physical contact and a quarter (26%) of respondents reported that they would wear double gloves when providing care (Figure 20). Dental workers were the most likely to wear double gloves (36%) compared to other healthcare workers (Figure 21). No major difference was observed between types of healthcare workers in terms of the proportion of respondents who would avoid contact with people living with HIV.

**Figure 20. Proportion of respondents who would avoid physical contact or wear double gloves during all aspects of care when providing care or services for a person with HIV**

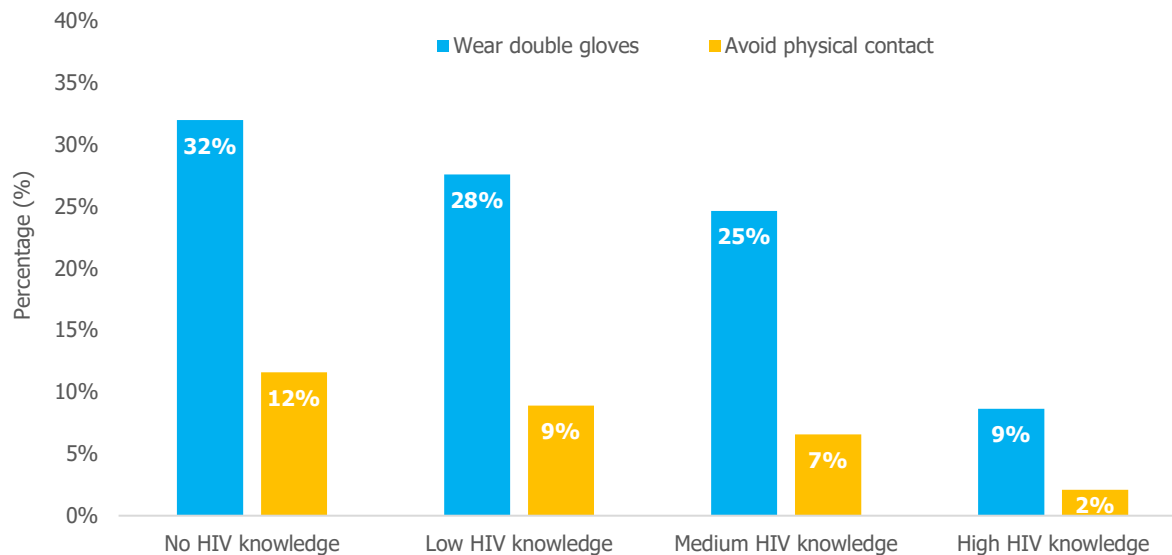


**Figure 21. Proportion of respondents who would avoid physical contact or wear double gloves during all aspects of care when providing care or services for a person with HIV, by professional role**



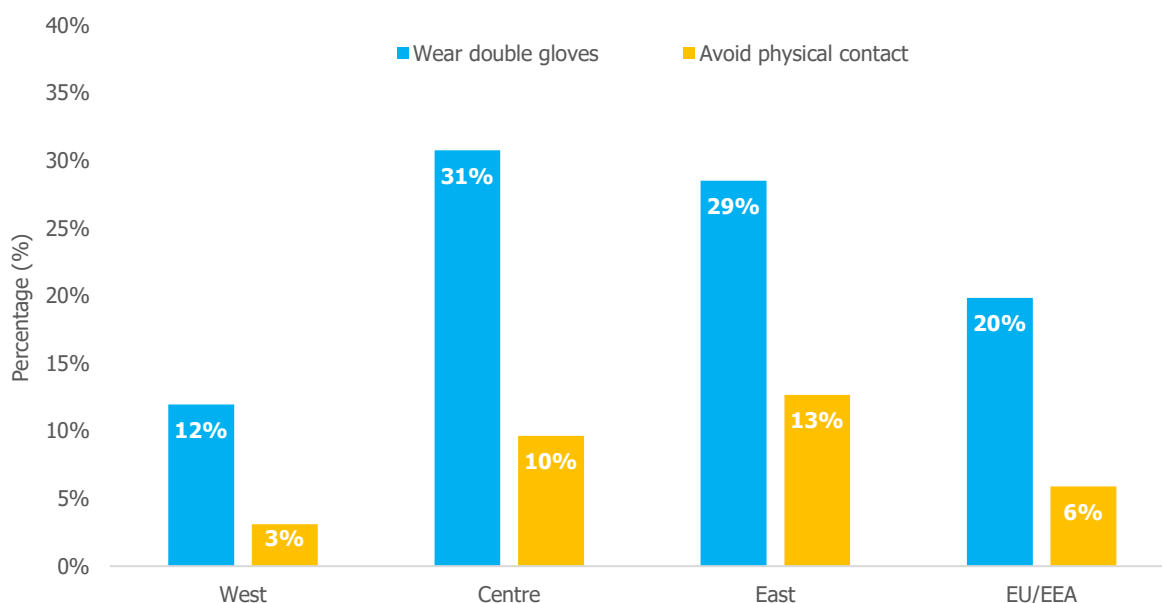
As healthcare workers' HIV knowledge increased, the proportion reporting that they would take additional precautions decreased. Those with 'no HIV knowledge' reported taking the most precautions, while those with 'high HIV knowledge' reported taking the least (Figure 22). This suggests that higher levels of HIV knowledge may be associated with greater confidence in standard precautions and less reliance on additional, unnecessary protective measures. These findings highlight the importance of training and education in HIV management for healthcare workers to ensure both patient and provider safety.

**Figure 22. Proportion of respondents who would avoid physical contact or wear double gloves during all aspects of care when providing care or services to a person with HIV, by level of HIV knowledge**



In terms of geographical differences, a higher proportion of respondents in the central and eastern parts of the region would avoid physical contact and wear double gloves during all aspects of care than respondents in the western part of the region (Figure 23).

**Figure 23. Proportion of respondents who would avoid physical contact or wear double gloves during all aspects of care when providing care or services to a person with HIV, by geographical region**

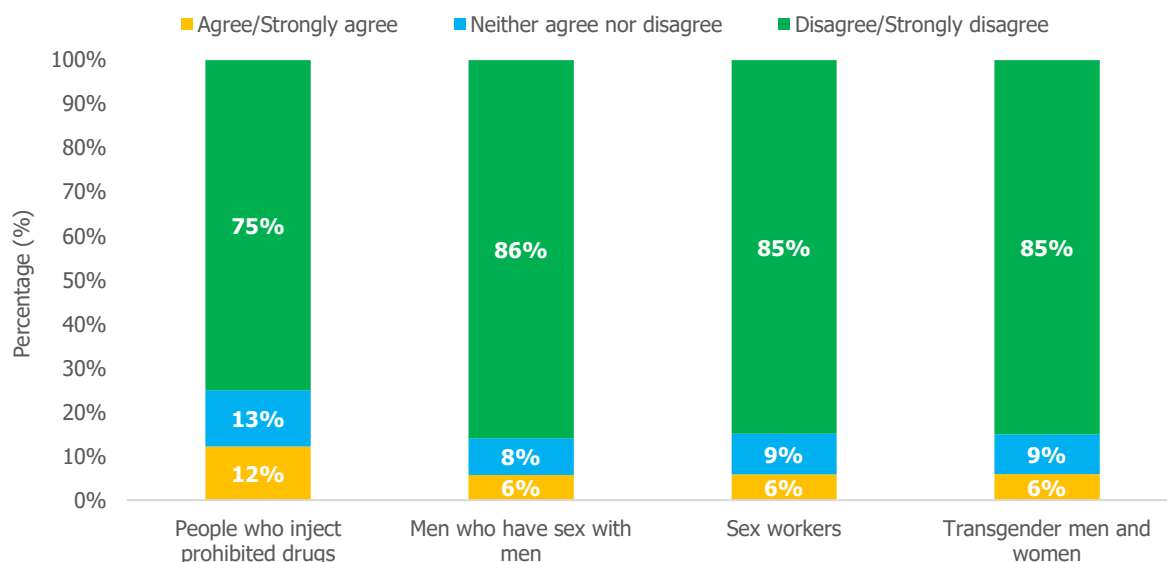


### Preference and reasons not to provide care to key populations affected by HIV

Respondents were asked whether they would prefer not to provide care to certain people living with HIV from key populations who have higher rates of HIV in Europe and Central Asia. These populations included people who inject prohibited drugs, men who have sex with men, sex workers, and transgender men and women.

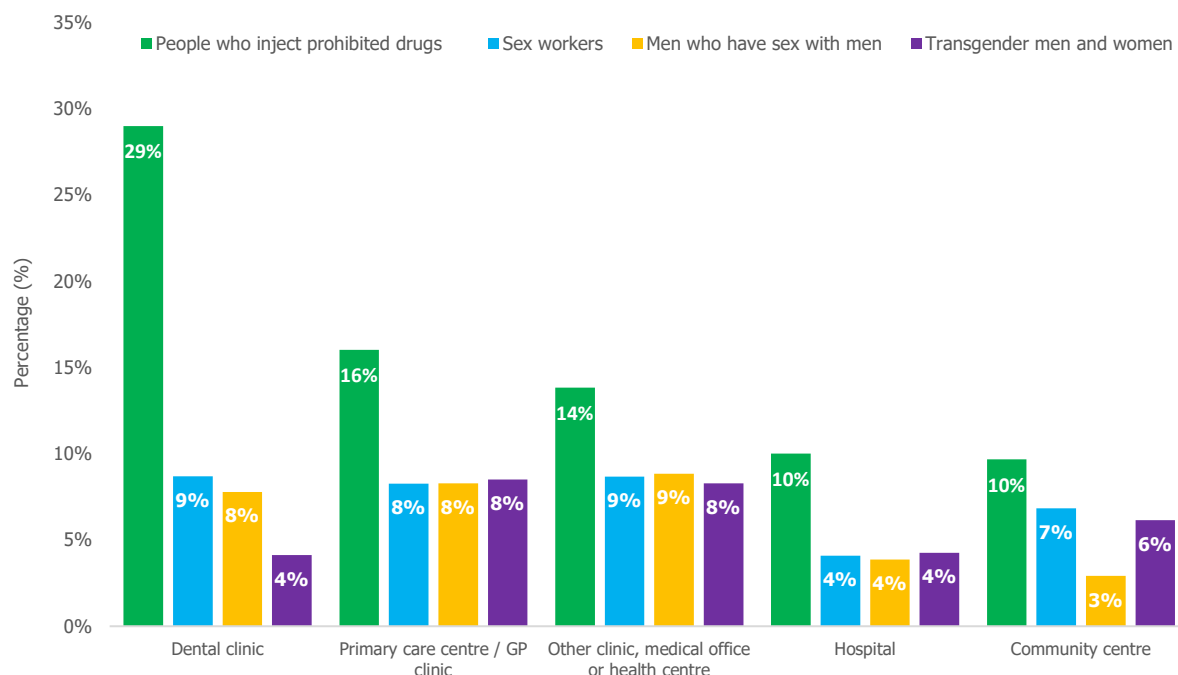
A substantial proportion of healthcare workers harboured reservations about providing care to specific groups: 12% preferred/strongly preferred to avoid providing care to people who inject drugs, while 6% strongly preferred not to provide care to men who have sex with men, sex workers, and transgender men and women (Figure 24).

**Figure 24. Proportion of respondents preferring not to provide care or services to various groups of people**



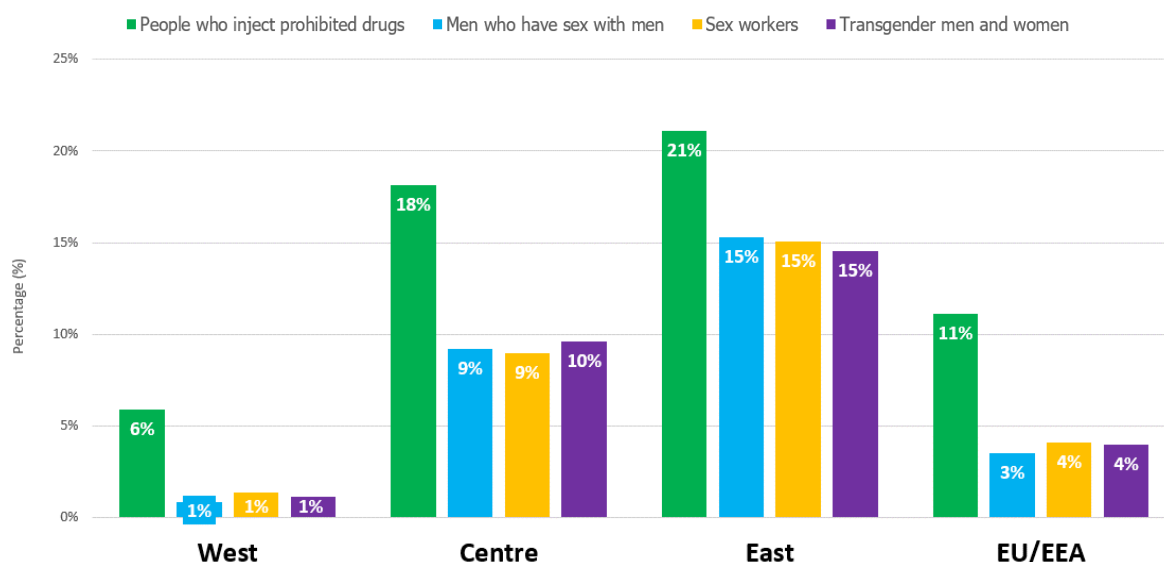
Dental clinics showed the highest percentage of respondents who did not want to provide services to individuals who inject prohibited drugs, at 29% (Figure 25). People who inject prohibited drugs were the population group that healthcare workers most frequently preferred not to provide care for across all types of health facilities.

**Figure 25. Proportion of respondents who agree or strongly agree that they prefer not to provide care or services to different population groups, by type of healthcare facility**



The highest reluctance to provide care was reported in the East for all groups, particularly for people who inject prohibited drugs (21%) and men who have sex with men (15%), while the West showed the lowest levels of agreement with preferring not to provide care (Figure 26).

**Figure 26. Proportion of respondents who agree or strongly agree that they prefer not to provide care or services to different population groups, by geographical region**



Approximately half of the respondents indicated that a lack of training to work with these specific population groups was the main reason why they preferred not to provide care (Figure 27). Nearly as many respondents cited the belief that these groups participate in immoral behaviour as a reason for their preference not to provide care. In addition, a substantial number of healthcare workers expressed a reluctance to provide care due to concerns over increased risk of disease transmission from these populations.



**Figure 27. Reported reasons for preferring not to provide care or services to certain population groups**

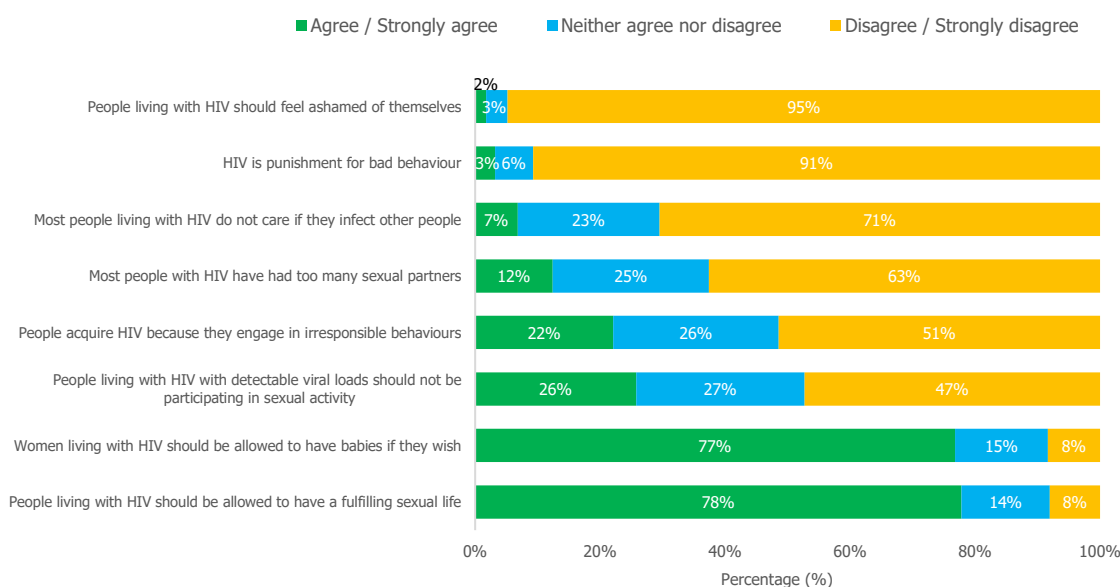


The presence of these biases in the preference for the provision of care can lead to unequal healthcare access and quality of care for these key populations. The reasons provided underline the need for improved educational programmes that not only provide medical training, but also address stigma and discrimination. Healthcare facilities need to incorporate mechanisms to ensure equitable healthcare for all individuals regardless of their background or identity.

### Stigmatising attitudes towards people living with HIV

Respondents were asked about their level of agreement with a series of statements about people living with HIV. A considerable number of respondents rejected stigmatising misconceptions about HIV, for example 47% disagreed with the idea that individuals with detectable viral loads should avoid sexual activity, 51% did not believe that HIV acquisition is exclusively linked to irresponsible behaviour, and 63% disagreed that HIV is necessarily associated with having an excessive number of sexual partners (Figure 28). However, substantial proportions of healthcare workers still reported stigmatising attitudes in terms of their responses to these statements, which were particularly high in the Centre and East sub-regions (Annex 6).

**Figure 28. Proportion of respondents by attitude towards statements about people living with HIV**



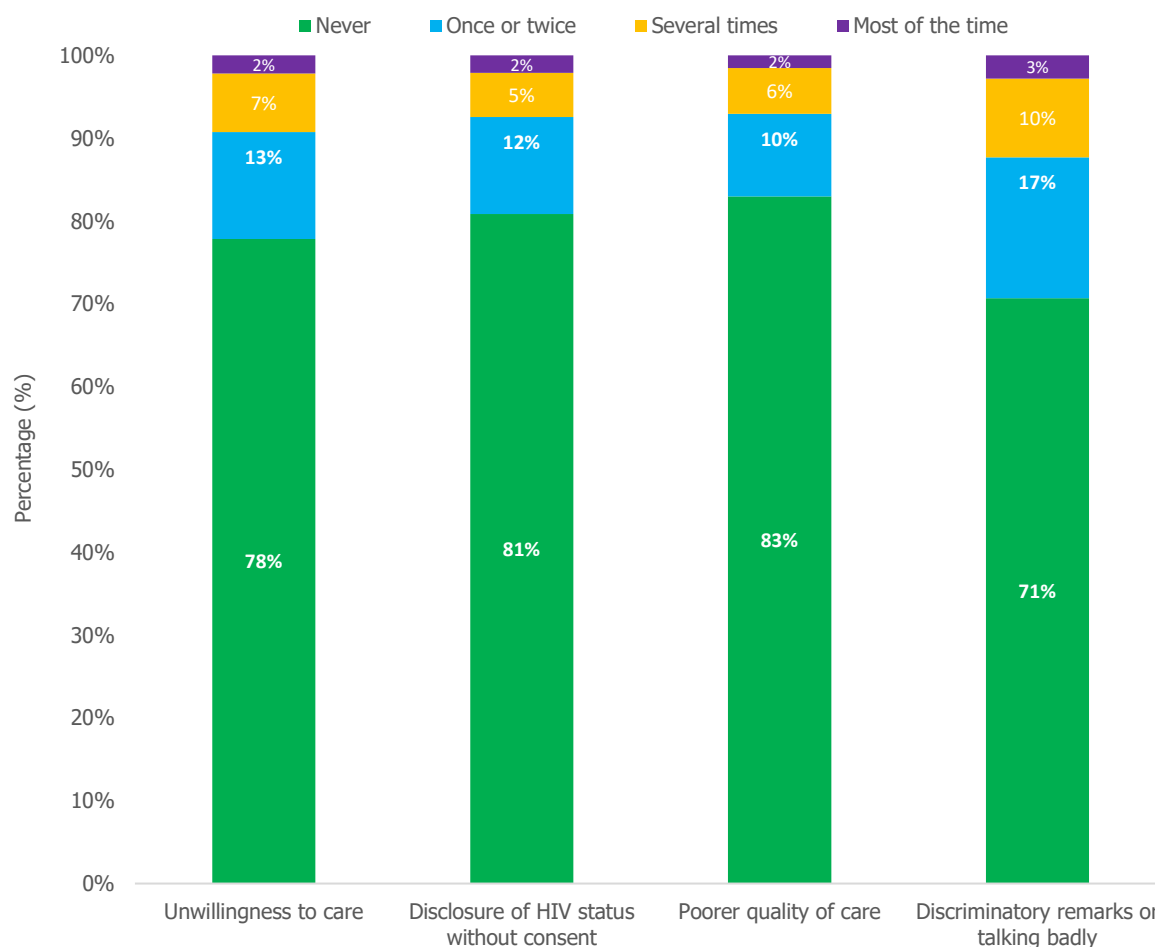
This highlights the persistence of misconceptions about HIV among healthcare workers, which may have ramifications on the care provided, including the sexual health advice providers give to their patients, potentially affecting their quality of life and emotional well-being. This underscores the importance of continuous professional development and training in the healthcare sector to address and reduce stigma and promote a more informed and compassionate approach to HIV care.

## Observed stigma and discrimination in health facilities

Respondents were asked to report whether they had observed stigma and discrimination towards people living with HIV in the health facilities where they worked and how often they had observed this during the past 12 months.

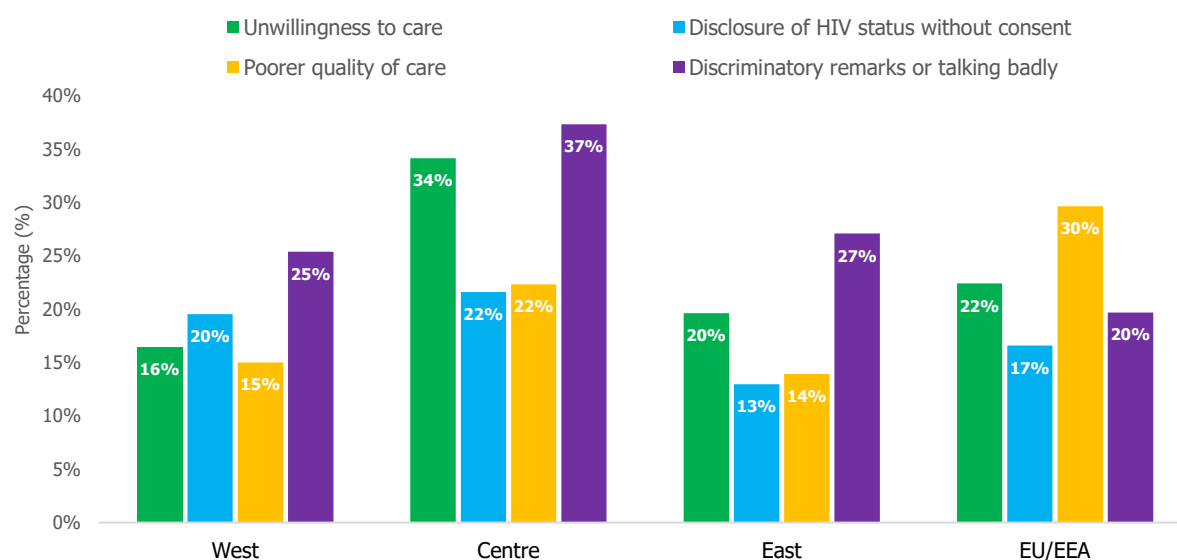
The majority had never observed 'unwillingness to care' (78%), 'disclosure of HIV status without consent' (81%), 'poorer quality of care' (83%), or 'discriminatory remarks or talking badly' (71%) (Figure 29). However, a substantial proportion of respondents had observed this type of behaviour 'once or twice', 'several times', or 'most of the time', highlighting the fact that, while not pervasive, discriminatory practices do occur in healthcare settings. These findings corroborate findings from a recent study where people living with HIV reported experiencing stigma and discrimination in the healthcare setting [20].

**Figure 29. Proportion of respondents who have observed different forms of stigma and discrimination towards people living with HIV at their place of work during the past 12 months, by frequency**



The highest reported observation of stigma and discrimination against people living with HIV occurred in countries of the Centre, with a particularly high number of instances of discriminatory remarks or talking badly (37%) and unwillingness to provide care (34%) (Figure 30). Respondents from countries in the East also reported observing behaviour of this type as the two most common forms of discrimination (27% and 20% respectively) although this was at a slightly lower level. The two leading forms of discrimination in the West were discriminatory remarks or talking badly (25%) and disclosure of HIV status without consent (20%). In the EU/EEA, poorer quality of care (30%) and unwillingness to care (22%) were the most reported forms of discrimination, with poorer quality of care being the most reported across all regions. This underscores the importance of interventions to reduce stigmatising and discriminatory behaviour.

**Figure 30. Proportion of respondents who have observed different forms of stigma and discrimination towards people living with HIV at their workplace during the past 12 months, by geographical region**



## Facilities' HIV policies and practices

Respondents were asked about their healthcare facilities' HIV-related policies and practices, including the following topics:

- a) Guidelines and practices for preventing discrimination against people living with HIV.

The majority of respondents (66%) believed they would face trouble at work for discriminating against people living with HIV (Figure 31a). Similarly, 61% of respondents confirmed that HIV testing without patient consent was not acceptable at their facility. However, less than a third (27%) were aware of written guidelines to protect patients from discrimination.

- b) Protocols and procedures for preventing healthcare workers from HIV infection.

Most respondents reported that their facilities have a PEP protocol in case of needle stick injury (69%) and standardised procedures to reduce the risk of acquiring HIV (65%) (Figure 31b).

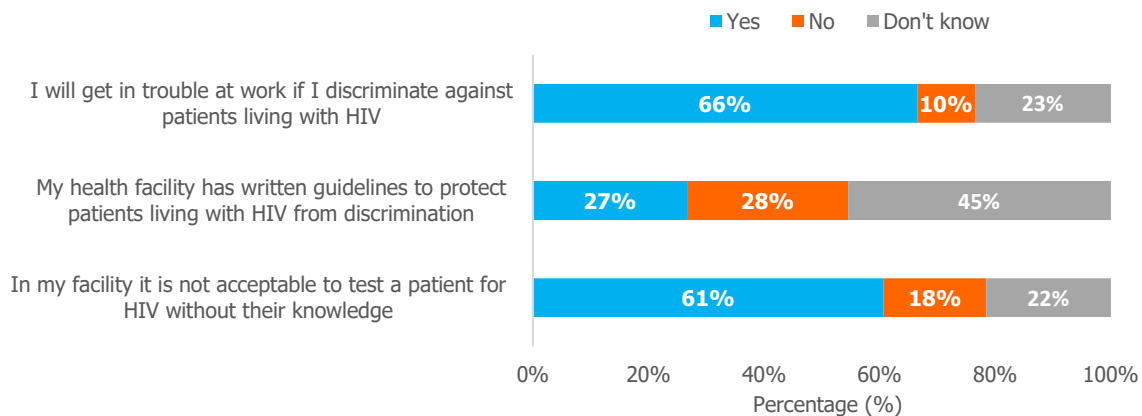
- c) Guidelines and policies that discriminate against people living with HIV.

A worrying minority of respondents indicated that their facilities had guidelines that could be considered discriminatory, such as recommending double-gloving when caring for people living with HIV (16%) and scheduling people living with HIV at the end of operating/procedure lists (17%) (Figure 31c).

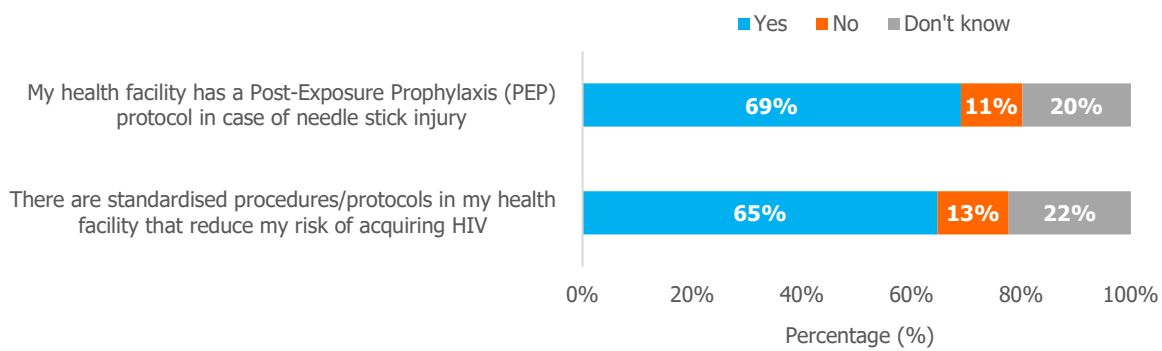
While many facilities had protocols to protect healthcare workers and people living with HIV from infection and discrimination, there was still a lack of awareness or implementation of such guidelines. Moreover, the presence of potentially discriminatory practices indicates a need for policy reform to ensure equitable and non-stigmatising care for all patients.

**Figure 31. Proportion of respondents who report guidelines and procedures at their facility that protect or promote stigma and discrimination towards people living with HIV**

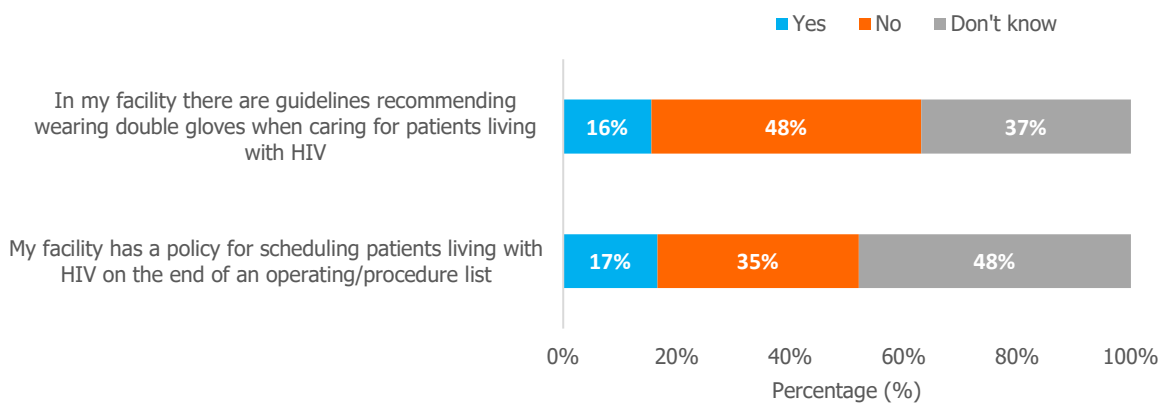
**a) Guidelines and practices for preventing discrimination against people living with HIV**



**b) Protocols and procedures for protecting healthcare workers from HIV infection**



**c) Guidelines and policies that discriminate against people living with HIV**



## 4 Conclusions

The survey findings indicate a pressing need to address HIV-related stigma and discrimination within healthcare settings in Europe and Central Asia. Despite the fact that the majority of healthcare workers did not observe discrimination in their setting, a substantial portion did witness this type of behaviour occasionally, or more frequently. This suggests that discriminatory practices, while not widespread, are still present, affecting the healthcare of people living with HIV.

The survey findings highlight the gaps in HIV-related knowledge among healthcare workers, with less than one-third of the respondents having correct knowledge concerning all three key statements related to HIV transmission and prevention (U=U, PEP, and PrEP). In addition, the level of concern when providing care to people living with HIV (drawing blood and dressing wounds) and the use of excessive infection precaution measures were inversely related to the healthcare workers' level of HIV knowledge. This emphasises the importance of education to reduce stigma and improve the health and well-being of people with HIV, as well as the well-being of healthcare workers when performing their work.

The survey also revealed that a small, but substantial proportion of healthcare workers exhibited reluctance to provide care to key populations at higher risk of HIV (people who inject prohibited drugs, MSM, sex workers, and transgender people), reportedly influenced by a lack of training. These findings underscore the need for changes in policy and enhanced educational efforts that cover both healthcare knowledge and the unacceptability of stigma and discrimination, ensuring ongoing professional development for all healthcare workers.

In addition, the survey uncovered that while many facilities had protocols and guidelines to protect against HIV acquisition and prevent discrimination, there was still a substantial lack of awareness or implementation of these policies in some settings.

The survey underscores the need to implement targeted interventions aimed at different healthcare facilities and healthcare professions to combat HIV-related stigma and discrimination. The variability in HIV knowledge on U=U, PEP, and PrEP across different groups and health facility types suggests that interventions need to be tailored to address specific educational gaps. These targeted educational programmes should cater to the unique roles and responsibilities of each group and healthcare setting.

In conclusion, the report provides insights into the level and characteristics of HIV-related stigma in the healthcare setting in the European region and outlines areas that need to be addressed. If not already available, the inclusion of equality and anti-discrimination training in medical professionals' education programmes, vocational training programmes for other healthcare workers and health services' training for all staff can help effectively combat the reported stigma. Formal policies and guidelines can also assist in this process. Furthermore, there is a need to implement robust processes to help identify practices within organisations that may cause stigma and obtain commitment from these organisations to improve them. The urgent need highlighted by the report's findings will require a co-ordinated, multi-faceted approach across educational and health facilities if we are to eliminate stigma, improve HIV knowledge among healthcare workers, and ensure equitable, non-stigmatising care for all people, ultimately contributing to the global goal of ending AIDS by 2030 [1,19].

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# Annex 1. Questionnaire

## Measuring HIV knowledge and attitudes in healthcare settings

Welcome to the survey measuring HIV knowledge and attitudes in healthcare settings across the European Region.

The European Centre for Disease Prevention and Control (ECDC) and the European AIDS Clinical Society (EACS) are working to better understand HIV knowledge and attitudes in healthcare settings.

If you work in the healthcare sector in a country in Europe or Central Asia, you are invited to take this survey. You should also be aged at least 18 years old.

Your responses will help us identify the needs and priorities of both healthcare workers and people living with HIV so that we can reduce HIV-related negative attitudes and behaviours in healthcare settings.

The survey is anonymous and confidential, and no information will be collected, stored or transferred that allows for the identification of participants (as defined within the EU General Data Protection Regulation). IP addresses will not be recorded. This means you must complete the survey in one session and cannot return later.

The anonymous data will be hosted by ECDC (the data custodian) and processed in accordance with the EU General Data Protection Regulation. The anonymous data will be shared with ECDC academic and community partners in accordance with the EU General Data Protection Regulation.

The survey takes approximately 10 minutes to complete.

You are free to withdraw from the survey anytime. You do not have to answer any questions if you do not want to. If you have any concerns about this study, you can contact Teymur.Noori@ecdc.europa.eu, Ana.Mendez-Lopez@ecdc.europa.eu, and info@eacsociety.org

If you wish to take this survey, please indicate your consent to participate below.

Do you accept to participate in this survey?\* *\* mandatory question*

Yes

No

1. How old are you?

[insert number]

2. What is your gender?

Male

Female

Non-binary

Prefer not to say

3. In what country do you live?\* *\* mandatory question*

[select from list of 54 countries in Europe and Central Asia]

4. In what country were you born?

[select from list of 196 countries and territories]

5. What is your current role? Please, select your main role.

Management

Doctor

Nurse

Allied health professional

Social care/social work

Dental professional

Fellow

Student/intern

Administration (including receptionist)

Other clinical

Other non-clinical

6. What type of health facility do you work in? Please, select according to your main role.

Hospital

Primary care centre / GP clinic

Dental clinic

Community centre

Other clinic, medical office or health centre



7. In what type of department do you primarily work? Please, select according to your main role.

Emergency  
 OBGYN/Antenatal care  
 Dental  
 Paediatric  
 Infectious diseases  
 HIV care  
 Surgical and operating theatres  
 Primary care  
 Oncology  
 Radiology  
 Administrative  
 Managerial  
 Other inpatient care  
 Other outpatient care  
 Other

8. Have you ever worked in a clinic or department that specialises in HIV care and treatment?

No  
 Yes, currently  
 Yes, within the last 5 years (although not currently)  
 Yes, more than 5 years ago

9. How many people living with HIV have you interacted with at work within the past 12 months?

None that I am aware of  
 Less than 5  
 Between 5 and 20  
 More than 20 but less than 50  
 Between 50 and 100  
 More than 100  
 Don't know

10. How many years have you worked in healthcare?

Less than 5 years  
 Between 5 and 10 years  
 Between 10 and 20 years  
 More than 20 years

11. Have you received training in the following subjects? Check all that apply.

Equity, diversity and inclusion  
 Patients' informed consent, privacy, and confidentiality  
 Infection control  
 HIV stigma and discrimination

11b. Did your training in infection control training include post-exposure prophylaxis (PEP)?

Yes  
 No

12. Do you agree or disagree with the following statements?

Agree  
 Disagree  
 Don't know  
 a. People living with HIV who are on effective treatment and have an undetectable viral load cannot transmit the virus sexually  
 b. Taking a short course of HIV medicines after a possible exposure to HIV prevents the virus from taking hold in your body  
 c. Someone who does not have HIV can take HIV medicines to prevent them from getting HIV

13. How worried would you be about getting HIV if you did the following?

If any of the following is not one of your job responsibilities, please select "Not applicable".

Not worried  
 A little worried  
 Worried  
 Very worried  
 Not applicable  
 a. Touched the clothing of a patient living with HIV  
 b. Dressed the wounds of a patient living with HIV  
 c. Drew blood from a patient living with HIV  
 d. Took the temperature of a patient living with HIV

14. Do you typically use any of the following measures when providing care or services for a patient living with HIV?

If any of the following is not one of your job responsibilities, please select "Not applicable".

Yes

No

Not applicable

a. Avoid physical contact

b. Wear double gloves

c. Wear gloves during all aspects of the patient's care

d. Use any special infection-control measures with people living with HIV that you do not use with other patients

15. In the past 12 months, how often have you observed the following in the place you work?

Never

Once or twice

Several times

Most of the time

Not applicable

a. Unwillingness to care for people living with HIV or thought to be living with HIV

b. Poorer quality of care provided to a person living with HIV or thought to be living with HIV, relative to other patients

c. Discriminatory remarks or talking badly about people living with HIV or thought to be living with HIV

d. Disclosure of a person's HIV status without their consent

16. Please, indicate if the following statements are correct in relation to your healthcare facility.

Yes

No

Don't know

a. In my facility it is not acceptable to test a patient for HIV without their knowledge

b. I will get in trouble at work if I discriminate against people living with HIV

c. My health facility has written guidelines to protect people living with HIV from discrimination

d. There are standardised procedures/protocols in my health facility that reduce my risk of acquiring HIV

e. My health facility has a Post-Exposure Prophylaxis (PEP) protocol in case of needlestick injury

f. My facility has a policy for scheduling people living with HIV on the end of an operating/procedure list

g. In my facility there are guidelines recommending wearing double gloves when caring for people living with HIV

17. Do you agree or disagree with the following statements?

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly Disagree

a. People living with HIV should be allowed to have a fulfilling sexual life

b. Women living with HIV should be allowed to have babies if they wish

c. Most people living with HIV have had too many sexual partners

d. People acquire HIV because they engage in irresponsible behaviours

e. HIV is punishment for bad behaviour

f. People living with HIV should feel ashamed of themselves

g. Most people living with HIV do not care if they infect other people

h. People living with HIV with detectable viral loads should not be participating in sexual activity

18. Please tell us if you agree or disagree with the following statements:

If I had a choice, I would prefer not to provide care or services to...

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly Disagree

People who inject prohibited drugs

Men who have sex with men

Sex workers

Transgender men and women

18b. I prefer not to provide care or services to people who inject prohibited drugs because... Check all reasons that apply.

They put me at higher risk for disease

This group engages in immoral behaviour

I have not received training to work with this group

18c. I prefer not to provide care or services to men who have sex with men because... Check all reasons that apply.

They put me at higher risk for disease

This group engages in immoral behaviour

I have not received training to work with this group

18d. I prefer not to provide care or services to sex workers because... Check all reasons that apply.

They put me at higher risk for disease

This group engages in immoral behaviour

I have not received training to work with this group

18e. I prefer not to provide care or services to transgender men and women because... Check all reasons that apply.

They put me at higher risk for disease

This group engages in immoral behaviour

I have not received training to work with this group

Submit

Thank you for participating in the survey!

If you wish to know about the findings, when they become available, you will be able to find them in the social media accounts below or by getting in contact with Teymur.Noori@ecdc.europa.eu, Ana.Mendez-

Lopez@ecdc.europa.eu, or info@eacsociety.org.

We would like to share more information with you about some of the issues addressed in the survey:

Pre-Exposure Prophylaxis and 'Undetectable = Untransmittable' – Click here to see more:

<https://www.ecdc.europa.eu/en/infectious-disease-topics/z-disease-list/hiv-infection-and-aids/prevention-and-control/hiv>.

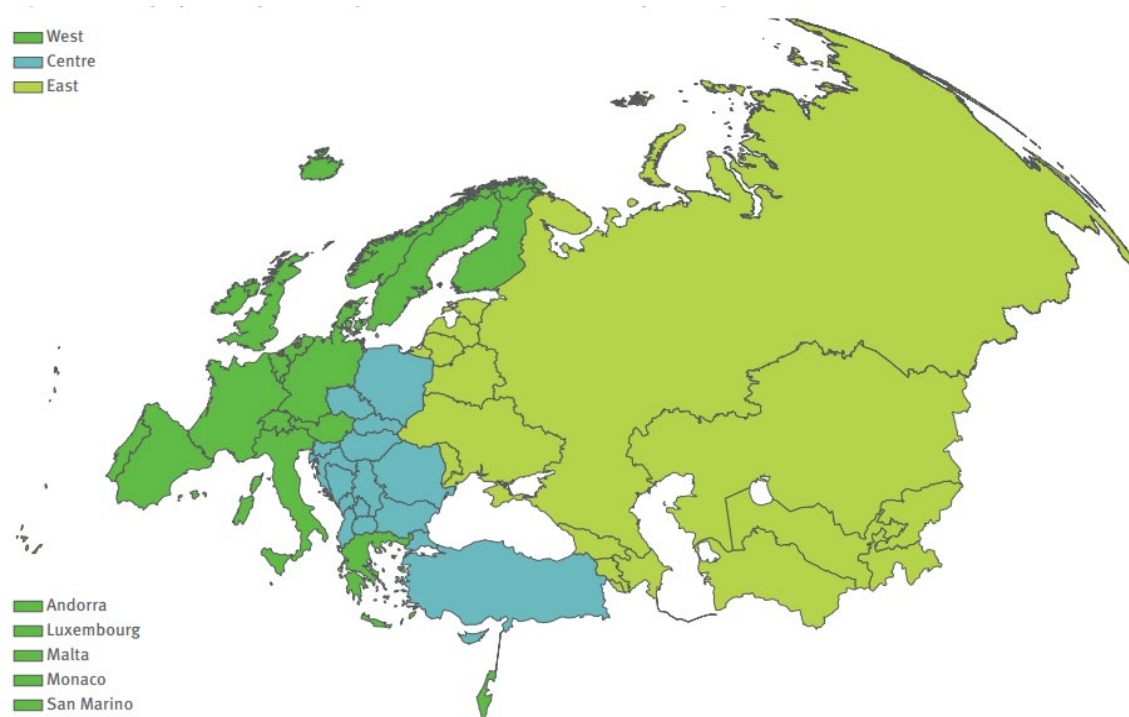
## Annex 2. Sample size

**Table A1. Country sample size and response rate**

| Country                | Number of responses | Response rate per 100 000 |
|------------------------|---------------------|---------------------------|
| Albania                | 187                 | 6.7                       |
| Andorra                | 224                 | 280.6                     |
| Armenia                | 1                   | 0.0                       |
| Austria                | 369                 | 4.1                       |
| Azerbaijan             | 208                 | 2.1                       |
| Belarus                | 367                 | 4.0                       |
| Belgium                | 508                 | 4.3                       |
| Bosnia and Herzegovina | 16                  | 0.5                       |
| Bulgaria               | 91                  | 1.4                       |
| Croatia                | 162                 | 4.2                       |
| Cyprus                 | 116                 | 9.3                       |
| Czechia                | 232                 | 2.2                       |
| Denmark                | 195                 | 3.3                       |
| Estonia                | 116                 | 8.6                       |
| Finland                | 215                 | 3.9                       |
| France                 | 1 314               | 1.9                       |
| Georgia                | 73                  | 2.0                       |
| Germany                | 103                 | 0.1                       |
| Greece                 | 826                 | 7.9                       |
| Hungary                | 160                 | 1.7                       |
| Iceland                | 595                 | 155.8                     |
| Ireland                | 154                 | 3.0                       |
| Israel                 | 334                 | 3.5                       |
| Italy                  | 438                 | 0.7                       |
| Kazakhstan             | 798                 | 4.1                       |
| Kosovo                 | 137                 | 7.8                       |
| Kyrgyzstan             | 69                  | 1.0                       |
| Latvia                 | 282                 | 15.0                      |
| Liechtenstein          | 5                   | 12.7                      |
| Lithuania              | 302                 | 10.7                      |
| Luxembourg             | 26                  | 4.0                       |
| Malta                  | 59                  | 11.1                      |
| Monaco                 | 2                   | 5.5                       |
| Montenegro             | 175                 | 28.4                      |
| Netherlands            | 200                 | 1.1                       |
| North Macedonia        | 218                 | 10.6                      |
| Norway                 | 2                   | <0.1                      |
| Poland                 | 134                 | 0.4                       |
| Portugal               | 807                 | 7.8                       |
| Republic of Moldova    | 19                  | 0.7                       |
| Romania                | 2 618               | 13.7                      |
| Russian Federation     | 269                 | 0.2                       |
| San Marino             | 1                   | 3.0                       |
| Serbia                 | 739                 | 11.1                      |
| Slovakia               | 177                 | 3.3                       |
| Slovenia               | 602                 | 28.5                      |
| Spain                  | 1 167               | 2.4                       |
| Sweden                 | 362                 | 3.5                       |
| Switzerland            | 162                 | 1.8                       |
| Tajikistan             | 4                   | 0.0                       |
| Turkey                 | 260                 | 0.3                       |
| Ukraine                | 259                 | 0.7                       |
| United Kingdom         | 1 569               | 2.3                       |
| Uzbekistan             | 2                   | <0.1                      |

## Annex 3. Geographical division of the WHO European Region

As well as considering the picture for the overall European and Central Asian region, data are presented by WHO sub-region (West, Centre, and East) which broadly groups areas of Europe and Central Asia by geography and epidemic type, as depicted in Figure 3. Data for countries in the EU/EEA are also presented.



The countries covered by the report are grouped as follows:

**West, 24 countries:** Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Liechtenstein, Malta, Monaco, the Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland and the United Kingdom.

**Centre, 16 countries:** Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Hungary, Kosovo, Montenegro, North Macedonia, Poland, Romania, Serbia, Slovakia, Slovenia and Türkiye.

**East, 15 countries:** Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

**EU/EEA, 30 countries:** Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

## Annex 4. Summary statistics in the EU/EEA (n=12 337)

**Table A2. Sample size and missing data, 30 EU/EEA countries**

| Variable  | Missing (n) | Total (n) | Percent missing (%) |
|---|-------------|-----------|---------------------|
| <b>Sociodemographic characteristics of respondents</b>                                |             |           |                     |
| Country   | 0           | 12 337    | 0.0                 |
| Age group   | 682         | 12 337    | 5.5                 |
| Gender  | 10          | 12 337    | 0.1                 |
| Professional role   | 131         | 12 337    | 1.1                 |
| Health facility type  | 122         | 12 337    | 1.0                 |
| Department  | 92          | 12 337    | 0.8                 |
| Number of patients with HIV in the past 12 months                                     | 65          | 12 337    | 0.5                 |
| <b>Training and knowledge on a series of specified topics</b>                         |             |           |                     |
| Training on patients' informed consent, privacy and confidentiality                   | 0           | 12 337    | 0.0                 |
| Training on infection control   | 0           | 12 337    | 0.0                 |
| Training on infection control included PEP *  | 362         | 7 955     | 4.6                 |
| Training on equity, diversity and inclusion   | 0           | 12 337    | 0.0                 |
| Training on HIV stigma and discrimination   | 0           | 12 337    | 0.0                 |
| Knowledge on U=U  | 87          | 12 337    | 0.7                 |
| Knowledge on PEP  | 90          | 12 337    | 0.7                 |
| Knowledge on PrEP   | 94          | 12 337    | 0.8                 |
| <b>Worry and additional precautions when providing care to people living with HIV</b> |             |           |                     |
| Would worry about the following when providing care to a person with HIV:             |             |           |                     |
| Dressed the wounds of a patient living with HIV                                       | 80          | 12 337    | 0.7                 |
| Drew blood from a patient living with HIV   | 103         | 12 337    | 0.8                 |
| Would do the following when providing care to a person with HIV:                      |             |           |                     |
| Avoid physical contact  | 104         | 12 337    | 0.8                 |
| Wear gloves during all aspects of the patients' care                                  | 147         | 12 337    | 1.2                 |
| <b>Preference not to provide care to key populations</b>                              |             |           |                     |
| People who inject prohibited drugs  |             |           |                     |
| I prefer not to provide care to people who inject prohibited drugs                    | 120         | 12 337    | 1.0                 |
| They put me at higher risk for disease *  | 0           | 1 358     | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 1 358     | 0.0                 |
| I have not received training to work with this group *                                | 0           | 1 358     | 0.0                 |
| Men who have sex with men   |             |           |                     |
| I prefer not to provide care to men who have sex with men                             | 127         | 12 337    | 1.0                 |
| They put me at higher risk for disease *  | 0           | 425       | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 425       | 0.0                 |
| I have not received training to work with this group *                                | 0           | 425       | 0.0                 |
| Sex workers   |             |           |                     |
| I prefer not to provide care to sex workers   | 173         | 12 337    | 1.4                 |
| They put me at higher risk for disease *  | 0           | 494       | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 494       | 0.0                 |
| I have not received training to work with this group *                                | 0           | 494       | 0.0                 |
| Transgender men and women   |             |           |                     |
| I prefer not to provide care to transgender men and women                             | 137         | 12 337    | 1.1                 |
| They put me at higher risk for disease *  | 0           | 483       | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 483       | 0.0                 |
| I have not received training to work with this group *                                | 0           | 483       | 0.0                 |
| <b>Attitudes towards statements about people living with HIV</b>                      |             |           |                     |
| People living with HIV should be allowed to have a fulfilling sexual life.            | 118         | 12 337    | 1.0                 |
| Women living with HIV should be allowed to have babies if they wish.                  | 137         | 12 337    | 1.1                 |
| Most people living with HIV have had too many sexual partners.                        | 114         | 12 337    | 0.9                 |

| Variable  | Missing (n) | Total (n) | Percent missing (%) |
|---|-------------|-----------|---------------------|
| People acquire HIV because they engage in irresponsible behaviours.   | 119         | 12 337    | 1.0                 |
| HIV is punishment for bad behaviour.  | 114         | 12 337    | 0.9                 |
| People living with HIV should feel ashamed of themselves.   | 131         | 12 337    | 1.1                 |
| Most people living with HIV do not care if they infect other people.  | 120         | 12 337    | 1.0                 |
| People living with HIV with detectable viral loads should not be participating in sexual activity             | 150         | 12 337    | 1.2                 |
| <b>Observed discrimination in health facilities during the past 12 months</b>                                 |             |           |                     |
| Unwillingness to care for people living with HIV or thought   | 94          | 12 337    | 0.8                 |
| Poorer quality of care provided to a person living with HIV   | 124         | 12 337    | 1.0                 |
| Discriminatory remarks or talking badly about people living   | 119         | 12 337    | 1.0                 |
| Disclosure of a persons HIV status without their consent  | 121         | 12 337    | 1.0                 |
| <b>Facilities' HIV policies and practices</b>   |             |           |                     |
| In my facility it is not acceptable to test a patient for HIV without their knowledge                         | 149         | 12 337    | 1.2                 |
| I will get in trouble at work if I discriminate against patients living with HIV                              | 157         | 12 337    | 1.3                 |
| My health facility has written guidelines to protect patients living with HIV from discrimination             | 152         | 12 337    | 1.2                 |
| There are standardised procedures/protocols in my health facility that reduce my risk of acquiring HIV        | 164         | 12 337    | 1.3                 |
| My health facility has a Post-Exposure Prophylaxis (PEP) protocol in case of needlestick injury               | 183         | 12 337    | 1.5                 |
| My facility has a policy for scheduling patients living with HIV on the end of an operating/procedure list    | 184         | 12 337    | 1.5                 |
| In my facility there are guidelines recommending wearing double gloves when caring for people living with HIV | 182         | 12 337    | 1.5                 |

Note: \* denotes this was a filter question.



**Table A3. Sociodemographic characteristics of respondents, 30 EU/EEA countries**

|  | Frequency | Percent |
|--|-----------|---------|
| <b>Age group</b>   |           |         |
| Less than 25   | 411       | 3.5     |
| 25-34  | 2,955     | 25.4    |
| 35-44  | 3,125     | 26.8    |
| 45-54  | 2,785     | 23.9    |
| 55-64  | 1,929     | 16.6    |
| 65 and older   | 450       | 3.9     |
| <b>Gender</b>  |           |         |
| Male   | 3,113     | 25.3    |
| Female   | 9,127     | 74.0    |
| Non-binary   | 36        | 0.3     |
| Prefer not to say  | 51        | 0.4     |
| <b>Professional role</b>                                 |           |         |
| Management   | 353       | 2.9     |
| Doctor   | 5,316     | 43.6    |
| Nurse  | 2,660     | 21.8    |
| Allied health professional                               | 1,084     | 8.9     |
| Social care/social work                                  | 164       | 1.3     |
| Dental professional                                      | 348       | 2.9     |
| Fellow   | 362       | 3.0     |
| Student/intern   | 525       | 4.3     |
| Administration (including receptionist)                  | 374       | 3.1     |
| Other clinical   | 674       | 5.5     |
| Other non-clinical                                       | 346       | 2.8     |
| <b>Health facility type</b>                              |           |         |
| Hospital   | 7,711     | 63.1    |
| Primary care centre / GP clinic                          | 1,753     | 14.4    |
| Dental clinic  | 361       | 3.0     |
| Community centre   | 371       | 3.0     |
| Other clinic, medical office or health centre            | 2,019     | 16.5    |
| <b>Department</b>  |           |         |
| Emergency  | 575       | 4.7     |
| OBGYN/Antenatal care                                     | 399       | 3.3     |
| Dental   | 434       | 3.5     |
| Paediatric   | 447       | 3.7     |
| Infectious diseases                                      | 1,673     | 13.7    |
| HIV care   | 470       | 3.8     |
| Surgical and operating theatres                          | 801       | 6.5     |
| Primary care   | 1,382     | 11.3    |
| Oncology   | 232       | 1.9     |
| Radiology  | 209       | 1.7     |
| Administrative   | 323       | 2.6     |
| Managerial   | 273       | 2.2     |
| Other inpatient care                                     | 1,673     | 13.7    |
| Other outpatient care                                    | 941       | 7.7     |
| Other  | 2,413     | 19.7    |
| <b>Number of patients with HIV in the past 12 months</b> |           |         |
| None that I am aware of                                  | 4,472     | 36.4    |
| Less than 5  | 3,489     | 28.4    |
| Between 5 and 20   | 1,464     | 11.9    |
| More than 20 but less than 50                            | 578       | 4.7     |
| Between 50 and 100                                       | 341       | 2.8     |
| More than 100  | 1,072     | 8.7     |
| Don't know   | 856       | 7.0     |

**Table A4. Training and knowledge on a series of specified topics, 30 EU/EEA countries**

|  | Frequency | Percent |
|--|-----------|---------|
| <b>Training on patients' informed consent, privacy and confidentiality</b> |           |         |
| No   | 8 519     | 69.1    |
| Yes  | 3 818     | 31.0    |
| <b>Training on infection control</b>                                       |           |         |
| No   | 4 382     | 35.5    |
| Yes  | 7 955     | 64.5    |
| <b>Training on infection control included PEP</b>                          |           |         |
| No   | 2 931     | 38.6    |
| Yes  | 4 662     | 61.4    |
| <b>Training on equity, diversity and inclusion</b>                         |           |         |
| No   | 4 683     | 38.0    |
| Yes  | 7 654     | 62.0    |
| <b>Training on HIV stigma and discrimination</b>                           |           |         |
| No   | 9 377     | 76.0    |
| Yes  | 2 960     | 24.0    |
| <b>Knowledge on U=U</b>  |           |         |
| Agree  | 7 795     | 63.6    |
| Disagree   | 2 877     | 23.5    |
| Don't know   | 1 578     | 12.9    |
| <b>Knowledge on PEP</b>  |           |         |
| Agree  | 7 017     | 57.3    |
| Disagree   | 2 719     | 22.2    |
| Don't know   | 2 511     | 20.5    |
| <b>Knowledge on PrEP</b>   |           |         |
| Agree  | 4 966     | 40.6    |
| Disagree   | 5 779     | 47.2    |
| Don't know   | 1 498     | 12.2    |

**Table A5. Concern and additional precautions when providing care to people living with HIV, 30 EU/EEA countries**

|  | Frequency | Percent |
|--|-----------|---------|
| <b>Would worry about the following when providing care to a person with HIV:</b> |           |         |
| <b>Dressed the wounds of a patient living with HIV</b>                           |           |         |
| Not worried  | 4 892     | 39.9    |
| A little worried   | 3 009     | 24.6    |
| Worried  | 1 306     | 10.7    |
| Very worried   | 758       | 6.2     |
| Not applicable   | 2 292     | 18.7    |
| <b>Drew blood from a patient living with HIV</b>                                 |           |         |
| Not worried  | 4 389     | 35.9    |
| A little worried   | 2 911     | 23.8    |
| Worried  | 1 311     | 10.7    |
| Very worried   | 931       | 7.6     |
| Not applicable   | 2 692     | 22.0    |
| <b>Would do the following when providing care to a person with HIV:</b>          |           |         |
| <b>Avoid physical contact</b>  |           |         |
| Yes  | 721       | 5.9     |
| No   | 9 278     | 75.8    |
| Not applicable   | 2 234     | 18.3    |
| <b>Wear gloves during all aspects of the patients' care</b>                      |           |         |
| Yes  | 5 271     | 43.2    |
| No   | 3 844     | 31.5    |
| Not applicable   | 3 075     | 25.2    |

**Table A6. Preference not to provide care to key populations, 30 EU/EEA countries**

|  | Frequency | Percent |
|--|-----------|---------|
| <b>People who inject prohibited drugs</b>  |           |         |
| <b>I prefer not to provide care to people who inject prohibited drugs</b>                |           |         |
| Strongly Agree   | 449       | 3.7     |
| Agree  | 909       | 7.4     |
| Neither agree nor disagree   | 1 515     | 12.4    |
| Disagree   | 3 480     | 28.5    |
| Strongly Disagree  | 5 864     | 48.0    |
| <b>Reasons for preferring not to provide care to people who inject prohibited drugs:</b> |           |         |
| <b>They put me at higher risk for disease</b>  |           |         |
| No   | 741       | 54.6    |
| Yes  | 617       | 45.4    |
| <b>This group engages in immoral behaviour</b>   |           |         |
| No   | 783       | 57.7    |
| Yes  | 575       | 42.3    |
| <b>I have not received training to work with this group</b>                              |           |         |
| No   | 664       | 48.9    |
| Yes  | 694       | 51.1    |
| <b>Men who have sex with men</b>   |           |         |
| <b>I prefer not to provide care to men who have sex with men</b>                         |           |         |
| Strongly Agree   | 184       | 1.5     |
| Agree  | 241       | 2.0     |
| Neither agree nor disagree   | 924       | 7.6     |
| Disagree   | 3 280     | 26.9    |
| Strongly Disagree  | 7 581     | 62.1    |
| <b>Reasons for preferring not to provide care to men who have sex with men</b>           |           |         |
| <b>They put me at higher risk for disease</b>  |           |         |
| No   | 292       | 68.7    |
| Yes  | 133       | 31.3    |
| <b>This group engages in immoral behaviour</b>   |           |         |
| No   | 218       | 51.3    |
| Yes  | 207       | 48.7    |
| <b>I have not received training to work with this group</b>                              |           |         |
| No   | 225       | 52.9    |
| Yes  | 200       | 47.1    |
| <b>Sex workers</b>   |           |         |
| <b>I prefer not to provide care to sex workers</b>                                       |           |         |
| Strongly Agree   | 183       | 1.5     |
| Agree  | 311       | 2.6     |
| Neither agree nor disagree   | 1 027     | 8.4     |
| Disagree   | 3 396     | 27.9    |
| Strongly Disagree  | 7 247     | 59.6    |
| <b>Reasons for preferring not to provide care to sex workers</b>                         |           |         |
| <b>They put me at higher risk for disease</b>  |           |         |
| No   | 264       | 53.4    |
| Yes  | 230       | 46.6    |
| <b>This group engages in immoral behaviour</b>   |           |         |
| No   | 275       | 55.7    |
| Yes  | 219       | 44.3    |
| <b>I have not received training to work with this group</b>                              |           |         |
| No   | 271       | 54.9    |
| Yes  | 223       | 45.1    |
| <b>Transgender men and women</b>   |           |         |
| <b>I prefer not to provide care to transgender men and women</b>                         |           |         |
| Strongly Agree   | 204       | 1.7     |
| Agree  | 279       | 2.3     |
| Neither agree nor disagree   | 989       | 8.1     |
| Disagree   | 3 281     | 26.9    |
| Strongly Disagree  | 7 447     | 61.0    |
| <b>Reasons for preferring not to provide care to transgender men and women</b>           |           |         |
| <b>They put me at higher risk for disease</b>  |           |         |
| No   | 342       | 70.8    |
| Yes  | 141       | 29.2    |
| <b>This group engages in immoral behaviour</b>   |           |         |
| No   | 264       | 54.7    |
| Yes  | 219       | 45.3    |
| <b>I have not received training to work with this group</b>                              |           |         |
| No   | 231       | 47.8    |
| Yes  | 252       | 52.2    |

**Table A7. Attitudes towards statements about people living with HIV, 30 EU/EEA countries**

|  | Frequency | Percent |
|--|-----------|---------|
| <b>Agreement with the following statements about people living with HIV:</b>                             |           |         |
| <b>People living with HIV should be allowed to have a fulfilling sexual life.</b>                        |           |         |
| Strongly Agree   | 6 833     | 55.9    |
| Agree  | 3 131     | 25.6    |
| Neither agree nor disagree   | 1 625     | 13.3    |
| Disagree   | 447       | 3.7     |
| Strongly Disagree  | 183       | 1.5     |
| <b>Women living with HIV should be allowed to have babies if they wish.</b>                              |           |         |
| Strongly Agree   | 6 525     | 53.5    |
| Agree  | 3 062     | 25.1    |
| Neither agree nor disagree   | 1 800     | 14.8    |
| Disagree   | 593       | 4.9     |
| Strongly Disagree  | 220       | 1.8     |
| <b>Most people living with HIV have had too many sexual partners.</b>                                    |           |         |
| Strongly Agree   | 314       | 2.6     |
| Agree  | 896       | 7.3     |
| Neither agree nor disagree   | 3 323     | 27.2    |
| Disagree   | 4 109     | 33.6    |
| Strongly Disagree  | 3 581     | 29.3    |
| <b>People acquire HIV because they engage in irresponsible behaviour.</b>                                |           |         |
| Strongly Agree   | 528       | 4.3     |
| Agree  | 1 756     | 14.4    |
| Neither agree nor disagree   | 3 563     | 29.2    |
| Disagree   | 3 665     | 30.0    |
| Strongly Disagree  | 2 706     | 22.2    |
| <b>HIV is punishment for bad behaviour.</b>  |           |         |
| Strongly Agree   | 85        | 0.7     |
| Agree  | 122       | 1.0     |
| Neither agree nor disagree   | 634       | 5.2     |
| Disagree   | 3 075     | 25.2    |
| Strongly Disagree  | 8 307     | 68.0    |
| <b>People living with HIV should feel ashamed of themselves.</b>   |           |         |
| Strongly Agree   | 55        | 0.5     |
| Agree  | 59        | 0.5     |
| Neither agree nor disagree   | 323       | 2.7     |
| Disagree   | 2 777     | 22.8    |
| Strongly Disagree  | 8 992     | 73.7    |
| <b>Most people living with HIV do not care if they infect other people.</b>                              |           |         |
| Strongly Agree   | 111       | 0.9     |
| Agree  | 430       | 3.5     |
| Neither agree nor disagree   | 2 690     | 22.0    |
| Disagree   | 4 712     | 38.6    |
| Strongly Disagree  | 4 274     | 35.0    |
| <b>People living with HIV with detectable viral loads should not be participating in sexual activity</b> |           |         |
| Strongly Agree   | 1 041     | 8.5     |
| Agree  | 1 809     | 14.8    |
| Neither agree nor disagree   | 3 291     | 27.0    |
| Disagree   | 3 707     | 30.4    |
| Strongly Disagree  | 2 339     | 19.2    |

**Table A8. Observed discrimination in health facilities during the past 12 months, 30 EU/EEA countries**

|   | Frequency | Percent |
|---|-----------|---------|
| <b>Different forms of stigma and discrimination towards people living with HIV in the place they work during the past 12 months</b> |           |         |
| <b>Unwillingness to care for people living with HIV or thought</b>  |           |         |
| Never   | 7 382     | 60.3    |
| Once or twice   | 1 257     | 10.3    |
| Several times   | 694       | 5.7     |
| Most of the time  | 181       | 1.5     |
| Not applicable  | 2 729     | 22.3    |
| <b>Poorer quality of care provided to a person living with HIV</b>  |           |         |
| Never   | 7 891     | 64.6    |
| Once or twice   | 942       | 7.7     |
| Several times   | 516       | 4.2     |
| Most of the time  | 111       | 0.9     |
| Not applicable  | 2 753     | 22.5    |
| <b>Discriminatory remarks or talking badly about people living</b>  |           |         |
| Never   | 7 065     | 57.8    |
| Once or twice   | 1 793     | 14.7    |
| Several times   | 935       | 7.7     |
| Most of the time  | 250       | 2.1     |
| Not applicable  | 2 175     | 17.8    |
| <b>Disclosure of a person's HIV status without their consent</b>  |           |         |
| Never   | 7 892     | 64.6    |
| Once or twice   | 1 168     | 9.6     |
| Several times   | 545       | 4.5     |
| Most of the time  | 223       | 1.8     |
| Not applicable  | 2 388     | 19.6    |

**Table A9. HIV policies and practices of facilities, 30 EU/EEA countries**

|  | Frequency | Percent |
|--|-----------|---------|
| <b>Guidelines and procedures in their health facility that either protect or promote stigma and discrimination towards people living with HIV:</b> |           |         |
| <b>In my facility it is not acceptable to test a patient for HIV without their knowledge</b>   |           |         |
| Yes  | 7 322     | 60.1    |
| No   | 2 116     | 17.4    |
| Don't know   | 2 750     | 22.6    |
| <b>I will get in trouble at work if I discriminate against patients living with HIV</b>  |           |         |
| Yes  | 7 889     | 64.8    |
| No   | 1 273     | 10.5    |
| Don't know   | 3 018     | 24.8    |
| <b>My health facility has written guidelines to protect patients living with HIV from discrimination</b>   |           |         |
| Yes  | 2 600     | 21.3    |
| No   | 3 736     | 30.7    |
| Don't know   | 5 849     | 48.0    |
| <b>There are standardised procedures/protocols in my health facility that reduce my risk of acquiring HIV</b>                                      |           |         |
| Yes  | 7 530     | 61.9    |
| No   | 1 767     | 14.5    |
| Don't know   | 2 876     | 23.6    |
| <b>My health facility has a Post-Exposure Prophylaxis (PEP) protocol in case of needlestick injury</b>   |           |         |
| Yes  | 8 354     | 68.7    |
| No   | 1 396     | 11.5    |
| Don't know   | 2 404     | 19.8    |
| <b>My facility has a policy for scheduling patients living with HIV on the end of an operating/procedure list</b>                                  |           |         |
| Yes  | 1 866     | 15.4    |
| No   | 4 502     | 37.0    |
| Don't know   | 5 785     | 47.6    |
| <b>In my facility there are guidelines recommending wearing double gloves when caring for people living with HIV</b>                               |           |         |
| Yes  | 1 552     | 12.8    |
| No   | 5 947     | 48.9    |

|            |       |      |
|------------|-------|------|
| Don't know | 4 656 | 38.3 |
|------------|-------|------|

## Annex 5. Missing data per variable for Europe and Central Asia (N=18 430)

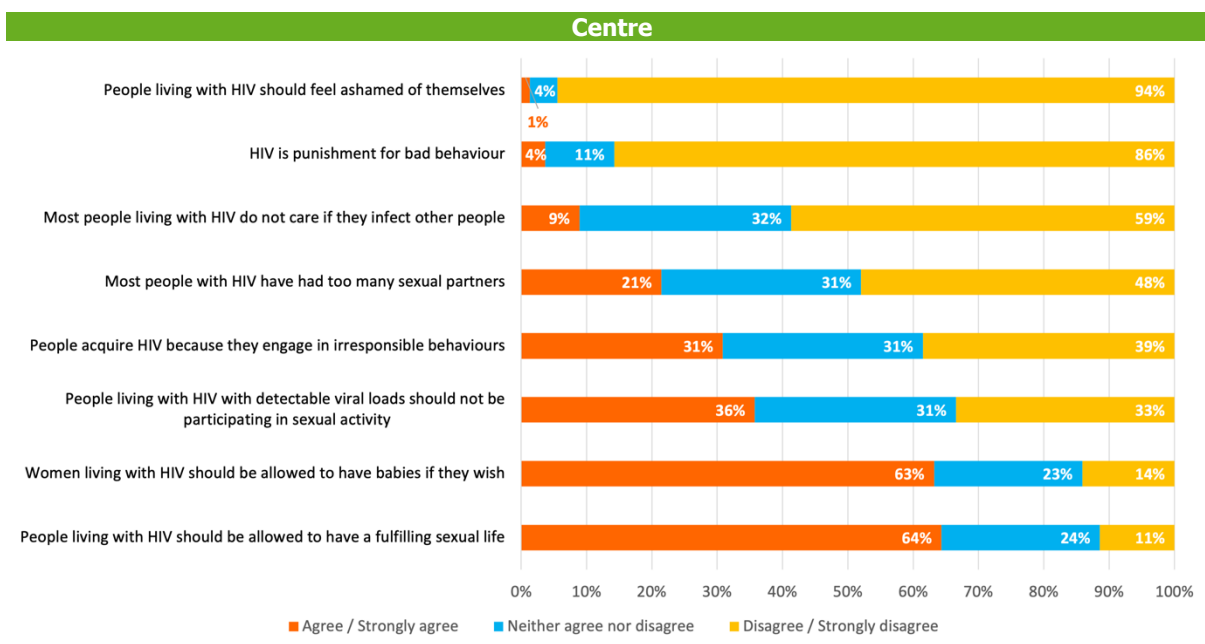
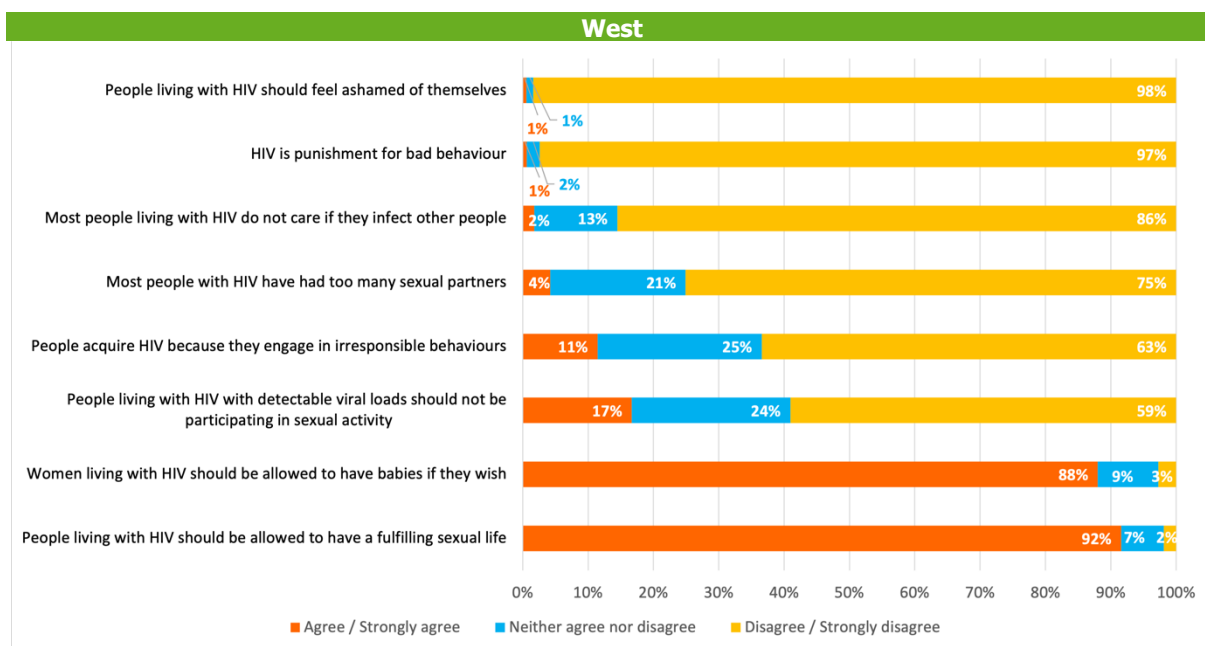
| Variable  | Missing (n) | Total (n) | Percent missing (%) |
|---|-------------|-----------|---------------------|
| <b>Sociodemographic characteristics of respondents</b>                                |             |           |                     |
| Country   | 0           | 18 430    | 0.0                 |
| Age group   | 1 247       | 18 430    | 6.8                 |
| Gender  | 18          | 18 430    | 0.1                 |
| Professional role   | 199         | 18 430    | 1.1                 |
| Health facility type  | 178         | 18 430    | 1.0                 |
| Department  | 150         | 18 430    | 0.8                 |
| Number of patients with HIV in the past 12 months                                     | 127         | 18 430    | 0.7                 |
| <b>Training and knowledge on a series of specified topics</b>                         |             |           |                     |
| Training on patients' informed consent, privacy and confidentiality                   | 0           | 18 430    | 0.0                 |
| Training on infection control   | 0           | 18 430    | 0.0                 |
| Training on infection control included PEP *  | 704         | 12 061    | 5.8                 |
| Training on equity, diversity and inclusion   | 0           | 18 430    | 0.0                 |
| Training on HIV stigma and discrimination   | 0           | 18 430    | 0.0                 |
| Knowledge on U=U  | 142         | 18 430    | 0.8                 |
| Knowledge on PEP  | 172         | 18 430    | 0.9                 |
| Knowledge on PrEP   | 191         | 18 430    | 1.0                 |
| <b>Worry and additional precautions when providing care to people living with HIV</b> |             |           |                     |
| <b>Would worry about the following when providing care to a person with HIV:</b>      |             |           |                     |
| Dressed the wounds of a patient living with HIV                                       | 144         | 18 430    | 0.8                 |
| Drew blood from a patient living with HIV   | 168         | 18 430    | 0.9                 |
| <b>Would do the following when providing care to a person with HIV:</b>               |             |           |                     |
| Avoid physical contact  | 187         | 18 430    | 1.0                 |
| Wear gloves during all aspects of the patients' care                                  | 238         | 18 430    | 1.3                 |
| <b>Preference not to provide care to key populations</b>                              |             |           |                     |
| <b>People who inject prohibited drugs</b>   |             |           |                     |
| I prefer not to provide care to people who inject prohibited drugs                    | 183         | 18 430    | 1.0                 |
| They put me at higher risk for disease *  | 0           | 2 217     | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 2 217     | 0.0                 |
| I have not received training to work with this group *                                | 0           | 2 217     | 0.0                 |
| <b>Men who have sex with men</b>  |             |           |                     |
| I prefer not to provide care to men who have sex with men                             | 207         | 18 430    | 1.1                 |
| They put me at higher risk for disease *  | 0           | 1 043     | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 1 043     | 0.0                 |
| I have not received training to work with this group *                                | 0           | 1 043     | 0.0                 |
| <b>Sex workers</b>  |             |           |                     |
| I prefer not to provide care to sex workers   | 268         | 18 430    | 1.5                 |
| They put me at higher risk for disease *  | 0           | 1 067     | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 1 067     | 0.0                 |
| I have not received training to work with this group *                                | 0           | 1 067     | 0.0                 |
| <b>Transgender men and women</b>  |             |           |                     |
| I prefer not to provide care to transgender men and women                             | 234         | 18 430    | 1.3                 |
| They put me at higher risk for disease *  | 0           | 1 072     | 0.0                 |
| This group engages in immoral behaviour *   | 0           | 1 072     | 0.0                 |
| I have not received training to work with this group *                                | 0           | 1 072     | 0.0                 |
| <b>Attitudes towards statements about people living with HIV</b>                      |             |           |                     |
| People living with HIV should be allowed to have a fulfilling sexual life.            | 190         | 18 430    | 1.0                 |
| Women living with HIV should be allowed to have babies if they wish.                  | 225         | 18 430    | 1.2                 |
| Most people living with HIV have had too many sexual partners.                        | 202         | 18 430    | 1.1                 |

| Variable  | Missing (n) | Total (n) | Percent missing (%) |
|---|-------------|-----------|---------------------|
| People acquire HIV because they engage in irresponsible behaviours.   | 192         | 18 430    | 1.0                 |
| HIV is punishment for bad behaviour.  | 193         | 18 430    | 1.1                 |
| People living with HIV should feel ashamed of themselves.   | 215         | 18 430    | 1.2                 |
| Most people living with HIV do not care if they infect other people.  | 206         | 18 430    | 1.1                 |
| People living with HIV with detectable viral loads should not be participating in sexual activity             | 223         | 18 430    | 1.2                 |
| <b>Observed discrimination in health facilities during the past 12 months</b>                                 |             |           |                     |
| Unwillingness to care for people living with HIV or thought   | 168         | 18 430    | 0.9                 |
| Poorer quality of care provided to a person living with HIV   | 214         | 18 430    | 1.2                 |
| Discriminatory remarks or talking badly about people living   | 209         | 18 430    | 1.1                 |
| Disclosure of a persons HIV status without their consent  | 212         | 18 430    | 1.2                 |
| <b>Facilities' HIV policies and practices</b>   |             |           |                     |
| In my facility it is not acceptable to test a patient for HIV without their knowledge                         | 226         | 18 430    | 1.2                 |
| I will get in trouble at work if I discriminate against patients living with HIV                              | 250         | 18 430    | 1.4                 |
| My health facility has written guidelines to protect patients living with HIV from discrimination             | 245         | 18 430    | 1.3                 |
| There are standardised procedures/protocols in my health facility that reduce my risk of acquiring HIV        | 261         | 18 430    | 1.4                 |
| My health facility has a Post-Exposure Prophylaxis (PEP) protocol in case of needlestick injury               | 288         | 18 430    | 1.6                 |
| My facility has a policy for scheduling patients living with HIV on the end of an operating/procedure list    | 306         | 18 430    | 1.7                 |
| In my facility there are guidelines recommending wearing double gloves when caring for people living with HIV | 305         | 18 430    | 1.7                 |

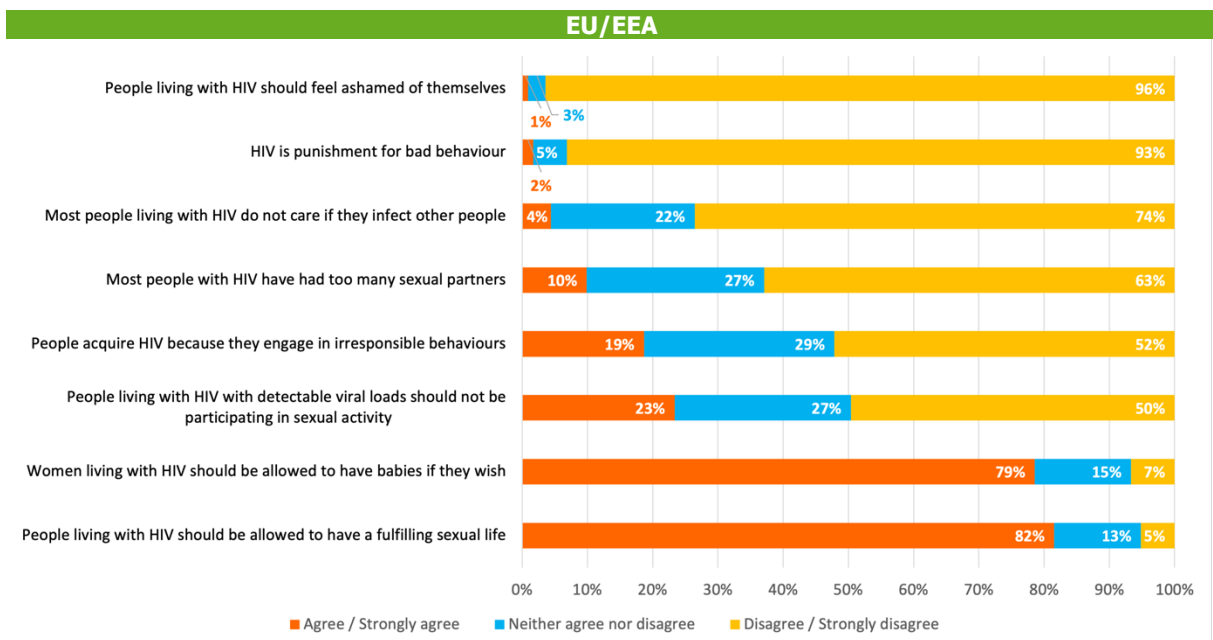
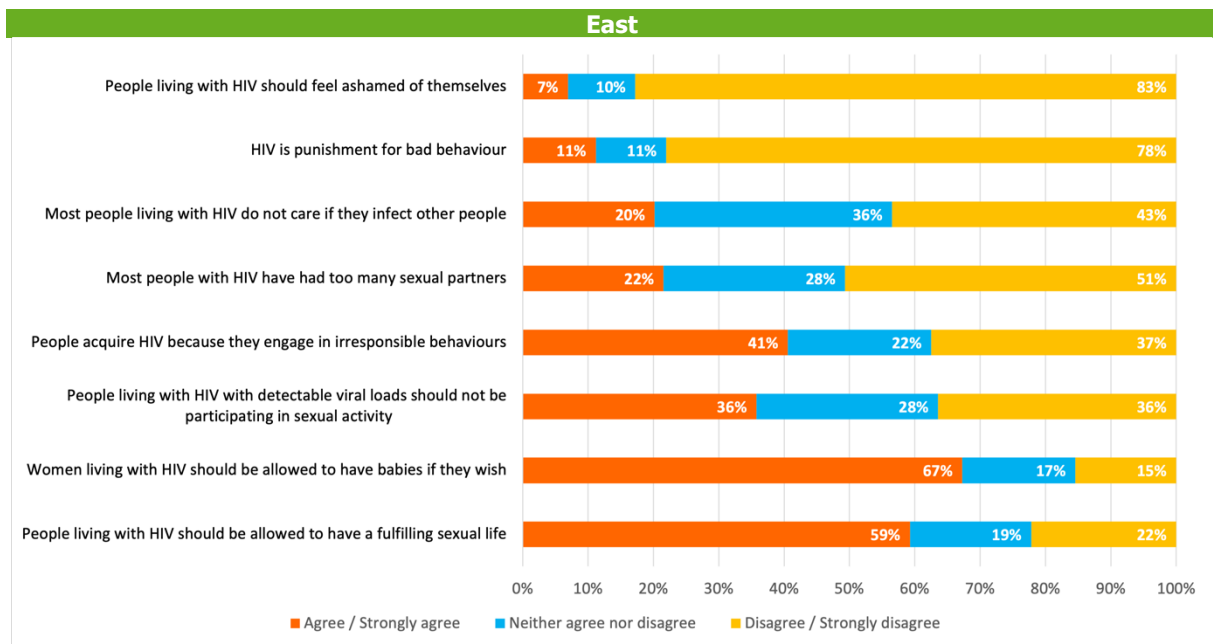
Note: \* denotes filter question.

# Annex 6. Regional differences in attitudes towards statements about people living with HIV

**Figure A1. Proportion of respondents by attitude towards statements about people living with HIV, by geographical area (%)**







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