CHALLENGES IN IMPLEMENTING ANTI-STIGMA INTERVENTIONS IN CONTEXT OF COVID-19

INSIGHTS FROM PUBLIC HEALTH EXPERTS

STIPEX

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INTRODUCTION

The COVID-19 pandemic was both a global health crisis and a catalyst for stigmatization (e.g., of people with symptoms or vaccination hesitancy). Stigma discouraged individuals' adherence to safety measures and help seeking, accelerating infection dynamics and challenging pandemic management [1, 2, 3, 4]. It also lead to further social and psychological stress [3, 5]. Moreover, the pandemic lead to increased intersectional stigma, with multiple stigmatization of ethnicity, age, and occupation, concurrent to COVID-19 stigma [6, 7]. Despite early recognition of stigmatization as a public health challenge, anti-stigma interventions (**ASI**) were rarely implemented.

This study examines why this gap exists and how it can be addressed.

RESEARCH QUESTIONS

1. **What ASI** were implemented in the pandemic?
2. Were **intersectional aspects** taken into account?
3. To what extent were the ASI **evaluated**?
4. How should the ASI be **implemented**?
5. What are **recommendations regarding future pandemics**?

METHODS

Semi-structured interviews to explore the experiences of public health experts from research and practice in Germany

Data collection: October 2023 – November 2024

Data analysis: Qualitative content analysis [8]

SAMPLE

Expert	Age	Gender	PBG	Job	YE
PE01	41	f	MED	Physician	0
PE02	36	f	HC	Healthcare professional	3
PE03	47	f	HC, PSY	Professor, psychotherapist	20
PE04	32	f	HC	Healthcare professional	1
PE05	40	f	SOC	Psychologist	12
PE06	37	m	PSY	Professor	2
PE07	66	m	MED	Physician	40
PE08	46	f	PSY	Scientist	2

Notes. PBG = Professional background. MED = Medicine, HC = Healthcare, PSY = Psychology, SOC = Social sciences. YE = Years of experience with stigma.

RESULTS

1 DIRECT ASI

- Discussing stigmatizing attitudes *1
- Reflection
- Public communication *2
- Communication guidelines *2
- Brief intervention
- Trainings / workshops *3

INDIRECT ASI

- Educational work
- Distribution of protective measures
- Mentioning positive examples *2

2 INTERSECTIONAL ASPECTS

- Migration background*1
- Age*2
- Gender*3

3 EVALUATION OF ASI

ASI were rarely evaluated ➡ Reasons:

- Lack of capacity
- Difficult to implement

4 IMPLEMENTATION OF ASI

- Staff
- Creativity / flexibility
- Funding
- Understanding stigmatizing attitudes
- Scientific positioning
- Participatory work with those affected
- Committee for anti-stigma work

5 RECOMMENDATIONS

- Draw on learnings from past pandemics
- Expand / consolidate stigma research
- Evaluate ASI
- Diversity in ASI
- Participatory development of ASI with target group
- Cooperation with existing healthcare institutions
- Preventive / sustained ASI
- Better health / risk communication
- Ensuring access to healthcare for everyone

CONCLUSIONS

Findings highlight the need for **stronger collaboration between research and practice** to develop, implement, and **evaluate evidence-based** ASI. Future ASI should be **tailored to specific groups**, ensure **linguistic accessibility**, and **follow established principles of behavior change and risk communication**.

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