

GLOBAL PARTNERSHIP

FOR ACTION TO ELIMINATE ALL FORMS OF

HIV -RELATED
STIGMA AND
DISCRIMINATION

PRACTICAL GUIDE TO ENDING HIV-RELATED STIGMA AND DISCRIMINATION

Best practices and innovative
approaches to reduce stigma and
discrimination at the country level



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PRACTICAL GUIDE TO ENDING HIV-RELATED STIGMA AND DISCRIMINATION

Best practices and innovative
approaches to reduce stigma and
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CONTENTS

Abbreviations	4
Purpose of guide	5
Who is the guide for?	8
USING THIS GUIDE	11
Five principles to consider when using this guide	13
STEP 1: UNDERSTAND HOW HIV-RELATED STIGMA AND DISCRIMINATION MANIFEST IN YOUR COUNTRY CONTEXT	19
Health Stigma and Discrimination Framework	24
STEP 2: PLAN WHERE AND HOW TO INTERVENE	27
Stopping the stigmatisation process before it starts	28
Mitigating stigma and discrimination after they occur	28
	29
STEP 3: IMPLEMENT PLAN TO RESPOND TO HIV-RELATED STIGMA AND DISCRIMINATION AND MONITOR PROGRESS	37
Using the intervention settings tables	39
Community settings	49
Workplace settings	56
Education settings	58

Health-care settings	63
Justice settings	68
Emergency settings	72
When are stigma and discrimination reductions achieved?	76
ANNEX 1	
Key resources	79
ANNEX 2	94
Interventions in community settings (individual, family, broader community)	94
ANNEX 3	98
Interventions in workplace settings	98
ANNEX 4	100
Interventions in education settings	100
ANNEX 5	103
Interventions in health-care settings	103
ANNEX 6	111
Interventions in justice settings	111
ANNEX 7	119
Interventions in emergency settings	119
ANNEX 8	
Global initiatives addressing stigma and discrimination	120
References	124

ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CLM	Community-led monitoring
GIPA	Greater Involvement of People Living with HIV
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Partnership	Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination
HIV	Human immunodeficiency virus
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
SDGs	Sustainable Development Goals
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

PURPOSE OF GUIDE

This guide provides information on how to apply best practices to reduce HIV-related stigma and discrimination to the country context. It is intended for people who already have an understanding of:

1. How HIV-related stigma and discrimination harm and can be identified;
2. How the stigmatization process operates and how we can stop it;
3. Key principles of efforts to reduce stigma and discrimination;
4. Common intervention approaches; and
5. Recommendations for reducing HIV-related stigma and discrimination in the six settings of the Global Partnership for Action to Eliminate all form of HIV-related stigma and discrimination (Global Partnership): community, workplace, education, healthcare, justice and emergency. (5)



PURPOSE OF GUIDE

If you are not familiar with these concepts, please PAUSE and first review the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2020 guidance: [Evidence for Eliminating HIV-related Stigma and Discrimination: Guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings](#) (1), which reviews each of these five concepts in detail.

This guide sets out the basic principles for understanding, identifying and successfully implementing evidence-based (proven by impact or technical expertise) programmes. It also describes best practices for measuring and evaluating the impact of programmes.



The guide complements the work of the [Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination \(Global Partnership\)](#), which aims to catalyse and accelerate the implementation of commitments made by countries to end HIV-related stigma and discrimination in the six settings.



COMMUNITY
SETTING



WORKPLACE
SETTING



EDUCATION
SETTING



HEALTH-CARE
SETTING



JUSTICE
SETTING



EMERGENCY
SETTING

PURPOSE OF GUIDE

Table1: Stigma and discrimination: key points

ISSUE	TAKE-AWAY
As a widespread phenomenon in violation of human rights	HIV-related stigma (irrational or negative attitudes, behaviours and judgements driven by fear) and discrimination (unfair treatment, laws and policies) are widespread and violate accepted human rights treaties and norms.
As a barrier to tackling HIV and AIDS	HIV-related stigma and discrimination are persistent barriers to addressing AIDS, restricting access to HIV prevention, testing and treatment services for people most at risk. They disproportionately impact people left behind.
As an inter-sectional problem	The settings where HIV-related stigma and discrimination occur go beyond the health sector to include education, workplace, justice, family, community and emergency settings.
As an SDG related goal	Eliminating all forms of HIV-related stigma and discrimination is fundamental to achieving the Sustainable Development Goals (SDGs) and targets by 2030, including ending AIDS. Several international commitments are in place to achieve this including those: 1. made at the UN General Assembly High Level Meeting in 2021 which led to the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030; and 2. set out in the Global AIDS strategy 2021-2026.
As a global problem and opportunity	The Global Partnership creates an opportunity to harness the combined power of governments, civil society, bilateral and multilateral donors, academia and the United Nations to consign HIV-related stigma and discrimination to history through practical joined-up action. All the key global initiatives addressing stigma and discrimination are listed at Annex 8 .

WHO IS THE GUIDE FOR?

This guide is designed to support national and international practitioners, as identified below, to effectively address HIV-related stigma and discrimination, including:



COMMUNITY-LED AND OTHER CIVIL SOCIETY ORGANIZATIONS:

- Conducting any form of programme work related to HIV or HIV-related stigma and discrimination.
- Representing or working with populations at risk of being left behind, and other key and vulnerable populations affected by stigma and discrimination.
- Conducting community-led monitoring (CLM), the PLHIV Stigma Index 2.0, and other community-led research.



INTERNATIONAL ORGANIZATIONS:

- Advocating for country partners to respect, protect and fulfil international human rights norms and standards including in respect of people living with HIV.
- Identifying, outlining and conducting advocacy on best practice on ending HIV-related stigma and discrimination.
- Providing technical and financial assistance to national authorities, nongovernmental organisations and civil society organizations as they plan, implement and monitor programmes to end HIV-related stigma and discrimination.

WHO IS THE GUIDE FOR?



DUTY BEARERS: LAW AND POLICY MAKERS:

- Planning, preparing and monitoring programmes, tools and interventions to address HIV and HIV-related stigma and discrimination.
- Providing technical, financial and other support for individuals and organizations working with people living with HIV or addressing HIV-related stigma and discrimination.
- Creating laws, policies, strategic plans and practices to address stigma and discrimination.



DUTY-BEARERS: HEALTH-CARE WORKERS, EMERGENCY WORKERS, EMPLOYERS AND EDUCATORS:

- Working/engaging with people living with or affected by HIV.
- Clinicians treating people living with HIV and seeking better understanding of the holistic context and impact of HIV-related stigma and discrimination.
- Gender-based violence specialists seeking information on how to integrate stigma and discrimination reduction and mitigation activities with activities to reduce violence and ensure gender-responsive programming.

UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people as the main key population groups. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.

Populations at risk of being left behind include, but are not limited to, people living with HIV, key populations (gay men and other men who have sex with men, female or trans sex workers, transgender people, people who inject drugs, people in prisons and other incarcerated populations), indigenous people, people with disabilities, migrants, refugees, and women and girls (particularly adolescent girls and young women).



Joyce Chisango and her granddaughter Dephine fetch water for home use. Joyce is known as the matron of sex workers in her community as she helps the women with SRHR information and provides counseling.
©UNAIDS, Cynthia R Matonhodze

USING THIS GUIDE



Practitioners seeking to prevent, reduce and mitigate HIV-related stigma and discrimination can use the practical guide to inform discussions with key stakeholders in country to:



1.

Understand how HIV-related stigma and discrimination manifest in your country context

- Which populations are most affected?
- Where and how are stigma and discrimination manifesting?
- How are stigma and discrimination impeding access to HIV services?



2.

Plan where and how to intervene

- Which settings: community, workplace, education, health-care, justice, emergency?
- Where in the stigmatisation process to intervene: drivers and facilitators and/or manifestations?
- What type of interventions are needed and in what combinations: information-based, counselling and support, contact, skills building, structural, biomedical?
- How will key stakeholders collaborate to achieve success?



3.

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

- How to implement programmes effectively across the six settings?
- How to use well-established monitoring and evaluation techniques to improve programmes and facilitate success?

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

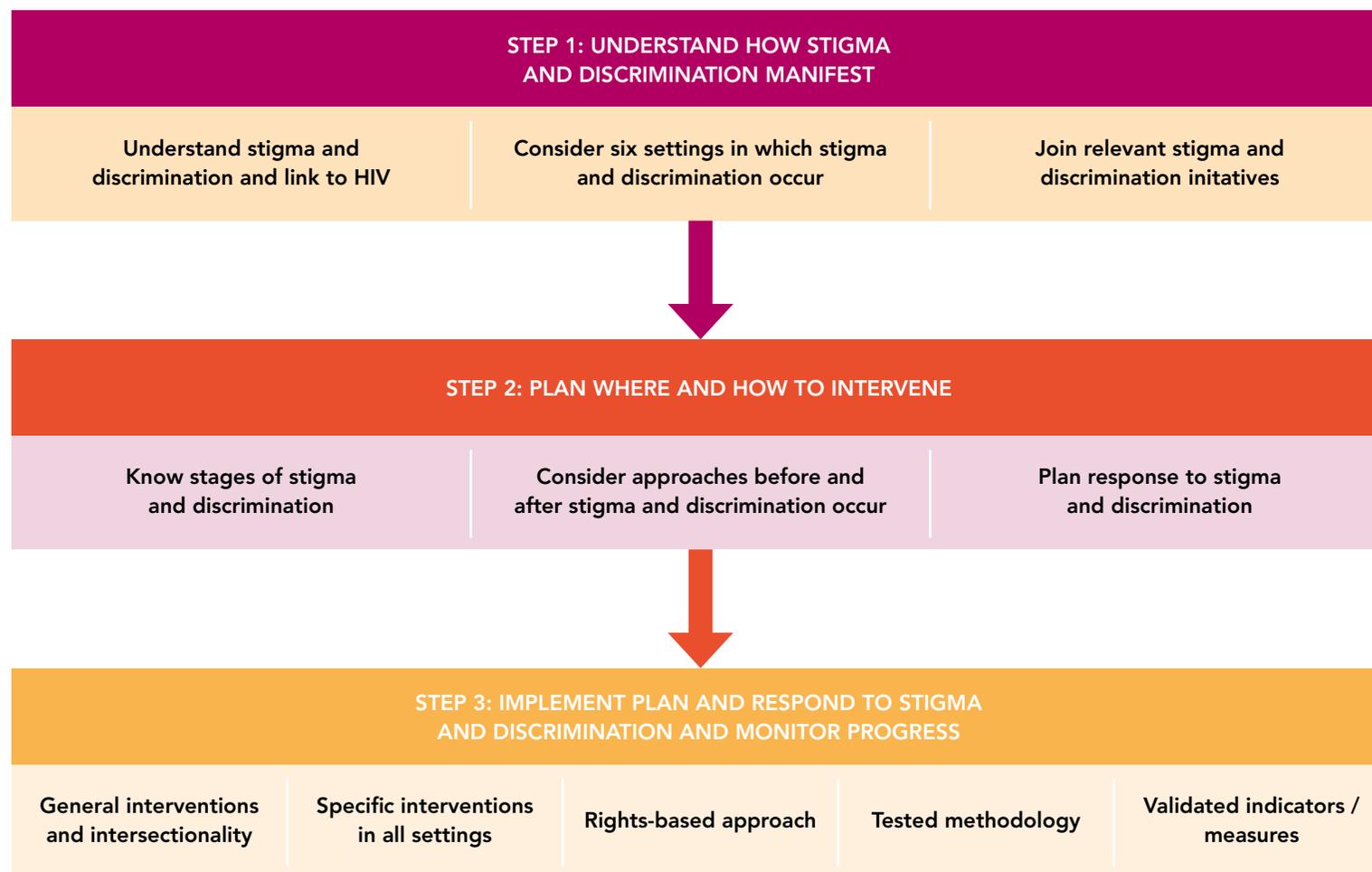
Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

USING THIS GUIDE



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

FIVE PRINCIPLES TO CONSIDER WHEN USING THIS GUIDE



1. COORDINATION BETWEEN AND ACROSS SECTORS, SETTINGS AND LEVELS

Addressing stigma and discrimination related to HIV and key and vulnerable populations requires:

- A strong coordinated approach involving the six key settings in which stigma and discrimination occur, at all socioecological levels (individual, interpersonal, organizational, community, public policy).
- Community-led solutions that engage key stakeholders (including duty-bearers and

community leaders) to respond to community needs. In the 2022 Political Declaration, UN Member States set new 30–80–60 targets for ensuring we increase the portion of HIV services led by communities.¹

- Addressing root ‘actionable’ causes of stigma and discrimination that can be shifted through intervention.
- Ensuring regular feedback through community-led monitoring and routine program monitoring and evaluation

¹ This entails the following: “Increasing the proportion of HIV services delivered by communities, including by ensuring that, by 2025, community-led organizations deliver, as appropriate in the context of national programmes:

- 30 per cent of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 per cent of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 per cent of programmes to support the achievement of societal enablers.”

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

USING THIS GUIDE

- Countering the manifestations of stigma by addressing intersectional stigma and discrimination through a multi-setting, multilevel approach drawing on successful existing programme models.
- Using participatory methods (e.g., games, role plays, discussions) to improve knowledge and attitudes in a non-judgemental and approachable manner.
- Coordination with development sectors such as ministries of finance, justice, education, health care and development.
- Conducive legal and policy environments by developing and implementing laws, policies or practices to protect against discrimination and protect the rights of people living with HIV and key and vulnerable populations.

Addressing HIV-related stigma and discrimination entails ending stigma and discrimination impacting populations left behind, including key and vulnerable populations. Working in coordination at different levels and with key duty-bearers is essential.

Duty-bearers are actors with a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The term is most used to refer to state actors, but non-state actors can also be considered duty-bearers.

In the context of HIV-related stigma and discrimination, the most common duty-bearers are police officers, health-care workers, educators, employers, police officers and humanitarian workers.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



2. COMPETENCIES

The full scope of activities associated with programming work for HIV-related stigma and discrimination requires practitioners to demonstrate a significant range of knowledge, skills and attitude-based competencies before engaging with people living with HIV or other populations left behind. In this guide, the specific skills and practices required for activities are highlighted and key resources are referenced.

At a minimum, all practitioners using this guide and involved in this work should demonstrate (or seek to obtain through training and capacity-building) the following basic knowledge and attitude-based competencies:

Knowledge:

- Understanding of context-specific dynamics of HIV-related stigma and discrimination—institutional or structural (in different settings), psychosocial and socioeconomic.
- Understanding of concepts such as people- and community-centred approaches, community leadership,

autonomy, do no harm, informed consent, confidentiality, equality and nondiscrimination.

- Generalized understanding and acceptance of non-discrimination and equality at the individual, community and organizational levels.
- Knowledge of context-specific support between sectors, and how to access it.
- A prerequisite to identifying stigma and discrimination is formalizing data-gathering on indicators of stigma and discrimination in each setting (see Step 3).

Attitudes:

- Understanding and implementation of the principles of equality and nondiscrimination in all forms, but especially in terms of gender, sexual orientation, and all forms of sexual and gender-based violence.
- Empathy, respect and nonjudgemental attitudes towards individuals, families and communities.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

3. TRAINING AND CAPACITY-BUILDING

All individuals, organizations and entities using this guide should ensure they are adequately trained and equipped to do so. The guide is not intended as a standalone resource. For practitioners with limited knowledge or skills, the guide should be used only as a reference alongside longer-term training, mentoring or other support on working to develop, implement and evaluate programmes to end HIV-related stigma and discrimination.



4. MANDATE AND AUTHORIZATION

The mandates of communities, national authorities, and nongovernmental, civil society and international organizations working to end HIV-related stigma and discrimination are varied. They include organizations working directly with state authorities, and those operating in environments where the rule of law and state infrastructure are less strong.

At a minimum, practitioners using this guide must be aware of national and local laws in the area where they are operating. Practitioners must ensure their activities contribute to, and do not undermine, existing official efforts to address HIV-related stigma and discrimination, including sensitivities around particular local contexts.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

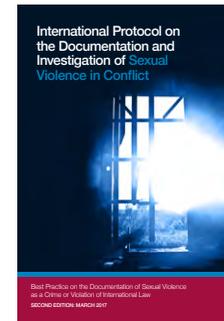
ANNEXES

USING THIS GUIDE

5. LOCAL CONTEXT

Practitioners using this guide should adapt programme activities to the local context in which they are working. This means understanding local dynamics concerning culture, religion, and social, gender and sexual norms that impact on how stigma and discrimination are caused and manifest, and the specific legal definitions and rules concerning stigma and discrimination applicable in the jurisdiction where programme work is taking place.

These five principles were adopted from several UNAIDS documents. Particularly useful and transferable practical guidance was obtained from the [2017 International Protocol on the Documentation and Investigation of Sexual Violence in Conflict](#) (2).



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

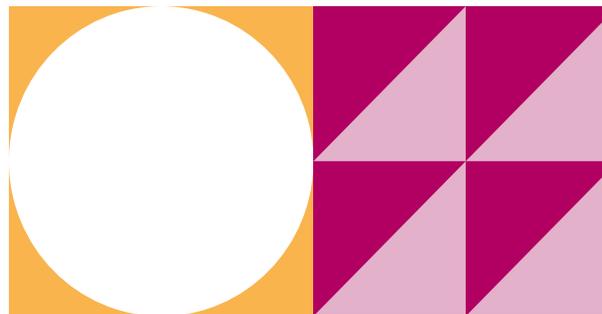
STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES





STEP 1: UNDERSTAND HOW HIV-RELATED STIGMA AND DISCRIMINATION MANIFEST IN YOUR COUNTRY CONTEXT



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 1

To understand how stigma and discrimination affect people living with HIV and people from key populations, including their access to and use of HIV services, key practitioners in country, led by the community, should first examine quantitative and qualitative data and community inputs from the most recent available data sources, including:

- [People Living with HIV Stigma Index 2.0 Survey](#)
- [UNAIDS Gender assessment tool](#)
- Community-led responses and monitoring
- [Legal Environment Assessment](#)
- [Demographic and Health Survey](#) (stigma questions from HIV section)
- National human rights reporting systems
- [Community-led data sources](#), such as websites documenting HIV related human rights violations including experiences of stigma and discrimination
- [Inequalities Framework and Toolkit](#)
- [Country HIV epidemic profile](#)



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 1



The People Living with HIV Stigma Index Survey 2.0 is based on the values of the Greater Involvement of People Living with HIV (GIPA). It is led and implemented by people living with HIV. Its updated methodology allows for the comparison of stigma and discrimination across time and geographical settings. It has a strict requirement to include people from key populations and all people living with HIV in a meaningful manner. It is the only available standardized analytical tool to gather evidence from people living with HIV on how stigma and discrimination impact their lives. It should be noted that when triangulating data from the sources noted above, practitioners should also consider other underlying factors, such as poverty, access to quality education and laws and policies that fuel inequalities in a specific country context to account for intersectional stigma.

Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

Community-led Monitoring or CLM is a process in which community members collect and analyse data on issues and services that affect them, and use those data to work in partnership with governments and decision-makers for change and to advocate for their rights. CLM can ensure services reflect the needs of the people they aim to serve by providing rapid feedback loops to programme managers and duty-bearers.

The Inequalities Framework and Toolkit seeks to apply an inequalities lens more systematically to UNAIDS analysis, design of support and interventions, investments and how we document and report progress on ending HIV in line with the Global AIDS Strategy, the Political Declaration and the UBRAF. Piloting of the Toolkit, at the time of writing, had begun in five countries (South Africa, Ghana, Cambodia, Moldova and Brazil) plus two volunteering countries: Mozambique and Botswana.

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 1

Using these data and inputs, and guided by the Health Stigma and Discrimination Framework, key stakeholders should then define which populations are most affected by HIV-related stigma and discrimination, where and how stigma and discrimination are manifesting for these populations, and how stigma and discrimination are impeding HIV prevention, care and treatment services.

The framework can be used to facilitate discussions among community organizations, researchers, program implementers and policy makers. For example, key questions to discuss include:

- What are the drivers of HIV and key population stigma and discrimination in our country or region?
- What are the facilitators?
- What other stigmas may intersect with the health-related stigma?
- How does HIV- and key population stigma manifest?

Answers to these questions can help determine where public health practitioners (including clinicians, and policy makers) should focus their efforts.

A BRIEF GUIDE TO THE HEALTH STIGMA AND DISCRIMINATION FRAMEWORK (HSDF)

The Health Stigma and Discrimination Framework depicts the stigmatization process as it unfolds in societies in the context of health. The process can be broken down into a series of stages, including drivers and facilitators, stigma 'marking', and stigma manifestations, which influence a range of outcomes among affected populations as well as organizations and institutions that ultimately impact health and society.

The first stage refers to factors that drive or facilitate health-related stigma. Drivers vary by health condition but are typically negative. They range from fear of infection through casual contact for communicable diseases, to concerns about productivity due to poor health for chronic conditions, to social judgment and blame. Facilitators, however, may be positive or negative influences. For example, the presence or absence of occupational safety standards and protective supplies in health facilities can minimize



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 1

or exacerbate stigmatizing avoidance behaviors towards populations with infectious diseases by health care workers.

Drivers and facilitators determine whether stigma 'marking' occurs, in which a stigma is applied to people or groups related to either a specific health condition or other perceived difference, such as race, class, gender, age, disability, sexual orientation or occupation. Intersectional stigma occurs when people are 'marked' with multiple stigmas. Once a stigma is applied, it manifests in a range of stigma experiences and practices.

Those who experience, internalize, perceive or anticipate health-related stigma face a range of possible outcomes, such as delayed treatment, poor adherence to treatment, or intensification of risk behaviour, that may diminish their health and wellbeing. Stigma practices, on the other hand, highlight how the stigmatization process can generate or reinforce stereotypes and prejudice towards people or groups living with or at risk of various health conditions and foster discriminatory attitudes that fuel social inequalities.

Stigma manifestations go on to influence several outcomes for affected populations, including access to justice, access to and acceptability of health care services, uptake of testing, adherence to treatment, resilience, or the power to challenge stigma, and advocacy. They also influence outcomes for organizations and institutions, including laws and policies, the availability and quality of health services, law enforcement practices, and social protection.

Importantly, the framework recognizes that health-related stigma often co-occurs with other, intersecting stigmas, such as those related to sexual orientation, gender, race, occupation, age, disability and poverty. Considering intersectional stigma is necessary when planning how to address HIV-related stigma and discrimination, as stigma manifestations and health outcomes may be influenced by a range of stigmatizing circumstances that must be considered to understand the full impact of stigma.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

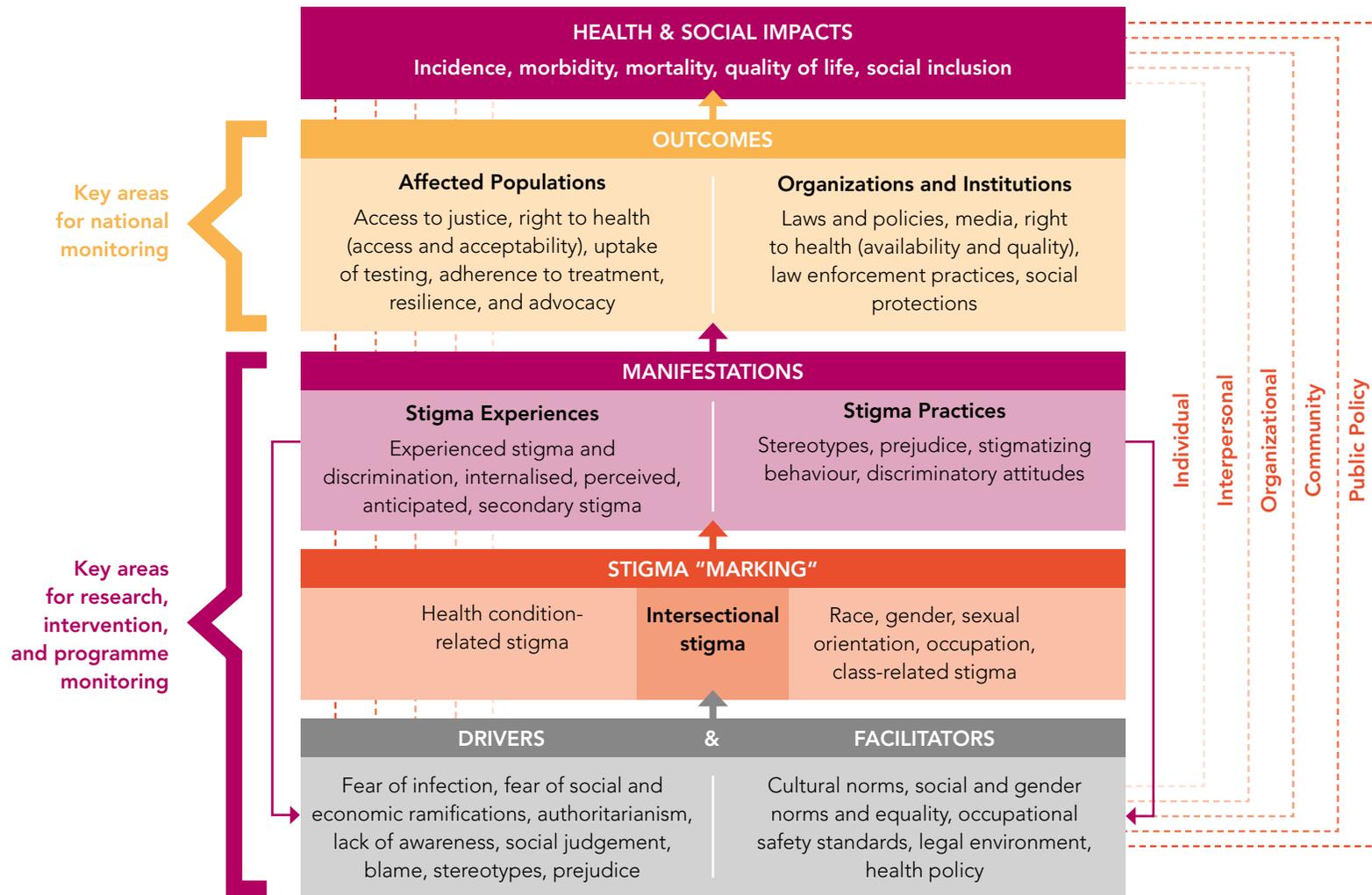
STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 1

Health Stigma and Discrimination Framework



Source: Stangl A, Earnshaw V, Logie C, et al. The Health Stigma and Discrimination Framework: a global, cross-cutting framework to inform research, intervention development and policy on health-related stigmas. BMC Med. 2019;17:31.

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 1

EXAMPLE CAUSES OF STIGMA	EXAMPLE MARKERS OF STIGMA	EXAMPLE MANIFESTATIONS OF STIGMA
<p>Drivers (always negative) and Facilitators (could be positive or negative)</p> <ul style="list-style-type: none">▪ Fear of infection through no risk contact with people living with HIV (Driver)▪ Concern about productivity due to poor health (Driver)▪ Social judgment or blame including stereotyping or prejudice (Driver)▪ Presence or absence of protective supplies in health facilities (Facilitator)	<p>Applied Stigma</p> <ul style="list-style-type: none">▪ Stigma applied to person or group related to their HIV status or perceived status▪ Stigma applied to person or group because of other protected characteristic such as race, class, socioeconomic status, gender, sexual orientation or occupation▪ 'intersectional stigma' where a person or group is "marked" with multiple stigmas	<p>Experiences or Practices of Stigma and Discrimination</p> <ul style="list-style-type: none">▪ Stigma practices include stereotyping, prejudice, and stigmatizing attitudes and behaviours - Stigma experience can go on to include discrimination in form of stigmatizing actions or omissions prohibited by human rights law. For instance, stigma, due to prejudice, towards a person living with HIV in the employment context can translate into loss of job promotion, loss of opportunity and even the loss of a job.▪ Stigma experience can fall outside the purview of human rights law, such as double-gloving or avoiding frequenting someone's business.▪ Internalised stigma (or self-stigma), occurs when people living with HIV agree with negative attitudes associated with HIV and accept them as applicable to themselves▪ Perceived stigma, refers to perceptions about how stigmatized groups are treated in a given context - Anticipated stigma refers to expectations of bias being perpetrated by others if their health condition becomes known



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Capacity building workshop targeting communities of PLHIV and key population representatives on HIV-related stigma and discrimination held in Vang Vieng, Lao PDR ©UNAIDS 2023



STEP 2: PLAN WHERE AND HOW TO INTERVENE



Once the populations most affected by HIV-related stigma and discrimination have been identified, along with the actionable causes and manifestations, practitioners can then plan an appropriate response. The HSDF is also a helpful tool for this process.

In the first part of this section, we describe the types of interventions that can be employed to stop stigma before it starts or mitigate stigma and discrimination that have already occurred. We then provide specific and isolated examples of evidence-based programmes and interventions by indicator/issue that have been implemented in the six settings of the Global Partnership, alongside country case studies. The full set of examples are provided in the [Annexes](#).

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 2

STOPPING THE STIGMATISATION PROCESS BEFORE IT STARTS

Ideally, we would like to stop the stigmatization process before it starts. To do so, we must implement programmes, interventions and/or policies that halt the drivers of stigma and facilitate social and legal environments that prevent stigma and discrimination of people living with HIV and key and vulnerable populations.

MITIGATING STIGMA AND DISCRIMINATION AFTER THEY OCCUR

While we would like to prevent stigma from occurring, we also need to be prepared to deal with actual manifestations of stigma and discrimination. This could

include psycho-social support for people living with HIV or people belonging to a specific key population or legal aid to cope with discrimination. It could also include training for healthcare providers or police to overcome stereotypes and discriminatory attitudes, or the development of new laws or policies to protect against discrimination.

Realistically, plans to address HIV-related stigma and discrimination in each context will likely need to include a combination of interventions to prevent and mitigate stigma that would be implemented simultaneously. However, in the interest of ensuring a full understanding of the six types of stigma and discrimination reduction interventions, we present examples of individual interventions in Table 2. Intervention types include: information-based, skills-building, structural, biomedical, and contact between people living with HIV and/or key populations and the public and/or duty bearers. It should be noted that a combination of intervention types focusing on different audiences (e.g., families, communities, and health facilities, for example) is considered best practice. We present each type of intervention separately here to ease understanding of these individual approaches.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 2

Table 2: Key types of interventions to stop stigma before it starts and mitigate stigma and discrimination once they occur

Intervention Type	Description	Example of an Intervention
Biomedical	Provide certain treatments, testing and care, including universal testing and treatment and free access to pre-exposure prophylaxis (PrEP)	<p>Make access to antiretroviral therapy free and universal to all people living with HIV, including in humanitarian and emergency settings—Case Studies: Botswana, 2019 (33); South Africa, 2013 (34)</p> <p>Making available needle-syringe programs (NSPs) and opioid substitution therapy (OST) coupled with antiretroviral therapy (ART) for people living with HIV as an effective way of reducing harm – Case Studies: Global, 2015.</p>
Contact	Interaction between people living with HIV and general public or key duty-bearers (e.g. health-care workers, police officers)	<p>Networks of sex workers living with HIV giving roses to health-care providers and police officers who treated them kindly to thank them and encourage continued support; effective strategies combined engaging opinion leaders, community-led design, traditional cultural mediums and economic incentives—Case Study: South Asia, 2010 (25)</p> <p>Young people living with HIV co-facilitating a training session with educators on approaching sexuality education in a sensitive manner for young people living with HIV—Case Study: South Africa, 2010 (38)</p>

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 2

Intervention Type	Description	Example of an Intervention
Counselling, support	Supportive services for people living with HIV and people from key populations	Peer-led support groups with women living with HIV to overcome internalized and anticipated stigma—Case Study: United States, 2012 (36) Group-based counselling services for young people living with HIV, leading to overall reductions in personalized stigma, disclosure concerns and negative self-image—Case Study: United States, 2014 (37)
Information-based	Provide information on HIV and HIV-related stigma	Brochures delivered by community leaders containing information about transmission of HIV and stigma and why it is harmful—Case Study: Vietnam, 2013 (18) Working with religious leaders to foster compassion for people living with HIV and enable their participation in prevention activities—Case Study: Thailand, 1997 (19)
Skills-building	Enhance skills of communities affected by HIV and key duty-bearers (police officers, health workers, educators)	Participatory learning sessions with health workers, police officers and teachers on stigma, human rights, HIV science, and provision of culturally competent services for people living with HIV and people from key populations— Case Studies: Kyrgyzstan (police education), 2013 (20); Bangladesh (health care), 2017 (21); India (integrated structural intervention), 2011 (22); South Africa (educators), 2010 (23); South Africa (community-based), 2013 (24) Empower communities to design and implement stigma reduction programmes, including engaging opinion leaders, using traditional cultural media, and combining with economic incentives to raise awareness about stigma and discrimination and shift attitudes, norms and behaviours—Case Study: South Asia, 2010 (25)

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 2

Intervention Type	Description	Example of an Intervention
Structural	<p>Remove, reduce or improve structural factors that influence stigmatization process, such as:</p> <ul style="list-style-type: none"> ■ laws that criminalize transmission, nondisclosure or exposure to HIV transmission or that criminalize people from key populations ■ hospital or workplace policies that institutionalize discrimination of people living with HIV ■ lack of supplies to allow health-care workers to practise universal precautions ■ Services to enable people living with and affected by HIV to know their human rights, to mobilize around protective laws, to be protected by the police and to be able to access the justice system if they have been harmed 	<p>Use strategic litigation to expand jurisprudence around discriminatory practices in HIV context—Case Study: South Africa, 2013 (28)</p> <p>Revise or remove harmful laws (e.g. decriminalize HIV transmission)—Case Studies: California, United States (HIV testing and treatment), 2007 (29); Senegal (sex work), 2005 (30); Rhode Island, United States (use of syringes by people who inject drugs), 2007 (31); Thailand (sex work), 2003 (32)</p> <p>Develop protective laws (e.g. legalize needle–syringe programmes)—Case Studies: Rhode Island (use of syringes by people who inject drugs), 2007 (31); Thailand (sex work), 2003 (32)</p> <p>Support stigma free certification programs (as well as public and private spaces) for health care centers, public and private institutions and companies—Case Study: Central America, 2012 (Protocolo de espacios libres de estigma y discriminación por VIH en el lugar de trabajo).</p> <p>The HIV Tribunal in Kenya, facilitates access to justice, by having powers to receive evidence, hear witness accounts, conduct full hearings and pass judgments on all matters arising out of any breach of the provisions of the Act but excludes criminal jurisdiction—Case Study: Kenya, 2009</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: THAILAND

In 2022, Thailand launched a 5-year National Action Plan to eliminate all forms of HIV-related stigma and discrimination. The plan was developed under the responsibility of the National sub-Committee on AIDS Rights, Protection, and Promotion, with support from UNAIDS Thailand. A multisectoral approach was used to develop the plan, based on the Global Partnership framework and following the 4th strategy of the National Strategic Plan to End AIDS (2017-2030), which is the stigma and discrimination reduction strategy. While the National Action Plan was developed by setting and may appear siloed on paper, implementation of the plan is collaborative, with coordination among ministries and CSOs across settings who works together on major interventions and activities.



To prevent, reduce and mitigate stigma and discrimination, countries should support evidence-informed interventions in all relevant settings. The focus may need to be on multifaceted approaches that use all six intervention types – biomedical, contact based,

counselling-support based, information-based, skills-based, and structural.

https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-guidance_en.pdf



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



THAILAND PARTNERSHIP FOR ZERO DISCRIMINATION IN ACTION: 2022 – 2026 In Six Settings



COMMUNITY

90% of community health workers (CHWs) trained on zero discrimination, self-stigma, human rights and gender

80% of CSOs/CBOs integrate zero discrimination, rights and gender into community-led services

20% of general population given information on stigma and discrimination, human rights and gender

- Enhance training on stigma and discrimination / human rights for CHW
- Integrate stigma and discrimination reduction interventions into the HIV service cascade
- Advise on how to reduce self-stigma
- Integrate CRS into community systems
- Raise awareness on U=U, stigma, discrimination and human rights
- Implement community-led monitoring and Stigma index
- Ensure communications are based on latest science



EDUCATION

17,609 schools implement stigma- and discrimination-free HIV policies and measures and promote gender equality

- Develop guidelines to protect children's rights
- Training on use of tools and guidelines for non-discrimination policies
- Ensure good quality, non-stigmatizing, comprehensive sexuality education is provided to children and young people and address needs of young people living with HIV
- Develop systems to report rights violations and to support students who experience violence due to their gender or HIV status
- Support youth leaders working to achieve zero discrimination in schools

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 2



HEALTH-CARE

Rapid scale-up of stigma and discrimination interventions to reach:

- 80% of health facilities
- 80% of medical and nursing schools
- 35% of prisons

Scale-up package of stigma and discrimination reduction interventions for health facilities and community staff

- The 3x4 participatory training
- Continuous Quality Improvement (CQI) and integrated in DSC
- Basic E-learning modules
- Advanced E-learning modules for medical and nursing students and health care staff
- Develop self-stigma reduction interventions for health care staff



EMERGENCY

Fully functioning CRS

Community-led monitoring and data system established

Provincial government agencies, CSOs and private sector collaborate on COVID-19 response

- Provide gender-based violence protection and post-GBV care
- Report and respond immediately to human rights violations
- Build community-led responses and monitoring
- Enhance collaboration between government, CSOs, CBOs and private sector to respond to COVID-19



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 2



JUSTICE

50 provinces establish fully functioning Crisis Response System (CRS)

90% of human rights violation of cases receive assistance

5 punitive laws and/or policies removed or redressed

- Scale up CRS and provincial multi-disciplinary teams including paralegals
- Train law enforcement officers
- Engage parliament and law enforcement to improve laws and regulations
- Advocate for new non-discriminatory bill



WORKPLACE

8,177 public and private organizations implement stigma- and discrimination-free HIV policies and measures and promote gender equality

- Implement national guidelines on the managements of AIDS in workplaces: removing HIV testing for jobs applicants/ employees without consent
- Revise guidelines on providing social welfare for people living with HIV
- Train labour inspectors on HIV-related stigma and discrimination and human rights
- Promote AIDS Standard Organisation and zero discrimination policies and practices through employer/ employee confederations and private sector associations



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3: IMPLEMENT PLAN TO RESPOND TO HIV-RELATED STIGMA AND DISCRIMINATION AND MONITOR PROGRESS

Once a plan to address HIV-related stigma and discrimination is formulated, the next step is putting the plan into action. This section consists of a series of tables that provides examples of how to respond to stigma and discrimination identified in the six settings of the Global Partnership. The tables consider how a particular issue or indicator relating to stigma or discrimination can be addressed through programme work (interventions) and provides concrete examples of such work.

This section first considers all six settings together, where intersectional issues require more than one type of programme response, and then considers each setting separately.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: JAMAICA

The **Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination** focuses on ensuring coordination, coherence, and accountability among stakeholders implementing human rights interventions to bolster efforts to end HIV-related stigma and discrimination. In Jamaica, significant work has been done around monitoring, evaluation, and learning for the Enabling Environment and Human Rights (EEHR) with and through multiple stakeholders and technical partners. Firstly, an Operational Plan for Enabling Environment and Human Rights was developed, informed by the National Strategic Plan for HIV, the Global Fund Human Rights Baseline Assessment Report, The Global Partnership Guidance, The Stigma Index 2.0 and other key evidence generated locally. Next, a monitoring and evaluation framework and online reporting dashboard were developed based on the Operational Plan, in partnership with the National Family Planning Board (NFPB) and UNDP/UNAIDS, to streamline collection and reporting of data regarding human rights programming. Lastly, civil society and government stakeholders implementing interventions to remove human rights barriers were trained on monitoring, evaluation, and learning for EEHR, including how to use the dashboard, to better enable stakeholders to populate the platform and track their progress. To view the dashboard visit: www.eehr.org.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3

USING THE INTERVENTION SETTINGS TABLES

This guide uses the same format for each of the six settings when explaining ways to address stigma and discrimination:

- The issue or indicator related to stigma or discrimination is identified by the setting. The indicators are derived from evidence-based research. Ideally, indicators relevant to a specific country or context should be monitored continually.
- To facilitate continual monitoring, a source is provided (where available) for data; this is almost always from an established database which compiles underlying country data.
- An intervention approach is identified, and the intervention recommended is specified.
- A case study is given of where the intervention has been used successfully or provided important lessons.



ALL SETTINGS

In all settings, reductions in stigma and discrimination may be hindered by issues arising in another setting or by stigma or discrimination affecting a person because of another characteristic. This results in intersectional stigma and discrimination, for which intervention approaches may need to be combined, as in the example table below. The table merely provides a snapshot of an intersectional problem that may be addressed through a combined intervention approach. It is not a comprehensive table of all intersectional problems that may arise.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Table 3: Examples of intersectional issues, relevant interventions and case studies

Intersectional issues or indicators	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>1. Enabling laws and policies for children living with HIV to access education implemented</p> <p>2. School administrators face pressure from parents to deny admission to students living with HIV</p> <p>3. Local population awareness-raising started, but school staff not trained or sensitized on issue</p>	<p>UNAIDS Laws and Policies Analytics (39)</p> <p>People Living with HIV Stigma Index</p>	<p>Primarily structural, information-based and skills-building:</p> <ul style="list-style-type: none"> ■ Monitor, reform and implement relevant laws ■ Raise awareness among parents to reduce discriminatory attitudes ■ Sensitize duty-bearers such as educators 	<p>Communities confront HIV stigma: participatory interventions reduce HIV-related stigma in two provinces— Case Study: Viet Nam, 2008 (18)</p>

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Intersectional issues or indicators	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>1. People living with HIV experience systemic violence in communities</p> <p>2. Existing laws prohibit violence</p> <p>3. Cultural taboos impact people living with HIV trying to access services</p> <p>4. Corruption and structural bureaucracy and duty-bearers' lack of knowledge about HIV-related stigma and discrimination prevent meaningful access to justice, even after provision of access to legal services for people living with HIV by nongovernmental organizations</p>	<p>UNAIDS Laws and Policies Analytics</p> <p>People Living with HIV Stigma Index</p> <p>UNDP Legal Environment Assessment</p>	<p>Primarily structural, skills-building and information-based:</p> <ul style="list-style-type: none"> ■ Monitor, reform and implement relevant laws ■ Sensitize duty-bearers such as law-makers, and ensure accountability for discrimination ■ Tackle endemic corruption as a wider society, law and policy issue 	<p>Programmes providing access to justice, including through provision of legal aid, referrals, training on human rights and sexual and gender-based violence to clients and service providers and pro bono legal services, can impact on impunity and challenge discriminatory practices—Case Study: Kenya, 2013 (see box) (40)</p>

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Intersectional issues or indicators	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>1. Access to antiretroviral therapy provided, widespread and available to all who want it</p> <p>2. Antiretroviral therapy not taken up because of fear of HIV-related stigma and discrimination and fear of gossiping by health-care workers</p>	<p>People Living with HIV Stigma Index</p> <p>Biobehavioural surveys through AIDSinfo</p>	<p>Information-based, contact and structural:</p> <ul style="list-style-type: none"> ▪ Sensitize duty-bearers such as health-care workers ▪ Facilitate contact between people living with HIV and health-care workers to improve trust and understanding ▪ Create appropriate laws, policies and practices to ensure privacy and confidentiality rules are enforced and adequate and visible redress for rights violations ▪ Run general information campaign about availability of antiretroviral therapy and ensuring privacy and confidentiality when using health-care facilities ▪ Run general information campaign to reduce societal HIV-related stigma ▪ Integrate HIV care into general primary care, and normalize men and youth accessing health care 	<p>When access to antiretroviral therapy was provided, people would not engage due to anticipated stigma (e.g. fear of health-care providers gossiping), so broader complementary interventions were necessary—Case Study: South Africa, 2016 (41)</p>

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Intersectional issues or indicators	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>1. Changes in law to prohibit compulsory HIV testing before marriage, to obtain work or residence permits, for certain groups of people or to be employed</p> <p>2. Workplace and institution policies introduced to reduce discriminatory testing</p> <p>3. Employees living with HIV afraid of experiencing stigma and discrimination from co-workers</p> <p>4. Employees unable to obtain redress or compensation for discrimination</p>	<p>UNAIDS Laws and Policies Analytics</p> <p>National Commitments and Policies Instrument</p> <p>People Living with HIV Stigma Index</p>	<p>Structural, contact and information-based:</p> <ul style="list-style-type: none"> Remove discriminatory laws Ensure implementation of national guidelines on management of HIV in workplaces that prohibit mandatory testing Ensure laws relating to discrimination are strengthened Ensure access to legal aid for employees experiencing discrimination, and appropriate justice mechanisms are independent and in place for redress and compensation Provide training and education for peers, staff and managers Provide access to health care through state support or medical benefit plans 	<p>Prohibit compulsory testing before or during employment and specifying redress procedures for workers who discriminate against a colleague because of their real or perceived HIV status</p> <p>Ensure buy-in from colleagues, co-workers and duty-bearers through education and training plus peer education—Case Study: South Africa, 2010 (see box) (42)</p> <p>Institute reporting and redressal system to protect human rights of people living with HIV and people from key populations—Case Study: Ghana, 2017 (43)</p> <p>Stigma free workplace certification programmes (see comment earlier on)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

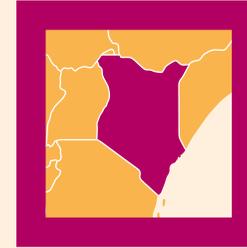
STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: KENYA

In [Kenya](#), human rights violations have a marked impact on the health of people living with HIV (40). Integrating legal literacy and legal services into health care appears to be an effective strategy to empower vulnerable groups and address underlying determinants of health especially as this helps longer term changes in social norms and practices. Programmes providing access to justice, including through provision of legal aid, referrals, training on human rights and sexual and gender-based violence to clients and service providers, and pro bono legal services, can impact on impunity and challenge discriminatory practices. Legal empowerment programmes have the potential to contribute to altering unjust structures and systems as well as laws.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3

Outcome of intervention and action to tackle intersectional stigma and discrimination in Kenya, 2013



PROBLEM

- People living with HIV experience violence
- Existing laws prohibit violence
- Cultural taboos prevent access to justice
- Corruption and structural bureaucracy within judiciary
- No meaningful access to justice even after increasing interventions



INTERVENTION

- Monitor, reform and implement relevant laws
- Sensitise duty-bearers such as law-makers and make them accountable for discrimination
- Tackle endemic corruption as wider societal issue



ACTION

- Provide access to justice through legal aid
- Allow access to pro bono fully funded legal units or private practitioners
- Provide sensitization training on human rights and sexual and gender-based violence to clients and service providers
- Ensure confidentiality of client services and accountability for rights violations
- Run generalized media campaign on violence against people living with HIV



OUTCOME

- Impact on lack of legal accountability or reparation or redress by holding perpetrators to account
- Challenge discriminatory practices including poor prosecutorial practices and corruption
- Create enabling environment interventions
- Create visible redress and compensation mechanisms and link to media campaign

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: SOUTH AFRICA AND SUB-SAHARAN AFRICA

Two 2010 studies in [South Africa](#) (42) and [sub-Saharan Africa](#) (44) assessed stigma and discrimination in the workplace and workplace HIV policies. The South African study found that employees did not disclose their HIV status due to fear of discrimination by their colleagues rather than due to fear of losing their jobs. In sub-Saharan Africa, discussions or self-reporting about HIV testing or risky behaviours were undertaken with caution.

Changes in behaviour occurred by prohibiting compulsory testing before or during employment and specifying redress procedures for workers who discriminate against colleagues based on real or perceived HIV status.

Ensuring buy-in from colleagues, co-workers and duty-bearers through education and training plus peer education significantly helped create an environment where stigma and discrimination were less likely.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Outcome of intervention and action to tackle intersectional stigma and discrimination in sub-Saharan Africa, 2010



PROBLEM

- Workplace and institution policies allow discriminatory testing
- Employees living with HIV afraid of experiencing stigma and discrimination from co-workers



INTERVENTION

- Ensure implementation of national guidelines on management of HIV in workplace that prohibit mandatory testing
- Ensure laws relating to discrimination are strengthened, access to legal aid for employees experiencing discrimination, and appropriate independent justice mechanisms are in place for redress and compensation
- Offer training and education for peers, staff and managers



ACTION

- Prohibit compulsory testing before or during employment, and specify redress procedures for workers who discriminate against colleagues due to real or perceived HIV status.
- Get buy-in from colleagues, co-workers and duty-bearers through education, training and peer education
- Institute reporting and redressal system to protect human rights of people living with HIV and people from key populations



OUTCOME

- End discriminatory testing and allow redress for discrimination through access to legal remedies and compensation
- Allow safe spaces and open environment where stigma and discrimination are reduced

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

As seen above, stigma and discrimination cannot be tackled in siloed settings or at only one level. Proactive programming and a conducive law, policy and practice environment compliant with human rights are critical.

Programme approaches—whether related to causes, markers or manifestations of stigma—must be interdependent and mutually reinforcing. Responses in one setting (e.g. health care, workplaces) may have consequences for the way in which people react in other settings (e.g. at home). As a tool for tackling stigma and discrimination, legal and policy reforms have limited impact unless they are supported by the values and expectations of communities and society as a whole. Regulating the discriminatory actions that may result from stigma, without addressing the understanding and attitudes that give rise to such actions, leads to an inadequate response. Stigmatization frequently occurs in contexts and settings not regulated by legislation, such as within families or everyday social encounters, and urgent action is needed in these environments (35).

Legal and policy reform have an important role to play in helping to change broader social values and in setting standards, both of which may lead to reduction of stigmatization and discrimination in community and institutional settings. Legal and policy reforms that

protect human rights provide a supportive environment for the development and implementation of effective HIV prevention and care programmes. Overall, freedom from discrimination empowers individuals and communities to act, to mobilize resources, and to respond collectively to HIV (35).

The intersectional problems highlighted above demonstrate the complexity in attempting to intervene to address stigma and discrimination. What follows are a setting-by-setting consideration of the indicators / issues giving rise to stigma and discrimination and the possible range of interventions as a response. These are merely examples, and a more comprehensive list of evidence-based indicators and interventions appear in Annexes 2-7.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

COMMUNITY SETTINGS

Stigma and discrimination are present in community settings (individual, family, broader community) in several ways (1). Annex 2 contains a full list of evidence-based indicators capturing the key areas in which countries can monitor the manifestation of stigma and discrimination in community settings. The following table merely provides some examples of indicators of stigma and discrimination in these settings, relevant interventions and evidence-based case studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

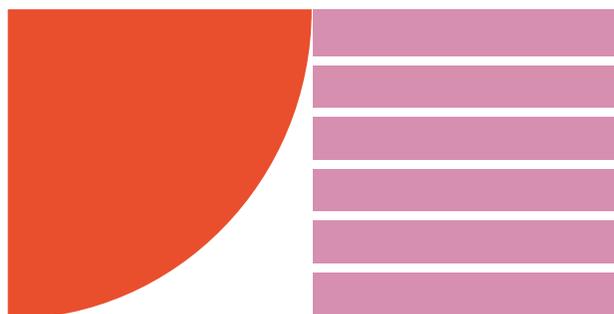


STEP 3

Table 4: Example indicators of stigma or discrimination in the community, relevant interventions and case studies

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Little or no knowledge about HIV prevention: shown through data on adults aged 15–49 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission	Population-based surveys through Demographic and Health Surveys Stat Compiler	Information-based and structural: <ul style="list-style-type: none"> Engage community leaders and implement programmes and strategies to shift community norms that drive stigma and discrimination but also focus on individuals in absence of community structures through mass and other media Consider socioeconomic context and inhibitors to interventions such as resource and financial constraints 	Exposure to mass media campaigns and social support impacts HIV-related stigma and discrimination—Case Study: Nigeria, 2010 (45) Community interventions that empower, combined with financial contribution to reduce resource constraints, increase interaction between people living with HIV and other community members, increase tolerance and reduce HIV-related stigma—Case Study: Thailand, 2007 (see box) (46)

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>Internalized stigma among people living with HIV: people living with HIV aged 15–49 years who report feeling ashamed of their HIV status</p>	<p>People Living with HIV Stigma Index</p> <p>Demographic and Health Surveys</p>	<p>Counselling, support and skills-building:</p> <ul style="list-style-type: none"> ■ Increase individual and group-based counselling to mitigate internalized stigma ■ Consider community-based cognitive behavioural therapy with selected groups to improve coping with intersectional stigma 	<p>Develop cognitive behavioural therapy model to help women deal with HIV and stigma—Case Study: South Africa, 2011 (47)</p> <p>Interventions adapted International Center for Research on Women’s HIV Stigma Toolkit for Black women to be consistent with Corrigan’s principles of strategic stigma change—Case Study: United States, 2012 (36)</p> <p>Group therapy treatment, including cognitive behavioural therapy, that addresses intersecting stigma-related stressors theorized to drive elevated mental health risk and sexual health risk, and their co-occurrence, among Black and Latino gay, bisexual and other men who have sex with men—Case Study: United States, 2022 (see box) (48)</p> <p>Community-based cognitive behavioural therapy group intervention to improve coping with intersectional stigma, address medical mistrust, and improve antiretroviral therapy adherence—Case Study: United States, 2020 (49)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: THAILAND

In Nakhon Ratchasima Province in north-eastern [Thailand](#), a community intervention was implemented in one village over a period of eight months to see whether knowledge of HIV improved and HIV-related stigma reduced through behavioural change (46). The results suggest that community interventions that empower the community, combined with financial contributions to reduce resource constraints of participation, are a useful and effective means of increasing interaction between people living with HIV and other community members, increasing tolerance and reducing stigma.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Outcome of intervention and action to tackle stigma and discrimination in the community in Thailand, 2007



PROBLEM

- Little or no knowledge about HIV prevention



INTERVENTION

- Engage community leaders and implement programmes and strategies to shift community norms that drive stigma and discrimination
- Focus on individuals in absence of community structures through mass and other media
- Consider socioeconomic context and inhibitors to interventions such as resource and financial constraints



ACTION

- Create mass media campaigns integrated into social media with external champions to raise awareness of stigma and discrimination
- Focus on local context and understand resource constraints
- If relevant, make financial contributions to reduce cost on individuals involved in interventions or activities with community participants
- Consider participation from all key and vulnerable populations, particularly change agents such as youth



OUTCOME

- Increase awareness and knowledge of HIV
- Reduce HIV-related stigma through greater interaction between communities and mutual acceptance

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: UNITED STATES

HIV is distributed unequally in the United States, with demographic factors such as race, gender, sexual orientation and geography considered key determinants of the epidemic. At the intersection of these factors is one of the world's highest-risk groups for HIV infection: Black and Latino gay, bisexual and other men who have sex with men in the south. People from this population experience multiple forms of stigma (e.g. racism, homophobia), elevating stress and eroding health.

Group therapy, including cognitive behavioural therapy, addressing the intersecting stigma-related factors that increase mental health risk and sexual health risk, and their co-occurrence, among this population could be beneficial (48). The therapy led to participants feeling less alone. Assessments three months after treatment found improvements in coping with stigma, mental health and sexual health. This pilot study lays the groundwork for more in-depth studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

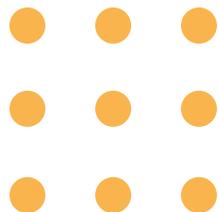
STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3

Outcome of intervention and action to tackle stigma and discrimination in the community in the United States, 2022



PROBLEM

- Internalized stigma among people living with HIV: people living with HIV aged 15–49 years who report feeling ashamed of their HIV status



INTERVENTION

- Increase individual and group-based counselling to mitigate internalized stigma
- Consider community-based cognitive behavioural therapy with selected groups to improve coping with intersectional stigma



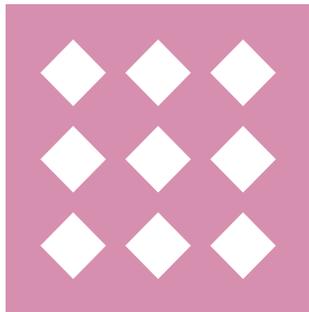
ACTION

- Identify data and evidence on internalised stigma and how it manifests among people living with HIV and people from key and vulnerable populations
- Implement therapy, including cognitive behavioural therapy, in individual and group settings where appropriate



OUTCOME

- Reductions in evidenced internalised stigma and greater sense of belonging and feelings of empowerment and dignity
- Greater stigma coping among therapy participants
- Better mental and sexual health, greater adherence to treatment and reduced transmission risk



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

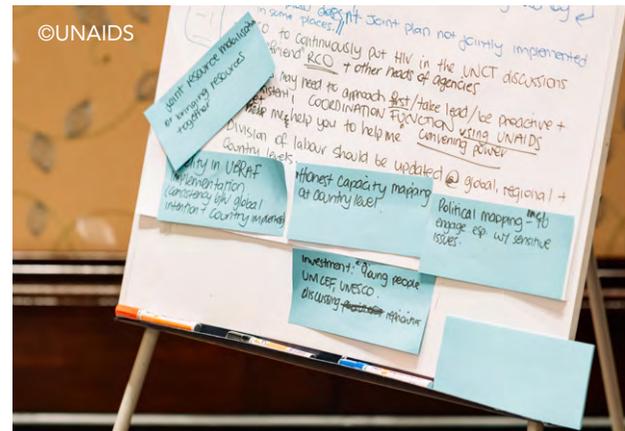
Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

WORKPLACE SETTINGS

Stigma and discrimination are present in workplace settings in several ways (1). Annex 3 contains a full list of evidence-based indicators capturing the key areas in which countries can monitor the manifestation of stigma and discrimination in workplace settings. The following table merely gives some examples of indicators of stigma and discrimination in these settings, relevant interventions and evidence-based case studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Table 5: Example indicators of stigma or discrimination in the workplace, relevant interventions and case studies

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>Employees living with HIV afraid of stigma and discrimination from co-workers</p> <p>Employees unable to obtain redress or compensation for discrimination</p>	<p>No clear source but could be captured via anonymous employee surveys</p> <p>People Living with HIV Stigma Index</p>	<p>Structural, contact and information-based:</p> <ul style="list-style-type: none"> ■ Remove discriminatory laws ■ Ensure implementation of national guidelines on management of HIV in workplace that prohibit mandatory testing ■ Strengthen laws relating to discrimination, and ensure access to legal aid for employees experiencing discrimination and appropriate justice mechanisms are independent and in place for redress and compensation ■ Provide training and education for peers, staff and managers ■ Provide access to health care through state support or medical benefit plans 	<p>Prohibit compulsory testing before or during employment and specify redress procedures for workers who discriminate against a colleague because of their real or perceived HIV status</p> <p>Ensure buy-in from colleagues, co-workers and duty-bearers through education, training and peer education—Case Study: South Africa, 2010 (see box) (42)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

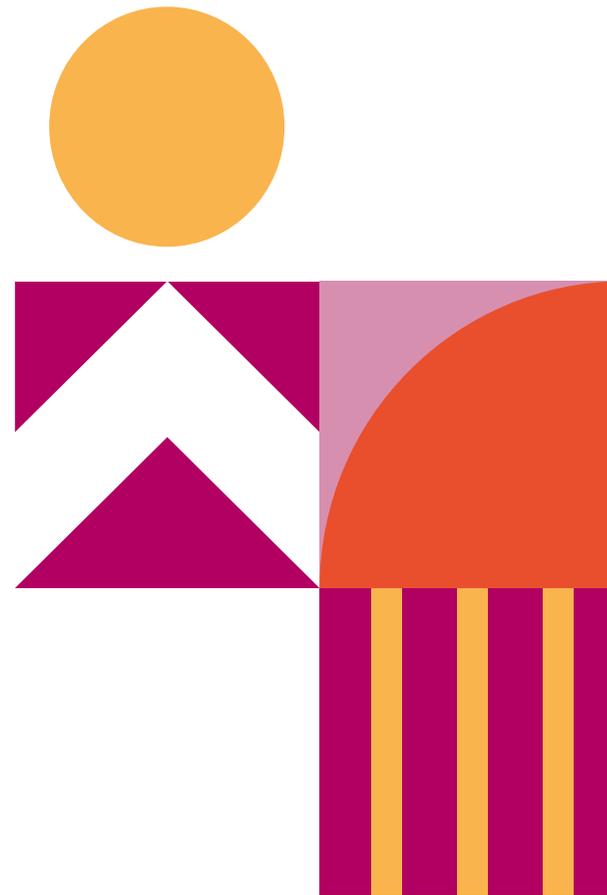
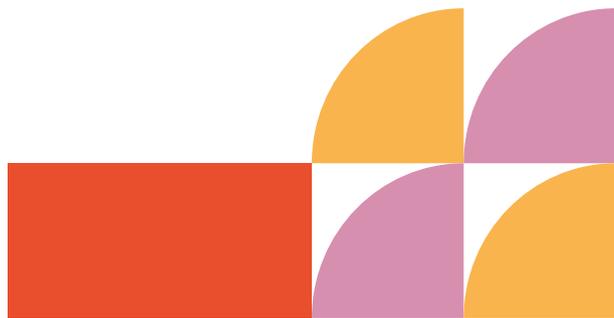
Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

EDUCATION SETTINGS

Stigma and discrimination are present in education settings in several ways (1). Annex 4 contains a full list of evidence-based indicators capturing the key areas in which countries can monitor the manifestation of stigma and discrimination in education settings. The following table merely gives some examples of indicators of stigma and discrimination in these settings, relevant interventions and evidence-based case studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Table 6: Example indicators of stigma or discrimination in education, relevant interventions and case studies

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Poor attitudes of educators and teachers towards people living with HIV and people from key populations	Not captured uniformly in existing databases	<p>Skills-building and counselling:</p> <ul style="list-style-type: none"> Provide training and peer education with educators (pre- and in-service) to tackle institutional stigma and discrimination Use structural-level practices to combat stigma and provide better match between identified barriers and potential solutions Intersectional stigma requires whole-organization approaches 	<p>Interventions could be adapted from health-care setting to education settings</p> <p>Tackle structural challenges by taking education and training beyond interpersonal through learning models that transform whole organizations, engaging people with lived experiences, reflecting community's needs to shape organization's programming, and incorporating policies and structures that integrate HIV into primary care—Case Study: United States, 2021 (see box) (50)</p> <p>Communities confront HIV stigma: participatory interventions reduce HIV-related stigma in two provinces—Case Study: Viet Nam, 2008 (18)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: NEW YORK CITY

Stigma is a pervasive barrier to ending the HIV epidemic in [New York City](#) (50). Inequities in new diagnoses persist by race, sexuality and gender. Stigma is a major driver of these inequities. In New York State and New York City, almost 40% of people living with HIV experienced some aspect of stigma in 2017. Despite initiatives to track and reduce stigma, it has not declined.

In response to the need to reduce HIV and intersectional stigma and to build resiliency, a project was undertaken to identify practices that target multiple levels of stigma, a number of which are not found in the global stigma intervention research literature.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3

Although these emerging best practices need to be evaluated for impact, the following interim conclusions were found:

- There were limited practices that addressed intersectional stigma, especially HIV and racism.
- Common practices such as education and training tend to target the interpersonal level, but barriers and gaps largely exist at the structural level.
- Structural-level practices show promise in combating stigma and provide a better theoretical match between identified barriers and potential solutions.
- Examples from this project include models that:
 - Transform whole organizations, to take into account staff turnover, varied training needs, and the gap between knowledge and practice.
 - Engage people with lived experiences, reflecting the community's needs to shape an organization's programming.
 - Incorporate policies and structures that integrate HIV into primary care, including addressing intersecting stigma through the integration of HIV with mental health and substance use services.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Outcome of intervention and action to tackle stigma and discrimination in education in New York, 2021



PROBLEM

- Poor attitudes of educators and teachers towards people living with HIV and people from key populations



INTERVENTION

- Training and peer education with educators (pre- and in-service) could significantly tackle institutional stigma and discrimination
- Structural-level practices show promise to combat stigma and provide a better theoretical match between identified barriers and potential solutions
- Intersectional stigma requires whole-organization approaches



ACTION

- Implement learning models that transform whole organizations to take into account rapid staff turnover, varied training needs, and the gap between knowledge and practice
- Engage people with lived experiences of stigma and discrimination and allow contact with educators in safe spaces
- Reflect the community's needs to shape an organization's programming and hire people who represent the community
- Incorporate policies and structures that integrate HIV into primary care



OUTCOME

- Educators are informed and have knowledge about stigma and discrimination and how to tackle intersecting stigma and discrimination
- Stigma and discrimination in education settings are reduced
- Community is adequately represented in organization and empowered

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

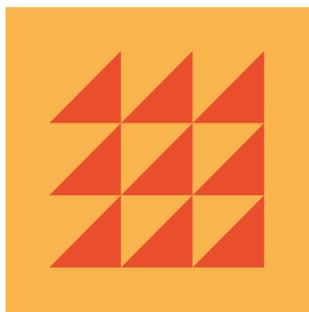
Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

HEALTH-CARE SETTINGS

Stigma and discrimination are present in health-care settings in several ways (1). Annex 5 contains a full list of evidence-based indicators capturing the key areas in which countries can monitor the manifestation of stigma and discrimination in health-care settings. The following table merely gives some examples of indicators of stigma and discrimination in these settings, relevant interventions and evidence-based case studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Table 7: Example indicators of stigma or discrimination in education, relevant interventions and case studies

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
No training programmes for duty-bearers on HIV-related human rights and nondiscrimination legal frameworks	National Commitments and Policies Instrument (UNAIDS Laws and Policies Analytics)	Information-based and skills-building: <ul style="list-style-type: none"> Institute pre- and in-service training on HIV, human rights, key populations, stigma reduction, nondiscrimination, gender sensitization and medical ethics for all health facility staff 	<p>Develop and implement three-stage total-facility approach focusing on multiple socioecological levels within health facility, targeting all levels of staff (clinical and nonclinical) to reduce HIV stigma— Case Study: Ghana and United Republic of Tanzania, 2020 (51)</p> <p>Improve health workers’ skills and confidence in dealing with people living with HIV and increase attention to human rights—Case Study: Nigeria, 2002 (52)</p> <p>Stigma and discrimination composite indicators should continue to be measured over time in conjunction with training interventions for health-care providers in health-care settings— Case Study: Thailand, 2019 (26)</p> <p>Institute training for all health workers, including participatory elements, to reduce HIV-related stigma and discrimination— Case Study: Thailand, 2020 (see box) (27)</p>

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>Health facility staff report they will get into trouble at work if they discriminate against people living with HIV</p>	<p>Facility-based surveys of health facility staff</p> <p>Country survey reports</p>	<p>Information-based, skills-building and contact:</p> <ul style="list-style-type: none"> ▪ Institute pre- and in-service training on HIV, human rights, key populations, stigma reduction, non discrimination, gender sensitization and medical ethics for all health facility staff ▪ Regularly monitor compliance with guidance on stigma and discrimination in health facilities and respond to data with interventions including training, redress and accountability 	<p>Development and successful piloting of health facility stigma reduction package (3 × 4 approach) led to national scale-up through modified approach— Case Study: Thailand, 2020 (see box) (27)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



BEST PRACTICE: THAILAND

In Thailand, stigma and discrimination present in many guises in health-care settings. In two studies in [2019](#) and [2022](#), despite availability of antiretroviral therapy, people living with HIV were identified at a delayed stage, AIDS-related deaths were not declining, and HIV testing for people from key populations was suboptimal (26, 27). At the same time, the 2009 Thailand Stigma Index Survey documented widespread stigma. Spurred by this evidence, the Thai Government, in partnership with stakeholders, resolved to develop and implement a comprehensive stigma and discrimination reduction response as an integral part of the national HIV programme.

A costed national stigma and discrimination reduction roadmap incorporated into an operational plan provided clear strategic direction on how to move forward. The development of HIV-related stigma and discrimination measures and incorporation into the national HIV monitoring and evaluation framework led to routine data collection to monitor stigma and discrimination in health facilities, among key populations and in the general population, with training based on the outcomes of data collection. Development and successful piloting of a health facility stigma reduction package (the 3 × 4 approach) has led to national scale-up via a modified approach. Thailand continues to evolve and innovate the programme, including developing new activities to tackle stigma and discrimination beyond the health system and is also implementing the PLHIV Stigma Index 2.0 in 2022/2023 which will help monitor the results of these measures.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Outcome of intervention and action to tackle stigma and discrimination in health care in Thailand, 2020



PROBLEM

- Health facility staff frequently discriminate against clients, or clients face stigma in health-care settings
- AIDS-related deaths not declining, delayed start of antiretroviral therapy, and suboptimal HIV testing for people from key populations



INTERVENTION

- Institute pre- and in-service training on HIV, human rights, key populations, stigma reduction, nondiscrimination, gender sensitization and medical ethics for all health facility staff
- Regularly monitor compliance with guidance on stigma and discrimination in health facilities and respond to data with interventions including training, redress and accountability



ACTION

- Allow health-care providers opportunities to train and learn about stigma and discrimination, including through peers and professional training with affected community
- Provide access to complaints mechanisms for clients who have faced stigma and discrimination
- Ensure data about lack of confidentiality, stigma and discrimination feeds back into implementing policies about safe spaces, redress for violations of human rights, and giving community stakeholders a voice



OUTCOME

- End stigma in health-care settings and create safe spaces and open environment where stigma and discrimination are reduced
- Provide visible and clear redress for violations of human rights—practically in health-care settings and in law through justice system
- Increase take-up of HIV testing, treatment and care services and ensure buy-in from all populations and communities

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

JUSTICE SETTINGS

Stigma and discrimination are present in justice settings in several ways (1). Annex 6 contains a full list of evidence-based indicators capturing the key areas in which countries can monitor the manifestation of stigma and discrimination in justice settings. The following table merely gives some examples of indicators of stigma and discrimination in these settings, relevant interventions and evidence-based case studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3

Table 8: Example indicators of stigma or discrimination in education, relevant interventions and case studies

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Gay men and other men who have sex with men, sex workers and people who inject drugs who have experienced physical violence	Biobehavioural surveys via AIDSINFO	Contact, information-based and structural	Challenge structural violence in sex work—Case Study: India, 2011 (53)
Laws requiring parental or guardian consent for adolescents to access contraceptives, HIV testing and HIV treatment	National Commitments and Policies Instrument (UNAIDS Laws and Policies Analytics)	Structural and information-based: <ul style="list-style-type: none"> Remove discriminatory laws, raise awareness of issues related to consent, and sensitize and train duty-bearers Consider age of consent for HIV testing and whether reduction to 12 years necessary Consider practical and socioeconomic circumstances of adolescents when implementing interventions 	Create integrated school health policy that enables access to HIV services, including testing and condoms, to students aged 12 years and over without parental consent; practical implementation and stakeholder integration is key through appreciating financial and resource constraints—Case Study: South Africa, 2012 (54); South Africa 2019 (see box) (55)



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: SOUTH AFRICA

In South Africa in 2012, an integrated school health policy was created to allow HIV services, including access to HIV testing and condoms, to be made available to students aged 12 years and over without parental consent (54). An evaluation in 2019, however, indicated there was widespread noncompliance with integrated school health policy programmes (55). There was insufficient stakeholder integration in school health programmes, leading to alienation of communities and no practical consideration of children’s needs and socioeconomic context. The evaluation demonstrated that integrated school health policy requires strong intersectoral collaboration on the part of key stakeholders such as the Department of Health, the Department of Basic Education and the Department of Social Development. These departments and educational structures such as school governing bodies, teaching unions, learner organizations, academic institutions, civil society and development partners are also expected to contribute to the development of sustainable and comprehensive school health programmes. This could reduce alienation of parents and communities in school health and welfare participation and children’s learning. Proper integration can also ensure children finishing school are seen by school health nurses for early detection of and interventions for mental, psychosocial and health challenges to learning, and development of nutrition-related conditions.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Outcome of intervention and action to tackle stigma and discrimination in a justice setting in South Africa, 2012, 2019



PROBLEM

- Laws requiring parental or guardian consent for adolescents to access contraceptives, HIV testing and HIV treatment



INTERVENTION

- Remove discriminatory laws, raise awareness of issues related to consent, and sensitize and train duty-bearers
- Decrease age of consent for HIV testing to 12 years
- Consider practical and socioeconomic circumstances of adolescents when implementing interventions



ACTION

- Provide access to social and health care in schools
- Integrate policies providing health care to adolescents across government departments and involve communities and parents at outset
- Provide practical remedies to finance and resource constraints, including provision of basic nutrition, transport and health-care needs



OUTCOME

- Provide access to HIV testing, treatment and condoms to adolescents without parental consent

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

EMERGENCY SETTINGS

Stigma and discrimination are present in emergency settings in several ways (1). Annex 7 contains a full list of indicators capturing the key areas in which countries can monitor the manifestation of stigma and discrimination in emergency settings. Note that data and evidence-based indicators are limited due to a lack of scientific study in these settings. The following table merely gives some examples of indicators of stigma and discrimination in these settings, relevant interventions and evidence-based case studies.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Table 9: Example indicators of stigma or discrimination in education, relevant interventions and case studies

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Services inaccessible to people affected by humanitarian emergencies include HIV counselling and testing; prevention of mother-to-child transmission of HIV; HIV treatment; TB screening and treatment; prevention and treatment of sexually transmitted infections; services for survivors of sexual and gender-based violence; and food and nutrition support	National Commitments and Policies Instrument (UNAIDS Laws and Policies Analytics)	<p>Structural, skills-building and information-based:</p> <ul style="list-style-type: none"> Implement programmes and services to reduce internalised stigma and support the needs of people from populations left behind in conflict and crisis situations by providing safe access to care and treatment <p>Skills-building:</p> <ul style="list-style-type: none"> Strengthen capacity of community health workers by ensuring appropriate linkages between communities and formal health systems in emergency settings <p>Structural:</p> <ul style="list-style-type: none"> Implement programmes to prevent, address, monitor and report violence against people from populations left behind in emergency settings <p>Structural:</p> <ul style="list-style-type: none"> Include provisions for people from populations left behind in national emergency plans 	<p>No published evaluations of such programmes exist, highlighting the programming gap and the need to add to the evidence base in this area</p> <p>Cash transfers decrease stigma and discrimination in health-care settings and among individuals (e.g. reduced internalised stigma) and allow travel to health facilities to receive antiretroviral therapy, buy nutritious food, and enhance self-value and feeling of being cared for—Ukraine, 2017 (56); Ukraine, 2022 (see box) (57)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

BEST PRACTICE: UKRAINE

In the ongoing armed conflict in Ukraine (2014 to present), people living with HIV in eastern Ukraine have faced significant food insecurity and poverty. The conflict has displaced many people, especially women and children. HIV services have had to be relocated, and the quality of services in many facilities is poor. United Nations agencies and a small number of humanitarian organizations are the only entities making antiretroviral therapy and other medicines available and providing food assistance. In the Government-controlled areas of Donetsk and Luhansk, 6500 people living with HIV were in a cash-based transfer programme to provide money for essential food. The assistance, which includes regular medical appointments and the monitoring of adherence to HIV treatment, has led to a fourfold decrease in treatment interruptions. [Cash payments](#) are also linked to immediate reductions in HIV diagnoses and over time increased use of antiretroviral therapy (56–58).



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

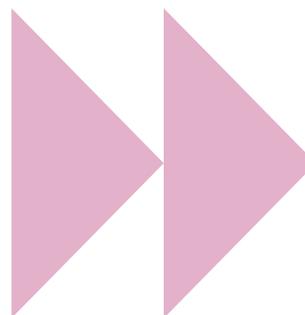
STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



STEP 3

Outcome of intervention and action to tackle stigma and discrimination in an emergency setting in Ukraine, 2022



PROBLEM

- Services inaccessible to people affected by humanitarian emergencies due to immediate issue of food insecurity and poverty which has been compounded by lack of HIV services in many areas and/or the poor quality provision of services.



INTERVENTION

- Consider the actual emergencies faced and a very rapid response particular in the provision of nutrition and key medical services
- Create practical avenues for redress where stigma or discrimination occur



ACTION

- Direct cash payments to people living with HIV to alleviate immediate need for food and nutrition
- International and domestic support for access to key HIV services and food assistance



OUTCOME

- People have enough to eat through food assistance and have dignity due to being able to access services with cash
- Cash payments are also linked to immediate reductions in HIV diagnoses and over time increased use of antiretroviral therapy

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

WHEN ARE STIGMA AND DISCRIMINATION REDUCTIONS ACHIEVED?

Regular, consistent, independent monitoring and evaluation of efforts to reduce HIV-related stigma and discrimination across all settings in each country are critical to ending stigma and discrimination. Monitoring and evaluation is beyond the scope of this guide but the [Guidance by the Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination: Monitoring and evaluating programmes to eliminate HIV-related stigma and discrimination in six settings](#) is the key resource for assessing how programmes are working, whether they are successful, and how gaps, limitations and lessons learnt can be identified.

Both programme and impact assessments are required to inform real-time programme adaptation and improvement and ascertain whether the combination and level of the interventions implemented are achieving the desired effects.

The GUIDANCE BY THE GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV-RELATED STIGMA AND DISCRIMINATION: Monitoring and

evaluating programmes to eliminate HIV-related stigma and discrimination in six settings is a critical resource on best practice in monitoring and evaluation, and all programme developers and evaluators should take it as a starting point. The Health Stigma and Discrimination Framework should also guide monitoring and evaluation efforts. This guide does not seek to replicate the comprehensive advice contained in the Global Partnership Guidance on M&E, but the broad outlines discussed below should be noted.

The purpose of monitoring and evaluation is not only to confirm and measure success but also to identify challenges, gaps and failures, and learn lessons from them.

As a minimum, in respect of this guide, the indicators discussed in Step 3 and Annexes 2–7 should be monitored annually in the six settings, with an appropriate year set as a baseline. This allows stakeholders at all levels (individual, community, country) to understand a country's position in terms of stigma and discrimination, the programme work needed to tackle any issues, and whether progress is being made by implementing programmes.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

STEP 3

Monitoring and assessment should incorporate, and be supplemented with, information that can be collected, analysed and used to target unmet needs, including through the PLHIV Stigma Index, community-led monitoring, participatory health facility assessments, real-time data entry through the Strategic Information Management System, patient satisfaction surveys, and HIV prevention and treatment programme data. Other programme examples include paralegal support and Rights–Evidence–Action (REAct—a community-based human rights monitoring and response system). These programmes help to identify and respond to human rights violations that happen beyond health-care settings.

All monitoring and evaluation efforts should apply rights-based and rights-sensitive approaches to the monitoring and evaluation of HIV programmes and activities. Communities and civil society organizations should be included in the design and implementation of evaluation efforts (59).

When determining what measures to use in monitoring and evaluation of stigma and discrimination reduction programmes, the following questions, as identified in the 2023 [Global Partnership guidance on M&E](#), should be asked:

- What inputs (not least monitoring and consideration of indicators relating to stigma and discrimination as referred to above) are needed to implement the planned programme?
- What aspects of stigma are the programme components trying to shift?
- What socioecological levels will the programme address?
- Who are the intended beneficiaries of the programme?
- What are the expected outputs of the programme?
- What are the expected outcomes of the programme?
- What are the expected impacts of the programme?

Answers to these questions will determine which inputs and outputs should be tracked throughout programme implementation, and which stigma domains (drivers, facilitators, manifestations) should be measured, with which populations, and in which parts of the country.

Where possible, validated measures of HIV-related stigma and discrimination should be used. Validated measures are those that have been shown to capture the intended domain of stigma consistently over time through research. Ideally, evaluations should make use of existing data and ongoing quantitative and qualitative data collection efforts.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



In December 2019 UNAIDS would like to feature AIDS response in humanitarian settings and it will be critical to have photos featuring HIV services in humanitarian settings. In Beira, Mozambique UNAIDS implementing partners (CUAMM) provide HIV services and treatment to people affected by the cyclone Idai, one of the worst tropical cyclones on record to affect Africa and the Southern Hemisphere in March 2019. More than 3 million people experienced the direct effects of the cyclone, with hundreds of thousands in need of assistance.

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ANNEX 1 – KEY RESOURCES

Key references used to categorize important resources on stigma and discrimination

Seven UNAIDS key human rights programme areas	Health Stigma and Discrimination Framework categories	Global Partnership six settings	Key populations	Vulnerable populations ^a	People being left behind ^b
<p>Reducing stigma and discrimination</p> <p>Increasing access to HIV-related legal services</p> <p>Monitoring and reforming laws, policies and regulations</p> <p>Enhancing legal literacy</p> <p>Sensitizing law-makers and law-enforcement agents</p> <p>Training health-care providers on human rights and medical ethics related to HIV</p> <p>Reducing discrimination against women in context of HIV</p>	<p>Causes (drivers, facilitators)</p> <p>Markers</p> <p>Manifestations (stigma experiences, practices, discrimination)</p> <p>Outcomes</p> <p>Health and social impacts</p>	<p>Community</p> <p>Workplace</p> <p>Education</p> <p>Health care</p> <p>Justice</p> <p>Emergency</p>	<p>Gay men and other men who have sex with men</p> <p>Sex workers</p> <p>Transgender people</p> <p>People who inject drugs</p> <p>People in prisons and other closed settings</p>	<p>Adolescents living with HIV</p> <p>Older people living with HIV</p> <p>Refugees</p> <p>Displaced people and migrants</p> <p>People with disabilities</p> <p>People living with TB</p> <p>Populations that experience racism</p> <p>People living in rural areas</p>	<p>People living with HIV</p> <p>People from key populations</p> <p>Indigenous people</p> <p>People with disabilities</p> <p>Migrants and refugees</p> <p>Women and girls (particularly adolescent girls and young women)</p>

^a Vary by country and context; ^b include but not limited to.

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Important resources on stigma and discrimination

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Inequalities Framework and Toolkit, UNAIDS	2023	All	Manifestation, outcomes, impact	All	All
Issue brief #1: enabling legal environments, including decriminalization for HIV responses. New York: United Nations Development Programme; 2022 (https://www.undp.org/publications/issue-brief-1-enabling-legal-environments-including-decriminalization-hiv-responses)	2022	Justice	Manifestation, outcomes, impact	Monitoring and reforming laws, policies and regulations	People living with HIV
End inequalities. End AIDS. Global AIDS strategy 2021–2026. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026)	2021				

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Guidance for prosecutors on HIV related criminal cases. New York: United Nations Development Programme; 2021 (https://www.undp.org/publications/undp-guidance-prosecutors-hiv-related-criminal-cases)	2021	Justice	Manifestation, outcomes, impact	Monitoring and reforming laws, policies and regulations	People living with HIV
Establishing community-led monitoring of HIV services: principles and processes. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/en/resources/documents/2021/establishing-community-led-monitoring-hiv-services)	2021			Monitoring and reforming laws, policies and regulations	
Evidence for eliminating HIV-related stigma and discrimination: guidance for countries to implement effective programmes to eliminate HIV-related stigma and discrimination in six settings. Geneva: Joint United Nations Programme on HIV/AIDS; 2020 (https://www.unaids.org/en/resources/documents/2020/eliminating-discrimination-guidance)	2020	All		Reducing stigma and discrimination All	

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
2022 global AIDS update: In Danger. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update)	2022	All			
Parental or guardian consent is frequently required for adolescents to access health services. Geneva: Joint United Nations Programme on HIV/AIDS; 2020 (https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200316_parental-consent)	2020	Health care		Reducing stigma and discrimination	Adolescents
Making the law work for women and girls in the context of HIV. New York: United Nations Development Programme; 2020 (https://www.undp.org/publications/making-law-work-women-and-girls-context-hiv)	2020	Justice		Reducing discrimination against women	Women and girls

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
We've got the power: women, adolescent girls and the HIV response. Geneva: Joint united Nations Programme on HIV/AIDS; 2020 (https://www.unaids.org/en/resources/documents/2020/2020_women-adolescent-girls-and-hiv)	2020			Discrimination Reducing discrimination women	Women and girls
E/CN.6/2020/6. Women, the girl child and HIV and AIDS: report of the Secretary General. New York: UN Women; 2019 (https://daccess-ods.un.org/tmp/6442233.92009735.html)	2019			Reducing discrimination against women	Women and girls
Sexual and reproductive health and rights: an essential element of universal health coverage. New York: United Nations Population Fund; 2019 (https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_SupplementAndUniversalAccess_27-online.pdf)	2019	Health care		Reducing discrimination against women	Women and girls

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. Geneva: Joint united Nations Programme on HIV/AIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf)	2019	All	Causes, markers, manifestations, outcomes, impact	All	All
Health, rights and drugs; harm reduction, decriminalization and zero discrimination for people who use drugs. Geneva: Joint united Nations Programme on HIV/AIDS; 2019 (https://www.unaids.org/en/resources/documents/2019/JC2954_UNAIDS_drugs_report_2019)	2019	Justice	Manifestation	Reducing stigma and discrimination Sensitizing duty-bearers	People who inject drugs
Communities at the centre. Geneva: Joint united Nations Programme on HIV/AIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf)	2019	Community			

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
What is a community-led organization. Geneva: Joint United Nations Programme on HIV/AIDS; 2019 (https://www.unaids.org/en/resources/documents/2019/what-is-a-community-led-organization)	2019	Community			
Communities make a difference. Geneva: Joint United Nations Programme on HIV/AIDS; 2019 (https://www.unaids.org/sites/default/files/media_asset/world-aids-day-2019-communities-make-the-difference_en.pdf)	2019	Community			
International guidelines on human rights and drug policy. New York: United Nations Development Programme; 2020 (https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy)	2019	All		<ul style="list-style-type: none"> Monitoring and reforming laws Enhancing legal literacy Sensitizing law-makers and law-enforcement agents Reducing stigma and discrimination 	People who inject drugs

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Born free and equal: sexual orientation, gender identity and sex characteristics in international human rights law. Geneva: Office of the United Nations High Commissioner for Human Rights; 2019 (https://www.ohchr.org/Documents/Publications/Born_Free_and_Equal_WEB.pdf)	2019	Justice	Manifestation	Reducing stigma and discrimination	People from key populations Women and girls
Miles to go. Geneva: Joint United Nations Programme on HIV/AIDS; 2018 (www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf)	2018	All		All	
Risks, rights and health (supplement). New York: Global Commission on HIV and the Law; 2018 (hivlawcommission.org/wp-content/uploads/2020/06/Hiv-and-the-Law-supplement_EN_2020.pdf)	2018	Health care		Train health-care providers	
Agenda for zero discrimination in health-care settings. Geneva: Joint United Nations Programme on HIV/AIDS; 2017 (https://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf)	2017	Health care		Reducing stigma and discrimination Training health-care providers	

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Confronting discrimination; overcoming HIV-related stigma and discrimination in healthcare settings and beyond. Geneva: Joint United Nations Programme on HIV/AIDS; 2017 (https://www.unaids.org/en/resources/documents/2017/confronting-discrimination)	2017	Health care		Reducing stigma and discrimination Training health-care providers	
Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf?sequence=1)	2017	Health care Community		Reducing discrimination against women	Women and girls
Advancing the human rights and inclusion of LGBTI people: a handbook for parliamentarians. New York: United Nations Development Programme and Parliamentarians for Global Action; 2017 (https://www.undp.org/publications/advancing-human-rights-and-inclusion-lgbti-people-handbook-parliamentarians-0)	2017			Reducing stigma and discrimination	People from key populations Transgender people Gay men and other men who have sex with men

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Do no harm; health, human rights and people who use drugs. Geneva: World Health Organization; 2016 (www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf)	2016				People who inject drugs
Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations: 2016 update. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241511124)	2016				People from key populations

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
E/C.12/GC/22. General comment no. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). Geneva: United Nations Committee on Economic Social and Cultural Rights; 2016 (https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4sIQ6QSmIBEDzFEovLCuW1a0Szab0oXTdlmnsJZZVQfQejF41Tob4CvljeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TLm%2bP3HJPzjHySkUoHMavD%2fpyfcp3Ylzg)	2016			Reducing discrimination against women	Women and girls
Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) adults, adolescents and children. Geneva: United Nations Committee on Economic Social and Cultural Rights; 2015 (https://www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF)	2015	Justice		Reducing stigma and discrimination	People from key populations Transgender people Gay men and other men who have sex with men

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Implementing comprehensive HIV/STI programmes with men who have sex with men: practical guidance for collaborative interventions. Geneva: United Nations Population Fund, The Global Forum on MSM and HIV, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS, World Health Organization, United States Agency for International Development, United States President's Emergency Plan for AIDS Relief, and Bill & Melinda Gates Foundation; 2015 (https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men)	2015	Health care		Reducing stigma and discrimination	
Oslo declaration on HIV criminalisation: prepared by international civil society in Oslo, Norway on 13 February 2012 (https://www.hivjustice.net/oslo/oslo-declaration/)	2012	Justice			
Risks, rights and health. New York: Global Commission on HIV and the Law; 2012 (www.hivlawcommission.org/index.php/report)	2012	Health care		Training health-care providers	

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Guidance note, key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. Geneva: Joint United Nations Programme on HIV/AIDS; 2012 (https://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf)	2012	Justice			
Key programmes to address stigma and discrimination and increase access to justice. Geneva: Joint United Nations Programme on HIV/AIDS; 2012 (https://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf)	2012	Justice			
Political declaration on HIV and AIDS: on the Fast Track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030, 2011 and 2016. New York: United Nations General Assembly; 2016 (https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf)	2011	All			

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
Greater involvement of people living with HIV (GIPA): policy brief. Geneva: Joint United Nations Programme on HIV/AIDS; 2007 (https://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf)	2007	Community			
HIV-related stigma, discrimination and human rights violations: case studies of successful programmes. Geneva: Joint United Nations Programme on HIV/AIDS; 2005 (https://data.unaids.org/publications/irc-pub06/jc999-humrightsviol_en.pdf)	2005	All		Reducing stigma and discrimination	
International guidelines on HIV/AIDS and human rights: 2006 consolidated version. Geneva: Joint United Nations Programme on HIV/AIDS; 2006 (https://www.unaids.org/en/resources/documents/2006/20061023_jc1252-internguidelines_en.pdf)	2006				

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 1

Document	Year	Global Partnership setting	Health Stigma and Discrimination Framework categorization	Seven key human rights programmes	Specific relevance to key population, vulnerable population, or people left behind
<p>Yogyakarta Principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity; 2006 (http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf)</p> <p>Yogyakarta Principles plus 10: Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles; 2017 (http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf)</p>	2006			Reducing stigma and discrimination	People from key populations
<p>Sexual and reproductive health of women living with HIV/AIDS: guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings. Geneva: World Health Organization and United Nations Population Fund; 2006 (https://apps.who.int/iris/handle/10665/43473)</p>	2006	Health care Community		Reducing discrimination against women	Women and girls

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 2

Interventions in community settings (individual, family, broader community)

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
No or lack of knowledge about HIV prevention: adults aged 15–49 years old who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission	Population-based surveys through Demographic and Health Surveys Stat Compiler USAID Demographic and Health Surveys	Information-based: <ul style="list-style-type: none"> Engage community leaders and implement programmes and strategies to shift community norms that drive stigma and discrimination Focus on individuals in absence of community structures through mass and other media 	Exposure to mass media campaigns and social support impacts HIV-related stigma and discrimination—Case Study: Nigeria, 2010 (45) Community interventions that empower, combined with financial contributions to reduce resource constraints, are useful and effective in increasing interaction between people living with HIV and other community members, increasing tolerance and reducing HIV-related stigma—Case Study: Thailand, 2007 (46)
Discriminatory attitudes towards people living with HIV: adults aged 15–49 years old who report discriminatory attitudes towards people living with HIV	Population-based surveys through AIDInfo UNAIDS Second Independent Evaluation	Information-based: <ul style="list-style-type: none"> Provide information on HIV and HIV-related stigma Engage community leaders and implement programmes and strategies to shift community norms that drive stigma and discrimination 	Community-based intervention to reduce HIV stigma, including through participatory workshops—Case Study: South Africa, 2017 (60)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 2

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>Internalized stigma among people living with HIV: people living with HIV aged 15–49 years who report feeling ashamed of their HIV status</p>	<p>People Living with HIV Stigma Index survey Stat Compiler USAID Demographic and Health Surveys</p>	<p>Counselling, support and skills-building:</p> <ul style="list-style-type: none"> ■ Increase individual and group-based counselling to mitigate internalized stigma 	<p>Developing cognitive behavioural therapy model to assist women to deal with HIV and stigma—Case Study: South Africa, 2011 (47)</p> <p>Interventions adapted International Center for Research on Women's HIV Stigma Toolkit for Black women to be consistent with Corrigan's principles of strategic stigma change—Case Study: United States, 2012 (36)</p> <p>Group therapy, including cognitive behavioural therapy, that addresses intersecting stigma-related stressors theorized to drive elevated mental health risk and sexual health risk, and their co-occurrence, among Black and Latino gay, bisexual and other men who have sex with men—Case Study: United States, 2022 (48)</p> <p>Community-based cognitive behavioural therapy group intervention to improve coping with intersectional stigma, address medical mistrust, and improve antiretroviral treatment adherence—Case Study: United States, 2020 (49)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>People living with HIV experienced different forms of violence due to their HIV status at least once in past 12 months</p>	<p>People Living with HIV Stigma Index Survey Stat Compiler USAID Demographic and Health Surveys</p>	<p>Structural:</p> <ul style="list-style-type: none"> Provide meaningful access to justice to implement and enforce existing laws prohibiting violence and discrimination Monitor, reform and implement laws relating to discriminatory and hate-related violence and ensure appropriate national legal mechanisms for monitoring and redress 	<p>Programmes providing access to justice, including through provision of legal aid, referrals, training on human rights and sexual and gender-based violence to clients and service providers and pro bono legal services, can impact on impunity and challenge discriminatory practices—Case Study: Kenya, 2013 (40)</p> <p>Institute reporting and redressal system to protect human rights of people living with HIV and people from key populations—Case Study: Ghana, 2017 (43)</p>
<p>No or lack of training or capacity-building programmes for people living with HIV and people from key populations to educate and raise awareness concerning their rights in the context of HIV</p>	<p>UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument</p>	<p>Skills-building and structural:</p> <ul style="list-style-type: none"> Implement services and programmes for people living with HIV and people from key populations to protect their health and well-being 	<p>Implemented Community Champions HIV/AIDS Advocates Mobilization Project to engage people living with HIV and leaders from different service sectors from African, Caribbean, Asian and Latino communities in participatory workshops to explore challenges and strategies to reduce HIV stigma and build community resilience—Case Study: Canada, 2018 (61)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 2

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
People living with HIV excluded from family activities, social events or activities	People Living with HIV Stigma Index Survey	Skills-building and counselling <ul style="list-style-type: none"> Engage families and households in stigma and discrimination reduction activities related to HIV and key populations 	HIV stigma reduction community hub intervention for people living with HIV and family members, partners, friends, community members and spiritual leaders—Case Study: South Africa, 2016 (60) Pilot study using programme incorporating enquiry-based stress reduction to help people living with HIV overcome self-stigma and associated states—Case Study: Zimbabwe, 2019 (62) Improve adolescent adherence to antiretroviral therapy, increase viral suppression and support general well-being by developing Family Connections as a group intervention for adolescents and their adult caregivers—Case Study: Zambia, 2021 (63)



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 3

Interventions in workplace settings

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
People living with HIV lost job or source of income because of their HIV status	<p>People Living with HIV Stigma Index survey</p> <p>Data from 13 countries compiled in HIV Stigma and Discrimination in the World of Work (64)</p>	<p>Information-based, skills-building and structural:</p> <ul style="list-style-type: none"> Provide training to workers on workplace rights and tools and services for redress Implement and enforce workplace policies that promote healthy environment free from stigma and discrimination related to HIV and key populations Implement workplace confidentiality policies to ensure HIV status are not disclosed in workplace Build support for protective and nondiscriminatory workplace policies by engaging law-makers and other decision-makers to increase their capacity to understand and develop nondiscriminatory policies Enforce existing equality and nondiscrimination through strategic litigation 	<p>Judgments of highest courts in South Africa have made it clear that discrimination in the workplace on grounds of HIV status is prohibited; some governments have published codes of good practice on HIV clarifying prohibition of discrimination in workplaces—Case Study: South Africa, 2020 (65)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 3

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
People living with HIV refused employment or job opportunity because of their HIV status	People Living with HIV Stigma Index survey	<p>Information-based, skills-building and counselling</p> <ul style="list-style-type: none"> Provide training to workers on workplace rights and tools and services for redress Implement and enforce workplace policies that promote healthy environment free from stigma and discrimination related to HIV and key populations Integrate individual counselling support to mitigate internalisation stigma 	<p>Improve attitudes and knowledge about HIV and HIV-related stigma and discrimination through peer education programmes and medical benefit plans—Case Study: sub-Saharan Africa, 2012 (44)</p>
People living with HIV whose job description or nature of work changed or refused promotion because of their HIV status	People Living with HIV Stigma Index survey	<p>Information-based and counselling:</p> <ul style="list-style-type: none"> Educate workplace communities on HIV, comorbidities and legal literacy to promote positive social norms related to HIV Prevent illegal or discriminatory HIV testing and hiring practices Integrate individual counselling support to mitigate internalisation stigma 	<p>Create holistic multilevel programmes that address illegal HIV testing and discriminatory hiring practices to facilitate engagement in care and long-term well-being—Case Study: Dominican Republic, 2017 (66)</p>

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 4

Interventions in education settings

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Schools do not provide life skills-building HIV and sexuality education (SDG indicator 4.7.2)	UNESCO SDG 4 indicators (Administrative data from schools and other education and training providers)	Skills-building and counselling: <ul style="list-style-type: none"> Implement programmes (e.g. peer mentor programmes, support groups, adherence clubs) inside and outside school settings for students, including people living with HIV (e.g. at health facilities or community centres) to provide skills and confidence necessary to understand sexuality, manage living with HIV and reduce stigma, including internalised stigma 	School-based programme to support HIV prevention and reproductive health among students—Case Study: Zambia, 2012 (67)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

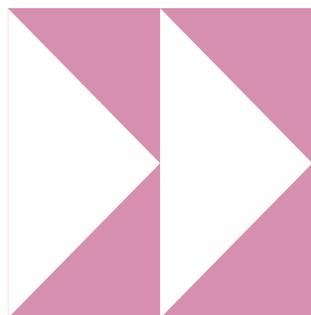
Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 4

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Education policies that guide delivery of life skills-building HIV and sexuality education, according to international standards in primary and secondary school and teacher training	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Skills-building: <ul style="list-style-type: none"> Implement interventions to raise awareness among young adolescents of personal risk and health behaviours related to HIV (e.g. seeking testing, use of condoms) Create and implement appropriate laws, policies and practices to increase knowledge of HIV among educators and students and knowledge of equality and nondiscrimination and human rights Ensure implementation and enforcement of laws providing access to education by students living with HIV (particularly where societal pressure to exclude) 	Use speakers living with HIV in HIV education — Case Study: mixed country, 2002 (68) Social cognitive theory-based HIV education prevention programme among high-school students — Case Study: China, 2011 (69) School-based programme to support HIV prevention and reproductive health among students through peer educators — Case Study: Zambia, 2012 (67)

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Attitudes of educators and teachers towards people living with HIV and people from key populations		<p>Skills-building and counselling:</p> <ul style="list-style-type: none"> ▪ Training and peer education with educators (pre- and in-service) to tackle institutional stigma and discrimination ▪ Structural-level practices show promise to combat stigma and provide better theoretical match between identified barriers and potential solutions ▪ Intersectional stigma requires whole-organization approaches 	<p>Interventions could be adapted from health-care settings to education settings</p> <p>Tackle structural challenges by taking education and training beyond interpersonal through learning models that transform whole organizations, engaging people with lived experience, reflecting community’s needs to shape organization’s programming, and incorporating policies and structures that integrate HIV into primary care—Case Study: New York City, 2021 (50)</p> <p>Communities confront HIV stigma: participatory interventions reduce HIV-related stigma in two provinces—Case Study: Viet Nam, 2008 (18)</p>



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 5

Interventions in health-care settings

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Training programmes for duty-bearers on human rights and nondiscrimination legal frameworks as applicable to HIV for health-care workers	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Information-based and skills-building: <ul style="list-style-type: none"> Institute pre- and in-service training on HIV, human rights, key populations, stigma reduction, nondiscrimination, gender sensitization and medical ethics for all health facility staff 	<p>Develop and implement three-stage total-facility approach, focusing on multiple socioecological levels within health facility and targeting all levels of staff (clinical and nonclinical) to reduce HIV-related stigma—Case Study: Ghana and United Republic of Tanzania, 2020 (51)</p> <p>Improve health workers’ skills and confidence in dealing with people living with HIV and increase attention to human rights—Case Study: Nigeria, 2002 (52)</p> <p>Continue to measure stigma and discrimination composite indicators over time in conjunction with training interventions for health-care providers in health-care settings—Case Study: Thailand, 2019 (26)</p> <p>Institute training for all health workers, including participatory elements, to reduce HIV-related stigma and discrimination—Case Study: Thailand, 2020 (27)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>Accountability mechanisms in relation to discrimination and violations of human rights in health-care settings</p>	<p>UNAIDS Laws and Policies Analytics</p> <p>National Commitments and Policies Instrument</p>	<p>Structural, skills-building, counselling and support:</p> <ul style="list-style-type: none"> ■ Integrate paralegals into health facilities to provide on-site guidance and awareness-raising for populations left behind about rights and quality standards in accessing services and discrimination-free health care ■ Provide access to lawyers and courts, redress including through reparations, compensation and remedial measures ■ Establish facility-level monitoring system to capture stigma, discrimination and rights violations experienced by people living with HIV 	<p>Expanded roles for paralegals, recruited from marginalized communities, can deliver for community members facing criminal justice processes; they can move beyond being intermediaries between clients and lawyers to champions of health-related rights of clients—Case Study: Indonesia, 2020 (70)</p> <p>Integrate legal literacy and legal services into health care to empower vulnerable groups and address underlying determinants of health—Case Study: Kenya, 2013 (71)</p> <p>Create facility-level monitoring systems for stigma and discrimination among health-care providers and people living with HIV to create evidence base for sustainable stigma reduction programme—Case Study: Thailand, 2019 (26)</p> <p>Adapt global stigma and discrimination measurement tools to local context for use in national routine monitoring to build evidence base for interventions in health care—Case Study: Thailand, 2017 (72)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Health facility staff report their facility has written guidelines to protect people living with HIV from discrimination	Facility-based surveys of health facility staff (see UNAIDS Indicator Registry for specific indicators) UNAIDS country survey reports (although often information is not standardized or available in form required) (73)	Structural and skills-building: <ul style="list-style-type: none"> ■ Create, implement and enforce appropriate laws, policies and practices to prevent discrimination ■ Provide training to duty-bearers on rights, equality and nondiscrimination 	HIV stigma reduction intervention for service providers through participatory small group activities—Case Study: China, 2008 (74) Adapt global stigma and discrimination measurement tools to local context for use in national routine monitoring to build evidence base for interventions in health care—Case Study: Thailand, 2017 (72) Develop and implement three-stage total-facility approach focusing on multiple socioecological levels within health facility and targeting all levels of staff (clinical and nonclinical) to reduce health facility HIV stigma to facilitate replication— Case Study: Ghana and United Republic of Tanzania, 2020 (51)
Health facility staff report they will get into trouble at work if they discriminate against people living with HIV	Facility-based surveys of health facility staff (see UNAIDS Indicator Registry)		Develop HIV-related stigma and discrimination measures and incorporate into national HIV monitoring and evaluation framework to monitor stigma and discrimination in health facilities, among key populations and in general population; develop and pilot health facility stigma reduction package (3 ×4 approach)—Case Study: Thailand, 2020 (27)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 5

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Health facility staff worry about getting HIV when providing care or services to people living with HIV	Facility-based surveys of health facility staff (see UNAIDS Indicator Registry)	Structural and biomedical: <ul style="list-style-type: none"> Ensure universal precaution supplies and post-exposure prophylaxis are always stocked to reduce providers' fears around occupational exposure to HIV and reduce avoidance behaviours around people living with HIV 	Implement universal precaution to reduce HIV stigma—Case Study: China, 2015 (75)
Health facility staff hold stigmatizing views about people living with HIV	Facility-based surveys of health facility staff (see UNAIDS Indicator registry)	Skills-building, information-based and contact: <ul style="list-style-type: none"> Influence health-care environment through dissemination of information and provide for contact and training for duty-bearers and people living with HIV Integrate HIV sensitization, reduction of stigma and discrimination, and human rights approaches into curricula of health provider training schools (e.g. medical and nursing schools) Routinely assess knowledge, attitudes and practices of health-care workers towards people living with HIV and other key populations to support health facility administrators to identify and address any issues 	Popular opinion leaders identified and trained to disseminate stigma reduction messages—Case Study: China, 2013 (76) Contact between health-care providers and people living with HIV combined with programme of AIDS knowledge— China, Hong Kong Special Administrative Region, 2010 (77) Create facility-level monitoring systems for stigma and discrimination among health-care providers and people living with HIV to create evidence base for sustainable stigma reduction programme and ensure systems to collect data and assess trends regularly—Case Study: Thailand, 2019 (26)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Health facility staff have observed unjust treatment of people living with HIV in their facility	Facility-based surveys of health facility staff (see UNAIDS Indicator Registry)	Skills-building and information-based: <ul style="list-style-type: none"> Influence health-care environment through dissemination of information and provide for contact and training of duty-bearers and people living with HIV 	Develop HIV-related stigma and discrimination measures and incorporate into national HIV monitoring and evaluation framework to monitor stigma and discrimination in health facilities, among key populations and in general population; develop and pilot health facility stigma reduction package (3×4 approach)— Thailand, 2020 (27) Create facility-level monitoring systems for stigma and discrimination among health-care providers and people living with HIV to create evidence base for sustainable stigma reduction programme and ensure systems to collect data and assess trends regularly— Thailand, 2019 (26)
Health facility staff use unnecessary precautions when providing care or services to people living with HIV	Facility-based surveys of health facility staff (see UNAIDS Indicator Registry)	Biomedical and skills-building: <ul style="list-style-type: none"> Ensure universal precaution supplies and post-exposure prophylaxis are always stocked to reduce providers' fears around occupational exposure to HIV and reduce avoidance behaviours around people living with HIV Sensitize key duty-bearers	Implement universal precautions to reduce HIV stigma—Case Study: China, 2015 (75)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Health facility staff report an unsupportive working environment to protect staff from work-related HIV exposure	Biobehavioural surveys through AIDSinfo People Living with HIV Stigma Index survey	Structural and skills-building: <ul style="list-style-type: none"> Provide training to duty-bearers on rights, equality and non-discrimination and educate about HIV Ensure and enforce appropriate guidelines and policies in relation to client confidentiality Engage and connect people living with HIV to health-care providers (physicians, nurses, laboratory technicians) and health workers (all staff employed at health facility) to provide contact and training and break down misconceptions and community barriers 	Institute training for all health workers, including participatory elements, to reduce HIV-related stigma and discrimination—Case Study: Thailand, 2020 (27) Provide facility-based training to key duty-bearers where there are misconceptions about HIV and key populations—Case Study: Mumbai, India 2013 (78)
People living with HIV report their ability to obtain antiretroviral therapy was conditional on use of certain forms of contraception	People Living with HIV Stigma Index survey	Structural, skills-building and counselling: <ul style="list-style-type: none"> Train health workers on HIV and reproductive rights Improve counselling on HIV and sexual and reproductive health and rights for women living with HIV Provide state mechanisms to investigate and sanction coercive and forced sterilization 	Create training programmes for duty-bearers, improve counselling services for women living with HIV on sexual and reproductive health and rights, and allow full and fair redress for human rights violations—Case Study: Latin America, 2015 (79) Provide information and access to legal pregnancy termination for women living with HIV to exercise their right to decide whether and when to have children—Case Study: Thailand and Zimbabwe, 2003 (80)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
<p>Women living with HIV report having been coerced by health-care professional in past 12 months regarding method of giving birth because of HIV status</p>	<p>People Living with HIV Stigma Index survey</p>	<p>Structural and skills-building:</p> <ul style="list-style-type: none"> ■ Create, implement and enforce appropriate laws, policies and practices to prevent discrimination <p>Provide training to duty-bearers on rights, equality and nondiscrimination</p>	<p>Place human rights and gender equality at centre of health programming, in particular in relation to sexuality and sexual health; meet needs of women living with HIV; and engage and empower women living with HIV in development of policies and programmes that affect them—Case Study: mixed country, 2015 (81)</p>
<p>Women living with HIV report having been coerced by health-care professional in past 12 months to terminate pregnancy because of HIV status</p>	<p>People Living with HIV Stigma Index survey</p>	<p>Structural and skills-building:</p> <ul style="list-style-type: none"> ■ Create, implement and enforce appropriate laws, policies and practices to prevent discrimination and make women’s health and human rights enforceable <p>Provide training to duty-bearers on rights, equality and nondiscrimination</p>	<p>Place human rights and gender equality at centre of health programming, in particular in relation to sexuality and sexual health; meet needs of women living with HIV; and engage and empower women living with HIV in development of policies and programmes that affect them—Case Study: mixed country, 2015 (81)</p> <p>Ensure thorough understanding of all variables affecting reproductive decision-making to enhance services and policies and better meet needs and rights of women living with HIV—Case Study: Brazil, 2013 (82)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
People living with HIV report health-care professional has disclosed HIV status without their consent	People Living with HIV Stigma Index survey	Structural and skills-building: <ul style="list-style-type: none"> ■ Create, implement and enforce appropriate laws, policies and practices to prevent discrimination ■ Note that HIV criminalization laws or travel restrictions may exacerbate access to HIV care and treatment services due to fear of disclosure ■ Ensure adequacy in confidentiality procedures ■ Ascertain accessibility of services and age of consent 	Institute training for all health workers, including participatory elements, to reduce HIV-related stigma and discrimination— Case Study: Thailand, 2020 (27) Imitate policies in private hospitals relating to confidentiality in public hospitals to improve perception of HIV-related stigma in heterosexual men— Case Study: Malawi, 2021 (83)
People living with HIV report avoiding going to local clinic in past 12 months because of their HIV status	People Living with HIV Stigma Index survey	Structural and skills-building: <ul style="list-style-type: none"> ■ Create, implement and enforce appropriate laws, policies and practices to prevent discrimination ■ Note that HIV criminalization laws or travel restrictions may exacerbate access to HIV care and treatment services due to fear of disclosure ■ Ensure adequacy in confidentiality procedures ■ Ascertain accessibility of services and age of consent 	Provide activities to build self-esteem and improve communication in clinics while clients wait to be seen by health-care professionals— Case Study: Uganda, 2012 (84)

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 6

Interventions in justice settings

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Law, regulation or policy specifying mandatory HIV testing before marriage, to obtain work or residence permit, for certain groups or to be employed	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Structural: <ul style="list-style-type: none"> Remove discriminatory laws Ensure implementation of national guidelines on management of HIV in workplace that prohibit mandatory testing 	<p>Prohibit compulsory testing before or during employment and specify redress procedures for workers who discriminate against a colleague because of their real or perceived HIV status; ensure buy-in from colleagues, co-workers and duty-bearers—Case Study: South Africa, 2010 (42)</p> <p>Joint collaborations between Government, ministries of labour, health and justice, nongovernmental organizations, community-based organizations, labour councils and confederations, and Members of Parliament to promote and protect right to consent and confidentiality of employees via training and implementation of PokPong crisis response system in pilot provinces; complemented by public campaigns and proposed new draft laws on discrimination—Case Study: Thailand, 2022 (unpublished)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

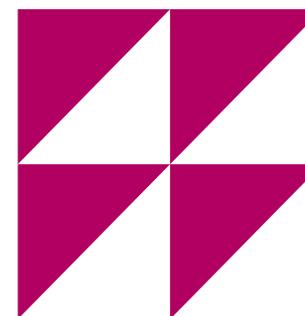
STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Laws or policies restricting entry, stay or residence of people living with HIV	UNAIDS Laws and Policies Analytics	Structural: <ul style="list-style-type: none"> Remove discriminatory laws Ensure implementation of supportive or protective laws 	Remove and repeal laws and policies as they are misuse of public health exception under equality and nondiscrimination laws, and devote legislative attention and national resources to comprehensive HIV prevention, care and treatment programmes serving citizens and non-citizens—Case Studies: mixed country, 2008 (85); mixed country, 2021 (86)
Laws requiring parental or guardian consent for adolescents to access contraceptives, HIV testing and HIV treatment	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Structural and information-based: <ul style="list-style-type: none"> Remove discriminatory laws, raise awareness of issues related to consent, and sensitize and train duty-bearers Decrease age of consent for HIV testing to 16 years	Create integrated school health policy that enables access to HIV services, including testing and condoms, for students aged 12 years and older without parental consent; practical implementation and stakeholder integration is key—Case Studies: South Africa, 2012 (54); South Africa, 2019 (55)

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

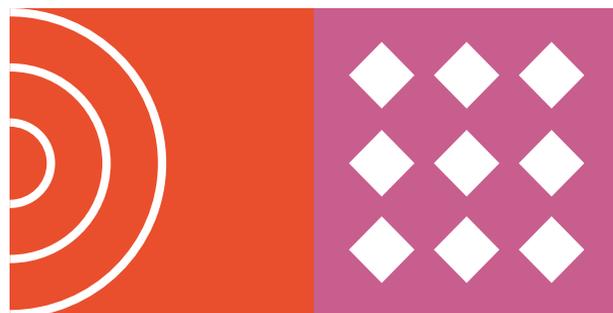
STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Laws criminalizing transmission, nondisclosure or exposure to HIV transmission	National Commitments and Policies Instrument and complementary sources UNDP Legal Environment Surveys	Structural: <ul style="list-style-type: none"> ■ Remove laws criminalizing drug use or possession for personal use, all aspects of sex work, sexual orientation, gender identity, and HIV exposure, nondisclosure and transmission ■ Provide protection for people living with HIV in health-care settings as criminalization of HIV nondisclosure may influence care provided by health-care providers due to uncertainty around HIV nondisclosure case law and tensions between professional standards of health care and legal expectations 	Decriminalize nondisclosure and identify knowledge gaps on impact of criminalization to provide critical bridge to accessing health care among people living with HIV, especially women, who face disproportionate negative impact of nondisclosure laws in health-care settings—Case Study: Canada, 2015 (87)

table continues →



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Existence of specific legislation on domestic violence, what it covers, provisions related to domestic violence, and implementation	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Structural: <ul style="list-style-type: none"> ■ Implement programmes to empower people from populations left behind with legal literacy and access to redress services ■ Remove discriminatory laws or laws that put women (in particular) living with HIV at risk when seeking support against domestic violence 	Assess women living with HIV for risk of domestic violence and offer appropriate interventions; where risk of abuse is indicated, do not notify partners without person's consent; repeal or amend state laws that permit involuntary notification and that punish a person's refusal to notify partners—Case Study: mixed country, 1995 (88) Reform partner notification and exposure laws to better reflect realities faced by people living with HIV, while also protecting people who may be at risk of infection; acknowledge link between domestic violence and HIV, and incorporate HIV training and services to better serve survivors—Case Study: mixed country, 2020 (89) Create and implement guidelines and protocols when providing care to survivors of domestic violence to ensure quality and standardization of care—Case Study: Mozambique, 2021 (90)
Country has no training programmes for duty-bearers on human rights and nondiscrimination legal frameworks applicable to HIV	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Information-based and skills-building: <ul style="list-style-type: none"> ■ Routinely inform and sensitize duty-bearers on legal, health and human rights aspects of HIV; relevant national laws; and implications for enforcement, investigations and court proceedings 	Police education as component of human rights-focused HIV response—Case Study: Kyrgyzstan, 2013 (20)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Mechanisms in place for accessing affordable legal services	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	Skills-building and structural: <ul style="list-style-type: none"> Reform laws, policies and practices to ensure effective remedies for rights violations and full and free access to legal services to people who need it 	Programmes provide access to justice, including through provision of government legal aid, referrals, training on human rights and sexual and gender-based violence to clients and service providers and provision of nongovernmental organization and private practice pro bono legal services—Case Study: Kenya, 2013 (40)
Criminalization of transgender people	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument and complementary sources UNDP Legal Environment Surveys	Structural: <ul style="list-style-type: none"> Remove laws criminalizing drug use or possession for personal use, all aspects of sex work, sexual orientation, gender identity, and HIV exposure, nondisclosure and transmission 	Interventions to remove anti-LGBTIQI legislation and stigma likely to impact engagement with HIV testing and treatment cascade stages—Case Study: Africa, 2019 (91)

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Criminalization of sex work	<p>UNAIDS Laws and Policies Analytics</p> <p>National Commitments and Policies Instrument and complementary sources</p> <p>UNDP Legal Environment Surveys</p>	<p>Structural:</p> <ul style="list-style-type: none"> Remove laws criminalizing drug use or possession for personal use, all aspects of sex work, sexual orientation, gender identity, and HIV exposure, nondisclosure and transmission 	<p>Challenge structural violence in sex work—Case Study: India, 2011 (53)</p> <p>Ensure integrated structural interventions to reduce vulnerability to HIV and sexually transmitted infections among female sex workers—Case Study: India, 2011 (22)</p> <p>Implement interventions to change policing of drug use and sex work in ways that facilitate public health programming and respect for human rights— Case Study: Kyrgyzstan, 2012 (92)</p>
Criminalization of same-sex sexual relations	<p>National Commitments and Policies Instrument and complementary sources</p> <p>UNDP Legal Environment Surveys</p>	<p>Structural and information-based:</p> <ul style="list-style-type: none"> Remove laws criminalizing drug use or possession for personal use, all aspects of sex work, sexual orientation, gender identity, and HIV exposure, nondisclosure and transmission 	<p>Implement interventions to remove anti-LGBTIQI legislation and stigma likely to impact engagement (e.g. of gay men and other men who have sex with men) with HIV testing and treatment cascade stages over time—Case Study: Africa, 2019 (91)</p> <p>Support legislation to reduce stigma and discrimination towards people from key populations, increase HIV testing and improve quality of life—Case Studies: Nigeria, 2014 (93); Argentina, 2012 (94)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Drug use or possession for personal use an offence	<p>UNAIDS Laws and Policies Analytics</p> <p>National Commitments and Policies Instrument</p> <p>Complementary sources</p> <p>UNDP Legal Environment Surveys</p>	<p>Structural and information-based:</p> <ul style="list-style-type: none"> Remove laws criminalizing drug use or possession for personal use, all aspects of sex work, sexual orientation, gender identity, and HIV exposure, nondisclosure and transmission 	<p>Implement interventions to change policing of drug consumption and sex work in ways that facilitate public health programming and respect for human rights—Case Study: Kyrgyzstan, 2012 (92)</p> <p>Implement law reform to reduce incarceration of people who inject drugs, reduce new HIV infections and if incarcerated replace with opioid agonist treatment— Case Study: Mexico, 2018 (95)</p>
No or lack of human rights monitoring and enforcement mechanisms	<p>UNAIDS Laws and Policies Analytics</p> <p>National Commitments and Policies Instrument</p>	<p>Structural and information-based:</p> <ul style="list-style-type: none"> Routinely review existing HIV-related laws, regulations and policies and compare with global commitments Address laws and policies that are discriminatory towards people left behind, including people from key and vulnerable populations, as part of national response to HIV 	<p>Adapt global stigma and discrimination measurement tools to local context for use in national routine monitoring to build evidence base for interventions; such data help to strengthen national response to HIV through provision of evidence to shape stigma and discrimination reduction programming—Case Study: Thailand, 2017 (72)</p>
Gay men and other men who have sex with men, sex workers and people who inject drugs who have experienced physical violence	<p>Biobehavioural surveys</p>	<p>Contact, information-based and structural</p>	<p>Challenge structural violence in sex work—Case Study: India, 2011 (53)</p>

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

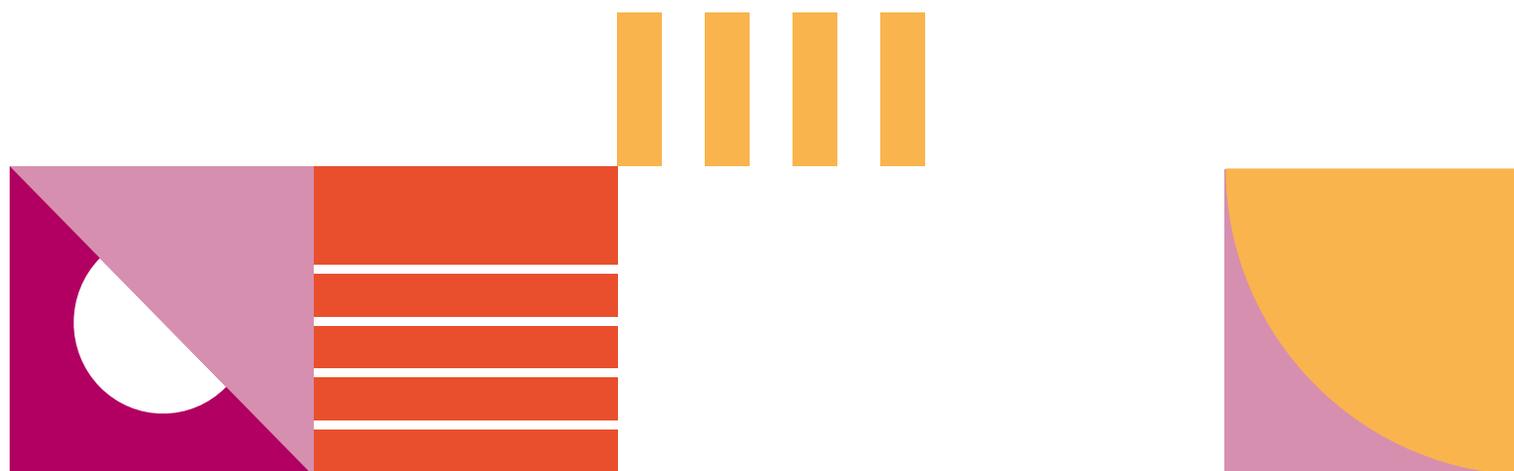
Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
People living with HIV who report their rights were abused in past 12 months who sought legal redress	People Living with HIV Stigma Index survey Global AIDS Monitoring	Structural and skills-building: <ul style="list-style-type: none"> Implement programmes to empower people from populations left behind with legal literacy and access to redress services Create discrimination reporting systems and link people living with HIV and people from key populations to legal services 	Move from data-gathering to access to legal services; provide technical assistance to increase stakeholders' knowledge of issues that affect people living with HIV and people from key populations; strengthen stakeholders' commitments to address discrimination; streamline case management systems; and improve relationships between civil society and government—Case Study: Ghana, 2017 (43)



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 7

Interventions in emergency settings

Issue or indicator	Indicator data source	Intervention type, and programme or tool	Example / Case Study
Services accessible to people affected by humanitarian emergencies: HIV counselling and testing; preventing mother-to-child transmission; HIV treatment; TB screening and treatment; preventing or treating sexually transmitted infections; services for survivors of sexual and gender-based violence; food and nutrition support	UNAIDS Laws and Policies Analytics National Commitments and Policies Instrument	<p>Structural, skills-building and information-based:</p> <ul style="list-style-type: none"> Implement programmes and services to reduce internalized stigma and support needs for people from populations left behind in conflict and crisis situations by providing safe access to care and treatment <p>Skills-building:</p> <ul style="list-style-type: none"> Strengthen capacity of community health workers by ensuring appropriate linkages between communities and formal health systems in emergency settings <p>Structural:</p> <ul style="list-style-type: none"> Implement programmes to prevent, address, monitor and report violence against people from populations left behind in emergency settings <p>Structural:</p> <ul style="list-style-type: none"> Include provisions for people from populations left behind in national emergency plans 	<p>No published evaluations of such programmes exist, highlighting current programming gap and need to add to evidence base in this area</p> <p>Cash transfers decrease stigma and discrimination in health-care settings and among individuals (e.g. reduced internalized stigma) and allow travel to health facilities to receive antiretroviral therapy, purchase nutritious food, and enhance self-value and feeling that people care— Case Study: Ukraine, 2017 (56)</p>

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

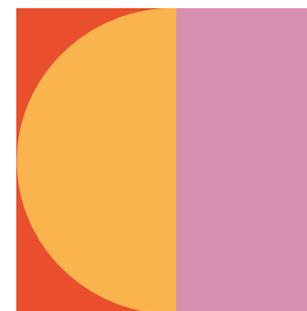
Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

ANNEX 8

GLOBAL INITIATIVES ADDRESSING STIGMA AND DISCRIMINATION

Programme work related to stigma and discrimination may be supported, and in some cases financed, by the key global initiatives listed in the table. These are often complementary to each other and provide critical assistance to catalyse national actions to end HIV-related stigma and discrimination.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Global initiatives that include a component seeking to address stigma and discrimination

Key initiative	Summary Outline of Objective
<p>Global Partnership (5)</p>	<p>Catalyse and accelerate implementation of commitments to end HIV-related stigma and discrimination in six settings</p> <p>Fulfil existing human rights commitments to end HIV-related stigma and discrimination across six settings</p> <p>Build meaningful partnerships between stakeholders</p> <p>Share responsibility for measurement and accountability</p> <p>Facilitate national efforts to achieve the 10–10–10 societal enabler targets, which call on all countries to repeal punitive laws and policies that target people from key populations and to implement supportive laws, policies and interventions that combat stigma, discrimination and gender-based violence¹</p>

table continues →

¹ The societal and service enablers were been given prominence in Global AIDS Strategy, adopted by consensus by the UNAIDS Programme Coordinating Board in March 2021, and proposed the 10–10–10 targets, namely, that:
 Less than 10% of countries have punitive legal and policy environments that deny access to justice.
 Less than 10% of people living with HIV and key populations experience stigma and discrimination.
 Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Key initiative	Summary Outline of Objective
United States Centers for Disease Control and Prevention and UNAIDS cooperative agreement (6)	Improve collection and use of strategic information to achieve UNAIDS Fast-Track and United States President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 targets ! The collaboration between UNAIDS and CDC supports health systems, civil society and other stakeholders collect and analyse granular data on the HIV epidemic and response and use these data to improve HIV programmes. A heavy focus of the agreement is on HIV-related stigma and discrimination.
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) catalytic investments and matching funds to address human rights-related barriers to HIV and TB services (7); Global Fund Breaking Down Barriers initiative (8)	Support programmes, activities and strategic initiatives to remove human rights-related barriers to HIV and TB services, including stigma and discrimination. Provide intensive support throughout duration of Global Fund Strategy 2017–2022 to 20 countries a where needs, opportunities, capacities and partnerships provide real possibilities for scale-up that will result in important gains for health As part of this initiative, baseline and midline assessments of key human rights and gender-related barriers to HIV were carried out in 2017 and 2019, respectively, considering HIV-related stigma and discrimination among seven UNAIDS key human rights programme areas (9) Global Fund baseline assessments, mid-term assessments and national strategic plans are critically important opportunities to identify key issues that require redress related to stigma and discrimination (10)
United Nations Development Programme (UNDP) Legal Environment Assessments (11)	Support countries to undertake Legal Environment Assessments with goal of assisting governments, civil society and other stakeholders to develop evidence-informed policy and strategy, to review and reform laws and policies based on human rights considerations, and to support increased capacity to achieve enabling legal environments for effective HIV responses
European Union and United Nations Spotlight Initiative (13)	Eliminate all forms of violence against women and girls

table continues →

CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

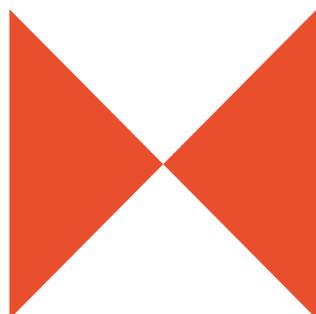
Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

Key initiative	Summary Outline of Objective
Unified Budget, Results and Accountability Framework (UBRAF) country envelope (14)	Provide operational framework for UNAIDS strategic planning, budgetary, joint working and accountability structure. A key result area expected under the current 2022-2026 UBRAF envelope is the following: political commitment, community leadership, funding and evidence- informed action built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women and girls.
PEPFAR's Focal Country Collaboration Initiative (15)	Strengthen coordination, collaboration and planning among Global Fund, PEPFAR, UNAIDS, communities, governments and national partners in six selected countries b to support global and national goals and efforts (e.g. Global Partnership, Breaking Down Barriers), address gaps in stigma and discrimination programming and funding, and advance operationalization of existing comprehensive plans to address sigma and discrimination. As an organisation, PEPFAR supports HIV prevention, care and treatment programmes in developing countries by rapidly scaling up proven interventions (12)

a Benin, Botswana, Cameroon, Democratic Republic of the Congo (province level), Côte d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda, Ukraine.

b Côte d'Ivoire, Ghana, Jamaica, Mozambique, South Africa, Thailand.



CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

REFERENCES

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CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

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CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

REFERENCES

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CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

REFERENCES

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CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

REFERENCES

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CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES

REFERENCES

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CONTENTS

USING THIS GUIDE

STEP 1

Understand how HIV-related stigma and discrimination manifest in your country context

STEP 2

Plan where and how to intervene

STEP 3

Implement plan to respond to HIV-related stigma and discrimination and monitor progress

ANNEXES



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