

FINAL REPORT

Mapping of tools on HIV-related stigma and discrimination in health care settings

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Introduction

There is increasing acknowledgment of the need to address stigma and discrimination, including in health care settings. The 2030 Agenda for Sustainable Development commits member states to achieving a world of universal respect for equality and non-discrimination”, and “to leave no one behind”.¹ The UNAIDS Strategy 2016-2021 has a clear target on eliminating HIV-related discrimination with a particular focus on health care.² A key milestone in 2015 was the launch of the “zero discrimination” targets, which are expected to galvanize progress towards ending discrimination and offer a framework for accountability in this key area. One of those targets relates to eliminating discrimination in all settings, with a particular focus on healthcare. Furthermore, WHO’s draft Global Strategy for Human Resources for Health also prioritizes ending discrimination in healthcare settings.³

UNAIDS commissioned a mapping of existing tools on HIV-related stigma and discrimination in health care settings, with a view to identifying potential gaps in the available tools where additional tools might be needed to accelerate progress towards these global targets.

There were two objectives to this mapping exercise:

- To map existing tools on HIV-related stigma and discrimination in health care settings; and
- To assess uptake of tools and perceptions of strengths, weaknesses and gaps.

This report presents the finding of the mapping exercise. Relevant background information is provided, including some detail on the differences between stigma and discrimination as these are important to the analyses that have been carried out. Following a brief section on the methods used for this research, the findings are presented, which leads into a section on ‘moving forward’ that seeks to outline opportunities for advancing work in this area.

Background

HIV-related stigma and discrimination in health care settings are known to negatively affect the HIV response. Experiences of HIV-related stigma and discrimination have been

¹ United Nations General Assembly. (2015) Transforming our world: the 2030 Agenda for 12 Sustainable

² UNAIDS. (2015) UNAIDS 2016-2021 Strategy: On the Fast-Track to end AIDS. Geneva, Switzerland, UNAIDS. http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

³ WHO. (2015) Global Strategy for Human Resources for Health: Workforce 2030. Draft for Consultation. Geneva, Switzerland, WHO. http://www.who.int/hrh/resources/glob-strat-hrh_workforce2030.pdf?ua=1

widely reported in health care settings around the world and have constituted a deterrent to accessing HIV-related and other health services. Stigma and discrimination in health care settings takes many forms including the denial of health care and unjust barriers to service provision, inferior quality of care and a lack of respect. They also encompass abuse and other forms of mistreatment, violation of physical autonomy, mandatory testing or treatment and compulsory detention.⁴ Health workers living with HIV can also experience stigma and discrimination within their workplace.

Understanding stigma and discrimination

It is important to have a clear understanding of the definitions of stigma and discrimination in order that their similarities and differences can be understood. UNAIDS has provided useful definitions that are consistent with international standards and of particular relevance to HIV.

Stigma is derived from a Greek word meaning a mark or stain, and it refers to beliefs and/or attitudes. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others, such as when certain attributes are seized upon within particular cultures or settings and defined as discreditable or unworthy.⁵

Fear of stigmatization may lead some people to avoid HIV testing, which could lead to inadvertent HIV transmission, as well as delays in initiation of treatment and coping difficulties for those who have been tested and are HIV-positive. Additionally, stigma can contribute to mental health difficulties, including depressive symptoms, and is associated with poorer health behavior adaptation and treatment adherence.⁶

When stigma is acted upon, the result is discrimination; however, discrimination is broader than manifestations of stigmatizing attitudes.

Discrimination refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived

⁴ UNAIDS. (2015) Catalysing Global Action to Eliminate Stigma and Discrimination in Health Care. Geneva, 10 - 11 November 2015: Meeting Statement. Geneva, Switzerland, UNAIDS.

⁵ UNAIDS. (2015) UNAIDS Terminology Guidelines. Geneva, Switzerland, UNAIDS.

http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

⁶ Vanable, P. A., Carey, M. P., Blair, D. C., & Littlewood, R. A. (2006). Impact of HIV-Related Stigma on Health Behaviors and Psychological Adjustment Among HIV-Positive Men and Women. *AIDS and Behavior*, 10(5), 473-482. <http://doi.org/10.1007/s10461-006-9099-1>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566551/>

membership of a particular group. It is a human rights violation. In the case of HIV, discrimination can be based on a person's confirmed or suspected HIV-positive status, irrespective of whether or not there is any justification for these measures.⁷

Discrimination can be conceived of as taking two primary forms:

Direct discrimination "may be defined as less favorable or detrimental treatment of an individual or group of individuals on the basis of a prohibited characteristic or ground such as race, sex or disability," or, in certain circumstances, health status.⁸ Direct discrimination can occur in a health care setting. For example, a health care provider may not provide needed services to someone living with HIV *because* of that person's HIV status. Unless justified (e.g. the treatment sought is medically counter indicated), this may constitute a human rights violation. Often, discrimination may not be this clear cut; it may take the form of longer wait times, excessive precautions, or other concrete differences in treatment due to an individual's health status.

Indirect discrimination "occurs when a practice, rule, requirement or condition is neutral on its face but impacts disproportionately upon particular groups, unless that practice, rule, requirement or condition is justified. Prohibitions of indirect discrimination require a state to take account of relevant differences between groups."⁹ Indirect discrimination also occurs in health care settings. For example, a policy requiring that all clients present an identity card or birth certificate to access health services may indirectly discriminate against people living in remote areas who may find it harder to get these documents. Seemingly neutral laws that amount to discrimination can also constitute violations of human rights. In this way, existing laws, policies and practices can institutionalize discrimination, but they can also be vital areas for addressing discrimination. Just as states have an obligation to address direct discrimination, they also have an obligation to address indirect discrimination, which may require different treatment of groups—including remedial measures to remedy past or present systemic discrimination.

Non-discrimination laws are rooted in equality and universal human rights principles; moreover, their application to the provision of health services provides another lever for improving public health. Often, the most directly applicable non-discrimination law or

⁷ UNAIDS. (2015) UNAIDS Terminology Guidelines. Geneva, Switzerland, UNAIDS.

http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

⁸ The International Centre for the Legal Protection of Human Rights (INTERIGHTS). (2011) Non-Discrimination in International Law: A Handbook for Practitioners.

<http://www.interights.org/document/153/index.html> (p. 18)

⁹ Ibid.

policy in place will be specific to a country context. In addition, the weight of regional, international, and universal human rights principles aligns against discrimination in law or practice. Particularly when combined with compelling public health data, the takeaway is clear: discrimination in the context of health care is harmful, and steps should be taken to remedy it in accordance with human rights obligations.

The fundamental principles of equality and non-discrimination form the cornerstone of international human rights law. They are included among the core purposes of the United Nations, in which each member state accepts obligations in “promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion.”¹⁰ These principles have been reiterated and expanded upon in several sources of international law, including core human rights treaties, and in regional and domestic law in myriad settings.

Often, discrimination “is linked to the marginalization of specific population groups and is generally at the root of fundamental structural inequalities in society. This, in turn, may make these groups more vulnerable to poverty and ill health. Not surprisingly, traditionally discriminated and marginalized groups often bear a disproportionate share of health problems. For example, in some societies, ethnic minority groups and indigenous peoples enjoy fewer health services, receive less health information and are less likely to have adequate housing and safe drinking water, and their children have a higher mortality rate and suffer more severe malnutrition than the general population.”¹¹ Further, discrimination often has a compounded effect, as individuals may face discrimination for multiple reasons, e.g. race, socioeconomic status and health status, each of which can have disproportionate impacts on the same marginalized groups.¹²

Making this specific to HIV, HIV-related stigma and discrimination can extend to “groups associated with people living with HIV (e.g. the families of people living with HIV) and other key populations at higher risk of HIV infection, such as people who inject drugs, sex workers, men who have sex with men and transgender people” as well as people in prisons and other closed settings, young people, migrants, and internally displaced people.¹³ This

¹⁰ United Nations. (1945) Charter of the United Nations. New York, USA, United Nations.
<http://www.un.org/en/sections/un-charter/chapter-i/index.html> (Art. 1 Para. 3)

¹¹ OHCHR & WHO. (N.d.) The right to health. Factsheet No. 31. Geneva, Switzerland, United Nations.
<http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

¹² Ibid.

¹³ UNAIDS. (2014) Reduction in HIV-related stigma and discrimination: Guidance note. Geneva, Switzerland, UNAIDS. http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_stigma_en.pdf

intersectionality and layering of stigma and/or discrimination can have particularly detrimental impacts on health status and access to services.

While complete separation of stigma and discrimination is impossible, each provides a different, complementary, entry point for work that might address both areas, and understanding their differences is critical to ensuring that interventions appropriately specify, assess and address each construct.

Methods

To gain an understanding of existing tools on HIV-related stigma and discrimination in health care settings, five activities were carried out: internet searches to identify existing tools; an online survey; key informant interviews; participation at an expert meeting on 'Catalyzing Global Action to Eliminate Discrimination in Health Care'; and a review of tools. Each of these is explained in further detail below.

Internet searches: Initial searches were carried out using various combinations of the following search terms in Google: tool, stigma, discrimination, HIV, health care, health facility. Websites of NGOs, multilateral agencies and universities known to be doing relevant work were also searched (both by using search terms and by manually searching).

Online survey: A short questionnaire was designed to elicit information about relevant tools that are in use. The questionnaire sought to determine what tools were being used, how users felt about the different tools and if people thought that additional tools might be useful to their work relating to stigma and discrimination in health care settings. The questionnaire was administered through SurveyMonkey in Arabic, English, Russian and Spanish. The surveys were posted for six weeks during October – November 2015. Links to the survey were distributed through listservs, UNAIDS regional offices and to key informants. See Annex 1 for the English version of the online questionnaire.

Key informant interviews: Preliminary research identified specific individuals whose work is particularly prominent in the field of HIV-related stigma and discrimination in health care settings. Semi-structured interviews were carried out with some of these key informants. Participants were asked about their experiences working in this field, the tools they have developed and/or used, and if/where they see the need for additional tools. Interviews lasted for 45 -75 minutes, each tailored to the specific expertise of the participant.

Expert meeting: UNAIDS and the Global Health Workforce Alliance jointly hosted an expert meeting in Geneva on November 10 and 11 entitled ‘Catalysing Global Action to Eliminate Stigma and Discrimination in Health Care’. The meeting aimed to define the need for action and provide an opportunity to establish and further clarify the goals, objectives, and parameters of future actions. Participants from across the world represented different types of organizations ranging from grassroots NGOs to inter-governmental agencies; they spoke about their experiences working to eliminate stigma and discrimination in health care. Preliminary findings from this research were presented and meeting participants were asked to share any additional tools that they thought should be included in the mapping.

Document review: The content of all of the tools identified through carrying out the previously described activities was analyzed to assess how HIV-related stigma and discrimination in health care settings were addressed. A data extraction matrix was used to ensure that information was systematically recorded across all documents e.g. on the format of the tool, the intended audience, the methodology for implementation. This information helped to identify the most relevant tools that required a more in-depth analysis, which forms the basis of this report. An inventory of the most relevant tools reviewed is presented in Annex 2.

Scope

Tools not relating to HIV or key populations were excluded as they fell outside the scope of this mapping exercise. However, in developing new tools, valuable lessons may be learned from some of these tools e.g. Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences developed and published by Ipas.¹⁴

Findings

This section presents the findings of the mapping exercise. Following a summary of the questionnaire and interview response rates, an overview of the tools is provided. Details are then presented on the settings and audiences for which existing tools have been designed as well as on the levels of uptake of some of the most frequently used tools. Analysis of key content is divided into tools that primarily address stigma and those that

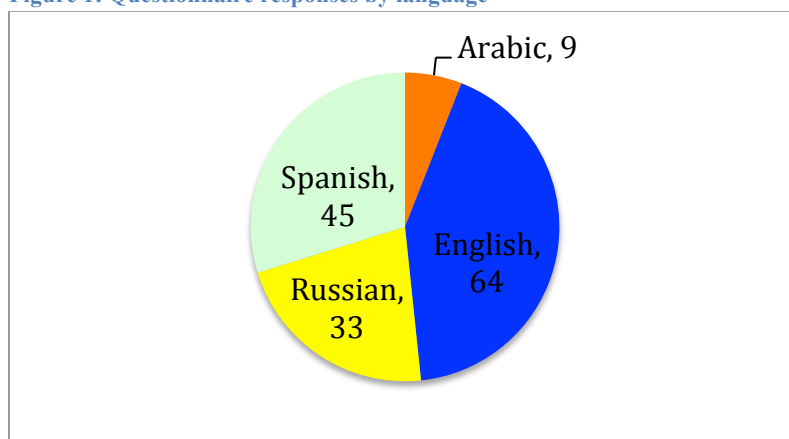
¹⁴ Turner, Katherine L. and Kimberly Chapman Page. (2008) Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC, Ipas.
<http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-attitude-transformation-A-values-clarification-toolkit-for-global-audiences.aspx>

primarily address discrimination. Successes and challenges of work to date are briefly discussed before a forward-looking section that aims to identify potential gaps in existing tools and useful avenues for effectively moving forward work to address HIV-related stigma and discrimination in health care settings.

Response rates

There were a total of 151 responses to the online questionnaire. Figure 1 shows the breakdown of responses by language.

Figure 1: Questionnaire responses by language



Although there was some missing data in a few questionnaires, this was negligible and there was no pattern in questions that were not answered.

Interviews were carried out with six out of the eight key informants who were invited to participate. One person who was invited never responded to email requests for an interview; one person was on extended leave and unable to participate given the timeframe for the research.

Overview of tools identified

Fifty-nine relevant tools were identified through internet searches, an additional 11 country-specific tools identified through the questionnaire, eight tools were provided by key informants, and participants at the expert meeting provided five additional tools for review. Thus, in total, 83 tools were reviewed; only those that were found to be relevant are included in this analysis and the inventory.

Most of the tools are specific to health care settings but there are some exceptions where the research team found that, even as the tools were broader than health care settings,

there were useful lessons to be yielded that might have relevance to addressing HIV-related stigma and discrimination in these settings.

A range of types of tools was included in this analysis: measurement tools, training materials, checklists, guidelines, guidance notes and reports. Guidelines, guidance notes and reports could be considered more ‘passive’ tools in that they contain recommendations for action but they are primarily designed to be read by relevant stakeholders who can then choose to implement the recommendations. In contrast, the measurement tools, training materials and checklists all require more active engagement in actions directed by the tools themselves.

Some of the tools seek to assess HIV-related stigma and/or discrimination in health care settings while other tools are designed to help address these issues. A few tools, such as Health Policy Project’s *Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities*, do both of these things by starting with an assessment of stigma and discrimination in the specific context of the health care setting so as to inform how to prioritize actions to address these issues. No tools were found that included a follow-up assessment at least twelve months after the initial intervention to assess long-term change in levels of stigma and discrimination in the health care setting. Tools to address stigma and discrimination are most often training materials designed to increase awareness of the issues as well as knowledge and capacity to act in non-stigmatizing and non-discriminatory ways. As mentioned above, there are also some good practice guides and case study publications designed for self-directed learning to improve behaviours.

Audiences and settings

The currently available tools are designed for many different users – researchers, trainers, health care workers, health managers, community-based organizations etc. – and are designed to be implemented with a range of different stakeholders responsible for addressing stigma and discrimination within health care settings – health workers, health managers, lawyers, national-level government officials etc. For example, some tools are designed for use by researchers to assess the attitudes of health facility staff around HIV; other tools are meant to be used by trainers and key population representatives to build health worker capacity to provide health services that do not stigmatize or discriminate against people living with HIV and other key populations. One of the most common audiences for the tools reviewed was trainers or facilitators: training materials were provided for someone skilled in training to use with health workers or other groups. The reports and guidelines contain useful recommendations or guidance for action, most of

which are designed for a broad audience of policy-makers, programme managers, health workers etc.

Questionnaire respondents were asked to identify gaps in audiences and settings targeted by existing tools; the findings are presented in Table 1.

Table 1: Gaps in settings and audiences targeted by existing tools

Audience	
General health worker	41
Doctors and/or clinical officer	33
Nurses, midwives, nurse assistants	28
Community health workers	28
Managers	24
Other non-medical	28
Settings	
General health care setting	39
Hospitals	38
Health centres	31
Community-based health services	38

As evidenced in the table above, no clear patterns emerged about specific settings or audiences that were either well-covered by current tools or where additional tools are particularly needed. From the review, no tools were found that specifically target community health workers. Some tools target health service providers while others were designed to be used more broadly e.g. with all staff within a health facility including managers, administrators and other support staff in addition to health workers.

Similarly, no tools were found that were specific to hospitals or community-based health services; most tools for use within health care settings were targeted to 'health facilities' generically. Furthermore, the tools seemed to target the entire health facility without any particular focus on a specific set of services within the facility.

In addition to the audiences and settings covered above, other areas where additional tools might be required were identified through our analysis of existing tools. These included tools for working with civil society and tools for building the capacity of other stakeholders whose actions also affect stigma and discrimination in health care settings such as the judiciary, policy-makers etc. The review did include some tools for building the capacity of rights-holders to claim their rights relating to non-discrimination in health care settings

(e.g. *Positive Protection! Empowering Women Affected by HIV to Protect their Rights at Health Care Settings*) but these tools were all more broadly about health-related rights than focused on discrimination.

Uptake of tools

Table 2 below shows the tools that were most frequently mentioned by questionnaire respondents. It is important to note that by disseminating the questionnaire through UNAIDS regional offices there may have been a disproportionate number of UNAIDS staff/partners among respondents, which may explain why the UNAIDS Guidance Note is the most often-mentioned tool.

Table 2: Tools that were most frequently mentioned by questionnaire respondents

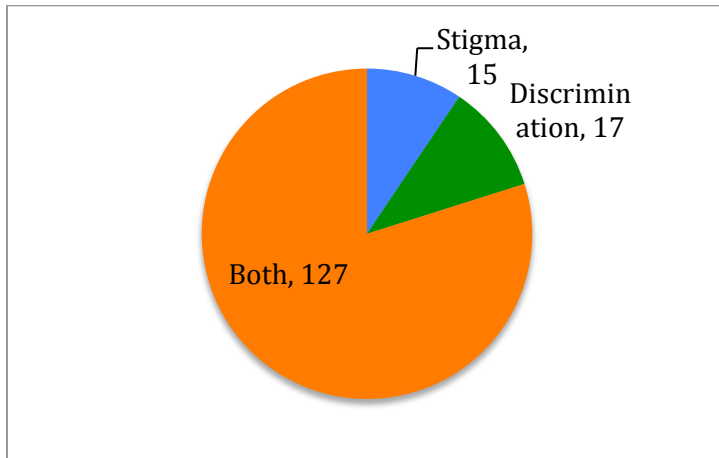
Reduction of HIV-related stigma and discrimination: Guidance note (UNAIDS)	31
Comprehensive package for reducing stigma and discrimination in health facilities (HPP)	15
Sexual and Reproductive Health of Women and Girls Living with HIV: Guidance of health managers, health workers and activists (Engender Health, UNFPA, Packard)	10
Reducing stigma and discrimination related to HIV and AIDS: Training for health care workers (Engender Health)	7
Understanding and challenging HIV stigma: Toolkit for action (ICRW)	6
Sexual minorities, human rights and HIV/AIDS: A trainer's guide (BONELA)	5
The time has come (UNDP Asia Pacific)	4

Content of the tools – stigma, discrimination or both

Overview

In the online questionnaire, respondents were asked if each tool they mentioned covered stigma, discrimination or both. People responded overwhelmingly that the vast majority of tools covered both stigma and discrimination (Figure 2)

Figure 2: Number of tools that cover stigma, discrimination and both of these



However, our analysis of the tools revealed a very different picture: almost without exception, tools use stigma as their entry point – targeting people’s attitudes, societal drivers of stigma etc. – and discrimination is addressed only as a manifestation of stigma. There appears to be an underlying assumption that stigma is the attitude that underlies behaviours that might constitute discrimination and therefore by changing the attitudes the behaviours should change. Very few tools are rooted in international human rights or a legal definition of non-discrimination, and use this as the starting point for action.

Tools that primarily address stigma

There are some excellent tools for addressing HIV-related stigma within health care settings, including some tools specifically designed for this purpose. In other tools, attention is given to stigma in settings beyond (but including) health care, and in some cases the tools are country-, region- or population-specific. Across the available tools, different types of stigma (e.g. anticipated stigma, internalized stigma, experienced stigma etc.) are all covered as well as the layering of stigma (e.g. relating to HIV-status, race, same-sex sexual behaviours etc.) that an individual can experience.

Health Policy Project’s *Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities* comprises three separate documents: a standardized questionnaire for measuring HIV stigma and discrimination among health facility staff, a facilitator’s training guide for a stigma-free health facility, and a resource guide for administrators for achieving stigma-free health facilities and HIV services.¹⁵ It was published this year following extensive validation and it is a useful set of tools. Although its overarching title suggests

¹⁵ Health Policy Project. (2015) *Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities*. <http://www.healthpolicyproject.com/index.cfm?id=stigmabpackage>

that it addresses both stigma and discrimination, discussion of the latter is mostly limited to discrimination as a manifestation of stigma. This is reflected in the names of two of the individual tools that include only 'stigma' and not 'discrimination'. However, much of what is called 'stigma' within some of the documents in this package of tools actually constitutes discrimination. Examples include health workers delaying or refusing treatment to certain clients, using excessive precautions (e.g. multiple pairs of protective gloves) or other differential treatment. Although not legally grounded or called 'discrimination' there are useful materials relating to these topics that could be adapted for use in addressing discrimination explicitly.

The *People Living with HIV Stigma Index* published by ICW, GNP+ and UNAIDS is a widely used tool to assess levels of stigma experienced by people living with HIV.¹⁶ It also encompasses some attention to experiences of discrimination as manifestations of the stigmatizing beliefs of others. It is a comprehensive index that goes beyond health care settings to assess stigma across different contexts. Its implementation process, although exemplary in the leadership required from people living with HIV, is onerous and expensive, limiting its practicality.

As mentioned above, other tools are far more focused targeting specific populations within a single country. *Addressing Stigma: A blueprint for improving HIV/STD prevention and care outcomes for black and latino gay men* is an example of a US-focused tool that is specifically tailored for black and latino gay men but it retains some breadth in seeking to address stigma broadly i.e. within but also beyond health care settings.¹⁷ A handful of other country-/region- and population-specific tools were also reviewed, many of which, including a series of tools published by ICRW and partners as part of their *Understanding and Challenging Stigma* series, focused on key populations in Asia.

Tools that primarily address discrimination

Some legally grounded tools that specifically address discrimination were identified but none of the questionnaire respondents mentioned any of these tools suggesting that they are not widely used by health/HIV professionals. It may be that the law and human rights community more actively uses these tools.

¹⁶ ICW, GNP+, UNAIDS. (2015) People living with HIV stigma index. <http://stigmaindex.org/>

¹⁷ National Alliance of State and Territorial AIDS Directors (NASTAD). (2014) Addressing Stigma: A blueprint for improving HIV/STD prevention and care outcomes for black and latino gay men. <https://www.nastad.org/sites/default/files/NASTAD-NCSD-Report-Addressing-Stigma-May-2014.pdf>

Where human rights (including the right to non-discrimination) were explicitly part of tools, a ‘violations approach’ was usually used, which focuses on when human rights are violated and how to access mechanisms to seek redress for the violations that have occurred. *Dealing with problems* and *Virtual Office of Human Rights and Legal Services*, although essentially both just web pages and more broadly focused than just health care settings, are examples of useful tools for helping people respond to any discrimination they think they have experienced i.e. how to complain, seek mediation or make a claim in court.¹⁸ Another tool that addresses human rights violations is the International HIV/AIDS Alliance’s *Rights – Evidence – ACTION (REACT)* tool.¹⁹ REACT is a community-based system for monitoring and responding to human rights-related barriers in accessing HIV and health services. Its focus is linking victims of human rights violations to support services but it also systematically documents relevant rights violations to inform policy change and legal reform efforts.

No tools were found that helped support people working in a health care setting to understand their human rights obligations as duty bearers and develop their capacity to fulfill these obligations. OSF’s *Template for “Human Rights in Patient Care, A Practitioner Guide”* provides a framework of topics that should be covered in training lawyers to improve the realization of human rights within health care settings; lessons could usefully be drawn from this approach and targeted towards staff working in health care settings.²⁰

The *Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific* provides comprehensive information relating to discrimination against transgender people in the region, including within health care settings.²¹ Within the report, there are simple tips for improving health services for transgender individuals including lists of ‘positive things’ health workers can do. This is a useful example of simple,

¹⁸ NAM. (n.d.) *Dealing with problems*. <http://www.aidsmap.com/Dealing-with-problems/page/1501232/>
Letra Ese. (n.d.) *Virtual Office of Human Rights and Legal Services*.

<http://www.letraese.org.mx/proyectos/proyecto-2/>

¹⁹ International HIV/AIDS Alliance. (2015) *Rights – Evidence – ACTION (REACT) Guide*.

http://www.aidsalliance.org/assets/000/001/310/REAct_User_Guide_original.pdf?1424259862

²⁰ Open Society Foundations. (2009) *Template for “Human Rights in Patient Care, A Practitioner Guide”*.

<http://www.health-rights.org/guides/pginto/>

²¹ United Nations Development Programme (UNDP), Asia Pacific Transgender Network (APTNet) and Health Policy Project (HPP). (2015) *Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific*. http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html

targeted information, framed constructively, that could make a practical difference within health care settings.

Some tools differentiate between discrimination that is legally actionable and discrimination that is not, while in one instance a distinction was made between 'Experienced stigma (outside legal purview)' and 'Discrimination (inside legal purview)'. This highlights the need to ensure clear definition of both stigma and discrimination in any tools relevant to this area. Current conflation of terms has led to some confusion about their differences; the importance of the specificity and precision of language cannot be overstated.

Strengths and successes

A variety of good practices emerged from the analysis of existing tools ranging from how they were developed to processes of implementation. Ensuring a participatory process of tool development followed by rigorous testing and validation of the tools helped ensure the relevance, practicality and acceptability of many of the tools reviewed. Ensuring that PLHIV played a central role throughout these processes has empowered communities of PLHIV across different settings.

The importance of identifying and collaborating with 'champions' who can help drive work on HIV-related stigma and discrimination in health care settings is key. This may include people working at the health facility level, community members, civil society organizations or national-level government officials. These 'champions' can help promote institutionalization and sustainability of efforts to reduce stigma and discrimination. This was clearly seen in China where the government was mobilized to include transgender needs in the new national HIV strategic plan following implementation of Asia Catalyst's *Know It, Prove It, Change It: A Rights Curriculum For Grassroots Groups* tool, and in Thailand where the government institutionalized stigma and discrimination reduction activities following use of the *Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities*.²² One final example of institutionalizing attention to HIV-related stigma and discrimination can be seen in the use of the *REACT* tool, which has been used as a

²² Asia Catalyst, Thai AIDS Treatment Action Group (TTAG) and Dongjen Center for Human Rights Education and Action. (n.d.) *Know It, Prove It, Change It: A Rights Curriculum For Grassroots Groups*. <http://asiacatalyst.org/resources/cbo-resources/>

²² Health Policy Project. (2015) *Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities*. <http://www.healthpolicyproject.com/index.cfm?id=stigmabpackage>

resource for the integration of human rights programmes in Global Fund applications in over ten countries.²³

Fostering strong links with communities and community-based organizations can help ensure follow-up and promote accountability. Furthermore, ensuring a multi-stakeholder approach (including government and civil society actors) can allow for joint mobilization to identify human rights issues in the HIV response and align collectively around priorities to address them. This has been seen in countries where UNDP's *Practical Manual: Legal Environment Assessment for HIV, An operational guide to conducting national legal, regulatory and policy assessments for HIV* tool has been used.²⁴

Challenges

Despite the strengths of existing tools and the many successes recorded to date, challenges persist in this area of work.

Although most of the tools that seek to reduce HIV-related stigma and/or discrimination in health care settings are training materials designed for use with health facility staff, most informants of this research noted that one-off training is insufficient for effecting change. Alternative methods for building capacity such as online platforms and apps for use with mobile technologies are, to our knowledge, not currently being used for work in this area but would be useful to explore.

Users of existing tools complained that most of the tools were not comprehensive, which they saw as a weakness. However, at the same time, questionnaire respondents stated that the tools were too long and time-consuming. Many of the tools are designed with flexibility in mind so that the length of training can be tailored to the time available, but the challenge remains of how to ensure training that is sufficiently 'comprehensive' without it being too long. Questionnaire respondents and key informants alike underscored the need for simple tools that are easy to implement: long and complicated processes of implementation deterred people from using some tools at all.

²³ International HIV/AIDS Alliance. (2015) Rights – Evidence – ACTION (REAct) Guide.
http://www.aidsalliance.org/assets/000/001/310/REAct_User_Guide_original.pdf?1424259862

²⁴ UNDP. (2014) *Practical Manual: Legal Environment Assessment for HIV, An operational guide to conducting national legal, regulatory and policy assessments for HIV*.
<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/practical-manual--legal-environment-assessment-for-hiv--an-opera.html>

Demand on health workers' time is high, with regard to both clinical work and required on-the-job training. For health workers (and other health facility staff) to prioritize work to reduce HIV-related stigma and discrimination in health care settings, it will be important to increase understanding of why this is a critical part of an effective HIV response, perhaps underlining the growing number of global-level commitments in this area.

One approach that FHI360 is currently working on is developing tools of 'top ten things to change' within health facilities that would make a difference for specific key populations e.g. young MSM clients. They hope that by disseminating very targeted, practical messages encompassing good practices in clinical care as well as the general experience of client care for key populations, they might effect positive change. However, the modality for any training that would accompany these messages is not yet clear.

There already exists a great number of tools designed to assess or address at least some aspects of stigma and/or discrimination in health care settings, yet knowledge and uptake of most of the tools appears to be low. It is important that potential users know what tools are available to them, what each one is designed to achieve and how they might be implemented. At the same time, strategic use of the tools is required to ensure that efforts are complementary and coherent so as to maximize gain from any tools implemented and to minimize duplication of efforts. Insufficient funding for this work has meant that existing tools are not used as much as they might be and that few tools have been rigorously evaluated.

Out of the 54 questionnaire respondents who stated that they or their institution had created tools on HIV-related stigma and discrimination within health care settings, only 13 (24%) had evaluated these tools. Furthermore, of the 54 respondents who stated that they used tools created by others, only four (7%) stated that they knew of any evaluations of the tools they were using. The lack of evaluation of existing tools limits our ability to understand which approaches might be most effective at addressing HIV-related stigma and discrimination in health care settings moving forward.

Moving forward

Emerging gaps

General consensus existed among research participants that insufficient tools exist for addressing stigma and discrimination within health care settings, and that additional tools

would help accelerate action in this area: 71% of questionnaire respondents noted the need for additional tools.

If the global framework for action is focused on eliminating discrimination in health care settings, there are clear gaps in the existing tools as most of them focus predominantly on stigma. In current tools there is very limited focus on ensuring that everyone in a health care setting understands and can fulfil their legal obligations with regard to non-discrimination or on the creation of an enabling legal and policy environment.

Another noticeable gap with regard to work carried out to date is in the evaluation of efforts to reduce HIV-related stigma and discrimination in health care settings. Moving forward, funding should be allocated to ensuring that rigorous evaluation can be carried out to ascertain which approaches to this work are most effective.

Possible avenues for action

Discrimination as an entry point

In many places, health workers appear receptive to understanding more about human rights and the legal and policy environment as a way of strengthening their work. This is likely particularly true if a supportive approach can be adopted whereby tools aim to help relevant duty-bearers fulfil their human rights obligations rather than naming and shaming them for rights violations. This approach can strengthen work to understand the drivers of stigma that lead to discrimination within health care settings by providing an additional angle from which to approach the issues in the context of health and human rights accountability.

Stigma and discrimination, although strongly inter-related, provide different, complementary entry points for work that might address both areas. However, using the framework of legal obligations that is linked to the human rights principle of non-discrimination can draw attention to the types of actions that constitute discrimination, highlight that such actions constitute human rights violations, and help health workers and other duty bearers to fulfil their legal obligations with regard to non-discrimination. It can also identify where legal and policy environments provide useful protections against discrimination as well as where they might need to be strengthened to ensure that adequate protection can be provided. It is critical that the 'value added' of using discrimination as an entry point be explicit in any future tools that take this approach.

In thinking about addressing discrimination in health care settings, there are many useful tools from which lessons can usefully be drawn. Furthermore, there are useful pieces within

existing tools, some of which, with permission, could be included in additional tools going forward. For example, OSF's *Practitioners Guides in Law and Health* are squarely grounded in the human rights notion of non-discrimination but no clear methodology for implementation is outlined.²⁵ Conversely, the methodology of the Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities is very well-developed but the content is not explicitly grounded in a human rights or legal definition of non-discrimination.²⁶ The content from these guides could usefully inform targeted tools for addressing discrimination in health care settings.

Discrimination against whom?

The tools in this mapping relate to stigma and discrimination against a range of different populations including people living with HIV, women and girls, men who have sex with men, transgender people, drug users and sex workers. Some tools focus on a single one of these populations while a few tools seek to cover multiple different populations. This can prove challenging if the scope of the tool is broad in other ways (e.g. encompassing settings beyond health care). However, if the scope of a tool were limited to discrimination within health care settings it would seem feasible to address discrimination broadly encompassing attention to all population groups.

At the same time it is also key that health workers and others working within health care settings understand that they themselves may be subject to discrimination and that they are rights-holders in this regard as well as duty-bearers. Any tool should encompass attention to discrimination against people working within health care settings to ensure that they feel subject to protection, rather than simply being targeted as potential perpetrators of discriminatory actions.

Action within the health care setting

As with other areas of health, different levels need to be considered with regard to ensuring non-discrimination: the level of care the facility is equipped to provide (with particular relevance to ensuring that health workers have access to adequate supplies to ensure universal precautions); the level of care the structure/system is ready to provide (relevant laws and policies); the level of care providers are offering to clients (reflecting providers' attitudes and behaviours); and clients' experience of care. The *PLHA-friendly checklist*, although its content is much broader than discrimination, has a useful breakdown of sub-

²⁵ Open Society Foundations. (2009) Template for "Human Rights in Patient Care, A Practitioner Guide". <http://www.health-rights.org/guides/pginto/>

²⁶ Health Policy Project. (2015) Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities. <http://www.healthpolicyproject.com/index.cfm?id=stigmamapackage>

domains across which action is required: Practice (practices and behaviours of staff), Training (building and maintaining the capacity of the staff to practice these standards), Quality Assurance (institutional mechanisms to monitor and ensure practice of gold standards), and Policy (institutional rules and regulations stipulating or enforcing the gold standards).²⁷ Attention to the regulatory framework at health facility level, including policies, their implementation, and penalties for infractions, is an area that seems particularly under-explored to date. Perhaps with the addition of the national and sub-national legal and policy environment (as assessed by UNDP's *Practical Manual: Legal Environment Assessment for HIV, An operational guide to conducting national legal, regulatory and policy assessments for HIV* tool for example²⁸), these four 'sub-domains' might be a useful framework for considering actions to address discrimination within health care settings.

Many different jobs exist within health care settings and although no clear consensus emerged from the online questionnaire regarding which cadres most lack tools for addressing HIV-related stigma and discrimination, it would seem critical that attention to all staff be incorporated in any tools. A patient's experience of visiting a health care setting is shaped by all interactions that occur there. It is often non-clinical staff (e.g. receptionists, janitors) who display discriminatory behavior and they should therefore be included in any efforts to reduce HIV-related discrimination in these settings. Attention to the knowledge and behaviours of health workers in all parts of the health care setting may also be necessary – sometimes health workers in HIV services are targeted for training while much discrimination occurs in non-HIV-specific services.

Although a few respondents suggested that health workers had reasonable knowledge of relevant laws and policies, most respondents thought that this knowledge was low. There was agreement among respondents that even where laws were clear, grey areas still arose in practice where health workers wanted additional guidance e.g. what to do if a man who has sex with men presents for health services in places where same-sex sexual behaviour is illegal. There appears to be a need to increase knowledge of relevant laws and policies

²⁷ Horizons Project/Population Council and SHARAN. (2005) The PLHA Friendly Checklist: A Self Assessment Tool for Hospitals and Other Medical Institutions Caring for People Living with HIV/AIDS.

<http://www.popcouncil.org/uploads/pdfs/horizons/pfechkst.pdf>

²⁸ UNDP. (2014) Practical Manual: Legal Environment Assessment for HIV, An operational guide to conducting national legal, regulatory and policy assessments for HIV.

<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/practical-manual--legal-environment-assessment-for-hiv--an-opera.html>

alongside providing practical guidance on how best to provide services to all populations, including those whose behaviours might be criminalized.

Actions outside health care settings

While it is indeed within health care settings that work is required to ensure non-discrimination in these settings, such actions might be limited by broader structural issues including the legal and policy environment as well as health systems constraints. Ideally, complementary work could be simultaneously undertaken within health care settings and at national (and potentially sub-national) level to ensure that the enabling environment is in place to allow staff in health care settings to fulfill their human rights obligations with regard to non-discrimination. For example, it may be necessary to strengthen the health system to ensure that health workers have an uninterrupted supply of supplies so that they can implement universal precautions; in the absence of such supplies, health workers might be fearful to treat people living with HIV, which could lead to discriminatory behaviours. No tools (or toolkit) exist to facilitate this two-pronged approach to action. Furthermore, this approach would require substantial political commitment, funding and coordination.

Beyond tools for use within healthcare settings, there is also a clear need to work with other duty bearers whose roles shape the delivery of health services as well as access to remedy in the cases of discrimination occurring in healthcare settings. This might include training the media, judiciary or law enforcement officers to ensure an enabling environment.

In addition, the use of human rights mechanisms such as the Universal Periodic Review, treaty-based reporting, and regional and national human rights institutions should be promoted as additional avenues for strengthening accountability for operationalizing legal and human rights protections relevant to non-discrimination within healthcare settings.

Format of new tools

The paucity of evaluation of existing tools has created a gap in the evidence of which (types of) tools are most effective at addressing HIV-related stigma and discrimination in health care settings. However, it is likely that any new toolkit that might be developed should include a variety of formats of tools. For example, it may be important to: measure the levels and types of discrimination that are occurring, build stakeholder capacity to understand and fulfill their obligations with regard to non-discrimination, and have a checklist within health care settings that staff and clients can readily refer to.

Due to limited funding and project periods, much of the work to date has focused on one-off capacity building with no follow-up. It is critical that any assessment and training are part of a broader agenda for action and that new tools try to stimulate local ownership and institutionalization of actions to reduce HIV-related discrimination in health care settings. Incorporating capacity building into ongoing pre- and in-service trainings could be an effective way of institutionalizing this work.

Conclusion

This mapping exercise has identified a large number of tools, albeit of varying quality, relevant to reducing HIV-related stigma and discrimination in health care settings.

While a plethora of tools already exist that are relevant to this work, many of them are not specific to this topic: they encompass a much broader range of topics and/or settings. Furthermore, the tools are not designed to fit together and implementation of tools to date has been piecemeal, with no documented concurrent use of different tools that were not specifically designed as a toolkit/package.

Excellent tools exist to cover stigma reduction within health care settings, but no tool exists that specifically seeks to address HIV-related discrimination within health care settings. Much excellent work exists to build upon and a tool that specifically addresses HIV-related discrimination in healthcare settings could be a useful addition.

No single tool could cover the vast topic of HIV-related discrimination in health care settings but it would be useful to envisage a toolkit encompassing different tools, each designed to address one aspect of this topic. This could be conceptualized in a range of different ways and it would be useful to seek the input or potential users on any initial ideas that emerge from this work.

There is an evident tension between the complexity of the issue to be addressed and the need for simple tools. Rather than trying to target all stakeholders working at all levels (from community to national government), a series of tools is needed that is designed to fit together but with each tool targeting a specific element of the required response.

Concerted action by a wide range of stakeholders will be required if the global targets of 'zero discrimination' are to be met. For some of these stakeholders, stigma will resonate as a useful entry point for this work; for others, addressing discrimination from a starting

point of law and human rights will resonate more. The latter is an entry point that has been under-utilized to date, an area where tools are lacking, and an approach that will constitute an additional lever for action that could prove critical to reaching global targets and, in so doing, improving the quality of life of people living with HIV around the world.

Annex 1 – Online questionnaire

Part 1 – People/organizations who have created relevant tools

1. Have you and/or your institution created any tools to assess or address HIV-related stigma or discrimination within health care settings? *[Y/N response option]*

*If yes, please list all of these tools and provide links to access the tools where available so that we can review each tool and include it in the database of key resources. If you prefer to email tools to us, please send them to: ushealthhumanrights@gmail.com *[text box response option]**

If no, skip to question 6.

2. For each of these tools, is the focus on stigma, on discrimination or on both? *[text box, and box to check for each possible response, with 3 sets of boxes (assuming a maximum of 3 tools per respondent)]*
3. Please list up to three examples of results achieved through using your tools, making clear which achievements resulted from use of which tool. *[text box response option]*
4. Have any of your tools been evaluated or assessed? If yes, please provide details or a link to the evaluation report for each one or email it to us (ushealthhumanrights@gmail.com). *[Y/N response option, with space for additional text]*
5. Are there any changes that you would make to each of your tools to improve their effectiveness? *[text box response option]*

Part 2 – People/organizations who use tools created by others

6. Do you or your partners use any tools created by other individuals or organizations to assess or address HIV-related stigma and discrimination in health care settings? *[Y/N response option]*

If yes, continue questions.

If no, skip to question 14.

7. Please tick any of the tools below that you have used and list any additional tools that you have used. Where available, please also provide links for accessing the additional tools or email them to us (ushealthhumanrights@gmail.com) so that we can review each tool and include them in the database of key resources. *[9 tools listed with check boxes, and text box response option]*

Tools to be listed:

- Comprehensive package for reducing stigma and discrimination in health facilities (Health Policy Project);
- Reduction of HIV-related stigma and discrimination: Guidance note (UNAIDS);
- Measuring HIV stigma and discrimination: Technical brief (STRIVE, LSHTM, ICRW);

- "The Time Has Come" Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: Training package for health providers to reduce stigma in health care settings (UNDP Asia Pacific);
 - Sexual minorities, human rights and HIV/AIDS: A trainer's guide (BONELA);
 - Sexual and reproductive health of women and adolescent girls living with HIV: Guidance of health managers, health workers and activists (Engender Health, UNFPA, Packard);
 - Taking action against HIV stigma and discrimination (DFID, ICRW);
 - Reducing stigma and discrimination related to HIV and AIDS: Training for health care workers (Engender Health); and
 - Understanding and challenging HIV stigma: Toolkit for action (ICRW).
 - Other
8. What do you like most about these tools? Why? Please make clear which tool your comments relate to. *[text box response option]*
 9. What do you like least about these tools? Why? Please make clear which tool your comments relate to. *[text box response option]*
 10. For each of these tools, is the focus on stigma, on discrimination or on both? *[text box and box to check for each possible response, with 3 sets of boxes (assuming a maximum of 3 tools per respondent)]*
 11. Please list up to three examples of results achieved through using these tools, making clear which achievements resulted from use of which tool. *[text box]*
 12. Are you aware of any of the above tools being evaluated or assessed? *[Y/N response option, with space for additional text]*
If yes, please provide details or a link to the evaluation report for each one or email it to us (ushealthhumanrights@gmail.com).
 13. What could be done to further supplement or improve the effectiveness of each of the tools that you use? *[text box response option]*

Part 3 – Overview of current tools

14. In your opinion, are there sufficient tools and guiding documents to facilitate work to tackle HIV-related discrimination within health care settings? *[Y/N response option, with space for additional text]*
15. What gaps do you see in the materials currently available with regard to:
 - a. Types of health care settings? *[multiple choice with text box response option]*
 - i. *General health care settings (i.e. non-specific)*
 - ii. *Hospitals*
 - iii. *Health centres/Non-hospital health facilities*
 - iv. *Community-based health services*
 - v. *Other (please specify)*
 - b. Types/levels of health workers/staff targeted? *[multiple choice with text box response option]*
 - i. *General health workers (i.e. non-specific)*
 - ii. *Doctors and/or clinical officers*
 - iii. *Nurses, midwives and/or nurse assistants*

- iv. *Community health workers*
- v. *Health managers*
- vi. *Other non-medical staff in health facilities (e.g. administrators, receptionists, janitors etc.)*
- vii. *Other (please specify)*
- c. *Forms of discrimination covered? [text box response option]*
- d. *Other? [text box response option]*

Part 4 – Wrap-up

16. We would welcome your further thoughts on any of the relevant tools that you have used or know about as well as any additional information you might wish to provide. *[text box response option]*

Contact information for possible follow up interview (optional)

Your name _____
Your organisation _____
City _____
Country _____
E-mail address _____
Telephone number _____
Skype ID _____

I prefer to be contacted by:

- E-mail
- Telephone
- Skype

Thank you for your participation in this survey!

Annex 2 – Inventory of Tools

Inventory of selected tools on HIV-related stigma and discrimination in health care settings

Introduction

This inventory was created as a part of a process of mapping tools and projects aimed at assessing and/or addressing the negative effects of HIV-related stigma and discrimination in health care settings. Tools selected for inclusion demonstrate the range of approaches currently in use, but there are two important limitations to this work. Efforts have been made to create as complete a list as possible, however it should not be considered a complete list of all potentially relevant tools nor should it be used as a comprehensive summary of any individual tool; the utility of this document is as a scan of available tools and approaches to provide an overview of the current state of efforts to address HIV-related stigma and discrimination in health care settings, and identify potential gaps. There has been no quality assessment of these tools, and as such this inventory should not be considered as an endorsement or support for any of the individual approaches put forth by a given tool or project.

Methodology

- (1) Searches of electronic databases revealed several relevant tools and projects, followed by targeted searches of material published by organizations working closely on HIV stigma and discrimination. These were catalogued in a mapping matrix that formed the basis for the categories of information included in the tables below.
- (2) An online questionnaire was disseminated in Arabic, English, Russian and Spanish to listservs, through UNAIDS regional offices, and to individuals and organizations working on these issues. The questionnaire requested information relating to the use of existing tools, gaps in tools, and if organizations or individuals knew of any additional tools or projects that should be brought to the attention of the research team. Relevant responses were tracked, and any previously unknown tools were included in the mapping review.
- (3) Key informant interviews were carried out with individuals notable for their experience or expertise working on HIV-related stigma and discrimination. In addition to determining strengths and limitations of existing tools as well as potential gaps in currently available approaches, these individuals were asked to provide tools that would be useful to include in the mapping.
- (4) The preliminary findings of this mapping exercise were presented at an expert meeting on HIV-related stigma and discrimination in health care settings that was hosted by UNAIDS and the Global Health Workforce Alliance on the 10th and 11th November, 2015 in Geneva, Switzerland. Meeting participants were asked to share their experiences with existing tools and to inform the research team of any key tools they felt were missing from the analysis.

(5) The larger list of tools and projects was pared down to the sample below based on relevance to the topic.

Structure of the inventory

The inventory comprises a series of tables. Each table includes information on a single tool. Data extraction across the tools was systematic in an effort to provide standardized information on each one. To the extent possible, text was copied directly from tools into these tables; where no succinct text was available, we paraphrased the relevant information. The categories of information included in each table are explained below:

Name: The title of the tool.

Organization (Year): The organization(s) that produced the tool, and the year it was created.

Aim: The broader goal of the tool; how the authors describe its relevance in general.

Type of Document: The category of document e.g. trainer's guide, fact sheet, report, etc.

Audience Intended: Who the intended implementer of the tool is, as well as which groups the tool is designed to be used with. E.g. Intended for use by researchers to be administered to health workers.

Populations Experiencing Stigma and/or Discrimination: Which populations are affected by the stigma or discrimination that the tool is designed to assess or address, e.g. PLHIV, MSM, transgender people.

Stigma and/or Discrimination: Whether the tool primarily focuses on stigma, discrimination, or both. Where possible, we indicate whether stigma and discrimination are included separately or dealt with together almost as though they are interchangeable.

Assess and/or Address: Whether the tool aims to *assess* HIV-related stigma or discrimination, i.e. measure, study, catalogue, and analyze it; or whether it aims to *address* HIV-related stigma or discrimination, i.e. limit, counter, or remove it. For example, a survey attempting to index instances of discrimination in a health facility would be assessment, while a training tool aimed at sensitizing health workers as to the harmful effects of discrimination would be addressing it. Some tools further both goals.

Implementation: Details on how the tool is to be implemented or notes on how the work is to be done.

Comments: Comments from the research team as to links with other tools, particularly important sections in the context of this mapping, or other issues of note.

Link: A hyperlink to the tool or project.

Gaps appear in the tables where information could not be found within a tool on any of the above categories. Peer-reviewed journal articles were excluded as they do not constitute 'tools'.

The tools are organized in reverse chronological order with those published most recently appearing first. Where one tool is meant to be used alongside another tool, these are grouped together. Undated publications are included at the end of the inventory.

Inventory of Tools

2015

Name:	People Living with HIV Stigma Index
Organization (Year):	ICW, GNP+ UNAIDS (2015)
Aim:	The index aims to increase the evidence base and provide for advocacy by increasing understanding of how stigma and discrimination is experienced by people living with HIV. The evidence gained will then shape future programmatic interventions and policy change.
Type of Document:	An online index of standardized research projects. The <i>People Living with HIV Stigma Index</i> provides a tool that measures and detects changing trends in relation to stigma and discrimination experienced by people living with HIV. It is based on a questionnaire that has been translated into more than 50 languages. The process of implementation is critical as it is driven by PLHIV and their networks.
Audience Intended:	Researchers, in consultation with the Stigma Index Partnership, to prepare a research project of interviews and engagement with communities and individuals living with and affected by HIV and AIDS—PLHIV are key implementers of the interview process.
Populations Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Stigma focus, lists both.
Assess and/or Address:	Both – Assesses in gathering data, but addresses by involving PLHIV in the process and empowering individuals and communities most affected by the epidemic.
Implementation:	Different and tailored to each country, but in general, a team composed of partners from local academic institutions and experts, technical support from the international partnership, interviews with organizations. Interviewers are people living with HIV, to sensitively and ethically interview other people living with HIV and provide referrals to appropriate services.
Comments:	Important work and ongoing in many different country contexts; primarily stigma focused.

Link:	http://stigmaindex.org/
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Name:	Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities
Organization (Year):	Health Policy Project--Supported by PEPFAR and USAID (2015)
Aim:	To support health facility staff in recognizing and challenging stigma and discrimination within health facilities and creating a safe, enabling environment for staff and patients, including people living with HIV and other key populations, such as men who have sex with men, transgender individuals, sex workers, and people who inject drugs.
Type of Document:	A comprehensive package of tools, on how to assess, train, and sustain stigma-free services. Includes a standardized questionnaire for measuring HIV stigma and discrimination among health facility staff, a facilitator's training guide for a stigma-free health facility, and a resource guide for administrators for achieving stigma-free health facilities and HIV services.
Audience Intended:	For the overall package, health workers, health facility managers, researchers, but primarily those working in health facilities at all levels. Training to be conducted by facilitators—which is flexible but should generally be with one person who is a health worker and another who is a PLHIV or member of a key population group—who then train health facility staff.
Populations Experiencing Stigma and/or Discrimination:	People living with HIV, men who have sex with men, sex workers, people who inject drugs, and transgender individuals.
Stigma and/or Discrimination:	Both - but stigma is the primary focus.
Assess and/or Address:	Both.
Implementation:	Package contains flexible implementation options. See page 2 of the training tool for more comprehensive overview. The modular approach allows each trainer to package the training to suit his/her audience, the workplace context, and the amount of time available. A complete course on stigma over two to three days...A series of short two-hour sessions over several weeks or months...A short intensive course of one or two days,

	reinforced with one- to two-hour follow-up sessions...A stigma component (two to three sessions) within a larger training course on HIV... The context for this training can also vary widely. The training could take a number of different forms...[See p.2 PDF]
Comments:	Emphasis on stigma. Current and active. Also see http://www.healthpolicyproject.com/index.cfm?id=topics-Stigma for other links to videos, etc.
Link:	http://www.healthpolicyproject.com/index.cfm?id=stigmapackage

Name:	Rights – Evidence – ACTion (REAct) Guide
Organization (Year):	International HIV/AIDS Alliance (2015)
Aim:	To document human rights-related barriers in accessing HIV and health services in order to provide adequate individual responses, and to inform quality human rights-based HIV programming, policy and advocacy at national, regional and global levels.
Type of Document:	A guide that provides an introduction to Rights – Evidence – ACTion (REAct), a community-based system for monitoring and responding to human rights-related barriers in accessing HIV and health services.
Audience Intended:	The guide is aimed at organizations wishing to set up and implement REAct. REAct has been designed mainly, but not exclusively, for community-based and civil society organizations that focus on HIV programming and advocacy for key populations.
Populations Experiencing Stigma and/or Discrimination	Key Populations, PLHIV, people who buy or sell sex, MSM, transgender people, and people who inject drugs. This definition also includes women and sexual minorities in contexts of acute gender inequality, and other populations at heightened risk of human rights violations.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Both.
Implementation:	Primarily done by civil society and community-based organizations, including a possible REAct coordinating organization and multiple implementing organizations, and a workshop for bringing them all together

	(see p. 7).
Comments:	See p. 6 for note on public healthcare providers.
Link:	http://www.aidsalliance.org/assets/000/001/310/REAct_User_Guide_original.pdf?1424259862

Name:	Webinar – A new tool to fight health insurance discrimination: Filing complaints to state insurance commissioners
Organization (Year):	HIV Health Reform/AIDS Foundation of Chicago; Harvard Law School Center for Health Law and Policy Innovation (2015)
Aim:	To assist consumers, providers and advocates in filing complaints to State Departments of Insurance to fight HIV health insurance discrimination.
Type of Document:	Webinar on filing complaints re: HIV health insurance discrimination; Template for Complaints.
Audience Intended:	Consumers, care providers, advocates – the webinar walks viewers through the process of completing template complaint letters. These letters are designed to educate state insurance commissioners as to how health insurance plans unfairly discriminate against people living with HIV and to demand their offices provide oversight and require accountability.
Populations Experiencing Stigma and/or Discrimination	PLHIV.
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Address.
Implementation:	Individuals access webinar and create complaint letters.
Comments:	US-centric, but interesting tool for filing complaints. Re-released on US Government website (DHHS).
Link:	http://www.hivhealthreform.org/2015/05/27/webinar-a-new-tool-to-fight-health-insurance-discrimination/ https://blog.aids.gov/2015/06/new-tool-available-to-fight-insurance-discrimination-against-persons-living-with-hiv-infection.html

Name:	Justice Programs for Public Health: A Good Practice Guide
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Organization (Year):	Open Society Foundations (2015)
Aim:	To support good practices in supporting access to justice, as access to justice is integral to improving public health and development goals.
Type of Document:	A good practice guide based on OSF's experience with access to justice projects. OSF has initiated and supported community-based peer paralegals, street-based lawyers, legal services that integrate into health care, and web-based legal advice, and engaged in traditional community justice structures like chiefs and elders. This guide unpacks key lessons and challenges, and can function as a comprehensive tool for groups working with justice and health issues.
Audience Intended:	Justice organizations interested in addressing pressing public health needs, and public health groups that recognize justice is as critical to public health as medicine. It is also a resource for funders of health or justice programs.
Populations Experiencing Stigma and/or Discrimination:	Sex workers, people who use drugs, PLHIV, people in need of palliative care, Roma, people with intellectual and psychosocial disabilities.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	Key section: see the discrimination against Roma in health care settings part, p. 26. Builds on "bringing justice to health." https://www.opensocietyfoundations.org/sites/default/files/bringing-justice-health-20130923_0.pdf
Link:	https://www.opensocietyfoundations.org/sites/default/files/justice-programs-public-health-20150701_1.pdf

Name:	The Right(s) Evidence: Sex Work, Violence and HIV in Asia (A multi-country qualitative study)
Organization (Year):	UNDP, UNFPA, Asia Pacific Network of Sex Workers, SANGRAM, India (2015)
Aim:	The objective of the study was to better understand female, male and transgender sex workers' experiences of violence, the factors that increase or decrease their vulnerability to violence and how violence relates to risk

	of HIV transmission.
Type of Document:	Report from a research partnership of UN agencies, governments, sex worker community groups and academics. Research was carried out in Indonesia (Jakarta), Myanmar (Yangon), Nepal (Kathmandu) and Sri Lanka (Colombo). This regional report presents an analysis of the findings from the four country sites. The study comprised a total of 123 peer-to-peer in-depth qualitative interviews with 73 female, 20 male and 30 transgender sex workers aged 18 and older. In addition, 41 key informant interviews were conducted with police personnel, NGO officers, health and legal service providers and national AIDS authorities for insight on contextual information to aid with the analysis and shape the recommendations.
Audience Intended:	Broad use: Institutions, Researchers, Governments, NGOs and Advocacy Groups, Individuals.
Populations Experiencing Stigma and/or Discrimination	Sex workers.
Stigma and/or Discrimination:	Both--not the overt focus of the report, but definitely reported.
Assess and/or Address:	Both – assessment component in work; current document contains recommendations.
Implementation:	N/A
Comments:	In three of the four study sites, the participants reported experiencing discrimination and violence in health care settings by doctors, nurses and other staff, including in relation to actual or perceived HIV status. Interview guides used in the research are not included in the report.
Link:	http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2015-the-rights-evidence-sex-work-violence-and-hiv-in-asia.pdf

Name:	Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific
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Organization (Year):	United Nations Development Programme (UNDP), Asia Pacific Transgender Network (APTN) and the United States Agency for International Development (USAID) funded Health Policy Project (HPP) (2015)
Aim:	The purpose of the Blueprint is to strengthen and enhance the policy-related, clinical, and public health responses for trans people in Asia and the Pacific.
Type of Document:	This publication outlines the priority health care needs and human rights issues for transgender people in the Asia Pacific region. Drawing upon inputs from trans individuals and organizations, medical professionals, and policymakers from throughout the region, Blueprint aims to strengthen and enhance the policy-related, clinical, and public health responses for trans people in the region.
Audience Intended	The primary audience for the Blueprint is health providers, policymakers and governments. The information within the Blueprint could also serve donors, bi- and multilateral organizations and trans and other civil society organizations.
Populations Experiencing Stigma and/or Discrimination	Transgender people.
Stigma and/or Discrimination:	Both, but full section on discrimination and references stigma leading to discrimination.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	Third of a series based in other regions.
Link:	http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html

Name:	Positive Protection! Empowering Women Affected by HIV to Protect their Rights at Health Care Settings
Organization (Year):	UNDP (Forthcoming)
Aim:	To empower women affected by HIV in Nepal with the information, attitudes and skills they need to ensure that their rights are respected when

	they seek sexual and reproductive health care services and to seek justice if they are violated.
Type of Document:	Toolkit and training, divided into three modules: (1) “Know Your Epidemic! Know Your Rights!” provides an overview of the HIV epidemic in Nepal and introduces the sexual and reproductive health rights of women affected by HIV at health care settings. (2) “Seeking Justice” provides information on how women affected by HIV can seek justice if their rights are violated. “Community Mobilisation: Doing It for Ourselves!” leads participants through a community mobilization process which culminates in the development of an action plan to address problems that lead to the violation of the rights of women affected by HIV in sexual and reproductive health care settings.
Audience Intended:	Networks, community-based organizations, non-governmental organizations and international agencies working with women affected by HIV to provide training to women affected by HIV.
Populations Experiencing Stigma and/or Discrimination:	Women and girls living with HIV; Female sex workers; Female drug users; Transgender women; Women in sero-discordant relationships; Female partners of men with high-risk behaviours (for example, who are clients of sex workers, use drugs, have sex with men, are migrants).
Stigma and/or Discrimination:	Both, and generally connected.
Assess and/or Address:	Address.
Implementation:	If delivered as one workshop, it will take four days. It can be delivered as three consecutive modules in separate workshops.
Comments:	Nepal focus. Participant’s book includes background on relevant national law, and worksheets forms that function as tools.
Link:	PDF provided in survey response, publication forthcoming.

2014

Name:	Addressing Stigma: A blueprint for improving HIV/STD prevention and care outcomes for black and latino gay men
Organization (Year):	National Alliance of State and Territorial AIDS Directors (NASTAD) (2014)
Aim:	To reduce stigma in public health practice and promote access to HIV and STD prevention and treatment among gay men/MSM.
Type of	Blueprint with background on addressing stigma, recommended steps for

Document:	removing stigma from public health practice, linkages to care and retention in care, and treatment adherence. Contains background and analysis drawn from a stigma survey, a stigma toolkit, and optimal care checklists.
Audience Intended:	Directors of HIV prevention programs implemented by health departments and community partners.
Populations Experiencing Stigma and/or Discrimination:	Black and Latino gay men, and other MSM.
Stigma and/or Discrimination:	Stigma.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	US focus. Some recommended steps have guidance for healthcare providers.
Link:	https://www.nastad.org/sites/default/files/NASTAD-NCSD-Report-Addressing-Stigma-May-2014.pdf

Name:	Reduction of HIV-related stigma and discrimination [Guidance note]
Organization (Year):	UNAIDS (2014)
Aim:	To assist countries in addressing aspects of HIV-related stigma and discrimination in national AIDS responses through political initiatives, using people living with HIV and other key populations as a resource against stigma and, most importantly, costing, budgeting and implementing sufficient stigma-reducing programs in national AIDS responses, including through the concept note development processes for submission to the Global Fund.
Type of Document:	Guidance Note containing background; key elements for national AIDS responses and programming; information on focus populations; data requirements; implementation challenges; main activities; key indicators; approaches to costing; and information on addressing gender, human rights and equity issues.
Audience Intended:	Countries attempting to address stigma and discrimination in national AIDS responses.

Populations Experiencing Stigma and/or Discrimination:	PLHIV and other key populations (in most settings, men who have sex with men, transgender people, people who inject drugs and sex workers, but not limited).
Stigma and/or Discrimination:	Both - most often combined (stigma and discrimination) but, each given separate discussion, particularly in structural section.
Assess and/or Address:	Address.
Implementation:	Guidance note--part of resource kit for high impact programming, and designed to assist countries. Provides some context and questions that should be considered at several levels, and critically, some concise guidelines related to implementation of programming itself. In this sense, may be used to improve programming and tools.
Comments:	Part of "resource kit for high-impact programming".
Link:	http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_stigma_en.pdf

Name:	Practical Manual: Legal Environment Assessment for HIV, An operational guide to conducting national legal, regulatory and policy assessments for HIV
Organization (Year):	UNDP (2014)
Aim:	To assist governments, civil society and other key stakeholders to develop evidence-informed policy and strategy, to review and reform laws and policies based on human rights considerations and support increased capacity to achieve enabling legal environments for effective HIV responses.
Type of Document:	A manual with step-by-step guidance on how to undertake a national Legal Environment Assessment (LEA) with concrete case studies, tools and resources. As a follow up to the Global Commission on HIV and the Law, the LEA offers an opportunity to look at priority HIV, legal and human rights issues identified by the Global Commission. This includes a specific focus on reviewing the legal and regulatory framework in the HIV context with respect to stigma and discrimination; women and gender; children and young people; criminal laws and key populations; and intellectual property law and access to HIV treatment. The manual has five sections for a

	national LEA: (1) Planning (2) Assessment (3) Feedback and finalization (4) Dissemination, implementation and impact (5) Documenting the process: communication, monitoring and evaluation, and coordination.
Audience Intended:	Countries undertaking LEAs.
Populations Experiencing Stigma and/or Discrimination:	PLHIV, women and girls, children and young people, criminalized populations and other key populations.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Assess.
Implementation:	The manual can be used in all countries, regardless of the type of LEA that is being conducted and the scope or the stage of development and implementation of HIV-related laws, regulations and policies. It is recommended to use the manual as a reference guide when developing and planning LEAs. The suggestions regarding possible processes and structures may guide decision-making regarding a country's LEA—process to follow, who will be involved and how the assessment will take place—based on its particular needs, resources and time constraints.
Comments:	LEAs conducted in several countries for numerous projects. Goes far beyond stigma and discrimination in health care settings but should include this.
Link:	http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/practical-manual--legal-environment-assessment-for-hiv--an-opera.html

Name:	Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations
Organization (Year):	WHO (2014)
Aim:	These guidelines aim to: provide a comprehensive package of evidence-based HIV-related recommendations for all key populations; increase awareness of the needs of and issues important to key populations; improve access, coverage and uptake of effective and acceptable services; and catalyze greater national and global commitment to adequate funding and services.

Type of Document:	Consolidated guidelines document on HIV prevention, diagnosis, care, and treatment for five key populations. Provides normative guidance and a package of interventions.
Audience Intended:	Individuals and organizations engaged in health programming for key populations.
Populations Experiencing Stigma and/or Discrimination:	Five key populations: MSM, people who inject drugs, people in prisons and other closed settings, sex workers, transgender people (and also vulnerable populations, e.g. adolescents in certain situations or contexts).
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	Functions as in-depth recommendations and guidance keyed to key populations, so not a "tool" in the sense that several others are, but the package of interventions would be used in design and implementation stages particularly for policy.
Comments:	This document goes beyond stigma and discrimination in health care settings but includes attention to these issues. See section 5.2 (p.96) including bit on training and sensitizing health workers. Also see supplement: http://apps.who.int/iris/bitstream/10665/177992/1/9789241508995_eng.pdf?ua=1 (Background generally)
Link:	http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1&ua=1

Name:	Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations (Supplement to the 2014 “Consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations” above)
Organization (Year):	WHO (2015)
Aim:	To provide guidance on monitoring and evaluating the implementation of the comprehensive package of interventions to address HIV among key populations.
Type of Document:	This document provides countries with: (1) a set of harmonized indicators to examine the implementation of the package of interventions to address

	HIV among key populations; and (2) guidance on setting targets for these indicators. The framework presented here is designed to help plan and assess progress at the macro level, in particular for national and subnational programming.
Audience Intended:	Countries planning and monitoring efforts to address HIV among key populations. This planning and assessment process should involve government agencies, nongovernmental organizations (NGOs), communities and service providers involved in developing, implementing, monitoring and evaluating HIV prevention, treatment and care programs for these key populations.
Populations Experiencing Stigma and/or Discrimination:	Men who have sex with men, people in prisons and other closed settings, people who inject drugs, sex workers and transgender people.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	The framework presented here is designed to help plan and assess progress at the macro level, in particular for national and subnational programming. It goes beyond stigma and discrimination in health care settings but includes attention to these issues.
Comments:	This document should be read in conjunction with the “consolidated guidelines” above.
Link:	http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en/

Name:	Tools for Integrating Rights and Health into Educational Clinical Practice
Organization (Year):	The International Federation of Gynecology and Obstetrics (FIGO) (2014)
Aim:	For students and teachers to gain insight into the personal actions and healthcare infrastructures that can best support fundamental human rights in health care and especially in reproductive healthcare.
Type of Document:	Checklist for quality care that allows the user to consider how rights are protected or infringed by providers and the healthcare system, and case studies to explore how healthcare outcomes and human rights are interdependent.
Audience	For the checklist, teachers and students, as well as general consumers of

Intended:	health care. For the case studies: facilitator guides are provided for teachers. They include suggested discussion topics and resources for learning more about the clinical and rights aspects of each case. Teachers may choose to provide students with the reference list to help them analyze the case as a homework assignment or as follow-up to more in-depth study after the initial discussion. The studies themselves may be used by students and teachers alike.
Populations Experiencing Stigma and/or Discrimination:	Women accessing health services.
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Both.
Implementation:	For flexible use, primarily by teachers and students.
Comments:	See in particular case study 7 regarding an unwelcoming birth facility.
Link:	https://www.glowm.com/tools_integrating_health

Name:	HealthWISE - Work Improvement in Health Services
Organization (Year):	International Labour Organisation (2014)
Aim	To promote decent work in the health sector, which must include workers' health and well-being, since the quality of the work environment can influence the quality of care provided by health workers.
Type of Document:	HealthWISE -- a joint ILO/WHO publication -- is a practical, participatory quality improvement tool for health facilities. The topics are organized in eight modules addressing occupational safety and health, personnel management and environmental health issues.
Audience Intended:	HealthWISE is designed for use by all who are concerned with improving workplaces in the health sector, including health workers and health-care managers, supervisors, workers' and employers' representatives, labor inspectors, occupational health specialists, trainers and educators. It encourages managers and staff to work together to improve workplaces and practices. HealthWISE promotes the application of smart, simple and low-cost solutions leading to tangible benefits for workers and health

	services, and ultimately for patients.
Populations Experiencing Stigma and/or Discrimination	Health workers, including workers with HIV.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	HealthWISE combines action and learning. The Action Manual helps initiate and sustain changes for improvement, using a checklist as a workplace assessment tool, designed for identifying and prioritizing areas of action. Each of the eight modules illustrates key checkpoints to help guide action. The accompanying Trainers' Guide contains guidance and tools for a training course.
Comments:	See discussion of discrimination experienced by health workers, p. 3 of trainers' guide.
Link:	http://www.ilo.org/sector/Resources/training-materials/WCMS_250540/lang--en/index.htm

Name:	Promoting the Human Rights of LGBT People in the World of Work: Building equal opportunities in the world of work: combating LGBT-phobia.
Organization (Year):	ILO, UNAIDS, UNDP (2014)
Aim	To build the capacity of people in the workplace to create a working environment that is inclusive and respectful of HIV status and sexual diversity.
Type of Document:	Four case studies with discussion questions are presented. Each one focuses on an example of discrimination in the workplace based on sexual orientation, gender identity or HIV status. It is “an invitation to reflect and to act”.
Audience Intended:	LGBT populations, people living with HIV, workplace managers and other workers; people working in human resources or the promotion of diversity in the work place, trade unions.
Populations Experiencing	LGBT populations

Stigma and/or Discrimination	
Stigma and/or Discrimination:	Discrimination, with some mention of stigma. Includes attention to human rights relevant to work and non-discrimination.
Assess and/or Address:	Address
Implementation:	This document can be used internally by organizations to have discussions among different groups of workers to ensure an inclusive and respectful working environment. Trade unions may also want to incorporate the materials into any relevant training to promote these good practices across different organizations and industries. If there are open LGBT people within a workplace they should be central to deciding how the materials might best be used and they should be involved in any implementation activities.
Comments:	Brazil focus; in Portuguese. Not directly relevant to health care settings but an interesting model for considering discrimination within the workplace from which useful lessons might be drawn.
Link:	

2013

Name:	Capacity Development Toolkit for HIV/AIDS, TB and Malaria Responses
Organization (Year):	UNDP Global Fund Programme Range of documents: 2005-2013
Aim	The toolkit provides practical guidance on how to strengthen institutional capacities for implementing national disease responses for HIV and AIDS, Tuberculosis and Malaria.
Type of Document:	Online resource list of tools and documents--some links broken, but framework clear with four inter-linked sections: (1) Enablers is focused on the policy and legal environment for implementing disease responses; (2) Governance deals with program management, accountability and oversight; (3) Implementation looks at the specific management capacities; and (4) Process looks at how to facilitate a capacity development assessment, planning and implementation process. Each section contains guidance, tools and templates to support capacity development for better health outcomes.
Audience Intended:	Those engaged in national disease response programming -- see programming under enablers for Stigma and Discrimination section, as several approaches are discussed.

Populations Experiencing Stigma and/or Discrimination	People living with HIV, also TB and Malaria.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Both (technically lists tools that do both and are listed separately in the document, but much more focused on addressing).
Implementation:	Multiple tools, but implementation tab shows institutional arrangements.
Comments:	This is a list of different tools, each for a different purpose; further details can be gleaned from reviewing each tool.
Link:	http://www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hiv-aids,-tb-malaria-responses/enablers/4-programming/reducing-stigma-and-discrimination.aspx

Name:	“The Time Has Come” Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: Training package for health providers to reduce stigma in health care settings
Organization (Year):	UNDP, WHO (2013)
Aim:	To impart practical, sustainable knowledge and skills to program managers, frontline service managers and health policy professionals that can enhance their leadership capacity and improve programming and service delivery.
Type of Document:	A 5-day training toolkit built around the following modules: (1) Context building, (2) MSM and transgender programming, (3) enabling environments, (4) strategic information, (5) program management.
Audience Intended:	It is designed to be particularly relevant for health care workers in particular, as well as selected staff from funders, national and provincial HIV programs, Global Fund project managers, policy-makers, frontline managers and advocates. Training is to be delivered by expert facilitators to program managers, frontline service managers and health policy professionals.
Population Experiencing Stigma and/or Discrimination:	MSM and transgender people.

Stigma and/or Discrimination:	Stigma mainly, some discrimination.
Assess and/or Address:	Address.
Implementation:	5-day training. A "dynamic, interactive training program designed and delivered by expert peer trainers." "Additionally, it is recommended not to overly adapt the training modules. In some of the pilot trainings, the package was substantially changed to the extent that all five modules were attempted in a two-day period, and followed by a half-day 'stakeholder meeting' with senior government and other personnel. This was in an attempt to advocate for the future use of the package. While such advocacy is essential for the success of any local sustainability, it is recommended that any local stakeholders' advocacy meetings be planned as an additional activity, not to be included into the training agenda..." (See p. 17 for more cautions re: adaptation and translation of the package.)
Comments:	Comprehensive tool; focus on stigma reduction. Section on enabling environments, including attention to laws and policies, is most relevant to discrimination.
Link:	http://www.thetimehascome.info/file/rbap-hhd-2013-the-time-has-come.pdf

Name:	Measuring HIV Stigma and Discrimination Among Health Facility Staff
Organization (Year):	Health Policy Project/USAID (2013)
Aim:	To facilitate <i>routine</i> monitoring of HIV-related stigma, as well as the expansion and improvement of programming and policies at the health-facility level.
Type of Document:	Globally standardized questionnaire (2 versions) for measuring stigma and discrimination in health care facilities. Two questionnaires are publicly available: a comprehensive brief version for program planning, evaluation, and research purposes, and a monitoring questionnaire that includes only the eight questions needed to collect six globally approved indicators for measuring stigma and discrimination in health facilities.
Stigma and/or Discrimination:	Both.
Audience intended:	Researchers, and health facility staff. Testing involved administration to clinical and nonclinical staff members, with a mix of self- and interviewer-

	administered modes.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Implementation:	Questionnaires for administration to health facility workers that can be either self- or interviewer-administered.
Assess and/or Address:	Assess.
Comments:	Now included in the Health Policy Project ‘Comprehensive package’ of tools listed above.
Link:	http://www.healthpolicyproject.com/index.cfm?ID=publications&get=publID&pubID=49

Name:	Protecting the rights of key HIV affected women and girls in healthcare settings: a legal scan (regional report, Bangladesh, India, Pakistan, Nepal)
Organization (Year):	Women of Asia Pacific Plus, APN Plus Positive Change, South Asian Association for Regional Cooperation in Law (SAARCLAW), UNDP (2013)
Aim:	To identify existing protective laws (including constitutional provisions) and legal mechanisms for seeking protection or redress for violations of rights of key HIV affected women and girls (KAWG) in health care settings; To document rights violations experienced by KAWG in health care settings; To document selected court rulings on violations of rights of KAWG in health care settings; To document cases where KAWG have been able to access justice for violations of rights in health care settings through legal mechanisms; To identify gaps in laws and legal mechanisms that protect KAWG from such violations; To develop recommendations for governments, the legal sector, health care institutions, and SAARCLAW for actions to be taken to improve the legal environment in order to protect the rights of KAWG in health care settings.
Type of Document:	Regional report focused on legal frameworks, discrimination, violence and rights abuses faced by women and girls in healthcare settings.
Audience Intended:	SAARCLAW chapters and other institutions, researchers, governments advocacy groups.
Population Experiencing	Women and girls affected by HIV.

Stigma and/or Discrimination:	
Stigma and/or Discrimination:	Both--greater focus on discrimination.
Assess and/or Address:	Both (assessment of legal environment but also recommendations).
Implementation:	N/A
Comments:	Discrete focus on discrimination and other legally actionable issues (e.g. many forms of violence).
Link:	http://www.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-protecting-rights-of-key-hiv-affected-wg-health-care-settings.pdf

2012

Name:	Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region
Organization (Year):	Asia Pacific Transgender Network, UNDP (2012)
Aim:	To examine literature on existing laws, regulations, policies and practices that prompt, reinforce, reflect or express stigma and prejudice towards transgender people; to identify vulnerabilities to HIV and barriers to access or uptake of HIV-related healthcare services; and to establish a research agenda aimed at providing the sort of data that will enable a reduction in future risk, as well as better access to treatment, care and support for transgender persons living with HIV.
Type of Document:	A review of existing literature on transgender people's human rights and HIV vulnerability across the Asia-Pacific region.
Audience Intended:	Researchers and others interested in rights and vulnerabilities of transgender people in the Asia-Pacific region.
Population Experiencing Stigma and/or Discrimination:	Transgender people.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Assess.

Implementation:	N/A
Comments:	See p. 15 for discrimination discussion, p. 33 for healthcare discussion, p. 13 stigma-sickness slope is useful conceptually.
Link:	http://www.undp.org/content/dam/undp/library/hivaids/UNDP_HIV_Transgender_report_Lost_in_Transition_May_2012.pdf

Name:	Measuring HIV stigma and discrimination
Organization (Year):	STRIVE, UKaid, London School of Hygiene and Tropical Medicine, ICRW (2012)
Aim:	This brief is designed to guide researchers in the study of HIV-related stigma and discrimination, either as the main focus of research or as a complement to related topics.
Type of Document:	Technical brief to guide researchers in the study of HIV-related stigma and discrimination, including specific questions for measuring the key conceptual domains of stigma and discrimination across three populations: people living with HIV, the general population and healthcare workers.
Audience Intended:	Researchers. Conceptual domains cover multiple areas of inquiry, and illustrative questions aimed at general population, healthcare workers, and PLHIV, but document is to be used to guide further research efforts.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both--mostly 'stigma and discrimination,' more on stigma, but interesting breakdown of experienced stigma (outside legal purview) and discrimination (inside legal purview) in illustrative questions (p.3).
Assess and/or Address:	Assess.
Implementation:	This is guidance for researchers. Offers several illustrative examples of questions to ask, and highlights areas where additional research is needed.
Comments:	Brief user-friendly tool.
Link:	http://strive.lshtm.ac.uk/system/files/attachments/STRIVE_stigma%20brief-A4.pdf

Name:	Key Programmes to Reduce Stigma and Discrimination and Increase
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	Access to Justice in National HIV Responses (Guidance Note)
Organization (Year):	UNAIDS (2012)
Aim:	To help governments eliminate stigma, discrimination, and punitive approaches related to HIV in national responses.
Type of Document:	Guidance and tools (presented as a number of programs, fact sheet style) aimed at reduction of stigma and discrimination and increasing access to justice in national HIV responses. Tools include a manual on the program definitions and a tool to estimate the cost of launching and developing HIV-related human rights programs.
Audience Intended:	Countries/policymakers—series of key programs that UNAIDS recommends including in National Strategic Plans for HIV and incorporation as essential activities in operational plans.
Population Experiencing Stigma and/or Discrimination:	PLHIV, those vulnerable to HIV, and other key populations.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	The coverage and scale of these programs should be tailored to national and local epidemics, expanded to the point where they can make a difference, and evaluated for further learning.
Comments:	Part 6 is the most on point: "Training for health care providers on human rights and medical ethics related to HIV".
Link:	http://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf

Name:	Human Rights of People Living with HIV or AIDS
Organization (Year):	Comisión Nacional de los Derechos Humanos, Mexico (2012)
Aim:	To increase understanding of the rights of PLHIV, and provide information and resources for PLHIV and advocates.
Type of Document:	An overview of human rights concerns—particularly centered around discrimination—experienced by PLHIV. Includes a primer that sets out the rights of PLHIV, and instructions as to where one can file a complaint if he

	or she has experienced discrimination.
Audience Intended:	PLHIV and others interested in the rights of people living with HIV or AIDS, those wishing to know how to file a discrimination complaint.
Population Experiencing Stigma and/or Discrimination:	PLHIV, MSM, Sex Workers, Drug Users, Women and Children.
Stigma and/or Discrimination:	Discrimination primarily, with a few references to stigma.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	Mexico focus.
Link:	http://www.cndh.org.mx/sites/all/doc/cartillas/1_Cartilla_VIH_sida.pdf

2011

Name:	Sexual Minorities, Human Rights, and HIV/AIDS: A Trainer's Guide
Organization (Year):	Botswana Network on Ethics, Law, and HIV/AIDS (2011)
Aim:	To raise awareness and challenge stigma and discrimination towards sexual minorities.
Type of Document:	Facilitator's guide for a set of educational and training exercises based on a participatory approach, including discussion, small group activities, case studies and other methods.
Audience Intended:	Organizations and individuals engaged in training, service providers, global health workers. It is designed for the use of the Prevention and Research Initiative for Sexual Minorities (PRISM) and other organizations involved in training on these issues. It will be used by trainers to conduct short workshops to teach people about the issues facing sexual minorities.
Population Experiencing Stigma and/or Discrimination:	PLHIV, "sexual minorities".
Stigma and/or Discrimination:	Both - Stigma focus.
Assess and/or Address:	Address.

Implementation:	For use by trainers to conduct short workshops. "Participatory approach...to make learning lively and fun...fosters a sense of initiative and responsibility." The document is written for a facilitator. Session plans are included, and optional exercises can be selected to make a custom training plan. It is designed to be used in a flexible way for different target groups or learning situations. 3-5 day workshop, or short sessions over several weeks, or just a few exercises. Emphasizes participatory learning and moving from awareness to action.
Comments:	Botswana focus. The document outlines a full workshop. In particular See A14-stigma and discrimination by service providers.
Link:	http://www.bonela.org/images/doc/bonela_prism_training_manual_2011.pdf

Name:	Men who have Sex with Men: An Introductory Guide for Health Care Workers in Africa
Organization (Year):	Desmond Tutu HIV Foundation (2011)
Aim:	This manual and training program aims to educate health care workers with the necessary skills and knowledge to provide the sensitive services that support and adequately cater for MSM and their unique needs within African health care settings.
Type of Document:	Guide to help counselor or health care provider address the specific healthcare needs of MSM, the risks of HIV infection or the anal acquisition of sexually transmitted infections (STIs) in sub-Saharan Africa. Includes a pre-course questionnaire, post course assessment, and a series of exercises to build knowledge and understanding.
Audience Intended:	This program is aimed at HIV counselors and other health care workers who operate in Africa and have varying degrees of experience with MSM. It has been designed specifically for individuals who already have a basic understanding of and experience in the HIV sector.
Population Experiencing Stigma and/or Discrimination:	MSM living with or vulnerable to HIV.
Stigma and/or Discrimination:	Both - and distinction explained.
Assess and/or	Both.

Address:	
Implementation:	Group study/facilitator: It is suggested that a facilitator experienced in counseling or working with MSM lead all trainings but where this is not possible an experienced HIV counselor or health care worker would be able to facilitate the program. Case studies and interactive exercises are provided in order to practice the study material within a group but this manual can also be used by individuals who are not able to attend group sessions.
Comments:	Explicitly aimed at health care providers and includes an evaluative component and assessment.
Link:	http://www.desmondtutuhivfoundation.org.za/documents/MSM-Manual.pdf

Name:	Integrating Stigma Reduction Into HIV Programming: Lessons from the Africa Regional Stigma Training Programme
Organization (Year):	International HIV/AIDS Alliance; SIDA and Norad (2011)
Aim:	The aim of this tool is to present different examples of stigma reduction activities that have been integrated into HIV programs for long-term impact and sustainability. These examples have been taken from organizations and programs around Africa.
Type of Document:	This document illustrates lessons learned from implementing the toolkit Understanding and Challenging HIV Stigma across Africa. Understanding and Challenging HIV Stigma was written for and by HIV trainers in Africa.
Audience Intended:	The toolkit has been designed to help trainers plan and organize educational sessions with community leaders, or organize groups to raise awareness and promote practical action to challenge HIV stigma and discrimination. It may be useful to those designing stigma reduction programs, usually in training courses or workplace and community activities. It could also be useful for policymakers and state program planners.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Heavily stigma, often connected, a few separate references to discrimination.
Assess and/or	Address.

Address:	
Implementation:	The range of examples shared here illustrate how stigma interventions can be tailored to fit many contexts.
Comments:	Useful stigma reduction methodology.
Link:	http://www.iasociety.org/web/webcontent/file/integratingstigmareductionintohivprogramming_lessonsafrika_alliance.pdf

Name:	The Socio-Economic Impact of HIV at the Household Level in Asia: A Regional Analysis
Organization (Year):	UNDP (2011)
Aim:	This analysis is based on the data and findings from the country level studies and is meant to support the development of targeted, evidence-informed impact mitigation policies and programs in the region, with particular emphasis on HIV-sensitive social protection.
Type of Document:	UNDP-led nationwide socioeconomic impact studies in Cambodia, China, India, Indonesia, and Viet Nam between 2005 and 2010.
Audience Intended:	National and provincial governments, as well as other HIV-stakeholders trying to strengthen efforts towards impact mitigation and HIV-sensitive social protection in the region
Population Experiencing Stigma and/or Discrimination:	PLHIV and households affected by HIV.
Stigma and/or Discrimination:	Both, primarily stigma <i>and</i> discrimination but some separate treatment.
Assess and/or Address:	Both (surveys and project assess; analysis and recommendations address)
Implementation:	N/A
Comments:	See p. 55 for discrimination in health facilities in Indonesia.
Link:	http://www.undp.org/content/dam/undp/library/hivaids/SEImpactOfHIVAtTheHouseholdLevelInAsia-RegionalAnalysis.pdf

Name:	The Socio-Economic Impact of HIV at the Household Level in Asia: A Regional Analysis of the Impact on Women and Girls
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Organization (Year):	UNDP (2011)
Aim:	To measure the specific impact of HIV on women and girls to support the use of this information for evidence-based policy interventions.
Type of Document:	Using the same data as the preceding tool (regional analysis), analyses focus on comparisons between HIV-affected and non-affected households for impacts on women and girls regarding key socioeconomic issues: income, employment, revenues, expenditures, coping mechanisms, health, education, food security, family composition, pregnancy and stigma and discrimination.
Audience Intended:	National and provincial governments, as well as other HIV-stakeholders trying to strengthen efforts towards impact mitigation and HIV-sensitive social protection in the region.
Population Experiencing Stigma and/or Discrimination:	Women and Girls impacted by HIV.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Both (surveys and project assess; analysis and recommendations address).
Implementation:	N/A
Comments:	See p. 26 for figure of PLHIV experiencing discrimination in health facilities (graph).
Link:	http://www.undp.org/content/dam/undp/library/hiv/SEImpactOfHIVAtTheHouseholdLevelInAsia-WomenAndGirls.pdf

2010

Name:	Understanding Drug Related Stigma: Tools for Better Practice and Social Change. Facilitators' Guide.
Organization (Year):	Harm Reduction Coalition (2010)
Aim:	To give participants a distinct set of knowledge and skills to help them understand and address drug-related stigma.
Type of Document:	Curriculum outline for trainers.
Audience	This training is relevant for community-based direct service staff,

Intended:	caseworkers, therapists, peer advocates, program administrators, medical providers, and all who are interested in understanding and addressing drug related stigma.
Population Experiencing Stigma and/or Discrimination:	Drug users.
Stigma and/or Discrimination:	Both - and distinction explained.
Assess and/or Address:	Address.
Implementation:	Half-day (3 hour) training.
Comments:	
Link:	http://harmreduction.org/wp-content/uploads/2012/02/stigma-facilitators.pdf

Name:	Understanding and Challenging Stigma towards Men who have Sex with Men: Toolkit for Action (Cambodia)
Organization (Year):	ICRW and Pact International; USAID 2010
Aim:	To support progress by Government, NGOs and CBOs by: raising the understanding of service providers and the community on MSM, gender issues underlying MSM, and how stigma and lack of human rights fuels HIV transmission. Building public awareness and support to stop stigma and discrimination toward MSM. Fostering support for health workers and other service providers to develop new codes of practice for how they counsel, test and treat MSM patients.
Type of Document:	Toolkit for working against stigma and discrimination towards MSM, adapted for use in Cambodia.
Audience Intended:	Facilitators of training, organizations working in this sphere, with the aim of helping (among others) health workers, police officers, and community members become more aware of stigma and discrimination toward MSM and what can be done to change it.
Population Experiencing Stigma and/or Discrimination:	MSM.

Stigma and/or Discrimination:	Both – and distinction explained.
Assess and/or Address:	Address.
Implementation:	This toolkit uses a participatory approach based on discussion, small group activities, pictures, stories, and other methods. It includes a flexible collection of optional exercises. Exercises can be used with a single target group (e.g., health workers or MSM); or with a mixed target group (e.g., combining health workers, MSM, and community members together). They can be combined into a three to five day workshop, or a single community meeting, or short sessions given once a week over several weeks (e.g. to a MSM support group or the staff of a health facility), or two to three exercises introduced as part of a longer and broader training program on HIV and AIDS.
Comments:	Adapted for use in multiple countries; see other listings.
Link:	http://www.icrw.org/files/publications/Understanding-and-Challenging-Stigma-toward-Men-who-have-Sex-with-Men-Toolkit-for-Action.pdf

Name:	Understanding and Challenging Stigma towards Sex Workers and HIV in Vietnam: Toolkit for Action
Organization (Year):	Institute for Social Development Studies and ICRW 2010
Aim:	To improve service providers' and the community's understanding of sex workers and how stigma and lack of human rights fuels HIV transmission. To build public recognition of the problem of stigma and discrimination toward sex workers and public support and commitment to stop stigma and discrimination. To get health workers and other service providers to start developing new codes of practice for how they counsel, test, and treat sex worker patients. A key aim of the toolkit is to help sex workers break out of a life on the margins, build improved relations with their families and communities, reassert their rights, protect themselves from HIV and other STIs, and get better access to health services.
Type of Document:	The toolkit is a collection of educational exercises to help explore, understand, and challenge stigma and discrimination toward sex workers.
Audience Intended:	For facilitators of training, particularly individuals and organizations that are working to stop stigma and discrimination toward sex workers. One goal of the toolkit is to help health care workers, police officers, and

	community members become more aware of stigma and discrimination toward sex workers and what can be done to change it.
Population Experiencing Stigma and/or Discrimination:	Sex workers.
Stigma and/or Discrimination:	Both – and distinction explained, but more on stigma and usually combined.
Assess and/or Address:	Address.
Implementation:	See General “Understanding and Challenging” document for more on implementation of each of these components.
Comments:	Part of the "Understanding and Challenging" series, see other entries.
Link:	http://www.isds.org.vn/download/tailieu/xuatbanpham/swtoolkit/Toolkit%20for%20action%20-%20Reducing%20stigma%20toward%20sex%20workers%20and%20HIV%20in%20Vietnam.PDF

Name:	Understanding and Challenging Stigma towards Injecting Drug Users and HIV in Vietnam: Toolkit for Action
Organization (Year):	Institute for Social Development Studies and ICRW; USAID 2010
Aim:	<p>a) Educate service providers, law enforcement agents, rehabilitation center officials, and the community about addiction, the lives of injecting drug users and how stigma and lack of human rights fuels HIV transmission.</p> <p>b) Build public awareness of the problem of stigma and discrimination toward injecting drug users as well as support and commitment to stop stigma and discrimination.</p> <p>c) Get service providers, law enforcement agents, rehabilitation center officials, and the community to start developing new codes of practice for how they counsel, test, and treat IDU/drug addict patients.</p> <p>A key aim of the toolkit is to help injecting drug users break out of a life on the margins, build improved relations with their families and communities, reassert their rights, protect themselves and their partner from HIV and other STIs, and get better access to health services.</p>
Type of Document:	The toolkit is a collection of educational exercises to explore, understand, and challenge stigma and discrimination toward IDUs.

Audience Intended:	Facilitators of training; to be used by individuals and organizations that are working to stop stigma and discrimination toward injecting drug users. One of the aims of the toolkit is to help its key target audiences, including health care workers, police officers, and community members, become more aware of stigma and discrimination toward IDUs and what can be done to change it.
Population Experiencing Stigma and/or Discrimination:	IDUs.
Stigma and/or Discrimination:	Both - and distinction explained, but more on stigma and usually combined.
Assess and/or Address:	Address.
Implementation:	The toolkit comprises a collection of optional exercises. These exercises can be used with a single group (e.g., health workers or drug users) or with a mix of groups. The toolkit can be used to hold a five-day workshop or a single community meeting; to conduct short sessions once a week over several weeks (say to an IDU support group or the staff of a health facility); or to conduct two or three exercises as a way to introduce a longer and broader training program on HIV and AIDS.
Comments:	Part of the "Understanding and Challenging" series, see other entries.
Link:	http://www.icrw.org/files/publications/Toolkit%20for%20action%20-%20Reducing%20stigma%20toward%20drug%20addiction%20and%20HIV%20in%20Vietnam.PDF

Name:	Measuring up: HIV-related advocacy evaluation training pack
Organization (Year):	International HIV/AIDS Alliance (2010)
Aim:	The guides aim to: (1) help users to identify and confront the challenges faced by community-based organizations evaluating HIV-related advocacy; (2) introduce new thinking for designing advocacy evaluations; (3) give users the opportunity to apply some aspects of the evaluation design process to their specific contexts (4) make users aware that advocacy evaluation is a fast-growing and evolving field, with a large number of publications on advocacy evaluation design, approaches and methods available via the Internet and summarized in the resources section of the learner's guide.

Type of Document:	A pack of two documents, a guide for facilitators, and a guide for learners.
Audience Intended:	The guide is a resource for leaders, advocacy and monitoring and evaluation staff of civil society organizations (including networks) who are involved in designing, implementing and assessing advocacy projects at different levels – international, national and sub-national. Leaders of networks of key populations are likely to find this guide particularly relevant and helpful. These leaders may use the facilitators guide to run participatory workshops with NGOs/CBOs responding to HIV/AIDS, and ostensibly with other interested advocates.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Both.
Implementation:	The facilitator’s guide suggests activities for a three-day skills-building workshop and one-day learner’s workshop that aim to introduce the content and key messages of the learner’s guide. The workshop aims to build on the existing capacity of civil society organization staff evaluating their advocacy work on HIV-related issues in resource-limited settings.
Comments:	Mainly focused on evaluation of advocacy—very little directly on stigma/discrimination (though that may be a part of the advocacy efforts being evaluated).
Link:	http://www.aidsalliance.org/assets/000/000/686/477-Measuring-Up-A-Guide-for-Learners_original.pdf?1406296305

Name:	Recommendation Concerning HIV and AIDS and the World of Work
Organization (Year):	International Labour Organisation (2010)
Aim:	The Recommendation reflects the need to strengthen workplace prevention efforts and to facilitate access to treatment for persons living with or affected by HIV and AIDS. It calls for the design and implementation of national tripartite workplace policies and programs on HIV and AIDS to be integrated into overall national policies and strategies on HIV and AIDS

	and on development and social protection. It calls for respect for the fundamental human rights of all workers, including observance of the principle of gender equality and the right to be free from compulsory testing and disclosure of HIV status, while encouraging everyone to undertake voluntary confidential HIV counseling and testing as early as possible. The Recommendation also invites member States to implement its provisions through amendment or adoption of national legislation where appropriate.
Type of Document:	Normative instrument--recommendation No. 200 concerning HIV/AIDS and the world of work.
Audience Intended:	ILO Member states.
Population Experiencing Stigma and/or Discrimination:	Those impacted by HIV/AIDS in both formal and informal work environments (including health care settings).
Stigma and/or Discrimination:	Both, and both defined.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	Definitions and general principles are useful.
Link:	http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/normativeinstrument/wcms_194088.pdf

Name:	When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV
Organization (Year):	Lambda Legal (2010)
Aim:	To examine refusal of care and barriers to health care among LGBT and HIV communities on a national scale.
Type of Document:	Report and analysis of survey on discrimination against LGBT people and people living with HIV.
Audience Intended/:	Policymakers, researchers, advocates, individuals and organizations, healthcare institutions.
Population Experiencing Stigma and/or	LGBT people and living with HIV.

Discrimination:	
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Both (survey is assessment focused, but recommendations and document also address)
Implementation:	Survey conducted and results summarized here; key example of discrimination-focused assessment.
Comments:	US-centric; firmly focused on discrimination.
Link:	https://www.lambdalegal.org/sites/default/files/publications/downloads/whc_ic-report_when-health-care-isnt-caring_1.pdf

Name:	We Are All in the Same Boat: Using Art and Creative Approaches with Young People to Tackle HIV related Stigma
Organization (Year):	UNESCO and International HIV/AIDS Alliance (2010)
Aim:	To educate young people about HIV stigma and discrimination and build their skills, confidence and commitment to act against stigma.
Type of Document:	Toolkit on HIV stigma for young people. A set of ideas on how to use art and creative approaches to build a new understanding about HIV stigma and human rights, and on how young people can work together to challenge stigma and discrimination.
Audience Intended	The teacher, youth worker, youth leader, peer educator or anyone working with youth groups, who can then use the approaches--including art, games and exercises--with young people aged 12-15 years both in and out of school.
Population Experiencing Stigma and/or Discrimination:	PLHIV, and particularly young people living with HIV.
Stigma and/or Discrimination:	Both, mostly stigma but separately defined.
Assess and/or Address:	Address.
Implementation:	The toolkit uses different art forms and creative activities – drama and role playing, games, drumming, dance, puppets, story telling, pictures, drawing and collages – to spark new thinking about HIV stigma, change attitudes and challenge young people to do something.

Comments:	
Link:	http://unesdoc.unesco.org/images/0018/001892/189249E.pdf

Name:	Measuring the Degree of HIV-related Stigma and Discrimination in Health Facilities and Providers
Organization (Year):	USAID/Health Policy Initiative (2010)
Aim:	To assess the validity of items designed to measure the key drivers of stigma.
Type of Document:	This working report presents the findings from an internet-based survey designed to validate the items in the Health Facility and Provider Stigma Measurement Tool.
Audience Intended:	Stigma researchers, healthcare workers, healthcare administrators, evaluators.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Stigma - both listed but focus is clear.
Assess and/or Address:	Assess.
Implementation:	N/A (report), but recommendations and next steps may have implications for implementation of future tools.
Comments:	Stigma index and measurement tool, aimed at researchers and healthcare providers (perhaps precursor to 2013 tool)
Link:	http://www.healthpolicyinitiative.com/Publications/Documents/1312_1_Health_Facility_and_Provider_Stigma_Measurement_Tool_.pdf

2009

Name:	Template for “Human Rights in Patient Care, A Practitioner Guide”
Organization (Year):	Open Society Foundations (OSF) (2009)
Aim:	To strengthen awareness of existing legal tools that can be used to remedy

	abuses in patient care.
Type of Document:	Designed as a practical, “how to” manual for lawyers, it aims to provide an understanding of how to use legal tools to protect basic rights in the delivery of health services. The guide systematically reviews the diverse constitutional provisions, statutes, regulations, by-laws, and orders applicable to patients and health care providers and categorizes them by right or responsibility. It highlights examples and actual cases argued by lawyers.
Audience Intended:	Lawyers working to protect human rights in health care settings.
Population Experiencing Stigma and/or Discrimination:	Patients (though may be more specific in each country).
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	Not much directly on stigma; non-discrimination discussed broadly in the template. Entry point is the discrimination/legal angle as opposed to the stigma/sensitization angle.
Link:	http://www.health-rights.org/guides/pginto/

Name:	Understanding and Challenging TB Stigma: Toolkit for Action
Organization (Year):	Zambart Project and International HIV/AIDS Alliance (2009)
Aim:	To address TB stigma at multiple levels.
Type of Document:	Module both as a standalone and as part of the broader “Understanding and Challenge” series (see above). The exercises in the module were developed with TB patients, health workers and community TB support staff and can be used with a variety of audiences to help tackle TB stigma.
Audience Intended:	The module was written by and for trainers. It has been designed to help trainers plan and organize participatory educational sessions with community leaders or organized groups to raise awareness and promote practical action to challenge HIV and TB stigma and discrimination.
Population	People living with TB, and also people susceptible to TB, including PLHIV.

Experiencing Stigma and/or Discrimination:	
Stigma and/or Discrimination:	Both, mostly stigma but separately defined.
Assess and/or Address:	Address.
Implementation:	The exercises in this module were developed with TB patients, health workers and community TB support staff and can be used with a variety of audiences to help to tackle TB stigma, including community leaders, medical staff, TB patients and family members, TB program volunteers, support groups and so on. During the testing of the exercises, trainers agreed that using them in a mixed group, for example health workers alongside TB patients, resulted in higher levels of understanding and experience sharing.
Comments:	Part of the "Understanding and Challenging" series, see other entries.
Link:	http://r4d.dfid.gov.uk/PDF/Outputs/Targets_RPC/TB_and_Stigma_May09.pdf

Name:	Diagnosis of the Stigma and Discrimination Situation of People Living with and Vulnerable to HIV and AIDS: Health Providers and Health Facilities
Organization (Year):	Consortio Miradas y Voces (2009)
Aim:	To address the evidence gap regarding discrimination in care and services for PLHIV and people vulnerable to HIV, particularly in health care settings.
Type of Document:	Report, detailing a conceptual framework, methodology, and results. Tools for data collection are also included in the annex.
Audience Intended:	The Ministry of Health, health personnel, researchers and advocates. Two populations were included in the study in two separate questionnaires: health professionals and PLHIV.
Population Experiencing Stigma and/or Discrimination:	PLHIV and other vulnerable populations, including MSM.
Stigma and/or Discrimination:	Both, and typically connected.

Assess and/or Address:	Assess.
Implementation:	The study was conducted in the cities of Lima, Callao, Ica and Pucallpa.
Comments:	Peru focus. The data collection tools in the annex are interesting for this work.
Link:	

2008

Name:	Sexual and Reproductive Health of Women and Adolescent Girls Living With HIV: Guidance for health managers, health workers, and activists
Organization (Year):	Engender Health, UNFPA, Packard Foundation, et al. (2008)
Aim:	To provide contributions toward guaranteeing that the right to health and the right to SRH of women and adolescent girls living with HIV and AIDS are totally and integrally protected, promoted, and guaranteed.
Type of Document:	Guidance document. It functions as a report and set of recommendations, with key concepts
Audience Intended:	Organizations, researchers, activists, health managers at country level--generally applicable principles.
Population Experiencing Stigma and/or Discrimination:	Women and Adolescent Girls living with HIV.
Stigma and/or Discrimination:	Both, but from rights framing.
Assess and/or Address:	Address.
Implementation:	Operates as a set of recommendations.
Comments:	Rights-based approach: includes "Reviewing all national and international literature on SRH programs and projects and on human rights that had any relation to women and adolescent girls living with HIV".
Link:	https://www.engenderhealth.org/files/pubs/hiv-aids-stis/english-srh-guidance-final.pdf

Name:	Engaging Boys and Men in Gender Transformation: The Group Education Manual
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Organization (Year):	Engender Health, USAID (2008)
Aim:	To facilitate working with men to question non-equitable views about masculinity and develop more positive attitudes to prevent unhealthy behaviors that put them and their partners and families at risk.
Type of Document:	An educational manual that applies a gender perspective towards working with boys and men. HIV seems to be a key focus.
Audience Intended	Men and boys, and facilitators implementing workshop activities with groups of men. Can be read, or used to facilitate training.
Population Experiencing Stigma and/or Discrimination:	Boys and men, (not just living with HIV).
Stigma and/or Discrimination:	Mostly stigma (little discrimination--a few references usually connected to stigma).
Assess and/or Address:	Address.
Implementation:	The activities are intended for use with men of all ages, although some adaptations might have to be made depending on the ages of the men and the country and community context. These activities can also be adapted for use with groups of men and women.
Comments:	
Link:	http://www.westcoastmen.org/sites/default/files/engaging_boys_men_in_gender_transformation.pdf

Name:	Strengthening the Quality of HIV/AIDS Counselling: Training Course for HIV/AIDS Voluntary Counselling and Testing Service Providers
Organization (Year):	Institute for Reproductive Health, Population Services International, and Pan American Social Marketing Organisation (2008)
Aim:	To (1) improve quality, access and utilization of VCT services for HIV/AIDS; and (2) reduce stigma and discrimination in highly vulnerable populations such as commercial sex workers (CSW) and men who have sex with men (MSM).
Type of Document:	Training Manual. The two day course provides: (a) the normative and technical framework to sensitize health care providers about the VCT

	process as well as the stigma and discrimination that exists at their work sites; (b) a space for reflection about their own attitudes and behaviors; and (c) opportunities for hands-on practical experience.
Audience Intended:	[Reviewer: Ostensibly, trainers to train healthcare providers.]
Population Experiencing Stigma and/or Discrimination:	PLHIV, commercial sex workers, MSM
Stigma and/or Discrimination:	Both
Assess and/or Address:	Address
Implementation:	Two day course, including participatory activities, role plays, counseling demonstrations and group activities.
Comments:	Unfortunately, link to PDF broken, so review limited to description on website.
Link:	http://www.comminit.com/global/content/strengthening-quality-hivaids-counseling-training-course-hivaids-voluntary-counseling-an

Name:	Safe and Friendly Health Facility: Trainers' Guide (Vietnam)
Organization (Year):	Institute for Social Development Studies and ICRW; Horizons Program and Population Council; USAID (2008)
Aim:	To help create a safe and friendly hospital environment, one in which health workers and patients feel physically safe and psychologically safe; Build more respect, caring and support for people living with HIV; Develop the practical skills to implement Universal Precautions in a systematic way; Develop a code of practice for implementing stigma free practices and Universal Precautions.
Type of Document:	Trainer's guide to help facilitators train staff of health facilities, trainers are to train all staff including administrative and support staff.
Audience Intended:	Facilitators of training, to work directly with health facility staff in a non-challenging/non-criticizing way.
Population Experiencing Stigma and/or	PLHIV.

Discrimination:	
Stigma and/or Discrimination:	Both - and distinction explained, but more on stigma.
Assess and/or Address:	Address.
Implementation:	Emphasizes avoiding placing blame on health workers.
Comments:	Vietnam focus. This trainer's guide functions as tool component, see also report on "Improving Hospital-based Quality of Care in Vietnam by Reducing HIV-related Stigma and Discrimination": http://www.icrw.org/files/publications/Improving-hospital-based-quality-of-care-in-Vietnam-by-reducing-HIV-related-stigma-and-discrimination.pdf
Link:	http://www.icrw.org/files/publications/Safe-and-Friendly-Health-Facility-Trainers-Guide.pdf

Name:	Working Module for Healthcare Providers: How to Reduce Stigma and Discrimination
Organization (Year):	CARE Peru (2008)
Aim:	To strengthen national and regional responses directed at the prevention and control of HIV and AIDS; to reduce the social impact of HIV, reducing stigma and discrimination against people with HIV and AIDS and vulnerable populations; and to promote awareness, particularly among healthcare providers.
Type of Document:	A training document aimed at awareness, reflection, and rights promotion, including training on the link between stigma and discrimination in health facilities against people living with HIV, or to those thought to have HIV, and reflection on its causes and consequences.
Audience Intended:	Trainers can train health workers, with all health staff in a facility.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both, and both defined.
Assess and/or Address:	Address.

Implementation:	2-4 day workshop. Trainers can adapt the program as needed for the audience.
Comments:	Directly focused on stigma and discrimination.
Link:	

2007

Name:	HIV/AIDS Stigma and Discrimination in Caribbean Healthcare Settings: Trigger Scenarios
Organization (Year):	Caribbean HIV/AIDS Regional Training Network (2007)
Aim:	To increase awareness of patients' basic rights and human rights; Highlight the role of institutional policy in preventing stigma and discrimination; Provide opportunities to discuss basic HIV/AIDS transmission and prevention; Dispel myths and misinformation about HIV/AIDS transmission; Provide a forum to discuss values-based causes of stigma and discrimination; Model behaviors that can reduce stigma and discrimination; Give a human face to the stories of people living with HIV and AIDS (PLWHA)
Type of Document:	Facilitator Guide for HIV/AIDS Stigma and Discrimination in Caribbean Health Care Settings: Trigger Scenarios and Facilitator Guide. 13 short video scenarios to trigger discussion on stigma-related situations involving health care workers, clients, and community members in Caribbean health care settings. Part of a series of HIV training videos.
Audience Intended:	For experienced, knowledgeable facilitators to administer to health care workers.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both - and distinction explained.
Assess and/or Address:	Address.
Implementation:	Adaptable for different audiences. See Annex B for implementation tips and more depth. Appendices also useful.
Comments:	Just the facilitator guide: no link to actual videos. The last question in most scenarios is specific to policies in place.

Link:	http://pdf.usaid.gov/pdf_docs/PBAAC056.pdf
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Name:	Taking Action Against HIV Stigma and Discrimination (Guidance Document and Supporting Resources)
Organization (Year):	Department for International Development (UK); International Center for Research on Women (ICRW) (2007)
Aim:	To advance efforts towards effective, scaled-up interventions that can generate broad reductions in stigma and discrimination.
Type of Document:	Paper highlighting best practice responses to stigma and discrimination and guidance on building evidence and accelerating action for change
Audience Intended:	DFID staff (UK) and others working on HIV and AIDS, likely broad interest.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	Guidance document, but may be useful as framework for a tool. Additional background and supporting resources.
Link:	http://www.icrw.org/files/publications/DFID-Taking-Action-Against-HIV-Stigma-and-Discrimination.pdf

Name:	Adherence Support Worker Training Materials
Organization (Year):	FHI 360 (2007)
Aim:	This training will teach community volunteers — called adherence support workers (ASWs) — to work alongside nurses and doctors as part of the clinical team at ART clinics. Objectives include: Increasing access to and use of HIV counseling and testing services; Increasing access to and use of interventions for preventing mother-to-child transmission of HIV; Increasing access to and

	strengthening delivery of clinical care for HIV/AIDS, including diagnosis and prevention and management of opportunistic infections and other HIV-related conditions; Increasing access to and strengthening delivery of ART services at the provincial and district levels.
Type of Document:	Training materials (both facilitator's guide and participants' guide) for training adherence support workers on ART clinical teams.
Audience Intended:	Facilitators to train Adherence Support Workers, who assist and report to adherence counselors at health center level.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both, and both defined.
Assess and/or Address:	Address (with limited assessment of participant knowledge at beginning).
Implementation:	Ten-day training. The training includes technical information as well as techniques for relationship building and counseling skills. The modules include didactic sessions as well as role plays and group exercises.
Comments:	Zambia-focus.
Link:	http://www.fhi360.org/sites/default/files/media/documents/Adherence%20Support%20Worker%20Training%20Materials%20-%20Facilitators%20Guide.pdf

Name:	A Guide to Nursing Care of People Living with HIV/AIDS (PDF in Arabic)
Organization (Year):	FHI 360 (2007)
Aim:	To build the knowledge and capacity of nurses who work with people living with HIV or AIDS and to reduce stigma and discrimination toward them from health care workers.
Type of Document:	A guide, with topics that include prevention, care and support; nursing practices; and treatment and control of opportunistic infections.
Audience Intended:	Nurses.
Population Experiencing Stigma and/or	PLHIV.

Discrimination:	
Stigma and/or Discrimination:	Appears to be both--see comments.
Assess and/or Address:	Address.
Implementation:	
Comments:	Unfortunately PDF only available in Arabic, so review limited to FHI 360 page description.
Link:	http://www.fhi360.org/resource/guide-nursing-care-people-living-hiv-aids-pdf-arabic

Name:	Reducing HIV Stigma and Gender Based Violence Toolkit for Health Care Providers in India
Organization (Year):	International Center for Research on Women (ICRW) (2007)
Aim:	To prevent the spread of HIV and AIDS by making it easier for people living with HIV to access health services, disclose their status and prevent the spread of HIV to others, while also eliminating some of the barriers that impede the ability of uninfected women to protect themselves from the virus.
Type of Document:	Toolkit for the trainers of the healthcare providers, to be used in planning and organizing educational sessions with healthcare providers to challenge HIV-related stigma and GBV.
Audience Intended:	For the trainers of the healthcare providers, to be used in planning and organizing educational sessions with healthcare providers to challenge HIV-related stigma and GBV.
Population Experiencing Stigma and/or Discrimination:	PLHIV, people subject to stigma and GBV in India.
Stigma and/or Discrimination:	Both, but stigma focus.
Assess and/or Address:	Address.
Implementation:	A collection of participatory educational exercises for educating health care providers on the issues of stigma and gender-based violence. Trainers can select from the exercises to plan their own courses for different types of

	health care providers. The modules use a learner-centered, participatory approach to training—one built around discussion and small-group activities.
Comments:	India focus.
Link:	http://www.icrw.org/files/publications/Reducing-HIV-Stigma-and-Gender-Based-Violence-Toolkit-for-Health-Care-Providers-in-India.pdf

Name:	Reducing HIV Stigma and Discrimination: a critical part of national AIDS programs; A resource for national stakeholders in the HIV response
Organization (Year):	UNAIDS (2007)
Aim:	To demonstrate how governments, the UN system, donors and civil society can make the reduction of HIV-related stigma and discrimination central in the national response to AIDS.
Type of Document:	A resource that presents strategies, program examples and research findings.
Audience Intended:	Primarily national stakeholders, but lists governments, UN system, donors, civil society.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both, mainly combined, stigma focus.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	More a general strategy tool than a narrow training tool.
Link:	http://data.unaids.org/pub/Report/2008/jc1521_stigmatisation_en.pdf

2006

Name:	Sexual and Reproductive Health for HIV-Positive Women and Adolescent Girls: Manual for Trainers and Programme Managers
Organization (Year):	Engender Health (2006)
Aim:	To enable health workers to address the SRH needs of HIV-positive women

	and adolescent girls by offering comprehensive SRH services within their own particular service-delivery setting.
Type of Document:	Manual that provides information and structure for a four-day training and two-day planning workshop that will enable program managers and health workers in resource-constrained settings to offer comprehensive, non-judgmental, and quality care and support to HIV-positive women and adolescent girls in the local context.
Audience Intended:	This manual is designed for use by skilled, experienced trainers. This curriculum can be used to train any SRH and HIV/AIDS health worker. The term health workers is used here to refer to the staff who provide clinical care, counseling, or other support services on-site or through outreach.
Population Experiencing Stigma and/or Discrimination:	HIV positive women and adolescent girls; also urges male involvement.
Stigma and/or Discrimination:	Both, generally discrimination grouped with stigma.
Assess and/or Address:	Address.
Implementation:	A team of at least two trainers is necessary for this intensive workshop. As one trainer facilitates a session, the other(s) can record information on flipcharts, monitor time, help keep the discussion on track with the session objectives, monitor small-group work, and act in demonstration role-plays. It is imperative for the trainers to have extensive experience either in counseling or in counseling training. Four-day training and two-day planning workshop.
Comments:	Role play scenarios and key ideas interesting.
Link:	http://www.iwtc.org/ideas/7_adolescent.pdf

Name:	Tools together now! 100 participatory tools to mobilise communities for HIV/AIDS
Organization (Year):	International HIV/AIDS Alliance (2006)
Aim:	To help organizations and community groups mobilize and work together to address HIV/AIDS issues. These issues may relate to HIV prevention,

	treatment, care and support for people living with HIV/AIDS, or mitigating the negative impact of HIV/AIDS on affected communities.
Type of Document:	This toolkit provides a selection of 100 participatory learning and action (PLA) tools which you can use for HIV/AIDS programs. PLA tools are interactive activities which enable communities and organizations to learn together about a HIV/AIDS in their community, develop a plan, act on it and evaluate and reflect on how it went.
Audience Intended:	Organizations and community groups can use them to assess the local HIV/AIDS situation, plan, act, monitor, evaluate, reflect or scale up HIV/AIDS activities. People working directly with communities affected by HIV/AIDS will find these tools most helpful. However, any organization working on HIV/AIDS should find these tools useful for their work.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Both, but specific tool included on mapping stigma.
Assess and/or Address:	Both.
Implementation:	This toolkit was specifically designed for communities and organizations to use alongside “All Together Now! Community Mobilization for HIV/AIDS” (not included in current review as toolkit is most relevant).
Comments:	See in particular tool 9 on “Mapping Stigma.”
Link:	http://www.aidsalliance.org/assets/000/000/370/229-Tools-together-now_original.pdf?1405520036

2005

Name:	The PLHA Friendly Checklist: A Self Assessment Tool for Hospitals and Other Medical Institutions Caring for People Living with HIV/AIDS
Organization (Year):	Horizons Project/Population Council and SHARAN (2005)
Aim:	The PLHA-friendly Achievement Checklist is intended as a self assessment tool for managers to use in gauging how well their facility (hospital, clinic, or department) reaches, serves, and treats HIV-positive patients.
Type of Document:	Self assessment checklist.

Audience Intended:	For managers to use in gauging how well their facility (hospital, clinic, or department) reaches, serves, and treats HIV-positive patients. This gives managers an opportunity to identify institutional strengths and weaknesses, consider ways to address the weaknesses, and later to assess progress toward “PLHA-friendliness.”
Population Experiencing Stigma and/or Discrimination:	PLHIV
Stigma and/or Discrimination:	Both, but connected and single reference in passing.
Assess and/or Address:	Address.
Implementation:	The Checklist is designed in a simple format that can be readily adapted for each unique context. It can be used by individual managers or by groups of managers and/or staff. It can be applied to large hospitals, clinics, or specific departments
Comments:	Focus is on PLHIV-friendly services more broadly; stigma and discrimination are mentioned briefly in passing.
Link:	http://www.popcouncil.org/uploads/pdfs/horizons/pfechk1st.pdf

2004

Name:	Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Health Care Workers
Organization (Year):	Engender Health (2004)
Aim:	To modify health care workers’ attitudes while giving them practical knowledge and tools to both assure client rights and meet their own needs for a safe work environment.
Type of Document:	Manual for use as on-site training for all staff of a healthcare facility. Contains standard precautions and training aimed at minimizing stigma and discrimination. Questions, discussions, training tips and ideas to consider, Also contains participant's handbook as second document.
Audience Intended:	Healthcare workers and all surrounding staff in health facility (e.g. gardeners, reception staff).
Population Experiencing	PLHIV

Stigma and/or Discrimination:	
Stigma and/or Discrimination:	Both
Assess and/or Address:	Address
Implementation:	This training is best conducted as an on-site training with all staff of the health care facility, including laboratory staff, cleaners, guards, gardeners, receptionists, nurses, midwives, physicians, and other health workers...if an on-site training is not possible, the trainers should develop a plan for ensuring that the knowledge and process is diffused from the training participants to other staff at the facility where they work...[training takes] at least two days, depending on the group (six days if more intensive training on infection prevention practices is desired).
Comments:	Contains some “case studies” with answer keys.
Link:	https://www.engenderhealth.org/files/pubs/hiv-aids-stis/reducing_stigma_trainer_english.pdf

2003

Name:	COPE Handbook: A Process for Improving Quality in Health Services
Organization (Year):	Engender Health (2003)
Aim:	COPE, which stands for “client-oriented, provider-efficient” services, is a process that helps health care staff continuously improve the quality and efficiency of services provided at their facility and make services more responsive to clients’ needs.
Type of Document:	A set of tools, including a self-assessment guide, a client-interview guide, client-flow analysis, and an action plan. They operate as a means for reproductive healthcare staff to assess their own work, so as to identify problems in the facility and local solutions to those problems. Forms, success examples, talking points, etc.
Audience Intended:	Two types of facilitators (external and on-site) support the COPE self assessment process, which is ongoing and should engage all staff at a health facility.
Population Experiencing Stigma and/or	Patients, healthcare consumers.

Discrimination:	
Stigma and/or Discrimination:	Stigma (briefly, generally in connection with HIV), sex based discrimination mentioned once regarding access to services.
Assess and/or Address:	Both.
Implementation:	Site preparation, introductory meetings, application of cope tools (usually over 1-3 days), action plan, and then subsequent actions (including measurement of the facility's progress over time).
Comments:	Not a lot on stigma and discrimination, but emphasis on staff involvement and ownership is notable, as is the potentially on-going process of COPE and measurement of the facility's progress.
Link:	https://www.engenderhealth.org/files/pubs/qi/handbook/cope_handbook-a.pdf

Name:	Understanding and Challenging HIV Stigma: Toolkit for Action
Organization (Year):	ICRW (2003)
Aim:	To provide people working in the AIDS field--especially the "front-line" workers--with a set of flexible educational materials to raise their own understanding and help them facilitate awareness raising with community groups. The aim is to help people at all levels understand stigma and what it means, why it is an important issue, what are its root causes and develop strategies to challenge stigma and discrimination.
Type of Document:	Trainer's guide. The Toolkit is a resource collection of participatory educational exercises for use in raising awareness and promoting action to challenge HIV stigma.
Audience Intended:	"Front-line" workers in the AIDS field, for their own education and to help facilitate awareness; additionally NGOs, other AIDS professionals and community members. Trainers can select from the exercises to plan their own courses for different target groups both AIDS professionals and community groups.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Stigma (discrimination often connected, but no discrete treatment).

Assess and/or Address:	Address.
Implementation:	See p. iii for How to Use the Toolkit. It is meant to be participatory (not lectures) and not standardized--facilitators are meant to pick exercises and create their own "custom" package of training to fit the needs of the group. Idea is to build awareness and move towards action. Also directs NGOs and AIDS organizations to work through the materials, and provide feedback as to what worked and didn't work.
Comments:	The "mother document" for each of the understanding and challenging adaptations included in this inventory.
Link:	http://www.icrw.org/sites/default/files/publications/Understanding-and-Challenging-HIV-Stigma-Toolkit-for-Action.pdf

2002

Name:	Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Educational and Training Manual
Organization (Year):	International Labour Organisation (2002)
Aim:	To help the ILO's partners understand the issues and apply the ILO Code of Practice on HIV/AIDS and the world of work.
Type of Document:	This manual is a source of information on HIV/AIDS and the world of work, a reference guide to the ILO Code of Practice and its application in policy development, and a tool for training. Modules contain several types of materials, including: presentation of the issues, with particular reference to the world of work and the ILO Code of Practice; learning activities (group work, role play etc.); case studies; extracts, models and samples of legislation, policies and collective agreements; references.
Audience Intended:	The Code of Practice identifies a range of groups with a role in training, including managers, personnel officers, peer educators, workers' representatives, health and safety officers, and labor inspectors. All of these, and others, should find helpful information and learning activities in this manual.
Population Experiencing Stigma and/or Discrimination:	Those affected by HIV in the workplace.
Stigma and/or	Both.

Discrimination:	
Assess and/or Address:	Address.
Implementation:	It is ideal to use as a reference when planning a policy or strategy. You can work through the whole book or parts of it on your own, in a meeting or as a team exercise. You can see what other people have done, consider whether it could be adapted to your situation, and follow suggestions.
Comments:	Case studies interesting.
Link:	http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/kd00131.pdf

Undated publications

Name:	Dealing with problems [re HIV discrimination in health care]
Organization (Year):	NAM (formerly National AIDS Manual) (Undated--reference from 2010)
Aim:	[Reviewer provided: to provide information on dealing with HIV related discrimination].
Type of Document:	Website with some brief resources and a description of HIV-related discrimination in health care settings. Three methods for dealing with discrimination are described: complaining directly to the person or organization they believe has discriminated against them; asking someone else to help through mediation or conciliation; making a claim in court.
Audience Intended:	PLHIV and advocates.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Address.
Implementation:	N/A
Comments:	UK focus, distinctly aimed at discrimination and probably accessible to many.
Link:	http://www.aidsmap.com/Dealing-with-problems/page/1501232/

Name:	“It’s My Turn!” HIV Prevention and Care Training Manual and Tools for Peer Educators of “Men who have Sex with Men”
Organization (Year):	FHI 360 (Undated)
Aim:	To help address sexual health, HIV and other STI challenges experienced by MSM in Ghana.
Type of Document:	A training manual and set of tools intended as a resource for organizations working with this most-at-risk population. Three parts: (1) session plans for training MSM peer educators, (2) tools for MSM peer educators, (3) continuing education and supportive supervision.
Audience Intended:	Initial training of peer educators and supervisors on this resource is required, followed by periodic continuing education. A participatory learning approach is presented; the participants — whether peer educators or supervisors — will have much to share. They can then train peers.
Population Experiencing Stigma and/or Discrimination:	MSM.
Stigma and/or Discrimination:	Both.
Assess and/or Address:	Address.
Implementation:	Depending on your audience, you will pick and choose what is relevant in this resource to make your own training program. It is not necessary for a trainer to start at the beginning and work his way through the entire manual. Samples are 5-day trainings.
Comments:	Ghana focus.
Link:	http://www.fhi360.org/sites/default/files/media/documents/Manual%20MSM%20Peer%20Educators_0.pdf

Name:	Virtual Office of Human Rights and Legal Services
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Organization (Year):	Letra Ese (Undated)
Aim:	To facilitate access to counseling and support in cases of discrimination based on HIV status, sexual orientation and gender identity.
Type of Document:	Online platform of community workers and lawyers that provide support services, counseling and legal advice for PLHIV who have been discriminated against or who have experienced rights violations.
Audience Intended:	People who feel they have been discriminated against can seek legal advice, receive support and assistance in filing complaints with human rights watchdogs, at the local and federal level, and access a digital library, focused on human rights, sexual diversity and HIV.
Population Experiencing Stigma and/or Discrimination:	PLHIV, LGBT people.
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Address.
Implementation:	Through the website www.letraese-ddhh.com , people can receive legal consultations and describe specific cases for timely advice and support, and learn how to make complaints and access other legal remedies. Services are free and confidential.
Comments:	Mexico focus.
Link:	

Name:	Know It, Prove It, Change It: A Rights Curriculum For Grassroots Groups
Organization (Year):	Asia Catalyst, Thai AIDS Treatment Action Group (TTAG) and Dongjen Center for Human Rights Education and Action (Undated)
Aim:	To help community based organizations in communities affected by HIV/AIDS to understand their basic rights, to document rights abuses, and to design and implement advocacy campaigns.
Type of Document:	There are three 'books': knowing human rights, documenting human rights abuses, and advocating for change. Each book includes a trainer's manual, which describes the steps to take; and a trainers' supplement, which has

	lesson plans, sample exercises, and templates to use in a training or workshop.
Audience Intended:	Community-based organizations and/or trainers for use with community-based organizations.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Address.
Implementation:	The ‘training manual’ can be used by individuals for self-training, while the ‘trainers’ supplement’ is designed for use by trainers to carry out training workshops for people working in community-based organizations. It is recommended that workshops do not exceed 10-20 participants. Workshops based on individual modules usually need about 45-60 minutes. The full training covering all three ‘books’ would take multiple days.
Comments:	About human rights relating to HIV: much broader than discrimination.
Link:	http://asiacatalyst.org/resources/cbo-resources/

Name:	Human Rights Service Modules
Organization (Year):	Letra Ese (Undated)
Aim:	To support people with HIV who have been discriminated against in health services and other areas.
Type of Document:	Website detailing innovative project that installs modules or human rights offices within public health centers specializing in HIV/ AIDS care. It addresses the need to provide guidance and advice on human rights to people living with HIV, because of current mistrust towards protection agencies and institutions responsible for law enforcement.
Audience Intended:	PLHIV who have been discriminated against or experienced rights violations can receive guidance, support in filing and tracking complaints, and legal advice. The offices also carry out training activities in human

	rights for community workers, through training workshops and skills development.
Population Experiencing Stigma and/or Discrimination:	PLHIV.
Stigma and/or Discrimination:	Discrimination.
Assess and/or Address:	Address.
Implementation:	They are physical offices, attached to public health centers. Two are currently in operation.
Comments:	Mexico focus.
Link:	http://www.letraese.org.mx/proyectos/proyecto-1/