

DISCRIMINATION

SOCIAL DISCRIMINATION

Against Men Who Have Sex With Men (MSM)

Implications for HIV Policy and Programs

May 2010

STIGMA



The Global Forum on MSM and HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. Guided by a Steering Committee of 20 members from 17 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

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Social Discrimination Against Men Who Have Sex With Men (MSM) Implications for HIV Policy and Programs

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We would also like to acknowledge Brian Ackerman, Omar Baños, Stefan Baral, Debbie Bain Brickley, Robert Carr, Paul Causey, Rafael Díaz, Laurence Padua, Jirair Ratevosian, and Cheikh Traoré for their expertise and support during the preparation of this document.

This Policy Brief is supported by the United Kingdom Department for International Development (DFID).

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“The failure to respond effectively has allowed HIV to reach crisis levels in many communities of men who have sex with men and transgender people. Efforts to reverse this crisis must be evidence informed, grounded in human rights and underpinned by the decriminalization of homosexuality....we must work together to end homophobia and ensure the barriers that stop access to HIV services are removed.”

– Michel Sidibé, Executive Director, UNAIDS¹

INTRODUCTION

This policy brief is an overview of social discrimination against gay men and other men who have sex with men (MSM) as it relates to HIV, and includes recommendations for concerted action and policy development. A review of literature that demonstrates the linkages between homophobia and vulnerability to HIV disease is presented with related examples. The recommendations—guided by a human rights framework—are intended for a global audience of advocates, researchers, service providers, public health practitioners, donors and policy makers. The appendix provides a modest list of anti-homophobia resources that are available online and applicable in a diverse range of settings.

DEFINITIONS

- **Stigma:** A dynamic process of devaluation that significantly discredits an individual in the eyes of others.²
- **Social Discrimination:** Mean, unfair, or unequal treatment (including acts of verbal or physical violence) intended to marginalize or subordinate individuals or communities based on their real or perceived affiliation with socially constructed stigmatized attributes.³

For the purposes of this brief, homophobia is described as social discrimination against gay men and other MSM.

CONTEXT

Social discrimination against gay men and other men who have sex with men (MSM) has been well-documented in many regions around the world, regardless of the cultural, social, political, economic or legal environment in which they live.⁴⁻⁶ In many cases, homophobia is condoned, and sometimes intentionally perpetuated, by policies that criminalize these individuals or neglect their basic human rights. Although civil society has made tremendous progress towards equality for all people, regardless of sexual orientation, discrimination and violence targeting this population persist.⁷⁻¹²

The range of challenges faced by gay men and other MSM can vary from everyday personal hardships to high-level structural factors that perpetuate adversity, including antipathy from civil society organizations, religious bodies, government and law enforcement agencies.¹³⁻¹⁷ Moreover, relentless harassment, ridicule, rejection, and violence lead many MSM to actively hide their feelings, behaviors, and relationships, at times disconnecting them from social support and other important resources that could improve their general health, opportunities, and quality of life. A detailed analysis of literature pertinent to stigma and social discrimination research is beyond the scope of this review. This document will focus on one negative health outcome caused by social discrimination: increased risk for HIV.

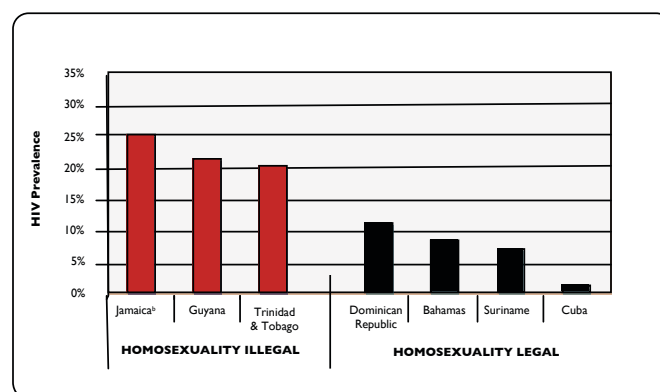
CRIMINALIZATION OF SAME-SEX BEHAVIOR IMPEDES HIV PREVENTION EFFORTS

Today, nearly 80 countries worldwide criminalize same-sex acts between consenting adults, with penalties ranging from fines to imprisonment, and in seven nations, death.¹⁷ In such punitive circumstances, MSM cannot disclose their sexual behavior to a service provider without risking criminal sanctions. This can hinder provision of vital MSM-appropriate prevention information, testing, treatment, care or support services. Furthermore, outreach workers providing MSM-specific HIV prevention information and services may be accused of supporting illegal activities, such as 'promoting homosexuality,' and be subjected to fines, imprisonment, harassment or violence.

Over 20 countries in Asia criminalize homosexuality,¹⁷ a region where higher HIV prevalence rates have been recorded among MSM when compared to the general adult population in specific regions. In Africa, MSM are 3.8 times more likely to be HIV-positive than the general population, indicating a disproportionate burden of HIV among MSM in the region.³⁹ Yet a majority of African countries continue to undermine public health practice by punishing same-sex behavior with criminal sanctions. A disturbing trend is emerging as a number of countries have recently taken renewed interest in same-sex criminalization laws, either by enacting existing laws, expanding their criminal penalties, or putting forward new criminalization initiatives for the first time. For example, in 2009, legislation was introduced in the Parliament of Uganda that would increase existing same-sex criminal penalties to include life imprisonment and, in some cases, the death penalty.

Criminalization of homosexuality can exacerbate HIV epidemics. HIV prevalence data across countries in the Caribbean offers a striking example. As the following chart illustrates, countries that criminalize homosexuality demonstrate higher rates of HIV among MSM than those that do not. This is a pattern that can be found across regions around the world.

HIV Prevalence among MSM in Caribbean Countries: Comparison by Criminalization of Homosexuality^a



^a Adapted from UNAIDS Report on the global AIDS epidemic 2008¹⁸ and UNAIDS Progress Report towards Universal Access to HIV Prevention, Treatment, Care and Support in the Caribbean¹⁹

^b Estimated prevalence ranges from 25-30%

SOCIAL DISCRIMINATION RESULTS IN HIGH-RISK BEHAVIOR AMONG MSM

Studies have shown that MSM who experience higher levels of social discrimination are also more likely to engage in risky sexual behavior, resulting in increased vulnerability to HIV. Research has also shown that both overt harassment and gender-role expectations have been correlated with higher levels of sexual risk taking among MSM.

Violence and threats from family members, partners and other sources have been associated with heightened risk behaviors such as unprotected anal sex.²⁰ A myriad of socially hostile behaviors directed against Latino gay men in the United States – including high levels of verbal harassment, perception of hurt and embarrassment within their families, and the need to pretend to be heterosexual – have also been linked with high-risk sexual behavior.²¹

In many countries and cultures, a high social premium on heterosexual marriage and having children can also place enormous social pressure on gay men. Studies of MSM in China, for example, have revealed that societal expectations of male gender roles contributed to higher levels of perceived stigma, which in turn correlated with higher rates of unprotected anal intercourse.⁴⁵ When gay men succumb to social pressure and enter into a heterosexual marriage, they will often maintain sexual relationships with male partners. This can result in unseen sexual networks, multiplying opportunities for HIV transmission and making it difficult to reach sexual partners with health information and interventions.²²

HOMOPHOBIA DRIVES MSM OUTSIDE THE HEALTHCARE SYSTEM

Hostile conditions can push MSM underground, making them virtually ‘invisible’ in the epidemic and extremely difficult to reach with the HIV information and services they may need. A recent survey of MSM in low- and middle-income countries showed that slightly more than half used a condom the last time they had anal sex with another man, and less than a third had tested for HIV in the last 12 months and knew their status.²³ Because HIV resources are often offered at sites that provide other health services, homophobia in healthcare settings can make it particularly difficult for MSM to access vital care and support. Even healthcare workers who declare neutrality and acceptance toward homosexuality have been known to display homophobic attitudes when providing healthcare services, breaching ethics standards and compromising effective delivery of care for sexual minorities.²⁴ Homophobia from health service providers may be driven in part by higher levels of HIV-related morbidity and mortality recorded among MSM, which may reinforce the perception that MSM are prone to sexual disease.²⁵ This can lead to misinformed policies which in turn can result in suboptimal services, self-segregation and consequently poorer health outcomes for gay men and other MSM.

In recent decades, many governments and global institutions have placed an increased emphasis on primary healthcare in order to achieve better health at the population level. Many primary care providers may still lack specialized knowledge about caring for gay men and other MSM, including an understanding of the unique needs of this population. Healthcare practitioners may intentionally or unintentionally express disapproval and prejudice, driving MSM away from healthcare settings. These behaviors can range from non-verbal gestures to disparaging remarks or ridicule. In such settings, MSM are less likely to openly discuss their sexuality with their providers and in many cases more likely to provide incomplete or inaccurate sexual histories.²⁶

DISCRIMINATION IS A PREDICTOR OF POOR MENTAL HEALTH OUTCOMES

A growing body of evidence demonstrates linkages between discrimination and poorer mental health outcomes among gay men. Literature from stress research has shown that expectations of rejection and discrimination (stigma) and actual events of discrimination and violence (prejudice) each independently and collectively contribute to sub-optimal mental health.²⁷ Gay men and other sexual minorities in the United States who live in states with laws that discriminate against same-sex couples have been found to exhibit hopelessness, chronic worry, and hyper-vigilance, which are common psychological responses to perceived discrimination.²⁸ Social discrimination directed at gay, bisexual and transgender high school students has been shown to lead to elevated risk of self-harm, suicidal thoughts, risky sexual practices and excessive substance use.^{29,30}

STIGMA AGAINST MSM IS MULTI-LAYERED, COMPOUNDED BY HIV STATUS, SEX WORK AND DRUG USE

Perceived sexual orientation is not the only factor that leads to social discrimination facing gay men and other MSM. Aside from their sexual orientation, MSM may be stigmatized on account of additional identities as migrants, sex workers, drug users, or people living with HIV, to name a few examples. This can add additional layers to the discrimination they already face. From a public health standpoint, these multiple stigmas exacerbate the challenges of disclosing risks or health status to sexual partners and health service providers, weakening one’s ability to negotiate safer-sex practices and participate in health promoting behaviors.^{5,31,32}

HIV diagnosis in itself can lead to significant stigma and discrimination against individuals. In many cases, this stigma and discrimination pervade the very systems that deliver HIV treatment, care and support services. Studies from around the world speak to the massive impacts of living with the virus. In Vietnam, nearly 100% of people living with HIV interviewed for a recent study had experienced some form of discrimination because of their HIV status.³³ In South Africa, HIV-positive men

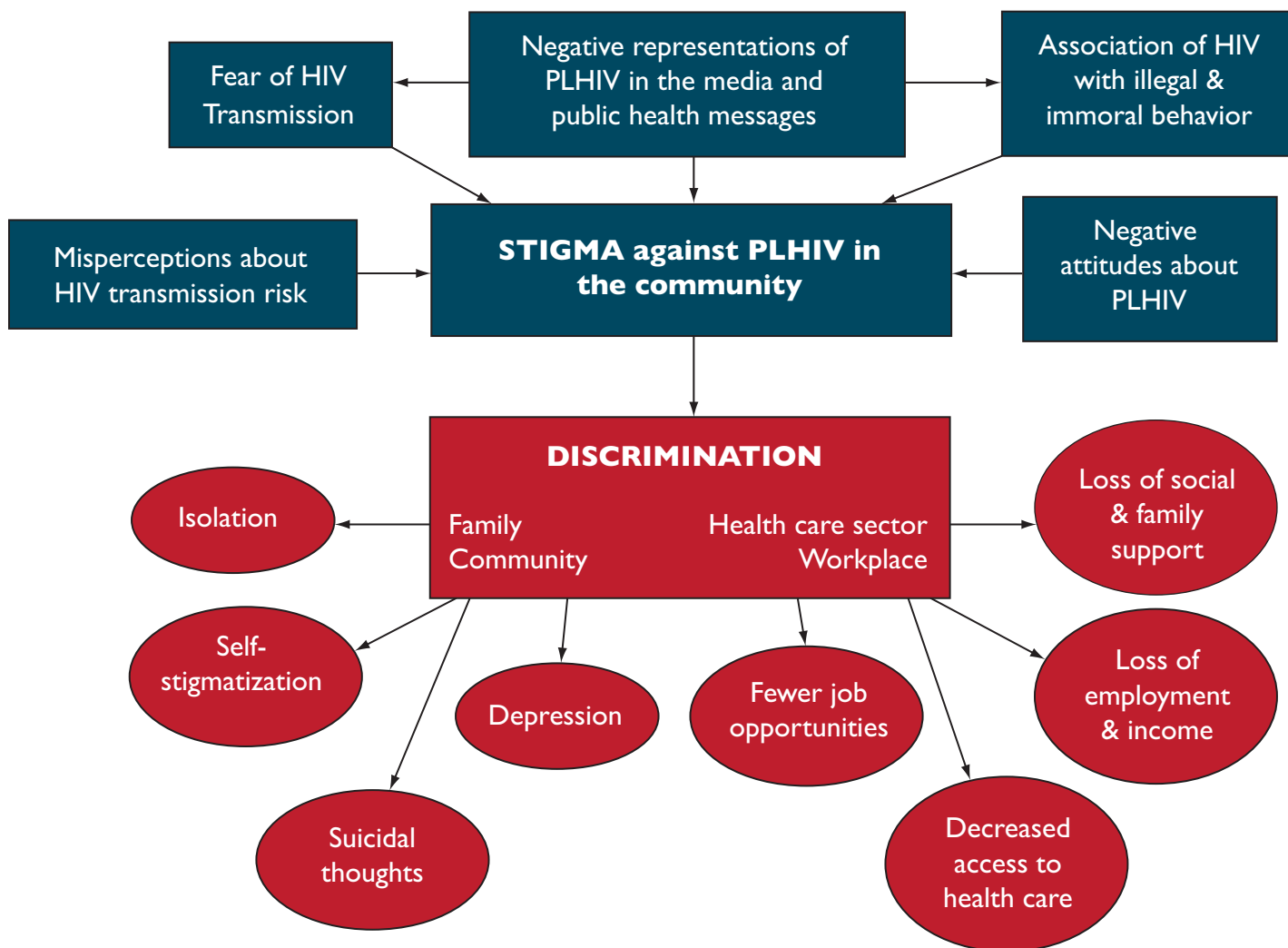
of all sexual orientations reported experiencing considerable emotional distress and discrimination.³⁴ In Tanzania, people living with HIV reported “name calling, mocking and pointing fingers at those infected, and abusive language.”³⁵

The root causes of stigma against people living with HIV are many and varied. Lack of knowledge in the community about HIV and AIDS is an important factor, leading to misperceptions about HIV transmission risk and fear of contracting the virus. Negative representations of people living with HIV in the media and association of HIV with illegal or immoral behavior (including sex between men) likewise underlie stigmatizing attitudes. The growing draconian trend of criminalizing HIV transmission heightens the stigma people living with HIV can often experience. This stigma is enacted through various

forms of discrimination, including loss of family and community support, loss of housing, and loss of employment and income. The resulting isolation can be devastating. Even seemingly minor acts – to take an example from research in India, unwillingness to buy food from or share a meal with people living with HIV – have a profound impact.³⁶ Double-stigma against MSM living with HIV can hamper MSM involvement in prevention efforts, decrease opportunities for early intervention, and potentially reduce overall quality of life.³⁷

Developed by a team of international researchers, the following chart highlights (a) the multiple drivers of stigma against people living with HIV and (b) the consequences at the individual and community levels.

Schematic Diagram of Stigma and Discrimination Against People Living With HIV (PLHIV) in Ho Chi Minh City; Causes, Effects and Relationships^{c,d}



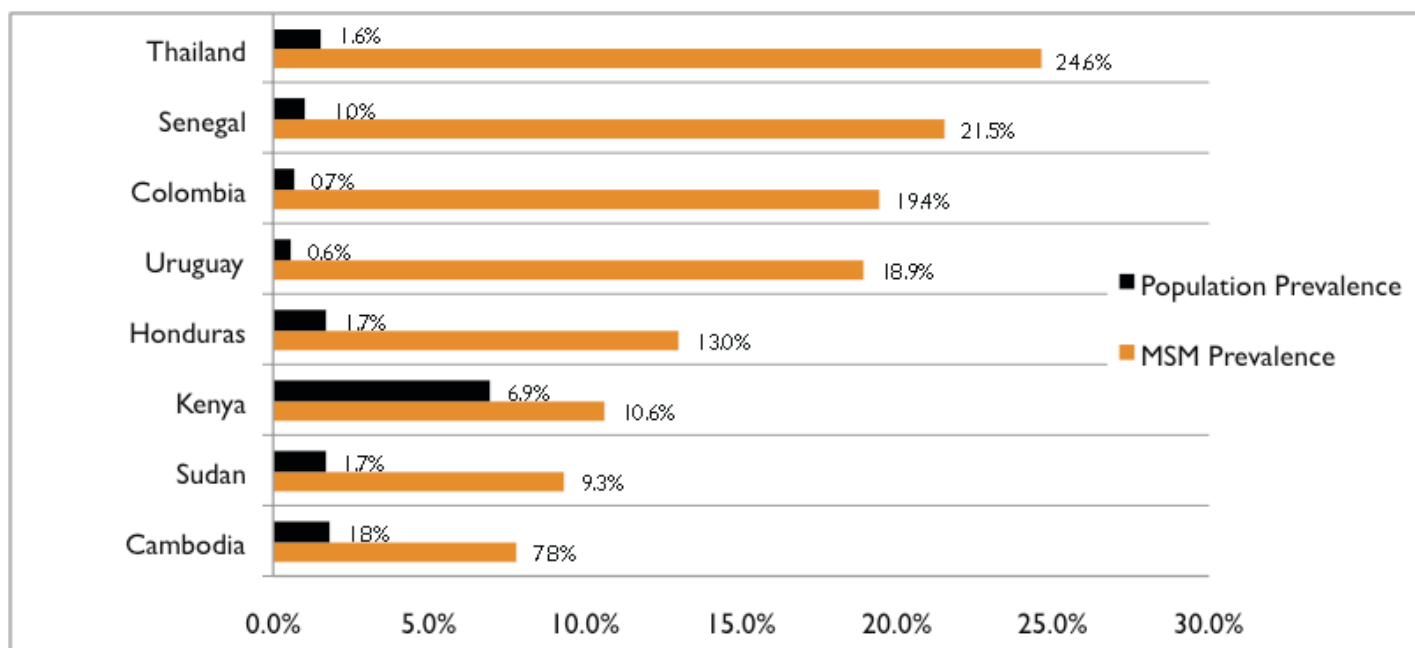
^c Source: Thi et al.³³

^d Reproduced with permission from authors.

HOMOPHOBIA IMPEDES AN EFFECTIVE AIDS RESPONSE

It is estimated that HIV prevention services reach less than one in ten MSM globally.³⁸ Another recent study has reported that fewer than half of MSM surveyed in low- and middle-income countries have access to knowledge about HIV.²³ It is not surprising then that when compared to the general population, MSM end up bearing a disproportionate burden of the epidemic in many countries. The chart below presents several examples that reflect the broader global trend.

Comparison of HIV Prevalence Among MSM and Adults of Reproductive Age in Randomly Selected Low- and Middle-Income Countries^{e,f}



^e Data source: Baral et al³⁹

^f Prevalence estimates of HIV among MSM presented with 95% confidence intervals

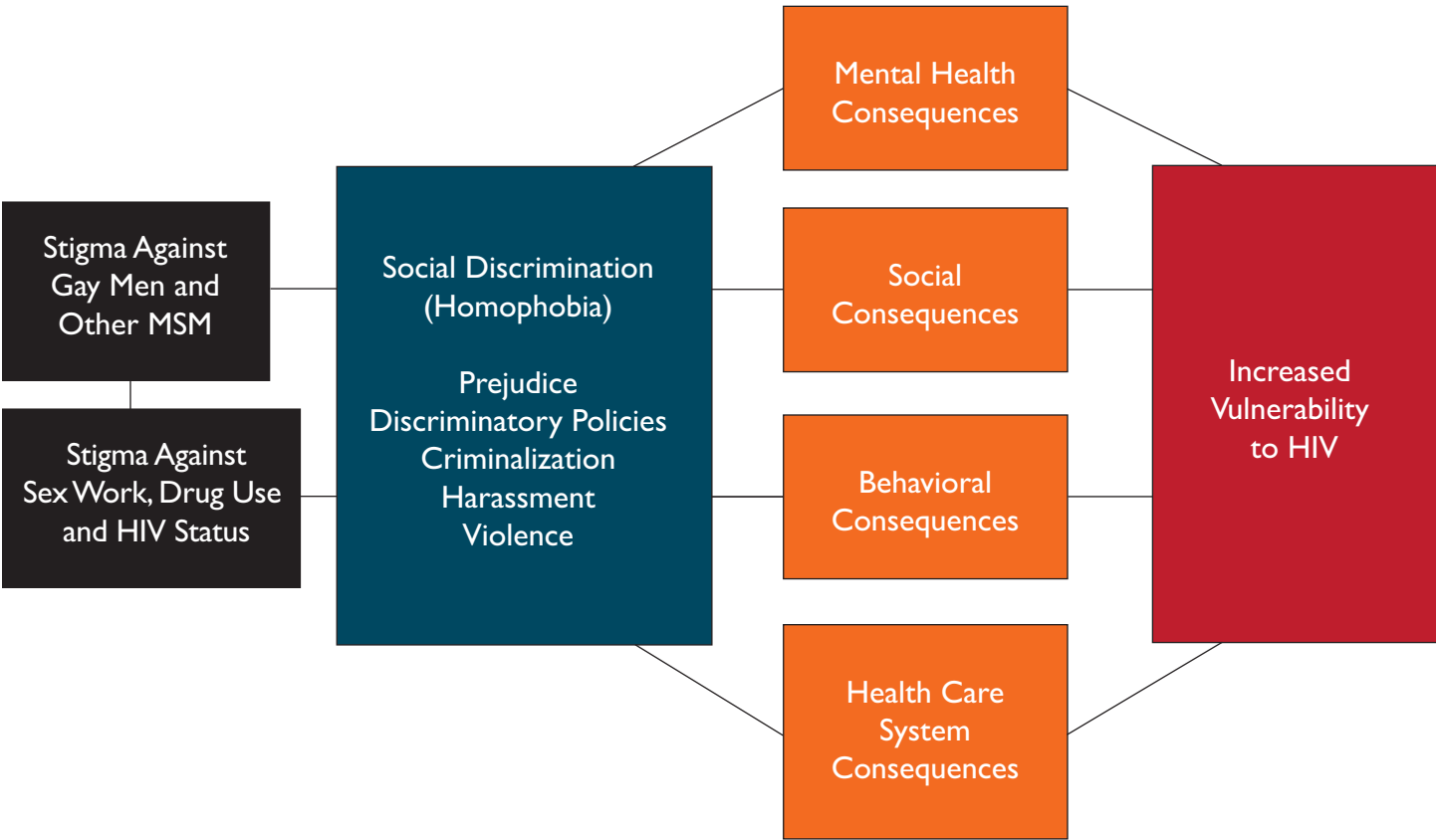
It is important to note that this disparity in HIV prevalence is not a phenomenon unique to developing nations. The resurgence of the epidemic among MSM in high-income countries has been well-documented. According to UNAIDS, sex between men represents the dominant mode of transmission in Australia, North America, and the European Union. The Centers for Disease Control and Prevention reports that the rate of new HIV diagnoses among MSM in the United States is more than 44 times that of other men.⁴⁰ The National AIDS Trust estimates that MSM are responsible for one-third of new infections every year in the United Kingdom.⁴¹

In low- and middle-income countries, MSM often do not have adequate legal protection against hate crimes or other forms of discrimination. This further constrains their access to health information and services.¹⁷ Parallels may therefore be drawn from regional epidemiological data where gay men and other MSM are at higher risk for HIV transmission and also marginalized and excluded from mainstream society. In Latin America for instance, male-to-male transmission represents the primary mode of HIV transmission in the entire population. This region is also considered to have recorded the largest number of homophobic crimes in the world based on the number of murders reported due to one's sexual orientation in recent decades.⁴²

Homophobia therefore not only helps elevate levels of risk, it also impedes efforts to mitigate HIV risk among MSM. While discrimination at any level based on sexual orientation is a human rights violation in and of itself, it is clear that from a public health perspective, such behaviors also compromise an

effective response to HIV. The following diagram is a summary of key mechanisms described above. They are presented here to more simply model the links between social discrimination against gay men and other MSM and their vulnerability to HIV risk as a result.

Schematic Representation of Linkages Between Homophobia and HIV Risk



SUMMARY

Scaling up HIV services and information to a level of universal access for gay men and other MSM – and for all communities, for that matter – requires that each one of us not only understand the role of stigma and discrimination in driving the epidemic, but also that we re-position this issue as an essential pillar of the HIV response. The challenge before us lies in making certain that homophobia is considered as more than a source of illustrative anecdotes that (sometimes) provide context for making sense of

alarming HIV prevalence rates. Only then can we hope to see the halt and eventual reversal of the epidemic that has marched so relentlessly forward.

RECOMMENDATIONS

Although no one single approach can serve an optimal solution, resources should be directed toward models that are effective, context-specific and focused on the needs of the community. Addressing these issues effectively will require appropriately nuanced, multi-sectoral responses. Coordinated advocacy efforts are required to reach multiple layers of institutional and socio-cultural underpinnings including attitudes and beliefs of individuals, families and communities. Importantly, these efforts must meaningfully engage gay men and MSM, including MSM living with HIV to help maximize their appropriateness and efficacy.

As we reflect upon the 2010 goal of Universal Access to HIV prevention, treatment, care and support, there is striking evidence that gay men and other MSM have been left behind. Universal Access, a significant component of the Millennium Development Goals, cannot be achieved in reality unless social, legal and policy environments respect, protect and fulfill the rights of all individuals, gay men and other MSM.

Adopt a human-rights based approach in tackling social discrimination

Governments and major global health and development agencies should adopt the following international guidelines to eliminate stigma and discrimination targeted at gay men and other MSM.

- a. *International Guidelines on HIV/AIDS and Human Rights*: Developed to assist states in “creating a positive, rights-based response to HIV that is effective in reducing the transmission and impact of HIV and AIDS,” these guidelines are consistent with fundamental human rights and should constitute the core of any national AIDS strategy.
- b. *Yogyakarta Principles (Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity)*: A guide to binding international legal standards and their application to sexual orientation and gender identity issues, the Yogyakarta Principles are a key policy tool for the advancement of legal reform toward full equality of all people, regardless of sexual orientation or gender identity.
- c. *UN Statement on Sexual Orientation and Gender Identity*: This statement reaffirms the universality of human rights, condemns human rights violations based on sexual orientation and gender identity wherever they occur, and calls on states to ensure that sexual orientation and gender identity are never grounds for criminal penalties. While non-binding, this statement makes clear the principles to which states should hold themselves accountable.

Advocate for legal reform

A collaborative effort led by communities in partnership with global health and development bodies, human rights and legal institutions, and other stakeholders is necessary to identify and repeal existing and emerging criminal laws and other policies targeting lesbian, gay, bisexual and transgender (LGBT) communities.

- a. Criminalization of same-sex acts must be repealed at all levels to facilitate a broad, coordinated approach to challenging social discrimination and create an enabling environment for MSM to access to HIV-related services and information.
- b. Legal reform should also include repeal of other laws that may be used to target MSM and other sexual minorities, such as public assembly laws, loitering or public nuisance acts, public indecency laws, and age-of-consent laws that are stricter for same-sex acts.
- c. Policy changes must be enacted to facilitate the protection of gay men and MSM's rights and facilitate uptake of social and health services. These include anti-discrimination laws related to HIV status, sexual orientation and gender identity within all social structures.

Build capacity for responsive health service delivery systems

MSM are typically ‘hard to find’ by health systems. This can be addressed through collaborations with local community based organizations with strategic outreach methods. Primary and specialized healthcare should be available to MSM at the primary, secondary and tertiary levels. Creating awareness of the health and social care needs of MSM among healthcare providers, workers and managers must be an integral part of health systems strengthening.

- a. Provider education and sensitization efforts targeted at combating stigma can better enable gay men and other MSM to access regular care, seek information and obtain treatment without fear of discrimination or harassment.
- b. Context-specific training programs must be organized to dispel myths and misconceptions that providers themselves may have about working with MSM, including MSM living with HIV.
- c. Guidelines for health promotion and clinical care among gay men and other MSM should be developed in healthcare settings, and professional capacity development opportunities should be routinely made available to the full range of frontline healthcare providers, including nurses, doctors, lab technicians, pharmacists, and other healthcare workers.
- d. Professional health care associations should review and update their codes of conduct in relation to sexual minorities and people infected and affected by HIV. Codes of conduct should include freedom from discrimination in healthcare settings and the promotion and protection of other human rights. Healthcare associations should also become actively involved in speaking out against policies that result in negative health outcomes for gay men and other MSM, including MSM living with HIV.

Facilitate access to social and legal support system

Gay men and other MSM in many countries have no recourse to justice when their rights are violated or go unrecognized. In order to address their individual healthcare needs, it is imperative that they are able to realize their rights through relevant channels that are otherwise available to the broader community.

- a. National governments, policy makers and civil society must work to create an enabling environment in which victims of discrimination or hate crimes may freely and confidentially access legal services.
- b. Advocates must be resourced to create safe spaces where gay men and other MSM, including MSM living with HIV, have access to social support within their communities and opportunities to receive support from each other, especially in contexts where psychosocial support is not readily available. This includes supporting the formation of MSM groups, organizations, and networks.

Increase investment in MSM- and HIV-related anti-stigma work

Anti-stigma initiatives are critical to improving access to HIV-related services for MSM and enabling men to take charge of promoting and protecting their own good health. Given recently available data showing increased trends of HIV prevalence among MSM worldwide, there is significant need for investments in programs and initiatives to mitigate the impact of the epidemic in this population. Building capacity on behalf of civil society organizations to carry out this work has the added benefit of strengthening infrastructure that works to protect the human rights of MSM.

- a. National governments and donors must invest in addressing the epidemic at levels proportional to disease burden among MSM by adequately financing programs that help combat stigma, discrimination and violence against these individuals.
- b. Public, private and philanthropic donors should provide funding to LGBT and other civil society groups that support gay men and MSM. Such organizations are in a position to act as watchdogs, service providers, and fulfill other unmet needs; they play a key role in empowering communities to take control of their lives and advocate for the changes they need.

Develop a greater evidence base on stigma, improve mapping and strengthen data integration

Relatively limited measureable evidence currently exists about social, structural and institutional interventions that mitigate the impact of stigma and discrimination on gay men and other MSM. The 'People living with HIV Stigma Index' is a significant development in the response to the epidemic, mapping data from groups of people living with HIV with the objective of better understanding the nature of stigma, discrimination and violence leveled against them. Monitoring change over time, the Stigma Index will help evaluate changing trends in relation to interventions and policies. An assessment of stigma reduction activities is now also included among the UNGASS Core Indicators, the reporting criteria required of United Nations member states in their regular evaluations of their country-level responses to AIDS.

- a. A comprehensive assessment of stigma reduction interventions must be carried out on a periodic basis, and the cumulative 'best practices' disseminated globally.
- b. National governments, civil society, researchers and donors should support the collection of stigma-related data, with specific attention to how it relates to MSM, using the information to advocate for necessary shifts in policy and funding that more effectively target the response to the epidemic globally.
- c. Resources must be aimed at scaling up those interventions that have been proven effective on the ground through empirical rigor.
- d. The collection and subsequent sharing of knowledge must be a combined and coordinated effort which includes community actors, civil society, social researchers, donors, policy makers, and all other key stakeholders involved in sexual rights and HIV/AIDS policy and programming.

Coordinate strategic communication

Messaging strategies must be informed by the personal and collective experiences of MSM. Intelligent and evidence-informed communication on MSM- and HIV-related stigma and discrimination is critical to leveraging support and leadership among communities, donors, politicians, and civil society actors, including human rights and faith based organizations.

- a. The role of the media and its wider impact on public opinion and public policy should not be underestimated. Regional and global media should therefore be engaged in raising public awareness and in addressing hostile public attitudes towards gay men and other MSM.
- b. Strong educational strategies specifically designed to promote appropriate and accurate reporting of events related to discrimination, homophobia and violence must be developed and implemented.

APPENDIX^g

A modest body of literature is evolving around anti-stigma interventions, some relating to HIV and some to homophobia. The documents listed below are not exhaustive but may help provide different ideas about approaches to stigma-reduction. These resources are freely available online.

The table below lists several anti-homophobia resources that may be useful in a range of different settings. The table on page 10 lists resources related to HIV stigma; most pertain to the general population, while two focus on HIV stigma among MSM.

Title	Components	Target	Organization	Online Access
Anti-homophobia Resources				
Lesson Plans for Educators	A collection of lesson plans and curricular tools for creating age-appropriate messages and activities.	Elementary, Middle and High School Students (K-12)	Gay, Lesbian and Straight Education Network (GLSEN)	Yes
Stand Up For Us: Challenging Homophobia in Schools	Step-by-step comprehensive approach guide to mitigating homophobia including resources for policy development, curriculum planning, community engagement and student welfare. Contains an additional list of online resources.	Anyone who works in school and special-school settings (K-12)	Health Development Agency (HDA), National Institute for Health and Clinical Excellence (NICE), UK	Yes
Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel	Resourceful “primer” on understanding sexual orientation, legal principles and common misconceptions.	Anyone who works in school and special-school settings (K-12)	American Psychological Association (endorsed by 12 other U.S. national education, health, and mental health organizations)	Yes
Safe Space Kit: Guide to Being an Ally	Comprehensive guide designed to help educators become advocates and create safe spaces for LGBT Youth.	Educators	Gay, Lesbian and Straight Education Network (GLSEN)	Yes
Sexual Orientation & Homophobia: Reaching Out to Young People (A Resource and Awareness Guide)	Comprehensive resource guide. Includes guidance on common misconceptions and bisexuality.	Youth, community members, service providers, educators, etc.	Montreal Youth Coalition Against Homophobia	Yes
Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients	The guidelines address issues concerning stigma, prejudice and a practitioner’s own values and belief systems and offer a frame of reference for the treatment of LGBT clients.	Mental health professionals	American Psychological Association	Yes
Moving towards social equality: Québec Policy Against Homophobia	An action step policy guide to implementing an anti-homophobia strategy targeting the public.	Policy stakeholders and the general community	Ministère de la Justice, Government of Québec	Yes

^gThese resources are not necessarily endorsed by the MSMGF.

Title	Components	Target	Organization	Online Access
Resources Focusing on HIV-related Stigma				
HIV - Related Stigma, Discrimination and Human Rights Violations: Case studies of successful programmes	Resource document for understanding HIV-related stigma and discrimination and successful mitigation approaches. 'Best practices' collection includes case studies of programs from a variety of countries.	Multiple stakeholders	UNAIDS	Yes
Interventions to Reduce HIV/AIDS Stigma: What have we learned?	Comprehensive review of 21 stigma-reduction interventions (in both the global north and south) and each analyzed based on target population, method and outcome.	Multiple stakeholders	Horizons Program (Population Council and Tulane University)	Yes
National Guide on the Integration of Stigma and Discrimination Reduction in HIV Programs	Introduces key concepts and offers 'context relevant' suggestions and resources for scaling up anti-stigma approaches.	Grassroots organizations, program designers, donors, researchers, policy makers, media, and planners and implementers of HIV and AIDS activities at all levels.	Prime Minister's Office, Tanzania Commission for AIDS (United Republic of Tanzania)	Yes
Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Healthcare Workers	Comprehensive resource guide that includes training modules on exploring stigma and discrimination, client rights, knowledge of standard precautions, and developing institutional policies as strategies to reduce stigma and discrimination.	Healthcare Workers	EngenderHealth	Yes
HIV/AIDS Stigma and Discrimination in Caribbean Health Care Settings: Trigger Scenarios (Facilitator Guide Available Online. Training requires accompanying DVD or VHS)	The accompanying DVD includes short "trigger" scenarios portraying health care workers in situations where discrimination is most likely to occur. The facilitator's guide is a step-by-step resource for activating discussion and promoting learning among healthcare providers.	Facilitators who provide HIV and AIDS training for health workers at all levels, including physicians, nurses, lab technicians, janitors and receptionists.	The Caribbean HIV/AIDS Regional Training Network and the International Training and Education Center on HIV (I-TECH)	Yes
Combating HIV/AIDS Stigma: A Workshop Manual for Nurses	Workshop objectives are to prepare nurses and midwives to display personal attitudes of tolerance and support for people infected and affected by HIV/AIDS and develop and implement anti-stigma projects at institutional and organizational levels.	Nurses and Midwives	Southern African Network of Nurses and Midwives (SANNAM)	Yes
Understanding and challenging HIV stigma Toolkit for action Module H: MSM and stigma	Step-by-step activity guide for trainers to help organize educational sessions for exploring stigma with community leaders and organized groups.	HIV trainers in Africa	International HIV/AIDS Alliance, International Center for Research on Women (ICRW), and the Academy for Educational Development (AED)	Yes
Understanding and Challenging Stigma toward Men who have Sex with Men: Toolkit for Action Adapted version for use in Cambodia.	Step-by-step activity guide for trainers to help organize educational sessions for exploring stigma with community leaders and organized groups.	Public health stakeholders in Cambodia	Pact Inc. and International Center for Research on Women (ICRW)	Yes

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Homophobia diminishes us.

