Reviewer’s report

Title: Ethical Challenges in Global Health-related Stigma Research

Version: 0 Date: 30 Nov 2018

Reviewer: Ellen Mitchell

Reviewer's report:

The authors have tightened up their arguments, added evidence, details, and citations to substantiate their claims. A better introduction helps set expectations for readers. The authors have grounded the manuscript in time and space, in the literature, and tried to give some hints as to how we need to go forward. The have made links to other work in progress and suggested ways to leverage it. The MS is now reframed as a response to a need for such a paper issued by the attendees of a conference.

In reviewing an earlier version, I raised 33 concerns, and I see that a dozen concerns have been well addressed, another dozen were deemed beyond the scope, and the rest were politely declined for various reasons of feasibility, intent, aesthetics, flow, prudence, a length.

While I do not agree with the authors of this paper on all fronts, I do admire the effort to raise this issue, grapple with it so earnestly and cautiously, and move the topic forward (within the constraints of what is known). I see that this is a call to engage not a recipe for action.

Some lingering small hesitations on framing:

1. I still find the discussion on vulnerability to be a bit untethered to the stigma theory literature. Effective stigmatization is highly contingent upon access to social, economic, and political power. The identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination is only possible in the context of vulnerability (limited power). Link & Phelan use the example of politicians to highlight how vulnerability is a pre-requisite for stigma. In many societies, people attach negative attributes to "politicians" as a group they are sometimes assumed to have dubious behaviors and ethics. But few would consider them to be stigmatized because of the influence they wield. The authors suggest that vulnerability is a consequence not a pre-requisite and that only a proportion of stigmatized populations are vulnerable. But stigma theorists see vulnerability as part and parcel of a stigmatized identity. The authors attest that not all marginalized persons are stigmatized. But for me, the stigmatization process has a goal of marginalization. I cannot think of a marginalized group that is not stigmatized.
2. In an adolescent PreP trial, wouldn't the stigmatized issue be adolescent sexuality, not HIV?

3. By saying the definition of stigma was overly broad, I was not suggesting that their definition of stigma should ascribe agency. I was saying that stigma is most tangible when considered as an action—i.e. stigmatization. This framing of stigma puts the focus where it needs to be: on the individuals and groups doing the marginalization, the exclusion, the disparaging, the intentional and unintentional harms. The authors choose not to take it up as a verb because they say that would leave out self-stigma - which is not the case at all. Self-stigma is someone actively devaluing themselves. It is still an energetic active process. This may seem like more semantics, but it is critically important to focus on the attitude, behaviors, framings, and discourses that imprint, reinforce, naturalize discrimination. If you don't take on stigma as a verb, you get tripped up later when you try to do something about it.

4. At times the authors try to talk about the verb - they state that stigma "is a violation of human rights", but I believe they mean the perpetrators of stigmatization, discrimination, marginalization is in violation, not the existence of bias itself.

5. Being clean and clear grammatically and conceptually is so important because there are already too many terms and related ideas introduced and it is hard to see the thread that holds it all together. This is especially the case when the discussion of layering expands from stigma into the areas of structural stigma and beyond to the arena of human and reproductive rights. Stigma researchers are very busy to police the boundaries of these ideas because the concepts lose political capital through over use and misuse. The authors seem to suggest that intersectionality (a very powerful concept) had lost its value in their eyes.

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