Reviewer’s report

Title: Ethical Challenges in Global Health-related Stigma Research

Version: 2 Date: 19 Mar 2019

Reviewer: Valerie Earnshaw

Reviewer's report:

Thank you for the opportunity to review BMED-D-18-01628R2, entitled "Ethical Challenges in Global Health-related Stigma Research." I have reviewed: (1) the previous reviewer's comments, (2) the authors' revisions in response to these comments, and (3) the latest, revised version of the manuscript. I believe that the authors have adequately responded to the reviewer's comments, and that the manuscript in its current form makes a strong contribution to the literature on ethical challenges in health-related stigma research. The authors have prepared a substantive response to the reviewer's concerns. Herein, I further add to the discussion regarding two of the key issues raised by the reviewer, which concern the accuracy and originality of the article.

The reviewer questions whether the concepts presented in the manuscript are consistent with stigma theory (reviewer comment 1). Indeed, I find the article to be consistent with stigma theory. At its core, stigma is a social construct involving social devaluation and status loss - the authors present this very definition on page 4 of the manuscript. Describing stigmatized conditions as often severe and hard to treat (reviewer comment 2) is consistent with foundational stigma theory introduced by Jones and colleagues (1984) that posits that health conditions that are perceived to be more "perilous" and "disruptive" are more stigmatized. The authors' discussion of stigma is even consistent with the latest developments in stigma theory. For example, the authors' point that "what is stigmatized varies, but stigma and its effects are found everywhere" is consistent with definitions of stigma that hold that the phenomenon serves societal functions everywhere but manifests differently in various social/cultural/historical contexts (Phelan, Link, & Dovidio, 2008; Yang et al. 2013). Moreover, the "understanding that there are commonalities across populations, conditions, and types of research" is consistent with the concept of cross-cutting approaches to stigma research advocated for within other manuscripts included in this special issue.

The reviewer is additionally concerned with the complexity and originality of the work, with the reviewer stating that the work is elementary and covers ground that is already well-trodden. By seeking to publish in BMC Medicine, the authors (and indeed the full special issue) aim to reach a broad audience, some of whom may have expertise in stigma research and many of whom may not. As a stigma researcher, I have considered many of these issues before but still find the article to be thought-provoking add nuance to the discussion of these ethical issues. It is particularly useful that the authors chose to include several timely examples. For example, although I have considered how overprotection can be a barrier to research, I had not yet
considered the full implications of excluding adolescents from PrEP studies (case study 1). For non-stigma researchers, I believe that the article will provide a nice overview of key ethical issues faced within stigma research.

Thank you for the opportunity to weigh in on this manuscript. I find it to accurately represent stigma theory, and make a strong contribution to the literature on stigma and ethics.

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