**Title of Proposed Program:** Interventions for Stigma Reduction to Improve HIV/AIDS Prevention, Treatment and Care in Low- and Middle- Income Countries

**Purpose/Goals and Objectives:** To develop and/or pilot test interventions for HIV/AIDS-associated stigma and its outcome on the prevention and treatment of HIV/AIDS and on the quality of life of People Living with HIV/AIDS (PLWH). Specifically, this initiative will support research on or leading to interventions to address a) innovation in measurement of HIV-associated stigma and of other intersecting stigmas due to multiple morbidities to develop better interventions, b) stigma and adolescent and/or youth health, c) effects of stigma on family members or care givers of PLWH, and on the aging PLWH, d) novel stigma reduction interventions that link to increase in care-seeking behavior and/or decrease in transmission and e) coping with the complexity of added burden of stigmatization due to HIV and to one or more comorbidities/coinfections.

**Background/Rationale:** Despite significant advances in biomedical approaches to prevent HIV transmission, acquisition of new infections has not abated, suggesting the need for further research into the possible causes of and new ways to mitigate the spread of the disease. The role of stigma is implicated in resurgence of new infections via continued transmission. HIV-associated stigma has been a barrier to getting tested and treated, especially in Low- and Middle-Income Countries (LMICs). Adolescents and youth are particularly vulnerable and their unique psychological and physiological features to deal with stigma-related stress have not been well studied. Exposed but uninfected people can be the targets of stigma that can affect their health in different ways, especially children of infected parents and caregivers. There is also a need for better stigma measures that can help in assessing the efficacy of stigma reduction interventions at different stages.

**Prior/Current Related FIC and other NIH Initiatives:**

The Fogarty International Center (FIC) convened an international conference on Stigma and Global Health in 2001, followed by issuance of an FOA from which 19 awards were made in 2003 by FIC and 11 other partners at NIH, HRSA, CIHR, and IDRC [RFA-TW-03-001; see also 2006 Lancet supplement based on these awards, <https://www.fic.nih.gov/Programs/Info/Pages/stigma-lancet-citations.aspx>; and independent review of the program (<https://www.fic.nih.gov/Programs/Pages/stigma.aspx> )]. These grants covered a wide range of topics for work in both US and LMIC institutions and only four concerned Stigma and HIV/AIDS. Two other NIH initiatives addressing stigma were a series of PAs issued in 2013, from which eight awards were made, and an RFA for competitive supplements from NIMH in 2014 focusing on HIV, from which only 2 grants were awarded, one of which was for work in an LMIC. The paucity of funded HIV associated stigma grants in the LMICs spurred FIC to initiate a new program in 2017. In 2019 NIMH issued three RFAs to investigate reducing intersectional stigma using the R01, R34 and R21 mechanisms, which was also specifically focused on defined PLWH populations. Over the last four years, <https://fic.nih.gov/Grants/Search/Pages/search-grants.aspx?program=stigmel> , FIC has awarded 27 grants from 18 different countries working on various stigma manifestations and focused on a number of different approaches and research topics. These programs have built the foundation and the momentum for conducting HIV-associated stigma research in LMICs. We now propose to expand the program by providing additional time and funds to explore effective interventions with the potential for implementation and scale up.

**Overview of Proposed Program:** Through this initiative, FIC encourages new research to investigate the aspects of stigma that continue to hinder progress towards HIV prevention, treatment, and care in LMICs, and to develop and/or pilot test appropriate interventions for stigma reduction. The initiative encourages research to reduce the impact of stigma at the individual, community, health care system, and policy levels. Applicants will be asked to address the ability of collaborating LMIC institutions to develop and sustain capacity for carrying out research in this field. Research teams should contain an appropriate mix of disciplines to accomplish the proposed studies. The initiative will use a research grant mechanism (small R01) with approximately $400K total funds divided over a 3-year period. Applicants should develop their studies in keeping with the NIH and OAR priorities for HIV research (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-137.html>).

**Relevance to FIC Strategic Plan:** The proposed initiative supports several of FIC’s strategic goals. It will build research capacity through individuals, institutions, and networks to meet future and evolving global health challenges (Goal 1). It stimulates innovation in the development and implementation of technologies and other locally relevant solutions to address global health problems (Goal 2).It advances research on prevention and control of the dual burden of communicable and noncommunicable diseases and disabilities (Goal 4). It builds and strengthens partnerships to advance global health research and research capacity (Goal 5).

**Eligibility:** US and LMIC investigators for work to be done in partnership at LMIC institutions or sites. Where possible, an LMIC investigator is encouraged to be the contact PI or MPI. Both north-south and south-south collaborations are encouraged.