

# A HUMAN TOUCH HEALS PAIN

Live  let live



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**WORLD HEALTH ORGANIZATION**  
Regional Office for the Eastern Mediterranean



Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
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WORLD AIDS CAMPAIGN 2002



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We are drawing the attention of people in the Region

# Live let live

people living with HIV/AIDS face,

to the stigma and discrimination that

because of their serostatus and to consider

their rights to a full life.



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IN THE NAME OF GOD, THE COMPASSIONATE, THE MERCIFUL

**DR HUSSEIN A. GEZAIKY**

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

REGIONAL DIRECTOR'S MESSAGE

Ladies and gentlemen,

It gives me great pleasure to talk with you today on the occasion of World AIDS Day. We all know that the HIV/AIDS epidemic has progressed to a large scale, and it is now clear that it is spreading faster than our efforts in prevention can keep up with. There is a sense of urgency about the epidemic in the Region, as the estimates indicate that there are three quarters of a million people living with HIV in the countries of our Region.

Many factors affect the spread of the epidemic in our Region. Population movement due to war or other reasons, the large proportion of young people in the population, the changes in the norms of our communities which entail increase of risky practices, and the complex emergency situations to which several countries of the Region are subject are all examples of these factors. The emerging threat of injecting drug use is also a major factor in the progression of the HIV/AIDS epidemic. It has already resulted in HIV outbreaks in some countries of the Region. If we add to these factors the limited capacities and human resources of national AIDS programmes and the gaps that exist in blood safety and infection control in some areas, we begin to realize the potential dangers of the HIV/AIDS epidemic in the Region.

The Regional Office is responding to this situation. It has developed the Regional Strategic Plan to specify the regional targets for prevention and control of HIV/AIDS during the coming four years. It has also established a regional advisory group to follow the implementation of the plan and to play an advocacy role for decision-makers and communities. The Office has supported some countries in applying to the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as in negotiating for reduced prices of antiretroviral drugs with the pharmaceutical industry. The Regional Office is committed to supporting the national programmes in line with the regional strategic plan.



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Ladies and gentlemen,

The World AIDS Campaign this year is about stigma and discrimination related to HIV/AIDS, and its slogan is 'Live and let live'. Besides going against our cultural and spiritual values, and violating the human rights of people living with HIV/AIDS, stigma and discrimination are the greatest barriers for effective response to the epidemic. Because of stigma and discrimination, people at risk do not obtain information about preventive measures, and those affected by the infection do not get adequate care. In fact, people living with HIV/AIDS may face stigma and discrimination in the community, in workplaces, in schools and even in health care settings, which are supposed to be the source of treatment, care and support.

Dear friends,

Let us face facts: the current level of commitment to HIV/AIDS does not match the seriousness of the problem. We should agree that fighting HIV/AIDS is a priority in our countries. We need to have stronger high-level political commitment that supports and empowers national AIDS programmes. The media should be more active in campaigning against AIDS. Religious leaders should have a stronger involvement in activities against AIDS, and their roles should be more structured and developed. Comprehensive plans for prevention and care should be in place and should be satisfactorily applied. Programmes for control of sexually transmitted disease should be active and should be carried out in close collaboration with AIDS control programmes. We need stronger motivation to apply innovative interventions that can stop the spread of the epidemic in our Region. In this respect, we must review success stories in other Regions and choose what interventions are suitable for us.

Last but not least, I must emphasize the importance of fighting stigma and discrimination by supporting suitable legislation and by fostering anti-discriminatory attitudes through education and communication. This step is a crucial element for the success of all our efforts in prevention and care.

In conclusion, I would like to invite you all to participate actively in efforts aimed at halting the progression of the epidemic, bearing in mind that the problem belongs to all of us, that the fight needs the efforts of all of us, and that all our efforts today are an investment for our future.

Thank you.

FACTS ABOUT HIV/AIDS

In the Eastern Mediterranean Region

Statistics

- 11 699 AIDS cases and 33 943 HIV cases were reported in the Region up to October 2002.
- More than 700 000 persons were estimated to be living with HIV/AIDS in the Region by the end of 2001.
- 80 000 people are estimated to have been infected with HIV in 2001.

Trends of concern

- HIV infection through injection drug use is a growing concern in many countries in the Region. In the Islamic Republic of Iran, for example, one-half of the reported AIDS cases are injecting drug users. In other countries of the Region the number of HIV cases due to injecting drug use has increased during the last few years.
- Studies indicate that millions of curable sexually transmitted diseases occur in the Region every year. In Morocco, for example where surveillance has been strengthened, it is estimated that 600 000 cases occur annually.

Globally:

- 40 million people were estimated to be living with HIV/AIDS by the end of 2001.
- 5 million people are estimated to have been infected with HIV in 2001.
- 3 million deaths due to AIDS occurred in 2001.
- 14 million children orphaned by AIDS were living around the world by the end of 2001.



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Country	Adult HIV estimates	Country	Adult HIV estimates
Afghanistan	no estimates	Oman	1300
Bahrain	less than 1000	Pakistan	80000
Cyprus	less than 1000	Palestine	less than 1000
Djibouti	20000	Qatar	600
Egypt	8000	Saudi Arabia	no estimates
Islamic Republic of Iran	20000	Somalia	43000
Iraq	less than 1000	Sudan	500000
Jordan	1300	Syrian Arab Republic	600



Kuwait	less than 1000	Tunisia	3200
Lebanon	2500	U.A.E	less than 1000
Libyan Arab Jamahiriya	7000	Republic of Yemen	9900
Morocco	14000		

## WHAT IS THE WORLD AIDS CAMPAIGN?

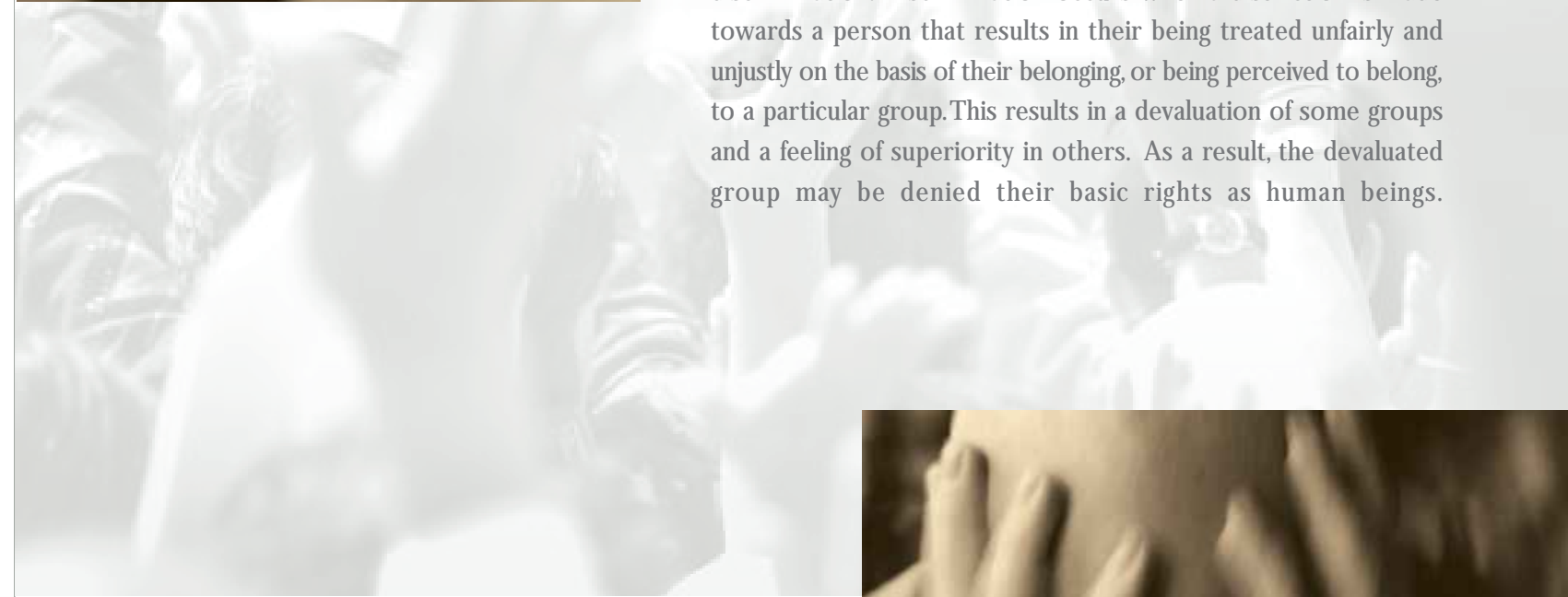
More than a decade ago, all countries of the Eastern Mediterranean Region started to engage in the fight against the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) through strong dedicated HIV/AIDS national programmes. The World AIDS Campaign is an opportunity to focus on the HIV/AIDS situation in the Region, the progress made and the challenges that communities have to face to curb the epidemic. Each year on 1 December, the World AIDS Campaign focuses on a specific HIV/AIDS issue, to provide direction for activities and ensure that it is highlighted through out the year.

The focus of this year's World AIDS Campaign is on HIV/AIDS related stigma and discrimination. The Campaign's slogan for this year is "Live and let live". It aims to draw the attention of people in the Region to the stigma and discrimination that people living with HIV/AIDS face because of their serostatus and to consider their rights to a full life. Thus, the goal of this year's campaign is to reduce and ultimately eliminate HIV/AIDS related stigma and discrimination wherever it occurs and in all forms. This goal will be attained by highlighting the role of stigma and discrimination in the HIV/AIDS epidemic; promoting positive action by individuals and institutions towards people living with HIV/AIDS and their families; and raising the awareness of individuals

of their role in contributing to the stigma and discrimination surrounding HIV/AIDS.



## INTRODUCTION



## WHAT IS STIGMA AND DISCRIMINATION ?

The stigma facing people living with HIV/AIDS is created by individuals and societies and reinforces existing social inequalities and prejudice. Stigma is not simply the use of the wrong word or label but is a "process of devaluation" that significantly discredits an individual in the eyes of others. The stigma attached to being HIV positive is a daily issue facing people living with HIV/AIDS, and is perpetuated both overtly and covertly. People living with HIV/AIDS are confronted both by the "felt stigma" of shame and the fear of being discriminated against and the "enacted stigma" of the actual experience of discrimination. Discrimination occurs when a distinction is made towards a person that results in their being treated unfairly and unjustly on the basis of their belonging, or being perceived to belong, to a particular group. This results in a devaluation of some groups and a feeling of superiority in others. As a result, the devaluated group may be denied their basic rights as human beings.

## Why focus on HIV/AIDS related stigma and discrimination?

The stigma and discrimination facing people living with HIV/AIDS represent a clear violation of the human rights declared some 50 years ago. Human rights reflect not only hopes and aspirations but the essential interests and legitimate demands of all people in all continents, and should permeate all human activities. The Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001, highlights the global consensus on the importance of tackling the stigma and discrimination triggered by HIV/AIDS. HIV/AIDS related stigma and discrimination are universal, occurring in every country and region of the world. People living with HIV/AIDS face stigma and discrimination in the family, at school, in the workplace, in health care settings and while travelling. In countries all over the world there are well documented cases of people living with HIV/AIDS being stigmatized and discriminated against with detrimental consequences for affected individuals, their families and society at large. Stigma and discrimination have caused people living with HIV/AIDS to feel guilty and ashamed, leading in some cases to depression, lack of self-worth and despair. The shame and stigma extend to affect the families of people living with HIV/AIDS, forcing them to withdraw from participation in more positive and constructive social activities. On a societal level, discrimination against people living with HIV/AIDS reinforces the mistaken belief that such action is acceptable and that those infected with HIV/AIDS should be ostracized and blamed.

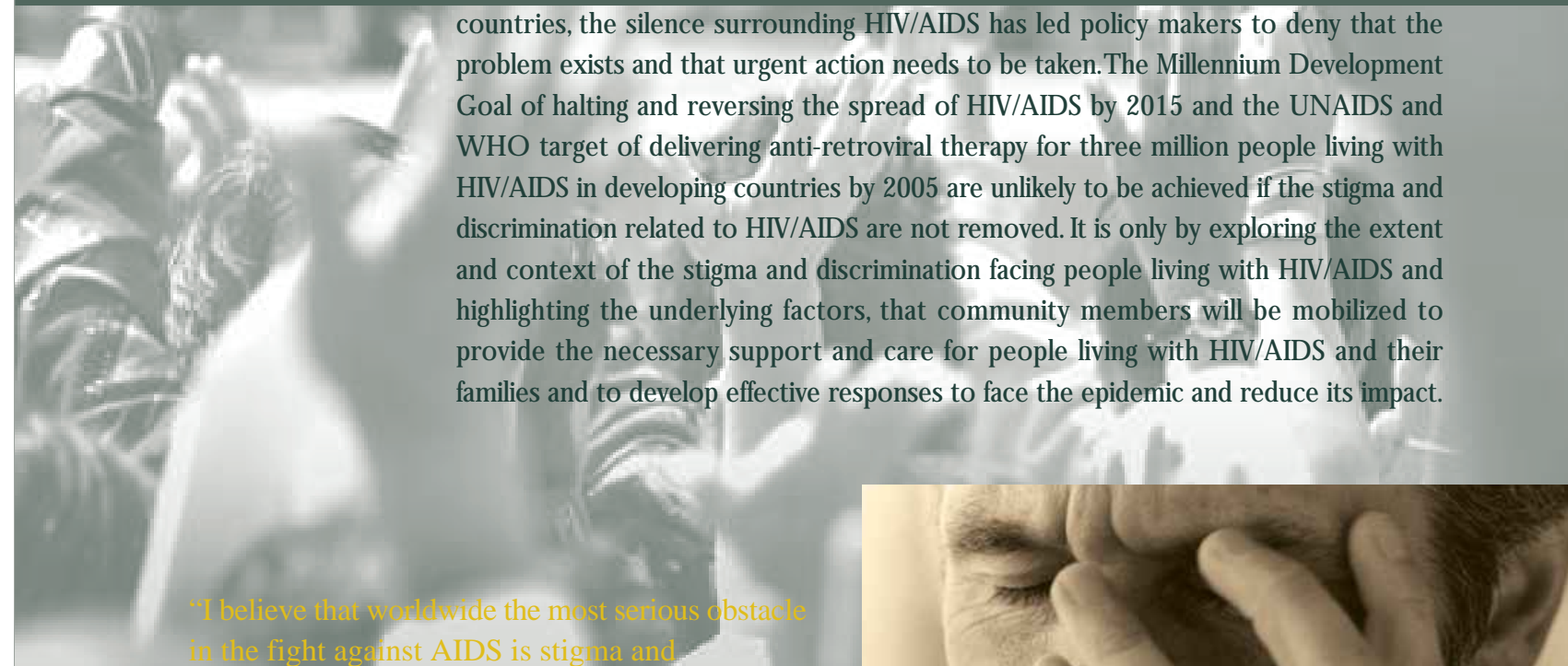
“The first battle to be won in the war against AIDS is the battle to smash the wall of silence and stigma surrounding it – and that official recognition of the problem is the first step towards dealing with it”.

Kofi Annan, United Nations Secretary-General, Meeting on international partnerships against HIV/AIDS in Africa, delivered on 6 December 1999



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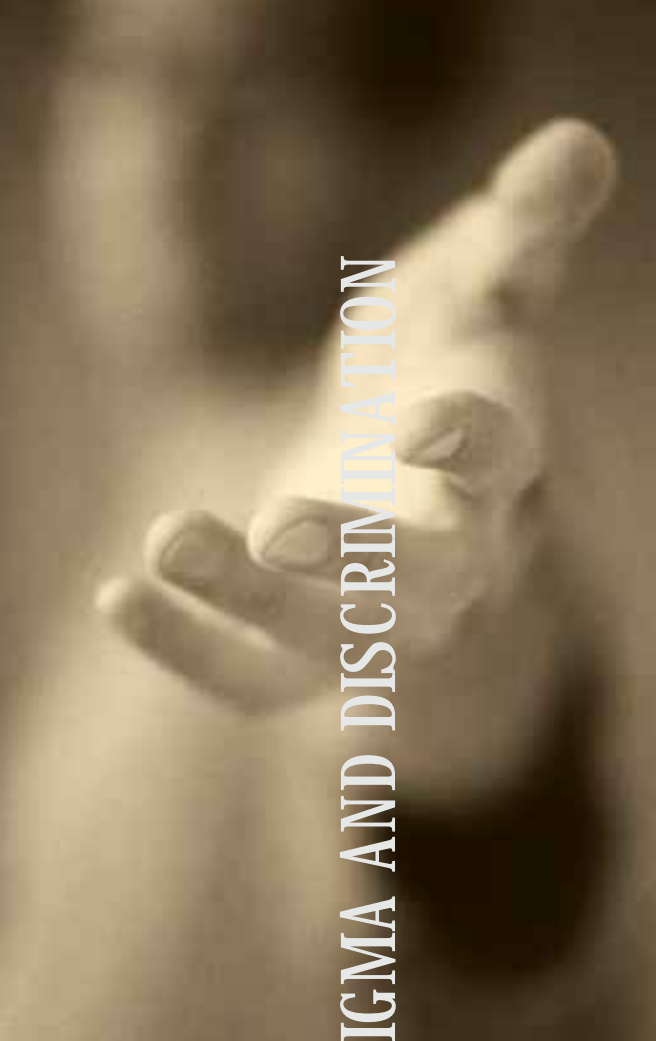
In 1987, the late Jonathan Mann identified three phases to the AIDS epidemic. The first of these is the epidemic of HIV infection that enters a community silently and unnoticed. Next follows the epidemic of AIDS that appears when HIV triggers life-threatening infections. Finally, there is the third epidemic, that of stigma and discrimination, blame and collective denial, that makes it so difficult to effectively tackle the first two. HIV/AIDS related stigma and discrimination are the greatest barriers to responding effectively to the spreading epidemic. The prevention of further infections is considerably undermined because many people at risk of HIV/AIDS are afraid to find out whether they are infected for fear of the reactions of others. Also, the fear of disclosure prevents people living with HIV/AIDS from getting adequate care, support and treatment. In many countries, the silence surrounding HIV/AIDS has led policy makers to deny that the problem exists and that urgent action needs to be taken. The Millennium Development Goal of halting and reversing the spread of HIV/AIDS by 2015 and the UNAIDS and WHO target of delivering anti-retroviral therapy for three million people living with HIV/AIDS in developing countries by 2005 are unlikely to be achieved if the stigma and discrimination related to HIV/AIDS are not removed. It is only by exploring the extent and context of the stigma and discrimination facing people living with HIV/AIDS and highlighting the underlying factors, that community members will be mobilized to provide the necessary support and care for people living with HIV/AIDS and their families and to develop effective responses to face the epidemic and reduce its impact.



“I believe that worldwide the most serious obstacle in the fight against AIDS is stigma and discrimination. Although the forms and context differ, stigma prevails. It affects the rights of people living with HIV/AIDS, the societal coping mechanisms and caring for the sick. In most of the countries it is a nightmare”.

Abdalla Ismail, Sudan





HIV/AIDS RELATED STIGMA AND DISCRIMINATION

There is no doubt that HIV/AIDS is as much of a social problem as it is a medical concern. Across the world, the global epidemic of HIV/AIDS has shown itself capable of triggering responses of compassion, solidarity and support, bringing out the best in people, families and communities. But, the disease is also associated with stigma, repression and discrimination. This holds true for all countries of the world; yet the underlying reasons differ from one region to another.

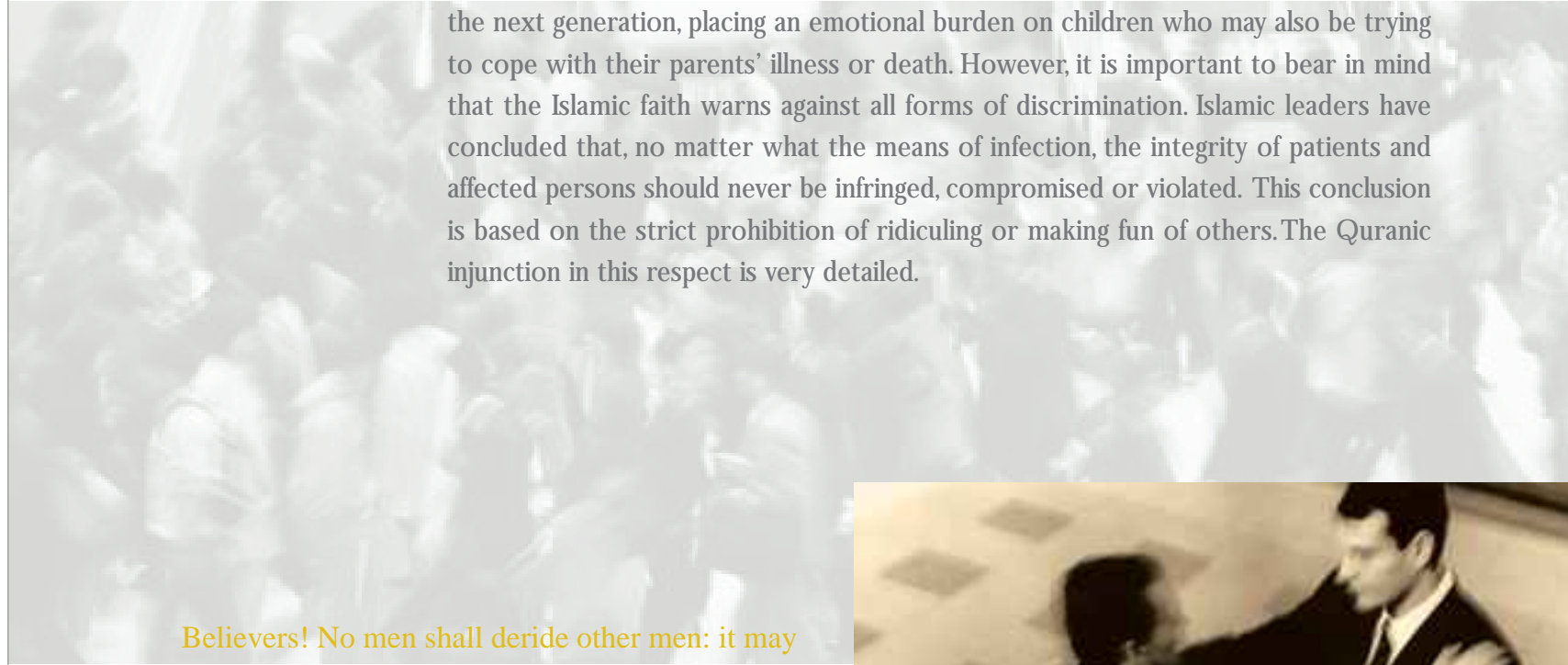
## **D**ISCRIMINATION FACING PEOPLE LIVING WITH HIV/AIDS IN THE EASTERN MEDITERRANEAN REGION



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### Cultural background of countries of the Eastern Mediterranean Region

Since the beginning of the epidemic, HIV/AIDS has been linked to certain behaviours and practices, namely intravenous drug use, homosexuality and prostitution, which contradict the religious morals, societal values and cultural norms of many societies. The link of HIV/AIDS with such practices has resulted in the rejection of people who are living with HIV/AIDS, or are suspected to be, by their communities. Hence, the stigma and discrimination faced by people living with HIV/AIDS is multiple and complex. Individuals tend to not only be stigmatized and discriminated against because of their HIV status, but also because of what it connotes. They are often viewed as people who have brought their misfortune upon themselves rather than as people in need of care. Furthermore, the stigma and discrimination associated with HIV/AIDS may extend to the next generation, placing an emotional burden on children who may also be trying to cope with their parents' illness or death. However, it is important to bear in mind that the Islamic faith warns against all forms of discrimination. Islamic leaders have concluded that, no matter what the means of infection, the integrity of patients and affected persons should never be infringed, compromised or violated. This conclusion is based on the strict prohibition of ridiculing or making fun of others. The Quranic injunction in this respect is very detailed.



Believers! No men shall deride other men: it may well be that those (whom they deride) are better than themselves; and no women shall deride other women: it may well be that those (whom they deride) are better than themselves. And neither shall you defame one another, nor call one another names. (Holy Quran 49:11)



## Gap in knowledge about the disease and the way it spreads in the community

HIV/AIDS related stigma and discrimination is triggered by a lack of understanding of the disease and myths about how it is transmitted. Despite intensive educational efforts, different sectors of the general public still are ignorant of how HIV is transmitted and hold misconceptions about the virus. People cling to false beliefs about HIV transmission through casual contact. Some believe that HIV can be transmitted by handshaking or kissing, while others regard food, drinks and insects as means of transmission. However, HIV/AIDS is transmitted through specific modes. It is safe to play sport and to work with people living with HIV/AIDS, shake hands, hug or kiss on the cheek or hands, sleep in the same room, breathe the same air, share drinking and eating utensils, use the same shower or toilet, use the same washing water and swim in the same pool. People do not get infected through spitting, coughing, sneezing, or through tears or sweat, or bites from mosquitoes or other insects. HIV/AIDS spreads mainly through risky behaviour including injecting drugs and sharing needles among drug users and unsafe sexual practices.

“Unfair discrimination against people living with HIV/AIDS may reinforce people’s ideas that AIDS is a punishment for immoral behaviour and direct attention away from a realistic understanding of how HIV is transmitted”

UNAIDS. A Human Rights Approach to AIDS Prevention at Work: The Southern African Development Community's Code on HIV/AIDS and Employment. UNAIDS Best Practice Collection, June 2000.

Unless concerted corrective actions are taken to improve people’s knowledge and to develop a clear understanding of the disease, which is essential to reducing the associated stigma and ostracism, all efforts made to contain the epidemic will be futile and HIV/AIDS will blight the 21<sup>st</sup> century. Some people living with HIV/AIDS do not disclose their HIV status for fear of rejection or violence. This results in people having limited access to information on how to protect others from infection and in not receiving support and care. In such circumstances, the impact of HIV is greater on individuals and communities. There are people who do not know if they are HIV positive and are afraid to be tested because of the stigma attached to HIV and the possibility of being discriminated against.



HIV/AIDS, more than many other illnesses, profoundly affects people’s lives. It induces fear, provokes denial, and, increasingly, leads to extraordinary action. The key to results is to spread knowledge and to fight stigma and condemnation. People’s knowledge and their ability to act to protect themselves and others is crucial in the battle to turn round the epidemic.

Dr Gro Harlem Brundtland, Director-General, World Health Organization



In many countries in the Region, HIV/AIDS was included in curriculae of science in preparatory and secondary schools. In addition, Iraq plans to introduce AIDS information in lessons of religion, family affairs, art, geography and mathematics.



Stigma, prejudice and discrimination usually lead people, through an act of commission or omission, to deprive others from what they are entitled. In the region, people living with HIV/AIDS are sometimes denied their right to a family life, education, employment and even medical care and support. Nevertheless,

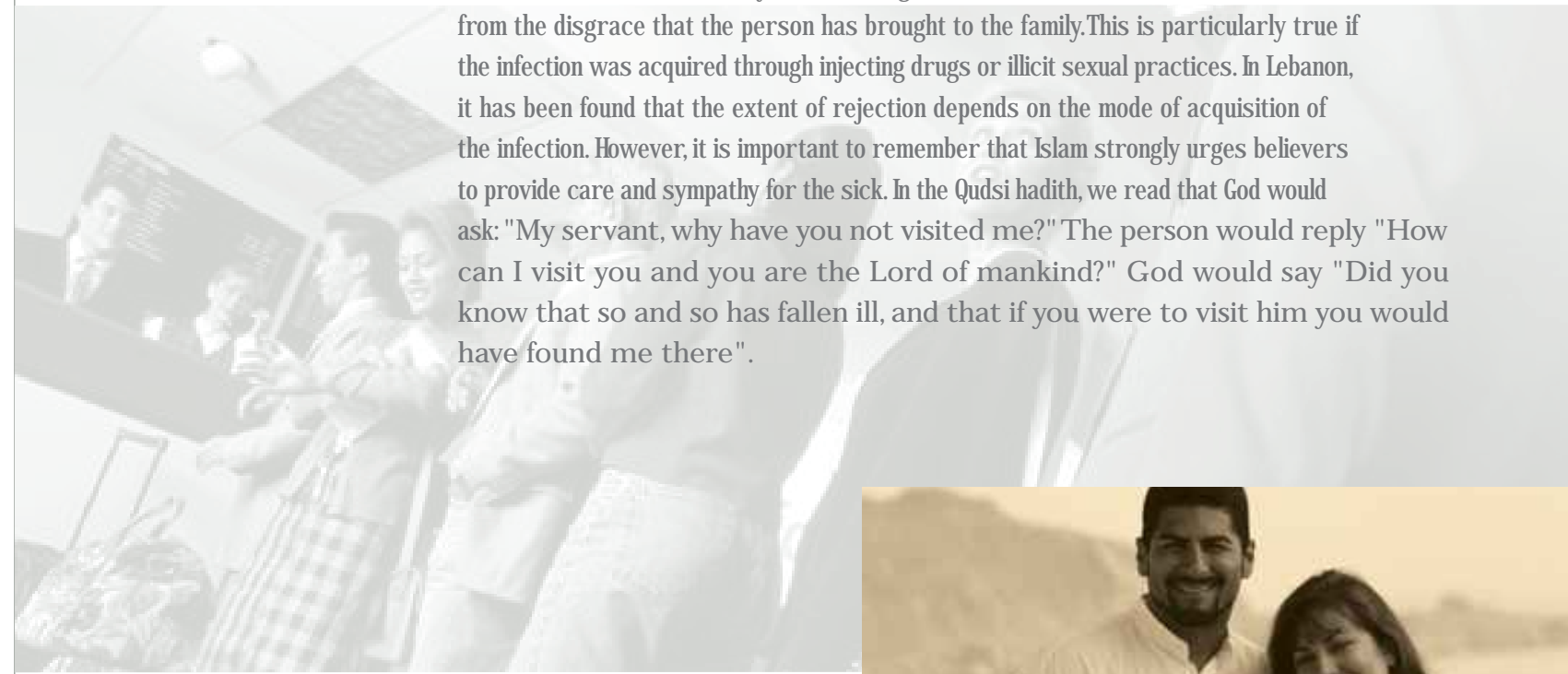
some countries have been able to protect the rights of people living with HIV/AIDS.

# C ONTEXT OF HIV/AIDS RELATED STIGMA & DISCRIMINATION IN THE EASTERN MEDITERRANEAN REGION



## Stigma and discrimination in the family and community

In all countries of the Eastern Mediterranean Region the family is the most important institution for providing care and nurture for its members. In hardship, every member of the family, as well as the community at large, feel that they own the problem, shoulder their responsibilities and act accordingly. In the event of sickness, the patient becomes the focus of attention, receiving the care and support necessary for rapid recovery and integration into normal life. Is this always the case for people living with HIV/AIDS? Despite being an illness like many others, people living with HIV/AIDS are often labelled and stigmatized by members of their family and close community. The family may block the access of people living with HIV/AIDS to the family house, wife or husband and children. Such a reaction may stem from ignorance about how HIV is transmitted or from the disgrace that the person has brought to the family. This is particularly true if the infection was acquired through injecting drugs or illicit sexual practices. In Lebanon, it has been found that the extent of rejection depends on the mode of acquisition of the infection. However, it is important to remember that Islam strongly urges believers to provide care and sympathy for the sick. In the Qudsi hadith, we read that God would ask: "My servant, why have you not visited me?" The person would reply "How can I visit you and you are the Lord of mankind?" God would say "Did you know that so and so has fallen ill, and that if you were to visit him you would have found me there".



Nevertheless some countries in the region have succeeded in ensuring a high degree of acceptance for people living with HIV/AIDS by their family and their enjoyment of a family life



## Success stories

In Bahrain, a court case filed to seek custody of a child following the disclosure of the serostatus of his father was overruled. The case was broadcast as part of national advocacy efforts against the discrimination facing people living with HIV/AIDS.

In the Republic of Yemen, a villager was rejected by his tribe on the basis of his HIV/AIDS status, but the physician appointed to the HIV/AIDS control programme in the community took the lead addressing the tribe's concerns and successfully changed their attitudes. Following this, the villager was accepted once again as a member of the community.

### Useful tip

“If you have an HIV/AIDS patient in your family, show your regard for the person and continue to share activities with him in the same way as before. Listen to him when he talks about himself and his feelings. Assist him to cope with daily needs such as shopping, cleaning, going out. Respect his privacy and don't spread the word about his illness. These are his rights”.

UNESCO & UNAIDS. HIV/AIDS and Human Rights. Young People in Activity – Care and Support.



## Stigma and discrimination in the workplace

HIV/AIDS usually affects young and middle aged people who are either starting a career or already established in employment. Among this economically active sector of the population, the diagnosis of HIV/AIDS is sometimes a source of job insecurity and discrimination in the workplace. In some countries of the Region, legislation that protects the rights of workers and people living with HIV/AIDS does exist, whereas in others, there is anecdotal evidence of workplace discrimination including termination of employment, forced resignation or denial of a job. This is despite the fact that during the early stages of infection, people living with HIV look healthy and are capable of performing their work. Discrimination against people living with HIV/AIDS in the workplace leads to the loss of their contribution to the country's economy. Furthermore, they lose their source of income, which is needed to support themselves and their families. The net result is a drift towards poverty.

People living with HIV/AIDS everywhere are confronted by discrimination in the workplace and some have been able to challenge it. One of the numerous examples is the denial of employment to an airline cabin attendant on the basis of his HIV-positive status. Fortunately, he was able to successfully challenge this discriminatory action in court.

It is important to assist people living with HIV/AIDS to remain productive members of society and to enhance their capacities to support themselves and their families.

### International Labour Organization code of practice on HIV/AIDS and the world of work

- Screening is not required for job application or person in employment
- HIV/AIDS status is not a reason for termination of employment
- Workers with HIV/AIDS are not obliged to disclose their serostatus nor should co-workers be obliged to reveal such personal information about fellow workers



## Stigma and discrimination in health care settings

Even in health care settings, the place where people go for medical advice, blood testing and information about HIV/AIDS, people living with HIV/AIDS can be confronted by hostility, rejection and discrimination. Hostile treatment, rejection and discrimination against HIV/AIDS patients in health care settings can take several forms including denial of or a lower standard of treatment, isolation and breaches of confidentiality.

Due to the fear of being infected, hospital staff may deny treatment to HIV/AIDS patients particularly if it involves contact with the person's blood or body fluids. In many hospitals, HIV/AIDS kits are not available due to the high costs involved. Hospital staff fear that they will not be able to protect themselves with the usual kits available, and hence, refuse treatment on this pretext. The belief that treating people living with HIV/AIDS is not economical is another reason for denying treatment. Due to the incurable nature of the disease physicians may save resources for people with other illnesses since "HIV/AIDS patients are going to die anyway". This is a violation of medical codes of ethics, the right to health care and the principle of non-discrimination.

Refusing to give information or health care services, resorting to isolation or breaching the confidentiality of people living with HIV/AIDS are violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.



Health care professionals and health care providers should provide care in a non-discriminatory manner.

In medical practice, a patient is isolated when he or she has a contagious disease that is transmittable by air, such as tuberculosis in its infectious stage, or touch. This is not applicable to HIV/AIDS. Medical research has concluded that HIV/AIDS is not transmitted from one person to another through casual contact or day-to-day activities. Isolation or limitations on the movement of people living with HIV/AIDS is a violation of their rights.



In the Republic of Yemen, a physician's attitude freed an HIV/AIDS patient from isolation. An HIV/AIDS patient isolated in a separate hospital ward was freed to move and mix with other patients after the doctor visited him and shook his hand.



## Stigma and discrimination in schools

The HIV/AIDS epidemic does not spare children. Since the beginning of the epidemic, many children have been orphaned by HIV/AIDS. Some children are living in families where a member is living with HIV/AIDS. These children are shouldering new responsibilities, including caring for a sick parent and generating income for the family. Other children may have contracted the infection through maternal transmission or in health care settings. Unfortunately, these children have to cope equally with the stigma and discrimination associated with HIV/AIDS.

Children affected by HIV/AIDS are often belittled by other children because of their infection or that of their parents. In many instances, school personnel or other students and their parents refuse to allow an HIV infected child to attend school. As a result, children with HIV/AIDS are sometimes refused admission to school, segregated in the classroom or expelled if they are already attending. The presence of an HIV positive child at school carries no harm whatsoever. Such discriminatory acts are violations of the child's right to education.

Besides their rights to an education, children with HIV/AIDS have the right to confidentiality regarding their serostatus. Such information should not be disclosed to school personnel or schoolmates. In the event that other students come to know of a child's HIV status, it is important that they receive complete and correct information about HIV. It is necessary to make sure that school personnel and students as well as their parents understand that the presence of an HIV positive pupil in school does not jeopardize their health or well-being. Complete and correct information is required to mitigate the fear and stigma surrounding HIV and to provide a better opportunity for children living with HIV/AIDS to cope with the psychological and social aspects of their infection.

Education and counselling are essential to confronting the stigma and discrimination facing children living with HIV/AIDS in educational institutions, as shown by the experience of Egypt and the Islamic Republic of Iran. Students with HIV/AIDS were accepted by both school personnel and other students following counselling sessions.

**“Denying a child the right to education based on HIV/AIDS is a clear violation of a fundamental human right”**

Report of an International Consultation on AIDS and Human Rights. Geneva, Center for Human Rights. 26-28 July 1989. New York, United Nations, 1991.



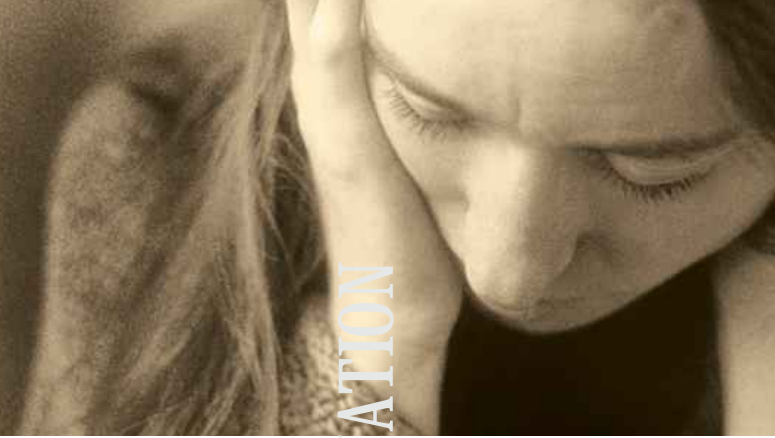
## Limiting the mobility of people living with HIV/AIDS

Many countries believe that HIV/AIDS is an imported disease or "a disease of outsiders" and refuse to accept the fact that the disease is spreading rapidly among the indigenous population. This false belief has resulted in the restriction of the movement of people living with HIV/AIDS. Almost all countries do not require disclosure of HIV status for admission to their territory for a short stay. However, many countries in the Eastern Mediterranean Region include HIV testing as a pre-requisite for being granted a residency permit for work or study. In the event of a positive result, the residency permit is denied and the person is deported. In most instances, the information is passed to a third party in order to justify the deportation. This is a breach of the right to confidentiality.



**“Making international travel and movement conditional upon mandatory testing or HIV-free certification for tourists, migrants, workers, students, refugees and immigrants is discriminatory”.**  
Center for Human Rights. Report of an International Consultation on AIDS and Human Rights. Geneva 26-28 July 1989. United Nations, New York, 1991





### People with high risk behavior

People with high-risk behaviour, namely intravenous drug users, homosexuals and prostitutes (and their clients) are marginalized because their actions contradict societal norms and values. Relative to other community members, these groups of people are at a higher risk of HIV/AIDS. Unfortunately, these people are often reluctant to seek medical advice as they are aware of their position in society and do not expect that their rights will be respected. If confidentiality of information

is not respected, people at risk of HIV infection will not be reached and efforts at behaviour modification will fail.



## ULNERABLE GROUPS AT RISK OF DISCRIMINATION



### Prisoners

Prisoners are another group marginalized by society because of their violation of the law and the rights of others. Nevertheless, they have a right to health care and humanitarian treatment. As high-risk behaviour is over-represented in prisons, testing for HIV should be made available. However, prisoners should not be forced to undertake an HIV test and their consent is required. In cases of a positive test result, they have the right to confidentiality regarding their serostatus. They also have the right to information about HIV/AIDS. Prisoners living with HIV/AIDS should be allowed to mix with other inmates, but if segregation in a separate wing is required, it should be without reference to their HIV status.



“The established HIV/AIDS hotline succeeded in providing complete information about the disease and where to go for testing while maintaining total confidentiality about their clients”.

Nasr El Sayed, National HIV/AIDS Control Programme, Egypt

At present, the total number of HIV/AIDS cases reported for the Region is relatively small. However, this is variable between the countries of the Region. Unless concerted efforts are taken to halt the progress of the epidemic, the number of people living with HIV/AIDS is likely to increase rapidly in the near future.

Existing HIV/AIDS national programmes can be strengthened by the involvement of people living with HIV/AIDS. Instead of being shunned and isolated or forced to withdraw from active participation in society, people living with HIV/AIDS can contribute their knowledge and experience to efforts to prevent the transmission of HIV in their communities. Talking about their fears, hopes and aspirations can dispel the myths surrounding people with HIV/AIDS and give HIV a human face. This has a great impact in breaking the silence and reducing the stigma and discrimination surrounding HIV/AIDS. Countries like Bahrain, Oman and Sudan have succeeded in overcoming the denial, fear and stigmatization that has undermined the involvement of people living with HIV/AIDS. In these countries, people living with HIV/AIDS have been guests on television programmes, have participated in advocacy and awareness raising campaigns and have given counselling to recently diagnosed patients.

## ENHANCING THE INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS

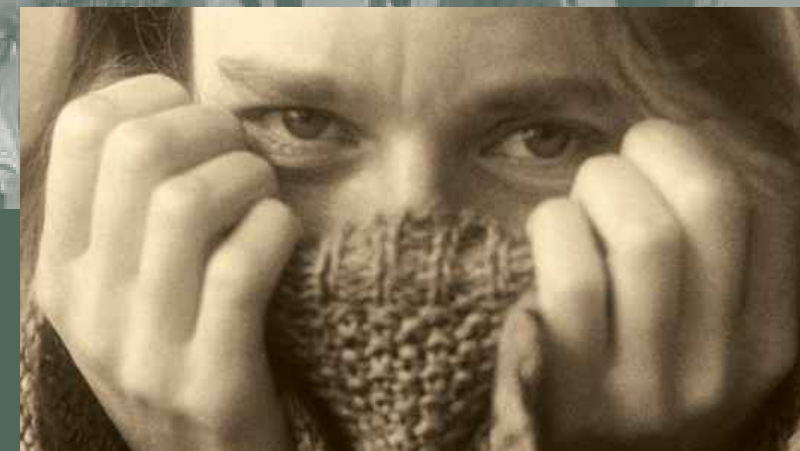


“My brother is an AIDS patient. At the beginning nobody accepted him, and nobody entered into his room. I and my children visited him and gave him support. After 3 months, all the young people in the family were caring for him. He gained weight, and his health improved remarkably. Love and concern are the most important things for an AIDS patient. “If you were not beside me, I would have died”, my brother commented, while his eyes were full of tears.”  
A story from Lebanon



“I did not try to get the infection, it came by itself. I have to live my life as such. I wish to face the others, but I cannot because the community does not accept me. They want to fire me from my job. They have limited thinking. I wish to remove the mask I wear.”

An HIV positive young man from Lebanon





## Enacting legislation to protect the rights of people living with HIV/AIDS

- Enact legislation that protects the generic rights of people living with HIV/AIDS as human beings and patients, and embody these rights in the country's response to the HIV/AIDS epidemic. Governments are responsible for the following.
  - Respecting the rights of people living with HIV/AIDS to a full life, freedom and mobility, education, employment, and access to health care services. Their rights as patients in relation to testing and confidentiality should also be respected.
  - Protecting the rights of people living with HIV/AIDS by taking appropriate sanctions against those who commit acts of discrimination based on HIV serostatus.
  - Fulfilling the rights of people living with HIV/AIDS by providing all appropriate measures including administrative, budgetary and judicial that enable the implementation of anti-discrimination policy.

## I DEAS FOR ACTION



## Developing the workforce

- Organize practical HIV-related training for all health workers to develop better understanding of the concerns, needs and demands of people living with HIV/AIDS, and to promote confidentiality and reduce unfounded anxiety.
- Train health care workers, and religious and community leaders on counselling techniques to provide counselling services for people living with HIV/AIDS and their families.

## Enabling the active participation of people living with HIV/AIDS

### Programme level

- Provide people living with HIV/AIDS with life skills including communication, negotiation, conflict resolution and decision making that will enable them to challenge HIV/AIDS related stigma and discrimination.
- Combine an information based approach with counselling, as it encourages people living with HIV/AIDS to disclose their status and triggers the acceptance of community members for people living with HIV/AIDS.
- Involve people living with HIV/AIDS in all phases of AIDS national control programmes, including visual communication, to enable community members to realize that people living with HIV/AIDS are not the cause of the HIV/AIDS problem but are part of the solution.

### Individual level

- Do not hide from people, but rather face the stigma and challenge the discrimination wherever it occurs and in all forms.
- Advocate for your rights and those of others living with HIV/AIDS.
- Address your community and help its members to know that people living with HIV/AIDS can face the world and are able to realize their hopes and expectations.

## Fostering anti-discriminatory attitudes towards people living with HIV/AIDS

### Programme level

- Intensify education, information and communication efforts to bridge the gap in knowledge in order to achieve a better understanding of the transmissibility of HIV from an infected person to health workers and other community members. The lack of knowledge remains a source of anxiety and fear over contracting the illness.
- Extend educational campaigns to include messages promoting tolerance for people living with HIV/AIDS and their inclusion in all aspects of community activities.
- Develop positive HIV/AIDS prevention messages emphasizing that HIV/AIDS is an illness like other illnesses and that people living with HIV/AIDS need care and support to lead a positive life.
- Conduct research exploring the most effective strategies to reduce and ultimately eliminate HIV/AIDS related stigma and discrimination.

### Community level

#### Mass media

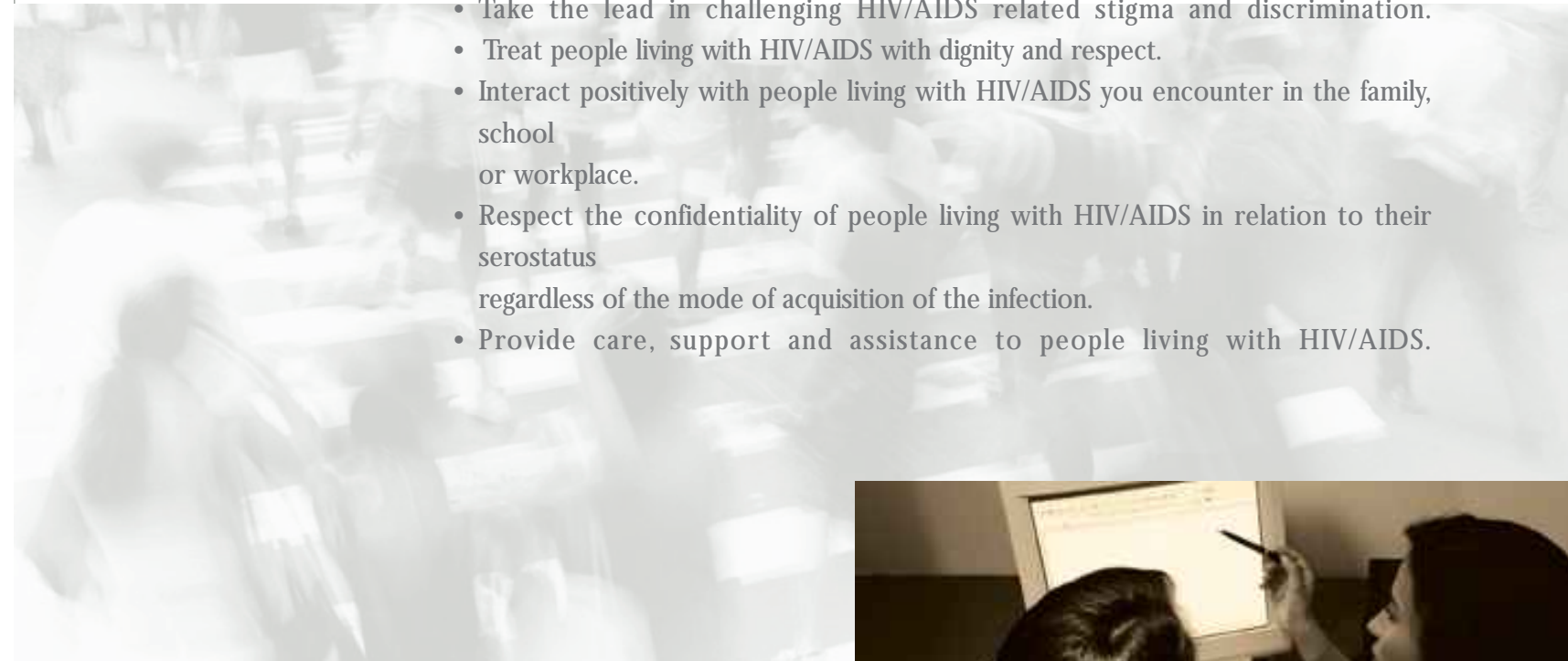
- Invite prominent community figures to give their personal reflections on the role of HIV/AIDS related stigma and discrimination in the AIDS epidemic.
- Organize a community debate programme between policy makers, health professionals, social workers, human rights activists, people living with HIV/AIDS and the general public to promote better understanding of the scope of the problem and anti-discriminatory attitudes.

#### Community and religious leaders

- Be a committed advocate for the rights of people living with HIV/AIDS.
- Ensure that people living with HIV/AIDS in your community enjoy their rights at school and in the workplace and receive the necessary and adequate health care

### Community members

- Inform yourself about your rights as well as those of people living with HIV/AIDS.
- Develop HIV/AIDS support groups to advocate for the rights of people living with HIV/AIDS as human beings and as patients.
- Discuss openly among your family and friends the reasons behind the stigma and discrimination facing people living with HIV/AIDS and the way to overcome it.
- Encourage your friends to know about HIV/AIDS related stigma and discrimination and its impact on the lives of people living with HIV/AIDS.
- Take the lead in challenging HIV/AIDS related stigma and discrimination.
- Treat people living with HIV/AIDS with dignity and respect.
- Interact positively with people living with HIV/AIDS you encounter in the family, school or workplace.
- Respect the confidentiality of people living with HIV/AIDS in relation to their serostatus regardless of the mode of acquisition of the infection.
- Provide care, support and assistance to people living with HIV/AIDS.





Health care workers

- Ensure that you have HIV/AIDS kits in stock to attend HIV/AIDS patients safely.
- Inform yourself and your staff how to protect yourselves while attending HIV/AIDS patients
- Follow the codes of ethics for medical practice by providing the best possible care and maintaining confidentiality of information for all patients irrespective of their serostatus.
- Provide counselling and support to the families of HIV/AIDS patients.
- Teach family members the skills that enable them to deal with HIV/AIDS patients and to provide them with the necessary care and support.

Employers

- Adopt the International Labour Organization code of practice in the workplace.
- Orient your employees about issues of stigma and discrimination and people's rights in relation to HIV/AIDS.
- Take action against employees who are discriminating against their fellow workers on the basis of their HIV serostatus.

## Empowering women in the Region

Programme level

- Integrate gender issues into national AIDS strategies, addressing the need for gender equality and the vulnerability of women to HIV/AIDS and the related stigma and discrimination.
- Involve women and women's organizations in the development and implementation of HIV/AIDS educational programmes.

Individual level

- Be open about reproductive health issues and HIV/AIDS.
- Inform yourself about HIV/AIDS and make your own decisions to protect yourself.
- Discuss HIV/AIDS with your partner and the ways to achieve protection.



People living with HIV/AIDS have all rights of citizenship as stated in the constitution in the Syrian Arab Republic. They get the needed care and psychological support.

A study on young people in Damascus, in 2001, indicated that 87% of them had a positive attitude towards AIDS patients, and were ready to care for them. Also 60% of them stated that they would permit HIV positive employees to continue working.



In Iraq, an act was issued stating that all HIV positive people have the right to continue working in their jobs even if they have had 3 years or more sickness leaves or absence from work. Patients of other chronic diseases are retired if they exceed 3 years sickness leaves.

## HIV/AIDS and Sexually Transmitted Diseases WHO/ Eastern Mediterranean Regional Office

<http://www.emro.who.int/asd/>

### Human rights and the rights of people living with HIV/AIDS

Report of an International Consultation on AIDS and Human Rights. Geneva 26–28 July 1989. Center for Human Rights. New York, United Nations, 1991.

HIV/AIDS and Human Rights: Young people in action. UNESCO and UNAIDS.

50th Anniversary of the universal declaration of human rights. Basic information kit#1. Office of the High Commissioner for Human Rights, 19 June 1997. Available at: <http://www.unhchr.ch/html/50th/50kit1.htm>

All human rights for all. Available at: <http://www.un.org/overview/rights.htm>

Human rights and HIV/AIDS. Available at: <http://www.hivinsite.ucsf.edu/InSite.jsp?page=kb-08-01-07>

FURTHER READING

Live  let live



## HIV/AIDS related stigma and discrimination

HIV and AIDS related stigmatization, discrimination and denial: forms, contexts and determinants – Research studies from Uganda and India. UNAIDS Best Practice Collection. Geneva, UNAIDS.

An overview of HIV/AIDS-related stigma and discrimination. Fact Sheets. Geneva, UNAIDS. Available at: [http://www.unaids.org/fact\\_sheets/files/Fsstigma\\_en.html](http://www.unaids.org/fact_sheets/files/Fsstigma_en.html)

Stigma and discrimination fuel AIDS epidemic, UNAIDS warning. Press release. Geneva, UNAIDS, September 2001. Available at:

[http://www.unaids.org/whatsnew/press/eng/pressarc01/stigma\\_050\\_901.html](http://www.unaids.org/whatsnew/press/eng/pressarc01/stigma_050_901.html)

Fighting HIV-related intolerance: Exposing the link between racism, stigma and discrimination. Geneva, UNAIDS and World Health Organization. Available at: <http://www.unaids.org/humanrights/BPracism.doc>

HIV/AIDS-related stigma and discrimination: A conceptual framework and basis for action. Horizons Programme – Population Council, May 2002.

Stigma and discrimination – Research Update. Horizons Program – Population Council, January 2002. Available at:

[http://www.popcouncil.org/pdfs/horizons/rs/Re\\_stigma.pdf](http://www.popcouncil.org/pdfs/horizons/rs/Re_stigma.pdf)

Addressing HIV related stigma and resulting discrimination in Africa: a three-country study in Ethiopia, Tanzania and Zambia. International Center for Research on Women, March 2002. Available at: [http://www.icrw.org/docs/Stigma\\_Africa\\_InfoBulletin\\_302.pdf](http://www.icrw.org/docs/Stigma_Africa_InfoBulletin_302.pdf)

Herek GM, Capitanio JP, Widaman KE. HIV-related stigma and knowledge in the United States: prevalence and trends, 1991–1999. Available at:

<http://psychology.ucdavis.edu/rainbow/html/ajph2002.pdf>

## HIV/AIDS related stigma and discrimination and the view of religion

Islamic vision for the social problem of AIDS. Kuwait, Islamic Organization for Medical Science, 1995.

The role of religion and ethics in the prevention and control of AIDS. Alexandria, World Health Organization Regional Office for the Eastern Mediterranean, 1992.

## Gender issues and HIV/AIDS related stigma and discrimination

Gender and HIV/AIDS. UNAIDS Best Practice Collection-Technical Update. Geneva UNAIDS, September 1998.

Women and AIDS. UNAIDS Best Practice Collection – Point of View. Geneva, UNAIDS, October 1997.

Gupta GR. Gender, sexuality and HIV/AIDS: the what, the why and the how. Plenary address to the XIIIth International AIDS Conference, Durban, South Africa. Available at: <http://www.icrw.org/docs/DurbanSpeech.pdf>

Gender and HIV. Geneva, UNAIDS. Available at: [http://www.unaids.org/fact\\_sheets/files/GenderFS\\_en.pdf](http://www.unaids.org/fact_sheets/files/GenderFS_en.pdf)



## Stigma and discrimination in the workplace

A human rights approach to AIDS prevention at work: The Southern African Development Community's Code on HIV/AIDS and employment. UNAIDS Best Practice Collection. Geneva, UNAIDS.

An ILO code of practice and the world of work. Geneva, International Labour Organisation, 2001.

International Labour Organisation. HIV/AIDS: A threat to decent work, productivity and development. Available at:

<http://www.ilo.org/public/english/protection/trav/aids/pdf/aidse.pdf>

## The role of people living with HIV/AIDS

Enhance the greater involvement of people living with or affected by HIV/AIDS (GIPA) in sub-Saharan Africa. A UN response: how far have we gone? UNAIDS Best Practice Collection. Geneva, UNAIDS.

## Others

Prisons and AIDS. UNAIDS Best Practice Collection – Technical Update. Geneva, UNAIDS, April 1997.

The global strategy framework. Geneva, UNAIDS, 2001.

Youth and AIDS in Africa—discrimination in the family. Available at: <http://www.yaids.org/network/otrs/vol1iss4.htm>

Young people and HIV/AIDS: opportunity in crisis. Geneva, United Nations Children's Fund, Joint United Nations Programmes on HIV/AIDS and World Health Organization, 2002.

In the shadow of death. HIV/AIDS and children's rights in Kenya. Human Rights Watch, 2001, 13(4). Available at: <http://www.hrw.org/reports/2001/kenya/>