AIDS and discrimination

by Jonathan M. Mann

WHO has taken a series of strong and proactive stands to help protect the rights of, and prevent discrimination against, persons infected with the human immunodeficiency virus (HIV). This position was reinforced last year in Geneva by the 41st World Health Assembly, which adopted a resolution entitled: “AIDS: avoidance of discrimination in relation to HIV-infected people and people with AIDS.”

This revolution started by urging the Organization’s 166 member states to “foster a spirit of understanding and compassion for HIV-infected people and people with AIDS through information, education and social support programmes.” Experience with national and local AIDS programmes has suggested that, as public information and education increases in quantity and quality, irrational fears about HIV and its transmission tend to diminish. Nevertheless, while people may understand that HIV cannot be spread through casual contact, the specific and individual instance of an HIV-infected child in a school or an HIV-infected adult in the workplace can still provoke unwarranted but substantial anxiety and can unveil deep-seated prejudices.

The Assembly resolution urges countries “to protect the human rights and dignity of HIV-infected people and people with AIDS and of members of population groups, and to avoid discriminatory action against and stigmatisation of them in the provision of services, employment and travel.” In addition, member states are urged “to ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS.”

There is a strong and clear public health rationale for this emphasis on protecting the human rights and the dignity of HIV-infected persons, including people with AIDS. In fact, the World Health Assembly has stated that this policy is critical to the success of national and international AIDS prevention programmes. It follows that the protection of the rights and dignity of HIV-infected persons has become an integral part of the Global AIDS Strategy.

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In Kenya, a former prostitute now trains health workers in conveying the message of “safe sex.” In Beijing, campaigners warn that “AIDS is knocking at the gates of Asia.”
This strategy's first objective is to prevent HIV transmission, which spreads almost entirely through identifiable behaviours and specific actions (sexual intercourse, self-injecting behaviour) which are generally - though not always - subject to individual control. In most instances, HIV transmission involves the behaviour of two persons; a change in behaviour of either the HN-infected or the uninfected person will be sufficient to prevent HIV transmission. But it must be remembered that HIV is transmitted mainly through behaviours which are private, secret, hidden from society and illegal in some societies.

For these reasons, the following are critical elements in the design of programmes to prevent HIV infection:

- The keystone of HIV prevention is information and education, as HIV transmission can be prevented through informed and responsible behaviour.
- Each person, HN-infected or uninfected, must bear in mind the responsibility not to put themselves or other persons at risk of infection with HIV.
- In addition to information and education, specific health and social services will be required to support risk-reducing behaviour changes.

Nevertheless, if HIV infection, or suspicion of HIV infection, leads to stigmatisation and discrimination (e.g. loss of employment, forced separation from family, loss of education or housing), persons already HN-infected and those who are concerned that they may be infected will actively avoid detection, and contact with health and social services will be lost. Those needing information, education, counselling or other support services will be “driven underground”. The person who fears he or she may be infected will be reluctant to seek assistance out of fear of being reported — with severe personal consequences.

The net result would be to seriously jeopardise educational outreach and thereby exacerbate the difficulty of preventing HIV infection.

To prevent HIV infection effectively, persons whose behaviours place them at increased risk of exposure to HIV must be informed, educated and provided with health and social support. Persons suspected or known to be HN-infected should remain integrated with society to the maximum possible extent and should be helped to assume responsibility for preventing HIV transmission to others. Exclusion of these persons would be unjustified in public health terms and would undermine the public health programme to prevent HIV infection.

Discrimination may actually endanger public health; stigmatisation may itself represent a threat to public health.

The World Health Assembly resolution therefore directed WHO “to stress to Member States and to all others concerned the dangers to the health of everyone of discriminatory action against and stigmatisation of HN-infected people and people with AIDS and members of population groups...” Protecting the human rights and dignity of HIV-infected people, including people with AIDS and members of at-risk groups, is not a luxury — it is a necessity. It is not a question of the “rights of the many” against the “rights of the few”; the protection of the uninfected majority depends upon and is inextricably bound with the protection of the rights and dignity of the infected persons.

WHO believes it is essential to involve the international human rights network to help prevent discrimination against HIV-infected people, persons with AIDS or stigmatised population groups. WHO has stressed the need for human rights organizations, non-governmental and governmental, to play an active role in this area, particularly at the national and local levels.

WHO has been given the mandate to direct and coordinate the global fight against AIDS and stands ready to continue providing the human rights networks with the credible information upon which all effective public health and human rights action related to AIDS must depend. At the national level, organizations concerned with human rights must link with AIDS-related organizations - governmental and non-governmental - and work with national AIDS committees to help broaden understanding and seek effective alliances against AIDS-related discrimination.