

## Introduction

HIV-related stigma and discrimination are defined as a process of devaluation of people either living with or associated with HIV and AIDS. Discrimination follows stigma and is the unfair treatment of an individual based on his or her real or perceived HIV status. Stigma and discrimination are now recognized as among the greatest challenges to tackling HIV infection and as major barriers to the delivery of quality services by health providers. The pervasive effects of HIV-related stigma and discrimination, as documented in numerous studies, are devastating in many ways. They can result in lower uptake of HIV preventive services, including testing and counselling services and mother-to-child transmission prevention programmes, limited or delayed disclosure of HIV serostatus to partners and family members, and inadequate care and support, such as postponement or rejection of treatment, care and support. In some cases people living with HIV may even travel outside local communities to seek medical and preventive care services because of fear of breaches of confidentiality and negative attitudes of health care providers.

In order to foster an effective HIV response in any country, aspects of stigma and discrimination must be addressed through undertaking complementary and sustainable actions at national and local levels. One of the most important actions is to implement regular participatory training for all health care staff with the aim of increasing knowledge of HIV and universal precautions, increasing awareness about stigma and discrimination and their harmful consequences and addressing misconceptions and underlying fears about HIV transmission.

This training package is a comprehensive course specifically developed for the use in the countries of the Eastern Mediterranean and Middle East and North Africa regions. It was designed to be used for developing and sustaining human capacity for stigma and discrimination reduction programmes. It consists of essential information and tools for training health care providers.

## HIV epidemiology

- Worldwide, there were 35 million people living with HIV at the end of 2013.
- In the Middle East and North Africa region, there were 230 000 people living with HIV at the end of 2013 and 25 000 new infections in 2013 alone.
- Heterosexual transmission is the prevailing mode.
- The bridging populations are at the origin of HIV transmission from key high-prevalence groups to the general population.

The scale of the epidemic in a country is determined by the national prevalence of the infection in the general population (reflected by the prevalence among pregnant women at national level) and in the key populations (sex workers, men who have sex with men, intravenous drug users, tuberculosis patients, sexually transmitted disease carriers, prisoners, etc.). Epidemiological data show a high prevalence of HIV infection among sex workers, men who have sex with other men, intravenous drug users. These populations are key groups for the development of the epidemic among the general population. Indeed, these groups are not isolated from the population as a whole: there are bridging populations who are liable to be contaminated from these key groups and then transmit the HIV infection to the broader population.

The epidemiological situation worldwide and in the Middle East and North Africa Region can be updated annually from the UNAIDS and WHO web sites:

<http://www.unaids.org/fr/KnowledgeCentre/HIVData/Epidemiology/epublications.asp>

<http://www.who.int/hiv/pub/epidemiology/pubfacts/en/>

## The human immunodeficiency virus

The agent responsible for AIDS is a virus called the human immunodeficiency virus, or HIV.

HIV is a retrovirus: it has an enzyme, reverse transcriptase, which will enable a transformation of the genetic material in the virus. To multiply, HIV must penetrate the genetic material inside a cell to use its protein synthesis mechanisms and turn them to its advantage: the contaminated cell thus becomes a factory for producing viruses. The main target of HIV is a blood cell, the CD4 T lymphocyte. The contaminated CD4 T lymphocyte will produce billions of virions before being destroyed.

## HIV transmission

HIV is transmitted via three routes:

- the sexual route
- through blood and blood derivatives, which can occur among intravenous drug users, after a transfusion of contaminated blood or after accidental exposure in the health care environment
- and from HIV-positive mothers to their children. Sexual transmission is influenced by several factors.

HIV *cannot* be transmitted by casual everyday actions, such as using public lavatories or washrooms, or by coughing or sneezing, touching or hugging, going to a public bath or pool, shaking hands, sharing cups, glasses, plates, or other utensils like telephones or through insect bites or stings.

## Prevention of HIV transmission

The prevention of sexual transmission is based firstly on behaviour: fidelity and monogamy within a relationship; the use of condoms (male or female); and control of sexually transmitted infections. It is also important to combat sexual violence and integrate HIV prevention into care programmes for victims of violence.

The prevention of transmission by the blood route begins with transfusion safety and the destruction of blood bags liable to test HIV positive. It is also important to control drug use, especially intravenous drug use. This requires special harm reduction programmes to reduce the risk; approaches include the provision of disposable needles for drug users and substitution treatment.

The prevention of mother-to-child HIV transmission is based on: prophylactic antiretroviral therapy for HIV-positive pregnant women; a scheduled Caesarean section, whenever possible; if the viral load is not controlled, antiretroviral prophylaxis for newborn babies; and exclusive bottle feeding, or protected breastfeeding with an antiretroviral therapy followed by the mother throughout the breastfeeding period.

In the hospital environment, campaigns to generate awareness among health care personnel contribute to behavioural change and the implementation of standard precautions to reduce the frequency of blood exposure accidents. It is important to remind personnel of:

- the importance of hand-washing
- the use of barriers (gloves, protective glasses, gowns)
- safety systems
- decontamination of multi-use equipment
- containers for collecting sharps and cutting instruments
- the management of hospital waste.

## Post HIV exposure prophylaxis for health care workers

The immediate measures that a health care worker should undertake in the case of an exposition are as follows.

- The wound should not be pressed or made to bleed as this has been shown to cause tissue inflammation, which favours HIV migration and consequently the development of infection.
- The wound should be washed with soap and water.
- The effectiveness of antiseptics or disinfectants has not been proven. However, WHO recommends the use of a solution of chlorhexidine gluconate and the avoidance of chlorine or iodine derivatives, which are more irritating.
- In the event of exposure to mucous membrane, careful, prolonged washing with water is recommended.

## Laboratory diagnosis of HIV infection

Laboratory diagnosis of HIV infection is based initially on a screening test that typically looks for anti-HIV antibodies. The test must be sensitive, i.e. capable of detecting almost all positive serums. However, tests that are very sensitive lose specificity, i.e. there is a risk of yielding erroneously positive results.

A negative screening test can thus be used to confirm the absence of HIV infection. However, if the contamination only occurred a few weeks previously, the screening test will show negative because the organism has not yet produced sufficient antibodies. In all cases where the tested person reports a potential recent exposure to HIV, the test should be repeated approximately one month later.

If a screening test is positive, it must be confirmed by additional tests.

## Principles of HIV testing and counselling

HIV testing is the only means for diagnosing HIV infection among persons who are fully willing to know their HIV status. The benefits of knowing one's HIV status are numerous and can be considered at the individual level and at the community level.

The guiding principles of HIV testing and counselling are as follows.

- The testing is voluntary and not mandatory.
- Informed consent is required.

- Confidentiality is crucial.
- Quality assurance mechanisms should be in place to ensure the provision of correct test results.
- Referral mechanisms for medical and psychosocial support must be put in place.

## Stigma and discrimination in health care settings

- Stigma is an unfavourable attitude or belief directed towards someone or something and is particularly pronounced when behaviour causing disease is perceived to be under individual's control (sex work or injection drug use).
- There are 3 key causes of HIV-related stigma in the community setting:
  - lack of awareness of what stigma is and why it is damaging
  - fear of casual contact due to incomplete knowledge about HIV transmission
  - values linking people with HIV to improper or immoral behaviour.
- Discrimination is the treatment of an individual or group with prejudice.
- Discrimination includes the denial of basic human rights such as health care, employment, legal services and social welfare benefits.
- Stigma and discrimination are major barriers to preventing HIV transmission and providing treatment, care and support and are a clear violation of human rights.
- Interventions to reduce stigma and discrimination should focus on:
  - individual level by increasing awareness among health care workers
  - environmental level by ensuring availability to health workers of the information, supplies and equipment necessary to practice universal precautions.

## Care and treatment of persons living with HIV

Care for a person living with HIV must include a package of services that contribute to the patient's physical and moral well-being.

The different components of care provided to a person living with HIV are:

- counselling
- adherence support
- prophylaxes
- treatment of opportunistic infections
- antiretroviral therapy
- patient monitoring
- psychosocial support.

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