

SUMMARY

HIV/AIDS-related stigma and discrimination are as old as the epidemic itself. In every country and in every social setting since the disease was first identified, individuals who are or who are assumed to be HIV-positive have been subject to a variety of negative reactions, including physical and verbal abuse, loss of homes and employment, rejection by families, spouses and friends, and violations of basic human rights and fundamental freedoms.

Even in the health services, where people at risk of infection or living with HIV/AIDS seek and expect care and attention, stigma and discrimination have been common. Discriminatory acts vary from inappropriate comments to breaches of patient confidentiality, from treatment delayed to treatment and basic care and hygiene refused.

Some of these acts are not only a violation of basic human rights but they can also have a considerable negative impact on the health of both the individual and the broader community. Those who are discriminated against may suffer physically and psychologically, while those who fear discrimination may be reluctant to seek testing or treatment. Those living with HIV and those at risk of infection are less likely to protect themselves and their partners from infection.

This review aims to contribute to deeper understanding of HIV/AIDS-related stigma and discrimination in the health services. It does so firstly through an analysis of the components of the phenomenon, how they relate and where gaps in knowledge exist; secondly by comparing studies of stigma and discrimination and projects designed to reduce their incidence and impact; and thirdly by outlining strategies for a comprehensive response. The perspective is global, but this publication makes extensive references to Latin America and the Caribbean.

Two broad conclusions can be drawn. The first is that while there is general agreement as to the existence and form of HIV/AIDS-related stigma and discrimination, many aspects of the phenomenon are poorly understood. The issue is complex and the underlying components are often poorly distinguished, defined differently by different researchers and frequently studied without appropriate reference to the broader context. This makes it difficult to compare results of studies, provide a comprehensive analysis and discern prevailing trends.

Secondly, despite these constraints it is nonetheless clear that there has been a reduction in the extent of HIV/AIDS-related discrimination in the health services in some countries. Several factors are responsible, including increasing awareness of the issue and increasing availability of antiretroviral therapies, which weaken the disease's association with death. Other forms of stigma, however, such as homophobia, which preceded the epidemic and continues to fuel hostility towards people with HIV, remain strong.

Over the last twenty years many people, including people with HIV/AIDS have made significant advances in the fight against HIV/AIDS-related stigma, and discrimination. The authors of this document hope that it contributes to that ongoing struggle.