**HIV stigma and discrimination**

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He was just 24 years old when brought to Civil Hospital Karachi. His condition was poor – bleeding from nose, was suffering from continuous diarrhea, and his history revealed addiction to drugs and what added to suspicion was his sex with multiple partners. The lab tests confirmed – He was living with HIV. By the time his HIV status was confirmed it was not clear how many people may have faced the risk of transmission – for himself as well as for others with whom he had interacted, either through sex or using same syringe for drugs.
When further probed, a horrifying fact was revealed. He was suspecting this disease but avoided it due to fear of HIV stigma and the subsequent discrimination. For him HIV means he had AIDS and destined for death. He was certainly wrong, but this is what the general perception is.
Although Pakistan has been somewhat insulated from this disease till now, it is worth concerning that between 2010 and 2020 there has been 84% new HIV infections, the situation remains at a precarious crossroads. Pakistan is currently at 161 ranks out of 192 countries in terms of Human Development Index. The country today is considered a high- risk area and the shrinking world, with each passing day, is making us more vulnerable to this invisible fire. According to the National AIDS Control Program’s official data (Nov 2023), there are an estimated 269, 244 cases of HIV, yet only 53,718 are registered.
Our large population is uneducated and hardly knows anything about AIDS except that it is a deadly disease. Most people do not know that HIV is treatable, and that treatment is available for free in Pakistan. Even in the learned class, the misconception is anybody having HIV is an AIDS patient. People avoid interaction with such a person due to fear of contracting the same virus. An ailment that is too a serious one, already has very negative effects on the morale of the person and such an attitude further aggravates his condition. The person living with HIV does not necessarily mean that he or she has contracted it through sexual transmission or drugs, though it is a major cause. Non screened blood transfusion and use of unsterilised needles could also be a cause. In 2019 in Rato-dero, a small town in Sindh, 15 children were simultaneously tested positive for HIV. Alarmed by the figure, the whole municipality was tested, and 157 more cases surfaced – A result of use of same syringe multiple times by a quack impersonating as doctor. The damage was irreversible.
HIV myths abound from misconceptions that it exclusively targets older individuals and condoms offer no protection. Some even think it can spread through everyday actions like sharing food, hugging, or kissing, and that it results in a death sentence. The truth is: HIV can affect anyone, though specific groups are more vulnerable. Everyday interactions pose no risk, and while there’s no cure, Antiretroviral therapy (ART) effectively manages the virus, enabling long, healthy lives. You can’t discern HIV status by appearance; only a lab test provides confirmation.
In 2023, we commemorate the 35th World AIDS Day, observing the global theme ‘Let Communities Lead.’ This milestone, marked as “World AIDS Day 35: Remember and Commit,” serves as an opportunity to empower individuals with scientifically accurate knowledge, enabling them to make informed decisions about their sexual health and minimise its impact within communities. The unjust stigma and discrimination must be actively countered. Recognising the urgent need to address a long-standing yet often overlooked issue, the United Nations Development Program (UNDP) and the Joint United Nations Program on HIV/AIDS (UNAIDS), in collaboration with local stakeholders, have embarked on a commendable endeavor. They have formulated a comprehensive strategy to combat HIV related stigma and discrimination for the Law Enforcement Agencies (LEAs). This initiative deserves commendation for its proactive approach in tackling an urgent problem.
Addressing myths and misconceptions through education, accurate information dissemination, and awareness campaigns is crucial. It’s equally essential to engage Law Enforcement Agencies in reducing stigma, which includes negative attitudes, beliefs, and discrimination directed toward individuals living with the virus. Stigma carries significant public health implications as it discourages people from getting tested, seeking treatment, and disclosing their status.
The strategy suggests that a pragmatic path forward involves developing a curriculum, Standard Operating Procedures (SOPs), training programs, awareness campaigns, and fostering robust collaboration among stakeholders. These efforts aim to facilitate the nationwide integration of anti-stigma and anti-discrimination principles within the 41 training police institutes across the country. It is heartening to note that this project will soon kick off in partnership with health, administration, and law enforcement agencies. It is reiterated that Police serve a multifaceted role in communities affected by HIV, encountering various situations involving individuals with the virus, from accident scenes to complaints, witnesses, victims, and even criminals. It is imperative that they possess a comprehensive understanding of HIV, including how to respond and protect themselves and others.
This approach, though novel, is long overdue. In addition to their law enforcement duties, police should actively engage with these communities, providing support, education, and resources. This all-inclusive approach can mitigate the virus’s negative impact, advance public health, and nurture stronger, more trusting relationships between law enforcement and the communities they serve. To effectively fulfill these roles, it is essential that law enforcement personnel receive proper training and knowledge in this domain.