

# DISCRIMINATION/STIGMATIZATION OF PATIENTS WITH HIV/AIDS

PRESENTED:

BOGDAN-ADRIAN TRANDAFIR

MEMBERS



European  
AIDS Treatment  
Group



EACS  
European  
AIDS  
Clinical  
Society

support and encouragement



UNOPA

Uniunea Națională a Organizațiilor  
Persoanelor Afectate de HIV/SIDA

# Introduction:



- ▶ The story of a patient with HIV/AIDS
- ▶ Discrimination/stigma
- ▶ Discrimination/Stigmatization at the Workplace of a patient with HIV in Romania

# Description of the post-December history of HIV/AIDS in Romania.



To maintain the HIV response in Eastern Europe and Central Asia it is imperative to ensure that national HIV programs continue to be sustainably financed. Continued commitment by national governments to finance the HIV the response is critical. Moreover, with planned transition away from donor support, there will be increased demand on domestic fiscal investment. As such it is vital to make cost-effective funding allocations decisions to maximize impact. An allocative efficiency modeling analysis was conducted through partnership with the Government of Romania, the Global Fund, UNAIDS, and the Burnet Institute. The Optima HIV model was applied to estimate the optimized resource allocation across a mix of HIV programs. It is anticipated that recommendations from this analysis, as summarized below, will inform subsequent National Strategic Plans and Global Fund funding applications.

1995 • To treat or not to treat? We started to treat despite the lack of evidence Immediate results - very good due to 100% adherence 2001 • Universal access to ART (Romanian cohort& other PLWHA), no matter the CD4 count or viral load which was announced at The General Assembly Special Session on HIV/AIDS on June 25-27, 23 June 2001 • In the same context, the rate of survival of the former children infected between 1988 and 1990, who are currently adults with their own families, continues to maintain high even now, 30 years after their HIV diagnosis. • In what concerns pregnant women infected with HIV, the national mother-to-child transmission programme, initiated in 1999, managed to reduce the rate of perinatal HIV transmission to 0%.

# The story of a patient with HIV/AIDS



## THE FIRST STEPS IN LIFE

He was born in 1990 in a maternity hospital in Bucharest, after a year I arrived at the Prof. Dr. Matei Bals Institute of Infectious Diseases in Bucharest, where I was diagnosed with HIV/AIDS. In 1992 I ended up in a Non-Governmental Organization in the UK where they established the first family time homes for abandoned children in Romania.

For more than 3 years since I was diagnosed with HIV/AIDS infection, I have gone through many challenges that made me stronger and more attentive to those around me

Life with HIV is a continuous fight with yourself and you can fight in life if you want to live the way you want.

# Discrimination/Stigma



- ▶ In Romania, people with HIV/AIDS are discriminated against/stigmatized due to this chronic condition.
- ▶ - HIV is still a problem at national level, where patients cannot disclose the diagnosis in certain public institutions, as well as in dental and gynecological offices.
  - For many of the patients in the cohort, the disclosure of the diagnosis has a negative impact among the circle of friends and life partners, and especially in schools and high schools, where after learning the diagnosis, physical and verbal violence is a point sensitive.

# Discrimination/Stigma



- One in two Romanians is afraid to go out to dinner with a person living with HIV. Almost 40% of Romanians say that they would be afraid to let their child interact with a person who has HIV, at school or kindergarten. Only one out of two Romanians (48%) knows what the concept of "undetectable patient" means in the case of those living with HIV, namely a person under long-term treatment who does not transmit the virus further.

The main cause of stigmatization of people living with HIV remains the lack of information. More than half of the respondents (51.9%) are not familiar with the concept of "undetectable patient" in HIV treatment. In other words, Romanians do not know that HIV treatment, taken correctly, brings the virus to an undetectable level, which means that the carrier will no longer transmit it to other people. Worse, 35% of respondents believe that the term refers to a person who has never had an HIV test.

## Discrimination/Stigmatization at the Workplace of a patient with HIV in Romania

Fear can lead to negative behaviors towards you, especially when people do not have correct information about HIV/AIDS. For example, in Romania, the most recent study started by IRES and CNCD in 2019 with the title "Discrimination and hate speech in Romania" shows that identity reporting with different characteristics is mainly done according to health status (61%). 58% of Romanians are afraid of everything that is different and show a high degree of mistrust towards people living with HIV/AIDS. The social distance scale, represented in the study mentioned above, shows that 27% of Romanians do not accept a person living with HIV/AIDS as their relative, and 23% do not accept them in their network of friends. If you decide to disclose to one or more co-workers, think carefully about the people you choose to tell about your medical status. The decision is a personal one and it's good to already have a plan in mind.





# Discrimination/Stigmatization at the Workplace of a patient with HIV in Romania

-Discrimination is determined by lack of knowledge, intolerance, prejudices and is closely related to the stigmatization and labeling of people.

-The effects of discrimination are dramatic, both for the groups that are discriminated against and for those that discriminate. Thus, in a society where there is stigma and discrimination on the basis of HIV/AIDS, people will not want to know if they are infected, they will be forced to hide their diagnosis, they will not access medical or social services, they will not have the courage to seek information to help them prevent infection. Discrimination against socially vulnerable people (due to age, behavior, social situation, legal situation, sexual orientation, etc.) leads to their lack of access to information and services, exposing them to the risk of HIV infection.





Discrimination can be found at many levels: social policy, legislative, community, institutional, interpersonal or even intrapersonal (self-discrimination) - all of which are closely related to each other and influencing each other. In addition, many times, discrimination is subtle, masked, difficult to demonstrate and recognize, sometimes being considered even by the discriminated persons as a justified measure or attitude.

Stigmatization and discrimination are unfair, both in the case of people living with HIV, as well as in the case of women, disabled people, injecting drug users, elderly people, women involved in commercial sex, homeless people or people with low incomes, of young people etc.



International and national legislation protects people against discrimination and tries, through affirmative measures, to ensure equal opportunities for all people.

According to law no. 584 of October 29, 2002, confidentiality regarding HIV/AIDS diagnosis is mandatory for: Employees of the health network (including occupational medicine doctors, they are not allowed to transmit the diagnosis to their employers) The employers of these people (the human resources department is obliged by law to keep the diagnosis confidential and not to inform your co-workers) Public officials who have access to this data



THANK YOU VERY MUCH  
FOR ATTENTION

information taken

[unopa.ro](http://unopa.ro)

[www.hivnet.ro](http://www.hivnet.ro)

Contact: [tbogdanadrian@gmail.com](mailto:tbogdanadrian@gmail.com)

BOGDAN-ADRIAN TRANDAFIR