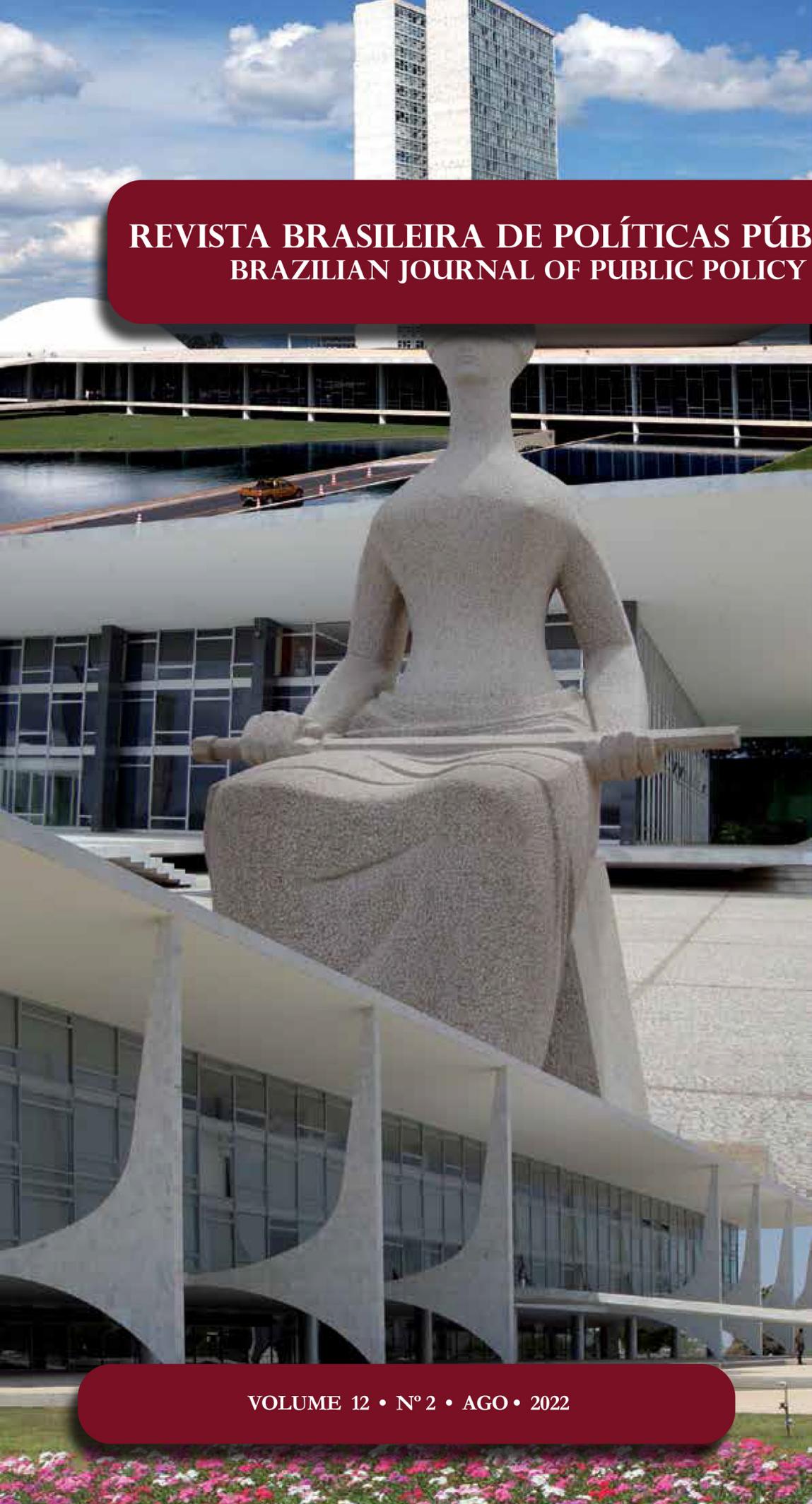


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REVISTA BRASILEIRA DE POLÍTICAS PÚBLICAS
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**Protection of people living with
HIV/AIDS in Iran: challenges and
responsibilities**

**Proteção de pessoas vivendo
com HIV/AIDS no Irã: desafios e
responsabilidades**

Arian Petoft

Mahmoud Abbasi

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Protection of people living with HIV/AIDS in Iran: challenges and responsibilities*

Proteção de pessoas vivendo com HIV/AIDS no Irã: desafios e responsabilidades

Arian Petoft**

Mahmoud Abbasi***

Abstract

People living with HIV/AIDS (PLWHA) in Iran, like in many countries of the world, face several problems that disrupt their routine life. Every day, they may experience numerous instances of stigma, discrimination, disrespect, and even defamation, which over time can lead to isolation and loss of self-confidence. Their difficult living conditions may create injustice for them in employment, education, marriage, health, and the use of social opportunities; this requires the adoption of a supportive strategy and the fulfillment of special government duties in providing them with special privileges. Hence, this study attempts to illustrate the main problems that PLWHA face in Iran and then debate the Government's health policy and responsibilities in this regard.

Keywords: health policy; PLWHA; Iran; HIV/AIDS; responsibilities.

Resumo

As pessoas que vivem com HIV/AIDS (PVHA) no Irã, como em muitos países do mundo, enfrentam diversos problemas que atrapalham sua rotina de vida. Todos os dias, eles podem experimentar inúmeros casos de estigma, discriminação, desrespeito e até difamação, que ao longo do tempo podem levar ao isolamento e à perda de autoconfiança. Suas difíceis condições de vida podem gerar injustiça no emprego, educação, casamento, saúde e no uso de oportunidades sociais; isso requer a adoção de uma estratégia de apoio e o cumprimento de deveres especiais do governo em conceder-lhes privilégios especiais. Assim, este estudo tenta ilustrar os principais problemas que as PVHA enfrentam no Irã e, em seguida, debater a política de saúde do governo e as responsabilidades a esse respeito.

Palavras-chave: Polícia da saúde; PVHA; Irã; HIV/AIDS; responsabilidades.

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** Post-Ph.D. in Neurolaw, Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.09128446330.
Email: arian_petoft@ut.ac.ir

*** Ph.D. in Medical Law, Associate Professor of Medical Law, Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.09121183249.
Email: dr.abbasi@sbm.ac.ir

1 Introduction

HIV has spread in Iran from the very beginning. Now, we witness a large number of PLWHA in different regions every year. According to official statistics of the first reported case of AIDS in Iran in 1986, at least 200 to 500 people were living with HIV/AIDS in the same early years. Since then, the use of shared syringes between addicts, sexual intercourse, and mother-to-child transmission are the most important factors in the transmission of AIDS in Iran.¹ According to a report issued by the Deputy Minister of Health in December 2017 regarding the statistics of AIDS in Iran,

It is estimated that there are over 60,000 PLWHA in Iran, but the total number of registered cases is 40,573, of which 18,938 people have died and 21,635 people are still alive, and 15,664 people are being treated [...]. As of the first six months of 1998, the number of infected men is 69% and the number of infected women is 31%. The number of people infected through shared syringes has risen to 22 percent and the number of sexually transmitted infections to 46 percent. This shows the progression of the disease.²

The above statistics show that at least 60,000 citizens in Iran live with HIV/AIDS. It has certainly harmed their normal life. In such a situation, apart from government control measures and health protection strategies, society is obliged to support these people to restore a balanced living situation and facilitate social life. This support can be in the form of legitimate and positive social discrimination by granting special privileges to PLWHA. Achieving lofty goals requires envisaging special mechanisms to guarantee their citizens' rights. Paying special attention to the citizen's rights of PLWHA and trying to find ways to guarantee it can prevent the emergence of unjust categories in society, such as illegitimate discrimination, isolation of PLWHA, social stigma, and depriving them of normal social interactions. One of the most important social issues that PLWHA face is stigma;³ Fear of being judged by others or the existence of undue discrimination in the context of social interactions. It negatively affects their attitudes toward themselves and adaptation to the disease. It is also accompanied by social isolation. Even such experiences may cause them to blame themselves, to deserve severe social harassment, and even to waive their inalienable rights such as the right to treatment and the enjoyment of social protection.⁴ This social problem is rooted in the government's lack of attention to legal and social support for PLWHA; there are several normative frameworks in the context of the legal system to protect PLWHA against the false culture of motivation, isolationism, and social exclusion, which, if paid special attention to, makes it possible for people to lead a normal life with good social interactions. However, this needs a strong sense of substantive rule of law.

The destructive effects of unjust social discrimination and stigma are strongly evident in the issue of HIV care and treatment. Even in dealing with PLWHA, cultural prejudices and gender issues are sometimes directly linked to social stigma. Researchers today recognize that unjustified discrimination against women living with HIV is more prevalent around the world than men.⁵ Thus, many women living with HIV/AIDS hide their illness from their husbands for fear of social rejection, incitement, and even violence. If these people enjoy special legal protection and feel safe and secure at the level of social interactions, they will never go into hiding for the health of themselves and their families. Isolation and hiding HIV status not only deprives a person of health services but also lead to a loss of opportunity to prevent infection of the spouse and possibly the family.

¹ UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. p. 32. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

² <http://www.pana.ir/news/972271>

³ MAHAMBORO, Dionius B. *et al.* HIV stigma and moral judgement: qualitative exploration of the experiences of HIV stigma and discrimination among married men living with HIV in Yogyakarta. *Int. J. Environ. Res. Public Health*, v. 17, n. 636, 2020.

⁴ DEACON, Harriet. *Understanding HIV/AIDS stigma: a theoretical and methodological analysis*. Africa: HSRC Press, 2005. p. 8-12.

⁵ LIAMPUTTONG, Pranee. *Stigma, discrimination and living with HIV/AIDS: a cross-cultural perspective*. United States: Springer, 2013.

The present study attempts to depict a general picture of the challenges that PLWHA are facing in Iran and the Government's responsibilities in this regard. For this purpose, we first explain the main problems with which PLWHA confronts, then enumerate the health policy and responsibilities of the Government in charge of their affairs.

1.1 The main problems

“Stigma, discrimination, exclusion from society to the extent that a person prefers to live in the desert to their community, is only part of the problems of PLWHA in Iran and, of course, the worst part of this fact.”⁶

PLWHA in Iran, like other countries in the world, face many problems. The main difficulties of PLWHA stem from the cultural weakness of the country and the problem with substantive rule of law. Contrary to what may be imagined, Iran is one of the countries that effectively protects PLWHA in the text of laws. However, the main problem in our country is the weakness in implementing related legal rules and performing their goals and strategies. According to studies by the World Health Organization (WHO), the number of PLWHA in Iran is estimated at 80,000. However, only a quarter of cases have been identified in the country. The difference between the estimated number and the number of PLWHA identified mainly resulted from the stigma in the community.⁷ Such a way that people with high-risk behaviors refuse to seek testing and diagnosis. Meanwhile, therapeutic advances have improved the health status of PLWHA and increased their life expectancy. Moreover, information and public awareness to raise the level of community culture for proper association with PLWHA have been significantly increased through media and educational programs.⁸ Therefore, the number of PLWHA officially identified is increasing.

Research reveals that people's attitudes toward PLWHA are different in Iran. In fact, their attitudes are negative and associated with discrimination in many cases. It depends on the degree of social acceptance of the way the disease is transmitted in society. Stigma, discrimination, and fear are the most common concerns of patient care providers. For this reason, the therapeutic staff in some cases refrain from dealing with PLWHA in Iran. That is why the fear of stigma, feelings of anxiety, hopelessness, depression, stress, and a lower perceived quality of health care are some of the problems that occasionally can be seen in PLWHA life span in the country.⁹ In health care centers, there are attitudes associated with stigma towards PLWHA, and stigma has a negative impact on their access to health services, social interactions, and social support. Stigma discriminates against PLWHA, and its effects include social exclusion, isolation, job loss, and problems accessing health services. The presence of stigma affects the physical and mental health of PLWHA. Most Iranian citizens are reluctant to talk and eat with PLWHA. In many cases, PLWHA lose their job or have no chance of continuing their education after the disease is exposed.

One of the reasons people have a negative attitude towards PLWHA is their lack of awareness and misunderstanding about HIV infection. To reduce the effects of stigma, interventions are needed so that PLWHA can achieve higher levels of health, longevity, employment, and quality of life. In Iran, stigma and discrimination seem to be the biggest challenges for PLWHA. Access to treatment, disease disclosure, social interactions, and their rights are overshadowed by this stigma and discrimination. Stigma and discrimination can be seen within the family, the community, the workplace, and health care systems. The stigma of the disease can affect measures to prevent the transmission of AIDS, such as the use of contraceptives in sexual

⁶ FOROUGH, Maryam *et al.* *Psychosocial problems in patients with HIV/AIDS*. Tehran: Osaneh, 2008. p. 43.

⁷ PETOFT, A.; ABASI, M. *Citizenship Rights: from the Government Protection to Monitoring on it*. Tehran: Justice Publication, 2017. p. 59-65.

⁸ PETOFT A. Moral Dimensions of Rules Governing Journalism in Islamic Republic of Iran. *Journal of Qom University Research Ethics*. Vol.4, 2013. pp. 147-52.

⁹ PETOFT, A.; ABASI, M. *Citizenship Rights: from the Foundations to the Social Basis*. Tehran: Justice Publication, 2017. p. 58-63.

intercourse, referral for testing, and programs to prevent vertical transmission of the disease from mother to child. Examining the perceived experiences of PLWHA regarding stigma and discrimination can help to increase access to services and improve the quality of life, considering the protection of their social rights. In addition, it even helps to prevent the transmission of the disease.

For this purpose, a research study was performed by Tehran University of Medical Sciences in several clinics in Iran, namely behavioral disease counseling clinics in Tehran, Valfajr and 22 Farvardin clinics affiliated to Shahid Beheshti University of Medical Sciences, and Imam Khomeini Hospital counseling clinic.¹⁰ The samples in this study were PLWHA. The sampling with maximum diversity was continued and individuals were selected who had different views on the research topic. The participants were tried to be as diverse as possible in terms of age, marriage, education, and employment to obtain more diverse opinions. Their statements show that exposing their disease has resulted in social, psychological, physical, and economic consequences for them. In the following we refer to the most important.

a) Negative feedback in the community

The most important consequences for most PLWHA, medical staff, and HIV-negative women who have had infected husbands are the social consequences of this disease, which many people have described as even more important than the physical consequences and economic problems that follow. Among the issues raised in the context of social outcomes, stigma, discrimination against PLWHA, and exclusion from society have been raised as the most important consequence of contracting AIDS in Iran. A 40-year-old married man said:

We made the mistake of telling everyone that we were infected. We told my mother first. My mother told my sister and she told everyone about the tribe. Another time, we were going somewhere embarrassed. Now we reject. We went to the middle of the desert and got a house. We do not go to anyone's house, we do not allow anyone to come to our house.

Regarding the stigma in the society towards PLWHA, especially women, even by the medical staff, a 30-year-old woman said: "My leg was injured. The doctor came to touch my leg, I told him not to touch since I am HIV positive. The woman who was their secretary said, "How did you get a positive HIV? It does not look like that you have illicit relationships!" If they find out that a woman is infected, they immediately think that she had an illicit relationship." Many of them also mentioned restrictions on employment and social activities and the impossibility of exposing the disease in the workplace.

Restrictions on family formation are another social consequence that has been cited by most PLWHA, especially those who are not married. A 41-year-old single man says: "I have been planning to get married since the beginning of the year, but I could not find a suitable one. Please, make time for the HIV marriage. Consider us too. We are very lonely." Most single and married PLWHA who do not have children cite having a child as one of their concerns. Discrimination in access to health care following disclosure of the disease was another social consequence that most PLWHA cited.

I was treated very badly by the doctors. I have a hernia problem now. Everywhere I go for surgery, when they find out I have HIV, they refuse to operate on me. I remember a few years ago I went to the hospital for surgery. As soon as the doctor found out I had HIV, he hit me hard and kicked me out of his room!

Said the 36-year-old.

The AIDS epidemic has provoked negative reactions from the people, ranging from banning PLWHA from home to isolating them in the family, expelling them from work, and not admitting infected children to school. The above negative reactions lead to the formation of behavior in PLWHA and limit the effec-

¹⁰ FALLAHI, Homeira. Living with HIV: a qualitative research. *Journal of the Iranian Institute for Health Sciences Research*, v. 12, p. 243-253, 2013.

tiveness of AIDS prevention measures such as condom use, a program to prevent vertical transmission of the disease from mother to child, and HIV testing. PLWHA receive less social support than people with cancer. Fear of stigma in most PLWHA has caused them to isolate themselves from society. Many of them feel useless to society. They need social support for fear of disclosure, fear of pain, fear of their future and family, and fear of death. PLWHA reported changes in occupational status, inability to perform similar work and activities before contracting the disease, lack of career advancement, and lack of opportunities for recreational activities.

b) Mental pressure

All PLWHA reported experiencing psychological complications following awareness of the disease. Most people reported severe anxiety and stress before being diagnosed and lacking peace of mind in life. PLWHA develop a variety of problems after contracting the disease and are at risk for mental health problems, especially severe depression and anxiety. Experiencing an acute illness, changing work status, and accepting adherence to complex medication regimens are constant sources of stress for them. “The doctor said we diagnosed the disease and we will give a definite answer in 10 days” said a 38-year-old married man who described the anxiety before the diagnosis. “During these 10 days, I was so stressed that I lost about 10 kg. I got shingles. The doctor said that shingles were due to severe stress.” Taking medication, even without side effects, is a daily reminder of the fact that the person has HIV. Therefore, it can also be a constant source of stress for PLWHA. In many cases, the diagnosis of AIDS is associated with discrimination and outright rejection. Despite successful treatments, PLWHA are more likely to die prematurely due to unruly behaviors and suicidal ideation.

Many patients considered depression to be the most important psychological consequence after being informed of the disease.

Everybody who first realizes they are HIV positive is at a stage where they are really having a psychological problem. I myself had complete depression over a period of 6 months. I didn't even want to see anyone or go anywhere. I was at war with everything, why me [...]?! I was thinking anyway, I was seeing why I should be suffering from this pain.

Said the 38-year-old widow. Many PLWHA have expressed concern about the future due to having the disease. Another psychological consequence that PLWHA stated is a tendency to die, suicidal ideation, and even attempted to do so. A 53-year-old married man said: “Sometimes I hold my hand to the power cord to turn on the electricity and die. But, I did not do so. I would commit suicide if it was not a sin.” The effect of thinking about illness on daily life and nightmares are highlighted by a 35-year-old single man: “I think I'm dying now, I'm smelling death. Did you feel it? After sleeping, I have a bad dream. When I wake up, I smell death.”

Most PLWHA have a negative description of the disease and described it in the following terms: Terrible disease; untreated disease; suffering disease; high-risk disease; calamity; thinking of oneself dead from the moment of illness; the factor that causes the loss of human well-being; a disease that deprives people of happy years. They stated the first years of severe depression, the desire to be isolated, lonely, and disappointment: “I was all crying. Everything negatively attacks me. Now, after 8 years of illness, I am confident. Self-confidence is the result of being alone. Being alone also makes me sick of HIV.”

c) Physical injuries

HIV/AIDS causes many physical problems in PLWHA. Most of them reported weight loss, loss of physical strength, muscle weakness, and inability to work. A 36-year-old single man said: “After getting AIDS, a person loses weight, becomes weak. He cannot work. I do not have the energy to work. After 2 months, I saw that I can no longer work for 8 hours as before.” Symptoms of side effects and drug interactions have been reported by most PLWHA on antiretroviral therapy, and a 44-year-old married man describes the side effects of taking drugs as follows:

The first time I took the pill, I could not walk more than three steps, my heart ached, my chest ached, I had strange headaches, my eyes were swollen. My bone marrow was sampled because of one of the drug. I did not take the drug, then I was getting better.

A 35-year-old single man on methadone maintenance medication describes drug interactions as follows:

Drugs counteract the effects of methadone. When I take AIDS drugs at food, my head drops like an automaton. I lose the spoon, which is due to the side effects of the drug that has affected me and my methadone, and from 8 o'clock onwards, I feel so bad that my mother cries at home with me crying.

d) Financial problems

Due to its welfare policies, the Iranian government provides a variety of free health care assistance to PLWHA.¹¹ However, living with HIV/AIDS does not only involve the cost of treatment, but also the side costs of treatment such as vitamins, nutrition, commuting, financial pressures from unemployment, and many more. Some PLWHA stated economic problems as a consequence of contracting AIDS, citing time and money spent on treatment and unemployment due to the disease. A 36-year-old married man said:

The disease has taken me a long time in the last few years. If I did not have HIV, my financial situation would be better. On the other hand, treatment costs me so much. I need to eat stronger foods. I need to take better medicines and vitamins, which I need to spend more money on. I have to go to the hospital every week for my illness and I have to pay for the whole car rental.

Now, these issues provide us room to debate the government's strategy in the context of macro-health policy dealing with these problems.

1.2 Health Policy and Government's Responsibilities

Being infected with the HIV virus, due to some personal and social problems that the infected person face, makes it difficult for them to implement their individual rights and in some way restricts their freedom; hence, adopting a specific rule of law for supporting them is inevitable. Therefore, in order to prevent unjust social pressure on this segment of society, special attention of the government to the rule of law is necessary to guarantee their citizens' rights. Individuals are governed by the rule of law when, in the true sense of the word, they are governed in a fair lawful manner.¹² According to Article 5(2) of the Charter of Citizens' Rights approved by the Supreme Administrative Council, "Managers and employees of the executive bodies must document their decisions and actions in accordance with relevant laws and regulations and avoid any discrimination or exercise of taste in implementing laws and regulations." It can be acknowledged that the rule of law has important legal, political, social and economic consequences for PLWHA:

- From a legal point of view: establishing a special legal order for this segment of society (in the form of special laws or regulations or soft legal documents such as the Charter on Citizens' Rights for PLWHA) and protecting its legal requirements in order to eliminate any cases of undue discrimination, immorality, stigma, and incorrect culture of society in which people reject PLWHA as a member of the society or refuse to communicate with them;

- Politically: creating a platform for their active participation in power relations and fair competition for government positions and exercising power;

¹¹ PETOFTI, A.; JAMSHIDI, Alireza. Citizen's rights in the light of new administrative procedures. *Shahid Beheshti University Bioethics Quarterly*, v. 6, n. 21, 2016.

¹² LOCKE, John. *Two Treaties of Government*. Cambridge: Cambridge University Press, 1988. p. 324.

- Socially: Providing an atmosphere of social participation through its representatives in the form of non-governmental organizations¹³ or special support bodies, as well as having special social privileges in the field of treatment, care, education, health and social security;

- From the economic point of view: providing equal economic competition based on the law and special job protections.

In general, the rule of law, with its close structural relationship between law and government, employs the concept of legality and rejects any authoritarian power.¹⁴ That is why, according to the constitution,

In order to attain the objectives specified in Article 2, the government of the Islamic Republic of Iran has the duty of directing all its resources to the following goals: ... 6) the elimination of all forms of despotism and autocracy and all attempts to monopolize power [...].¹⁵

In fact, the rule of law requires the need for special legal guarantees for certain sections of society, including PLWHA, resulting in a lack of trust in government actions and obliges it to pay special attention to them within the framework of certain norms.¹⁶ It keeps the government purposeful and normative. On one hand, such a special normative order causes the government not to act in a tasteful manner in relation to the situation of PLWHA, and not to undermine their individual and social status with any decision based on their wide discretion, on the other; Thus, any exercise of government authority in this regard will be based on specific policies and legal authorizations, and if an institution or government official acts outside its authority, it is considered a violation of the citizens' rights of PLWHA.

Also, the negative aspect of the rule of law reflects the principle of incompetence of government officials; This means that the government official will act only in accordance with the law and has no other authority; This allows the government official to act in matters related to PLWHA under the law and in accordance with the will of their representatives. Therefore, any interference of government officials in such matters, as long as they do not have the legal permission to decide in this regard, will be contrary to the rule of law. Duplication of duties due to conflicting interpretations of the competencies provided by law or the parallelism of the institutions in charge of the affairs of PLWHA are among the issues that can interfere with the rule of law and prevent efficient and effective handling of their problems. Currently, the most important bodies that are in charge of the affairs of PLWHA as part of their duties are: "the Organization of Prisons and Security Measures", "the Blood Transfusion Organization", "Tehran Municipality", "Iranian Red Crescent Society", "the Ministry of Education", "Welfare Organization", "Ministry of Cooperatives, Labour, and Social Welfare and Social Welfare", "Ministry of Health, Treatment and Medical Education", "Ministry of Sports and Youth", "Armed Forces", "Islamic Republic of Iran Broadcasting", "Islamic Propaganda Organization", «Ports & Maritime Organization Of Iran», «Customs» and « Civil Aviation Organization». In the following, we discuss the main duties of these institutions and the health policies implemented in this regard. The duties and responsibilities of these institutions are typically the rights of PLWHA.

Although we have divided the problems into four general categories, it is not possible to make such a distinction between the tasks of these government's bodies. In other words, each of these bodies has a role to play in addressing all main problems and completes part of the image puzzle of legal protection for

¹³ Currently, various non-governmental organizations (NGO) have been found; they are active in defending and protecting the rights of people living with AIDS. The following can be mentioned: "Iranian AIDS Association", "Association for Support and Assistance to Victims of Rehabilitation of Values", "Association for AIDS Studies and Interventions, Aria Addiction and High-Risk Behaviors", "Association for Helping Children in At Risk", "Homay House", "Shams Charity Society", "Infectious Diseases Support Association", "Saya Reproductive Health Counseling Center and AYA Research Center", "AIDS Patients Support Association", "Behavioral Injury Prevention Institute" and "Our Iranian Association Center".

¹⁴ SHOVALIEH, Jacques. *The Rule of Law*. Tehran: Justice Publication, 1999. p. 11-14.

¹⁵ Article 3(6) of the Constitution.

¹⁶ BARRET-KRIEGEL, Blandine. État de droit. In: DUHAMEL, Olivier; MENY, Yves. *Dictionnaire constitutionnel*. Paris: Puf, 1992. p. 387.

PLWHA. Their set acts as a cohesive whole in the special protection of PLWHA, and their functions are intertwined and interdependent like an unbroken graph. Therefore, in this section, instead of separating the issues based on the type of challenge, we consider the duties and responsibilities of each of these bodies separately in the framework of the strategic document of government health policy.

Before addressing the responsibilities of these bodies, it should be noted that their authority must be exercised to provide public services to PLWHA; therefore, the relevant official is responsible for any action or decision in this regard and should be held accountable.¹⁷ According to the law, “[...] the officials of the executive branch will be responsible for accountability to the people and their complaints.”¹⁸ The accountability of an administrative authority is based on the fact that any authority arising from the law can only lead to the realization of the rule of law by assuming responsibility; otherwise, it will lead to the tyranny of power and the inadequacy of government services.¹⁹ In addition to having to make its decisions in a transparent manner, the person in charge of managing the affairs of PLWHA is required to be accountable for any action taken at their request and to document and substantiate it with legal orders. Each of the officials of the above-mentioned bodies, in case of questioning, must be held accountable for all their decisions and actions and cannot refuse to provide a reasoned and documented answer. Therefore, everyone affected has the right to hold the government accountable for its actions, and the government is required to provide legal and rational reasons for its decisions and actions.

One of the requirements of accountable government as well as the rule of law is that all decisions and actions of the responsible authorities must be based on a specific legal provision and reasons; Therefore, all decisions and actions of the bodies in charge of the affairs of PLWHA must be based on a specific legal provision and are required to provide specific legal citations and reasons. This follows the principle of legality of government actions and according to the explicit provision of Article 90 of the Civil Service Management Law to “[...] compliance with general and specific laws and regulations [...]” is considered an inalienable legal norm. Observance of the principle of documentation and reasoning is very important to protect the rights of affected citizens and the rule of law.

Also, these bodies must be responsible and active in relation to the legal duties assigned to them.²⁰ Basically, the philosophy of a government employee and a government institution is to serve the people, by feeling responsibility, not by negligence or with disregard for the public interest; otherwise, they simply shirk their responsibilities and see the government position as an opportunity to pursue their own interests. Any problem or crisis at the community level regarding the social status of PLWHA should be managed by the relevant organization; there should be no problem for which the mentioned bodies are not responsible. This right oversees the need to perform the legal duty assigned to a government official. In fact, there is no doubt that an official must fulfill their legal duty; but in practice, there are always cases where a government official tries for any reason to refuse to perform their legal duties. According to the law, the officials of the bodies in charge of the affairs of PLWHA are

[...] obliged to perform their duties [...] and be accountable to the general public [...] Any disregard for the affairs of clients and violation of general laws and regulations is prohibited. Clients can complain to the relevant executive body or legal authorities about inappropriate treatment of employees and failure to perform their duties.²¹

¹⁷ BAMFORTH, Nicholas; LEYLAND, Peter. *Accountability in the Contemporary Constitution*. Oxford: Oxford University Press, 2013. p. 30-31.

¹⁸ Article 27 of the Civil Service Management Law.

¹⁹ MATEI, Lucica; VASIČEK, Davor; KAŠTELAN-MRAK, Marija. *European administrative space: balkan realities*. [S.l.]: Matei Lucica, 2011. p. 215.

²⁰ ROGER DOUGLAS. Administrative law and good governance. In: PRESTON, Noel; SAMPFOR, Charles. *Public sector ethics: finding and implementing values*. United Kingdom: Routledge, 2012.

²¹ Article 90 of the Civil Service Management Law.

Performing legal duties requires the non-refusal of the relevant authorities or any negligence that leads to a failure in the management of the affairs of the patients and disrupts the services. It is the right of the affected citizen to have a responsible and active government.

In the philosophy of Islam, the government and the state position is an integrity entrusted to the official by the citizens, and if they do not perform the duties and legal obligations properly, in fact, they have betrayed this divine and popular trust. Trust is one of the important social characteristics of believers, which is recommended and emphasized in the verses of the Holy Qur'an.²² Holding a government position and committing to service is accompanied by accepting responsibility, and therefore God says in the Qur'an that if you make a commitment, fulfill it because you are responsible for your covenant; Therefore, performing government services is a task that the government official has committed to the citizens at the beginning of their employment and he must adhere to it until the end of the service period.²³

God also forbids believers from betraying trust.²⁴ The sovereign and political power that is in the hands of the government official belongs to those citizens who have been entrusted to him to perform the duties of managing the public affairs of the society and serving the people; in case of abuse and violation of their duties in fulfilling service obligations, in fact, the official has betrayed this sacred trust and has violated the rights of all citizens of the Islamic society. Therefore, one of the most important foundations of governance in Islam is the commitment to the covenant and the maintenance and fulfillment of state responsibility, which is the collective right of all citizens.²⁵ Actually, accepting a governmental position means embracing public service and commitment to perform this duty to the utmost effort until the end of the tenure of this position; it is one of the most important rules of the Holy Qur'an.²⁶ The main factor that leads to adherence to obligations and fidelity is faith in God Almighty. Therefore, those who betray the trust of the people and refuse to fulfill their obligations in fulfilling government responsibilities, or show negligence or betray, are not believers, and whoever strives to fulfill this well and with maximum effort they serve the people piously.²⁷ Therefore, the rule of law and the trustfulness require paying attention to the feedback of the clients to the mentioned organs in relation to the services provided and also obtaining the consent of the patients in that regard.²⁸

²² Indeed Allah commands you to deliver the trusts to their [rightful] owners, and to judge with fairness when you judge between people. Excellent indeed is what Allah advises you. Indeed Allah is all-hearing, all-seeing. (Al-Nisa, 58)

²³ Do not approach the orphan's property except in the best manner, until he comes of age. Fulfill the covenants; indeed all covenants are accountable. (Al-Isra, 34)

²⁴ O you who have faith! Do not betray Allah and the Apostle, and do not betray your trusts knowingly. (Al-Anfal, 27)

²⁵ Do not approach the orphan's property, except in the best [possible] manner, until he comes of age. And observe fully the measure and the balance with justice.' We task no soul except according to its capacity. 'And when you speak, be fair, even if it were a relative; and fulfill Allah's covenant. This is what He enjoins upon you so that you may take admonition.' (Al-An'am, 152)

²⁶ Piety is not to turn your faces to the east or the west; rather, piety is [personified by] those who have faith in Allah and the Last Day, the angels, the Book, and the prophets, and who give their wealth, for the love of Him, to relatives, orphans, the needy, the traveller and the beggar, and for [the freeing of] the slaves, and maintain the prayer and give the zakat, and those who fulfill their covenants, when they pledge themselves, and those who are patient in stress and distress, and in the heat of battle. They are the ones who are true [to their covenant], and it is they who are the Godway. (Al-Baqarah, 177); among the faithful are men who fulfill what they have pledged to Allah: there are some among them who have fulfilled their pledge, and some of them who still wait, and they have not changed in the least. (Al-Ahzab, 23). YUSUF ALL, Abdullah. *The Holy Qur'an*. United Kingdom: Wordsworth Editions, 2000.

²⁷ Yes, whoever fulfills their commitments and is wary of Allah—Allah indeed loves the Godway. (Al-Imran, 76)

²⁸ According to Article 98 of the Fourth Economic, Social and Cultural Development Plan of the Islamic Republic of Iran, "the government is obliged to take the following measures in order to maintain and promote social capital, promote public satisfaction and expand civic institutions, [...]"

^A: Preparation of mechanisms for measuring and evaluating the social capital of the country.

^B: Presenting the annual report of the country's social capital and counting the causes and factors affecting it.

^C: Approval of the necessary executive mechanisms to increase social capital, including public trust, social harmony, legalism, and individual and social conscience.

^D: Assessing public satisfaction on an annual basis and publishing its changes due to the general performance of the government [...]

^E: Drafting a comprehensive plan for the participation and supervision of people, governmental and non-governmental organizations and Islamic councils in the sustainable development of the country and provide the possibility of quantitative and qualitative

a) The Organization of Prisons and Security Measures

In order to provide free counseling and support services to prisoners living with HIV/AIDS, The Organization of Prisons and Security Measures have established special health centers entitled, “Behavioral Disease Counseling Centers” or “Behavioral Disease Counseling Centers”. These centers offer a variety of services such as counseling, HIV testing, free medicine and syringes²⁹ (for injecting drug users), and free training programs. The services of these centers are completely confidential according to the principle of medical confidentiality and are free for special legal protection (even for people who do not have the disease and just want to be sure of it).³⁰

The Organization is also a member of the Committee for Monitoring the Implementation of the HIV Strategic Plan and the National Committee for Damage Immunity, as an active body in implementing the policies adopted by these committees in the field of issues related to prisoners living with HIV/AIDS. Among the appropriate measures taken by the organization in this regard was the conclusion of a joint memorandum with the Deputy Minister of Health of the Ministry of Health and Medical Education regarding the control of high-risk diseases and reducing the harm caused by addiction in prisons. As a result, the organization has undertaken measures such as harm reduction, prevention of high-risk behaviors in the category of injections and health care for prisoners in accordance with the strategic policies of the Fourth National Strategic Plan for HIV Control of the Islamic Republic of Iran.

With the participation of the Ministry of Health, the organization has set up a prison monitoring base to assess the level of HIV infection in prisoners. According to the country’s general policy, screening is not mandatory to identify prisoners living with HIV/AIDS in the country’s prisons; however, sampling of the bases located in the country’s prisons is mandatory, in which each base randomly selects 250 to 400 prisoners each year, and in total, about 20,000 people are tested for HIV.³¹

According to the country’s strategic plan, the Prisoners’ Organization is committed to fulfilling the following responsibilities towards prisoners living with HIV/AIDS:³²

- Educating and informing prisoners and their spouses about HIV, stigma, harm reduction principles and condom use with a standard program;
- Providing free syringes and needles periodically to prevent injectable transmission and cover alternative maintenance treatment to injecting drug users;
- Presenting condoms to prisoners and the possibility of their legitimate visit with their spouses;
- Covering the use of condoms for sexually transmitted patients with genital ulcers and urethral discharge;
- Providing diagnostic HIV test for pregnant women, people with tuberculosis, and prisoners with sexually transmitted diseases and in general all people upon arrival in prison and providing related consultation to them;
- Providing standard family reproductive health services;
- Vaccination coverage according to standard instructions;
- Providing assessment services, outpatient treatment and special treatment courses;

expansion of civic institutions, by applying incentive policies.”

²⁹ According to the directive of the Judiciary on the need to provide sterile needles and syringes to prisoners in order to prevent the common syringe and the transmission of contamination and lift the ban on the distribution of disposable razors with special plastic guards in all prisons.

³⁰ <https://www.donya-e-eqtesad.com/fa/tiny/news-3466373>

³¹ <https://www.magiran.com/article/2032387>

³² UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

- Learning and standard counseling of obedience to treatment and its importance, treatment methods and drug side effects;
- Determining the necessary tariffs for visiting and providing maintenance medical services with alternative medicines;
- Setting up, equipping and maintaining ‘consultation, care and treatment centers’ in the country’s prisons and training specialized personnel in these centers.

b) The Blood Transfusion Organization

The Blood Transfusion Organization is responsible for educating and advising each donor before donating blood about AIDS and other blood-borne diseases (such as hepatitis). Because blood donors, like other people in the community, may be infected living with HIV/AIDS, increasing their level of awareness and changing their attitudes and practices in this area could maintain society from the possibility of AIDS infection. Awareness raising also increases the likelihood that some people who are at risk of AIDS and other blood-borne diseases will refuse to donate blood; this increases the level of confidence in the health of donated bloods.³³ Following this action of the organization, those clients who do not consider themselves eligible for blood donation, refuse to donate blood and leave the cycle. Therefore, the organization implements a confidential self-elimination system in which the relevant physician inform the donors about the high-risk behavior and provides the necessary training on ways to contract blood-borne infectious diseases such as AIDS, and then asks them to voluntarily refuse to donate blood if they have doubts about the health of their blood, and such people are removed from the cycle without any disclosure and in complete confidentiality.

Another responsibility of the Organization is to screen donors through the blood donation department. New generation screening tests reduce the risk of blood-borne HIV transmission through the selection of donors after interviews and medical examinations, as well as tests with high accuracy and sensitivity.³⁴ The organization is required to standardize donated blood for infectious such as HIV, hepatitis and syphilis and re-evaluate them in the quality control section of the tests; Each of these tests must be performed in accordance with new protocols and guidelines and remove any positive items from the blood cycle. In order to better perform the duties of the organization in ensuring healthy blood donation and screening of clients, the country’s policy is based on the organization refusing to accept donors without a valid photo ID card, so that people who for some reason from Blood donations are exempt, do not belong to the group of donors.

According to the country’s strategic plan, the Organization is committed to fulfill the following responsibilities to its clients in the field of AIDS:³⁵

- Educating and informing clients about AIDS, stigma and ways to prevent and transmit HIV with a standard program;
- Full coverage of screening and testing for free;
- All received data of the organization should be collected, recorded and analyzed in the form of a coherent and integrated system and its results should be transparently published to the public.

c) Tehran Municipality

³³ YOUSEFINEJAD, Vahid *et al.* The effect of education on the awareness of blood donors about blood-borne diseases. *Blood Research Quarterly*, v. 4, n. 5, p. 303-311, 2007.

³⁴ KAFIABAD, Sedigheh Amini *et al.* Screening of donated blood for hepatitis C virus infection in small plasma collections of Iranian blood donors: a preliminary study. *Blood Research Quarterly*, v. 2, n. 3, p. 13-21, 2005.

³⁵ UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

The Municipality of Tehran, through the “General Directorate of Health” and the “Headquarters of the Healthy City of Tehran”, has implemented several measures regarding AIDS.³⁶ For example, the establishment of AIDS prevention information bases in different areas of Tehran, especially cultural centers for public information. These bases play an important role in cultivating and educating people about HIV, socializing with PLWHA, respecting their rights and dignity, and avoiding any stigma. Since one of the priorities for AIDS prevention and *culturalization* is the fight against stigma, informing and educating at-risk groups, especially youth and adolescents, these bases aim to provide proper counseling, distribution of educational resources (such as CDs, flyers, posters, etc.),³⁷ cultural-educational programs, and immediate HIV testing.³⁸ In this regard, the municipality has organized dozens of life skills workshops with an emphasis on AIDS prevention.³⁹

Other municipal actions include the implementation of the “Organizing Injecting Addicts” project and the establishment of centers under the same title;⁴⁰ during which injecting drug users are organized and PLWHA are treated under the constant supervision of a doctor and a consulting team. Methadone is released from injecting drug use; the material needed by the body of these people is provided through oral consumption in these centers; their consumption is gradually reduced over a certain period of time.⁴¹ It should be noted that other municipalities in the country have provided public services in the same way by following the plans and performance of Tehran Municipality.

d) Iranian Red Crescent Society

Iranian Red Crescent Society also has a number of responsibilities in the field of HIV/AIDS education and information. Young people are one of the most important at-risk groups who are trained by the organization in different age, occupational and sexual groups due to the possibility of experiencing high-risk behaviors. The organization has held numerous short-term and long-term training courses in schools, clubs and student organizations, universities, and student institutions across the country; additionally, the organization provides information on AIDS and how to prevent it as well as the good behavior and ethics of the Islamic brotherhood in relation to PLWHA.⁴²

The organization is obliged, in cooperation with the Rescue and Relief Organization, to educate its aid workers about the risk of AIDS due to the possibility of contact with blood and secretions in relief activities, and on the other hand, it is necessary to teach them about their rights in the services. The organization’s contribution to educating the general public, especially parents, government officials and youth, on issues such as social stigma, notoriety and unfair discrimination is very important; also it plays a main role in

³⁶ NASIRI, Zeinab. Programs of the General Department of Health of Tehran Municipality on the subject of AIDS prevention. *Family Health Quarterly*, v. 73, 1398. p. 42.

³⁷ Including:

· Providing AIDS prevention educational brochures that have been published in large numbers and have been made available to citizens free of charge; See: <https://www.mehrnews.com/xjWzq>

· Informing through billboards in Tehran by inserting educational materials in the form of slogans, messages and images; see: Social Health Group, “Billboards that took citizens to the AIDS Research Center” *Salamat News*, 10/28/1594 - News ID: 173248.

³⁸ <https://www.ettelaat.com/mobile/?p=106360&device=phone>

³⁹ Including:

· Holding conferences and workshops on AIDS in different areas of Tehran; See: <https://www.iscanews.ir/x6NHm>

· Holding a cross-border and group training program on AIDS;

· Implementing an AIDS prevention training plan by referring directly to families;

· Holding festivals and exhibitions of blood, AIDS and addiction; See: <https://www.imna.ir/news/329462>

⁴⁰ <https://www.isna.ir/news/8309-02940>

⁴¹ MORADI, Amir Reza; ZAMANI, Omid. *Investigating the access of injecting drug users to HIV-AIDS prevention, treatment and care services, UNHCR and the United Nations Office on Drugs and Crime*. 2012.

⁴² GOLSHA, Roghayeh *et al.* The effect of education on the knowledge and attitude of Golestan Red Crescent volunteers about AIDS. *Scientific Journal of Gorgan University of Medical Sciences*, v. 9, n. 4, p. 56-60, 2007. For example, we can mention the AIDS prevention training program for 20,000 people in Ahvaz, in which Iranian Red Crescent Society learned students to how to prevent AIDS and the symptoms and ways of transmitting the disease. See the news published by the Red Crescent Society on 09/23/94 with the title “AIDS prevention training for 20,000 people in Ahvaz” on the official website of this organization at the address: <http://rcs.ir>

strengthening guarantees of respect for the rights and dignity of PLWHA in society through appropriate *culturalization*, as well as facilitating the implementation of control programs in the community.⁴³

According to the country's strategic plan, the Red Crescent is committed to fulfilling the following responsibilities in the field of AIDS for the general public:⁴⁴

- Educating and informing the public about AIDS, especially in order to reduce stigma under standard programs in cooperation with the policy-making and executive units of partner organizations;
- Educating Red Crescent volunteers, health care providers and aid workers about ways to prevent AIDS, as well as promote the right attitude with a focus on reducing stigma;
- All data received by the organization should be collected, recorded and analyzed in the form of a coherent and integrated system, and the results should be transparent to the public.

e) *The Ministry of Education*

The most important role of the Ministry of Education on AIDS is to educate students about the disease, ways to prevent it, and to teach the moral aspects of socializing with PLWHA, honoring them, forbidding any undue discrimination, and showing respect to them. For this purpose, the Ministry has formed the "Student Association for the Fight against AIDS", which is obliged to inform all the programs and workshops of the Ministry as an intermediary and representative of the students, and by introducing the volunteers, to follow their continuous participation in the relevant meetings. The association, which is represented in each school, submits a monthly written report on the school's educational activities to the ministry.

The Ministry's Health Department also introduces teachers to AIDS issues through educational programs and provides the necessary training to students.⁴⁵ Following numerous anti-AIDS projects at the Ministry of Education, mainly in collaboration with the Ministry of Health and the National Anti-AIDS Committee, teachers receive in-service training for several hours to serve high school teens and young adults. However, according to some news sources, quoting the education secretaries, the ministry has not been very successful in achieving these educational goals, and in addition to not responding effectively, it has acted passively in this important task.⁴⁶

According to the country's strategic plan, the Ministry of Education is committed to fulfilling the following responsibilities in the field of AIDS for students and their parents:⁴⁷

- Educating and informing students, parents and educators about AIDS, especially to reduce stigma under standard programs in cooperation with the policy-making and executive units of partner organizations;
- Training of teachers based on standard programs;
- All data received by the Ministry should be collected, recorded and analyzed in a coherent and integrated system, and the results should be transparent to the public.

⁴³ MAHMOUD, Aghili Seyed; OVEISI, Nader; KHOSHFAR, Gholamreza. Study of the role of the Red Crescent population in controlling and preventing infection. *Rescue and Relief*, v. 1, n. 2, 2009.

⁴⁴ UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. p. 290. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

⁴⁵ AKABARIAN, Sharafat; BAHREINI, Masoud. Comparison of the effect of education by teachers with health staff on students' awareness of AIDS. *Quarterly Journal of Southern Medicine*, v. 7, n. 3, p. 147-153, 2004.

⁴⁶ According to a high school teacher in Robat Karim, "The booklet on combating AIDS is not only not distributed to high school and pre-university students, but also provides teachers with explanations on how to prevent the disease or other sexually transmitted diseases with a lot of restrictions. Teachers in schools are even banned from expressing the problems of puberty crises, and school obligations dictate to us what to explain to the student and what not to explain [...] when we cannot talk to the student about puberty crises, how we can inform the student about AIDS and ways to prevent it. Presenting a plan and talking to fight against this AIDS disease is only on paper and has not been implemented in schools in any way [...]" See: <http://www.shafaf.ir/000wTS>

⁴⁷ UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. p. 276. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

f) *The State Welfare Organization*

The Welfare Organization, through its committees, plays a role in two areas of primary and secondary prevention in the field of AIDS affairs: In the first part, primary prevention by providing various trainings to high-risk groups such as injecting drug users and spouses who are exposed to high-risk behaviors. Secondary prevention (or positive prevention) is also provided through the provision of educational programs for PLWHA, free counseling, and the provision of welfare services within the approved credit. In fact, the second part of the organization's activities is to provide direct services to PLWHA. The most important sections of society that the welfare organization deals with are homeless (or abused) children and addicts. To this end, the organization has provided services to orphaned children living with HIV/AIDS⁴⁸ in order to guarantee their rights to education and health⁴⁹ by accepting and caring for the orphans in its centers.⁵⁰ The organization is committed to a purposeful program inspired by international standards, for increasing physical skills, strengthening social competence, providing welfare services such as housing and nutrition, providing cognitive enhancement programs, information and teachings in which the topics of Islam are incorporated.

According to the guidelines issued by the Anti-Narcotics Law,⁵¹ the organization has also set up Damage Immunity Centers (DICs) to provide social services to addicts, including PLWHA. Information, education, awareness of the provision of health services are the main subjects in the activities of DICs. These centers, by obtaining an activity license from the Ministry of Health and Medical Education, provide services to their clients in order to further reduce the physical and psychological injuries caused by drug use among injecting drug users, especially those living with HIV/AIDS.⁵² In these centers, homeless people and social addicts are provided with social services, and their activities, especially those living with HIV/AIDS, are supervised by medical universities and act in accordance with the announced treatment programs. In fact, the purpose of establishing the Damage Immunity Centers is to deal with the problem of drug abuse in society; every effort is made to prevent drug users, especially those who have contracted infectious blood diseases such as AIDS, from harming themselves and others through improper and unintentional actions.

“Positive clubs” are also among the institutions in the body of the welfare organization that provides free social services for PLWHA in addition to the above-mentioned centers. One of the most important goals of these clubs is to take preventive measures against AIDS and provide free services to PLWHA, some of which are not available in health centers. Although in some cases the activities of these clubs are parallel and the services provided by them sometimes cannot be a substitute for equipped and specialized centers; however, these clubs can greatly contribute to the country's macro-programs in the field of health by strengthening the infrastructure and empowering their service staff, as well as benefiting from the power and participation of PLWHA. These clubs offer several types of clinical and counseling services to patients. According to the official news of the country's welfare organization, in these clubs in the field of clinical services, “adherence to treatment, knowledge about infections of this disease, diet, proper lifestyle, periodic tests, drug resistance, information about treatment, treatment complications, etc. will be taken into consideration; “ and in the counseling section

patients are provided with advisory services such as pre- and post-diagnosis counseling, how to report the disease to others, mental skills training, strengthening social and group dependencies, how to deal with stigma and discrimination, the possibility of depression, psychological complications of infection, and death.⁵³

⁴⁸ According to the single article of the bill regarding the foundation of the country's welfare organization approved in 1980.

⁴⁹ AFSANEH, Ghanbari. AIDS and child protection with emphasis on human rights. *Quarterly Journal of Medical Law*, v. 2, n. 5, p. 169-189, 2008.

⁵⁰ See: <https://mehrnews.com/xhRYL>; <https://www.isna.ir/news/91033017379>

⁵¹ The guidelines for the establishment, management and supervision of authorized governmental, non-governmental organizations for the treatment and harm reduction of addicts, subject to Article 15 of the Law on Amendments to the Anti-Narcotics Law approved in 1997.

⁵² <https://www.irna.ir/news/82373974>

⁵³ <http://www.behzisti.ir/news/13641>

Among the general duties of these clubs are as follows:

- A) *Anti-stigmatization* and *culturalization* of equality and good behavior with PLWHA;
- B) Providing welfare services based on adopted policies, empowerment and support for PLWHA;
- C) Identifying the abilities and talents of the patients and using them;
- D) Attract the support of volunteers, donors, non-governmental organizations and government institutions for strategic purposes;
- E) Membership and admission of at least one hundred people in each club from among the direct clients or volunteers who are introduced through Damage Immunity Centers and Addiction Treatment Centers;
- F) Providing free general education programs such as fertility and sexual health, marriage, proper nutrition, HIV medication, life skills and Islamic ethics in associating with PLWHA;
- G) Holding empowerment workshops for people living with HIV and their families;
- H) Providing free physical and mental health services;
- I) Providing individual, family and group counseling.

In addition, one of the most valuable measures of the organization is the launch of the 148 and 123 telephone consultation system. System 148 provides free access to social health and information to the general public in order to prevent any social harms, including AIDS. The organization has facilitated citizens' communication with social harm counseling staff in the face-to-face counseling department under the title of Counselor Voice. In this unit, specialists from the law school graduates, educational sciences and psychology, from 8 to 22 o'clock, answer the health, social, family, and educational problems of citizens through the 148 hotline. Also, the 123 system called "Social Emergency" based on the regulations approved by the Cabinet⁵⁴ has been launched with the aim of preventing and eliminating social problems and injuries by the organization, which is specialized under the three principles of accelerating service, being specialized, and open access to meet the needs of the people, solve or reduce their problems through its expert staff. Obviously, counseling and awareness of these systems can provide valuable services to PLWHA and provide solutions to their problems; In particular, learning how to properly and ethically associate with PLWHA with all those who come into contact with these systems on a case-by-case basis can help to create a culture and eliminate stigma.

According to the country's strategic plan, the country's welfare organization is committed to fulfill the following responsibilities in the field of AIDS for all its clients:⁵⁵

- Educating and informing clients, injecting and non-injecting drug users and men and women at risk, in particular HIV, stigma and harm reduction principles with a standard program;
- Provide free syringes and needles periodically to prevent injectable transmission and cover alternative maintenance treatment to injecting drug users;
- Covering the use of condoms and standard service packages to drug users, men and women at risk, and working or street children;
- Periodic examinations of sexually transmitted diseases in men and women at risk and providing standard medical services;
- Providing free standard HIV diagnostic testing and counseling services to injecting drug abusers, their spouses, working or street children, and vulnerable men and women;

⁵⁴ Regulations for providing social emergency services approved in 2013.

⁵⁵ UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. p. 249-254. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

- Supportive coverage for orphaned children living with HIV/AIDS;
- Setting up, equipping and maintaining Damage Immunity Centers, circuit and night care centers, Positive Clubs and support teams, and training of specialized personnel in these centers to provide prevention, harm reduction, diagnosis, visit and maintenance treatment with alternative medicines and intensive care for injecting drug users, working or street children, men and women at risk.

g) Ministry of Cooperatives, Labour, and Social Welfare

The most important role of the Ministry of Cooperatives, Labour, and Social Welfare for PLWHA is job support and to guarantee special benefits for protecting their labor rights. To this end, the Ministry has established and led the AIDS Social Support Committee, which aims to empower PLWHA, attract financial and technical assistance from charities, and support studies and research related to the effectiveness of programs. The duties of this committee are as follows:⁵⁶

- 1- Psycho-social and economic support of the sick people, with the priority of benefiting the sick prisoners;
- 2- Strengthening psycho-social and economic support for the families of the affected people;
- 3- Providing and improving the health level of the families of the patients;
- 4- Improving the level of health awareness of the families of patients;
5. Assistance in prevention, control of HIV/AIDS infection, and its complications in these families as at-risk groups;
- 2- Providing access to educational facilities, counseling in special centers to all volunteers and at-risk groups;
- 7- Improving the quality and skills of social and family life;
- 8- Organizing and directing existing resources, identifying and attracting new resources as well as promoting the effectiveness of resources spent in this regard;
- 9- Emphasizing the priority of supporting the needy living with HIV/AIDS and targeted use of subsidies in this regard;
- 10- Improving the level of coordination and integration between departments to protect the rights of these patients and their families in having an appropriate standard of living;
- 11- Creating technical and vocational training facilities and special job preparation courses to empower the patients and their families;
- 12- Providing employment platforms in order to achieve self-reliance;
- 13- Determining the standards of support with the aim of removing barriers between sectors;
- 14- Participating in drafting and presenting draft laws and regulations related to the issue of AIDS social protection;
- 15- Creating a culture regarding the admission of patients in work and activity environments and reducing illusory fears of disease transmission in order to facilitate the admission of such people;
- 16- Supporting virtual institutions and associations active in the field of HIV/AIDS, as well as empowering new associations to active in this field.

Prevention of inequality or undue discrimination that often occurs as a result of societal cultural poverty or social harms in the areas of labor and employment rights of PLWHA, due to the direct and sometimes

⁵⁶ Article 2 of the Regulation on the Technical Committee for AIDS Social Protection approved in 2012.

irreparable impact on their private lives and social status, requires special job support from the Ministry of Cooperatives, Labour, and Social Welfare.⁵⁷ As is clear from the tasks described above, such support, in addition to training and welfare programs, includes providing a platform for job creation and professional empowerment of sufferers. That is why, according to the country's strategic plan, the Ministry of Cooperatives, Labour, and Social Welfare and Social Welfare is committed to fulfilling the following responsibilities to protect the labor rights of PLWHA:⁵⁸

- Insurance coverage for PLWHA;
- Providing livelihood support;
- Providing technical-professional training;
- Providing employment services;
- All data received by the Ministry should be collected, recorded and analyzed in a coherent and integrated system, and the results should be made transparent to the public.

b) Ministry of Health, Treatment and Medical Education

Certainly, the supportive role of this ministry and its partners (including external institutions such as the "Ministry of Education" for students and adolescents, "Prisons and Security and Corrective Measures Organization" for prisoners, etc., as well as internal institutions such as the Center for Disease Management, Health Education Office, Drug Abuse Office and Mothers' Office) in covering the health services of PLWHA is crucial and very necessary. The Ministry of Health needs to identify HIV-infected people and announce related statistics by providing HIV-free services through AIDS participation programs. With statistical analysis and a database containing the characteristics of all PLWHA, it is possible to act more effectively and efficiently in policy-making and planning to provide health care services to them. According to the law of the Fourth Development Plan, the Ministry of Health, Treatment and Medical Education and relevant agencies are obliged to take the necessary measures to reduce the risks and personal-social harms of addiction, as well as to prevent and treat AIDS and reduce the burden of common mental illness by the end of the first year of the Fourth Economic, Social and Cultural Development Plan.⁵⁹ The legislature's emphasis on treatment, along with preventive measures, underscores the importance of providing specialized and even free health care to PLWHA; In addition to guaranteeing social justice for this vulnerable group, it also benefits the community in the face of the potential dangers of the AIDS outbreak and the damage caused by the social isolation of sufferers and the lack of their positive power or it even maintains society from their probable social revenge. In order to fulfill this important task in the AIDS control monitoring plan, the Ministry has undertaken the following obligations:⁶⁰

First, access to treatment: According to the current policies of the Ministry of Health, this commitment is primarily done through the provision of HIV diagnostic and counseling services (with the principles of confidentiality and accuracy) in the service centers of pregnant women, circuit centers for men and women, tuberculosis centers, methadone maintenance treatment centers, prisons, hospitals, clinics, and addiction treatment camps, as well as providing services in the field of antiretroviral treatment and providing free medicines for this purpose and some preventive services such as free training programs and distribution of sterile condoms, syringes and needles to drug users by pharmacies. The Ministry has established Behavioral Disease Counseling Centers to target and integrate such basic services. Following this, the Ministry has fo-

⁵⁷ MAHMOUDI, Javad. Support for the employment rights of AIDS victims: approaches and developments. *Quarterly Journal of Medical Law*, v. 2, n. 4, p. 61-105, 2008.

⁵⁸ UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. p. 278. Available from: <http://www.mshrgh.ir/773034>. Access in: 28 jul. 2022.

⁵⁹ Article 86 of the Law on the Fourth Economic, Social and Cultural Development Plan of the Islamic Republic of Iran.

⁶⁰ IRAN. Ministry of Health, Treatment and Medical Education. Secretariat of the National AIDS Working Group. *AIDS Monitoring Report in the Islamic Republic of Iran*. 2017.

cused on improving the quality of medical services, training of specialists and expanding medical coverage in order to implement quality interventions and upgrade AIDS care and treatment services. The expected results of this action of the Ministry of Health include increasing the number of cases (90%), increasing the coverage of treatment (90%), and increasing the quality of services.

Second, elimination of mother-to-child transmission: Providing antiretroviral treatment to prevent mother-to-child transmission of HIV in the framework of a strategic program of services related to women living with HIV/AIDS is the first step of the Ministry of Health in this regard.⁶¹ With the establishment of Behavioral Disease Counseling Centers, the provision of reproductive health services, the treatment and care of children living with HIV/AIDS is also included in the service package for this serious matter.

Third, access to prevention services in key populations: The Ministry has put in place macro-strategic plans to reduce the risk of HIV transmission and other sexually transmitted diseases; among the most important ones are general education and information to different groups, implementation of harm reduction service programs for injecting consumers, prevention of sexual transmission through counseling and distribution of free condoms (in Behavioral Disease Counseling Centers, interim centers and sharia meeting rooms in prisons), and the care and treatment of sexually transmitted diseases. In the meantime, special education for women at highest risk has been provided and covered by the support services of medical universities in vulnerable women. Also, with the participation and cooperation of the Prisons Organization, similar services are provided to injective prisoners and their sexual partners.

Fourth, the elimination of violence and discrimination against women, sufferers and key groups: The most important factor in the emergence of violent and discriminatory factors against PLWHA is stigma and social exclusion. Although there is no legal prohibition in Iran to provide special services to PLWHA and all health care centers are obliged to accept and provide services to them, but there are still cases of stigma and behavioral inequality towards them in society. In order to reduce such discriminatory and unjust behaviors in the society, the Ministry of Health, in the first step, has trained the medical staff and employees of health networks across the country, and then, as for the strategic programs of public health, has taken promotional activities (such as distributing flyers, publishing posters and public information in cooperation with the municipality) and implemented multimedia educational programs (in cooperation with the Broadcasting Organization and the Islamic Propaganda Organization), especially in the form of student conferences, setting up tents and campaigns, street races, sports competitions, essay writing and public events. The Ministry is responsible for conducting its educational programs extensively and continuously in schools, universities, governmental and non-governmental institutions, mosques, Friday prayers, seminaries, prisons, sports centers, and even all market merchants. Culturalization and informing the society in this regard requires seriousness in the implementation of measured and purposeful programs in which the role of the Ministry of Health is certainly significant and the role of public information institutions such as the Broadcasting Organization and the Islamic Propaganda Organization. These organizations are mainly the tools for representing the content of education and training, most of which cover health issues provided by the Ministry of Health.

Fifth, youth access to the necessary knowledge, skills and abilities: Ministry of Health provides numerous educational programs for youth at the level of schools, universities, military bases, factories, guilds, hospitals, health centers, prisons and cultural centers; the Ministry has also broadcast educational programs in collaboration with the Broadcasting Organization, especially in the form of films and TV series on HIV and sexually transmitted diseases. According to a ministry directive, all married couples are required to receive short AIDS training at health centers. Other educational activities include launching telephone counseling lines, AIDS information websites and social networks, providing educational messages in public

⁶¹ PETOFT A, ABBASI M, ZALI A. Toward children's cognitive development from the perspective of neurolaw: implications of Roper v Simmons. *Psychiatry, Psychology and Law*. 2022, pp.1-7;

PETOFT A, ABBASI M. Children's Criminal Perception; Lessons from Neurolaw. *Child Indicators Research*. 2022, pp.1-6.

places such as airports, metro stations, bus and taxi terminals, parks, etc. In the field of empowerment of PLWHA, health and counseling clubs for adolescents and young people in Tehran and several other cities have been set up by the order of the Minister of Health to improve skills and take preventive or health care measures, as well as to provide physical and mental counseling on risky behaviors, HIV testing, and educational services on raising children.

Sixth, benefit from social services: Among the welfare support of the Ministry of Health for PLWHA is insurance coverage and skills training. The most important step of the Ministry of Health in this regard is the establishment of the Positive Clubs in which life skills training programs, psychological support and vocational training are managed and implemented by the patients themselves. In addition, the Social Protection Committee of the Ministry of Health is obliged to cover all PLWHA and their families with health insurance. The Technical and Vocational Education Organization of the country, in cooperation with the Ministry of Health, is obliged to provide vocational and occupational empowerment programs to people covered by addiction treatment and harm reduction, including prisoners, women, street children and foreigners.

Seventh, the provision of services by community-based institutions: The Ministry of Health is obliged to cooperate and interact continuously with all non-governmental organizations that have been established to support PLWHA. The Ministry needs to make the most of this existing platform in the society as an advisory force in order to understand the social needs and requirements of PLWHA. The country's first strategic plan for AIDS control and subsequent plans called for the government to use public institutions to provide services to PLWHA. To this end, the Ministry of Health, in its first action, implemented harm reduction programs for injective drug users with the help of non-governmental organizations and their advisory assistance. Currently, the Ministry has been entrusted with the management of all DICs, especially for women, in order to increase the active participation of non-governmental organizations in this field. The Ministry has also assisted these organizations in implementing training programs to raise awareness among young people, women and the general public. However, the vast capacities of these organizations in the society have not been used well yet, and it is necessary to pay more attention to the Ministry of Health and all the responsible bodies in this regard. NGOs have great potential to work with the Ministry of Health on its responsibilities and services to sufferers. These include helping to control the HIV epidemic in the community, diagnosing cases of AIDS, establishing a network of PLWHA and introducing them to the ministry for care and treatment, psychosocial support for those infected, informing them, culturalization of the society in relation to the moral treatment of them and the inappropriate issue of stigma, and following the condition of the patients for their adherence to the treatment.

Eighth, required expenditure: The Ministry is required to provide a detailed table of credits used in line with its AIDS programs based on the country's AIDS Expenditure Survey software provided by the United Nations Joint AIDS Program (UNAIDS). The government is required to allocate the necessary financial resources for the implementation of the strategic AIDS control program (including public sector revenues, private sector supports, and international credits) according to the budget table of the program and to continuously monitor its proper use.

Ninth, empowering the awareness and access to legal services: One of the most important weaknesses in relation to the social status of PLWHA is their lack of awareness of their rights and lack of knowledge of the rules of law. It has been widely observed that PLWHA are deprived of many welfare opportunities and government benefits due to lack of knowledge about their social rights and do not use the available facilities. Through propaganda tools, the media, and continuous communication with patients in public institutions, the Ministry can inform PLWHA of their legal rights and privileges.

Tenth, access to services for comorbidities: Because PLWHA are at serious risk due to a weakened immune system, some comorbidities such as tuberculosis can put them at risk of premature death; even other diseases, such as cardiovascular disease, which are not associated with a short-term risk of death, cause an

increased risk of morbidity and subsequent death. For this reason, PLWHA need to have access to special treatment services for such comorbidities, and the Ministry of Health should pay more attention to health services for them. In this regard, the Ministry through medical centers and hospitals provides diagnostic services in the field of tuberculosis, influenza, viral hepatitis, hypertension, hyperlipidemia, diabetes mellitus, and previous vascular diseases, as well as cancer screening plan and has implemented sexually transmitted diseases in addition to vaccination services.

i) Other Organizations

The Ministry of Sports and Youth, the Ministry of Interior, the Armed Forces, the Broadcasting Organization, the Islamic Propaganda Organization, Ports & Maritime Organization Of Iran, the Customs Organization and the Aviation Organization are among those in charge of supporting PLWHA. Due to the country's strategic plan, they have the following common obligations to the target group:⁶²

- Training and informing the public and organizational staff about AIDS, especially to reduce stigma under standard programs in cooperation with the policy-making and executive units of partner organizations;
- Training of trainers and service personnel according to standard programs;
- All received data of the organization should be collected, recorded and analyzed in the form of a coherent and integrated system and its results should be transparently published to the public.

Compared to the organizations discussed in the previous sections, these institutions play a major role in supporting PLWHA mainly as a partner and support arm of these organizations in the implementation of the project. However, their crucial and decisive role in raising public awareness and culture in promoting equality and eliminating stigma and undue discrimination should not be overlooked.

2 Conclusion

It's been a long time that AIDS has become one of the most devastating diseases humankind has ever faced. In Iran, since the epidemic began, more than 60,000 people have been infected with the virus. HIV/AIDS has become a constant and inseparable matter in the life of PLWHA and affects various aspects of their life. PLWHA state that HIV/AIDS resulted in negative consequences against them, including social problems, mental pressure, physical injuries, and financial problems. Although Iran's laws protect PLWHA in the texts, the cultural weakness of the country and the problem with substantive rule of law are the main barriers on the way of real legal protection. Under the Constitution of the Islamic Republic of Iran, every person has a right to health and to access healthcare services (Including PLWHA). PLWHA have a right to equal protection before the law and a right to dignity. However, these rights are occasionally violated because of their known HIV status. In addition to suffer the burden of the disease, their status causes consequential loss of their individual rights. Stigmatization and undue discrimination are the most important obstacles to health cares and other social services for PLWHA.

This required special community protection to revive PLWHA balanced condition and facilitate social life. This support can be in the form of legitimate and positive social discrimination by granting special privileges to PLWHA and achieving their lofty goals by envisaging special mechanisms to guarantee their citizens' rights. The Organization of Prisons and Security Measures, the Blood Transfusion Organization, Tehran Municipality, Iranian Red Crescent Society, the Ministry of Education, Welfare Organization, Ministry of Cooperatives, Labour, and Social Welfare and Social Welfare, Ministry of Health, Treatment and Medical Education, Ministry of Sports and Youth, Armed Forces, Islamic Republic of Iran Broadcasting, Islamic Propaganda

⁶² UNITED NATIONS. The Fourth National Strategic Plan (NSP4) for AIDS Control in the Islamic Republic of Iran. 2014. p. 279-292. Available from: <http://www.mshrhg.ir/773034>. Access in: 28 jul. 2022.

Organization, Ports & Maritime Organization Of Iran, Customs, and Civil Aviation Organization are the main responsible governmental bodies relating to the affairs of PLWHA. Each one of them should strongly adhere to health strategies and policy that were stated in detail, including informing, teaching correct Islamic ethics and etiquette to the medical staff and all people, developing health services, providing more insurance and financial support, consulting and cooperating with PLWHA, strengthening their sense of self-reliance and skills, reforming structures, and continuous monitoring of the performance of officials.

The set of these abovementioned bodies acts as a cohesive whole in the protection of PLWHA. Their responsibilities are intertwined and interdependent like an unbroken graph. Therefore, they must act in a uniform and coherent manner in order to deal with the main problems of PLWHA in the framework of the National Strategic Plan. The bodies should inform and teach Islamic ethics to human groups under their responsibilities to eradicate the stigma and undue discrimination against PLWHA at the root of society. If they provide effective and desirable support to PLWHA (including financial, social and those relating to health and livelihood) and the community welcomes them with appropriate behavior, a significant part of their mental pressure resulting from stress and depression will be relieved. Providing free health services and monitoring the health status of these people can significantly cure some of the deficiencies in their bodies and prevent the progression of physical problems; obviously, the role of the Ministry of Health in this regard is much more colorful, and the rest of the bodies should cooperate to facilitate this task. Finally, providing such free services by the government, as well as special financial support in the form of insurance, grants and cash subsidies, can alleviate many of the specific economic pressures PLWHA face. These are the way to deal with the main problems in an effective manner.

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