



NATIONAL
HIV/AIDS
Disclosure
Guideline
2018



জাতীয় এইডস/এসটিডি কন্ট্রোল
স্বাস্থ্য অধিদপ্তর, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়





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2018

National AIDS/STD Control

Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic
of Bangladesh

Bandhu Social Welfare Society

National HIV/AIDS Disclosure Guideline 2018

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Preface

The AIDS/STD Programme (ASP), Directorate General of Health Services is pleased to share the National HIV/AIDS Disclosure Guideline which aimed at addressing HIV/AIDS related confidentiality and disclosure issues in all relevant aspects and contexts. This guideline will be useful in further strengthening efforts already made in preventing HIV transmission and in universal access to health services.

The development of this guideline was extremely necessary as disclosure of HIV status is a very sensitive matter and directly linked to privacy and confidentiality as human rights issue. This will also help to guide the confidentiality and disclosure norms in policy and programmatic interventions. The guideline will provide directions to protect HIV-related confidentiality and against associated discrimination for people living with HIV, key populations and populations in general. Therefore, this guideline will act as the first-hand tool in dealing with HIV-related confidentiality and disclosure issues.

AIDS/STD Programme (ASP) would like to acknowledge the substantial support and cooperation of Bandhu Social Welfare Society (BSWS) in the development of this guideline. ASP would also like to sincerely thank all the organizations and experts who have contributed and assisted in this guideline development process. My sincere gratitude also goes to UNAIDS for the support throughout the process and the peer review.

Finally, I would also like to thank Global Fund to fight AIDS, TB and Malaria (GFATM) for their generous support to Bangladesh HIV/AIDS response.



Dr. Md. Belal Hossain
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Foreword

It is my great pleasure to share the National HIV/AIDS Disclosure Guideline which will be instrumental in addressing HIV-related ethical aspects and confidentiality issues in different contexts and perspectives including medical confidentiality, blood transfusion, sexual and reproductive health, HIV testing services, educational institutions, media, the work place, mobility etc.

Bangladesh has demonstrated commitment to eliminate HIV-related stigma and discrimination by promoting laws and policies, efforts to maintain confidentiality, awareness raising initiatives, addressing structural barriers etc. that ensure realization of human rights and fundamental freedom. However, human rights violations and social and gender inequality remain one of the major obstacles in AIDS response in Bangladesh that put people living with HIV (PLHIV) and key populations at a greater risk of and vulnerability to HIV. This also leads to nondisclosure of their HIV/AIDS status in different contexts and with persons such as partners, family members, friends, healthcare professionals, in work settings etc.

The existing National HIV/AIDS Policy in the country addresses confidentiality and disclosure related issues mostly in case of surveillance and research, contact tracing and partner notification, in relation to marriage etc. Therefore, the development of this National HIV/AIDS Disclosure Guideline is a timely one which is necessary to address all disclosure related issues.

At the first place, this guideline emphasizes on self-protection of people living with HIV, key populations and people in general in the identified relevant aspects and contexts, and then it focuses on eliminating stigma and discrimination associated with HIV and AIDS.

Bandhu Social Welfare Society would like to take this opportunity to express its heartfelt thanks to all the experts, entities and stakeholders that have participated in this guideline development process. I would also like to express our sincere gratitude to UNAIDS for constant support throughout the process and the peer review which was extremely vital. My gratitude also goes to AIDS/STD Programme for their able leadership and cooperation in developing this guideline.

In the end, I would like to express my sincere gratitude to Global Fund to support the initiative through regional MSA grant and to Principal Recipient, Save the Children Nepal for facilitating the process. My special thanks also go to Mr. S.M Naheean, the consultant who had provided full technical and coordinative support in developing this guideline.

I sincerely hope this guideline will assist policy makers and program implementers to ensure and uphold the rights issues.



Shale Ahmed
Executive Director
Bandhu Social Welfare Society

Acronyms

| | |
|--------|---------------------------------------------------------------------|
| AIDS | Acquired Immune Deficiency Syndrome |
| ARV | Anti Retrovirals |
| ASP | AIDS/STD Programme |
| DGHS | Director General of Health Services |
| DIC | Drop-In Center |
| DNC | Department of Narcotics Control |
| FSW | Female Sex Worker |
| GBV | Gender Based Violence |
| GF | Global Fund |
| GOB | Government of Bangladesh |
| HIV | Human Immunodeficiency Virus |
| HTC | HIV Testing and Counseling |
| IRB | Institutional Review Board |
| KP | Key Population |
| MARA | Most At Risk Adolescents |
| MOHFW | Ministry of Health and Family Welfare |
| MSM | Men who have Sex with Men |
| MSW | Male Sex Worker |
| NGO | Non-Government Organization |
| NHRC | National Human Rights Commission |
| OCC | One-stop Crisis Cell |
| OHCHR | The Office of the United Nations High Commissioner for Human Rights |
| OST | Opioid Substitution Therapy |
| PLHIV | People Living with HIV |
| PWID | People Who Inject Drugs |
| SRHR | Sexual and Reproductive Health and Rights |
| STD | Sexually Transmitted Diseases |
| STI | Sexually Transmitted infections |
| TC NAC | Technical Committee of National AIDS Committee |
| TG | Transgender (hijra) |
| UA | Universal Access |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UPR | Universal Periodic Review |
| VCT | Voluntary Counseling and Testing |
| YKP | Young Key Population |

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Intended use of Guidelines

This is a national guideline on HIV/AIDS related confidentiality and disclosure issues which is being developed by the AIDS/STD Programme, Directorate General of Health Services, Ministry of Health and Family Welfare in collaboration with Bandhu Social Welfare Society with support from the Global Fund to fight AIDS, TB and Malaria (GFATM).

It is intended that the principal users of this guideline will be Government and Non-Government authorities at national and sub-national level which include:

| Government and Non-Government Authorities | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Policy Makers/Legislators | Medical Professionals |
| Relevant Ministries and Departments including Health and Family Welfare; Foreign Affairs; Law, Justice and Parliamentary Affairs; Education; Home Affairs; Expatriate Welfare and Overseas Employment; Women and Children Affairs; Social Welfare etc. | Hospital Staff |
| People Living with HIV | Blood Transfusion Centers and Staff |
| National and Local level Development Programs Implementers | Airport Immigration Authorities |
| Law Enforcement Authorities including Prison, Narcotics Control | Gender Based Violence (GBV) Service Providers |
| National Human Rights Commission | Human Rights Defenders |
| Housing and Shelter Home Authorities | Prison Authorities |
| Research Based Entities | Community Clinics and SRH Service Providers |
| Educational Institutions | Public and Private Sector Employers |
| Media Professionals | Marriage Registers Offices |
| Networks on Ethics, Law, Human Rights and HIV | Sports Bodies |

Key Concepts and Terminologies

| | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aggregated Health Information | Data based on aggregating individual-level information into an indicator. They may be obtained from communities, health facilities or data warehouses. These data are usually managed at the level of regional or national databases and also are collected by many international organizations. |
| Anonymized or Non-identified Health Information | Information that has been stripped of all identifiers. Since no keys are kept, these data can no longer be linked to the person's record that is being maintained at a service facility. |
| Confidentiality | The right of individuals to the protection of their data during its storage, transfer and use in order to prevent unauthorized disclosure of that information to third parties. |
| Gender Based Violence | Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. Gender-based violence has become an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequalities that are based on gender roles. While women and girls of all ages make up the majority of the victims, men and boys and Hijra are also both direct and indirect victims. |
| Informed Consent | Informed consent is not mere acceptance of a medical intervention, but a voluntary and sufficiently informed decision, protecting the right of the patient to be involved in medical decision-making, and assigning associated duties and obligations to health-care providers. Its ethical and legal normative justifications stem from its promotion of patient autonomy, self-determination, bodily integrity and well-being. |
| Non-personal Health Information | Information on facilities, geographic data, information on medicines and medicine supplies, and other logistics. |
| Personal Identifier | A datum, or collection of data, that allows the possessor to determine the identity of a single individual with a specified degree of certainty. A personal identifier may permit the identification of an individual within a given database. Bits of study data, when taken together, may be used to identify an individual. |

| | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personally Identifiable Health Information | Individual-level information that includes personal identifiers (such as names and addresses) that are generally obtained at the point of service delivery. This also includes national identification numbers, such as NID number in Bangladesh. |
| Physical Integrity | Rights to physical integrity may include the right to informed consent, as well as the right to refuse to answer questions or be subject to testing involuntarily. |
| Professional Integrity | In healthcare settings, integrity is defined as encompassing honesty, keeping one's word, and consistently adhering to principles of professionalism, even when it is not easy to do so. |
| Pseudo-anonymized or de-identified Health Information | Individual-level information that has been stripped of certain identifiers, such as names and addresses. In many cases, the identifying information has been replaced with a randomized identifier or key value that can be used, if necessary, to link it with a person's record that is being maintained at a service facility. |
| Right to Privacy | Merges confidentiality and security as the broader legal and ethical concept that provides the overall framework within which confidentiality and security are implemented. The legal concept refers to the legal protection that has been accorded to an individual to control both access to and use of personal information and provides the overall framework within which both confidentiality and security are implemented. Privacy protections vary from one jurisdiction to another and are defined by law and regulations. Privacy protections provide the overall framework within which both confidentiality and security are implemented. |
| Security | Security is a collection of technical approaches that address issues covering physical, electronic, and procedural aspects of protecting information collected. |

Introduction

Disclosure of HIV status can be very sensitive due to its links to privacy and confidentiality as human rights issue. It also has the potential to fuel stigma and discrimination which is a major human rights violation around HIV and AIDS. However, with due regard for human rights, disclosure of the status also has a strong potential not only to boost prevention efforts but also to reduce stigma and discrimination. For effective HIV prevention and treatment programs, disclosure of HIV status is vital which can:

- ❑ Maximize the benefits that come from wise and full use of data;
- ❑ Protecting individuals or groups from harm that can come from malicious, inadvertent or inappropriate release of individually identifiable data;

However, Bangladesh is yet to develop a guideline in this regard which results in a lack of understanding/ clarity about all confidentiality and disclosure related issues. The existing National HIV/AIDS Policy in the country addresses confidentiality and disclosure related issues mostly in case of surveillance and research, contact tracing and partner notification, in relation to marriage only. And this leads to a lack of guidance on confidentiality and disclosure of HIV/AIDS status in different contexts and with persons such as partners, family members, friends, healthcare professionals, in work settings etc. Therefore, a guideline on HIV/AIDS disclosure is necessary to guide programmatic and community-led interventions which will address confidentiality requirements as a whole.

Objective

The objectives of the HIV/AIDS disclosure guideline are to:

- ❑ Address HIV/AIDS related confidentiality and disclosure issues in all relevant aspects and contexts which will further strengthen efforts already made in preventing HIV transmission and in universal access to health services.
- ❑ Provide articulated directions for the potential users of the guideline.
- ❑ Support direct links to empowerment of key populations and PLHIVs in terms of human and gender rights, which will further accelerate prevention intervention efforts to end AIDS by 2030 through supporting the elimination of HIV and gender related stigma and discrimination.

Legal Aspects of Developing the HIV/AIDS Disclosure Guideline

The development of HIV/AIDS Disclosure Guideline reflects the protective role of law which focuses on how the law can protect individuals or groups from detrimental and undesirable occurrences.

It focuses on two protective functions that include:

- The protection against discrimination; and
- The protection of HIV-related confidentiality for people living with HIV, key populations and populations in general.

However, legal policy analysis and translating legal safeguards in theory into practice is the key due to community prejudice and general lack of sensitivity to the rights and needs of general people, and especially people living with HIV and key populations. It is expected that the guideline will play a pivotal role in seeking to change underlying values and patterns of social interaction that create vulnerability to the threat of HIV infection.

International Normative Framework and National Mechanisms Related to Privacy and Confidentiality Issues

The right to privacy is cited in Article 12 of the Universal Declaration of Human Rights (UDHR), Article 17 of the International Covenant on Civil and Political Rights (ICCPR) and Article 37 of the Convention on the Rights of the Child (CRC). Respect for privacy and confidentiality is further mandated by Article 9 of the UNESCO Universal Declaration on Bioethics and Human Rights, which requires that the personal information of persons should not be used for purposes other those for which it was collected or consented to, "to the greatest extent possible". Countries including Bangladesh committed to the right to privacy, confidentiality and informed consent of PLHIV most recently in the 2016 Political Declaration on HIV and AIDS.

Article 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) requires States Parties to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The right to health also entails the right to control one's health and body, and the right to be free from interference, such as non-consensual medical intervention. In General Comment 22 on

the right to sexual and reproductive health, the Committee on Economic, Social and Cultural Rights recognized the need for information concerning sexual and reproductive health issues to be provided in a manner consistent with needs of the individual and the community, without impairing the right to have personal health data and information treated with privacy and confidentiality.

Respect for privacy and confidentiality is also cited in article 22 and 31 of the Convention on the Rights of Persons with Disabilities (CRPD) from arbitrary or unlawful interference in case of persons with disabilities and ensure confidentiality of personal, health and rehabilitation information. Article 11 and 14 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) mentions about safety and security of women in different spheres which also refers to maintaining their privacy and confidentiality issues in those areas.

In 2006, the Office of the United Nations High Commissioner of Human Rights (OHCHR) and UNAIDS jointly published an updated version of the International Guidelines on HIV/AIDS and Human Rights (International Guidelines) where maintaining privacy and confidentiality is a core issue. The UNAIDS Privacy Confidentiality and Security Assessment Tool (Assessment Tool) and Assessment Tool Workbook also help States to assess the existence and implementation of national country policies on protecting the confidentiality and security of personal health information.

Bangladesh is a signatory country in the 8 out of 9 major international human rights instruments. However, the country did not recognize any provision of individual grievance or complain in case of rights violation within these mechanisms. Therefore, international jurisdictions have less scope to deal with individual complains of violations of rights. However, all these mechanisms especially treaty bodies where Bangladesh is a party of and the Universal Periodic Review (UPR) are instrumental to monitor the situations related to comprehensive protection measures including HIV confidentiality and disclosure issues in the country.

In the contexts of national mechanisms, rights to privacy and confidentiality are guaranteed in constitution which includes HIV related confidentiality as well. In addition, the National Human Rights Commission (NHRC) Act, 2009 also provides protections against any type of violation of rights. The commission also has several forums on different thematic issues which can be instrumental in dealing with grievance redress. Similarly, the Anti-Discrimination Act, currently under development, will provide extra protection on HIV related confidentiality and disclosure issues in private settings once legislated. The Parents Protection Act also safeguards HIV related confidentiality from children.

The Guideline Development Process

The guideline development process followed a robust approach to engage relevant organizations and stakeholders. The major approaches and methodologies adopted in the development of the guideline include:

- ❑ Conduct desk review of relevant existing national, regional and global policies; publications; consultation reports; public health journals; laws, regulations and guidelines etc.
- ❑ Conduct community view exchange workshop engaging PLHIVs, key populations and care givers to provide initial inputs and feedback based on community and caregiver perspectives only.
- ❑ Conduct consultation with key populations and implementing partners engaging PLHIVs, all relevant key populations along with Care Givers as well as implementers to provide inputs and feedback based on community, caregiver and service provider perspectives based on the primarily developed outline of the guideline.
- ❑ Conduct consultation with policy makers engaging high level officials from key Government entities, United Nations agencies, International and National NGOs to critically analyze and provide their valuable inputs based on the primarily developed outline of the guideline.
- ❑ Conduct Key Informant Interviews (KII) with selected key officials at different government, UN agencies, National Human Rights Commission, rights groups and legal support agencies as it is a multi-sectoral issue and associated with rights and law to gather expert opinions and overall feedback.
- ❑ Submit the drafted guideline to UNAIDS for peer review process.
- ❑ Finalize the guideline based on the feedback from the desk review, consultations, key informant interviews, UNAIDS peer review etc. and submit to the Technical Committee of National AIDS Committee (TC-NAC) for review and approval.
- ❑ Technical Committee of National AIDS Committee (TC-NAC) approved the guideline in its meeting held on 18 April, 2018 at 10 AM at Conference Room, DGHS (1st Floor, Old Building), Mohakhali, Dhaka-1212.

Role of AIDS/STD Programme in the Implementation of this Guideline

The AIDS/STD Programme (ASP) of Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare is the key proponent of this guideline and the primary authority to enforce this guideline on behalf of the Government of Bangladesh.

ASP will also develop collaboration with potential user authorities at national and sub-national level to facilitate the better implementation of this guideline. It will also encourage and monitor the enforcement of this guideline by the programmatic and community-led implementers.

Confidentiality and Disclosure Issues in Various Contexts, Aspects and Perspectives

The different types of HIV information include personal identified, pseudo-anonymized, anonymized, aggregated, and non-personal data which require protection. HIV and AIDS related confidentiality and disclosure issues are addressed from the six following contexts and aspects that include:

| Sl. No. | Contexts and Aspects Addressed |
|---------|----------------------------------------------------------------------------------------------------------------------------|
| 1 | The community with respect to HIV and AIDS including PLHIVs, key populations and partners |
| 2 | Care givers |
| 3 | Family, friends and relatives |
| 4 | Service providers |
| 5 | People and society in general |
| 6 | Law enforcement agencies including Department of Narcotics Control (DNC) while in close settings, under investigation etc. |

The above mentioned contexts are also being considered in the two following perspectives:

| Sl. No. | Considered Perspectives |
|---------|--------------------------------------|
| 1 | Medical and Research Perspectives |
| 2 | Social and Professional Perspectives |

Medical and Research Perspectives

Respect for the Principle of Medical Confidentiality

Health professionals, as per medical ethics, must treat, to the best of their ability, all persons seeking their medical attention without discrimination and without prejudice based on the origin or nature of the patient's clinical need, illness or disability.

The following principles should be strictly followed:

| Sl. No. | Principles |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Doctors involved in the diagnosis and treatment of HIV infection or AIDS must endeavor to ensure that all allied health and ancillary staff, for example, in laboratories, fully understand their obligations to maintain confidentiality at all times. |
| 2 | Patients should not be marked separately and hospitals cannot refuse treatment based on HIV status. |
| 3 | Patients should be allowed to consult any doctor of their preference. |

According to the medical confidentiality principle, personal identity or medical information acquired by health professionals should not be disclosed to third party including other professionals in the hospitals without the informed consent of the patient concerned unless this is strictly necessary for the protection of the health of the third party. Confidentiality needs to be maintained unless release of information is required by law or by public-interest consideration even after the death of the patient. The information include but are not limited to:

| Sl. No. | Information |
|---------|---------------------------|
| 1 | Profession |
| 2 | Family |
| 3 | Gender identity |
| 4 | Organization and location |
| 5 | HIV status |
| 6 | Sexual orientation |

Disclosure may only be justified and disclosed to relevant public health authorities and concerned partners when:

| Sl. No. | Circumstances |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | A HIV positive person consistently refuses to inform the partner of the risk of infection and/or to take the precautions necessary to protect his or her sexual or injecting partner |
| 2 | Any mental health related issue where the positive person has the risk to harm others; and |
| 3 | In case of referral to other medical authorities for effective medical treatment. |

Care givers and service providers need to maintain confidentiality in all aspects and must not take advantage of PLHIVs in terms of property, money, social, rights, freedom or other privileges. Patients also need to notify care givers so that they don't fall into risks and ensure universal access and protection of care givers.

Shared Confidentiality

The requirements for ethical aspects with respect to shared medical confidentiality include:

| Sl. No. | Requirements |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The maintenance of shared confidentiality of national database of people living with HIV/AIDS by service providers, care givers and clients themselves. |
| 2 | The issue of shared confidentiality also applies in case of referral services on both service providers end. |
| 3 | The medical team engaged in the treatment procedures including doctors, nurses, paramedics etc. should maintain the shared responsibility of confidentiality of patients. |

Confidentiality, Ethical Aspects and Disclosure Issues During HIV/AIDS Epidemiological Surveillances, Social Science and Behavioral Research

HIV/AIDS epidemiological surveillances and researches need to ensure confidentiality of engaged individuals and groups from third parties and public domain, so that such information cannot lead to harm or discrimination against PLHIV. Information includes but is not limited to:

| Sl. No. | Information |
|---------|---------------------------|
| 1 | Personal identity |
| 2 | Profession |
| 3 | Organization and location |
| 4 | Family |
| 5 | Gender identity |
| 6 | HIV status |
| 7 | Sexual orientation etc. |

The requirements for ethical aspects and confidentiality should also focus on the following areas:

| Sl. No. | Requirements |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Confidentiality of data must be guaranteed by omitting unnecessary identification of individual subjects and limiting in as much as possible access to the data. |
| 2 | Personal identifying information must be discarded when consolidating data for statistical analysis. |
| 3 | Identity can only be disclosed for research purposes with written and informed permission of the respondents. Respondents must always be given a proper consultation where the disclosure and its impacts are thoroughly explained and understood. |
| 4 | Researchers should give his/her written commitment to maintain the confidentiality. When personal identifiers remain on records used for a study, investigators should explain to the review committee why this is necessary and how confidentiality will be protected. |
| 5 | In case of programmatic linkage with surveillance, information on respondents may need to be shared with the program implementers under special circumstances, with approval from national programme and after taking prior informed consent from subject. However, the information related to respondents should be kept confidential and only be used for programmatic purposes. |

Ethical Aspects of HIV/AIDS Research

All researches involving human subjects and HIV must take into account the ethical principles including respect for persons that include:

| Sl. No. | Ethical Principles |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Protection of persons with impaired or diminished autonomy, which requires that those who are dependent or vulnerable be afforded safety and security against harm or abuse. |
| 2 | Full confidentiality of HIV status, personal, professional, family, gender identity, sexual orientation etc. also need to be maintained. |
| 3 | In case of minor, consent needs to be taken as per the IRB guideline of respective organization or agency. |

Ethical Aspects and Confidentiality During HIV Testing Services

Counseling should be used to make sure that individuals being considered for HIV testing services and other diagnosis are well informed and appreciate the technical, social, ethical and legal implications of testing.

Personnel engaged in counseling need to be caring about people where trust and confidentiality should be the foundations of counseling. Counseling involves revealing of sensitive and personal information which needs to be kept confidential in order to maintain the trust. This will make the counselor a source of positive support and change, but no harm.

The requirements for ethical aspects and confidentiality during HIV testing services include:

| Sl. No. | Requirements |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Respect for the right to physical and professional integrity and the principles of medical ethics require that no person be subjected to the taking of blood or oral fluid without his or her prior informed consent. |
| 2 | HIV testing should be confidential or anonymous. Provisions should be made for persons to obtain test results who want to remain anonymous. As intentional or unintentional breaches of confidentiality terminate the confidence that is essential between the testing program staff, counselor and individuals or groups involved, this may have serious and sometimes |

| Sl. No. | Requirements |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | irreversible effect on the prevention programs. Therefore, all the rules and regulations related to National HIV Testing and Counseling (HTC) Guidelines, 2013 developed and endorsed by proper government authority need to be upheld or maintained. |
| 3 | Under mandatory or emergency circumstances, no person should be notified of a test result who did not know his blood or oral fluid was tested or who states that she/he does not want to know the results. |
| 4 | Counseling services must be made available for all places where individuals are to be notified of test results. Counseling should use audio visual methods and maintain privacy and confidentiality. |
| 5 | Confirmatory test is necessary before informing any patient or individual of a positive test result. |
| 6 | Neither physicians nor other staff should be allowed to notify any other person other than the person tested of the test results, unless on the written request of the person. Physicians and testing program staff should however, encourage and ensure sero-positive persons to notify injecting or regular sexual partners in the context of adequate counseling for both persons. |
| 7 | Anyone who reveals the HIV status of a person or patient without his/her informed consent (e.g. by malice, inadvertently or by negligence) must be held accountable (e.g. a fine, reprimand etc.) by the relevant existing laws with regard to breaching of principle of medical confidentiality. |

The requirements for ethical aspects and confidentiality measures during different HIV testing purposes are provided below:

Contact Tracing, Partner Notification and Partner Disclosure

Partner notification raises serious medical, logistical, legal and ethical issues. Though partner notification has potential benefits and risks, including the potential to help prevent HIV transmission and reduce the morbidity and mortality of HIV infection, it also has the potential risk to produce individual and social damage. Therefore, the requirements for ethical aspects and confidentiality during partner notification programs include:

| Sl. No. | Requirements |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Respect for the right of privacy and legal issue requires that contact tracing, which involves inter alia the tracing of the sexual or injecting partners of a person living with HIV, should be undertaken with strong public health justification; i.e. to prevent the spread of HIV/AIDS. |
| 2 | The observance of the principle of beneficence requires that the potential benefit of contact tracing be weighed against the potential harms to create individual and collective damage. |
| 3 | HIV testing program team should have mechanisms to contact and take initiatives for tracing, inform and counsel properly. |
| 4 | Respect for the right to privacy of partners and medical ethics precludes any unjustified disclosure of the identity of the people concerned in any contact tracing program. Also maintain the confidentiality of how one gets infected and a provision for counseling should be there of how one gets infected by the virus. |
| 5 | Contact tracing must always be carried out with sensitivity and respect for human integrity. It should also be guided in consideration of human and legal rights and issues, and be gender sensitive. |

In case of partner disclosure, the principles to be followed by the service providers are:

| Sl. No. | Principles |
|---------|-------------------------------------------------------------------------------------------------------|
| 1 | It should be a voluntary process. |
| 2 | It has to have full consent of the client. |
| 3 | Clients' confidentiality needs to be fully protected. |
| 4 | It needs to be conducted with great sensitivity, taking into account the social and cultural factors. |
| 5 | It has to be gender sensitive, as it may have bigger implications on women and other minorities. |

HIV Testing for Diagnostic Purposes

In case of HIV testing for diagnostic purposes, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The patient has the right to know the results with prior informed consent. |
| 2 | The health care workers with direct responsibility for the care of the patient have a right to know the results. Only those who are directly responsible for the diagnosis and treatment of the patient should have access to his/her records to safeguard confidentiality. |
| 3 | The counselor responsible for post-test counseling and follow-up of the patient has the right to know the results. |
| 4 | In addition, it is the right of the patient to decide who else to inform about the results. |

HIV Testing for Youth and Adolescents

In case of HIV testing of youth and adolescents for diagnostic purposes, informed consent along with pre and post-test counseling, bearing in mind the child's evolving capacities and the due weight be given according to age and maturity, is mandatory. The requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The mother/ father or the principal guardian of the youth and adolescent has the right to know the results. |
| 2 | The health workers directly involved in the care of the youth and adolescent also have the right to know the results. |
| 3 | The counselor responsible for counseling and follow-up has the right to know the results. |
| 4 | Other than Most At Risk Adolescents (MARA), in case of any youth and adolescents below 18 years of age, it is the right of the mother/father or direct guardian to decide who else to inform about the results, including giving permission for the result to be revealed to the father. |

HIV Testing in Research and Surveillance

In case of HIV testing for research and surveillance purposes, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The surveys need to be conducted using methods that do not threaten human rights principles. Such surveys can either involve informed consent and counseling or ensure confidentiality or they may be anonymous (no record of name or other specific identifiers). |
| 2 | All research protocols or proposals involving HIV testing for subjects or patients must conform to the guidelines including own IRB, the International Ethical Guidelines for Health-related Research involving Humans and be approved by the MOHFW, on advice of the TC-NAC. |
| 3 | Respondent has the right to know the test result and information about the test. |

Voluntary HIV Testing

In case of voluntary counseling and testing (VCT), all the existing rules and regulations need to be maintained. In addition, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The person requesting the test has the right to know the results. |
| 2 | The counselor responsible for pre and post-test counseling and follow-up of the patient has the right to know the results based on minimum standard guideline. Counselor should carefully measure the mental condition and create conducive environment before disclosing the status to the person. |
| 3 | It is the right of the patient to decide who else to inform about the results. Ongoing counseling is recommended in these situations to help the person reach a decision. |

Mandatory Testing

In case of mandatory testing, the test is usually demanded by the third party using undue coercion. This type of testing is not ethically acceptable without consent by the person to be tested. However, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The respective authority (should be government approved and need to know the ground of mandatory testing) need to strictly maintain confidentiality and must not disclose the information to any third party without prior permission of that individual. |
| 2 | No one should be notified as HIV-positive before the confirmatory test. |
| 3 | Mandatory testing and other testing without informed consent have no place in an AIDS/STD prevention and control program mechanism which is also being discouraged from PLHIVs and all the KPs perspectives. |
| 4 | HIV testing should not be included as part of a normal medical examination without the knowledge and consent of the person undergoing medical examination. Once consent has been obtained, the procedure to follow is the same as in voluntary testing. |
| 5 | As HIV testing for transfusion safety is extended to all transfusion centers, voluntary confidential testing with pre and post-test counseling need to be an integral part of primary health care. |

Code of Ethics/Confidentiality for Blood Donations and Transfusions

According to the law, all blood donated for the purposes of transfusion must be screened for the presence or absence of HIV antibodies, viral hepatitis, Malaria and Syphilis through a mandatory testing system. This is a routine laboratory procedure which requires no additional authorization.

However, the donor needs to be informed about the types of diagnosis well in advance and should not require to inform personal information, profession, marital status, gender and social identity, sexual orientation etc. In case of blood donations and transfusions purposes, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The blood donor has the right to know the results and shall be informed of test results only if the mechanism of confirmation of result and counseling is available. |
| 2 | The Blood Transfusion Service should be informed, to avoid repeated donations of infected blood. |
| 3 | The counselor responsible for pre and post-test counseling and follow-up of the blood donor has the right to know the results. |
| 4 | It is the right of the blood donor to decide who else to inform about the results. On-going counseling is recommended in these situations to help the person reach a decision. |

Confidentiality during Pregnancy and Sexual Reproductive Health and Rights

All personal information e.g. marital status, age, occupation, sexually transmitted infections/ diseases, HIV status and other relevant information of patients seeking services should be kept confidential. In case of pregnancy and protection of sexual reproductive health and rights, the requirements for ethical aspects and confidentiality should also focus on the following areas:

Perinatal Transmission

| Sl. No. | Requirements |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Health care facility either public or private should comply with National HIV/AIDS Policy in regards to privacy and confidentiality of HIV positive individuals. |
| 2 | Information related to HIV-positive pregnant women must be kept confidential and access should be limited to directly involve medical professionals only. |
| 3 | Shared confidentiality of information with spouse/partner or family members and trusted others (suggested by the woman) and with medical professionals engaged in the treatment must be maintained. |
| 4 | In case of partner notification, if a woman is identified as HIV-positive and spouse/partner is known/identified negative (sero-discordant couple), her consent is required along with appropriate counseling measures |

| | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | before sharing with the partner. Couples and partners with known HIV status need to be provided support for mutual disclosure. |
| 5 | When the couples are aware of their HIV-positive status, they should be counseled appropriately while providing information on risk of mother-to-child transmission (MTCT) with and without treatment of mother with antiretroviral medicine. Couple should be informed about differential proportion of risk of MTCT during pregnancy, delivery and through breast milk. |
| 6 | Health care provider should not counsel the pregnant woman/couple to terminate the pregnancy because of her HIV positive status. The decision of the couple has to be facilitated with safe service provisions in case the couple decides to terminate the pregnancy. |
| 7 | In case the couple decides to continue the pregnancy, health care provider will support throughout the pregnancy, delivery and after the birth of baby while keeping all information confidential. |
| 8 | Health care provider should not discriminate her while placing her isolate in case of hospitalization. Also, concerned health care provider should not use such language which will lead her to an uncomfortable situation. Provider should ensure privacy and dignity of the pregnant women in health care facility. |
| 9 | Health care provider should comply with the universal precaution practices irrespective of HIV status of the patients for the provider and patient. |
| 10 | Any breach of confidential information of the HIV positive pregnant women should be dealt in compliance with National HIV and AIDS Policy. |

Confidentiality in Community-setting Services or Drop-In Centers

Community-setting services or Drop-in Centers (DIC) or Opioid Substitution Therapy (OST) clinics are some of the major primary points of providing community based HIV services. Therefore, these centers need to maintain proper confidentiality and disclosure measures as these are one of the key service delivery points. Thus, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The service providers need to maintain full privacy and confidentiality while providing HIV services. |
| 2 | If anybody wants to self-report HIV status and seek relevant services, she/he can report to these service delivery points where the authority will have to maintain full confidentiality. |
| 3 | A national hotline/helpline service for self-disclosure should be launched including referral services ensuring full confidentiality. While referring the clients to other places, proper confidentiality should be maintained. |
| 4 | In addition, full confidentiality measures need to be ensured while establishing forward and backward linkages with these service delivery points in case of tuberculosis, anti-natal care, post-natal care, HIV testing and counseling and prevention of mother to child transmission. |

Social and Professional Perspectives

Ethical Aspects, Confidentiality and Disclosure issues in Work

Place/Settings:

As HIV does not necessarily affect the state of health or performance of an individual to such extent that she/he will not be able to work, it is not by itself grounds for refusal of employment. Therefore, HIV screening should not be mandatory for those seeking employment in any public or private organization or enterprise. If required for certain purposes, full and shared confidentiality need to be ensured on both employer and employee end.

The code of practice should also ensure that the following issues are addressed:

| Sl. No. | Issues |
|---------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Respect for the dignity and private life and confidentiality issues of the individual |
| 2 | The seeking of informed consent with counseling for any form of testing, ensuring proper confidentiality measures |
| 3 | Protection of health-related data and any other confidential information affecting the privacy of the individual |
| 4 | The adoption of unequivocal work place policies concerning HIV/AIDS considering appropriate confidentiality factors to be maintained |

Pre-employment HIV Testing

| Sl. No. | Requirements |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Based on the scientific and epidemiological evidence that people living with HIV or AIDS do not pose a risk of transmission of the virus to co-workers through ordinary work-place contact, business owners/managers should not require HIV screening as part of pre-employment and should in the first instance be based on the person's ability to fulfill the employment requirements. |
| 2 | There should be no obligation of the employee to inform the employer regarding his or her HIV/AIDS status and employment security needs to be in place for workers living with HIV until they are no longer able to work, including reasonable alternative working arrangements. |
| 3 | Information attained as a result of a permissible medical examination must be collected and maintained on separate forms and in separate medical files and be treated as confidential medical record. |

Protection of HIV Positive Employees

| Sl. No. | Requirements |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | To prevent work disruption and rejection by co-workers of an employee with HIV and AIDS, business owner/managers should maintain proper confidentiality and undertake education for all employees. |
| 2 | Business owners/managers should provide employees with sensitive, accurate, and up-to-date information about HIV risk reduction in their personal lives. |

Confidentiality and Disclosure Issues Related to Mobility

Past experiences of HIV programs suggest that screening programs for international travelers cannot prevent the introduction and spread of HIV infection. In addition, some HIV positive individuals would always remain undetected due to the window period and the limitations of the HIV tests. The rate at which new HIV infections occur depends on the number of HIV-positive persons present and, especially, on the number of HIV-positive persons whose behaviors place other people at risk.

Therefore, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Mandatory testing requirements of HIV for migrant workers by the destination countries should be eliminated and in case of ongoing mandatory testing, medical service providers and other respective authorities need to maintain full confidentiality measures. |
| 2 | As the screening programs for international travelers cannot prevent the introduction and spread of HIV infection, screening for HIV should not be mandatory at the port of departure or arrival. This is also not feasible considering the arrangement for the number of travelers or migrants into or out of the country. |
| 3 | However, even if such measures are taken, then the respective medical authorities need to maintain the full confidentiality measures including photo identification and all personally identifiable information. |
| 4 | In case of identification of any HIV-positive person, the testing authorities need to have linkages with HIV service providers in order to provide referral services for regular medication and other support. |
| 5 | In addition, HIV confidentiality and disclosure issues should be included in the pre-departure briefing for migrants so that they get the direction to consult with proper health service providers and be aware about the sensitivity of confidentiality and disclosure issues. |

Confidentiality and Disclosure Aspects in Relation to Media

Reporting on AIDS should include more of a human focus and practical materials, rather than focus on statistics or sensationalized stories of people who are ill or dying of AIDS or more vulnerable to HIV/AIDS. To enable media to play their role effectively, their right to information should be acted upon, however; confidentiality should not be breached by media with respect to the enumerated (and non-exhaustive) information that follows:

| Information | |
|------------------------|---------------------------------------------------------|
| Photo | Personal information |
| Audio visual recording | Profession |
| Family | Marital status |
| Gender identity | Sexual orientation or practice related information etc. |

It is also the duty and role of other actors in this field to provide the media with information so that they can write useful and relevant articles maintaining ethical aspects and without breaching confidentiality of people, PLHIVs and KPs.

The requirements for ethical aspects and confidentiality should also focus on the following areas:

| Sl. No. | Requirements |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Journalists reporting on HIV and AIDS should inform about the virus to the public fairly and accurately rather than focusing on the individuals living with the virus. |
| 2 | The reporting needs to outweigh the individual attitudes and prejudices, and any other pressure to provide sensational, badly researched and inaccurate stories. |
| 3 | Journalists should do nothing that entails intrusion into private grief and distress, subject to the justification by overriding considerations of the public interest, as per the code of conduct. |
| 4 | Journalists and the media need to respect the privacy of general populations, key populations and people living with HIV and AIDS, including the family, friends and relatives of people living with the virus. |
| 5 | Journalists and media should not reveal or hint identities and addresses without permission and pressurize people living with HIV and AIDS and key populations into publicly revealing their identity. They also have a responsibility to ensure that all those working with them understand the confidentiality requirements. |

Confidentiality and Disclosure issues Related to Gender Based Violence

Gender inequalities, gender-based violence (GBV) and harmful gender norms promote unsafe sex and reduce access to HIV and sexual and reproductive health services. GBV is both a cause and a consequence of HIV. Violence or the fear of violence can particularly increase the vulnerability of PLHIVs and key populations to HIV by making it more difficult or impossible to set the terms of an equal relationship. This is coupled by the disclosure of HIV status, gender identity, sexual orientation and practice, and can lead to further violence.

Violence can also be a barrier for key populations and PLHIVs in accessing HIV prevention, treatment, care and support services. This in turn limits the ability to maintain confidentiality of HIV status, social and economic condition and adopt protective measures ranging from negotiating safer sex to getting and staying on treatment.

Confidentiality issues are of serious concerns in terms of GBV. Disclosure of HIV status can lead to violence by perpetrators at different levels including partners, family, friends, healthcare professional etc. This can be further worsened by public disclosure which can lead the victim to conceal their identity by moving to unknown places/ areas due to stigma and discrimination. Therefore, the requirements for ethical aspects and human rights and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | HIV related confidentiality needs to be maintained by the service provider while providing HIV and GBV services such as One-Stop Crisis Cell (OCC) including health, psychosocial, legal, rehabilitation etc. |
| 2 | HIV related confidentiality needs to be maintained by the reporting media and other authorities while identifying, investigating and reporting GBV cases. |
| 3 | HIV related information that expose individuals need to be excluded in GBV surveillances and researches. Confidentiality, ethical aspects and disclosure issues described in the section on HIV/AIDS epidemiological surveillances, social science and behavioral research will also be applicable here. |

Confidentiality and Disclosure Issues Related to Safe Custody and Jail

Confidentiality and disclosure issues in safe custody and jail focus mainly, on inmates in prison setting. Awareness raising and capacity building are key areas that need to be focused in order to address confidentiality and disclosure issues in case of safe custody and jail. The health service provider in prison hospital will primarily handle the confidentiality and disclosure issues there.

The requirements for ethical aspects and confidentiality should therefore, focus on the following areas:

| Sl. No. | Requirements |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The jail authority should not force anyone either convicted or under trial for HIV testing as part of health checkup or for any other reason. |
| 2 | If anyone voluntarily discloses HIV status, the authority needs to arrange medical and psychological treatment with strict confidentiality. |
| 3 | The jail authority also needs to ensure the protection of HIV-positive persons from all kinds of stigma, discrimination and violence by ensuring confidentiality and linking with essential services. |
| 4 | The prison hospital needs to have referral linkages with HIV service delivery centers and community-based service centers for access to ARV drugs when needed ensuring confidentiality matters. |

Ethical Aspects, Confidentiality and Disclosure in Educational Institutions

There is no public health rationale for restricting the access to or full participation at all levels of educational institutions by HIV positive students. Therefore, HIV infection should not be a factor taken into account by education authorities with respect to school admission; transfers; attendance; and the powers of exclusion from school.

However, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | As there is no risk of transmitting HIV in educational institutes by co-education, ethical aspects and full confidentiality should be maintained in case of any HIV positive student unless required by any procedures or respective authority where disclosure of the status is mandatory. |
| 2 | As children can be HIV negative even though the parents are positive, so parents' HIV status should not be a barrier to children's education including admission and full confidentiality should be maintained even if the authority gets to know about parents' HIV-positive status. |
| 3 | School health education on AIDS/STD should include fostering attitudes and behavior that will prevent stigma and discrimination, maintain ethical principles and confidentiality of those who are living with HIV/AIDS, and promoting solidarity with them. |

Confidentiality and Disclosure Issues Related to Family/during Marriage

In case of people living with HIV/AIDS and key populations, there should be no mandatory disclosure of HIV status to the marital partner and they would be at liberty to form the future family.

The requirements for ethical aspects and confidentiality should also focus on the following areas:

| Sl. No. | Requirements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | HIV testing should not be a requirement for marriage in general. Individuals should be free to choose if they want to know their own HIV status and notify their partner, spouse or future spouse of the test results. However, if HIV testing is demanded by the parties engaged in the marriage, it should be settled in a mutual manner with agreement from both parties. Counseling needs to play an essential role in dealing with this issue. |
| 2 | Children of PLHIVs and KPs, if HIV-positive, must not face discrimination in accessing services including medical, social, family related, infection prevention, universal precaution etc. Full confidentiality need to be maintained while delivering services to them. |
| 3 | In case of HIV positive parents, children must not disclose their HIV status to anyone other than concerned persons or authorities engaged with treatment, counseling, care giving etc. |

Confidentiality and Disclosure issues Related to Housing and Shelter Home

There is no public health rationale for restricting HIV-positive persons as for their housing. When a HIV-positive person has occupied and then left a dwelling, no special cleaning or other procedures are needed before occupancy by another person.

Therefore, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Disclosure of HIV status and sexual orientation must not be mandatory/ required in case of house/ place rent or purchase. |
| 2 | If HIV status or sexual orientation is inadvertently or negligently or by malice revealed to a potential landlord (e.g. a fine, reprimand etc.), the accommodation cannot be refused on this basis. |
| 3 | If PLHIVs and KPs are being admitted to shelter home due to any aggressive or irrational behavior, the respective medical authority needs to take care of their HIV-related requirements ensuring proper privacy and confidentiality. |

Confidentiality and Disclosure Issues Related to Sports

There is no existing evidence of a risk of HIV transmission when HIV-positive persons engaging in sports have no bleeding wounds or other skin lesions. There is also no documented instance of HIV infection acquired through sports participation.

However, there is a possible very low risk of transmission when one athlete who is HIV-positive has a bleeding wound or a skin lesion with exudate. The possible very low risk of HIV transmission through sports participation would principally involve the combative sports with direct body contact and other sports where bleeding may be expected to occur. This does not adequately justify any medical or public health requirements for testing or screening for HIV infection before participation in sports activities.

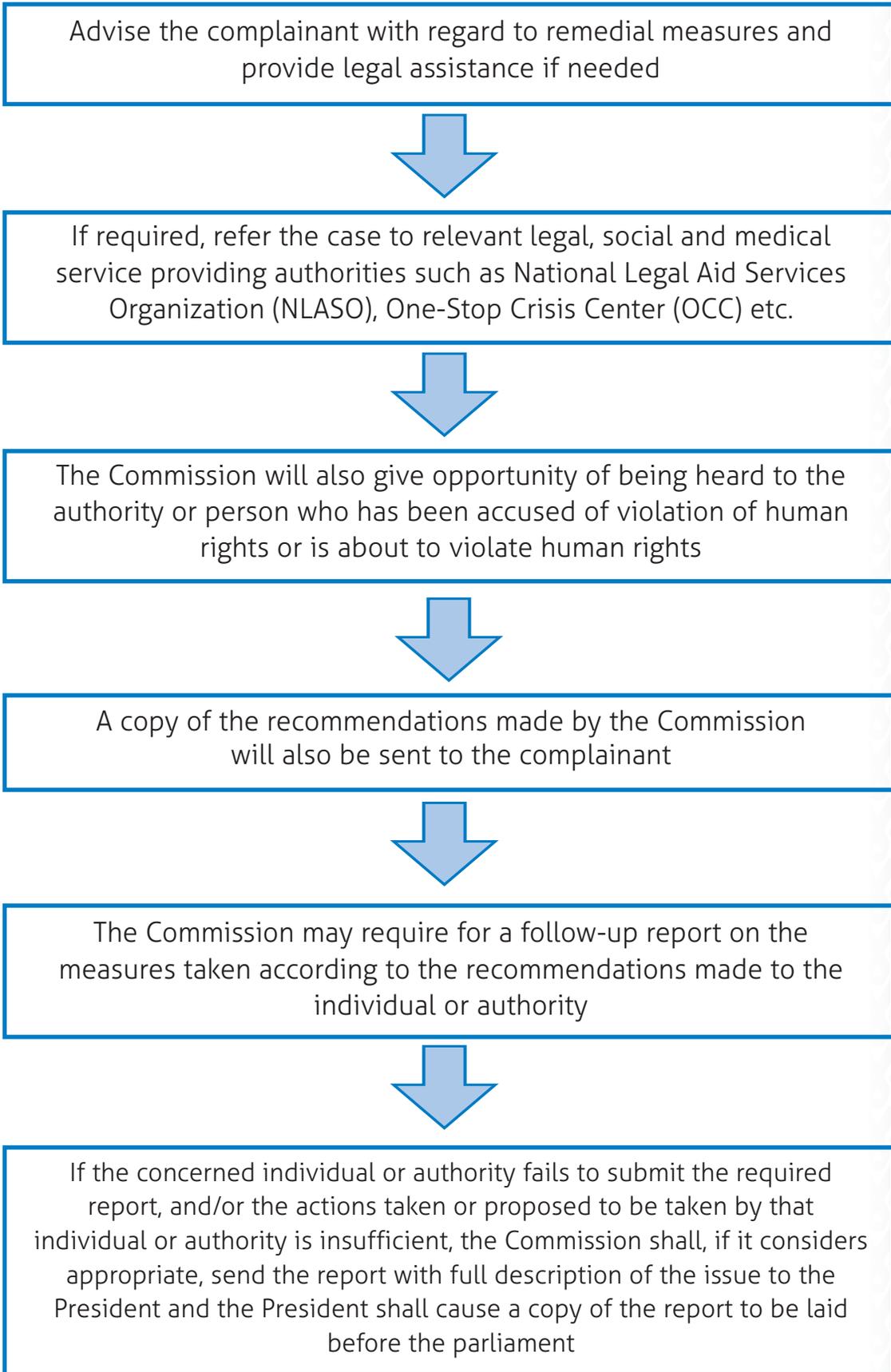
Therefore, the requirements for ethical aspects and confidentiality should focus on the following areas:

| Sl. No. | Requirements |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Prior testing of HIV should not be necessary in case of participating in sports. In addition, HIV-positive persons participating in sports do not require disclosing their HIV status. |
| 2 | In case of doping test, psychological test should be first, and then disclosure issues should come. |

Grievance Redress Mechanisms for Human Rights Violation in case of Stigma, Discrimination and Violence due to Disclosure

In case of any instances of discrimination and human rights violation, all the individuals of the country including minorities and marginalized populations can take support from legal support agencies and rights based authorities, especially the National Human Rights Commission, the premier body of upholding human rights in Bangladesh. The Commission has a separate investigation wing responsible for dealing with issues related to human rights violations across the country. Any individual or authority can report to the NHRC directly either on prescribed form or on white paper describing the case of violations, responsible individuals or authorities and other relevant issues that were engaged in the case. The NHRC will then take measures in case of revelation of human rights violation. It will work on investigating the case, identify and validate the complaint, key persons or authorities involved in it etc. This investigation should be conducted confidentially, in terms of use of individual names. Based on the primary investigation, if the Commission senses for further enquiry, shall do it then either through its investigation wing or request the appropriate authority. Measures will be taken through the following process for grievance redress:





It is very important to respect confidentiality and the right to privacy, in terms of the complainant's identity, and that all authorities are expected to guarantee these rights.

Areas to Ensure Sustained Capacity

Sustained capacity is essential for effective implementation of this guideline. Therefore, it's vital to enhance capacity of duty bearers and rights holders in order to develop understanding and enforce proper confidentiality and disclosure measures in all relevant contexts described above. Areas to ensure sustained capacity include:

| Sl. No. | Areas |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Regular targeted advocacy for better understanding and implementation of this guideline with relevant stakeholders and potential users. |
| 2 | Strong partnerships for effective and accessible and confidential grievance redress mechanism. |
| 3 | Enhanced capacity for strong programmatic collaboration among relevant entities for better protection, ensure non-discrimination and effective grievance redress mechanism. |
| 4 | Strengthened understanding of service providers and clients about information on laws of the country and legal support providers in case of any instances of lack of protection and discrimination. |
| 5 | Monitoring on a regular basis by a sustainable platform which will be supported by constant feedback from the field. |
| 6 | Strengthened regional collaboration and exchange for better cross-learning opportunities. |

In addition, there should be specific plans to ensure capacity building initiatives in place to uphold disclosure rights.

Annexures

Annex 1: Organizations engaged/consulted in the development of the guideline

1. AIDS/STD Programme, Directorate General of Health Services (DGHS)
2. Ashar Alo Society (AAS)
3. Bandhu Social Welfare Society (Bandhu)
4. Bangabandhu Sheikh Mujib Medical University (BSMMU)
5. Bangladesh Legal Aid Services Trust (BLAST)
6. Bureau of Manpower, Employment and Training (BMET)
7. CARE Bangladesh
8. Confidential Approach to AIDS Prevention (CAAP)
9. Directorate of Secondary and Higher Education (DSHE)
10. icddr'b
11. Infectious Disease Hospital (IDH), Dhaka
12. Light House
13. MCH Services Unit, Directorate General of Family Planning (DGFP)
14. Ministry of Health & Family Welfare (MoHFW)
15. Ministry of Women and Children Affairs (MoWCA)
16. Mukto Akash Bangladesh (MAB)
17. Mycobacterial Disease Control (MBDC), Directorate General of Health Services
18. National Human Rights Commission (NHRC)
19. Network of PLHIV (NOP+)
20. Network of People Who Use Drugs (NPUD)
21. Ovibashi Karmi Unnayan Program (OKUP)
22. Save the Children
23. Sex Workers Network (SWN)
24. Sporsho, Network of MSM and Hijra PLHIV
25. STI/AIDS Network of Bangladesh
26. The Centers for Disease Control and Prevention (CDC)
27. UNAIDS
28. UNDP Human Rights Programme (HRP)
29. UNFPA
30. UNICEF
31. UN Women
32. WHO

Annex 2: List of key informants interviewed

| SL | NAME | DESIGNATION | ORGANIZATION |
|----|-------------------|---------------------------|---------------------------------------------|
| 1 | Dr Saima Khan | Country Manager | UNAIDS |
| 2 | M. Rabiul Islam | Assistant Director | National Human Rights Commission |
| 3 | Sharmeela Rassool | Chief Technical Advisor | Human Rights Program, UNDP |
| 4 | Dr. M. Ziya Uddin | HIV/AIDS Specialist | UNICEF |
| 5 | Saiful Alam | Deputy Director, M&E | Bangladesh Legal Aid Services Trust (BLAST) |
| 6 | Mahtabul Hakim | Program Coordinator - VAW | UN Women |
| 7 | ABM Kamrul Ahsan | Program Coordinator | UNODC |

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