

**Social aspects of AIDS prevention and control programmes / Special Programme on AIDS, World Health Organization.**

**Contributors**

Global Programme on AIDS (World Health Organization)

**Publication/Creation**

1987.

**Persistent URL**

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

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Special  
Programme  
on **AIDS**

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**Social aspects of  
AIDS Prevention  
and Control  
Programmes**



World  
Health  
Organization  
1 December 1987

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The Special Programme on AIDS of the World Health Organization has worked with national authorities in developing over 100 national programmes for the prevention and control of AIDS throughout the world. While these national programmes operate in substantially different epidemiological, social, economic and political environments, they have been faced with a similar range of complex social issues, involving such areas as screening, employment, housing, access to health care and schooling. In the light of the experience of these national programmes to date, as well as current knowledge about human immunodeficiency virus (HIV) infection and AIDS, the Special Programme on AIDS wishes to draw attention, through this statement, to the following social aspects of AIDS prevention and control.

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1. AIDS prevention and control strategies can be implemented effectively and efficiently and evaluated in a manner that respects and protects human rights.

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2. There is no public health rationale to justify isolation, quarantine, or any discriminatory measures based solely on the fact that a person is suspected or known to be HIV infected. The modes of HIV transmission are limited (sex, blood, mother-to-child) and HIV spreads almost entirely through identifiable behaviours and specific actions which are subject to individual control. In most instances, the active participation of **two** people is required for HIV transmission, such as in sexual intercourse and in sharing contaminated needles or syringes. However, spread of HIV can also be prevented through the health system (e.g., by ensuring the safety of blood, blood products, artificial insemination and organ transplantation, and preventing reuse of needles, syringes and other skin-piercing or invasive equipment without proper sterilization).

HIV infection is **not** spread through casual contact, routine social contact in schools, the workplace or public places, nor through water or food, eating utensils, coughing or sneezing, insects, toilets or swimming pools.

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Accordingly, an AIDS prevention and control strategy should include:

- **providing information and education** to the general public, to persons with behaviours that place them at risk of HIV infection (risk behaviour groups), and to HIV-infected persons;
- **counselling** of HIV-infected persons;
- **ensuring the safety** of blood and blood products, skin-piercing practices and other invasive procedures.

In accordance with this strategy, persons suspected or known to be HIV-infected should remain integrated within society to the maximum possible extent and be helped to assume responsibility for preventing HIV transmission to others. Exclusion of persons suspected or known to be HIV-infected would be unjustified in public health terms and would seriously jeopardize educational and other efforts to prevent the spread of HIV. Furthermore, discriminatory measures create additional problems and cause unnecessary human suffering. **The avoidance of discrimination against persons known or suspected to be HIV-infected is important for AIDS prevention and control; failure to prevent such discrimination may endanger public health.**

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3. Determination of an individual's HIV-infection status may occur through medical examination for suspected HIV-related illness, voluntary testing programmes, screening of blood donors, or in other settings. Testing for the purpose of determining an individual's HIV-infection status should involve informed consent and counselling and should ensure confidentiality.

The Special Programme on AIDS has already published criteria (1) for HIV-screening programmes which emphasize the need to consider carefully the public health rationale for such screening as well as to address explicitly the technical, operational, economic, social, legal and ethical issues inherent in screening programmes.

(1) *Report of the Meeting on Criteria for HIV-Screening Programmes*, Geneva, 20-21 May 1987. Document: WHO/SPA/GLO/87.2



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This statement may be updated, by the Special Programme on AIDS, on the basis of ongoing experience with AIDS prevention and control programmes worldwide, and as additional knowledge about HIV infection and AIDS becomes available.

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**World Health Organization**  
1211 Geneva 27  
Switzerland