

## Iranian HIV Positive Patients Management: Healthcare Policies

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### INTRODUCTION

UNAIDS Iran was established in 2005 and is covered by the Regional Support Team for the Middle East and North Africa which is located in Cairo, Egypt [1]. However, it seems that informing Iranian citizens about AIDS to be confined only to the major cities. In many villages of Iran, the people virtually have a sketchy view (if any) about this deadly disease; they do not know how to confront it [2]. Of course, there are many valuable statistics on healthcare progress in the Iranian rural areas, such as the existence of a Health House, staffed by trained "Behvarz" or community health workers for each village or group of villages that in total estimated to be more than 17,000, or one for every 1,200 inhabitants. Or, the Rural Health Centers to deal with more complex health problems that commonly staffed by a physician, a health technician and an administrator, which means on average, there is one Rural Health Center per 7,000 inhabitants[3].

Not all the Iranian rural area has been able to keep pace with the rapidly changing demographic developments. Health centers in many of them are not adequately equipped to meet community needs. These inadequacies and shortcomings in the field of health care in the Iranian rural areas multiply, when the AIDS issue arises. AIDS issue is not merely a healthcare problem, but also a strong socio-cultural issue. In most rural areas, as in small towns in Iran, people still look at AIDS as taboo [4]. The prevalence of HIV infection in Iran is less than 1% in the general public, while it has reached to >5% among specific high-risk groups, especially Injection Drug Users (IDU), which ranks Iran among the countries with concentrated epidemic. In fact, injection of drugs has been recognized as the main route of HIV transmission; therefore, most of the implemented preventive measures were focused on this specific group of patients. Among the harm reduction programs, the conduct of Methadone Maintenance Therapy (MMT) among several prisons throughout the country showed to have promising results in improving the overall well-being of prisoners as well as the social and financial situation of their families. Moreover, recent reports have emphasized on the role of Voluntary Counseling and Testing (VCT) Centers to provide psychological support in addition

to clinical services for patients and their families. All of such preventive strategies have hopefully resulted in a reduced rate of HIV transmission among IDU; however, concerns have risen regarding the HIV transmission through other means such as the heterosexual route [5-7].

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