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New HIV/AIDS Bill Slammed by Panamanian Human Rights Groups as “Moralistic”

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A bill on the treatment of people with HIV/AIDS put forward by Panama’s health ministry, the Ministerio de Salud, in August 2017 has drawn criticism from human rights groups, which have raised concerns over its “moralistic” and religious overtones.

The health ministry says the bill was drawn up after a nine-month discussion with organizations working with people with HIV/AIDS, with the aim of updating the current legal framework, which was established in 2000. Although the bill purportedly aims to fight HIV-stigma and discrimination and ensure HIV/AIDS patients receive treatment, the International Community of Women Living with HIV (ICW) says the bill doesn’t address the problems of the most vulnerable groups, such as men who have sex with men, transgender women, sex workers, and prisoners.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), Panama has one of the highest HIV/AIDS rates in Central America, with 16,493 people diagnosed among its population of 3.5 million. Since 1984, 26,879 cases of HIV/AIDS have been recorded in the country. The worst affected demographic group are young people between the ages of 15 and 19 ([NotiCen, June 23, 2011](#)).

Women make up 28% of the country’s HIV/AIDS patients, and 42.7% of those women are pregnant. The provinces with the highest HIV/AIDS incidence are the Panama City metropolitan area with 461; San Miguelito, with 212; the Ngäbe-Buglé indigenous territory, with 173; and Colón, with 139.

The HIV stigma

The government says the new bill seeks to fight the stigma of having HIV. Since 2016, the health ministry has provided free and universal HIV treatment and is now seeking to increase HIV testing, after launching a national campaign in 2015. Panama began to offer free HIV tests for pregnant women, key populations, and adolescents in 2016.

In June 2017, Panama’s first lady, Lorena Castillo de Varela, delivered a forceful speech against the stigmatization of HIV patients during the opening of the 40th meeting of the UNAIDS coordinating board in Geneva, Switzerland.

“Discrimination is a serious violation of human rights,” she said. “It is illegal, immoral and inhumane. We all deserve to live with dignity.” Castillo the UNAIDS special ambassador for AIDS in Latin America, said everyone should have access to health and education services without fear of harassment, mistreatment, or exclusion. Fighting discrimination was the first step toward ending the AIDS epidemic, she said. Castillo also highlighted the progress made by Panama to expand HIV testing services for young people and key populations, such as gay men and other men who have sex with men, transgender people, and sex workers.

Protections in the bill

At first sight, the new bill appears to be in line with the goal of fighting the AIDS epidemic by reducing HIV-stigma. Article 41, for example, forbids employers from demanding STD and/or HIV tests from job seekers or employees and clearly states that discrimination against HIV positive employees, including unfair dismissal, is a punishable offense.

Article 43 forbids insurance providers and banking institutions from requesting HIV tests from potential customers and from denying health insurance plans or credit services to individuals based on their serologic status.

The bill clearly states that public and private health care providers cannot refuse to treat HIV/AIDS patients, and it penalizes any institution that denies medical treatment to people with HIV/AIDS or fails to provide counseling services before and after HIV tests are performed.

These points seek to address concerns highlighted by the Stigma and Discrimination Index, a survey conducted by UNAIDS in Panama by interviewing 790 people with HIV. The latest survey, published in 2016, revealed 27% of people with HIV did not receive counseling when they were tested for the virus and 9% were denied medical treatment as a result of their condition. A further 25% were advised by health care workers not to have children.

An exposé on the treatment of HIV/AIDS patients in Panama, published by local news channel TVN Noticias in March 2016, highlights the loneliness and isolation that many people who live with HIV/AIDS face, as well as the importance of fighting discrimination.

“When the HIV/AIDS patient tries to use the health care services, he or she is made to feel that he or she is no longer a person, and is treated as ‘the individual with AIDS.’ If there are 10 people in the waiting room, nine will be seen, and the one with HIV/AIDS will be left until last,” Orlando Quintero, director of the advocacy group Fundación pro Bienestar y Dignidad de las Personas Afectadas por el VIH/SIDA (PROBISIDA) told TVN Noticias.

“This [testing positive for HIV] means losing your job, being unable to pay your bills, having to undergo treatment and facing your family. It’s a very difficult predicament,” he added.

‘Abstinence and fidelity’

Although Bill 518 appears to tackle the issue of HIV-stigma, the controversy surrounding stems from the wording of article 18, which calls for the health ministry to launch sex education campaigns with an emphasis on abstinence, delaying sexual intercourse, and “fidelity” as a strategy to prevent socially transmitted diseases (STDs).

In February, a coalition of NGOs and human rights organizations working with HIV/AIDS patients and key populations such as gay men and sex workers issued a statement voicing their objections to what they regard as a “moralistic” approach to the HIV/AIDS issue.

“Our experience as civil society organizations has taught us that moralistic programs and initiatives have not been effective in terms of fighting the AIDS epidemic,” the NGOs said in a statement. “In fact, this type of intervention increases the stigma and discrimination that have acted as a barrier to effective prevention programs.”

The joint statement added: “Strategies such as abstinence and fidelity, for example, which are based on religious and moral values and concepts, make the vulnerable groups worst affected by the epidemic invisible and keep them away from prevention efforts based on scientific evidence and relevant to their own lifestyle. How can you advocate fidelity or abstinence when talking to a sex worker about HIV prevention?”

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