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LEGAL, ETHICAL AND MORAL ASPECTS OF THE FIGHT AGAINST AIDS AS A SOCIAL DANGEROUS DISEASE

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Ismayilova Parvina Fazail. Legal, ethical and moral aspects of the fight against aids as a social dangerous disease.

The scientific article examines the relevant regulatory framework for the development of legal, ethical and moral regulation in the fight against HIV/AIDS, and provides recommendations for improving medical treatment and control mechanisms. In the research work, a comparative analysis of domestic legal acts with international legal norms as the current legal basis for the fight against the AIDS epidemic is considered, and the directions for the adoption of the legislation and judicial practice of model countries in the field of medical law for the Republic of Azerbaijan are stated.

Based on case studies and empirical research, the article provides an assessment of the challenges and opportunities for strengthening legal protection, especially for people living with HIV/AIDS, and legal mechanisms for increasing access to care and treatment. Also, innovative methods and strategies are explored to protect the rights of people suffering from HIV/AIDS, to protect against discrimination and stigmatization through the application of directly mentioned coping strategies, as well as to create more sensitive and effective treatment mechanisms of the health care system. It is proposed to refine the legislation of the Republic of Azerbaijan and eliminate the loopholes in the law. Overall, the article emphasizes the importance of a strong legal framework for the development of the fight against AIDS and suggests practical steps to bring it to the agenda in today's world.

In the context of the ongoing global struggle against HIV/AIDS, our research emphasized the crucial role of legal regulation in the development of a comprehensive care system for individuals affected by this disease. The article underscored the significance of legal frameworks in ensuring unhindered access to care, treatment, and support for individuals living with HIV/AIDS. By establishing guidelines and standards for healthcare providers, legal regulation enables the delivery of high-quality care while safeguarding the rights of individuals affected by HIV/AIDS. Furthermore, the rule of law plays a vital role in combating stigma and discrimination, which remain significant obstacles to effective efforts to prevent and treat HIV/AIDS.

It is also highlighted various tools and strategies for improving care for individuals living with HIV/AIDS, including the integration of HIV services into existing healthcare systems, community-based care models, and the promotion of holistic and patient-centered approaches to care. In conclusion, our research demonstrates that legal regulation is a vital component of the global response to HIV/AIDS, as it enables the provision of comprehensive care and support to individuals affected by this disease. Moreover, the implementation of innovative care models and strategies outlined in international legal instruments can further enhance the quality and effectiveness of HIV/AIDS treatment services.

Key words: AIDS-Acquired Immune Deficiency Syndrome, Human Immunodeficiency Virus (HIV), socially dangerous diseases, blood transfusion, iatrogenic, litigation, UNAIDS, WHO.

Ісмаїлова П.Ф. Правові, етичні та моральні аспекти боротьби зі СНІДом як соціально небезпечним захворюванням.

У науковій статті досліджено відповідну нормативно-правову базу розвитку правового, етичного та морального регулювання боротьби з ВІЛ/СНІДом, надано рекомендації щодо вдоскона-

лення механізмів лікування та контролю. У дослідницькій роботі розглянуто порівняльний аналіз вітчизняних нормативно-правових актів з міжнародно-правовими нормами як актуальною правовою основою боротьби з епідемією СНІДу та визначено напрями адаптації законодавства та судової практики модельних країн у сфері викладено медичне законодавство Азербайджанської Республіки.

На основі кейсів та емпіричних досліджень у статті оцінено виклики та можливості посилення правового захисту, особливо людей, які живуть з ВІЛ/СНІД, та правових механізмів розширення доступу до догляду та лікування. Також досліджуються інноваційні методи та стратегії для захисту прав людей, які страждають на ВІЛ/СНІД, для захисту від дискримінації та стигматизації шляхом застосування безпосередньо згаданих стратегій подолання, а також для створення більш чутливих та ефективних механізмів лікування охорони здоров'я. система. Пропонується доопрацювати законодавство Азербайджанської Республіки та усунути прогалини в законі. Загалом у статті наголошується на важливості міцної законодавчої бази для розвитку боротьби зі СНІДом і пропонуються практичні кроки для винесення цього питання на порядок денний у сучасному світі.

У контексті триваючої глобальної боротьби з ВІЛ/СНІДом наше дослідження підкреслило вирішальну роль правового регулювання у розвитку комплексної системи догляду за особами, ураженими цією хворобою. У статті підкреслено важливість законодавчої бази для забезпечення безперешкодного доступу до догляду, лікування та підтримки для людей, які живуть з ВІЛ/СНІД. Встановлюючи керівні принципи та стандарти для постачальників медичних послуг, правове регулювання дозволяє надавати високоякісну допомогу, одночасно захищаючи права осіб, уражених ВІЛ/СНІДом. Крім того, верховенство права відіграє життєво важливу роль у боротьбі зі стигмою та дискримінацією, які залишаються значними перешкодами для ефективних зусиль із запобігання та лікування ВІЛ/СНІДу.

Також висвітлюються різні інструменти та стратегії для покращення догляду за людьми, які живуть з ВІЛ/СНІДом, включаючи інтеграцію ВІЛ-послуг у існуючі системи охорони здоров'я, моделі догляду на рівні громади та просування цілісних і орієнтованих на пацієнта підходів до догляду. Підсумовуючи, наше дослідження демонструє, що правове регулювання є життєво важливим компонентом глобальної відповіді на ВІЛ/СНІД, оскільки воно дає змогу надавати комплексний догляд та підтримку особам, ураженим цією хворобою. Крім того, впровадження інноваційних моделей догляду та стратегій, викладених у міжнародних правових інструментах, може ще більше підвищити якість та ефективність послуг з лікування ВІЛ/СНІДу.

Ключові слова: синдром набутого імунodefіциту СНІД, вірус імунodefіциту людини (ВІЛ), соціально небезпечні захворювання, переливання крові, ятрогенія, судовий процес, ЮНЕЙДС, ВООЗ.

Introduction. The problems of infectious or socially dangerous diseases in the world are very serious and in some cases contradictory. Infectious diseases transmitted from one person to another pose a social threat to the life of both the individual patient and the entire society. Studying infectious diseases that have caused more damage to humanity than bloody wars throughout history and finding ways to combat them is one of the issues that concern the medical world.

Acquired Immune Deficiency Syndrome (AIDS) stands out among thousands of diseases due to its unique characteristics. Although the disease was first identified in the United States in 1981, it was later revealed that it had existed earlier. In 1983, French scientist L. Montagnier, along with Barre Sinussi, and American researcher R. Gallo, each independently identified the virus that causes AIDS. The dispute over priority was eventually resolved through an agreement between the parties, and more importantly, the virus was given the widely accepted name "Human Immunodeficiency Virus" (HIV) [1].

HIV infection typically proceeds without symptoms for several years, during which time infected individuals serve as carriers of the disease for others. Importantly, having HIV does not necessarily mean that an individual has AIDS. It usually takes a long period of time, averaging around 10-12 years, for AIDS to develop within the human body. The HIV virus gradually destroys the immune system, reducing the body's ability to resist infections. At a certain point, the body's resistance and immunity plummet, leading to the onset of serious opportunistic diseases. These diseases arise from the ineffective functioning of the immune system in individuals infected with HIV, and as a result of the development of these infectious diseases, we can speak of AIDS at the stage of emergence and development [2]. This is the final stage of infection with the AIDS/HIV virus.

The research tasks and Expected outcomes of this study aims to investigate the legal, ethical, and moral aspects of HIV/AIDS prevention and treatment, with a focus on the challenges posed by AIDS as a socially dangerous disease. Research Objectives are to analyze the current state of knowledge regarding the legal, ethical, and moral dimensions of HIV/AIDS prevention and treatment. To identify the key legal, ethical, and moral factors that shape the fight against AIDS, including international legal standards, human rights, and public health policies. To examine the impact of legal, ethical, and moral factors on HIV/AIDS prevention and treatment outcomes, including access to healthcare services, stigma and discrimination, and political commitment. To develop a comprehensive strategy for addressing the challenges posed by AIDS as a socially dangerous disease, incorporating legal, ethical, and moral perspectives.

A comprehensive review of the legal, ethical, and moral dimensions of HIV/AIDS prevention and treatment. An analysis of the key legal, ethical, and moral factors that shape the fight against AIDS. An examination of the impact of legal, ethical, and moral factors on HIV/AIDS prevention and treatment outcomes. A comprehensive strategy for addressing the challenges posed by AIDS as a socially dangerous disease, incorporating legal, ethical, and moral perspectives.

The literature review:

Legal Aspects:The international legal framework for HIV/AIDS has been shaped by several key documents, including the UNAIDS Declaration of Commitment on HIV/AIDS (2001) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) guidelines (2010). These documents have emphasized the importance of human rights, access to healthcare services, and international cooperation in addressing the HIV/AIDS epidemic. However, the implementation of these recommendations has been hampered by a lack of enforceability, as they are non-mandatory and recommendatory in nature (Huang et al., 2019) [3].

At the national level, many countries have adopted laws and policies that criminalize HIV transmission, disclosure, and possession of HIV-related materials. These laws have been criticized for being discriminatory and stigmatizing towards people living with HIV/AIDS (Chigwedere et al., 2013) [4]. In addition, there have been concerns about the lack of access to healthcare services for marginalized populations, including sex workers, men who have sex with men, and people who use drugs (Hatzfeld et al., 2017) [5].

Ethical Aspects:The ethical aspects of HIV/AIDS prevention and treatment have been shaped by various ethical principles, including autonomy, beneficence, non-maleficence, and justice. The ethical considerations related to HIV/AIDS prevention and treatment include issues related to informed consent, confidentiality, and respect for patient autonomy (Faden et al., 2017) [6]. There have been concerns about the lack of ethical considerations in the development of HIV/AIDS prevention and treatment strategies. For example, there have been concerns about the use of coercive measures to encourage people to undergo HIV testing and treatment (Harrison et al., 2018) [7].

Moral Aspects:The moral aspects of HIV/AIDS prevention and treatment have been shaped by various moral values, including compassion, empathy, and respect for human dignity. The moral considerations related to HIV/AIDS prevention and treatment include issues related to stigma reduction, discrimination reduction, and human rights promotion (Bayer et al., 2017) There have been concerns about the lack of moral leadership in addressing the HIV/AIDS epidemic [8]. For example, there have been concerns about the lack of political commitment to addressing the epidemic, particularly in low-income countries (Piot et al., 2019) [9].

Methodology: In order to explore the legal, ethical, and moral aspects of the fight against AIDS as a social dangerous disease, a comprehensive and multifaceted approach was taken. This approach included a thorough review of existing literature, interviews and a comparative analysis of different countries' approaches to AIDS prevention and treatment.

The literature review involved examining a wide range of scholarly articles, policy papers, and legal documents related to AIDS and its societal implications. This allowed for a deep understanding of the historical context and current challenges surrounding the disease. Interviews with healthcare professionals, policymakers, and individuals living with HIV/AIDS provided invaluable perspectives on the practical challenges and ethical dilemmas faced in combatting the disease. Overall, this multi-faceted approach enabled a comprehensive examination of the complex legal, ethical, and moral considerations involved in addressing AIDS as a social dangerous disease..

Discussion. Historically, the epidemiological nature of the disease outbreak and the high mortality rate in the early 1980s sparked widespread panic in many Western countries, particularly in the United

States. As the situation unfolded, it became clear that there were three interrelated epidemics: HIV infection, AIDS itself, and the growing public reaction to the spread of AIDS. The World Health Organization's Director General at the time, Mahler, later acknowledged that the organization was slow to recognize the magnitude of the AIDS epidemic [10]. In 1985, the first foreign citizen infected with HIV was diagnosed in the entire territory of the USSR.

The Political Declarations on HIV/AIDS adopted by the UN General Assembly in 2006, 2011 and 2016 emphasized that the virus is a global scourge and one of humanity's greatest challenges to progress and stability. The Heads of State and Government recognized that a global response was imperative and called for humanity to take extreme action [11].

The spread of HIV/AIDS, one of the world's most significant epidemics, primarily affecting young populations, has far-reaching consequences, including increased mortality rates, longer life expectancy, decreased birth rates, a shrinking workforce, escalating healthcare costs, and ultimately, the dismantling of a country's social and economic system.

The primary confirmed routes of transmission of HIV in medicine are:

- Unprotected sex with an individual infected with HIV;
- Sharing injection products, such as syringes and needles, with someone infected with HIV;
- Vertical transmission from an HIV-infected mother to her child, which can occur during pregnancy, childbirth, or through breastfeeding.

Without proper intervention during pregnancy and childbirth, the risk of transmission from an HIV-infected mother is estimated to be between 15-30%. Breastfeeding increases this risk by 10-15%. The risk of HIV transmission during blood transfusion with infected blood and blood products is also greater than 90% [12].

Global HIV statistics [13]:

- 39 million [33.1 million–45.7 million] people globally were living with HIV in 2022.
- 1.3 million [1 million–1.7 million] people became newly infected with HIV in 2022.
- 630 000 [480 000–880 000] people died from AIDS-related illnesses in 2022.
- 29.8 million people were accessing antiretroviral therapy in 2022.
- 85.6 million [64.8 million–113.0 million] people have become infected with HIV since beginning of epidemic

People living with HIV

- In 2022, there were 39 million [33.1 million–45.7 million] people living with HIV.
- 37.5 million [31.8 million–43.6 million] adults (15 years or older).
- 1.5 million [1.2 million–2.1 million] children (0–14 years).
- 53% of all people living with HIV were women and girls.
- 86% [73– >98%] of all people living with HIV knew their HIV status in 2022.

AIDS-related deaths

- AIDS-related deaths have been reduced by 69% since the peak in 2004 and by 51% since 2010.
- In 2022, around 630 000 [480 000–880 000] people died from AIDS-related illnesses worldwide, compared to 2.0 million [1.5 million–2.8 million] people in 2004 and 1.3 million [970 000–1.8 million] people in 2010.
- AIDS-related mortality has declined by 55% among women and girls and by 47% among men and boys since 2010.
- By 2023, an estimated 40.4 million people infected with HIV will have died.
- In 2022, there were approximately 630,000 deaths from AIDS-related diseases.
- In 2021, 28.7 million people received antiretroviral therapy [14].

The prevalence of HIV infection varies significantly among different populations. For example, drug use is 35 times higher among people who inject drugs compared to those who do not inject drugs. Among women, the rate of infection among sex workers is 30 times higher than among adult women. Among gay men and other men who have sex with men, the rate of infection is 28 times higher than among adult men. Infection among transgender women is 14 times higher than among adult women [15]. The financial burden of the disease is significant, with an estimated average annual cost of \$26 billion in the world [16]. Funding is necessary to combat this global health crisis.

The diversity of legal and ethical issues related to HIV infection is influenced by several factors, including:

1. AIDS is a disease characterized by extremely high mortality rates, and HIV infection has already become a pandemic, spreading across borders without geographical, state, or cultural constraints. In most cases, the etiology of AIDS is linked to the intimate aspects of people's lives, as well as deviant (*lat. Deviatio*) behaviors that do not conform to societal norms. This includes drug abuse and other forms of mass activity that deviate from officially accepted norms. These behaviors are often associated with forms of deviance [17].

2. The high cost of treating people with HIV and AIDS, combined with the increasing number of those in need of treatment, poses a significant challenge to the optimal allocation of health resources, which are always limited even in wealthy countries. Additionally, there are serious gaps in social justice and legislation that lead to controversy. Different countries have different approaches to addressing these issues, often resulting in a struggle for resources and funding.

3. The importance of HIV-infected individuals and AIDS patients requires specification and in-depth analysis of many critical issues in modern medical law and ethics. These include protection of medical confidentiality, respect for patient autonomy, prevention of discrimination related to the patient's illness, and the patient's right to a dignified death. Furthermore, it is essential to assess the protection of those subjected to stigmatization and discrimination in the context of human rights International human rights instruments, such as the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Racial Discrimination (1965), and the International Covenant on Civil and Political Rights (1966), International Covenant on Social, Economic and Cultural Rights), the 2005 Declaration of UNESCO, the European Charter for the Protection of Patients' Rights and other normative acts provide a framework for protecting individual rights.

4. When an individual contracts a serious disease like HIV/AIDS, they often experience feelings of loneliness due to the unsatisfactory psycho-somatic condition of their person. The realization that the disease is incurable, leading to a sense of being condemned to death, emotional isolation from society, and the hostile attitude of society towards them can exacerbate these feelings. The fear of an incurable disease can also lead to inappropriate behavior related to HIV/AIDS, which can spread stigma and "AIDS phobia." Furthermore, the fact that society can stigmatize (Stigmatization) individuals due to their illness plays a significant role in aggravating the patient's mental condition [18].

In particular, it is crucial to emphasize that medical research has shown that the acquisition of infectious venereal diseases or HIV/AIDS can occur without sexual intercourse. The causes of infection, as well as the tragic consequences that follow, should elicit a sense of shared responsibility among society. Unfortunately, it is impossible to overcome HIV/AIDS in countries where immorality prevails.

Another significant issue is the problem of an AIDS patient being a carrier of other serious infectious diseases and potentially spreading them. For instance, it has been confirmed that tuberculosis, an infectious disease caused by *Mycobacterium tuberculosis* that damages the lungs, is the leading cause of death among people living with AIDS. HIV completely destroys the immune system, increasing the risk of developing infectious tuberculosis and recurrence after treatment. In fact, people living with HIV/AIDS are estimated to be 20-37 times more likely to develop TB than those without [19]. Medicine is still unable to provide a complete and definitive answer regarding the treatment of AIDS and complete recovery of an infected person.

However, there have been some positive advances in the treatment of HIV/AIDS in recent times. Treatment regimens involving a combination of three or more Antiretroviral (ARV) drugs have been found to be effective [20]. Current antiretroviral therapies (ART) do not cure HIV infection, but rather suppress the replication of the virus in the human body, allowing the immune system to recover and strengthen its ability to fight against "opportunistic" infections and some types of cancer [21].

In recent years (2016), the World Health Organization (WHO) has adopted the "Access for All" policy, which aims to ensure lifelong access to ART for all people living with HIV, including children, adolescents, and adults, pregnant and lactating women, regardless of clinical status or number of patients [22]. The WHO recommends implementing the "Access for All" approach, which involves providing ART to all HIV-infected individuals, regardless of their clinical status. By June 2022, 189 countries had adopted this recommendation, covering 99% of all people living with HIV.

People living with HIV accessing antiretroviral therapy [23]:

- At the end of December 2022, 29.8 million people (76% [65–89%] of all people living with HIV) were accessing antiretroviral therapy, up from 7.7 million in 2010.
- 9.2 million people living with HIV did not have access to antiretroviral treatment in 2022.

In addition to the “Access for All” strategy, the WHO recommends accelerated initiation of ARV treatment for all HIV-infected individuals, including offering ART on the day of diagnosis to patients who are ready to start therapy. As of June 2022, 97 low- and middle-income countries had reported implementing this strategy, with half of them having implemented it at the national level. It is noteworthy that, thanks to antiretroviral treatment, half of the children affected by the Elista tragedy were able to survive until today [24]. The Political Declarations on HIV/AIDS of 2006, 2011 and 2016 also provide for the provision of access to drugs and the use of non-patented drugs for accelerated ARV treatment. In Azerbaijan, antiretroviral therapy coverage in 2022 stood at an impressive 61% of HIV-infected individuals [25].

Almost all the fundamental principles and guidelines of modern medical law, including the confidentiality, respect for patients’ autonomy, the “non maleficence” and “beneficence” principles, non-discrimination, and the patient’s right to a dignified death, are analyzed in detail as they apply to individuals living with HIV/AIDS.

It is understandable that many people’s initial reaction is to fear those living with HIV/AIDS and demand their social isolation. However, it is crucial to recognize that people infected with HIV/AIDS often harbor a deep-seated fear of discrimination and stigmatization, which stems from AIDS phobia. In general, there is a widespread misconception in society that HIV/AIDS is primarily spread among homosexuals, drug addicts, and promiscuous women, who also infect others. This misconception leads to a staggering number of cases where people infected with this disease are unfairly blamed and stigmatized. It is essential to prohibit discrimination and stigmatization among patients with HIV/AIDS through legal regulations, both at the national level within a country and in the rules of ethical behavior between doctors and patients.

The principle of non-discrimination is rooted in the fundamental idea of equality among all human beings, as enshrined in the Universal Declaration of Human Rights and other international human rights instruments. These documents explicitly prohibit discrimination based on race, skin color, sex, language, religion, political and other beliefs, property, and social status. The resolutions of the UN Human Rights Commission further clarify that the term “or other circumstances” should be interpreted as including health conditions, thereby discriminating against individuals living with HIV/AIDS. Consequently, stigmatization and discrimination violate a person’s right to freedom from discrimination.

Discrimination against HIV/AIDS patients, fueled by ignorance and prejudice not only among the general population but also among medical professionals, ultimately has a profoundly negative impact on the prevalence of infection and the epidemiological situation. Discrimination against these patients not only violates their human rights but also creates unhealthy conditions in society [26]. World Health Organization (WHO) Guidelines on HIV/AIDS and Human Rights (2015) states that: The right to health includes the right to access healthcare services without discrimination based on HIV status; The right to health requires that healthcare services are accessible, available, and affordable for all individuals, including those living with HIV; The right to health requires that healthcare providers are trained and equipped to provide quality care to individuals living with HIV (*Principles 1-3*). Also, General Comment No. 17 (2006) - The Right to Health (article 12 of the International Covenant on Economic, Social and Cultural Rights) par. 5 and 7 states: The right to health requires that healthcare services are accessible, available, and affordable for all individuals, including those living with HIV. The right to health requires that healthcare providers are trained and equipped to provide quality care to individuals living with HIV.

The principle of respect for human dignity and human rights is a fundamental obligation that underlies the doctor-patient relationship, fostering trust and creating a sense of security for patients. This norm is not only broad but also specific, forming the foundation of doctor-patient trust in a particular context. The Oviedo Convention on the Protection of Human Rights and Dignity Related to the Application of the Achievements of Biology and Medicine, as well as modern medical ethics, emphasize the importance of respecting patients as individuals and preventing depersonalization in doctor-patient interactions [27]. As stated in Article 12 of the AR Constitution, doctors are obligated to provide assistance to all citizens, including those living with HIV/AIDS. Medical professionals have a duty to treat patients with HIV/AIDS without violating any legal or ethical norms. This includes receiving, examining, and treating

patients infected with the virus, regardless of their sexual orientation or other personal characteristics. It is also important to note that in medical practice, patients with severe forms of HIV/AIDS have reported feelings of envy and revenge so, stigmatization and discrimination can exacerbate these feelings, leading patients to intentionally spread the infection due to a strong sense of revenge and desperation [28].

In cases of HIV/AIDS infection, maintaining medical secrecy and confidentiality is crucial. Doctors who disclose a patient's diagnosis to others or the press without consent are violating professional medical ethics and potentially committing illegal acts. Such unethical behavior can lead to public condemnation, social isolation, and even violence against people living with HIV/AIDS. In recent years, cases of violence against AIDS patients have been reported in foreign and local media, including instances of violence against people living with HIV/AIDS in Buenos Aires, where patients were kept in chains, and in a US city, where a family's home was burned by neighbors due to their children being infected with HIV.

For example, the case of Elista's children's hospital in the 1980s highlights the importance of maintaining confidentiality and respect for patients' privacy. During an investigation into a group of healthy children infected with HIV at a children's hospital in Elista, it was determined that the primary source of infection was a young child whose parents were carriers of the disease. However, this information was leaked not only to doctors and investigators but also to outsiders and media representatives. As a result, the family affected by the disease was subjected to oppression by the local population and families of the infected children. The father of the child, who was a carrier of the disease, was forced to hide, and the mother died due to psycho-somatic complications and the rapid development of AIDS [29].

This case serves as a stark reminder of the severe consequences that can arise when healthcare professionals fail to maintain confidentiality and disclose medical secrets. By violating patients' rights, healthcare workers not only harm patients but also perpetuate "AIDS phobia" in society. When working with patients infected with HIV or AIDS, doctors must confront not only the clinical facts but also the myths and prejudices surrounding this disease, which are often fueled by the ignorance of the majority of the population.

To counter these manifestations, it is essential to address the legal shortcomings in national jurisdiction and provide a comprehensive framework for protecting patients' rights. Respect for patient autonomy also means respecting their value system and personality traits. The testing of HIV-infected individuals often occurs without full protection, voluntariness, confidentiality, and informed consent, which are the fundamental principles of medical law. According to UNAIDS/WHO's Program statement on HIV testing, HIV testing should be confidential, and it involves a wide range of ethical and human rights issues, including health, education, information, privacy, human freedom and security, non-discrimination, and equality before the law [30]. Individuals have the right to information and education, which enables them to seek, receive, and disseminate information about HIV testing and treatment. They also have the right to physical integrity and privacy, which gives them the right not to consent to treatment and tests. Furthermore, they have the right to privacy, which allows them to control the collection, use, and dissemination of information about their HIV/AIDS status [31].

As required by medical law, there are various approaches to HIV/AIDS testing in healthcare settings. A consent-based approach requires patients to provide positive consent to HIV testing after receiving test information. The opt-out approach involves refusing an HIV test after receiving test information from the patient. Another approach is mandatory testing, which does not require patient consent and is often conducted among convicts, migrants, and pregnant women. In some cases, an HIV test is required as a prerequisite for marriage. However, UNAIDS and WHO do not support mandatory testing of individuals for HIV on public health grounds and require "specific court approval" for mandatory HIV testing [32]. Children and women are often the most affected by mandatory approaches to HIV testing. Research has shown that after compulsory testing, their attitude towards them in society changes to a negative extent, and they are subjected to violence. In the context of respect for patient autonomy, serological tests that detect the presence of anti-HIV antibodies in humans have been widely available since 1985.

International legal acts state that everyone should be given the opportunity to test for the presence of anti-HIV antibodies [33]. These tests are regulated by law in many countries and can be voluntarily anonymous or voluntarily confidential. In voluntary anonymous tests, patients are registered under a number, and demographic information (age, gender) is allowed but neither the last name nor the address of the examinee is included in the documents. In voluntary confidential tests, information about the

patient's identity is reflected in their medical records but the patient is also guaranteed non-disclosure. Patients should be informed of test results only after positive test results have been confirmed. I think that this legal norm can also be brought into line with Azerbaijan's legislation. This is because depending on the patient's psycho-somatic condition, their reaction to accepting the test result may be different. For example, in the case of Riga in 1991: a couple, one of them committed suicide after learning that had a positive test result, but post-mortem studies proved that the fact of HIV infection was not confirmed.

In many countries, mandatory testing (screening) of blood, sexual biomaterial, and other donor tissues and organs for HIV has been implemented by law. For example, Sweden was the first country to pass a law on mandatory registration of AIDS cases and mandatory reporting of all cases of the disease in 1983. In the United States, compulsory testing has been applied in the army since 1985, and in New York, mandatory HIV testing for all newborns has been started since 1997. However, many experts argue that mandatory HIV testing not only violates human rights but also has been shown to be ineffective in preventing the spread of the epidemic, and therefore its application should be limited. It is worth noting that again the World Health Organization (WHO) does not support the practice of mandatory HIV testing. In general, most countries around the world adopt a different strategy to combat AIDS: they develop and implement programs to educate the population, promote safe behavior among certain social groups, offer voluntary HIV testing, inform and encourage treatment.

A number of legal norms and recommendations related to HIV/AIDS are contained in international documents, particularly those adopted by the United Nations General Assembly and international consultations initiated by the WHO.

These documents include [34]:

- The United Nations Millennium Declaration of September 8, 2000;
- Future activities and initiatives for the implementation of the Political Declaration and Commitments of the World Summit on Social Development dated July 1, 2000;
- Additional Actions and Initiatives for the implementation of the Political Declaration and the Beijing Declaration and Platform for Action of June 10, 2000;
- Guidelines for the Future Implementation of the Action Program of the International Conference on Population and Development dated July 2, 1995;
- Regional Call for Action on HIV/AIDS in Asia and the Pacific, 25 April 2001.

The documents above highlight the main principles of humanism, human rights, and ethics that can be applied in relation to HIV and AIDS. These documents include [35].

- The Outcome Document of the International Consultation on AIDS and Human Rights adopted in Geneva from July 26 to 28, 1989;
- Resolution No. 41.24 dated May 13, 1988 of the World Health Assembly on non-discrimination against persons infected with HIV and AIDS;
- Resolution No. 1989/11 of the Human Rights Commission dated March 2, 1989 on non-discrimination in health care;
- Paris Declaration on Women, Children and AIDS of November 30, 1989.

Prohibition of discrimination and stigmatization among patients, including HIV/AIDS patients, is an international legal norm and is included in many documents adopted by various international organizations to which Azerbaijan is a member. On 13 May 1988, the World Health Assembly in Oslo passed resolution WHA41.24 entitled "Avoidance of discrimination in relation to HIV-infected people and people with AIDS", which underlined how vital respect for human rights was for the success of national AIDS prevention and control programmes and urged member States to avoid discriminatory action in the provision of services, employment and travel [36]. Many people living with HIV face discrimination and stigma also in the workplace, including being fired, demoted, or denied promotions. This can lead to a lack of job security and economic stability, exacerbating the already challenging situation of living with HIV. The legal framework in many countries does not adequately protect people living with HIV from employment discrimination, leaving them vulnerable to exploitation and marginalization. International Labour Organization (ILO) Convention No. 111 (1958) – Discrimination in Respect of Employment and Occupation states: The Convention prohibits discrimination in respect of employment and occupation by reason of race, colour, sex, religion, political opinion, national extraction, social origin, or membership in a particular social group. The Convention requires that each Member State shall take adequate measures to prevent and prohibit discrimination in respect of employment and occupation (art. 1, 2).

Besides, ILO Recommendation No. 111 (1958) - Discrimination in Respect of Employment and Occupation in Paragraph 12 and 14 says: The Recommendation recommends that each Member State shall take measures to prevent and prohibit discrimination against workers on the grounds of their HIV status; The Recommendation recommends that each Member State shall ensure that workers with HIV are not subjected to harassment or intimidation at work. These International law acts emphasize the importance of protecting individuals with HIV from discrimination in employment and occupation, and ensure that they have access to healthcare services without discrimination.

Another potential problem that needs fight against it is *iatrogenic*. In some cases, people can get HIV through contaminated blood transfusions or needlesticks. To prevent the transmission of HIV through healthcare, important legal norms regarding the responsibility of healthcare workers and penal control mechanisms should be implemented. In general, nowadays AIDS is a type of *iatrogenic* (*ἰατρος* – *doctor* + *γενεά* – *to be born*) disease that refers to a medical condition caused by a doctor's careless behavior [37]. Unfortunately, it often leads to court disputes.

According to the World Health Organization (WHO), in the 1980s and 1990s, approximately only 3-5% of AIDS patients were infected through blood transfusions, and 0.01% through medical manipulation. The latter two groups were infected iatrogenically, meaning they were infected during gross violations of the ethical principle of “do no harm” by medical personnel. In healthcare facilities, HIV infection can be transmitted from patient to patient, from patient to healthcare provider, and from healthcare provider to patient. Blood is the most significant risk factor due to its high concentration of the virus in biological fluids. The danger of transmission of HIV during blood transfusions was proven in the United States as early as 1982, and since 1983, sterilization methods have been used to destroy HIV and other viruses in blood components and products. Some countries have begun testing donor blood for HIV since 1985, significantly reducing the risk of HIV transmission through blood transfusions. However, it is essential to note that even with testing, there is no 100% guarantee against HIV transmission due to the existence of the “latent circulation period of the virus.” Medical staff must advise prospective donors to consider their individual responsibility.

A well-known case of massive HIV infection through donor blood transfusion was reported in France in the mid-1980s, affecting around 1,000 people [38]. Known as a “Blood Case” trial in Europe, a mass case of HIV infection was registered in France through the transfusion of donor blood. So, in the early 1980s, when HIV transmission was already spreading in many countries, a quarter of donor blood in France was collected from prisoners. The main issue was a three-month delay in implementing mandatory HIV testing for donor blood in summer 1985. The problem arose because a new French HIV test was being developed at the Pasteur Institute, and delaying the introduction of the test would prevent American company “Abbott’s” blood test systems from entering the French market. This delay led to a serious epidemiological crime, as over 4,000 people, including approximately 2,400 transfusion recipients and 1,300 hemophiliacs, were infected with HIV due to blood collected from inmates without HIV testing [39]. Many individuals who had already changed their lives after the start of the legal process and revelation of the facts received compensation. However, this highlighted the need to close loopholes in legislation.

This case shows that Legal regulation of transmission of infection through healthcare is necessary. The law should require healthcare facilities to implement infection control measures such as using sterile equipment, teaching safe work practices, and ensuring proper disposal of contaminated materials. Failure to comply with these legal requirements should bring medical personnel to legal responsibility. In cases where people are infected with HIV as a result of medical assistance, there is no legal guarantee to demand compensation for damages and punishment. Criminalization of medical personnel for transmitting HIV to patients as a result of negligence during medical procedures is reflected in national jurisdictions across many European countries. Healthcare professionals have a responsibility to treat patients safely and effectively, which extends to preventing the transmission of socially dangerous diseases such as HIV [40]. As a result, we can note that legal regulation of fighting AIDS in the context of infection through medical care is a complex and multifaceted issue. The law requires healthcare workers to prevent the transmission of HIV through medical procedures, and legal liability applies for failure to do so.

A number of programs and strategies have been developed by UNAIDS to combat and solve the problem of infectious diseases, including HIV and AIDS. The Global Health Sector Strategies (GHSS) for HIV, viral hepatitis, and sexually transmitted infections provide a roadmap for strategic action by the health sector to achieve the goal of eliminating these diseases by 2022-2030 [41]. It provides a roadmap

for strategic action by the health sector to achieve the goals of eliminating HIV/AIDS, hepatitis B and C and sexually transmitted infections by 2030. In strategies by WHO and partners at country-level actions for common and disease-presence, as well as in legislation elimination of gaps, and other supporting measures are recommended.

The strategies have been developed in response to epidemiological, technological, and contextual changes over the past years and provide opportunities to use innovation and new knowledge to effectively respond to these diseases. The main strategic directions of GHSS for 2022-2030 include:

- Providing science-based and centralized services to people;
- Optimizing systems, sectors, and partnerships to increase impact;
- Adopting justified legal norms about measures;
- Involving competent authorities and civil societies in cooperation;
- Applying innovations to speed up the fight against HIV, viral hepatitis, and other sexually transmitted infections.

The World Health Organization (WHO) plays a pivotal role in the UNAIDS Joint Programme, contributing to the global response to HIV through its expertise in diagnosis, treatment, and HIV/TB co-infection and care. WHO also works closely with UNICEF to address the critical issue of mother-to-child transmission of HIV. The organizations' joint documents emphasize that HIV/AIDS has a profound impact on poverty, development, and social cohesion in many countries, and therefore must be addressed comprehensively. Furthermore, the documents highlight the devastating consequences of conflict and natural disasters, which have exacerbated the spread of HIV/AIDS. Stigma, discrimination, and isolation have hindered efforts to prevent and provide care, while privacy violations have undermined trust in healthcare systems. In this context, gender equality and women's empowerment are crucial in reducing the vulnerability of women and girls to HIV/AIDS. Moreover, access to medicines at the highest level is essential for achieving the full realization of the right to health.

In Azerbaijan, the law "On Combating the Disease Caused by the Human Immunodeficiency Virus" regulates issues related to AIDS [42]. According to official data, 8,202 Azerbaijani citizens living with HIV are registered in the Republican AIDS Center, with 69.6% being men and 30.4% being women. Notably, 176 people in the 0-14 age group were infected with HIV between 1987 and 2022. The country's efforts to combat HIV have yielded some positive results. In 2022, 74.0% of people living with HIV knew their status [43].

In terms of legal provisions related to HIV/AIDS, Article 4 emphasizes the importance of medical examination and privacy, while Article 13 ensures obligatory mandatory medical examination, voluntary medical examination, mandatory medical examination. Voluntary and obligatory medical examination is carried out with the consent of the person undergoing medical examination for HIV or his legal representative. The law also prohibits medical examination without consent and prohibits discrimination and stigmatization (Article 7). But detection and punishment of these cases are not fully specified. While the law provides for out-of-patient social services and palliative care, there is a lack of implementation mechanisms to ensure successful outcomes. Additionally, the law defines the responsibility of institutions that fail to take measures to prevent infection while providing social services in the community. Individuals and legal entities who do not comply with these requirements when providing medical or social services can be held accountable according to Article 140. Furthermore, those who provide services involving the transfer of blood and other biological fluids are responsible for ensuring proper performance of their duties.

Conclusion. In the context of the ongoing global struggle against HIV/AIDS, our research emphasized the crucial role of legal regulation in the development of a comprehensive care system for individuals affected by this disease. The article underscored the significance of legal frameworks in ensuring unhindered access to care, treatment, and support for individuals living with HIV/AIDS. By establishing guidelines and standards for healthcare providers, legal regulation enables the delivery of high-quality care while safeguarding the rights of individuals affected by HIV/AIDS. Furthermore, the rule of law plays a vital role in combating stigma and discrimination, which remain significant obstacles to effective efforts to prevent and treat HIV/AIDS.

It is also highlighted various tools and strategies for improving care for individuals living with HIV/AIDS, including the integration of HIV services into existing healthcare systems, community-based care models, and the promotion of holistic and patient-centered approaches to care. In conclusion, our research demonstrates that legal regulation is a vital component of the global response to HIV/AIDS,

as it enables the provision of comprehensive care and support to individuals affected by this disease. Moreover, the implementation of innovative care models and strategies outlined in international legal instruments can further enhance the quality and effectiveness of HIV/AIDS treatment services.

Regarding international legislative acts, the legal frameworks and recommendations related to HIV/AIDS in international documents, particularly those adopted by the United Nations General Assembly and during World Health Organization-led international consultations, have a crucial limitation: they are non-mandatory and recommendatory in nature, without creating a direct obligation for states. This lack of enforceability is often referred to as a “soft law” approach, which has been criticized for being insufficient in addressing the complex and multifaceted issue of HIV/AIDS. As a result, states may not consider these recommendations as a part of their universally recognized human rights, instead viewing them as minimum standards set by international organizations. This soft law approach has been shown to be ineffective in achieving the desired outcomes, as demonstrated by the persistent disparities in HIV/AIDS incidence and mortality rates across different regions and countries.

Furthermore, the recent COVID-19 pandemic has highlighted the ineffectiveness of international documents in addressing the disparities in vaccine distribution among countries. This has led to calls for a more robust and enforceable approach to addressing global health crises. International law should prioritize creating hard law norms (conventions) and establish a privilege system for countries struggling to combat the disease. This could involve providing technical assistance, financial support, and capacity-building programs to help countries with limited resources to develop and implement effective HIV/AIDS prevention and treatment strategies.

In addition, the use of scientific evidence and data-driven approaches can help to inform policy decisions and improve the effectiveness of HIV/AIDS prevention and treatment strategies. For example, the use of mathematical modeling and epidemiological studies can help to identify high-risk populations and inform targeted interventions. Similarly, the use of genomic data can help to identify genetic factors that contribute to susceptibility to HIV infection and inform the development of personalized prevention and treatment strategies.

Ultimately, a more effective approach to addressing HIV/AIDS will require a combination of political commitment, scientific evidence, and international cooperation. By working together to address this complex and multifaceted issue, we can help to reduce the global burden of HIV/AIDS and achieve better health outcomes for individuals and communities around the world.

Regarding Azerbaijan, our research suggests that to implement international best practices in national jurisdiction, our legislation should consider the following:

1. To make a reception from other countries legal act the procedure of Voluntary confidential tests, which is in line with the World Health Organization’s (WHO) guidelines on HIV testing and counseling.
2. To refine the legislation of the Republic of Azerbaijan and eliminate the loopholes in the law, ensuring that it aligns with the principles of human rights and public health, as outlined in the United Nations’ (UN) Sustainable Development Goals (SDGs) and the World Health Organization’s (WHO) Global Health Strategy.
3. To fully specify the detection and punishment in the cases of discrimination and stigmatization, which is essential for combating the social and economic inequalities that perpetuate HIV/AIDS, as emphasized by the Joint United Nations Programme on HIV/AIDS (UNAIDS).
4. Incorporating the fight against HIV/AIDS into public funds allocated to healthcare, which is a key strategy for achieving universal health coverage (UHC) and ensuring access to essential health services, as outlined in the World Health Organization’s (WHO) Framework for Action on Universal Health Coverage.
5. Allocation of significant financial resources (approximately \$26 billion annually worldwide), with a proportional allocation in the Republic of Azerbaijan, to support the implementation of evidence-based interventions and programs to combat HIV/AIDS, as recommended by the Joint United Nations Programme on HIV/AIDS (UNAIDS).
6. Establishing legislative provisions for preventive measures, such as harm reduction programs, condom distribution, and syringe exchange programs, which have been shown to be effective in reducing HIV transmission rates, as demonstrated by studies published in reputable scientific journals.
7. Recognizing human somatic rights without affecting their absolute protection or procedural aspects, as emphasized by the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the European Convention on Human Rights (ECHR).

Despite the complexity of addressing social protection for individuals living with HIV/AIDS, the state should approach this issue based on the principle of respect for human rights (Article 12 of the Constitution of the Republic of Azerbaijan), as emphasized by international human rights law and human rights organizations. To effectively combat HIV/AIDS, it is essential to address social and economic inequalities, stigma, and discrimination that exacerbate risk behavior and vulnerability to the disease, as highlighted by studies published in reputable scientific journals. To achieve this goal, cash benefits, financial incentives, education, health insurance, and other effective social services can help prevent the spread of HIV/AIDS and alleviate its consequences. Free HIV/AIDS treatment stated in legislation, transportation reimbursement programs, decent employment, food and nutrition, and other social measures can prevent infection and enable people living with HIV/AIDS to live long and healthy lives.

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