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# Policy Options to Increase the Utilization of Specialized HIV Services among People Living with and at risk of HIV

**Mohammad Bazyar** [1, 2]✉

[1] Health and Environment Research Center, Ilam University of Medical Sciences, Ilam, Iran
[2] Associate Professor of Health Policy, Health Management and Economics Department, Faculty of Health, Ilam University of Medical Sciences Ilam, Iran

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✉ ***Correspondence to:***
Mohammad Bazyar
Associate Professor of Nursing, Department of Nursing, School of Nursing and Midwifery, Ilam University of Medical Sciences, Ilam, Iran

**Email:**
bazyar.mohamad@gmail.com

**A B S T R A C T**

ehavioral Disease Counseling Centers (BDCCs) provide essential prevention, counseling, treatment, and support services for people living with or at risk of HIV/AIDS and other vulnerable populations. However, social stigma and concerns about confidentiality may discourage individuals from seeking or continuing care. This study explored factors affecting clients' trust in BDCCs in Ilam and Kermanshah, Iran(1-5).

Approximately 600 initial codes were extracted from interviews and organized into three major domains, 10 subdomains, and 35 components, covering medical and administrative processes, staff–client interactions, and the physical characteristics and location of counseling centers. The findings indicate that trust is shaped by the entire care experience rather than by a single service or intervention.

Key factors influencing trust included rapid access to counseling during the first visit, minimizing unnecessary requests for identifying information, protecting confidentiality throughout the care pathway, providing private counseling and waiting spaces, and ensuring secure handling of personal information. Respectful, nonjudgmental communication and continuous staff training were also important. Frequent staff changes, overcrowding, the possibility of encountering acquaintances, and visible HIV/AIDS-specific signs or services could undermine clients' sense of safety.

The study suggests several policy options: redesigning first-visit and registration procedures; establishing operational confidentiality standards; expanding secure remote services; diversifying health services; investing in staff training and continuity; improving facility design and location; and increasing the number of centers while preserving clients' choice of facility.

Strengthening trust therefore requires a whole-system approach in which confidentiality, privacy, accessibility, respectful care, and reduced risk of identification are integrated into the design and management of BDCC services.

**Keywords**: HIV; HIV Service Utilization; Specialized HIV Services; Trust; Confidentiality; Privacy; Stigma; Behavioral Disease Counseling Centers, policy brief

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## Introduction

Behavioral Disease Counseling Centers (BDCCs) and Women's Counseling Centers (WCCs) play an important role in providing prevention, diagnosis, counseling, treatment, and supportive services to people living with or at risk of HIV/AIDS and vulnerable women. However, sustained use of these services depends not only on the availability and quality of clinical care, but also on clients' trust in the center and its staff, their sense of safety, and confidence that their personal information will remain confidential.

In settings where HIV/AIDS and some groups accessing these services are affected by social stigma and concerns about being identified, seemingly minor aspects of the care experience—including the registration process, requests for identifying information, waiting arrangements, staff behavior, signage, and the possibility of encountering acquaintances—may influence clients' willingness to seek and continue care.

This study aimed to identify factors affecting clients' trust in BDCCs in Ilam and Kermanshah, Iran. Approximately 600 initial codes were extracted from the interviews and organized into three major domains, 10 subdomains, and 35 components. The findings indicate that trust is not generated by a single aspect of service delivery; rather, it develops through the client's entire care journey, from the first point of contact and entry into the center to counseling, service delivery, follow-up, and the physical characteristics and location of the facility.

## Policy Problem

How can BDCCs be organized and managed in ways that maintain the quality and accessibility of services while reducing clients' concerns about being identified, disclosure of personal information, and social judgment, thereby strengthening trust and continuity of care?

The findings suggest that addressing this policy problem requires simultaneous attention to three interconnected domains:

• Medical and administrative processes

• Interactions between staff and clients

•The physical environment and location of counseling centers.

## Key Findings for Policymakers

1. The first visit is a critical point for building trust

Multiple questions about personal identity, the cause of illness, or personal circumstances at the beginning of a visit may create anxiety among some clients. The findings highlight the importance of rapid access to counseling, minimizing unnecessary administrative procedures at the point of entry, and collecting additional information progressively as trust develops.

2. Confidentiality should move from an ethical principle to an operational standard

Confidentiality extends beyond protecting medical records. How clients are addressed, where they wait, how they enter and leave the facility, who can access their records, how information is entered into electronic systems, how telephone contacts are made, and even what appears on signs and equipment within the center can influence perceptions of confidentiality.

3. Staff behavior is a central component of the trust experience

Clients may be particularly sensitive to judgment, blame, or stigmatizing interactions. Respectful, patient, and nonjudgmental communication, combined with staff training in HIV/AIDS, stigma, professional ethics, confidentiality, and communication skills, is essential for creating a trustworthy care environment.

4. Crowding and the possibility of encountering acquaintances may discourage service use

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Some clients reported changing the timing of their visits, attempting to leave the center quickly, or using various forms of concealment to avoid recognition. These findings suggest that crowd management and waiting-area design should be considered part of confidentiality and privacy policies.

5. Stable centers combined with choice can reduce concerns about identification

Maintaining a stable location is important for continuity of care. At the same time, increasing the number of centers across different urban areas can give clients greater choice and allow them to select a facility where they feel safer and are less likely to encounter people they know.

6. Excessive specialization may itself increase the risk of identification

When all services and visible signs within a facility are exclusively associated with HIV/AIDS, the reason for a person's visit may become apparent to others. Diversifying health-related services may make visits less conspicuous and reduce the likelihood of unwanted disclosure.

## Policy Options

***Policy Option 1: Redesign the Registration and First-Visit Process Around Confidentiality***

The entry and registration process, particularly for first-time clients, should be redesigned so that clients can access a counselor as quickly as possible and the collection of non-essential identifying information is deferred until later stages of care.

Proposed Actions

- Establish rapid access to counseling during the first visit.
- Minimize unnecessary questions at the point of entry.
- Use appropriate codes or identifiers where feasible.
- Collect additional information progressively as trust develops.
- Limit unnecessary documentation during the initial counseling session.
- Train reception and administrative staff in confidentiality and client-centered communication.

Expected Outcome

Reduced anxiety at first contact, greater perceived safety, and a stronger foundation for trust.

***Policy Option 2: Establish a Confidentiality Standard Across the Entire Care Pathway***

Confidentiality should be translated from a general ethical principle into a set of explicit, measurable operational standards for BDCCs.

Proposed Actions

Standards could include:

- Private, preferably sound-insulated counseling rooms.
- Restricted access of unrelated staff to counseling sessions.
- Clearly defined staff access levels for medical records and electronic information.
- Appropriate data protection and information-security mechanisms.
- Clear protocols for telephone communication and client consent.
- Prevention of unnecessary disclosure of clients' names or status within the facility.
- Periodic review and monitoring of confidentiality procedures.

Expected Outcome

Reduced risk of inadvertent disclosure and increased client confidence in the center.

***Policy Option 3: Expand Remote Services and Secure Communication with Clients***

Non-essential face-to-face interactions should, where appropriate, be complemented or replaced by

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telephone, virtual, and other secure communication methods.

Proposed Actions

- Establish or strengthen secure communication channels.
- Enable appointment scheduling and pre-visit coordination.
- Provide information about expected waiting times or crowding when feasible.
- Expand telephone and virtual counseling where appropriate.
- Provide selected follow-up services without requiring an in-person visit, where clinically and legally appropriate.
- Agree with each client on the preferred method and timing of telephone contact.

Expected Outcome

Fewer unnecessary in-person visits, reduced risk of encountering acquaintances, and improved continuity of care.

***Policy Option 4: Diversify Services and Reduce HIV/AIDS-Specific Identifiers***

Alongside specialized HIV/AIDS services, centers should provide or coordinate services related to other health conditions and needs, reducing the extent to which attendance is associated with a particular disease or population.

Proposed Actions

- Provide or integrate services related to hepatitis, HPV, and other health conditions.
- Expand diagnostic and specialized services relevant to clients' needs.
- Strengthen women's health services.
- Provide appropriate social and nutritional support for eligible clients.
- Review signs, posters, printed materials, and other visible items that could reveal the reason for a client's visit.

Expected Outcome

More normalized use of the center, reduced risk of identification, and greater motivation to continue using services.

***Policy Option 5: Invest in the Workforce and Continuity of Staff–Client Relationships***

Healthcare workers should be recognized as a central component of trust-building, with systematic attention to staff training, professional conduct, and workforce continuity.

Proposed Actions

- Provide pre-service and periodic in-service training.
- Strengthen training in nonjudgmental communication and stigma reduction.
- Provide training in confidentiality and professional ethics.
- Strengthen counseling and communication skills for working with vulnerable populations.
- Minimize unnecessary staff transfers.
- Where feasible, provide clients with a choice of male or female staff for selected services.
- Periodically assess clients' experiences of staff interactions.

Expected Outcome

Improved quality of communication, preservation of established trust relationships, and reduced experiences of judgment and stigma.

***Policy Option 6: Redesign the Physical Environment and Location of Centers to Minimize the Risk of Identification***

Privacy and the reduction of unwanted encounters between clients should be explicit criteria in the design, renovation, and location of BDCCs.

Proposed Actions

- Provide adequate waiting space.

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- Establish private counseling areas.
- Design appropriate circulation routes within the facility.
- Reduce unnecessary contact between clients in confined spaces.
- Ensure adequate sound insulation for counseling rooms.
- Select locations that are accessible while allowing clients to visit without attracting unnecessary attention.
- Avoid locations that may generate particular social or security concerns for clients.
- Assess clients' concerns regarding CCTV and establish appropriate safeguards when such systems are required.

Expected Outcome

Reduced concerns about being seen or recognized and greater perceived safety during entry, waiting, and service delivery.

***Policy Option 7: Increase the Number of Centers While Preserving Client Choice***

Rather than concentrating services in a limited number of facilities, access to counseling centers should be expanded across different urban areas while preserving clients' ability to choose where they receive care.

Proposed Actions

- Assess the need for additional centers across different urban areas.
- Establish new centers or service units in underserved areas.
- Preserve the possibility of accessing different centers, subject to capacity and applicable regulations.
- Consider both geographic accessibility and the likelihood of encountering acquaintances when planning service distribution.
- Avoid unnecessary relocation of existing centers.

Expected Outcome

Reduced travel costs and access barriers, greater geographic accessibility, and increased client choice regarding where they feel most comfortable receiving care.

## Complementary Option: Develop a Phased Implementation Plan

The policy options can be implemented in three phases:

Short term:

Redesign the registration process, train staff, establish confidentiality standards, revise telephone-contact procedures, and remove unnecessary HIV/AIDS-specific identifiers.

Medium term:

Expand remote services, improve appointment scheduling and crowd management, redesign waiting and counseling spaces, and diversify available services.

Long term:

Increase the number of centers, improve geographic distribution and location planning, strengthen secure information infrastructure, and design or renovate facilities according to privacy and confidentiality standards.

## Implementation Considerations

Implementing these policy options will require coordination among universities of medical sciences, health authorities, center managers, healthcare providers, and other relevant institutions. All interventions should also comply with applicable legal requirements, information-security standards, medical-record regulations, and health and safety requirements.

Importantly, interventions should not necessarily be implemented identically across all centers. For example, the findings did not identify a single optimal location. Some clients preferred relatively quiet locations, whereas others considered busy areas

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near other healthcare or public services more suitable because such locations allowed them to visit without attracting attention. Therefore, the central criteria for location planning should be accessibility, reduced risk of identification, and the ability to receive services without unnecessary attention, rather than simply choosing a quiet or busy location.

Similarly, decisions concerning CCTV, collection of identifying information, and data storage should balance operational and security requirements with clients' legitimate concerns about privacy and confidentiality.

Suggested Indicators for Policy Monitoring

The effectiveness of these interventions could be monitored using indicators such as:

- Client satisfaction with information confidentiality
- Perceived safety during entry and waiting
- Satisfaction with staff interactions
- Waiting time before access to a counselor
- Proportion of services delivered remotely
- Rates of repeat service utilization
- Number of clients who choose another center because of concerns about recognition
- Number of complaints or reported incidents related to confidentiality breaches
- Staff turnover and frequency of staff transfers
- Utilization of diversified services alongside HIV/AIDS-related services.

## Conclusion

The findings of this study indicate that client trust in BDCCs is not a single attribute or the result of one intervention; rather, it emerges from the cumulative experience of receiving care. The registration process, requests for identifying information, confidentiality of records, staff behavior, continuity of staff–client relationships, crowding, facility location and design, and even signs and other visible features of the environment can all influence this experience.

Accordingly, policies aimed at strengthening client trust should move beyond a narrowly clinical approach and make confidentiality and the reduction of identification risk explicit principles in the design and management of services. Redesigning the first-visit process, establishing operational confidentiality standards, investing in staff training and continuity, expanding remote services, diversifying available services, and improving the physical environment and location of centers represent complementary policy options for creating safer and more trustworthy care environments.

Ultimately, implementation should be accompanied by meaningful client engagement and ongoing assessment of their experiences. Future quantitative studies, including preference surveys and methods such as discrete choice experiments, could estimate the relative importance of these factors and help policymakers determine priorities and allocate resources more effectively.

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## Ethics approval

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## Conflict of interest

All authors have no conflict of interest, financial or otherwise.

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## Authors' contributions

Conceptualization & reviewed the literature: MB.

Methodology and Study Design: MB.

Data Collection and Interpretation: MB

Writing and Editing of Manuscript: MB.

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