HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

CASE MANAGEMENT AND ADVOCACY MODELS IN THE SOCIAL SUPPORT OF PEOPLE LIVING WITH HIV/AIDS

Lapasova Sevinch Ahror qizi

Second-year Master's student in Social Work

National University of Uzbekistan named after Mirzo Ulugbek

Email: sevinchl320@gmail.com

N. M. Latipova

Head of the Department of Social Work

Doctor of Sociological Sciences, Professor

Doi: https://doi.org/10.5281/zenodo.23980433

Abstract. The article analyses the theoretical and methodological foundations and the practical significance of the case management and advocacy models in the system of social support for people living with HIV/AIDS. Alongside the medical needs of people living with HIV, the role of social work professionals in addressing their psychological, social, legal and economic problems in a comprehensive manner is highlighted. On the basis of international scientific research, materials of international organisations and the legal and regulatory documents of the Republic of Uzbekistan, the stages of case management are examined: needs assessment, development of an individual care plan, coordination of services, and monitoring and evaluation of outcomes. The tasks of advocacy in protecting human rights, reducing HIV-related stigma and discrimination, and strengthening individuals' participation in decision-making processes are substantiated. Recommendations for the integrated application of these models in the context of Uzbekistan are developed.

Keywords: HIV, AIDS, social work, case management, advocacy, social support, stigma, discrimination, human rights, psychosocial support, social rehabilitation.

OIV/OITS BILAN YASHAYOTGAN SHAXSLARNI IJTIMOIY QO'LLAB-QUVVATLASHDA KEYS-MENEJMENT VA ADVOKATSIYA MODELLARI

Annotatsiya. Maqolada OIV/OITS bilan yashayotgan shaxslarni ijtimoiy qo'llab-quvvatlash tizimida keys-menejment (case management) va advokatsiya (advocacy) modellarining nazariy-metodologik asoslari hamda amaliy ahamiyati tahlil qilinadi. OIV bilan yashayotgan shaxslarning tibbiy ehtiyojlari bilan bir qatorda psixologik, ijtimoiy, huquqiy va iqtisodiy muammolarini kompleks hal etishda ijtimoiy ish mutaxassislarining o'rni yoritiladi. Xorijiy ilmiy tadqiqotlar, xalqaro tashkilotlar materiallari va O'zbekiston Respublikasining normativ-huquqiy hujjatlari asosida keys-

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

menejmentning ehtiyojlarni baholash, individual yordam rejasini tuzish, xizmatlarni muvofiqlashtirish, monitoring va natijalarni baholash bosqichlari ko‘rib chiqiladi. Advokatsiyaning inson huquqlarini himoya qilish, OIV bilan bog‘liq stigma va diskriminatsiyani kamaytirish hamda shaxslarning qaror qabul qilish jarayonlaridagi ishtirokini kuchaytirishdagi vazifalari asoslanadi. O‘zbekiston sharoitida mazkur modellarni integratsiyalashgan holda qo‘llash bo‘yicha takliflar ishlab chiqiladi.

Kalit so‘zlar: OIV, OITS, ijtimoiy ish, keys-menejment, advokatsiya, ijtimoiy qo‘llab-quvvatlash, stigma, diskriminatsiya, inson huquqlari, psixososial yordam, ijtimoiy reabilitatsiya.

МОДЕЛИ КЕЙС-МЕНЕДЖМЕНТА И АДВОКАЦИИ В СОЦИАЛЬНОЙ ПОДДЕРЖКЕ ЛЮДЕЙ, ЖИВУЩИХ С ВИЧ/СПИДОМ

Аннотация. В статье анализируются теоретико-методологические основы и практическое значение моделей кейс-менеджмента и адвокации в системе социальной поддержки людей, живущих с ВИЧ/СПИДом. Рассматривается роль специалистов по социальной работе в комплексном решении медицинских, психологических, социальных, правовых и экономических проблем данной категории населения. На основе зарубежных научных исследований, материалов международных организаций и нормативно-правовых актов Республики Узбекистан изучаются основные этапы кейс-менеджмента: оценка потребностей, разработка индивидуального плана помощи, координация услуг, мониторинг и оценка результатов. Особое внимание уделяется адвокации как механизму защиты прав человека, преодоления стигмы и дискриминации и расширения участия людей, живущих с ВИЧ, в принятии решений. Предлагаются практические меры по интегрированному применению данных моделей в Узбекистане.

Ключевые слова: ВИЧ, СПИД, социальная работа, кейс-менеджмент, адвокация, социальная поддержка, стигма, дискриминация, права человека, психосоциальная помощь.

Introduction. HIV (human immunodeficiency virus) infection is manifesting itself in contemporary society not merely as a medical problem but as a complex phenomenon with social, psychological, economic and legal dimensions. The development of antiretroviral therapy (ART) has expanded the opportunities for people living with HIV to lead long and active lives. However, the availability of medical treatment is not in itself sufficient for their full integration into society. Some individuals may face problems such as the breakdown of family relationships, barriers to employment, psychological distress, social isolation, breaches of confidentiality and discrimination.

Distinguishing between the concepts of HIV and AIDS is important for scientific precision. HIV is a virus that affects the immune system, whereas AIDS is the late clinical stage of HIV infection, in which the immune system is severely damaged. It is therefore incorrect to describe all people living with HIV as patients at the AIDS stage. In this article, the term “people living with HIV” is used to refer to the general group.

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

In their systematic review, Wilson and colleagues considered counselling, case management and health promotion services as important areas of support for people living with HIV [1]. The authors show that it is not sufficient to explain barriers to the use of medical services solely in terms of individual behaviour; the organisational accessibility of services and social conditions also affect outcomes.

One of the legal foundations for combating the spread of HIV infection in the Republic of Uzbekistan is Law No. O'RQ-353 of 23 September 2013 "On Combating the Spread of the Disease Caused by the Human Immunodeficiency Virus (HIV Infection)" [2]. The Law devotes a separate chapter to the rights of people living with HIV, their social protection and the impermissibility of restricting their rights. The aim of this article is to analyse the theoretical foundations of the case management and advocacy models in the social support of people living with HIV/AIDS, to compare international and national experience, and to develop scientific and practical recommendations for improving these models in the context of Uzbekistan.

Research Methodology. The study employed systematic analysis of the scientific literature, content analysis of legal and regulatory documents, comparative analysis and the institutional approach. International scientific articles were used to provide a theoretical grounding for the issues of case management, stigma and advocacy, whereas the legislation of Uzbekistan, reports of international organisations and materials on the activities of local organisations were used to analyse the national context. The article does not present the results of a new empirical survey; its conclusions are based on the analysis of existing scientific and official sources.

1. Theoretical foundations of social support for people living with hiv

From a social work perspective, the situation of a person living with HIV should be assessed on the basis of the biopsychosocial approach. In addition to biological or clinical factors, this approach takes into account mental state, family relationships, economic opportunities, the social environment and legal guarantees. Here, the client is regarded not as a passive object of the problem but as an active subject who participates in decisions concerning their own life.

The needs of people living with HIV can be tentatively divided into several groups. The first is medical needs: uninterrupted ART, regular medical monitoring and access to the services of relevant specialists. The second is psychological needs: accepting the diagnosis, reducing anxiety and supporting psychological stability. The third is socio-economic needs: employment, income, housing, transport and access to social allowances. The fourth is legal needs: medical confidentiality, confidentiality of personal data, and protection of labour and educational rights. Stigma and discrimination may hinder the fulfilment of these needs. Richard Parker and Peter Aggleton analysed HIV-related stigma not merely as a negative attitude towards an individual but as a social process that reproduces existing inequalities in society. They emphasise that stigma is interrelated with class, gender and other social differences and that, for this reason, approaches limited to individual explanations or counselling alone are insufficient [3].

Accordingly, social support should be organised at two levels: at the individual level, by working with the person's needs and resources; and at the institutional and community level, by

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

eliminating systemic barriers to the use of services. Case management coordinates the first level, whereas advocacy serves to promote change at the second.

2. The case management model: content, principles and practical mechanisms

Case management is a comprehensive social work technology aimed at assessing the client's individual needs, developing a support plan, coordinating various services, monitoring the process of service use and evaluating outcomes. Its main purpose is not to adapt the person to the existing system of services but to adapt services to the person's real needs.

In their 1992 article "The Structure and Process of AIDS Case Management," John Piette, John A. Fleishman, Vincent Mor and Bruce Thompson analysed AIDS-related case management through the components of needs assessment, development of a care plan, linking the client with services, monitoring and advocacy. The authors also noted the importance of service standards and quality control [4]. Indyk and colleagues showed that community-based HIV case management can strengthen family and community resources and reduce the gaps between medical institutions and community services. Their 1993 study highlights the importance of a culturally sensitive, family-oriented model based on cooperation with the community [5].

2.1. The main stages of case management

1. **Initial contact and rapport building.** The social worker establishes a trusting, non-judgemental and confidentiality-based professional relationship with the client. The client is informed of the purpose of the service, the procedure for the use of data and the need for their consent.
2. **Comprehensive needs assessment (assessment).** Medical, psychological, family, economic, legal and social needs are identified. Alongside the person's problems, their strengths, available resources and capacity for independent decision-making are also assessed.
3. **Development of an individual care plan (care planning).** Together with the client, specific goals, tasks, services, responsible organisations and deadlines are determined. The plan must be based on the client's consent and priorities.
4. **Referral and coordination.** As necessary, contact is established with medical institutions, psychological counselling, legal aid, employment services, social protection bodies and non-governmental organisations. Active referral and follow-up on the completion of the referral are more effective than merely giving an address.
5. **Monitoring and follow-up.** Service use, implementation of the care plan, social barriers related to ART adherence and new needs are monitored within the limits of the client's consent. Clinical decisions remain within the competence of medical professionals.
6. **Evaluation of outcomes and case closure.** The results achieved are compared with the initial assessment. The case may be closed when the client reaches a condition in which they can independently use the necessary services; if a new need arises, the option of returning for help remains open.

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

2.2. Studies confirming the effectiveness of case management

The 2013 systematic review by Wilson and colleagues, published in AIDS and Behavior, summarises the existing systematic reviews on counselling, case management and health promotion. The article shows the importance of continuity, coordination and responsiveness to need in services for people living with HIV [1]. Orellana, Goldbach, Rountree and Bagwell (2015) analysed cross-sectional survey data from 113 HIV case managers. In their article "Access to Mental Health and Substance Abuse Services by People Living with HIV/AIDS: The Case Manager Perspective," financial difficulties and transport limitations were identified as important barriers to the use of mental health and other specialised services. Positive client–professional relationships, the convenience of services and the availability of a case manager, in turn, were factors that facilitated the use of services [6]. These findings also lead to an important practical conclusion in the context of Uzbekistan: referring the client to the relevant institution is not in itself sufficient. Barriers such as travel costs, documents, service hours, regional distance, concerns about confidentiality and family pressure should be identified, and individual solutions should be developed for them.

3. The advocacy model: protecting rights and social change

Advocacy is an activity aimed at protecting the rights, legitimate interests and needs of an individual or social group, expanding equal access to services and eliminating barriers at the institutional or community level. In social work, advocacy is not limited to speaking on behalf of the client; it also encompasses strengthening the client's capacity to express their own interests, raising legal awareness and promoting systemic change.

In its individual form, the social worker assists a specific person whose rights have been violated in obtaining legal advice, lodging a complaint or applying to the relevant service. Organisational advocacy is directed at changing discriminatory practices in the operation of institutions. Community and political advocacy, in turn, involves influencing legislation, state programmes, funding and public relations. The theoretical approach of Parker and Aggleton shows that the task of advocacy is broader than combating individual stigma alone: since stigma reproduces social inequalities, the struggle against it must also be conducted at the level of the community, institutions and policy [3]. Thus, in supporting people living with HIV, advocacy combines legal assistance, work with the public and political dialogue.

3.1. The main directions of advocacy

- **Legal advocacy –** protecting medical confidentiality and the confidentiality of personal data, ensuring labour and educational rights, and assisting with advice and appeals concerning unlawful restrictions.
- **Social advocacy –** reducing misconceptions about HIV, disseminating scientifically grounded knowledge among the public, and fostering zero tolerance towards cases of stigma and discrimination.

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

- **Service advocacy** – improving the territorial and financial accessibility of medical, psychological, legal and social services, and improving referral mechanisms.
- **Community advocacy** – involving people living with HIV and their communities in the processes of programme planning, monitoring and decision-making.
- **Organisational advocacy** – strengthening internal procedures in medical, educational, employment and social service organisations concerning confidentiality, non-discrimination and respect for client rights.

3.2. Scientific evidence on the effectiveness of advocacy

In their 2021 article "HIV Stigma Reduction Through Peer-Led Advocacy Training," Reif, Cooper, Wilson, Brown, Beckwith and Ward examined the outcomes of peer-led advocacy training for people living with HIV. In the study, which involved 57 participants in four localities in the southern United States, a decrease in the internalised stigma indicator and an increase in confidence to participate in advocacy activities were observed after the training. The authors note that the results are promising but that long-term support and further research are needed [7]. This study shows that peer support and advocacy are mutually reinforcing mechanisms. Sharing the experiences of people living with HIV with the public, developing skills for defending one's own rights and engaging in safe communication with peers may help to reduce the impact of stigma. However, such participation must be entirely voluntary and must not compel the person to disclose their HIV status.

4. Legal and practical foundations of social support for people living with hiv in uzbekistan

Law No. O'RQ-353 of the Republic of Uzbekistan of 23 September 2013 regulates relations in the field of combating HIV infection. Article 19 of the Law establishes the rights of people living with HIV, such as obtaining information about the results of medical examinations and about their rights, humane treatment, and receiving psychological assistance. Article 20 provides for social protection issues, including free specialised treatment and the social allowances and privileges established by legislation for minors living with HIV [2]. Article 21 of the Law establishes that, on the basis of HIV status, the following are impermissible: refusing to hire a person or terminating an employment contract, refusing admission to educational and medical institutions (except for the exceptions established by law), and restricting other rights and legitimate interests [2]. This provision serves as a direct legal basis for advocacy activity.

The report "Review of Policies, Practices and Legal Environment in Uzbekistan Affecting Access to HIV Services," prepared with the technical support of UNAIDS and the International Organization for Migration, analyses the political, economic, social and legal factors of access to HIV services in Uzbekistan. The report considers access to treatment, care, social services and social protection, non-discrimination, confidentiality, personal dignity and accountability as separate areas [8].

An important aspect of the report is that it analyses HIV services not only within the framework of the health system but from the standpoint of cooperation among state bodies, civil society organisations and social services. The report states that, as of 1 January 2024, 49,152 people living with HIV were registered in Uzbekistan [8]. This figure relates specifically to the date indicated

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

in the report and to administrative registration data; it cannot be interpreted as a current indicator. According to UNICEF Uzbekistan, in 2024, 75 staff members of AIDS centres and multidisciplinary teams received specialised training in providing medical and psychosocial support to pregnant women and mothers living with HIV. Within the activities supported by UNICEF, more than 11,000 people living with HIV, including 1,600 children and adolescents, used improved mental health and psychosocial support. It is also noted that more than 6,000 children, adolescents and their families received psychosocial support through a network of day-care centres [9].

The same UNICEF page describes the development of a two-way referral system linking the health, social protection, child protection and education sectors, the integration of HIV issues into social services, and the strengthening of the capacity of staff at the "Inson" social service centres [9]. These directions correspond directly to the principles of coordination and active referral in case management. An international analytical source reports that the non-governmental non-profit organisation "Ishonch va Hayot," which operates in Uzbekistan, provides people living with HIV and their close ones with services such as crisis counselling, social assistance, peer counselling, support for adherence to the ART regimen and referral to specialised institutions [10]. This experience shows that civil society organisations can be important partners in the case management and advocacy system.

5. A model for the integrated application of case management and advocacy

Although case management and advocacy are separate methods, it is not advisable to separate them from one another in practice. Case management identifies the needs of a particular client and ensures that they are connected to the necessary services; advocacy, in turn, is directed at eliminating the legal, organisational and social barriers that hinder the use of these services. For example, if a client is refused employment, the case manager refers them to a legal counselling service, while advocacy supports measures aimed at changing unlawful discriminatory practices.

In the context of Uzbekistan, an integrated model may rely on cooperation among the following participants: AIDS centres; "Inson" social service centres; psychologists and legal professionals; local government bodies; citizens' self-governance bodies; non-governmental non-profit organisations; and communities of people living with HIV. The task, the limits of information sharing and the responsibility of each participant must be defined in advance. At the centre of the integrated model must be the client's consent, confidentiality, non-discrimination, cultural sensitivity, the person's right to make independent decisions and the continuity of services. Information about HIV status must be processed only within the bounds of a lawful basis and necessity, in compliance with the relevant confidentiality requirements.

5.1. A practical case example

The following situation is a hypothetical example and does not relate to a real person or a real request. It is assumed that an adult living with HIV who is not in employment reports being unable to attend medical follow-up regularly and expresses concern about transport costs and about discrimination in obtaining employment.

- **Assessment:** The person's attendance at medical services, income, transport opportunities, psychological state and legal awareness are examined with their consent.

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

- **Individual plan:** Facilitating attendance at the medical institution, identifying available social assistance measures, referral to the employment service and, if necessary, obtaining legal advice are specified.
- **Case management:** The social worker establishes contact with the service-providing organisations, monitors the completion of the referral and identifies new barriers.
- **Advocacy:** If there is an unlawful restriction on recruitment based on HIV status, then, with the person's consent, assistance is provided in applying to legal protection mechanisms; explanatory work on non-discrimination is carried out for employers and the public.
- **Evaluation:** Improved attendance at medical services, referral to the employment service, resolution of the legal problem and the client's level of knowledge of their rights are recorded as outcome indicators.

5.2. Recommendations for Improvement in the Context of Uzbekistan

- Gradually develop a single, two-way referral mechanism among health, social protection, employment, education and legal aid services for people living with HIV.
- Develop cooperation protocols on case management among the "Inson" social service centres, AIDS centres and NGOs; define the task of each organisation and the limits of information sharing.
- Introduce specialised HIV training modules for social workers: stigma and discrimination, confidentiality, psychosocial counselling, active referral, legal literacy and work in crisis situations.
- Develop peer counselling and community advocacy programmes with the participation of people living with HIV and their representatives. Participation must be voluntary and must not compel disclosure of HIV status.
- Develop a clear appeal algorithm for legal advocacy: documenting cases of rights violations, obtaining the client's consent, referring the client to a qualified legal professional and monitoring the outcome of the appeal.
- In evaluating the outcomes of case management, use not only the number of services but also indicators such as time to reach a service, completion of referrals, client satisfaction, adherence to confidentiality and the removal of legal barriers.
- Introduce strict procedures for the protection of personal data: collection of the minimum necessary data, recording of consent, restriction of access rights and secure storage of data.
- In work with mahallas (neighbourhood self-governance communities) and the public, organise scientifically grounded, non-stigmatising information campaigns on HIV transmission routes, treatment, prevention and non-discrimination.

Analysis and results. The analysis of sources showed that case management and advocacy are two complementary mechanisms. Whereas case management is oriented towards identifying the client's individual needs and coordinating services, advocacy serves to change the social and institutional barriers that restrict the use of services.

In the international scientific literature, the structuring of case management with the elements of assessment, planning, linking to services, monitoring and advocacy was noted as early as 1992 [4].

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

Subsequent studies have shown that factors such as transport, financial difficulties and the organisational accessibility of services affect actual service use [6]. This evidence confirms the need to combine an individual approach in social work with the analysis of systemic problems. Theoretical research on stigma shows that the root of the problem lies not only in incorrect interpersonal attitudes but also in social inequality and institutional practices [3]. The study on peer-led advocacy training, in turn, shows that it is possible to increase the capacity of people living with HIV to express their experience and voice before the public and decision-makers [7].

In the case of Uzbekistan, a normative basis exists: Law No. O'RQ-353 establishes issues of social protection and the impermissibility of restricting rights [2]. The UNAIDS/IOM analysis systematically examines issues of access to services, confidentiality and social protection [8]. UNICEF's current programme data, in turn, show that practical work is under way on psychosocial support, intersectoral referral and strengthening the capacity of social services [9]. At the same time, the existence of normative and legal guarantees does not automatically mean that they are fully ensured in everyday practice. It is therefore necessary to assess the effectiveness of case management and advocacy across regions, to identify barriers to the use of services and to study clients' opinions on a regular basis.

Conclusion and recommendations. Social support for people living with HIV/AIDS should not be limited to medical services but should encompass psychological, family, economic, legal and social needs. Such a comprehensive approach serves to improve the person's quality of life, to support their uninterrupted use of services and to strengthen their integration into society. Case management ensures the continuity of services through the assessment of individual needs, the development of a care plan, the coordination of services, monitoring and the evaluation of outcomes. Advocacy, in turn, is directed at protecting the rights of the individual, combating stigma and discrimination, and reducing systemic barriers to the use of services. International scientific studies show the importance of case management in reducing gaps between services, facilitating access to mental health services and organising support appropriate to the client's needs. Studies on stigma, in turn, substantiate that an effective approach should not be limited to individual counselling but should also encompass change at the community and institutional levels.

The legislation of Uzbekistan contains important norms concerning the rights and social protection of people living with HIV. In practice, the effective realisation of these norms requires strengthening cooperation among AIDS centres, "Inson" social service centres, NGOs, legal professionals, psychologists and local communities. As a final conclusion, it is advisable to develop case management and advocacy in the context of Uzbekistan as a single, client-centred model of social support. Confidentiality, client consent, non-discrimination, peer participation, intersectoral cooperation and the evaluation of outcomes should be its key principles.

References

1. Wilson, M. G., Husbands, W., Makoroka, L., Rueda, S., Greenspan, N. R., Eady, A., Dolan, L.-A., Kennedy, R., Cattaneo, J., & Rourke, S. (2013). Counselling, case management and health promotion for people living with HIV/AIDS: An overview of systematic reviews. AIDS and Behavior, 17(5), 1612–1625. https://doi.org/10.1007/s10461-012-0283-1

HSR (LONDON),
HOUGHTON STREET REVIEW JOURNAL
ISSN: 2058-5519|Impact factor-15.9
http://houghtonstreetreview.com/index.php/hsr

2. Republic of Uzbekistan. (2013, September 23). Odamning immunitet tanqisligi virusi keltirib chiqaradigan kasallik (OIV infeksiyasi) tarqalishiga qarshi kurashish to'g'risida [On combating the spread of the disease caused by the human immunodeficiency virus (HIV infection)]: Law No. O'RQ-353 (current version) [in Uzbek]. https://lex.uz/docs/2240470

3. Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. Social Science & Medicine, 57(1), 13–24. https://doi.org/10.1016/S0277-9536(02)00304-0

4. Piette, J., Fleishman, J. A., Mor, V., & Thompson, B. (1992). The structure and process of AIDS case management. Health & Social Work, 17(1), 47–56. https://doi.org/10.1093/hsw/17.1.47

5. Indyk, D., Belville, R., Lachapelle, S., Gordon, G., & Dewart, T. (1993). A community-based approach to HIV case management: Systematizing the unmanageable. Social Work, 38(4), 380–387. PMID: 8362273. https://pubmed.ncbi.nlm.nih.gov/8362273/

6. Orellana, E. R., Goldbach, J., Rountree, M. A., & Bagwell, M. (2015). Access to mental health and substance abuse services by people living with HIV/AIDS: The case manager perspective. Health & Social Work, 40(2), e10–e14. https://doi.org/10.1093/hsw/hlv023

7. Reif, S., Cooper, H., Wilson, E., Brown, G., Beckwith, N., & Ward, D. (2021). HIV stigma reduction through peer-led advocacy training. AIDS Education and Prevention, 33(4), 303–311. https://doi.org/10.1521/aeap.2021.33.4.303

8. UNAIDS & International Organization for Migration (IOM). (2024). Review of policies, practices and legal environment in Uzbekistan affecting access to HIV services. United Nations in Uzbekistan. https://uzbekistan.un.org/uz/download/184188/294670

9. UNICEF Uzbekistan. (2025, as of the page status). HIV/AIDS: Prevention, treatment, care and psychosocial support in Uzbekistan. https://www.unicef.org/uzbekistan/en/hivaids

10. AFEW International. (n.d.). Expansion and improvement of HIV services in Uzbekistan. https://afew.org/projects/expansion-and-improvement-of-hiv-services/