



HIV AND TRANS AND GENDER DIVERSE PEOPLE

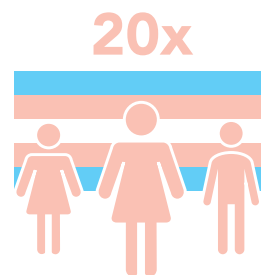
HUMAN RIGHTS FACT SHEET SERIES

2024

OVERVIEW

In 2022, the estimated risk of acquiring HIV was

20 times higher among transgender women than among the rest of the global adult population (aged 15–49 years) (1). Access to HIV services is lower for trans and gender diverse people than for the adult population generally (2).



The terms “trans”, “transgender” and “gender diverse” are used to describe a wide range of gender identities for people whose gender identity is different from the sex they were assigned at birth. Gender identity exists on a spectrum, and people may not identify as completely male or completely female. Some people may identify as nonbinary. Gender identity is distinct from sexual orientation and sex characteristics. Across cultures, many other terms are used to describe gender identities and expressions that differ from the sex assigned at birth, in addition to nonbinary gender expressions and identities. Transphobia is prejudice directed at transgender and gender diverse people because of their actual or perceived gender identity or expression (3, 4).

Trans and gender diverse people experience significant levels of stigma, discrimination and violence. These may be structural (manifested in laws, policies or institutionalized practices) or societal (due to rejection, mistreatment, social exclusion or lack of gender recognition by others). All hinder the availability of, access to and uptake of HIV prevention, testing, treatment, care and support services and other sexual and reproductive health services, including gender-affirming care (5).



Stigma, discrimination and violence prevent people from having a safe and protective family and community environment, and create barriers to health, education, employment and social services. Stigma and discrimination based on gender identity often intersect with other forms of discrimination, such as discrimination based on disability, ethnicity, race, HIV status, drug use, involvement in sex work or socioeconomic status.

The imposition of punitive laws, practices and policies against trans and gender diverse people perpetuates stigma, discrimination, hate crimes, police abuse, torture, ill-treatment, and family and community violence (6–11).

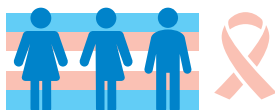


THE DATA

It is estimated that 0.4–1.3% of the global population is trans or gender diverse (12, 13), but stigma, discrimination and criminalization compound to render trans and gender diverse people invisible. Extreme forms of discrimination lead to negation of the existence of gender diverse people. This has led to a severe lack of data on trans and gender diverse people and their health (14–16).



In 2023, the global median HIV prevalence among trans and gender diverse people was **9%** (range 0–58%, 34 reporting countries) (2).



In 2022, the estimated risk of acquiring HIV was

20 times higher for transgender women than for other adults aged 15–49 years (1).

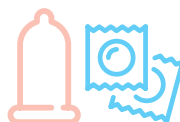
Despite HIV incidence rates decreasing by 41% among women aged 15–49 years between 2010 and 2022, **rates have increased by 3% among transgender women in the same period** (1).

Among 33 reporting countries, a median of **82% of trans and gender diverse people globally either have been tested in the past year and know their results or know they are living with HIV** (2).

Violence against trans and gender diverse people is highly prevalent and widespread (6, 8, 9). **Data reported to UNAIDS show that a median of 24% of trans and gender diverse people experienced violence in the past 12 months, ranging across countries from 6% to 69% (15 reporting countries)** (2).



Coverage and use of combination HIV prevention among trans and gender diverse people is low globally, with a reported median of 39% receiving at least two prevention services in the past three months (13 reporting countries). A median of 69% of trans and gender diverse people in 30 reporting countries recently reported using condoms at last sexual intercourse. Antiretroviral therapy coverage is low among trans and gender diverse people, with a global median of 55% (range 5–100%, 19 reporting countries) (2).



In 2024, at least 60 **United Nations Member States had laws that restricted the right to freedom of expression**, and at least 59 Member States had laws that restricted, or could be used to restrict, the rights to freedom of peaceful assembly and association, based on sexual orientation and gender identity (19).

In 2024, at least 13 countries had punitive laws that criminalized trans and gender diverse people through laws criminalizing gender identity or expression (17). Trans and gender diverse people have also reported being targeted under other punitive laws, including those criminalizing same-sex sexual relations, which remain criminalized in 63 countries (17).

Trans and gender diverse people are often excluded or inadequately engaged in HIV decision-making in many settings. **Of 138 reporting countries, 47 do not engage trans and gender diverse people in the development of policies, guidelines and strategies affecting their own lives** (18).

LINKING RIGHTS AND HEALTH OUTCOMES

Stigma has been found to have a profound impact on health care and health outcomes (20).

Data from eight countries reporting to UNAIDS in recent years show that a median of

49% of trans and gender diverse people reported having experienced stigma

and discrimination in the past six months and a median of 10% of trans and gender diverse people avoided using health-care services due to stigma and discrimination in the past 12 months (16 reporting countries) (2).



Trans and gender diverse people have reported that stigma is a powerful deterrent for accessing treatment or staying in care (21). A study in South Africa found that trans and gender diverse women anticipated, experienced and internalized stigma related to their gender identity and to living with HIV. Participants reported stigma being linked to inconsistent uptake of antiretroviral therapy services, including treatment initiation and adherence (22).



Stigma and discrimination have been found to have a profound negative impact on mental health for trans and gender diverse people, which can affect vulnerability to HIV and access to care (24–26).

In one study, **transgender women who had experienced police violence were twice as likely to avoid accessing health care than other transgender women (26).**



A study from 2016 on the impact of **law reforms in Argentina to protect the rights of trans and gender diverse people found that after the law was introduced, the percentage of transgender women reporting no discrimination or stigma in health-care settings rose from 19.2% to 71%.** A total of 48.8% of transgender women reported needing to abandon their education due to stigma before this law, compared with 4% after the law was introduced (27).

GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

Less than 10% of trans and gender diverse people report experiencing stigma and discrimination.

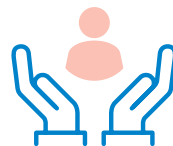
Less than 10% of trans and gender diverse people lack mechanisms to report abuse and discrimination and seek redress.

Less than 10% of trans and gender diverse people lack access to legal services.

Less than 10% of health workers and law enforcement officers report negative attitudes towards trans and gender diverse people.

INTERNATIONAL RIGHTS, OBLIGATIONS, STANDARDS AND RECOMMENDATION

Trans and gender diverse people have a right to be protected from discrimination on the basis of gender identity, including in accessing health services (28). This includes removing laws that criminalize gender identity and expression, and laws used to target trans and gender diverse people such as those criminalizing same-sex sexual relations (29–31). Twelve United Nations agencies have called for the removal of HIV-related discrimination in health-care settings (32).

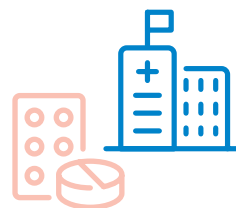


States have an obligation to ensure trans and gender diverse people enjoy their human rights on an equal basis with other people without discrimination, and are protected from violence, torture and ill-treatment, including by training and sensitizing law enforcement personnel (30, 33–35).



To ensure the HIV response meets the needs of trans and gender diverse people and to protect against violence and discrimination, **states should collect data disaggregated by gender identity—and by other intersecting characteristics—in a manner that is sensitive and does not harm or endanger the community** (9, 14, 23, 25, 30, 36).

States have an obligation to provide HIV services in a manner that is acceptable and accessible to trans and gender diverse people, in a manner that is non-stigmatizing and without discrimination and is integrated with broader specific services for trans and gender people beyond HIV. Mental health services should be made available alongside HIV services to people living with HIV and people from key populations, including trans and gender diverse people (23, 25).



States should ensure the availability, accessibility and affordability of gender-affirming care, including hormonal treatment, surgery and other health-care services. Trans and gender diverse people who self-administer gender-affirming hormones require access to evidence-based information, good-quality products and sterile injection equipment. Access to safe and evidence-based gender-affirming care is central to the broader health of trans and gender diverse people, and is an important entry point for services for HIV, sexually transmitted infections and viral hepatitis, and other health services in general (23, 37–41).



States have an obligation under international human rights law to provide for the **legal recognition of a person's self-identified gender, including for nonbinary people**, without additional requirements that may violate human rights, such as surgery (41–44).

Organizations led by trans and gender diverse people have the right to be centrally involved in the design, implementation and monitoring of HIV services for their communities (45, 46). States must remove laws that restrict gender identity and expression, remove obstacles for organizations focusing on sexual orientation and gender identity to function effectively, and consult civil society in public education campaigns on non-discrimination and diversity (11).



KEY RESOURCES FOR FURTHER INFORMATION

- UNAIDS [Global AIDS report: the urgency of now—AIDS at a crossroads](#), 2024.
- UNAIDS [We've got the power: women, adolescent girls and the HIV response](#), 2020.
- UNAIDS [Practical guide to ending HIV-related stigma and discrimination: best practices and innovative approaches to reduce stigma and discrimination at the country level](#), 2023.
- United Nations [Joint statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex \(LGBTI\) adults, adolescents and children](#), 2015.
- WHO, [Policy brief: transgender people and HIV](#), 2015.
- United Nations Development Programme, IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, WHO, et al. [Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions](#), 2016.

This fact sheet is produced by UNAIDS as a reference on gender identity, human rights and HIV. It does not include all recommendations and policies relevant to the issues covered. Please refer to the key resources listed above for further information.

REFERENCES

1. Korenromp EL, Sabin K, Stover J, Brown T, Johnson LF, Martin-Hughes R, et al. [New HIV Infections among key populations and their partners in 2010 and 2022, by world region: a multi-sources estimation](#). J Acquir Immune Defic Syndr. 2024;95(1S):e34–e45.
2. [Global AIDS Monitoring, 2020–2024](#). Geneva: Joint United Nations Programme on HIV/AIDS.
3. [Frequently asked questions on health and sexual diversity: an introduction to key concepts](#). Geneva: World Health Organization; 2016.
4. [Born free and equal: sexual orientation, gender identity and sex characteristics in international human rights law, 2nd edition](#). Geneva: United Nations Office of the High Commissioner on Human Rights; 2019.
5. Alencar Albuquerque G, de Lima Garcia C, da Silva Quirino G, Alves MJ, Belém JM, dos Santos Figuerido FW, et al. [Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review](#). BMC Int Health Hum Rights. 2016;16:2.
6. Ganju D, Saggurti N. [Stigma, violence and HIV vulnerability among transgender persons in sex work in Maharashtra, India](#). Cult Health Sex. 2017;19(8):903–917.
7. Blondeel K, de Vasconcelos S, García-Moreno C, Stephenson R, Temmerman M, Toskin I. [Violence motivated by perception of sexual orientation and gender identity: a systematic review](#). Bull World Health Organ. 2018; 96(1):29–41.
8. Peitzmeier SM, Malik M, Kattari SK, Marrow E, Stephenson R, Agénor M, et al. [Intimate partner violence in transgender populations: systematic review and meta-analysis of prevalence and correlates](#). Am J Public Health. 2020;110(9):e1–e14.
9. A/HRC/38/43. [Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity](#). Geneva: United Nations Human Rights Council; 2018.
10. A/77/235. [Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz](#). New York: United Nations General Assembly; 2022.
11. A/HRC/56/49/Add.1. [Visit to the United Kingdom of Great Britain and Northern Ireland: report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz](#). Geneva: United Nations Human Rights Council; 2024.
12. Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, et al. [Transgender people: health at the margins of society](#). Lancet. 2016; 23;388(10042):390–400.
13. Spizzirri G, Eufrásio R, Lima MCP, de Carvalho Nunes HR, Kreukels BPC, Steensma TD, et al. [Proportion of people identified as transgender and non-binary gender in Brazil](#). Sci Rep. 2021;11(1):2240.
14. A/HRC/41/45. [Data collection and management as a means to create heightened awareness of violence and discrimination based on sexual orientation and gender identity: report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity](#). Geneva: United Nations Human Rights Council; 2019.
15. Reisner SL, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, et al. [Global health burden and needs of transgender populations: a review](#). Lancet. 2016;388(10042):412–436.
16. Chakrapani V. [Need for transgender-specific data from Africa and elsewhere](#). Lancet HIV. 2021;8(5):e249–e250.
17. [National commitments and policy instrument 2020–2024, supplemented by additional sources](#); 2024. Geneva: Joint United Nations Programme on HIV/AIDS.
18. [National commitments and policy instrument 2020–2024](#). 2024. Geneva: Joint United Nations Programme on HIV/AIDS.
19. [ILGA World database](#). Geneva: ILGA World.
20. White Hughto JM, Reisner SL, Pachankis JE. [Transgender stigma and health: a critical review of stigma determinants, mechanisms, and interventions](#). Soc Sci Med. 2015;147:222–231.

21. Remien RH, Bauman LJ, Mantell JE, Tsoi B, Lopez-Rios J, Chhabra R, et al. [Barriers and facilitators to engagement of vulnerable populations in HIV primary care in New York City](#). *J Acquir Immune Defic Syndr*. 2015;69(Suppl. 1):S16–S24.
22. De Villiers L, Thomas A, Jivan D, Hoddinott G, Hargreaves JR, Bond V, et al. [Stigma and HIV service access among transfeminine and gender diverse women in South Africa: a narrative analysis of longitudinal qualitative data from the HPTN 071 \(PopART\) trial](#). *BMC Public Health*. 2024;20:1–13.
23. [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#). Geneva: World Health Organization; 2022.
24. 25 Poteat T, Scheim A, Xavier J, Reisner S, Baral S. [Global epidemiology of HIV infection and related syndemics affecting transgender people](#). *J Acquir Immune Defic Syndr*. 2016;72(Suppl. 3):S210–S219.
25. [Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach—2021 update](#). Geneva: World Health Organization; 2021.
26. Socías ME, Marshall BD, Arístegui I, Romero M, Cahn P, Kerr T, et al. [Factors associated with healthcare avoidance among transgender women in Argentina](#). *Int J Equity Health*. 2014;13(1):81.
27. [Ley de identidad de género y acceso al cuidado de la salud de las personas trans en Argentina](#). Buenos Aires: Fundacio Huésped; 2014.
28. E/C.12/2000/4. [General comment no. 14: the right to the highest attainable standard of health \(Art. 12\)](#). United Nations Committee on Economic, Social and Cultural Rights; 2000.
29. CCPR/C/IDN/CO/2. Concluding observations on the second periodic report of Indonesia. United Nations Human Rights Committee; 2024.
30. A/HRC/56/L.13. [Human rights in the context of HIV and AIDS](#). Geneva: United Nations Human Rights Council; 2024.
31. [The 8 March Principles for a Human Rights-based Approach to Criminal Law Proscribing Conduct Associated with Sex, Reproduction, Drug Use, HIV, Homelessness and Poverty](#). Geneva: International Commission of Jurists; 2023.
32. Joint United Nations Programme on HIV/AIDS, Office of the United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme, United Nations Development Programme, United Nations Population Fund, et al. [Joint United Nations statement on eliminating discrimination in health care settings](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2017.
33. CCPR/C/CG/35. General comment no. 35 on Article 9, Liberty and security of the person. United Nations Human Rights Committee; 2014.
34. [Joint statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people](#). Geneva and New York: International Labour Organization, Office of the United Nations High Commissioner for Human Rights, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund, Office of the United Nations High Commissioner for Refugees, United Nations Children's Fund, United Nations Office on Drugs and Crime, UN Women, World Food Programme, Joint United Nations Programme on HIV/AIDS and World Health Organization; 2015.
35. [Risks, rights and health](#). New York: Global Commission on HIV and the Law; 2012.
36. World Health Organization, United States Centers for Disease Control and Prevention, Joint United Nations Programme on HIV/AIDS, FHI 360. [Biobehavioral survey guidelines for populations at risk for HIV](#). Geneva: World Health Organization; 2017.
37. A/HRC/41/45/Add.2. Visit to Mozambique: report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. Geneva: United Nations Human Rights Council; 2019.
38. CCPR/C/GBR/CO/8. [Concluding observations on the eighth periodic report of the United Kingdom of Great Britain and Northern Ireland](#). United Nations Human Rights Committee; 2024.
39. [Policy brief: transgender people and HIV](#). Geneva: World Health Organization; 2015.
40. [Sexual health, human rights and the law](#). Geneva: World Health Organization; 2015.
41. A/78/227. [Protection against violence and discrimination based on sexual orientation and gender identity: report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz](#). New York: United Nations General Assembly; 2023.
42. E/C.12/CZE/CO/3. Concluding observations on the third periodic report of Czechia. United Nations Committee on Economic, Social and Cultural Rights; 2022.
43. A/73/152. [Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz](#). New York: United Nations General Assembly; 2018.
44. Office of the High Commissioner for Human Rights, UN Women, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, United Nations Children's Fund, World Health Organization. [Eliminating forced, coercive and otherwise involuntary sterilization: an interagency statement](#). Geneva: World Health Organization; 2014.
45. [Let communities lead: World AIDS Day report](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2023.
46. [Community-led AIDS responses: final report based on the recommendations of the multistakeholder task team](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2022.