



# HIV AND STIGMA AND DISCRIMINATION

HUMAN RIGHTS FACT SHEET SERIES

2021

## OVERVIEW

HIV-related stigma and discrimination significantly impacts the health, lives and well-being of people living with or at risk of HIV, especially key populations.

**Stigma and discrimination impedes the HIV response at every step, limiting access to:**



PREVENTION SERVICES



BROADER SEXUAL AND REPRODUCTIVE HEALTH SERVICES



TESTING, TREATMENT AND ADHERENCE



TUBERCULOSIS AND OTHER SERVICES



Stigma and discrimination increase the risk of HIV acquisition and progression to AIDS, violence, and marginalization while reducing access to education, employment and justice.

“HIV-related” means any stigma and discrimination that impacts on the HIV response, including on the basis of sex, gender identity, sexual orientation, drug use, sex work and HIV status. HIV-related stigma includes a range of stigmatizing experiences, **such as avoidance behaviours, gossip, verbal abuse and social rejection.** Discrimination can include the above stigmatizing behaviours where they affect the enjoyment of rights, as well as **physical abuse, denial of health or social services, denial or loss of employment or education opportunities or even arrest.** It can also be enshrined in **criminal laws, travel restrictions, mandatory testing and employment restrictions.** People may experience intersectional discrimination or stigma on several grounds, including race, disability and socioeconomic status.

HIV-related discrimination—and stigma, where it leads to rights violations—is a human rights issue. People have a right to protection from discrimination and to a life of dignity where stigmatizing attitudes do not impede the enjoyment of their other rights, including the rights to education, health care, work, access to justice, privacy, family, bodily autonomy and other rights.

## THE DATA

HIV-related stigma and discrimination continues to be pervasive.

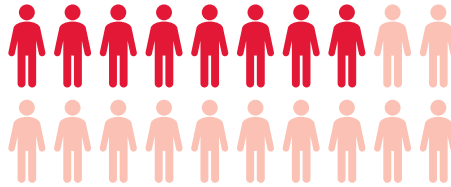
Across countries with available data, up to

**21%**

of people living with HIV reported being denied health care in the past 12 months (1).



In 11 countries with available data up to



**40%** of people living with HIV

report being forced to submit to a medical or health procedure.

up to

**26%**

of women living with HIV reported that

receiving HIV treatment was conditional on **taking contraceptives** (1).



Stigma index analysis found that **HIV-related discrimination caused or contributed to job loss in more than 50% of cases in 7 of 11 countries with data** (2). The People Living with HIV Stigma Index is a community-led research and advocacy initiative that includes a survey conducted by networks of people living with HIV measuring experiences of HIV-related stigma and discrimination.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) workers reported considerably greater incidence of violence in the workplace compared with non-LGBTI workers and frequently experienced discrimination in education and employment (3).



**47 countries**

still maintain travel restrictions for people living with HIV (4).

People from key populations face high levels of stigma, discrimination and violence (1).

In 25 of 36 countries with recent data,

**>50%**

of people ages 15–49 years

**hold discriminatory attitudes toward people living with HIV** (1).

## LINKING RIGHTS AND HEALTH OUTCOMES



People living with HIV who perceive high levels of HIV-related stigma are

**2.4 times more likely to delay enrolment in care until they are very ill (5).**



A study of transgender women in Argentina showed that those who had experienced discrimination in health-care settings were

**3x more likely to avoid health-care settings than those who had not (6).**

Where programmes have been put in place to respond to stigma and discrimination, access to services for HIV prevention, testing and treatment has measurably improved (7, 8).



For adolescents living with HIV, experiences with discrimination from other students or teachers negatively influenced their ability to carry medication and manage a dosing schedule at school. Crowded environments with no privacy, particularly in boarding schools, exacerbated fears surrounding unintended disclosure (9).

Criminalization of same-sex sexual behaviour was found to be correlated with lower rates of HIV testing and higher HIV prevalence among gay men and other men who have sex with men (10, 11).



Removing laws criminalizing sex work has been estimated to **avoid between**

**33% and 46% of new HIV infections among sex workers and clients over a ten-year period** through the combined reduction of violence, stigma, discrimination or arrest and increased ability to negotiate condom use and access to health services (12, 13).

**Decriminalization of drug use and possession for personal use are associated with**

**significant decreases in HIV incidence among people who inject drugs**, including through greater access to harm reduction services, reductions in violence and arrest or harassment by law enforcement agencies (14).



A study in sub-Saharan Africa showed that where the age of consent for HIV testing is 15 or below, HIV testing rates were 74% higher among adolescents compared with other countries (15).

## GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

Less than 10% of people living with HIV report internalized stigma or experience stigma and discrimination in health-care and community settings.

Less than 10% of key populations report experiencing stigma and discrimination.

Less than 10% of the general population reports discriminatory attitudes toward people living with HIV.

Less than 10% of law enforcement officers report negative attitudes toward key populations.

# KEY RIGHTS OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

**Under international human rights law, discrimination on the basis of HIV status (16), sexual orientation (17), sex and gender identity and expression (18, 19), health status (including drug dependency) (20–23) or sex work (24–26) is a human rights violation.**

States have an obligation to take specific action to eliminate stigma and discrimination against people living with HIV and key populations (20, 27–31). This is supported by United Nations (UN) recommendations, including from the World Health Organization (WHO) (32), UNAIDS (7), and the Global Commission on HIV and the Law (33, 34), among others.

States should **repeal laws that perpetuate stigma and discrimination** (32–34), including criminalization of HIV exposure, non-disclosure and transmission (35), travel restrictions (4), same-sex sexual behaviour (17), gender identity and expression (36), sex work (37, 38) and drug use or possession for personal use (39, 40), and enact legislation to protect against discrimination on prohibited grounds (18).



Adolescents should be able to access confidential and appropriate sexual and reproductive health and HIV services without third-party consent requirements, in accordance with the evolving capacities of the child (41–43).

**Laws and policies must respect the principles of autonomy in health-care decision-making; guarantee free and informed consent, privacy and confidentiality; prohibit mandatory HIV testing; prohibit screening procedures that are not of benefit to the individual or the public; and ban involuntary treatment and mandatory third-party authorization and notification requirements** (27, 44, 45).

UNAIDS, the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Network of People Living with HIV encourage states to sign up with the **Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination** (Global Partnership), which requires countries to take action against stigma and discrimination across six settings: health care, justice, education, workplace, community and humanitarian settings (46).



UNAIDS recommends seven key programmes for eliminating HIV-related stigma and discrimination (47):

- Stigma and discrimination reduction.
- HIV-related legal services.
- Monitoring and reforming laws, regulations and policies on HIV.
- Legal literacy (“know your rights”).
- Sensitization of law makers and law enforcement agents.
- Training for health-care providers on human rights and medical ethics for HIV.
- Reducing discrimination and violence against women in the context of HIV.

## KEY RESOURCES FOR FURTHER INFORMATION

- UNAIDS, [Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, Brochure and Background Documents](#), 2019
- UNAIDS, [Evidence for Eliminating HIV-related Stigma and Discrimination - Guidance for Countries to Implement Effective Programmes to Eliminate HIV-related Stigma and Discrimination in Six Settings](#), 2020
- UNAIDS and OHCHR, [International Guidelines on HIV/AIDS and Human Rights](#), 2006 Consolidated Version
- UNAIDS, [Confronting Discrimination; Overcoming HIV-related Stigma and Discrimination in Health-care Settings and Beyond](#), 2017
- UNAIDS, [We've Got The Power — Women, Adolescent Girls and the HIV Response](#), 2020
- UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, et al., [Joint United Nations Statement on Eliminating Discrimination in Health Care Settings](#), 2017

*This policy brief is produced by UNAIDS as a reference point on HIV-related stigma and discrimination and human rights. 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. UNAIDS. Global AIDS update - seizing the moment: tackling entrenched inequalities to end epidemics. Geneva: UNAIDS; 2020.
2. Global Network of People Living with HIV (GNP+). HIV stigma and discrimination in the world of work: findings from the People Living with HIV Stigma Index. Amsterdam: GNP+; 2018.
3. International Labour Organization (ILO). Ending violence and harassment against women and men in the world of work. Geneva: ILO, 2018.
4. UNAIDS. HIV-related travel restrictions. (<https://travelrestrictions.unaids.org/>, accessed 9 May 2021)
5. Gesesew HA, Tesfay Gebremedhin AT, Demissie TD, Kerie MW, Sudhakar M, Mwanri L. Significant association between perceived HIV related stigma and late presentation for HIV/AIDS care in low and middle-income countries: a systematic review and meta-analysis. *PLoS One*. 2017; 12(3): e0173928.
6. Socías ME, Marshall BD, Aristegui 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.
7. UNAIDS. Confronting discrimination: overcoming HIV-related stigma and discrimination in health-care settings and beyond. Geneva: UNAIDS; 2017.
8. UN General Assembly. Galvanizing global ambition to end the AIDS epidemic after a decade of progress (A/73/824), 2019.
9. Williams S, Renju J, Ghilardi L, Wringe A. Scaling a waterfall: a meta-ethnography of adolescent progression through the stages of HIV care in sub-Saharan Africa. *J Int AIDS Soc*. 2017;20(1):21922.
10. Lyons C. Utilizing individual level data to assess the relationship between prevalent HIV infection and punitive same sex policies and legal barriers across 10 countries in sub-Saharan Africa. In: 23rd Virtual International AIDS Conference, 6–10 July 2020, abstract OAF0403.
11. Stannah J, Dale E, Elmes J, Staunton R, Beyrer C, Mitchell KM, et al. HIV testing and engagement with the HIV treatment cascade among men who have sex with men in Africa: a systematic review and meta-analysis. *Lancet HIV*. 2019;6:e769–e787.
12. Lyons CE, Schwartz SR, Murray SM, Shannon K, Diouf D, Mothopeng T, et al. The role of sex work laws and stigmas in increasing HIV risks among sex workers. *Nat Commun*. 2020;11(1):773.
13. Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet*. 2015;385:55–71.
14. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, et al. HIV and criminalization of drug use among people who inject drugs: a systematic review. *Lancet HIV*. 2017;4:e357–e374.
15. McKinnon B, Vandermorris A. National age-of-consent laws and adolescent HIV testing in sub-Saharan Africa: a propensity-score matched study. *Bull World Health Organ*. 2018;97:42–50.
16. UN Commission on Human Rights. The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), Resolution 1995/44 (E/CN.4/RES/1995/44), 1995 and subsequent resolutions in 1996, 1999, 2001, 2003 and 2005.
17. UN Human Rights Committee. *Toonen v. Australia*, Communication No. 488/1992 (CCPR/C/50/D/488/1992), 1994.

## REFERENCES

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18. UN Committee on Economic, Social and Cultural Rights. General comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights) (E/C.12/GC/20), 2009.
19. UN Human Rights Committee. *G v Australia*, Communication o. 2172/2012 (CCPR/C/119/D/2172/2012), 2017.
20. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the sixth periodic report of Bulgaria (E/C.12/BGR/CO/6), 2019.
21. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the third periodic report of Estonia (E/C.12/EST/CO/3), 2019.
22. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the fifth periodic report of Mauritius (E/C.12/MUS/CO/5), 2019.
23. UNAIDS, UNDP, WHO. International guidelines on human rights and drug policy. Geneva: UNAIDS, UNDP, WHO; 2019.
24. UN Human Rights Council. Report of the Working Group on the Issue of Discrimination against Women in Law and in Practice on its mission to Chad (A/HRC/38/46/Add.2), 2018.
25. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined seventh and eighth periodic reports of Hungary, (CEDAW/C/HUN/CO/7-8), 2013.
26. UN Human Rights Committee. Concluding observations on the fourth periodic report of Paraguay (CCPR/C/PRY/CO/4), 2019.
27. UN Committee on Economic, Social and Cultural Rights. General comment No. 14: The right to the highest attainable standard of health (Art. 12 of the Covenant) (E/C.12/2000/4), 2000.
28. UN Committee on the Rights of the Child. Concluding observations on the second periodic report of Bhutan (CRC/C/BTN/CO/2), 2008.
29. UN Human Rights Committee. Concluding observations on the 4th periodic report of Bulgaria (CCPR/C/BGR/CO/4), 2018.
30. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the seventh periodic report of Burkina Faso (CEDAW/C/BFA/CO/7), 2017.
31. UN Human Rights Committee. Concluding observations on Equatorial Guinea in the absence of its initial report (CCPR/C/GNQ/CO/1), 2019.
32. WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 update. Geneva: WHO; 2016.
33. Global Commission on HIV and the Law. Risks, rights & health, 2012. New York: United Nations Development Programme; 2012.
34. Global Commission on HIV and the Law. Risks, rights & health, supplement 2018. New York: United Nations Development Programme; 2018.
35. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the combined fourth to sixth periodic reports of Belarus (E/C.12/BLR/CO/4-6), 2013.
36. UN Human Rights Committee. Concluding observations on the fourth periodic report of the Democratic Republic of the Congo (CCPR/C/COD/CO/4), 2017.
37. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the combined seventh and eighth periodic reports of Viet Nam (CEDAW/C/VNM/CO/7-8), 2015.
38. UN Human Rights Council. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover (A/HRC/20/15/Add.1), 2012.
39. UN Committee on Economic, Social and Cultural Rights. Concluding observations on the third periodic report of Senegal, para. 40 (E/C.12/SEN/CO/3), 2019. 40. United Nations (UN) General Assembly, Note by the Secretary-General. Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/65/255). New York, 6 August 2010.
40. United Nations (UN) General Assembly, Note by the Secretary-General. Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/65/255). New York, 6 August 2010.
41. UN Committee on the Rights of the Child. Concluding observations on the combined third and fourth periodic reports of Jamaica (CRC/C/JAM/CO/3-4), 2015.
42. UN Committee on the Elimination of Discrimination against Women. Concluding observations on the fifth periodic report of Kazakhstan (CEDAW/C/KAZ/CO/5), 2019.
43. UN Committee on the Rights of the Child. General comment No. 20 (2016) on the implementation of the rights of the child during adolescence (CRC/C/GC/20), 2016.
44. UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, et al. Joint United Nations statement on eliminating discrimination in health care settings. 2017.
45. UNAIDS and OHCHR. International guidelines on HIV/AIDS and human rights, 2006 consolidated version. Geneva: UNAIDS; 2006.
46. Global Partnership for Action to Eliminate all forms of HIV-related Stigma and Discrimination, available at <http://www.hivglobalpartnership.org/>, accessed 7 May 2021.
47. UNAIDS. Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. Geneva: UNAIDS; 2012.