

HIV AND STIGMA AND DISCRIMINATION

HUMAN RIGHTS FACT SHEET SERIES

2024

OVERVIEW

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

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



HIV prevention



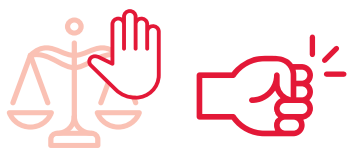
broader sexual and reproductive health services



testing, treatment and adherence services



tuberculosis services and other services



Stigma and discrimination increase the risk of acquiring HIV, poor treatment outcomes, violence and marginalization, and reduces access to education, employment and justice.

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

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 and bodily autonomy.

THE DATA

Data from 25 countries show that

13% of people living with HIV

experienced stigma and discrimination when seeking HIV-related care in the past 12 months, and 25% reported such experiences when seeking non-HIV-related health care, including 12% who reported being denied non-HIV-related health care completely (1).



Among countries with recent survey data, a median of

47% of people

report stigmatizing attitudes towards people living with HIV (42 countries), and

38% of people living with HIV

report internalized stigma (25 countries) (1, 2).



In the past 12 months, **26% of sex workers, 16% of gay men and other men who have sex with men, 40% of people who inject drugs and 49% of trans and gender diverse people** reported experiencing stigma and discrimination (2).



In the past 12 months, **21% of sex workers, 8% of gay men and other men who have sex with men, 28% of people who inject drugs, 24% of trans and gender diverse people, and 13% of women and girls** experienced physical or sexual violence (2).



LGBTQIA+ workers reported a considerably greater incidence of violence in the workplace compared with non-LGBTQIA+ workers and frequently experienced discrimination in education and employment (3).



Only **52% of countries**

have government-established mechanisms for reporting HIV-related discrimination and to seek redress (4).

Many countries retain discriminatory laws that restrict access to services:

156 countries criminalize HIV exposure, nondisclosure or transmission (or prosecute based on general laws).

63 countries criminalize consensual same-sex sexual relations.

13 countries have criminal laws that target trans and gender diverse people.

169 countries criminalize some or all aspects of sex work.

152 countries criminalize possession of small amounts of drugs.

In **102 of 145 countries** with available data, national laws or policies impose parental consent requirements for adolescents to access HIV testing services (4).

A total of **48 countries** maintain travel restrictions for people living with HIV (6).

LINKING RIGHTS AND HEALTH OUTCOMES

HIV-related community stigma is associated with lower levels of HIV testing, lower treatment uptake and fewer people on treatment (7).



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 (8).



A third of people living with HIV participating in People Living with HIV Stigma Index studies across 25 countries who experienced stigma and discrimination when seeking HIV care (34.2%) **interrupted or stopped their HIV treatment at some point**, compared with 24.7% for people who did not report any of these experiences (8).

A study of 51 low- and middle-income countries showed that HIV testing coverage among adolescents aged 15–19 years was

10.5 percentage points higher

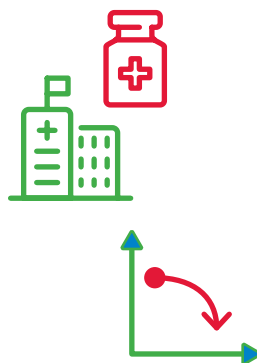
where adolescents could consent to treatment at age 14 years compared with countries where consent was set at age 18 years (13).

Among countries with recent survey data a median of **9.4% of gay men and other men who have sex with men, 14% of sex workers, 10% of trans and gender diverse people and 17% of people who inject drugs avoided accessing health-care services due to fear of stigma and discrimination** (2).

Removing laws criminalizing sex work has been estimated to avoid

33–46% of new HIV infections among sex workers and their sex clients over a 10-year period through the combined reduction of violence, stigma, discrimination or arrest and increased ability to negotiate condom use and access to health services (15).

Levels of violence impact access to treatment. Among women living with HIV, intimate partner violence has been demonstrated to hinder antiretroviral therapy uptake and viral suppression (9). In a study among adolescents in the Eastern Cape province in South Africa, adolescents living with HIV who had experienced intimate partner violence or sexual abuse were half as likely to adhere to antiretroviral therapy compared with their peers who had not experienced such violence (10).



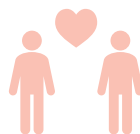
Decriminalization of drug use and possession for personal use are associated with significant decreases in HIV incidence among people who inject drugs, including through greater access to harm reduction services, reductions in violence, and reductions in arrest or harassment by law enforcement agencies (16).



Across 10 countries in sub-Saharan Africa, HIV prevalence among gay men and other men who have sex with men was

five times higher

in countries that criminalized same-sex sexual activity than in countries that did not: HIV prevalence was 12 times higher where there had been recent prosecutions compared with countries without (14).



Where programmes have been put in place to respond to stigma and discrimination, **access to services for HIV prevention, testing and treatment has improved** (11, 12).

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 people from key populations report experiencing stigma and discrimination.

Less than 10% of the general population report discriminatory attitudes towards people living with HIV.

Less than 10% of law enforcement officers and health workers report negative attitudes towards people from key populations.

Less than 10% of health workers report negative attitudes towards people living with HIV.

These targets are milestones towards the 2030 vision of zero HIV-related discrimination.

INTERNATIONAL RIGHTS, OBLIGATIONS, STANDARDS AND RECOMMENDATIONS



Under international human rights law, discrimination on the basis of HIV status (17), sexual orientation (18), sex or gender identity and expression (19, 20), health status (including use of drugs) (21–24) or sex work (25, 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 people from key populations (17, 27–31). This is supported by United Nations recommendations, including from the World Health Organization (32), UNAIDS (11) and the Global Commission on HIV and the Law (33, 34).

States should repeal laws that perpetuate stigma and discrimination (32–35), including the overly broad criminalization of HIV exposure, nondisclosure and transmission (28, 36), travel restrictions (6), consensual same-sex relations (18), gender identity and expression (37, 38), sex work (25, 26, 37, 39) and drug use or possession for personal use (21–24, 36, 40), and amend or enact legislation to protect against discrimination on sexual orientation, gender identity, HIV or other health status, or other status (19).

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, 43, 44).



UNAIDS recommends seven key programmes for eliminating HIV-related stigma and discrimination (44, 45):

- Stigma and discrimination reduction.
- Increase access to HIV-related legal services.
- Monitoring and reforming laws, regulations and policies on HIV.
- Enhancing 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 against women in the context of HIV.

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 (38, 41, 42).



The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Network of People Living with HIV, UNAIDS, the United Nations Development Programme and UN Women encourage states to sign up to the [Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination](#), which requires countries to take action against stigma and discrimination across six settings: health care, justice, education, workplace, community and humanitarian (45).

KEY RESOURCES FOR FURTHER INFORMATION

- UNAIDS and Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination [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](#), 2006.
- 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 fact sheet 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. [People living with HIV Stigma Index 2.0: global report 2023. Hear us out: community measuring HIV-related stigma and discrimination](#). Amsterdam: Global Network of People Living with HIV; 2023.
2. [Global AIDS Monitoring, 2020–2024](#). Geneva: Joint United Nations Programme on HIV/AIDS.
3. [Ending violence and harassment against women and men in the world of work](#). Geneva: International Labour Organization; 2018.
4. [National commitments and policy instrument, 2017–2024](#). Geneva: Joint United Nations Programme on HIV/AIDS.
5. [National commitments and policy instrument, 2017–2024, supplemented by additional sources](#). Geneva: Joint United Nations Programme on HIV/AIDS.
6. [HIV-related travel restrictions](#). Geneva: Joint United Nations Programme on HIV/AIDS.
7. Kuchukhidze S, Boily M, Niangoran S, Platt L, Terris-Prestholt T, Dumchev K, et al. Community-level HIV stigma and discrimination's impact on HIV testing, treatment uptake, and viral suppression in 33 African countries: a pooled analysis of 76 nationally representative surveys (2000–2022). Abstract OAF1106LB. Presented at AIDS 2024, 22–26 July 2024, Munich, Germany.
8. 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.
9. Kuchukhidze S, Panagiotoglou D, Boily MC, Diabaté S, Eaton JW, Mbofana F, et al. [The effects of intimate partner violence on women's risk of HIV acquisition and engagement in the HIV treatment and care cascade: a pooled analysis of nationally representative surveys in sub-Saharan Africa](#). Lancet HIV. 2023;10(2):e107–e117.
10. Cluver LD, Zhou S, Orkin M, Rudgard W, Meinck F, Langwenya N, et al. [Impacts of intimate partner violence and sexual abuse on antiretroviral adherence among adolescents living with HIV in South Africa](#). AIDS. 2023;37(3):503–511.
11. [Confronting discrimination: overcoming HIV-related stigma and discrimination in health-care settings and beyond](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2017.
12. A/73/824. [Galvanizing global ambition to end the AIDS epidemic after a decade of progress](#). New York: United Nations General Assembly; 2019.
13. Rosen JG, Stone EM, Mbizvo MT. [Age-of-consent requirements and adolescent HIV testing in low- and middle-income countries: multinational insights from 51 population-based surveys](#). Int J STD AIDS. 2023;34(3):168–174.
14. Lyons CE, Twahirwa Rwema JO, Makofane K, Diouf D, Mfochive Njindam I, Ba I, et al. [Associations between punitive policies and legal barriers to consensual same-sex sexual acts and HIV among gay men and other men who have sex with men in sub-Saharan Africa: a multicountry, respondent-driven sampling survey](#). Lancet HIV. 2023;10(3):e186–e194.
15. 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(9962):55–71.
16. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, et al. [HIV and the criminalization of drug use among people who inject drugs: a systematic review](#). Lancet HIV. 2017;4(8):e357–e374.
17. A/HRC/RES/56/20. [Resolution on human rights in the context of HIV and AIDS](#). Geneva: United Nations Human Rights Council; 2024.
18. CCPR/C/50/D/488/1992. Toonen v. Australia. Communication no. 488/1992. United Nations Human Rights Committee; 1994.

19. E/C.12/GC/20. [General comment no. 20: non-discrimination in economic, social and cultural rights \(Art. 2, Para. 2\)](#). United Nations Committee on Economic, Social and Cultural Rights; 2009.
20. CCPR/C/119/D/2172/2012. G v. Australia. Communication no. 2172/2012. United Nations Human Rights Committee; 2017.
21. A/HRC/54/53. [Human rights challenges in addressing and countering all aspects of the world drug problem: report of the Office of the United Nations High Commissioner for Human Rights](#). United Nations Human Rights Council; 2023.
22. E/C.12/KHM/CO/2. [Concluding observations on the second periodic report of Cambodia](#). United Nations Committee on Economic, Social and Cultural Rights; 2023.
23. E/C.12/LTU/CO/3. [Concluding observations on the third periodic report of Lithuania](#). United Nations Committee on Economic, Social and Cultural Rights; 2023.
24. [International guidelines on human rights and drug policy](#). Geneva and New York: Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, World Health Organization, Office of the United Nations High Commissioner for Human Rights, and International Centre for Human Rights and Drug Policy; 2020.
25. A/HRC/WG.11/39/1. [Eliminating discrimination against sex workers and securing their human rights: guidance document of the Working Group on Discrimination Against Women and Girls](#). Geneva: United Nations Human Rights Council; 2023.
26. Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, United Nations Working Group on Discrimination Against Women and Girls. [A guide on the human rights of sex workers](#). Geneva: United Nations Human Rights Council; 2024.
27. 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.
28. E/C.12/TJK/CO/4. [Concluding observations on the fourth periodic report of Tajikistan](#). United Nations Committee on Economic, Social and Cultural Rights; 2022.
29. CRC/C/DOM/CO/6. [Concluding observations on the sixth periodic report of the Dominican Republic](#). United Nations Committee on the Rights of the Child; 2023.
30. CEDAW/C/BTN/CO/10. [Concluding observations on the tenth periodic report of Bhutan](#). United Nations Committee on the Elimination of Discrimination Against Women; 2023.
31. CCPR/C/SOM/CO/1. [Concluding observations on the initial report of Somalia](#). United Nations Human Rights Committee; 2024.
32. [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#). Geneva: World Health Organization; 2022.
33. [Risks, rights and health](#). New York: Global Commission on HIV and the Law; 2012.
34. [HIV and the law: risks, rights and health—2018 supplement](#). New York: Global Commission on HIV and the Law; 2018.
35. [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.
36. A/79/177. [Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: harm reduction for sustainable peace and development](#). Geneva: Office of the United Nations High Commissioner for Human Rights; 2024.
37. 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.
38. CCPR/C/IDN/CO/2. [Concluding observations on the second periodic report of Indonesia](#). United Nations Human Rights Committee; 2024.
39. A/HRC/20/15/Add.1. [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](#). Geneva: United Nations Human Rights Council; 2012.
40. A/65/255. [Note by the Secretary-General: right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#). New York: United Nations General Assembly; 2010.
41. CRC/C/ZMB/CO/5-7. [Concluding observations on the combined fifth to seventh periodic reports of Zambia](#). United Nations Committee on the Rights of the Child; 2022.
42. CRC/C/GC/20. [General comment no. 20 \(2016\) on the implementation of the rights of the child during adolescence](#). United Nations Committee on the Rights of the Child; 2016.
43. 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.
44. [International guidelines on HIV/AIDS and human rights: 2006 consolidated version](#). Geneva: Joint United Nations Programme on HIV/AIDS and Office of the United Nations High Commissioner for Human Rights; 2006.
45. Joint United Nations Programme on HIV/AIDS, Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. [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](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2020.
46. [Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2012.