

# WORLD AIDS DAY REPORT 2024

SHORT VERSION



TO END AIDS



UNAIDS

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# WORLD AIDS DAY REPORT 2024

SHORT VERSION

**TAKE THE**  
***RIGHTS* PATH**  
TO END AIDS

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Foreword by  
**WINNIE  
BYANYIMA**



## UNAIDS Executive Director and United Nations Under-Secretary-General

The world can end AIDS—if the human rights of people living with or affected by HIV are respected, protected and fulfilled, to ensure equitable, accessible and high-quality HIV services.

The HIV response has come so far that the end of AIDS as a public health threat is achievable, by 2030. The progress on HIV prevention and treatment services that has been made is linked to advances in protecting human rights, and has, in turn, galvanized broader progress in realizing the right to health.

But gaps in the realization of human rights for everyone are keeping the world from getting on the path that ends AIDS, and are hurting public health.

In 2023, 1.3 million people around the world newly acquired HIV—three times higher than the global target set for 2025 of no more than 370 000. To bring down the

trajectory of the pandemic, it is imperative that lifesaving programmes can be reached without fear by all who need them.

When girls are denied education; when there is impunity for gender-based violence; when people can be arrested for who they are, or who they love; when a visit to health services is dangerous for people because of the community they are from—the result is that people are blocked from being able to access HIV services that are essential to save their lives and to end the AIDS pandemic. Laws, policies and practices that punish, discriminate against or stigmatize people obstruct access to HIV prevention, testing, treatment and care. So do laws, policies and practices that hinder the work of people providing vital HIV services for affected communities or advocating for reforms. Only rights can fix these wrongs. There is an urgent need to remove

criminal and other laws that harm people's rights, and an urgent need to enact laws and approaches that uphold the rights of everyone impacted by HIV and AIDS. Acceptance, respect and care are vital enablers for HIV programmes to work.

This report shows what can be done. It shares examples from around the world of proven policies and programmes that are succeeding in protecting health and HIV services by protecting rights. It sets out how the HIV movement is building up momentum for action. It brings together the latest research, case studies, guest essays from global leaders, and recommendations for getting the world on track to end AIDS as a public health threat by 2030. It is a route map to guide the way.

The HIV response is at a crossroads. We can end AIDS, if we take the *rights* path. Let us walk it together.

# ABBREVIATIONS

<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>LGBTQ+</b>	lesbian, gay, bisexual, transgender, queer plus
<b>PHIA</b>	Population-based HIV Impact Assessments
<b>PrEP</b>	pre-exposure prophylaxis
<b>SDGs</b>	Sustainable Development Goals
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WHO</b>	World Health Organization



# INTRODUCTION

The world's decades-long response to HIV is at an inflection point. The 2024 Joint United Nations Programme on HIV/AIDS (UNAIDS) global report, *The Urgency of Now: AIDS at a Crossroads*, demonstrated that the world now has the means to end AIDS as a public health threat by 2030 (1). Midway to the 2025 milestone set at the United Nations General Assembly in June 2021, the global HIV response has moved closer to the goal of ending AIDS as a public health threat by 2030, a commitment enshrined in the Sustainable Development Goals (SDGs). Fewer people acquired HIV in 2023 than at any point since the late 1980s. Almost 31 million people were receiving lifesaving antiretroviral therapy in 2023, a public health success that has reduced the numbers of AIDS-related deaths to their lowest level since the peak in 2004.

Despite these successes, the world is currently not on track to end AIDS as a public health threat by 2030. In 2023, 9.3 million [7.4 million–10.8 million] people living with HIV were still not receiving antiretroviral therapy and 1.3 million [1.0 million–1.7 million] people newly acquired HIV. In the regions where numbers of new HIV infections are growing the fastest, only very slow progress is being made in scaling up pre-exposure prophylaxis (PrEP). These regions also lag behind sub-Saharan Africa in progress towards meeting the 95–95–95 HIV testing and treatment targets.<sup>1</sup> Coverage of prevention services among the populations at greatest risk of HIV is far too low—typically at less than 50%. In at least 28 countries, the number of new HIV infections is on the rise, and a growing resource gap imperils the important progress made to date in the global HIV response.

At this historic crossroads, the path the world takes—towards ending AIDS, or towards a future of needless illness, death and unending costs—depends on political will.

*The world now has the means to end AIDS as a public health threat by 2030.*

1 95% of people living with HIV know their HIV status; 95% of people who know they are living with HIV receive antiretroviral therapy; and 95% of people receiving antiretroviral therapy have a suppressed viral load.

## *HIV services will reach people in need only if their human rights are upheld.*

How to end AIDS as a public health threat is not in doubt. More than four decades since the HIV pandemic was first recognized, research and extensive hands-on experience in diverse settings have identified some of the key ingredients for success, including bold and sustained political leadership; ready access to affordable prevention and treatment tools; sustained action on human rights, including gender equality; community-led engagement across the breadth of the response; and robust and sustainable financing.

This report focuses on one of these essentials—the central role of human rights as it relates to ensuring access to HIV prevention and treatment services and addressing the structural determinants that increase vulnerability to HIV. To end AIDS as a public health threat, there is a need to respect, protect and fulfil the human rights of all people living with or affected by HIV, including people from key populations. An approach grounded in human rights is vital for the collective HIV response to be robust, person-centred and sustainable. HIV services will reach people in need only if their human rights are upheld; if discriminatory and harmful laws are removed; and if stigma, discrimination and violence are effectively tackled.

Since the earliest days of the HIV pandemic, the global response has—in large measure due to sustained community advocacy and systematic research and evaluation—recognized human rights at its centre. At the very outset of the response, the Global Programme on AIDS at the World Health Organization (WHO), under the leadership of the late Jonathan Mann, emphasized the inextricable links between human rights and health. In 1989, the very first resolution relating to discrimination and HIV was adopted at the then United Nations Human Rights Commission, along with a report on problems and causes of discrimination against people living with HIV (2). The 2001 United Nations General Assembly Declaration of Commitment on HIV/AIDS, a landmark in the global response to HIV, declared “Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS” (3).

The global HIV response has advanced and amplified efforts to achieve gender equality and shone a global spotlight on the human rights of all people, including people living with HIV and people from key populations—gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people, and people in prisons and other closed settings. Experience in the global HIV response has shown that person-centred, human rights-based approaches are effective and sustainable in achieving public health aims.

# The central role of human rights in the global HIV response

Many people consider the creation of UNAIDS in 1996 as marking a starting point for the modern global HIV response. Recognizing that efforts to address the HIV pandemic needed to extend well beyond the health sector, HIV stakeholders purposely established a multisectoral United Nations joint programme to galvanize actions at the global, regional and country levels to respond to HIV and AIDS, which at the time was increasing exponentially and erasing decades of development gains, but receiving only limited attention.

Community and civil society organizations led the way in demanding that the international community ground the response to HIV in human rights principles. Placing people and human rights at the centre of the global HIV response was, therefore, a defining principle of UNAIDS from its outset. As one of its very first steps, in 1996 UNAIDS joined with the Office of the United Nations High Commissioner for Human Rights to develop the International Guidelines on HIV/AIDS and Human Rights. Following consultations with international experts on health and human rights, the International Guidelines were amended in 2002 and consolidated in 2006 (4).

At a time when many countries and stakeholders were uncertain as to how best to address a spiralling health challenge, the International Guidelines provided a roadmap for aligning national responses with human rights commitments. The International Guidelines advised: “Public health interests do not conflict with human rights. On the contrary, it has been recognized that when human rights are protected, fewer people [acquire HIV] and those living with HIV and their families can better cope with HIV and AIDS” (4).

Human rights have continued to guide and inspire the global HIV response—from the global movement for universal access to affordable HIV treatment, to focused efforts to remove punitive laws targeting people living with HIV, women and girls, and people from key populations, to the 10–10–10 social enabler targets for 2025.

## SOCIAL ENABLERS

10–10–10 targets for removing social and legal impediments towards an enabling environment limiting access or utilization of HIV services

Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.

Less than 10% of people living with HIV and people from key populations experience stigma and discrimination.

Less than 10% of women, girls, people living with HIV and people from key populations experience gender inequality and violence.



Although crucial gains in the realization of rights have been made in the global HIV response, human rights violations continue to undermine national HIV responses and slow progress towards the 2030 goal of ending AIDS as a public health threat. Currently, only three countries report no prosecutions over the past 10 years for HIV nondisclosure, exposure or transmission, and have no laws in place criminalizing sex work, same-sex relations, possession of small amounts of drugs, transgender people, or HIV nondisclosure, exposure or transmission (5).

Across 42 countries with recent survey data, nearly half of people (47%) harboured discriminatory attitudes towards people living with HIV (6, 7), with surveys in 25 countries finding that nearly a quarter of people living with HIV experienced stigma when seeking non-HIV-related health services in the previous year (8). Beyond health-care settings, and across the world, the people who are most vulnerable to HIV commonly experience violence, social exclusion and other human rights abuses. Women and people living in rural areas have more odds of experiencing HIV-related perceived stigma (9).

Today, actions to ensure a human rights-based response to HIV confront major new challenges. Even as important progress has been made in removing punitive laws that undermine HIV responses, growing human rights violations are hampering vital services. The human rights environment is deteriorating in many countries, and the commitment to multilateral efforts to address global challenges is often fraying (10). These trends are interconnected and threaten to undermine access to HIV prevention and treatment. Contexts that are experiencing democratic retrenchment are frequently those that are increasingly hostile to gender equality and the human rights of people from key populations (10–14).

In 2023, the world celebrated the 75th anniversary of the Universal Declaration of Human Rights. The international human rights covenants and instruments the world has made set out the fundamental rights belonging to every person and the obligations of all countries to ensure their promotion, protection and fulfilment for people living with or affected by HIV. Even in the face of the anti-rights backlash, the world continues to celebrate and build on its human rights achievements. At its 68th session, the Commission on the Status of Women called for governments to fully respect and fulfil the human rights of women and girls, to eliminate violence and discrimination in all their forms, to promote the leadership and engagement of women, and to address health threats to women, including HIV (15). In 2024, the Human Rights Council adopted a landmark resolution reaffirming that the “protection and fulfilment of human rights in the context of HIV” is “an essential element in achieving the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and in ending AIDS” (16).

## ESSAY

# This is a fight for equality and justice

## Elton John

*Musician and founder,  
Elton John AIDS Foundation*



In 2024, we have seen more incredible scientific breakthroughs in the HIV response, with new long-acting prevention medicines offering real hope of ending HIV transmission and showing the very best of what humankind can achieve.

Just as these scientific advances demonstrate the best of humanity, however, we are witnessing and living through times where the worst of humanity is laid bare, where dehumanization and suffering are rife, and where one life is considered more important than another.

Approximately 9.3 million people living with HIV are not receiving treatment. Marginalized groups—the LGBTQ+ community, people who use drugs, women and girls—do not get the same access to health information, medicines and support, because their circumstances somehow make them undeserving. Shockingly, 44% of all new HIV infections worldwide are among women and girls. The risk of acquiring HIV is 23 times higher for gay

men and other men who have sex with men than for people in the general population.

Inequality threatens our future. Stigma and discrimination, fear and neglect are pushing millions of people away from lifesaving health services and standing in the way of ending AIDS as a public health threat. This is heartbreaking to me, both personally and as the founder of the Elton John AIDS Foundation.

When I set up the Foundation in 1992, there were no gamechanging medicines, no government support—but there was plenty of gay-hate and far too much AIDS shame. Since then, we have seen huge leaps forward. Effective HIV testing, treatment, prevention and post-exposure medicines and the funds to dramatically expand their use, by initiatives such as the bipartisan United States President's Emergency Plan for AIDS Relief (PEPFAR) and the multilateral Global Fund to Fight AIDS, Tuberculosis and Malaria, have helped tens of millions of people access lifesaving care. But the shame—the idea that people

## *We need to strip away the labels of “us” and “them”, of “undeserving” and “worthy”.*

affected by HIV do not deserve our help—agonizingly persists.

I know the feeling of shame and what it can do. I grew up in an era when being gay was seen as sin. Although I have never hidden my sexuality, one of the reasons why, even as a successful singer and songwriter, I became addicted to drugs was because I felt I was not loveable enough. If there had not been people who really saw me for me, rather than discounting me because of my gayness or my addiction, I would not be alive today.

Shame causes suffering and loss. The human costs it carries are momentous. We know that suicide, poor mental health, substance abuse and HIV risk are all exacerbated by fear, hate and marginalization. It is time we all understood the real price and loss of shame. When you consider the millions of people who have been dehumanized and disenfranchised by difference and indifference—scientists, artists, academics, writers, leaders of all kinds—whose labels defined and ultimately destroyed them and the gifts they had to offer—it feels like, as a world, we are sabotaging our future.

Indeed, an increasing number of “us”, as we may be politically

expedient to define, are becoming “them” to many of our leaders and some of their followers. In our world, and at a time when democracy itself can often seem to be teetering on the brink, democratic values of freedom, equality and respect for each other are being systematically challenged or cast aside.

We need to strip away the labels of “us” and “them”, of “undeserving” and “worthy”, across our societies—labels that drive disease underground, cause immeasurable suffering, and ultimately destroy much-needed and precious potential.

This is why the work of the Elton John AIDS Foundation focuses on the people who too often are being left behind. We work in some of the most challenging countries and contexts because ending AIDS as a public health threat depends on access for everyone, everywhere.

But we also need governments around the world to invest in the prevention, testing and care programmes that can keep people safe; to build health-care systems that do not discriminate; and to invest in and share the wealth of new technologies and treatments that can ultimately

end AIDS as a public health threat. Above all, leaders must remove the laws that drive stigma and discrimination, so that as societies we can foster cultures that celebrate differences, not demonize them.

There is a chapel in my house in Windsor dedicated to the friends I’ve lost to AIDS; their memories are etched on my soul. And from all the people I have met over the last four decades, from a young mother in a South African township to a gay man in Kyiv, I have learnt that as long as HIV is seen as a disease for the “others”, not so-called “decent people”, AIDS will not be beaten.

Science, medicine and technology may be the “what” in ending AIDS, but inclusion, empathy and compassion are the “how”. Demonizing other people, scapegoating them and scaring society about them comes with much drama and costume and lends itself to secrets and lies. Embracing people for their honest differences, recognizing that we all have a unique contribution to make in the world and are worth loving and saving, is more challenging in today’s world, but ultimately more enriching and more noble. Surely we are up for that challenge?

## Confronting violations of human rights that threaten access to lifesaving HIV services

Access to HIV prevention and treatment services is inextricably linked to upholding human rights of people living with or affected by HIV. To entrench human rights as the foundation for the HIV response, and to ensure this centring of human rights can be sustained, unified forces are more effective than isolated efforts.

In eastern and southern Africa, the ESA Network is helping to bring together people working to advance the health, well-being and human rights of LGBTQ+ people living with or affected by HIV.

With the support of MPact Global Action for Gay Men's Health and Rights, LGBTQ+ leaders from sub-Saharan Africa strategized at the 2022 International AIDS Conference about how best to address the surge in anti-LGBTQ+ sentiment and legislation across the region. After a face-to-face meeting in Marrakesh, Morocco, the activists decided it was time to form a network to champion advocacy and promote safer and thriving communities of gay men and other men who have sex with men. This new network aims to learn from previous efforts to sustain a regional network for LGBTQ+ people.

Alex Kofi Donfor, co-founder and executive director of LGBT+ Rights Ghana, is involved in efforts to get the new network off the ground. His organization has experienced first-hand how surges in homophobia and intolerance pose risks to LGBTQ+ people. After LGBT+ Rights Ghana created a safe space for the provision of health information and services to the LGBTQ+ community, the centre was forced to close after hostile media coverage, much of it stoked by far-right groups from the Global North.

"But we have been resilient," remarks Kofi, "and are looking for diverse ways to reinvent our work to create the safe space our community needs."

"What we are facing is not peculiar to one country," he says. "We have seen laws proposed across the region to target LGBTQ+ people or any form of sympathy for LGBTQ+ people. We needed to create a regional network to protect our community. If we can influence even one country, then that can help shape the approach of other countries as well."

"The LGBTQ+ community has been a scapegoat in so many of the sufferings we go through as Africans. It can be draining. On the one hand, you have some state institutions that are supposed to look at the interests of its own citizens but are perpetrating harms against its own citizens. We also have some media in the region that can be very shallow in their approach to discussing sensitive issues. We need a different narrative that can speak not only to issues in our own community but to the public at large. In particular, we need to find ways of showing how empowering LGBTQ+ people benefits everyone."



Fully aligning the HIV response at the global, regional and country levels with human rights is not only the right thing to do; it is also essential for ending AIDS as a public health threat. In recent years, a large body of evidence has emerged on the effects of human rights violations on progress in the HIV response. Although human rights violations persist in some countries that appear to be on track to achieve HIV epidemic control, a clear pattern emerges from available data. This new evidence finds that countries with policy frameworks that promote, protect and respect human rights tend to achieve markedly better HIV outcomes than countries with coercive and punitive approaches towards HIV and the populations most affected by HIV. In particular, human rights violations have a notably negative effect on outcomes along the 95–95–95 testing and treatment cascade.

This report focuses on the essential role that human rights must play if the world hopes to end AIDS as a public health threat. It begins with a review of the latest evidence on the role that human rights protections and violations play in progress and setbacks in the HIV response, including reaching the 2030 milestone of ending HIV as a public health threat. It then provides a status report on human rights in the context of HIV—identifying where the world is falling short, while highlighting opportunities to close human rights gaps in the response. The report ends with a call to action and a series of concrete recommendations to strengthen and mainstream human rights as a means to ensure accessible and sustainable HIV prevention and treatment outcomes, recognizing that failure to do so will cost countless lives and block the world's ability to end AIDS.

Boxes in the report highlight key human issues in the global HIV response and profile community-led efforts to resist the anti-rights and anti-gender backlash and advance the human rights of everyone affected by HIV. Guest essays by global leaders from different regions and walks of life explain why protecting and promoting human rights is fundamental to ending AIDS as a public health threat.

This report has a wide range of audiences. It is addressed to governments, which are the primary duty-bearers for protecting human rights and ensuring their citizens have access to HIV services, if needed. The recommendations in this report are not unorthodox, but rather urge governments to follow through on the commitments they have already made in national plans and strategies that align with the Global AIDS Strategy 2021–2026 (17) and the United Nations General Assembly 2021 Political Declaration on HIV and AIDS (18).

The report offers lessons for all involved in the HIV response. Human rights cannot be understood as a siloed or distinct element of the response, but instead need to guide action across the breadth of the response. All HIV actors—clinicians, programme managers, service providers, researchers, policy-makers and communities—need to apply a human rights-based approach to HIV service delivery, advancing gender equality and the universal right to health, promoting equity and inclusion, and taking steps to address the social and structural factors that result from and give rise to human rights violations in the context of HIV.



The report also speaks to everyone engaged in health more broadly. The lessons of the HIV response can be applied to many other aspects of the health sector and government obligations with respect to the right to health.

International donors are another key audience for this report. Given that few national authorities invest in civil society advocacy that challenges their existing practices, laws and policies, international solidarity is vital to ensure the robust funding needed for policy reform advocacy and other human rights work to accelerate and sustain access to HIV services.

As countries develop roadmaps for long-term sustainability of the HIV response, a key message of this report for all stakeholders is that a sustainable response to HIV is possible only where the human rights of people living with or affected by HIV are respected, protected and fulfilled to ensure equitable, accessible and high-quality HIV services. Biomedical and behavioural interventions can achieve their desired impact only if the communities most affected by HIV have structural enablers in place to ensure access to and the ability to use them, without fear of stigma and discrimination.



## ESSAY

# The end of AIDS is within our grasp—if we uphold rights

**Michael D. Higgins**  
President of Ireland



We are at a critical moment that will determine whether world leaders meet their commitment to end AIDS as a public health threat by 2030, in line with the United Nations 2030 Agenda. Whilst the end of AIDS is within our grasp, currently the world is off track to do so—as with so many of the Sustainable Development Goals, our collective blueprint for a flourishing future.

Globally, of the 39.9 million people living with HIV, almost a quarter (9.3 million) are not receiving lifesaving treatment. Consequently, a person dies from AIDS-related causes every minute.

It is 42 years since the first cases of HIV were diagnosed. It may be troubling to recall the moral

and ethical atmosphere of society then, but it is necessary to give testimony to the people who lived through the HIV experiences of the time. The people who suffered the most in the 1980s were those exposed not only to a prejudice born of misunderstanding of HIV, but also other forms of social oppression, which were—and are—too often manifested in our society.

Our multiple, concurrent global crises, including the return of extreme hunger and famine in the Horn of Africa, and the promulgation of wars in Ukraine and the Middle East, have the consequence of pushing the fight against AIDS further down the international agenda. It is essential that we keep the HIV response firmly and prominently on the agenda. Ending AIDS as a public health threat requires stepping up action to respect, promote and fulfil human rights.

As we reflect on the past four decades, it is clear that the institutional and societal responses in many countries

*Challenging stigma, discrimination and inequality is key to ensuring public health.*



## *Fulfilling the pledge to end AIDS as a public health threat is a political and financial choice.*

were anything but adequate in those early years of HIV. Great strides have been made thanks to the efforts of activists and campaigning organizations, often conducted in the face of ignorance and hostility.

I take this opportunity to acknowledge and pay tribute to those activists and the researchers working at the frontiers of science for their endeavours in this important area of public health policy.

There remain many parts of the world where HIV remains stigmatized, where a sense of shame is attached to living with HIV, and where access to treatment is poor.

It is an appalling statistic that over 40 million people have died from AIDS-related causes since the beginning of the epidemic—including 630 000 people in 2023. Although this represents a halving of fatalities—from 1.3 million in 2010, and a 69% decrease from the peak of 2.1 million in 2004—these 630 000 people suffered preventable deaths and their lives have tragically been cut short. Sub-Saharan Africa, home to two-thirds of all people living with HIV globally, remains the hardest hit region.

Globally, there is much which needs to be done, and approached with urgency. Access to treatment remains the core

challenge, because about a quarter of people living with HIV lack antiretroviral medicines. Universal health coverage and access to good-quality health care, including sexual and reproductive health services, are essential if we are to end AIDS as a public health threat by 2030.

Challenging stigma, discrimination and inequality is key to ensuring public health and delivery of successful HIV programmes. The importance of supporting civil society in securing progress in the realization of human rights, including those related to the achievement of public health initiatives such as HIV programmes, remains as important today as it ever was.

Upholding the rights of women and girls is vital because gender is an inextricable aspect of HIV. Young women are disproportionately vulnerable to HIV. Older women and young girls are disproportionately affected by the burden of caregiving in the wake of HIV. Gender inequality and poor respect for the human rights of women and girls are key factors in the HIV epidemic, from the point of view of effectiveness and from the perspective of social justice.

Ensuring that the fullness of human rights is achieved, that their interconnectedness is understood, and that their moral

and practical necessity is realized is crucial if we are to rid the world of the scourge of AIDS.

Support for the rights of marginalized communities underpins Ireland's international HIV programmes and the approach to global health initiatives. It is a fundamental tenet that is essential to the success of HIV programmes given that HIV disproportionately impacts the most vulnerable people in society.

Now is the time to look forward to all that must still be achieved around the world to realize the possibility of an AIDS-free generation and to ensure people living with HIV can live their lives without stigma, fear or discrimination. We are also required to create the consciousness for more inclusive and just societies.

It is urgent that we come together in solidarity to deliver a response that eliminates inequalities based on gender, sexuality and race; that raises the dignity of all people and meets the demands of social justice; and that is truly capable of ending AIDS and ensuring people living with HIV can live free of stigma, prejudice and discrimination.

Fulfilling the pledge to end AIDS as a public health threat is a political and financial choice. The time to choose the correct path is long overdue.

## ESSAY

# Public health depends on human rights

## Adeeba Kamarulzaman

*Professor of Medicine and Infectious Diseases and Pro Vice Chancellor and President of Monash University, Malaysia, and former President of the International AIDS Society*



As a trained HIV physician, it has been inspiring to witness the steady development of ever-more effective treatments for HIV. The continual expansion of proven HIV prevention tools has resulted in lifesaving benefits for so many people.

But it has also been heartbreaking to witness the obstruction of scientifically proven methods from reaching their full potential.

When in 1997 I started my service in my home country, Malaysia, my HIV practice was overwhelmed with people who inject drugs. I was struck by the contrast with

my experience where I received my medical education and training, in Australia—where although I had seen plenty of patients living with HIV, almost none of them had acquired HIV through injecting drugs.

The reason became readily apparent. Australia was addressing drug use as a public health issue, and people who used drugs could access harm reduction services and protect themselves from HIV—but Malaysia was applying a punitive and highly stigmatizing approach to drug use, and people who used drugs could not access harm reduction services or protect themselves from HIV. Drug use was prevalent in Australia and Malaysia, but the very different human rights climates drove very different public health consequences.

This experience had a profound impact on my professional career and on me personally. The Hippocratic Oath taken by all physicians mandates that we

*The HIV response has demonstrated that, as health workers, we cannot leave the work of advocating for human rights to other people.*

## *Societies are stronger when everyone is treated with respect, dignity and inclusion.*

focus on helping people who are sick and that we do no harm by our actions or inactions. I came to understand that improving health outcomes for my clients needed more than just a biomedical approach. I also had to become a defender of their human rights.

Providing HIV prevention and treatment services to people who inject drugs, including people in prisons and other closed settings, led me to become deeply involved in the reform of drug policy, because it is clear that only by aligning drug policy with human rights principles will it be possible to advance public health.

Some critics said that enabling harm reduction would be impossible in a country like ours. But after years of overcoming resistance, we implemented it—and it worked. Since the introduction of the harm reduction programme, needle-sharing has stopped being the main channel for HIV transmission in Malaysia and prevented thousands of new infections.

Some critics said that harm reduction would be unaffordable, but it saved the country huge amounts of money.

The HIV response across the world has demonstrated that, as health workers, we cannot

leave the work of advocating for human rights to other people.

Human rights violations are keeping our scientifically proven tools from working. Too many people are still being pushed away from lifesaving care because they are from communities whose rights are being violated. People who come to health centres only at a very late stage of HIV tell us that they delayed seeking treatment because they were afraid of being kicked out, losing their jobs or being treated badly. When we fail to tackle discrimination, HIV wins and humanity loses.

The evidence is clear. Without protecting everyone's human rights, we will not be able to end AIDS as a public health threat.

In recognition of this, the International AIDS Society–Lancet Commission on Health and Human Rights, which I co-chaired, issued a recommendation that “practitioners and stakeholders across the health field should ensure that all aspects of their work reflect and promote a commitment to human rights”.

To help protect public health by protecting human rights, the Commission further recommended that people

working in the health field should make common cause with other sectors and communities, including human rights organizations and scientists, and advocates addressing issues such as climate justice, women's rights, LGBTQ+ rights, and racial and migrant justice.

We are at a challenging moment, in which human rights are under attack worldwide. People seeking to take away human rights sometimes claim to be defending religious values—but these claims are false.

I know that working to protect everyone's health by protecting everyone's human rights is honouring Islamic teaching, fulfilling its commitment to compassion and its prioritization of the preservation of life. To uphold human rights is to recognize the value of the life of every individual and to see that our societies are stronger when everyone is treated with respect, dignity and inclusion. Likewise, protecting public health requires that we leave no one behind, understanding that none of us is safe and secure until all of us are. It is not for us to judge others but to take care of each other.

Human rights belong to everyone, and upholding them is essential to enable us all to be healthy and to flourish.

## ESSAY

# Access for everyone, everywhere

## Othoman Mellouk

*Access to Diagnostics and Medicines Lead,  
International Treatment Preparedness Coalition*



The title of the Universal Declaration of Human Rights makes it clear. Our rights are universal. When it comes to these rights, no one is excluded.

Yet, when it comes to access to medicines and other essential health tools, the world has yet to recognize the universality of our rights. People are denied access to affordable, lifesaving health technologies based on where they live. This is a violation of human rights, and it holds back progress in ending AIDS as a public health threat.

I first became involved in the response to HIV in my home country of Morocco, motivated by a commitment to supporting the gay community and promoting principles of equality and nondiscrimination. Our work was an affirmation of the equal value of every life. There was no treatment then, and so we worked to raise awareness of HIV prevention among gay men and other men who have sex with men.

Then came an amazing medical breakthrough. At the

International AIDS Conference in Vancouver in 1996, we learned that HIV need not be invariably fatal, and there were effective treatments that could prevent the progression of AIDS.

But now the people I worked with faced another violation of rights, another exclusion. This time, it was because of where they lived: HIV treatment was almost exclusively available in North America and western Europe.

Activists united to demand that the HIV response chart a new way forward on access to lifesaving medicines. The emergence of generic manufacturers for antiretroviral medicines meant there was a path to ensure worldwide access to affordable medicines.

The 2001 Doha Declaration on the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) and public health emphatically stated that patents should not tie the hands of countries seeking to address public health threats.

*Just as no one should be obstructed from access to lifesaving medicines because of their sexuality, no one should be excluded because of their nationality.*

Afterwards, we saw countries issuing compulsory licences for HIV medicines, enabling the purchase of more affordable generic versions. The vision of universal access to HIV medicines, in which the fruits of technology would be available to all, wherever a person lived, at last seemed realizable.

Today, however, access to new HIV medicines, including long-acting medicine that requires only two shots a year, is being denied to people based on where they live. Large multinational pharmaceutical companies are determining which countries will have access to affordable HIV medicines and which will be denied them. They are denying access to many countries in the Global South, including countries with high HIV prevalence and countries in which numbers of new HIV infections are on the rise.

The justification for excluding these countries is that they are “middle-income”, an arbitrary measure based on categorizations made by international finance institutions that were never

developed to determine access to medicines. In fact, the people most affected by HIV in many of these countries are some of the most economically deprived and socially excluded people on the planet.

So now we have early access to HIV medicines in high-income countries because that is where the greatest profits are made and where governments can afford those prices; late and incomplete access in lower-income countries, through voluntary licences; and access denied in many middle-income countries, which are explicitly prevented from purchasing products from generic producers granted those voluntary licences.

The voluntary nature of the current approach to medicines access is an inherent and fatal flaw. People, regardless of where they live, should never have to depend on the determination of a business to obtain the medicines they need to survive. And exclusion of countries undermines the HIV response globally. AIDS cannot be ended unless it is ended everywhere.

Using the flexibilities in the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS), rather than depending on the whims of individual pharmaceutical companies, constitutes the path towards equitable access to medicines. Countries have the right to override patent protections through the use of compulsory licensing to ensure access to medicines and vaccines needed to address high-priority health problems. Claims by the pharmaceutical industry that compulsory licences represent an unwarranted theft of their intellectual property are false, because compulsory licences still include the payment of royalties to the patent-holder.

Just as no one should be obstructed from access to lifesaving medicines because of their sexuality, no one should be excluded because of their nationality. Ensuring access to affordable medicines for everyone, everywhere, is human rights work—and it is essential for the world to be able to end AIDS as a public health threat.

## ESSAY

# Our message as young people: our lives are on the line

## Jerop Limo

Youth activist, Executive Director of the Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP)



My health depends on my rights. That's not a theory—it's my life. As a 26-year-old who has lived with HIV from birth, I have witnessed first-hand how protecting the health and well-being of young people is inextricably bound with upholding our human rights.

I have learned too how upholding our rights begins with seeing us as people whose experiences count, recognizing that we are not merely beneficiaries—we are co-creators. I was lucky. At the paediatric clinic where I used to go for services, my clinician, understanding and valuing

this talkative child, created opportunities for me to support other kids living with HIV. That began my life as an AIDS activist. I ventured out to become a peer educator and trained advocate. Today, I am the executive director of a youth-led nongovernmental organization, the Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP) in Nairobi. My work now is to help lift up other young people living with or at risk of HIV.

At AYARHEP, we provide a safe space where young people can access comprehensive information about HIV, sexual and reproductive health, mental health, and any other issues that matter to them. We provide youth-friendly activities, such as educational events and sports tournaments, to engage young people living with HIV, and we advocate and partner for improvements in services for adolescents and young people.

*Across the world, youth-led organizations are working to address societal stigma and promote rights.*

Safe spaces are vital, because so many spaces simply are not safe for young people living with or at risk of HIV. Across the world, too many clinicians use discriminatory or stigmatizing language and approaches for young people, and too many take a casual approach to protecting the confidentiality of young people's HIV status. Young women living with HIV have been forced to take contraceptives to get antiretroviral medicine refills, and some young women living with HIV have even been forcibly sterilized. Queer young people often find they are unable to access essential services due to fear of being judged by health-care providers.

Young people have an inalienable human right to education, but in too many countries laws and policies block young people from accessing comprehensive sexuality education, with youth organizations often obstructed from providing frank and

accurate sexuality education for their peers. Some schools and colleges provide almost no information about safer sex, even though young people, especially adolescent girls and young women, are at very high risk of acquiring HIV. Legal barriers often prevent young people from getting an HIV test. Requiring young people to get approval from their parents to get a test or treatment makes many young people too scared to get them.

Across the world, youth-led organizations are working to address societal stigma and promote rights by engaging faith-based leaders, teachers, parents and community members who all have vital roles to play in tackling prejudice and defending people's rights. We help people address internalized stigma, too, accompanying them through the journey to self-acceptance, helping them to love themselves so they have strengthened resilience to overcome hardships and get the

support they need, and so they can be confident in insisting on their rights being upheld.

Every person living is equal in dignity. But people living with HIV are not recognized as equal by many providers and decision-makers. And although young people who acquired HIV at birth like me do sometimes get at least a little compassion from society, too often young people who acquired HIV later are met with judgement and blame. When a young person is struggling with adherence to antiretroviral therapy and receives criticism rather than support, it makes it harder for them to stay on treatment. If health-care providers are judgemental rather than empathetic, many young people will simply close the door on seeking health-care services.

Human rights violations have grave costs for people who experience them. When people's rights are not respected, it obstructs and discourages them from getting prevention, testing and treatment. Violations of human rights can break the very core of people's sense of self. All of us, regardless of our HIV status, just want to live a normal life. We want the opportunity to live, to love, to learn, to thrive, to give back to our communities, and to know that our communities are looking out for us. Feeling good about oneself is essential for a healthy and fulfilling life. It is there—inside ourselves—where stigma, discrimination and human rights abuses do the deepest damage.

As young people, our message is this: our lives are on the line. Policy-makers owe it to all young people to do what it takes to protect our health by protecting our rights.



## ESSAY

# Removing harmful laws is a victory for human rights and public health

## Douglas Mendes

*Former Belize appeal court judge and Trinidad and Tobago Law Association president*



As an attorney and a citizen, I have always been motivated by a deep commitment to equality and human dignity for every person.

Human rights frame every aspect of life. Our fundamental rights and freedoms, as outlined in the international human rights framework, are the essential foundation for democracy, for peace and for a healthy society. This is true for all regions of the world.

My work across the Caribbean has been shaped by an appreciation that upholding human rights law is vital for tackling the abuse of power by those who wield it, and who need to be restrained from having excessive influence over public decisions regarding a fair distribution of society's resources, so that the less powerful are protected. That recognition drove my earliest focus as an attorney, acting on behalf of trade unions in my home country of Trinidad and Tobago.

Our rights do not depend on how popular we are. We all have them. A fundamental purpose of human rights law is to protect individuals from the tyranny of the majority. States have a responsibility to protect the rights and freedoms of individuals to live their lives as they wish, so long as they do not do harm to others. There is a need for active intervention to protect the rights of individuals and communities, especially those who belong to an unpopular or disfavoured minority, so that politicians and officials cannot exert unreasonable control over people's personal lives.

I have seen for myself how the protection of human rights is essential for public health. In the case of HIV, an example is the need to tackle gender-based violence. Gender-based violence increases HIV risk and obstructs access to HIV treatment. In Trinidad and Tobago, we have seen important strides—for example, towards enacting legal



measures strengthening the ability of survivors of domestic violence to obtain protection orders. These laws, however, are sometimes administered by officials and adjudicated by judges whose attitudes still need to change. We may have passed a good law, but to protect rights we need to educate the people who will administer it.

Another example is that laws criminalizing same-sex sexual relations obstruct efforts to respond effectively to the AIDS pandemic. Such laws cost lives. Over the last several years, I and other lawyers in the Caribbean region, under the guiding hand of colleagues at the University of the West Indies, have brought together two key points: that such laws often block people from accessing HIV prevention, testing and treatment services; and that such laws violate the inalienable rights and freedoms

## *Our fundamental rights are the essential foundation for a democracy, for peace, and for a healthy society.*

that belong to each person. When it comes to consenting adults, the state has no business in someone's bedroom, and its being there is harmful. These legal challenges have secured important progress. Over the past decade, a number of Caribbean countries—including Antigua and Barbuda, Barbados, Belize, Dominica, Saint Kitts and Nevis, and Trinidad and Tobago—have struck down the criminalization of same-sex relations. The removal of these laws represents a victory for human rights and for public health. We still have work to do. Laws criminalizing same-sex

relations are still in place in over 60 countries around the world. And although homophobia in countries that have removed criminal laws is not as virulent as it once was, it is still alive and kicking. Removing harmful laws is necessary but not sufficient for the protection of rights.

I am hopeful that we will continue to advance progress in the protection of human rights. When any of us has our rights undermined, we are all harmed. When we protect the human rights of another person, we are made freer and safer.



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## ESSAY

# A mother's fight for health and rights

## Jeanne Gapiya-Niyonzima

Founder of ANSS, and the first person in Burundi to publicly announce that they were living with HIV



My heartbreak as a mother, and my anger at the violations of the rights of people living with HIV, gave rise to my lifetime of involvement in the HIV response. I tell people—please do not feel broken when you learn my story, please be moved instead to take action so that no one else goes through the deprivations of rights that I and many others have gone through. I share my story to explain why, as a person living with HIV, I work for human rights, and why this work must continue until we have protected the human rights of all communities affected by HIV.

Throughout my journey—and in sharing this journey with my brothers and sisters living with HIV—I have witnessed cruelty and brutality towards people living with HIV.

It began for me the day my baby tested positive for HIV and a doctor abruptly announced that I, my baby and my husband were all going to die. Later, the doctor told me to take my baby out of the hospital to die at home so that his hospital bed could be freed up for someone who could be saved.

When I told my doctor I was pregnant with a second child, he insisted I terminate the pregnancy. During the procedure, the doctor, without my consent, removed my uterus to ensure I could never have another child. I was shellshocked. I no longer felt like a woman. It took me 10 years to finally come to terms with what had been done to me. A cruel irony is that I remarried aged 36 and have remained asymptomatic. I could have had more children, but a doctor robbed me of my autonomy and made this most personal of decisions for me.

It is recognized now that women living with HIV can, with support, have babies who are free of HIV. It is recognized that forced

*Please do not feel broken when you learn my story, please be moved instead to take action.*

## *A human rights violation against anyone is an attack on the rights and health of all of humanity.*

sterilization of women living with HIV is a violation of their human rights. It is also recognized now that such violations of the rights of women living with HIV push them away from health care and undermine programmes working to end AIDS. This recognition did not come automatically: all this only came because we mothers fought.

Know this: no one fights like mothers. I am a practising Catholic. I went to a World AIDS Day mass in 1994, seeking solace after years of loss and heartbreak. In the previous few years, AIDS had robbed me of my husband, my 18-month-old child, my sister and my brother. By attending the mass, I hoped to memorialize the untimely loss of so many people in my life. Instead, what I heard from the priest that day was bigotry and condemnation. The priest said all people who died from AIDS-related causes were sinners. I knew that I, my husband and my siblings, while not angels, were good people. But my late baby boy was a different matter. He, I knew, was indeed an angel.

As a mother who had been insulted and disrespected, that triggered a revolt in me. I stood in front of the church and announced I was living with HIV. I said that no one should insult my angel baby. I added that no

one should insult people living with HIV or people who have died from AIDS-related causes. I was, I declared, no more sinful than anyone else attending the mass. After the conclusion of the service, several people approached me, asking for my help to deal with the stigma and discrimination they were experiencing.

Shortly after the fateful World AIDS Day service, I co-founded l'Association Nationale de Soutien aux Séropositifs et Malades du Sida (ANSS), which evolved to become ANSS Santé Plus. For over 30 years, ANSS has worked to increase HIV-related knowledge and awareness, to combat stigma and discrimination, and to help people living with HIV realize their rights.

We have made major advances for rights and for the effectiveness of the HIV response. Before we campaigned, HIV test results were openly shared. This violated people's right to privacy and scared people away from getting tested. My colleagues and I have successfully advocated for policies that protect the confidentiality of HIV test results, providing the assurance that encourages more people to get tested.

We have secured access to medicines to treat HIV-related opportunistic infections.

We have secured progress that helps uphold the right of children living with HIV to education.

As so many widows are abused by their in-laws or rejected by their own families, we have challenged their mistreatment, including in the courts, to secure recognition of their rights.

We were the first association in Burundi to integrate the gay community into our work. Protecting rights means protecting rights for everyone. As a heterosexual woman who has become a public figure, I accept to take risks to protect others, and I have a responsibility to do so. As someone whose human rights have repeatedly been violated, I understand that a human rights violation against anyone is an attack on the rights and health of all of humanity.

In the end, the challenges I went through, and the movement I have been part of, leave me hopeful. We know the pathway to building a society in which we all thrive. If the world wants to end AIDS as a public health threat, it needs to protect the rights of every person.

## ESSAY

# For all to thrive

## Dr Tlaleng Mofokeng

*United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*



For millions of people worldwide, the full enjoyment of the right to the highest attainable standard of physical and mental health remains a distant goal. In my work as a medical doctor treating people living with HIV, as an expert on public health, and as United Nations Special Rapporteur, I know that upholding human rights is how the world will end AIDS as a public health threat.

The right to health provides us with freedoms and entitlements, protecting the social, economic and cultural rights of people. Human rights cannot be abstract principles but must be the core of the sustainable development agenda and must be expressed in all future plans for the world.

The right to health is interdependent and interconnected with the realization of other rights

such as to life, education and employment. When, for example, people are denied their right to education, their right to an adequate standard living, or their right to nondiscrimination, they are in consequence denied their right to health. The obstacles people face, and the solutions to overcome them, are intersectional.

The right to health is about more than the ability to access clinics or hospitals. It encompasses the right to underlying determinants such as safe potable water, nutritious food and a healthy environment. Sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; yet for women and girls and people from gender and sexual minorities, many obstacles stand in the way of their enjoyment to sexual and reproductive health. These obstacles are interrelated and entrenched, operating at different levels—in clinical care, at the health systems level, and in the underlying determinants of health.

Access to health-related education and information, including on sexual and

*When people are denied their right to education, or their right to an adequate standard of living, they are in consequence denied their right to health.*

*The power of people will always keep us true as we demand an inclusive world where all people can thrive.*

reproductive health, is especially liberating for women and girls and people from gender and sexual minorities, because their freedom is enabled through comprehensive sexuality and gender education about their rights to bodily autonomy, integrity, and protection from nonconsensual medical treatment and experimentation.

For LGBTQ+ people, structural violence in the form of punitive laws, policies and practices impedes, excludes and sometimes bars them from accessing information, health goods and services that are critical to HIV prevention and care. Protecting their right to health requires decriminalization and the ending of so-called “conversion therapy” methods.

For intersex people, protecting their health requires an end to unnecessary medical interventions. For sex workers, protecting their right to health requires an end to arbitrary arrest, confiscation of condoms and criminalization. For people who use drugs, protecting their health requires decriminalization and a massive expansion of harm reduction policy approach and services. For people in prisons and other closed settings, protecting their health requires

ensuring they have access to high-quality goods, services and information.

The effective design of health programmes and policies depends on ensuring meaningful participation and engagement of rights-holders in decision-making, particularly those who have faced the greatest barriers. This requires prioritizing and listening to their lived experiences and concerns to ensure they have consequential impact on policies, budgeting and accountability.

The right to health prioritizes the right to a system of health protection—that is, health care and the underlying social determinants of health that provide equality of opportunity for people to enjoy the highest attainable standard of health.

Global solidarity is a key component of a multilateral world. Countries need to work with each other, in the spirit of mutual respect, to ensure sharing of the resources and scientific knowledge that are crucial to the upholding of human rights and to ending AIDS.

The comprehensive approach needed for health is sometimes dismissed with the excuse that it is too ambitious to be achieved.

But I am glad to say that I have met legions of people, including community organizers, medical professionals and government officials, who are already making the changes we need.

The HIV response, led by the people for the people, has so much to teach. It has been exemplary in advancing people’s rights to health, dignity and autonomy. For decades, HIV activists and advocates have kept on winning victories to secure access to the best that science has to offer, involvement in service delivery, and removal of harmful laws. Their example shows that the realization of human rights and health depends on maintaining the fires of determination. It is possible, anchored by the right to health framework, to galvanize governments to meet their obligations to ensure nondiscriminatory, affordable and acceptable access to quality health-care services, goods and facilities.

The right to health is a powerful tool to advance justice and equity in health. The power of people will always keep us true as we demand gender equality, peace, justice, and an inclusive world where all people can thrive.

## ESSAY

# To protect everyone's health, protect everyone's human rights

**Volker Türk**

*United Nations High Commissioner for Human Rights*



Human rights are the bedrock of just, equitable and resilient societies. They are vital to ensure everyone, everywhere, can live in dignity, safety and freedom. And they are the crucial underpinning of public health.

HIV is treatable and entirely preventable. Nobody should die of AIDS-related causes. Nobody living with HIV should go without antiretroviral medicines. Nobody should lack access to HIV prevention tools. People can live long and full lives with HIV, and we can end AIDS as a public health threat by 2030—if treatment, testing and prevention services are accessible and available to everyone without distinction.

But despite this progress and potential, the world is currently off track when it comes to ending AIDS. Although three-quarters of people living with HIV are on treatment, one-quarter—more than 9 million people—are not.

Discrimination and stigma are obstructing progress and risking

a resurgence of infections. But we have the power and the responsibility to change this. Put simply, to end AIDS, we need to uphold our universal rights.

When human rights are promoted, health is protected. Sadly, the opposite is also true. Every policy that discriminates against people from marginalized communities or in vulnerable situations makes it harder for them to access prevention, testing and treatment. Every crackdown on civil society organizations makes it harder for people living with HIV to get the support they need. Segments of society that are at greatest risk suffer the most.

Every week, 4000 adolescent girls and young women worldwide acquire HIV, three-quarters of them in sub-Saharan Africa. Human rights violations, including gender-based violence, sexual violence as a weapon of war, and trafficking, exacerbate women's risk of HIV. So too does the denial of the

right to education, including on sexual and reproductive health and rights.

HIV prevalence is several times higher among gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons and other closed settings because of stigmatization, marginalization and scapegoating. Criminalization generates fear among people seeking treatment and frontline health workers. These laws cost lives. A study in sub-Saharan Africa showed that HIV prevalence among men who have sex with men was five times higher in countries that criminalized same-sex relationships.



We must consign such laws to history. Thanks to courageous campaigning by civil society, a growing number of countries are doing just that. There is a global shift away from criminalization of LGBTQ+ people—but there is also a highly organized backlash, leaving no room for complacency.

We know how to end AIDS as a public health threat. Countries must remove punitive and discriminatory criminal laws, actively work to eradicate HIV-related stigma and discrimination, and protect women and girls and people from key populations from violence, harassment and abuse—as set out in the 10–10–10 targets.

We need political leadership. Governments have a legal obligation to meet their human rights obligations to all their population. Ending AIDS as a public health threat requires them to root out inequalities,

to ensure availability and accessibility of good quality health services for all, to stand up to the global anti-rights movement, and to make sure community-led organizations can work in a free and open space.

Beyond laws, we need to build a culture of rights. Political leaders must tackle discriminatory attitudes and policies towards people living with, at risk of or affected by HIV. A practical first step is for governments to invest in human rights education and training to sensitize health workers, the police, law enforcement officers, prison staff and other relevant professions. They should also ensure the meaningful involvement of people living with HIV and people from key populations in the development,

implementation and monitoring of HIV strategies and programmes.

At the global level, the international community needs to ensure universal and equitable access to HIV-related medicines and other tools and prevent them from being monopolized for private profit. We have a responsibility to strengthen development financing and to tackle the dangerous levels of debt that are obstructing low- and middle-income countries from investing in health.

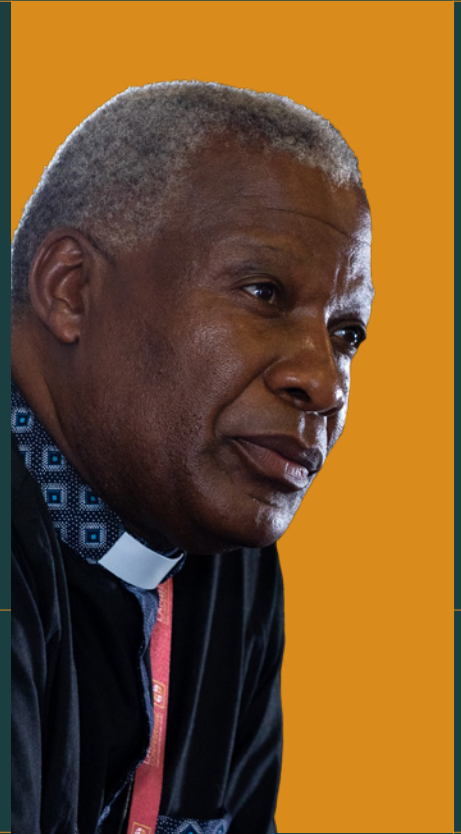
Placing human rights at the centre of the HIV response is the only way we will end the pandemic once and for all. To protect everyone's health, we need to protect everyone's human rights.

*Human rights are the crucial underpinning of public health.*

## ESSAY

# Our moral obligation to protect everyone's human rights

**The Most Revd  
Dr Thabo Makgoba**  
*Archbishop of Cape Town*



I first witnessed the impact of the AIDS crisis in the late 1990s as an ordinary parish priest. It was a frightening time. Seeing the death and devastation wrought in my own and other communities across countries burned into my heart and soul.

Faith teaches us not only that God loves each one of us, but that every person is created in the image of the creator. As such, when in some parts of the world we genuflect to one another, we are saying "The God in me greets the God in you." In the isiZulu language, when we greet people, we say "Sawubona," meaning "We see you"—we see you for who you are and we feel your longing.

As my predecessor Desmond Tutu said, we are God-carriers. To treat any one of God's children as less than this is not only unjust. It is not only painful for the one so treated. It is blasphemous—"like spitting in the face of God". Every person is infinitely precious, and so we are called to respect and honour everyone.

My public ministry over the years has centred on carrying out walks of witness. These entail literally walking together with my fellow pastors through places where people live in squalor, excluded, on the periphery. We do so to affirm that every person belongs in society, and that all human rights belong to every person. As the Universal Declaration of Human Rights sets out so powerfully, "All human beings are born free and equal in dignity and rights" and "Everyone is entitled to all rights... without distinction of any kind, such as race, colour, sex, language, religion, political

*Every person is infinitely precious, and so we are called to respect and honour everyone.*



or other opinion, national or social origin, property, birth or other status.”

Choosing love means rejecting hateful laws against marginalized communities. Punitive discriminatory laws, such as those criminalizing LGBTQ+ people, push people away from lifesaving health care, and thus they kill.

But it is not only hateful laws that harm. We need to triumph over hateful hearts too. We need to champion the human rights of every person, not only in our legal statutes but in our everyday engagement with each other too. In this call to action, I include churches. We in the faith community have too often pushed people away with judgement and meanness. For this hard-heartedness we need to repent, and commit to always stand up for all people, especially the most marginalized. As our faith calls us, we need to love all of our neighbours.

Protecting everyone’s human rights is crucial for success in our response to HIV. When we do not adhere to the commitments made in the Universal Declaration of Human Rights, our efforts to end AIDS falter. When we undermine the rights of people to be treated with dignity and without discrimination, we push people away from the health system. When we deny people the right to association, we prevent communities from being able to hold service-providers to account to improve service delivery.

Just as pandemics know no borders, neither should solidarity. As UNAIDS data show, we cannot end AIDS in some places or for some people. We can end AIDS as

a public health threat only by upholding across international public policy the rights of everyone, everywhere. For example, new long-acting HIV prevention medicines that need to be taken only twice a year will be vital for enabling people currently missing out to be served. But companies are not moving fast enough or boldly enough to share the technology. This is undermining the advances that worldwide access to these medicines could secure.

The international policy frameworks that maintain this global apartheid in access to medicines are jeopardizing the health security of everyone, not

only in the Global South but also in the Global North. So too is our failure to tackle the debt crisis. By choking developing countries resources, the debt crisis is preventing investments in health that would ensure health security worldwide. Because we are interdependent, when we exclude anyone, everyone loses—and when we include everyone, everyone wins.

The path to victory in the HIV response is well marked. That path is marked “human rights”—respect for the dignity of all and celebration of our differences. With love in our hearts, let us walk that path together.

*It is not only hateful laws that harm. We need to triumph over hateful hearts too.*



# CONCLUSION

At this turning point in the global HIV response, the world will either take the path to end AIDS as a public health threat or allow the pandemic to continue and risk a dangerous HIV resurgence.

This report has demonstrated that human rights are essential to a robust, person-centred, sustainable HIV response. Human rights violations are perpetuating critical inequalities in the HIV response and vulnerabilities to HIV. By contrast, the evidence is clear that approaches grounded in human rights achieve superior HIV prevention and treatment service outcomes, reduce inequalities in service access, and accelerate progress towards ending AIDS.

As duty-bearers for human rights, national governments should fulfil the commitments they have made to protect fundamental rights and freedoms in the context of HIV. Doing so will avert human suffering, promote sound development, and save substantial financial resources in the long term. Steps are needed to mainstream human rights across the HIV response and to make common cause with diverse sectors to address the factors that diminish HIV prevention and treatment service uptake and worsen service outcomes.

For domestic and international donors, closing resource gaps in the HIV response is essential to realizing the right to the highest attainable standard of physical and mental health. Particular action is needed to allocate new resources to aspects of the response that remain underprioritized, including human rights interventions, HIV prevention services, and responses for people from key and vulnerable populations. If we are to ensure a sustainable HIV response, funding for human rights must be a priority.

Taking the path to end AIDS as a public health threat requires political courage, but it will yield long-term benefits for individuals, communities and entire societies and catalyse progress towards the global vision of sustainable health and development for all.

**To view the full version of this report, please visit [unaids.org](https://unaids.org)**

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