

PEOPLE LIVING WITH HIV

OVERVIEW

UNAIDS data show that in 2023, 39.9 million [36.1 million–44.6 million] people were living with HIV globally, of whom 53% were women and girls. An estimated 30.7 million [27.0 million–31.9 million] people living with HIV were receiving lifesaving treatment, and almost three quarters (72% [65–80%]) (78% [70–87%] of women and 67% [60–75%] of men living with HIV) had a suppressed viral load.¹ Approximately 9.3 million [7.4 million–10.8 million] people living with HIV globally were not receiving antiretroviral therapy (1). More than half (58%) of the pregnant and breastfeeding women living with HIV who were not on antiretroviral therapy were in western and central Africa, 23% were in eastern and southern Africa, and 10% were in Asia and the Pacific—these women also urgently need to be reached with services for their own health and to reduce the risk of vertical transmission to their children (2).

¹ Unless otherwise specified, the source for all quantitative data in this factsheet is Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

With successful treatment, the life expectancy of young people living with HIV is now comparable to that of the general population. The proportion of new HIV infections among people aged 50 years and over is anticipated to increase from 28% in 2010 to 73% in 2030 (3). As people living with HIV who are on treatment get older, comorbid health conditions among people living with HIV need to be taken into account for programming (4–6).

Interrupting or halting HIV treatment has serious consequences at both the individual and the population levels. It is associated with a heightened risk of opportunistic infections, advanced HIV disease (AIDS) and mortality, including in people who later resume treatment. A large South African study ($n = 44\,386$) found that people who stopped HIV treatment for more than six months were two to three times more likely to subsequently die compared with people who did not interrupt their treatment, even after resuming treatment. The longer the interruption, the greater the risk of death (6) and the risk of onward HIV transmission (7). Treatment interruption can also lead to antiretroviral drug resistance, which in turn requires switching to second- or third-line antiretroviral regimens (8, 9). All this tends to lead to poorer treatment outcomes and a greater burden on health systems, especially in resource-limited settings.

Tuberculosis (TB) remains the leading cause of death among people living with HIV, resulting in one in three AIDS-related deaths globally (10). The number of TB-related deaths has decreased among people living with HIV by 70% since 2010, from an estimated 550 000 [420 000–700 000] to 170 000 [140 000–200 000] in 2022. An estimated 6.4 million TB-related deaths were averted among people living with HIV between 2010 and 2022; of these, 4.8 million were in Africa and 0.85 million in South-East Asia (11).

About 1.4 million [1.1 million–1.7 million] children aged 0–14 years were living with HIV in 2023, often as a result of stagnated progress in HIV prevention in this group. Approximately 590 000 [430 000–920 000] children living with HIV were not receiving antiretroviral therapy in 2023. As a result, children accounted for 12% of AIDS-related deaths in 2023, even though they comprised only about 3% of people living with HIV.

Key populations are still not being reached well with the services they need. Recent estimates for sub-Saharan African countries show that in places with 80% antiretroviral therapy coverage in the general population, coverage was about 11–13% lower among female sex workers and gay men and other men who have sex with men, and 30% lower among transgender women. Globally, antiretroviral therapy coverage is low among people who inject drugs, with a global median of 65% [14–91%] (18 reporting countries).

Discriminatory attitudes and stigma towards people living with HIV remain alarmingly common in all regions, discouraging people from seeking HIV prevention services, testing for HIV, and starting and staying on HIV treatment (12–15). Health care-related stigma is a major impediment to HIV prevention and treatment uptake. A report from the Global Network of People Living with HIV highlighted that in HIV-specific health-care settings, more than one in 10 people living with HIV (13%) reported stigma and discrimination by health-care staff in the previous 12 months (16). Globally, in non-HIV-specific or general health-care settings, one in four people living with HIV faced stigma and discrimination in the previous 12 months (15). The same

report shows that one third of respondents (34.2%) who had experienced stigma and discrimination when seeking HIV care also indicated they had interrupted or stopped their HIV treatment at some point, compared with 24.7% for people who did not report any of these experiences. Fear of stigmatization (34%) and hesitancy to restart treatment due to concerns of confidentiality violations or previous mistreatment by a health-care provider (17%) remain documented barriers to HIV treatment uptake and adherence (13). This highlights a significant challenge for initiatives surrounding the integration of HIV services into routine health-care services.

Women, girls and gender diverse people are disproportionately affected by stigma and discrimination based on their gender identity and HIV status (16, 17). Among women living with HIV, intimate partner violence has been demonstrated to hinder antiretroviral therapy uptake and viral suppression (18). In a study among adolescents in South Africa's Eastern Cape province, 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 (19).

KEY MESSAGES

- National responses should be aligning their treatment programmes to ensure universal access to HIV services for people living with HIV. Access to effective antiretroviral therapy results in viral suppression, which enables people living with HIV to live long, healthy lives and have zero risk of transmitting HIV to other people. Efforts must focus on closing the gaps in HIV prevention, treatment, care and support, while also addressing the underlying social, economic and structural factors that perpetuate gender-based discrimination, violence and inequalities.
- Stigma and discrimination against people living with HIV, particularly in health-care settings, discourage people from seeking HIV prevention services, testing for HIV, and starting and staying on HIV treatment. Stigma and discrimination manifest at multiple levels. The intersections of stigma related to HIV status with stigma related to gender and sexual identity, age, race/ ethnicity, sex work, use of drugs and marital status, negatively impacts access to services and treatment adherence for different groups of people living with HIV.
- There is a wider need to acknowledge the challenges of comorbidities among people aged 50 years and over. Gaps in the evidence of the impact of ageing on disease prognosis, treatment non-adherence and successful antiretroviral therapy need to be bridged to ensure people living with HIV are ageing well and optimal treatment outcomes are achieved in this group. Integration of ageing within HIV care, equipped with access to a full range of services, is essential to ensure the growing needs of this population are met and healthy longevity is warranted.

- Community engagement is at the forefront of a successful HIV response. Engagement of people living with HIV and communities, including women, girls, gender diverse people, and people from key populations living with HIV, is crucial for effective implementation of policies and services, budgeting, implementation, and monitoring and evaluation of programmes and policies.² Successful programmes should be scaled and replicated in other regions.
- The People Living with HIV Stigma Index represents a continuous and systematic journey of activism aimed at addressing HIV-related stigma and discrimination. Led by people living with HIV, the process is guided by four key principles: capacity-building, accountability and ownership, embracing equality and diversity, and advocacy-oriented actions. Successful implementation of Stigma Index studies in various settings has captured the interest of policy-makers and initiated policy dialogue in some settings, such as on the issues of forced sterilization in Botswana (21) and safeguarding the rights of people living with HIV in Burkina Faso (22).

KEY DATA

HIV prevalence

In 2023, 39.9 million [36.1 million–44.6 million] people were living with HIV, of whom 53% were women and girls.

An estimated 25% of people living with HIV globally were aged 50 years and over in 2023.

New cases of HIV

There were 1.3 million [1.0 million–1.7 million] new HIV infections globally in 2023, which reflects a decline of 40% since 2010.

HIV services

Access to antiretroviral therapy has expanded in all regions, resulting in a 51% reduction in numbers of AIDS-related deaths globally since 2010.

Improvements in integrated delivery of HIV and TB services have led to a 70% reduction in TB-related deaths among people living with HIV between 2010 and 2022.

Laws and policies

Zimbabwe and the state of Nayarit in western Mexico have removed laws criminalizing HIV exposure, nondisclosure and transmission.

In 2024, 156 countries had laws that criminalize HIV nondisclosure, exposure or transmission, either explicitly or through general disease laws, or had prosecutions based on general criminal laws in the past 10 years.

Punitive laws affecting people living with HIV have been removed in the Central African Republic and Kazakhstan.

The Government of Belize in June 2023 approved an amendment that would remove the criminalization of vertical transmission of HIV from its statute books.

2 For more success stories on elimination of stigma and discrimination across the six settings, see Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (20).

Stigma and discrimination

An analysis of People Living with HIV Stigma Index 2.0 studies across 25 countries found that 13% of people living with HIV had experienced stigma and discrimination when seeking HIV-related care in the past 12 months, and 25% reported such experiences when seeking non-HIV-related care.

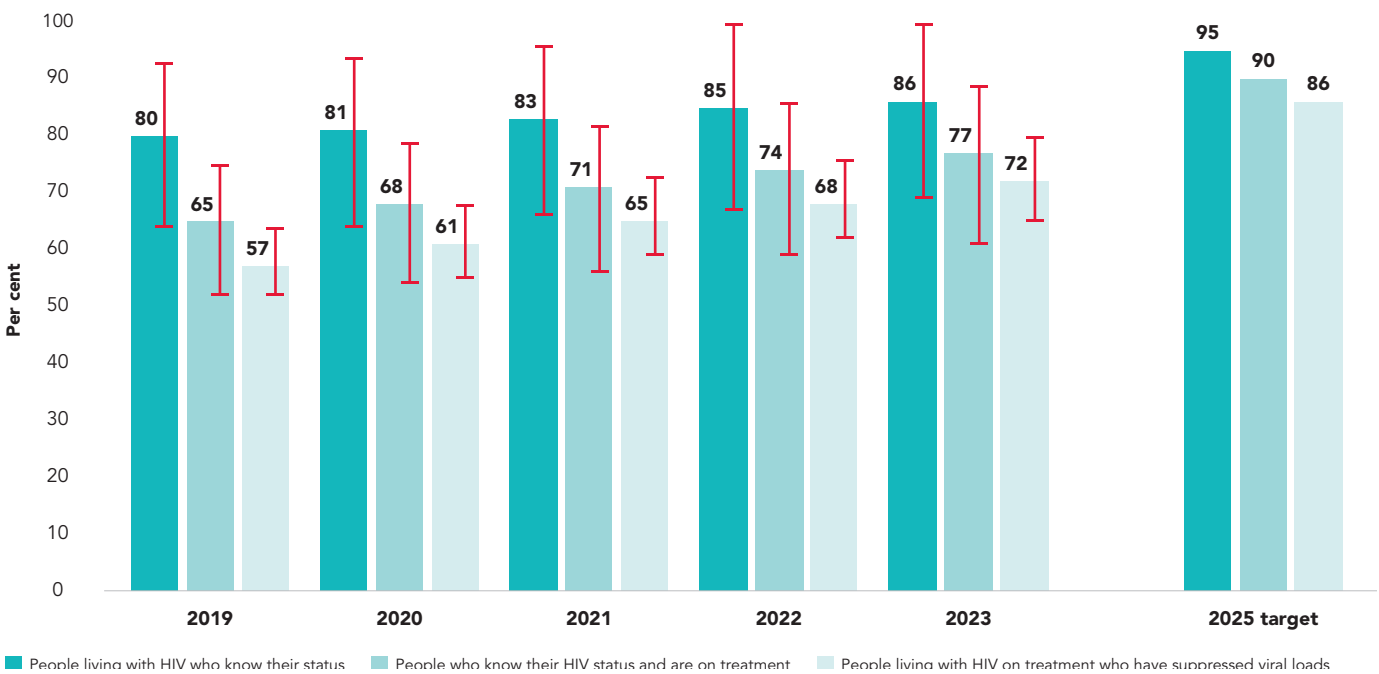
Across 42 countries with recent survey data, a median of 47% of people reported discriminatory attitudes towards people living with HIV—a level that is nearly five times higher than the 2025 global target.

The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination is a pivotal initiative for the elimination of all forms of stigma and discrimination. Establishment of a thematic subgroup under the Global Partnership led to the development of the Action Plan for 2012–2023 in Ukraine. In the Central African Republic, it resulted in the relaunch of the national Zero Discrimination Platform with 30 Member States to ensure coordinatization, oversight and implementation of joint efforts against stigma and discrimination. The Global Partnership also garnered support to hold anti-stigma dialogues focused on women and girls in Senegal and in engaging local leaders and decision-makers in safeguarding women’s and girls’ rights from HIV-related stigma and discrimination and implementation of interventions for the elimination of stigma and discrimination (23).

Violence

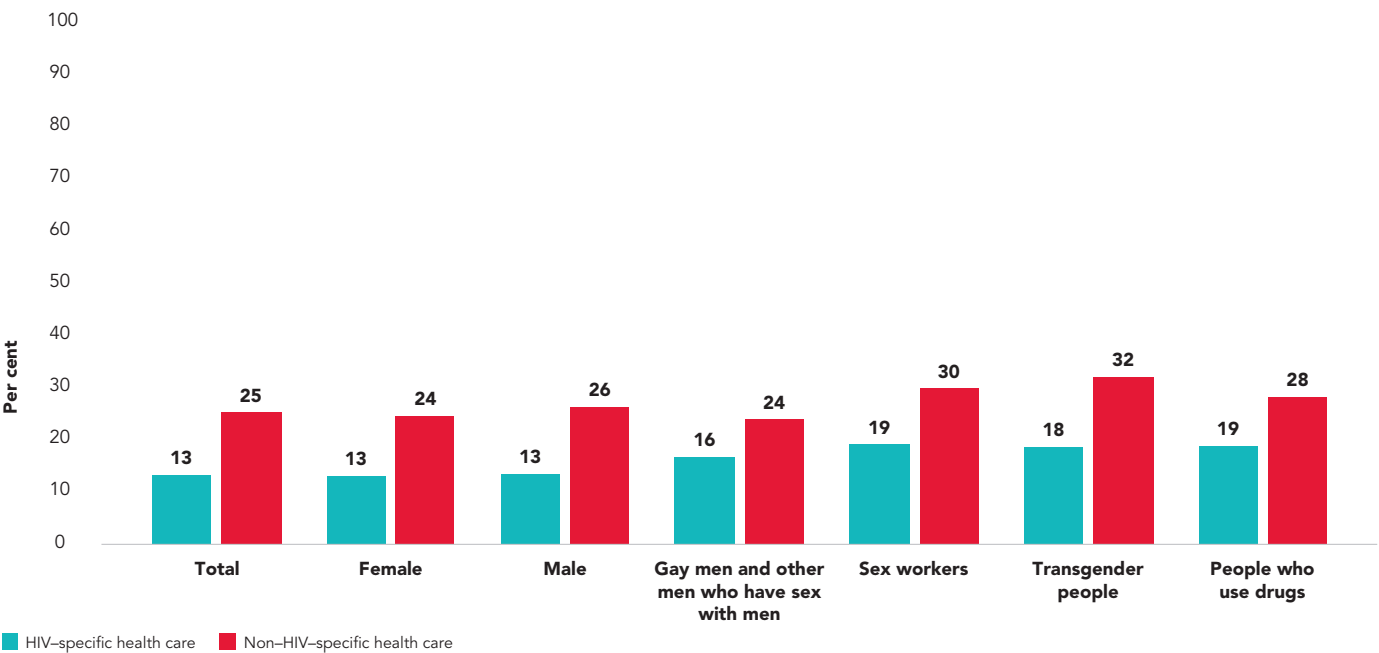
In a study among adolescents in South Africa’s Eastern Cape province, adolescents living with HIV who had experienced intimate partner violence or sexual abuse were half as likely to adhere to their antiretroviral therapy compared with peers who had not experienced such violence.

Figure 1 Testing and treatment cascade among people living with HIV, global, 2019–2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

Figure 2 Percentage of people living with HIV who experienced stigma or discrimination due to their HIV status when seeking HIV or other health-care services in the previous 12 months, 25 countries, 2020–2023



Source: 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.

Figure 3 Percentage of women and men (aged 15–49 years) who report discriminatory attitudes towards people living with HIV, countries with available data, 2019–2023

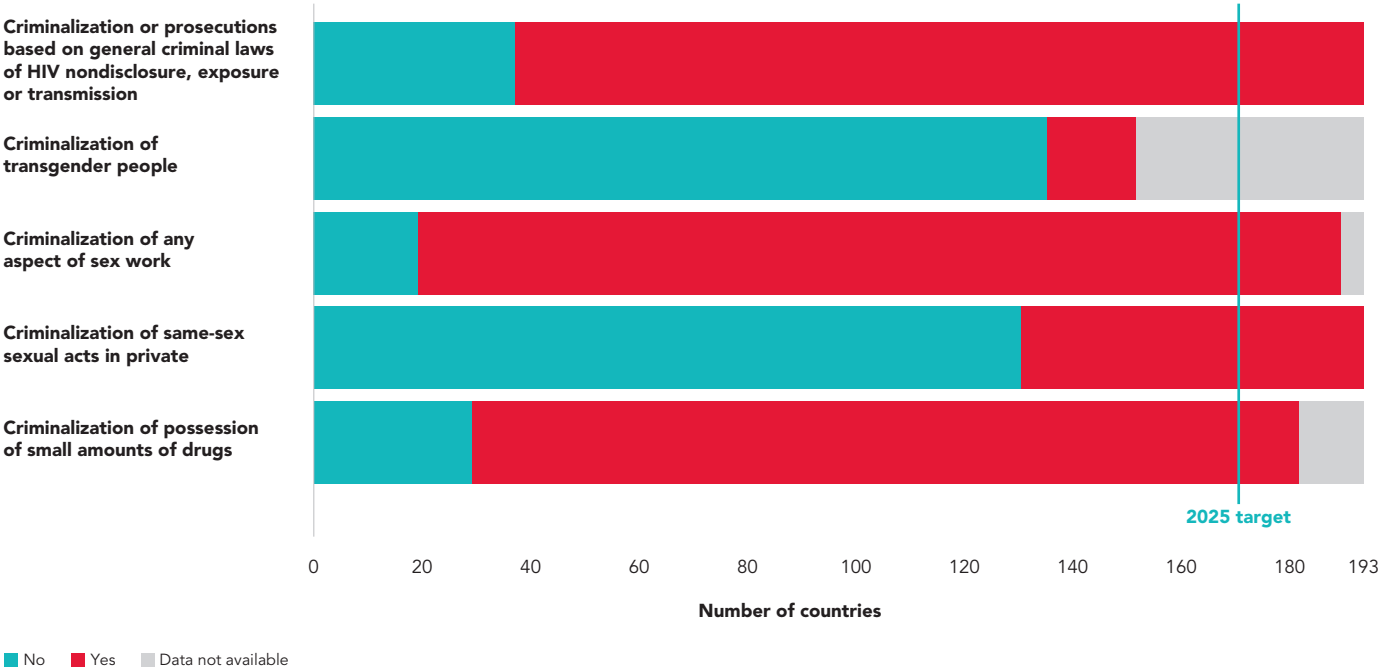


Source: Population-based surveys, 2019–2023.

*Data for women only.

Note: discriminatory attitudes towards people living with HIV are measured as disagreement with two statements on whether the respondent would buy fresh vegetables from a shopkeeper if they knew the person was living with HIV and whether children living with HIV should be allowed to attend school with children who are HIV-negative.

Figure 4 Number of countries with discriminatory and punitive laws, global, 2024



Source: National Commitments and Policy Instrument, 2017–2024 (<http://lawsandpolicies.unaids.org/>), supplemented by additional sources (see references in regional factsheets and <http://lawsandpolicies.unaids.org/>).

Note: this figure does not capture where key populations may be de facto criminalized through other laws, such as vagrancy or public morality laws, or the use of the above laws for different populations.”

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For additional information and data on people living with HIV, see:

2024 global AIDS update. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 (<https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>).

2024 global AIDS update factsheets. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 (<https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>).

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