

Stigma, Violence, and Discrimination Against Key Populations and People Living with HIV: Social Barriers to HIV Control in Iran – A Policy Brief

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Abstract

Despite considerable progress in reducing HIV-related mortality and new infections in recent years, the global HIV response continues to face major social, legal, and structural barriers. Among these, stigma, discrimination, violence, and punitive laws are recognized as some of the most important factors limiting access to HIV prevention, testing, and treatment services. The 10-10-10 targets outlined in the Global AIDS Strategy 2021–2026 emphasize reducing these barriers and creating a safe and equitable environment for people living with HIV (PLHIV) and key populations. In Iran, this issue is particularly important due to the country's complex cultural, social, and legal context. This study aimed to assess the status of HIV-related stigma, discrimination, gender inequality, and violence in Iran and to propose a framework for monitoring and evaluating societal enablers. The findings showed that although certain legal protections regarding confidentiality, non-discrimination, and access to healthcare services exist, punitive laws related to sex work, drug use, and same-sex relations, along with negative social attitudes, continue to hinder equitable access to services. The reviewed studies demonstrated that PLHIV and key populations experience high levels of internalized stigma, social exclusion, discrimination in healthcare settings, and violence. Furthermore, women living with HIV and female sex workers are exposed to extensive violence and social harms. The report emphasizes the need to institutionalize the monitoring of societal enablers within the national HIV program, standardize measurement tools, strengthen legal protections, and translate monitoring data into actionable interventions. Achieving the 10-10-10 targets in Iran requires a human rights-based, gender-sensitive, and community-centered approach that can reduce the gap between policies and social realities.

Keywords: HIV/AIDS, Stigma and discrimination, Gender inequality, Violence, Human rights

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Introduction

The global response to HIV is at a critical turning point. On the one hand, significant progress has been achieved in reducing new HIV infections and AIDS-related deaths; on the other hand, achieving the goal of ending AIDS as a public health threat by 2030 still faces major challenges. The 2024 UNAIDS report emphasizes this dual reality, demonstrating that gaps in access to health services, together with stigma, discrimination, and punitive legal frameworks, continue to undermine the effectiveness of HIV interventions. These barriers disproportionately affect key populations, including people who inject drugs, female sex workers, and men who have sex with men(1).

In this context, the 10-10-10 targets introduced in the

Global AIDS Strategy 2021–2026 are based on the principle that high coverage of HIV services can be sustainable and effective only when individuals can access services in a safe environment, free from fear of punishment, social exclusion, or discrimination. These targets encourage countries to eliminate social, political, legal, and economic barriers and emphasize reducing punitive laws, gender inequality and violence, as well as stigma and discrimination against people living with HIV and key populations. Furthermore, this framework highlights the importance of access to legal services, mechanisms for reporting rights violations, and gender-sensitive services in strengthening the national HIV response(2).

In Iran, the importance of this issue is even greater



because the combination of legal, cultural, and religious factors creates a complex environment for the HIV response. The criminalization of certain behaviors and strict social norms, together with negative attitudes toward key populations, lead many individuals to remain silent and hidden rather than seeking health services. This situation not only affects their physical and mental health but also limits the implementation of prevention and treatment interventions, thereby underscoring the need for a human rights-based, gender-sensitive, and community-centered approach(3, 4).

Accordingly, this policy brief seeks to contextualize the 10-10-10 targets within the Iranian setting and, based on available evidence, emphasize the decisive role of stigma, discrimination, violence, and legal barriers in shaping HIV outcomes. In addition, the brief highlights the need to design and implement a dedicated monitoring and evaluation framework for social enablers within the Fifth National Strategic Plan of Iran, one that can narrow the gap between international commitments and national realities and pave the way for a more equitable and effective HIV response.

Methods

The main component of this study focused on two scoping reviews that examined evidence related to stigma and discrimination, gender inequality, and violence among people living with HIV and key populations in Iran. In addition to reviewing the studies, UNAIDS documents and proposed frameworks—including the Global AIDS Strategy 2021–2026 and GAM 2024—were reviewed to ensure the proposed indicators aligned with global priorities. Furthermore, relevant laws and policies in Iran, including the Constitution and the Islamic Penal Code, were analyzed from the perspective of their impact on people living with HIV and key populations. Subsequently, the final monitoring and evaluation indicators and framework were developed based on the findings of the scoping reviews, legal analyses, and UNAIDS recommendations. This policy brief was prepared in both English and Persian. The Persian-language version of this policy brief is provided as [Supplementary File 1](#).

Key Findings

A review of Iranian laws indicates that the country's legal framework regarding people living with HIV and key populations contains both certain protections and notable restrictions. On the one hand, rights related to non-stigmatization, non-discrimination, confidentiality, and access to healthcare, housing, and employment are recognized within the legal framework. On the other hand, punitive restrictions and sanctions remain in place in areas such as sex work, substance use, and same-sex relations, while explicit and comprehensive protections against HIV-related discrimination remain insufficient.

Evidence from the review on stigma and discrimination demonstrates that these issues are widespread and multidimensional in Iran. Among people living with HIV,

discrimination within the general population, internalized stigma, social exclusion, and discrimination in healthcare settings were reported at significant levels. Among key populations, stigma and social exclusion were also severe. Men who have sex with men, female sex workers, and populations overlapping with homelessness or substance use face verbal violence, family rejection, mistrust toward the healthcare system, and serious barriers to accessing services.

Furthermore, evidence related to gender inequality and violence indicates that women living with HIV and female sex workers are exposed to very high levels of violence.

Policy Recommendations

The first policy recommendation is the institutionalization of monitoring social enablers within the national HIV program. This means that indicators related to stigma, discrimination, gender inequality, and violence should not be collected in a fragmented or project-based manner, but rather be embedded as a permanent component of the national AIDS control program.

The second recommendation is the regular implementation of the HIV Stigma Index for people living with HIV, in order to systematically measure both internalized and experienced stigma. The findings indicate that for people living with HIV, key indicators should include levels of HIV-related shame, experiences of social rejection, discrimination in healthcare settings, and exposure to stigma at multiple levels. These indicators should be collected at regular intervals using standardized and validated questionnaires, enabling the monitoring of national trends over time and supporting evidence-based decision-making.

The third recommendation is the standardization of tools, rigorous validation of questionnaires, and ensuring data quality.

The fourth recommendation is the expansion of accessible and equitable sampling approaches for hard-to-reach populations. The report appropriately suggests the use of respondent-driven sampling for key populations, as many individuals at risk of HIV—particularly those not engaged with harm reduction or treatment services—cannot be identified through conventional sampling methods.

The fifth recommendation is translating monitoring data into actionable interventions. Merely documenting levels of stigma and discrimination is not sufficient; intervention packages should be designed based on findings. These should include training healthcare workers, improving referral pathways, strengthening confidentiality, reducing discriminatory behavior in healthcare settings, and establishing safe mechanisms for reporting rights violations. Monitoring stigma and discrimination should ultimately lead to action, not merely the production of statistics, and therefore implementation-oriented recommendations should accompany reporting results.

The sixth recommendation is strengthening legal and

institutional responses to rights violations experienced by people living with HIV and key populations. Given that part of the existing barriers stems from punitive laws, insufficient explicit anti-discrimination protections, and limited access to legal services, the policy system should establish mechanisms for documenting, referring, and addressing rights violations. In this framework, indicators related to access to legal services, legal empowerment, and reporting of discrimination should be monitored alongside health indicators to highlight gaps between legislation and implementation.

The seventh recommendation is establishing a clear timeline for reporting and policy review. Data on stigma and discrimination should be collected and analyzed every 2–3 years, while data on attitudes and discriminatory behaviors in healthcare settings and the general population should be collected every 3–5 years. This timeline enables policymakers to compare trends, assess the effectiveness of interventions, and adjust policies when necessary.

Conclusion

The evidence presented in this report clearly indicates that achieving the 10-10-10 targets in Iran is not possible without reducing stigma, discrimination, violence, and legal barriers. If the national HIV response is to move toward equity, effective service coverage, and protection of vulnerable populations, monitoring social enablers must become a core component of HIV policy-making in the country.

Therefore, the required action is to adopt and implement the proposed national framework for monitoring and evaluating these enablers, alongside operational and intersectoral reforms aimed at reducing discrimination and violence.

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Competing Interests

The authors declare that they have no conflicts of interest.

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Supplementary File

Supplementary File. The Persian version of this article

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