Chapter Eight: Addressing HIV Related Stigma and Discrimination in Spain

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1. HIV Epidemiological Data in Spain and Spain's Renewed Commitment to Achieve SDG 3.3 by 2030

According to data published in 2023, it is estimated that over 150,000 people are living with HIV in Spain of whom 7.5% are unaware of their status (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). Around 3,000 new HIV cases were diagnosed in 2022 (last available data) representing a 23.8% decline compared to 2019 (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). The number of new HIV diagnoses has been steadily declining since 2018, aided by increased access to testing and diversification of HIV testing modalities as well as by the 2015 recommendation to start antiretroviral treatment regardless of the CD4 cell count. Indeed, Spain continues to make strides in addressing the HIV epidemic, though challenges remain in certain key areas such as the persistence of late HIV diagnoses, which still account for about 45% of all cases (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). Late diagnosis delays access to treatment, worsens health outcomes, and increases the likelihood of transmission.

The populations most affected by HIV in Spain are Gay Men and other men who have sex with men (GBMSM), representing the largest proportion of new diagnoses. Other vulnerable populations include heterosexual individuals from certain migrant communities and people who inject drugs (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). Although Spain has achieved high levels of antiretroviral therapy (ART) coverage, with over 98% of diagnosed individuals receiving treatment, there remain barriers to care for certain marginalized groups, particularly undocumented migrants and people in economically disadvantaged contexts. (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). Advancements in treatments and healthcare have significantly improved the life expectancy and quality of life for people living with HIV (PLHIV) (Jarrín, I. et al., 2024) However, stigma and discrimination remain a challenge.

In terms of prevention, Spain has made significant advances in the availability and uptake of *Pre-exposure prophylaxis (*PrEP)—which has proven effective in reducing new infections—since its inclusion in the Spanish National Health system in November 2019. As of July 2024, it was estimated 30,000 people at high risk of HIV were on PrEP programs throughout the country (Division of HIV, STI, Viral Hepatitis, and Tuberculosis Control, 2024). However, disparities in access to PrEP and testing services continue to affect certain populations

Therefore, despite substantial progress, Spain still faces several challenges in its response to HIV. While free and anonymous testing services are widely available, barriers such as stigma, fear of disclosure, and geographic location of HIV testing services can limit the use of these resources. Late diagnosis continues to be a major concern, delaying treatment and increasing transmission risk. Health inequalities, particularly among undocumented migrant and marginalized groups, remain persistent barriers to prevention and treatment. In short, as highlighted above, HIV-related stigma and discrimination continue to be major obstacles in Spain.

Spain's progressive coalition government, formed in May 2018, made eliminating HIV-related stigma by 2030 (sustainable development goals (SDG 3.3)) a public health priority, restructuring its national response based on scientific evidence, universal healthcare principles, and human rights. The strategy has included reinvigorating the involvement of people living with HIV as well as multisectoral governance. It also meant the reconvening of the Plenary of the National Commission for the Coordination and Monitoring of AIDS Prevention Programs, which had not been convened for four years. With less than six years remaining until 2030, Spain is committed to achieving the UNAIDS targets: diagnosing 95% rates for diagnosis, starting treatment, and viral suppression (UNAIDS, 2024). Additionally, Spain aims to reduce new HIV infections by 90% and eliminate stigma and discrimination. Data from 2021-2022 indicate that 92.5% of people living with HIV in Spain are diagnosed, 96.6% are receiving treatment, and 90.4% have suppressed viral loads (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). The rate of those undiagnosed decreased from 13% in 2017-2019 to 7.5% in 2021-2022, a decline most likely attributable to the implementation of PrEP strategy which prompts people at high risk to get tested in close collaboration with civil society organizations (HIV, STI, and Hepatitis B and C Surveillance Unit, 2023). As well as

PrEP, increased visibility of the HIV response and enhanced testing efforts are also likely contributors to the decline of the undiagnosed fraction. These figures indicate that Spain has exceeded the 90-90-90 targets set by UNAIDS for 2020 and is now working toward the 2030 goals. As part of this renewed commitment, Spain has reinvigorated its relationship with UNAIDS, recommitting to universal health and human rights and actively engaging in UNAIDS governance and the financial contributions necessary to sustain global progress toward ending the HIV epidemic.

This commitment is outlined in the *Strategic Plan for the Prevention and Control of HIV and Sexually Transmitted Infections (STIs) 2021-2030* (Ministry of Health, 2023), which aims to promote prevention, early diagnosis, treatment, chronic care, and improvements in the quality of life for PLWH, while focusing on addressing the stigma and discrimination associated with HIV and STIs in Spain.

2. What is Stigma and its Impact on PLHIV

Throughout history, few infectious diseases have had the high levels of stigma and discrimination that HIV infection faces. This stigma has had, and continues to have, an enormous impact on people's lives and jeopardizes the epidemiological goals of controlling and ending the pandemic. The elimination of HIV-related stigma and discrimination is not only a goal in its own right; it is also instrumental to ending AIDS as a public health problem by 2030. Furthermore, ending HIV-related stigma and discrimination is a key aspect not only of effective prevention and control measures, but also to guarantee and protect the personal dignity and rights of those affected by HIV (Ministry of Health, 2024).

Stigma is described as a process by which a person or group is attributed a characteristic that discredits them in the eyes of others. These characteristics are often arbitrary but serve to identify and ostracize those who deviate from social norms. Closely related to stigma is discrimination, which involves unfair and unequal social treatment of those who are stigmatized (Ministry of Health, 2024). Discrimination has various forms and manifestations. Stigma can manifest through both actions and omissions, either directly or indirectly, and may spread through associations. Different forms of stigma and discrimination demand tailored responses and interventions. While stigma operates in the realm of social perception, discrimination manifests in unfair actions directed at individuals. The two are interconnected, with stigma reinforcing and legitimizing discriminatory behavior..

HIV-related stigma is rooted in social inequalities and other forms of pre-existing stigmas linked to gender, ethnicity, sexuality, nationality, and behaviors deemed unacceptable in various cultures (Ministry of Health, 2024). Intersectional stigma, referring to the experiences of individuals who are subjected to multiple forms of stigmatization simultaneously, affects people living with HIV in a negative way, as it combines the stigma associated with HIV with other social stigmas and inequalities. This creates a new form of inequality that is more complex and harmful than the simple sum of individual inequalities. Intersecting stigmas, such as those related to aging, sexual preference, HIV, and social inequalities, negatively impact the health-related quality of life (HRQoL) of individuals living with HIV. These stigmas affect mental health, access to healthcare, and overall well-being, with common challenges including social isolation, financial instability, and healthcare access barriers across different regions. Many individuals experience violations of their human rights because of HIV-related stigma and discrimination. This also creates significant obstacles to prevention, diagnosis, and treatment efforts. Fear, ignorance, and rejection perpetuate the spread of HIV and foster harmful misconceptions (Hsieh, E., et al. 2022). The psychological impacts of stigma include guilt, low self-esteem, and depression, while practical consequences include denial of services and violations of labor, health, and social rights.

People living with HIV continue to face discrimination in various sectors, including healthcare, education, and employment. Exclusions in employment—often dating back to the early years of the HIV epidemic when less was known about transmission and treatment was not available—too often remain in place today. In Spain, a 2018 comprehensive review across national, regional, and local levels uncovered a number of such exclusionary practices. These included, for example, restrictions on public employment in the police, customs services, and correctional facilities, as well as their respective training institutions. Restrictions like these are not limited to Spain. However, there is no clinical reason to exclude someone with HIV from employment (though there may—in exceptional cases—be some restrictions around viral load for medical staff performing or assisting in exposure-prone medical procedures) (Ministry of Health, 2023). Since 2018, Spain has been trying to overcome these anachronistic restrictions by updating its medical exclusion criteria for public employment. We describe this in detail in the next section.

Insurance can also be impossible or very difficult to get for people with HIV, or prohibitively expensive. Not having life insurance can have a knock-on effect on other issues, such as getting a mortgage to buy a home. Similarly, the EU's requirement that one have health insurance to be eligible for a student visa means some students with HIV from certain countries are either unable to study in EU countries or study without a right of access to HIV care and its complications. Some EU countries have attempted to reverse this situation. In 2018, Spain recognized the right of people with HIV to purchase private insurance without discrimination based on their HIV status. However, the implementation of this rule remained unsatisfactory and some insurance companies continued to refuse coverage for people with HIV or impose onerous conditions based on their serological status (Ramiro Avilés, M.A., Bolívar Oñoro M.V, 2022). Consequently, the Spanish Ministry of Health has begun a collaboration with the Spanish Union of Insurance and Reinsurance Entities (UNESPA) to review the processes for insuring people with HIV. In section 3, we describe this collaboration and its achievements.

Stigma in healthcare settings is also a major barrier to the well-being of people living with HIV, and understanding its drivers is key to addressing it. A 2023 survey of healthcare workers in 54 countries across Europe and Central Asia assessed their knowledge of HIV-related topics like U=U, PEP, and PrEP. Among the 18,348 respondents, correct knowledge was reported by 61.25% for U=U, 55.70% for PEP, and 40.74% for PrEP, with only 31.29% showing comprehensive knowledge across all topics. Sociodemographic factors such as being male, younger, a medical doctor, and having more experience with HIV-positive patients were linked to higher knowledge levels. Training on infection control, HIV stigma, and discrimination was also indicative of improved knowledge. These findings underscore the need for targeted training to address gaps in HIV knowledge and reduce stigma in healthcare (European Centre for Disease Prevention and Control, 2024).

Addressing HIV stigma and discrimination will not only benefit people living with HIV; the response to HIV can and does have impacts that go beyond those who are HIV positive. Part of reducing HIV stigma also requires us to tackle stigmas and discrimination faced by key populations and vulnerable groups, such as men who have sex with men, transgender individuals, sex workers, people who inject drugs, incarcerated individuals, and migrants. This will improve their health and well-being, increase their economic and social participation, and benefit society as a whole. Prioritizing the involvement of patients and communities in decision-making and developing integrated, person-centered care will lead to better standards and outcomes across the healthcare system. Ultimately, reaffirming one's commitment to zero HIV stigma and discrimination is also a reaffirmation of one's commitment to human rights-based policies and practices.

3. *Spain's Commitment to Ending HIV-Related Stigma:* The Social Pact for Non-Discrimination and Equal Treatment Associated with HIV

In November 2018, the Spanish Ministry of Health launched the *Social Pact for Non-Discrimination and Equal Treatment Associated with HIV* (Social Pact) (National AIDS Plan, 2018) with the goal of eliminating HIV-related stigma and discrimination. The pact guarantees equal treatment and opportunities, non-discrimination, respect for human rights, and recognition of the diversity of people affected by HIV. The origins of the pact date to a 2011 initiative proposed by community activists and those affected by HIV, but it took several years before it could be implemented. This follows a common trend. Over the years, civil society activists have played a central role in the fight for the rights and the improvement of the quality of life of people with HIV. These activists have primarily been people with or affected by HIV. They have organized, supported one another, educated the public, clinicians and politicians, and insisted on their rights. This continues to be the case today. In response to such activism, research has been produced, medical practice transformed, and laws and policies changed—even if very often too slowly and too randomly.

The Social Pact represented, and still does, significant progress in protecting the rights of people living with HIV. Key to its success has been the establishment of alliances with various sectors, including governmental bodies, regional and local administrations, non-governmental organizations (NGOs), scientific societies, trade unions, universities, and the media (National AIDS Plan, 2018). The Pact covers all areas of life, both public and private, through the promotion of policies and actions aimed at:

- Promoting equal treatment and opportunities for people with HIV.
- Working toward social acceptance.
- Reducing the impact of stigma on people with HIV.
- Generating knowledge to guide anti-discrimination policies.

The pact aims to address the various manifestations of stigma: structural stigma (rooted in institutions and manifested in laws, policies, and cultural norms), enacted stigma (external expression of stigma as discrimination), public stigma (stigmatizing attitudes held by the general public), and stigma by association (stigma experienced by those associated with stigmatized individuals such as relatives or health care workers).

One of the ways the pact tried to tackle structural stigma and protect the labor rights of people with HIV was the *Agreement of the Council of Ministers of November 2018* (Ministry of the Presidency, Relations with the Cortes and Equality, 2019). This agreement approved instructions to update medical exclusion criteria for public employment. Previously, HIV, diabetes, celiac disease, and psoriasis were considered grounds for exclusion in certain public sector jobs, such as the security forces, armed forces, customs surveillance, and prison staff. The agreement sought to remove or limit these conditions as general causes for exclusion and ensure that public employment access is based on the most up-to-date medical and scientific evidence and sensitive to the individual clinical situations of applicants. This agreement, which was an unprecedented step in the recognition of the rights of PLWH, was published in the Official State Gazette on February and endorsed the need to base the evaluation of job applicants on individual assessments in accordance with the duties to be performed for the posts, and in agreement with current scientific evidence.

Furthermore, a technical interministerial committee was set up to implement this agreement between the Ministry of Territorial Policy & Public Administration, the Ministry of Health, the Ministry of Defense, the Ministry of Treasury, the Home Office, and the Ministry of Presidency, Parliamentary Relations & Equality. An advisory committee was also set up by members from public administration and civil society. From January 2019 to present, the team has reviewed the drafts of public calls for exams for civilian and military officials, health professionals and administrative staff to identify the explicit and/or implicit references to generic exclusions for any of the medical conditions included in the Council of Ministers' agreement: HIV diabetes mellitus, psoriasis or celiac disease. Moreover, the committee has made suggestions to these drafts provided justifying each proposal for amendment and/or omission all together and met and exchanged difficulties and challenges to make the process more efficient and productive, and to understand the inherent technical hitches associated to changing norms which themselves depend on other norms.

Since the agreement's approval, a coordinated effort has been made between relevant entities and ministerial departments to remove these barriers to public employment. As a result, conditions like HIV, diabetes, celiac disease, and psoriasis are no longer considered blanket exclusions but instead evaluated on an individual basis using the most current medical and scientific evidence.

To monitor the Social Pact, a coordinating committee was created comprising of the Division for the Control of HIV, STIs, Viral Hepatitis, and Tuberculosis, the Autonomous AIDS Plans of Andalusia, Catalonia and the Basque Country, the State AIDS Coordinator (CESIDA), the scientific societies Spanish Interdisciplinary AIDS Society (SEISIDA), GESIDA, the Network of Associations Working Positively, and the University of Alcalá in Madrid. Since the social pact was implemented, this committee has been monitoring all the actions carried out.

The pact also remains open for others to join. Organizations, institutions, and individuals can join to support and develop commitments to eliminate stigma and discrimination associated with HIV and AIDS, guaranteeing equal treatment and opportunities, as well as spaces of non-discrimination.

Furthermore, an online communication plan was developed with its own website (https://pactosocialvih.es), social media engagement (i.e., Facebook, Twitter, Instagram, and YouTube), and a blog. The goal was to both make the situation of people living with HIV visible and promote activities related to the Social Pact.

All in all, the evidence suggests that since the launch of the Social Pact, Spain has taken important steps toward creating a legal framework attentive to those stigmatized and discriminated against because of HIV. The focus has been on promoting human rights and incorporating current scientific-medical evidence and support. Notable examples include:

- The *Interterritorial Health and Social Services Councils* issued a joint declaration on October 9, 2019 ensuring that people with HIV are not discriminated against when accessing residential care homes for the elderly or disabled. Another interterritorial collaborative effort involved working with the *Institute for Older People and Social Services* and the *Directorate General for Equal Treatment and Diversity* (Interterritorial Council of the National Health System, 2019).
- *Law 15/2022* on *Equal Treatment and Non-Discrimination*, which, for the first time at the national level, includes HIV serological status as a reason for non-discrimination (Government of Spain, 2022).
- *Law 39/2022 on Sports*, which introduces measures to promote equality and combat discrimination, including provisions for HIV-related dis-

crimination. It guarantees access to sports for all individuals, regardless of HIV status (Government of Spain, 2022).
- *June 2023 modification of Royal Decree 2487/1998* was amended to remove the exclusion of people with HIV from armed private security positions (Ministry of the Interior, 2023).
- *The Universal Health Bill* was approved by the government in May 2024 and published in the Official Bulletin of the General Courts on June 28, 2024. The aim of the regulation is to establish measures that safeguard the universality of the National Health System and minimize health inequalities (Congress of Deputies, 2023).

The Social Pact also spurred other initiatives. These have included a *partnership between the General Directorate of Public Health, the State Coordinator of HIV and AIDS, and the University of Alcalá in 2021,* with an annual allocation from the Ministry of Health of €90,000 (Ministry of Health, 2021). This partnership focuses on a number of actions summarized below. The third edition of the cross-sectional survey on the beliefs and attitudes of the Spanish population toward people with HIV was conducted in 2021. Its main findings are summarized in section 3.1. Also, for the first time, a study on how stigma is experienced by people with HIV in Spain was conducted in 2023 in collaboration with Seisida. The main findings are summarized in section 3.2.

Further, the Ministry of Health of Spain in close collaboration with the Social Pact committee has continued working on identifying current legal norms in the Spanish legal system—across all levels and in all areas of health, social services, access to public employment, etc.)—which either directly, indirectly, or by association discriminate against people with HIV or those who interact with them, or limit their rights. The Ministry of Health of Spain in close collaboration with the Social Pact committee has also produced materials aimed at ensuring that people with HIV are aware of their rights as well as the legal mechanisms for protecting those rights and reporting when they have been violated. Finally, we worked on strategies to facilitate the labor integration of people with HIV, ensuring equal opportunities for women and men both in access to and maintenance of employment. One example of this is the “Manual of Good Business Practices” created in collaboration with the NGO *Trabajando en Positivo* and now used by public companies and the civil service (Trabajando en Positivo, 2023).

Over the years, the Social Pact has made significant strides in raising awareness of the stigma and discrimination faced by people with HIV. This has been achieved through online communication strategies, a dedicated website, and campaigns aimed at eliminating HIV-related stigma and discrimination, particularly during the commemoration of World AIDS Day.

EXAMPLE OF GOOD PRACTICES

Ensuring access to life insurance for people with HIV

Despite the 2018 reform of the **Insurance Contract Law**, people living with HIV still face discrimination when accessing benefits and insurance. To address this, the Ministry of Health's **HIV Control Division** and the **Spanish Union of Insurance and Reinsurance Entities (UNESPA)** are working together to ensure compliance with anti-discrimination regulations and raise awareness among insurance companies. This collaboration aims to eliminate practices that hinder equal opportunities and perpetuate stigma and discrimination.

As part of this effort, a study was conducted to calculate the life expectancy of people with HIV, aiding decision-making in the insurance sector. One key finding from the study is that individuals with HIV who have started antiretroviral therapy (ART) in recent years, with high CD4 counts and no prior AIDS diagnosis, have a life expectancy comparable to the general population, especially among men who have sex with men (MSM) (Jarrín, I. et al., 2024).

3.1. The Magnitude and Evolution of HIV-Related Stigma and Discrimination in Spain (2008-2021)

In 2008, the Spanish Interdisciplinary AIDS Society (SEISIDA) led the first nation-wide study of public stigma—i.e., the stigmatising attitudes held by the general public. This study aimed at assessing the level of knowledge that the general population had about aspects related to HIV infection and better understanding existing attitudes in Spain toward people with HIV. The study used a telephone survey administered to a representative sample of the Spanish population (n=1607). A correlational study was also conducted to examine the relationship between different variables in predicting prejudice and discrimination toward people with HIV. This same survey was subsequently conducted in 2011 and 2022.

Fuster-Ruiz de Apodaca, M.J. & Prats (2022) have analyzed the evolution of the survey results since 2008 and have revealed a significant decrease in most indicators of public stigma toward people living with HIV (PLHIV). These indicators included levels of discomfort around PLHIV, avoidance behavior, agreement with discriminatory policies, and blame attribution. However, the area improving the least was the intention to avoid people with HIV. In 2021, 10% of the population expressed that they would not want any kind of relationship with someone living with HIV, and only 9% claimed they would be comfortable having a PLHIV as a neighbor. The most relevant predictors of stigma in 2021 were consistent with previous surveys, highlighting the persistence of misconceptions about HIV transmission, fear of the virus, and the lack of personal experience of PLWH.

3.2. The Experience of Stigma among People Living with HIV: HIV Stigma Index in Spain, 2023

HIV-related stigma is a critical determinant in the quality of life of PLHIV, and addressing it is a priority of the Social Pact for Non-Discrimination and Equal Treatment associated with HIV. For the first time in 2023, SESIDA, in collaboration with CESIDA and the University of Alcalá, carried out a study focusing on describing the stigma experiences of PLHIV and analyzing their health-related quality of life (HRQoL) and psychological well-being (Fuster-Ruiz de Apodaca, M.J., et al., 2024). The findings emphasized the prevalence of anticipated stigma, with high levels of concern about rejection by sexual partners (66.1%) and fears of losing employment or being treated differently by coworkers (41.2% and 34.5%, respectively). In terms of actual experiences of stigma and discrimination, the most common forms were rejection by a sexual partner (32.5%) and receiving discriminatory remarks (27.6%). Moreover, 19.9% of respondents claimed they had chosen not to engage in sexual or romantic relationships in the past 12 months because of stigma. Respondents also showed a high tendency to internalize stigma. In 2023, despite 98.4% of the sample being on antiretroviral treatment (ART) and 94.5% having had undetectable viral loads in the previous 12 months, two-thirds were still worried about transmitting HIV to others. When it came to disclosing their serostatus, only 11% of participants lived openly and voluntarily with HIV. The most common form of discrimination in non-specialized healthcare settings was physical contact avoidance or the use of disproportionate preventive measures (10.8%). Additionally, 6.9% had experienced the need to disclose their HIV status to obtain health insurance. Despite the relatively low instances of structural stigma, only 51.7% of participants were aware of Spain's anti-discrimination laws. These findings underscore the importance of prioritizing interventions that target anticipated stigma and self-exclusion, as these factors significantly impact the quality of life of PLHIV in Spain.

4. HIV-related stigma and discrimination elimination as a priority of the Spanish EU Presidency.

In alignment with Spain's agenda, the elimination of HIV-related stigma and discrimination was established as a political priority for the Spanish Presidency of the Council of the European Union in the second half of 2023. The decision to prioritize the elimination of HIV-related stigma and discrimination during Spain's EU Presidency led to key milestones:

- Spain's EU Presidency was inaugurated with an event on July 3, 2023, at the Ministry of Health, which paid tribute to the HIV community's activism and commitment, and recognized their leadership in defending their dignity during the 1980s and 1990s.
- An opinion paper was released by the European Economic and Social Committee, outlining measures to combat HIV-related stigma (2023).
- A joint technical document "HIV-Related Stigma and Discrimination: The Challenge" was prepared in collaboration with UNAIDS, WHO/Euro, ECDC, and SEISIDA (Ministry of Health, 2024).
- A high-level meeting in Seville on September 15, 2023, titled *HIV and Human Rights: Political Action to Achieve Zero Stigma*, which highlighted the political commitment of the participating countries to addressing this issue. https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/VIHyDerechosHumanos/home.htm
- On September 15, 2023, Spain joined UNAIDS' Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (UNAIDS, 2023). It was the second EU country after Luxembourg to make this commitment.
- A special session at the European Parliament in Brussels was held on December 1, 2023 (World AIDS Day) and chaired by Vice President Marc Angel and attended by Spain's Minister of Health, Mónica García; Christine Stegling, Deputy Executive Director of the Policy, Advocacy and Knowledge Branch at the Joint United Nations Programme on HIV/

AIDS (UNAIDS); and María José Fuster-Ruiz, Director of the Spanish AIDS Society (SEISIDA). https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/december/20231201_wad-brussels

The primary goal of the High-Level Meeting (HLM) held, in Seville was to discuss various strategies and agreements to promote the elimination of HIV-related stigma and discrimination in social, political, and institutional spheres. This effort is crucial for achieving the Sustainable Development Goal (SDG) 3.3 by 2030, both within the EU and in the context of global health. The event was attended by the Spain's Minister of Health, the Mayor of the Town Hall of Seville, the Hungarian State Secretary for Health, the Director of ECDC, the Deputy Executive Director of UNAIDS, and 130 representatives from diverse sectors involved in the HIV response, including EU member states, international organizations (ECDC, WHO, WHO/Euro, UNAIDS), state, regional, and local governments, scientific societies, NGOs, and civil society (Ministry of Health, 2024).

4.1. Spain Joins the UNAIDS Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination

The unique and pivotal role of UNAIDS goes beyond its focus on HIV, addressing broader health inequalities, advocating for sexual and reproductive health, championing universal healthcare, and defending human rights, particularly for the most marginalized communities. One of the key strengths of UNAIDS lies in its ability to build trust between these communities and public authorities, creating a bridge that is essential for effective public health interventions.

The current global backlash against human rights and reproductive health rights is having a harmful impact on the response to the HIV/AIDS pandemic and future public health challenges. Achieving zero stigma and discrimination is not only a goal in itself but also instrumental in ending AIDS, as the involvement of marginalized communities is crucial for the success of the global HIV response.

The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, promoted by UNAIDS, provides a framework for reaching the goal of zero discrimination (UNAIDS, 2023). As part of the EU's Global Health Strategy, the European Commission (EC) has the potential to promote this partnership among Member States and support it financially, enhancing the collective effort toward a stigma-free environment for people living with HIV.

During the signing event, the Executive Director of UNAIDS emphasized that current attacks on human rights are a threat to freedom, democracy, and health. HIV-related stigma, discrimination, and the criminalization of key populations—such as LGBTQI communities, sex workers, and drug users—undermine public health efforts and hinder the global targets to end AIDS. UNAIDS is at the forefront of resisting these attacks, advocating for sexual and reproductive health and rights, and standing with the most marginalized communities. Currently, 38 countries, including 14 from Africa, have joined the Global Partnership for Action (UNAIDS, 2023).

On September 15, 2023, as previously mentioned, Spain joined the UNAIDS Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, becoming the second EU country to sign. Later, during the 25th International AIDS Conference in 2024 in Munich, Germany joined the Global Partnership. https://www.unaids.org/en/topic/global-partnership-discrimination

Persistent inequalities in the global HIV response continue to hinder progress toward ending the epidemic. However, as UNAIDS highlighted in its 2022 World AIDS Day report *Dangerous Inequalities*, these gaps can be closed. The UNAIDS Global AIDS Strategy 2021–2026: *End Inequalities, End AIDS* (2021) is grounded in human rights, gender equality, and dignity, advocating for a world free of stigma and discrimination for all people living with HIV. This strategy sets clear goals and policies for engaging countries and communities in addressing HIV-related inequalities and ultimately ending the AIDS epidemic.

Spain has called for UNAIDS to receive both political and financial support from the European Commission to strengthen its efforts. In 2023, Spain renewed its commitment to the Global Fund for HIV, tuberculosis, and malaria with a contribution of 130 million euros for the next three years. This was a 30% increase from the amount granted for the previous three years, matching funding increases from other countries. https://www.theglobalfund.org/en/government/profiles/spain/

In October 2024, the Spanish government approved a new contribution of 1 million euros to UNAIDS to support its efforts to end AIDS by 2030 as part of the Sustainable Development Goals. The announcement was made following a meeting between the Spanish Minister of Health, Mónica García Gómez, and the Executive Director of UNAIDS, Winnie Byanyima, in Madrid.

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/october/20241015_spain

4.2. Continuation of the legacy of the Spanish presidency

The actions led by Spain's EU Presidency represented a significant step forward in Europe's ongoing fight against HIV-related stigma and discrimination. During the Belgium Presidency of the EU in 2024, Spain supported the side-talk "Drawing attention to the crucial role of UNAIDS in reaching EU, AU and UN global health goals for 2030" which took place during the European Union & African Union High Level Event. The event was aimed at drawing attention to the crucial role of UNAIDS in reaching European Union (EU), African Union (AU), and United Nations (UN) global health goals for 2030. The side-talk was organized by Belgium, the Netherlands, and Spain following on the political priority "Elimination of HIV-related stigma and discrimination" set by the preceding Spanish Presidency.

As a consequence of flagging this political priority, the EUXHealth program—which is the EC's main instrument for implementing EU health strategy, announced a joint action on vaccine-preventable cancers and addressing HIV/AIDS, tuberculosis, and hepatitis. The action calls for initiatives that address stigma and discrimination against people living with HIV and the identification and transfer of best practices for addressing HIV/AIDS, tuberculosis, and viral hepatitis (European Commission website). This joint action will be developed during 2025 and 2026 and different EU countries are working to eliminate HIV related stigma.

5. Conclusion: The Legacy of HIV Responses to Eliminate HIV-Related Stigma and Discrimination beyond HIV

The legacy of HIV responses in reducing HIV-related stigma and discrimination extends beyond the immediate scope of HIV itself to impact broader public health policies, legal frameworks, and societal attitudes toward marginalized groups. One of the most significant legacies lies in the efforts to address all forms of stigma and discrimination by advocating for systemic changes that promote inclusion and equity. HIV responses have driven new legislation aimed at dismantling legal barriers that previously limited access to healthcare. For example, countries have adopted Universal Health Care policies that do not just benefit people living with HIV but are also designed to prevent discrimination based on socioeconomic status, race/ethnicity, gender identity, or other identities. In many ways, the HIV response has catalyzed a "health-in-all-policies" approach, which ensures that public health considerations permeate policies from various sectors. By engaging different administrative bodies, this approach supports a cross-sectoral commitment to fostering healthier living conditions for all communities, particularly those historically side-lined by traditional health and social policies.

In addition to legislative reform, public health approaches to HIV have demonstrated the importance of designing policies that address stigma and discrimination directly. Modern HIV responses have shown how inclusive and privacy-sensitive data use can inform effective public health policies while protecting the rights of marginalized groups. As a result, legislation now often incorporates strict privacy safeguards and offers individuals greater control over their personal information, creating a model that extends beyond HIV data practices to other health areas where stigma is a factor.

Central to the HIV response has been a firm commitment to upholding individuals' rights around information, consent, and confidentiality, particularly concerning HIV testing. This emphasis on patient autonomy has been pivotal in reshaping broader health policy approaches to consent and information-sharing practices. Recognizing that HIV was historically stigmatized—and that fear of discrimination prevented many from seeking testing and care—HIV advocacy efforts have championed policies where informed consent and patient-centered rights are foundational. By requiring clear communication about testing and the right to privacy, these policies have increased patient trust in healthcare systems, setting a standard that has since influenced other areas of medical testing and treatment. Today, this patient-rights framework helps ensure that individuals feel empowered in their healthcare choices, knowing that they are respected participants rather than passive recipients of care.

This framework also underscores the critical importance of access to treatment. The HIV response mobilized a robust global push to expand access to life-saving medications, challenging traditional intellectual property practices that made essential drugs prohibitively expensive for low- and middle-income countries. Through persistent advocacy, these efforts led to ground-breaking measures, such as patent pooling and voluntary licensing, which allowed for the production of affordable generic antiretrovirals. This shift in intellectual property policy proved transformative, demonstrating that health crises could necessitate—and justify—renovating traditional intellectual property frameworks to prioritize public health. This has prompted new health policy frameworks, such as TRIPS (Trade-Related Aspects of Intellectual Property Rights) flexibilities, which allow countries to issue compulsory licenses in cases of public health emergencies. The HIV movement's advocacy for such measures has reverberated throughout global health, encouraging countries to prioritize public health over patent rights in situations where critical drugs are necessary.

Beyond HIV, this legacy has proven influential in responses to other health crises, such as the COVID-19 pandemic and the recent MPOX outbreak. The response to COVID-19, for example, saw calls for similar intellectual property flexibility to ensure equitable access to vaccines, diagnostic tools, and therapies. This further points to the HIV response's lasting impact on intellectual property policy by promoting the idea that lifesaving medications should be a global common good rather than restricted commodities. In the case of MPOX, there has been a conscious effort to collaborate with civil society organizations to ensure that documentation and public health messaging are carefully crafted to avoid inadvertently stigmatizing affected communities. This commitment to inclusivity, drawn from the lessons of HIV responses, reflects an ongoing shift in public health —where policies are developed not just to control disease but to respect and protect the dignity of all individuals, regardless of health status or group identity.

In sum, the HIV response's legacy is evident in a transformed public health framework that increasingly recognizes the need to fight all forms of stigma and discrimination. The HIV response has demonstrated that a rights-based approach—rooted in informed consent, patient autonomy, and equitable access to treatment—strengthens healthcare systems by making them more responsive and inclusive. This legacy continues to guide global health policies, underscoring the fundamental truth that healthcare access should be governed not by market forces but by principles of human dignity and equity.

Bibliography

Congress of Deputies, (2023). *Draft Law on the Universality of the National Health System*. Approved in Congress. Official Bulletin of the General Courts. Available at: https://www.congreso.es/public_oficiales/L15/CONG/BOCG/A/BOCG-15-A-21-1.PDF [Accessed: 31/10/2024].

Division of HIV, STI, Viral Hepatitis, and Tuberculosis Control, (2024). *Information System of Pre-exposure Prophylaxis Programs for HIV in Spain (SIPrEP). Results Report November 2019-May 2024*. Madrid: Ministry of Health. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/PrEP/Informe_SiPreP__julio2024.pdf [Accessed: 27/09/2024].

European Economic and Social Committee, (2023). *Opinion of the European Economic and Social Committee on measures to combat the stigmatization of HIV. European Union.* Available at: https://eur-lex.europa.eu/legal-content/ES/TXT/?uri=uriserv:OJ.C_.2023.293.01.0034.01.SPA [Accessed: 27/09/2024].

European Centre for Disease Prevention and Control, (2024). *HIV stigma in the healthcare setting. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia*. Stockholm: ECDC. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/Dublin%20-%20HIV%20stigma%202024-final-with-covers.pdf [Accessed: 27/09/2024].

European Commission, n.d. European Commission website. Available at: [https://ec.europa.eu] [Accessed: 31/10/2024].

Fuster-Ruiz de Apodaca, M.J. & Prats, C. (2022) *Evolution of beliefs and attitudes of the Spanish population towards people with HIV from 2008 to 2021.* Madrid: Ministry of Health, State Coordinator of HIV and AIDS, and University of Alcalá.

Fuster-Ruiz de Apodaca, M.J., et al., (2024). *Experience of stigma among people with HIV in Spain.* Madrid: Ministry of Health, State Coordinator of HIV and AIDS, and University of Alcalá.

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Prentice Hall.

Government of Spain, (2022*). Law 15/2022, of 12 July, on comprehensive equality of treatment and non-discrimination.* BOE, no. 167, 13 July. Entry into force: 14 July 2022. Available at: https://www.boe.es/eli/es/l/2022/07/12/15/con [Accessed: 31/10/2024].

Government of Spain, (2022). *Law 39/2022, of 30 December, on Sport*. BOE, no. 314, 31 December. Available at: https://www.boe.es/eli/es/l/2022/12/30/39/con [Accessed: 31/10/2024]

HIV, STI, and Hepatitis Surveillance Unit, (2023). *Epidemiological Surveillance of HIV and AIDS in Spain 2022: Information System on New HIV Diagnoses and National AIDS Case Registry*. Madrid: National Epidemiology Centre, Carlos III Health Institute / Division of Control of HIV, STIs, Viral Hepatitis, and Tuberculosis, Ministry of Health. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/docs/Informe_VIH_SIDA_2023.pdf [Accessed: 27/09/2024].

HIV, STI, and Hepatitis B and C Surveillance Unit, (2023). *Update of the HIV Care Continuum in Spain, 2021.* Madrid: National Epidemiology Centre – Carlos III Health Institute / Division of Control of HIV, STIs, Viral Hepatitis, and Tuberculosis – General Directorate of Public Health. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/docs/Continuo_atencion_VIH_mayo_2023.pdf [Accessed: 27/09/2024].

Hsieh E, et al., (2022). *Intersectionality of stigmas and health-related quality of life in people ageing with HIV in China, Europe, and Latin America.* Lancet Healthy Longev. 3(3), pp. e206-e215.

Interterritorial Council of the National Health System, (2019). *Joint declaration of the Interterritorial Councils of the National Health System and social services and dependency care on the access of people living with HIV to residential centers for the elderly and/or disabled.* Ministry of Health, Consumer Affairs and Social Welfare. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/docs/CertifSGSC_CISNS_SesionPlenaria14oct19.pdf [Accessed: 31/10/2024].

Jarrín, I. et al., (2024) *'Life expectancy of people with HIV on antiretroviral therapy in Spain', AIDS, 38(3), pp. 387-395.*

Ministry of Health, 2021. *Resolution of 10 March 2021, of the Secretary of State for Health, publishing the Agreement between the General Directorate of Public Health, the State Coordinator of HIV and AIDS, and the University of Alcalá, for the development of actions under the social pact for non-discrimination and equal treatment associated with HIV*. BOE, no. 70, 23 March, pp. 33478-33486. Available at: https://www.boe.es/boe/dias/2021/03/23/pdfs/BOE-A-2021-4554.pdf. [Accessed: 31/10/2024].

Ministry of Health, (2023). *Strategic Plan for the Prevention and Control of HIV and Sexually Transmitted Infections in Spain 2021-2030*. Madrid. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/planNalSida/PLAN_FOR_THE_PREVENTION_AND_CONTROL_OF_HIV_AND_OTHER_SEXUALLY_TRANSMITTED_INFECTIONS_IN_SPAIN.pdf [Accessed: 27/09/2024].

Ministry of Health, (2024). H*IV-related stigma and discrimination: the challenge.* Madrid: Ministry of Health. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/VIHyDerechosHumanos/docs/EU_Presidency_Technical_document_HIV_Stima_Discrimination.pdf [Accessed: 27/09/2024].

Ministry of the Interior, (2023). *Royal Decree 426/2023, of 6 June, amending Royal Decree 2487/1998, of 20 November, regulating the accreditation of the psychological and physical fitness required to possess and use firearms and to provide private security services*. BOE, no. 135, 7 June, pp. 80778-80780. Available at: https://www.boe.es/eli/es/rd/2023/06/06/426 [Accessed: 31/10/2024].

Ministry of the Presidency, Relations with the Cortes and Equality, (2019). *Order PCI/154/2019, of February 19, which publishes the Agreement of the Council of Ministers of November 30, 2018, approving instructions to update the calls for selective examinations for civil service, statutory, and labor personnel, both civil and military, in order to eliminate certain medical causes of exclusion from access to public employment*. Official State Gazette, no. 44, February 20, pp. 16259-16261. Available at: https://www.boe.es/eli/es/o/2019/02/19/pci154 [Accessed: 29/10/2024].

National AIDS Plan, (2018) *Social Pact for Non-Discrimination and Equal Treatment Related to HIV*. Madrid: Ministry of Health, Consumer Affairs, and Social Welfare. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/doc/pactoSocial_27Feb19.pdf [Accessed: 27/09/2024].

Ramiro Avilés, M.A., Bolívar Oñoro M.V, (2022). *HIV and Access to Private Insurance in Spain*. Leiden. European Journal of Health Law.

Trabajando en Positivo, (2023) *Good Practices Manual for Equal Treatment and Opportunities for People with HIV in the General State Administration, Companies, and Entities of the State Institutional Public Sector*. Madrid: Ministry of Health, State Coordinator of HIV and AIDS, and University of Alcalá. Available at: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/PACTOSOCIAL/docs/Manual_buenas_practicas_administracion-2023.pdf [Accessed: 27/09/24].

UNAIDS, (2021) *Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS*. Geneva. Joint United Nations Programme on HIV/AIDS. Available at: https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf [Accessed: 27/09/2024].

UNAIDS, (2022). *Dangerous inequalities: World AIDS Day report*. Geneva: Joint United Nations Programme on HIV/AIDS. Available at: https://www.unaids.org/sites/default/files/media_asset/dangerous-inequalities_es.pd [Accessed: 27/09/2024].

UNAIDS, (2023). *Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination*. Geneva. Joint United Nations Programme on HIV/AIDS. Available at: https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf [Accessed: 27/09/2024].

UNAIDS, (2024). *Understanding measures of progress towards the 95–95–95 HIV testing, treatment and viral suppression targets.* Geneva. Joint United Nations Programme on HIV/AIDS. Available at: https://www.unaids.org/sites/default/files/media_asset/progress-towards-95-95-95_en.pdf [Accessed: 27/09/2024].