

Pathways to justice and redress for women living with HIV through documentation of systemic abuse, coercion and discrimination

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1. Overview

Women living with HIV face high levels of interpersonal and structural violence. Legal systems and services meant to protect them can instead create new risks, where a diagnosis can place a woman under suspicion rather than support, seeking care may involve the loss of privacy or control over bodily autonomy and medical decisions, and turning to the courts can result in disbelief, delay, or outright retaliation. Structural barriers make justice inaccessible to most women and limit their ability to seek safety or redress.

The legal and social structures in which women living with HIV and women from key populations live, rarely reflect their intersecting realities of poverty, gender-based violence, and stigma, nor do they safeguard against the harm caused when disclosure of HIV status triggers punishment rather than protection. Justice for women living with HIV requires the ability to decide freely about one's own body, it is the assurance of safety in moments of vulnerability, and the possibility of redress when harm is done. In many contexts, these rights exist only in words while the daily reality is defined by silence, coercion, and fear. Even the most personal choices, such as whether to have children, seek care, or speak out about violence, are shaped by the threat of rejection or criminalization.¹

Despite these barriers, ICW networks and sister networks of women living with HIV, together with allied organizations have shown that justice is possible, though often pursued at significant personal cost. Through strategic litigation, survivor testimony, and community monitoring, women living with HIV have challenged coercive practices such as forced sterilization, exposed systemic violence from Namibia to Honduras and from South Africa to Ukraine, and advanced law reform. These victories, though hard-fought, remain exceptions. Most women still face inaccessible courts, lengthy and costly procedures, and a lack of trust in state institutions.

Justice, beyond formal recognition of rights, calls for accountability mechanisms that are accessible, grounded in feminist principles, and capable of safeguarding autonomy, offering protection in times of vulnerability, and providing meaningful remedies when harm occurs.

2. Evidence-based approaches to justice

More than two decades of advocacy have produced a body of evidence that connects systemic violence, reproductive coercion, and discrimination against women living with HIV to gaps in law and policy. Women-led networks and their allies have combined legal action, community research, and survivor testimony to expose these abuses, influence international standards, and open avenues for legal and policy reform.

Litigation led by women's networks and human rights advocates has challenged forced sterilization, fought criminalization laws, and created space for survivor testimony. In Namibia, a Supreme Court ruling secured by the Namibian Women's Health Network and ICW held the government accountable for sterilizing three women without consent, uncovering falsified paperwork and signatures obtained under duress². In Kenya, eight years of advocacy led to a High Court decision affirming that the sterilization of four women violated their rights to dignity, equality, and family life, confirming reproductive autonomy as a fundamental right³. In South Africa, a formal complaint to the Commission for Gender Equality resulted in a 2020 investigation that confirmed widespread coerced sterilization in public hospitals and prompted discussions with health authorities to provide individualized remedies, including medical support and compensation⁴. Women-led networks have also created a detailed record of systemic abuse across many regions. In Latin America, findings published in 2025 by ICW Latina documented mistreatment in healthcare, breaches of confidentiality, and reproductive coercion, often intersecting with poverty, migration, and racial discrimination⁵. Around the same time, Fundación Llaves in Honduras published research that showed years of stalled investigations and institutional inaction in cases of forced sterilization, with none of the cases reaching judicial resolution⁶. The study also highlighted survivor-led advocacy that has influenced national and regional policies. In Eastern Europe and Central Asia, the Eurasian Women's Network on AIDS has combined legal defense with direct support for survivors⁷. Meanwhile, in Asia Pacific, community-led monitoring spearheaded by ICWAP continues to reveal widespread violence, denial of care, and reproductive coercion, while support for women-led initiatives has sharply declined⁸. In the Middle East and North Africa, the LEARN MENA project documented that nearly all women consulted had experienced violence and that one in three reported abuses by law enforcement⁹.

Legal reforms have also followed years of advocacy led by community organizations and legal networks. The HIV Justice Network has tracked notable changes across the Commonwealth, including the repeal of Belize’s HIV-specific statute, the removal of mandatory death penalty clauses tied to HIV-related charges in Lesotho and Uganda, and the recognition of undetectable viral load as a defense in Singapore.

3. Coercion, stigma, and the meaning of justice

The 2024 report *Confronting Coercion*¹⁰ presents a global picture of coercion, mistreatment, and abuse in healthcare settings that reveals systemic inequalities and demonstrates how the path to justice is different for each woman. Testimonies and data gathered from over 26,000 women across regions describe experiences of forced and coerced sterilization, breaches of confidentiality, denial of care, and violence in health institutions, often compounded by poverty, migration, racial discrimination, or other forms of marginalization. In some regions, as many as one in four women reported recent experiences of reproductive coercion linked to sterilization, yet survivors face significant barriers to seeking justice, including fear of retaliation, a lack of institutional trust, and legal processes that are both lengthy and costly. Even in countries where court victories have been achieved, access to meaningful redress remains out of reach for many. Justice is not a single outcome but reflects a spectrum of needs. For some women, accountability is measured in acknowledgment of wrongdoing or formal apologies. Others require medical interventions, psychological support, or reproductive assistance to address the harm caused by sterilization or denial of care. Compensation is essential for some, while others seek institutional reforms that will prevent future abuses. This diversity of needs shows that justice cannot be understood only through punitive measures but must instead be shaped by survivors’ voices, addressing systemic stigma, violence, and discrimination across legal, medical, and social systems.

4. Revitalization of the CSW and access to justice

The history of advocacy and litigation shows what women’s networks can achieve even in hostile systems, yet these gains remain isolated without wider reforms. CSW has already recognized HIV as a gender equality issue, most notably through Resolution 60/2¹¹, first adopted in 2016 and updated in 2024, which urged governments to confront stigma, end violence, reform discriminatory laws, and elevate the leadership of women living with HIV. The revitalization can

increase accountability for resolutions like 60/2 and create space for those who have been working towards realizing the fundamental right to access to justice. The Women's Networking Zone* has called for reforms to make the CSW more accessible and representative, including rotating its location, removing accreditation barriers, and increasing resources for grassroots participation so that women most affected by HIV and gender-based violence can be present and heard. Grounding CSW's work in this evidence and opening its processes to wider participation would reinforce its role as a space for accountability and reform. Embedding the work of the Commission in lived realities and broadening access to its processes would allow it to become a more effective forum for advancing rights and holding governments to account.

5. Recommendations

- Strengthen implementation of CSW commitments by linking resolutions, including 60/2, to regular reviews that track progress, identify gaps, and hold governments accountable for advancing rights and justice for women living with HIV.
- Reform participation structures by rotating CSW's location, simplifying accreditation, and allocating resources for grassroots and community-led organizations so that women most affected by HIV and gender-based violence can take part in shaping policy discussions.
- Advance legal reform by reviewing and repealing punitive laws on HIV exposure, transmission, and non-disclosure, following UNAIDS and OHCHR guidance to create proportionate frameworks that uphold rights and support public health.
- Invest in women-led networks by ensuring sustained funding for organizations of women living with HIV that document violations, provide legal and paralegal support, and lead litigation as part of broader accountability systems.
- Improve protections and accountability by strengthening sexual and reproductive health safeguards through training for health workers, law enforcement, and judicial actors, and by integrating stigma and discrimination indicators into human rights reporting and gender equality strategies to guide reform.

* The Women's Networking Zone is organized by a coalition of global, regional, and national feminist and HIV justice networks, including the ATHENA Network, Advocates for the Prevention of HIV in Africa (APHA), the African Women's Community Prevention Accountability Board (AWCPAB), Frontline AIDS, the International Community of Women Living with HIV (ICW Global), the Pan-African Positive Women's Coalition (PAPWC) Zimbabwe, and the Women and Harm Reduction International Network (WHRIN).

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