

**COUNTERING  
MISINFORMATION  
ABOUT**

**HIV PREVENTION**



Misinformation about HIV is not new — but it has become **more organised, more targeted, and more difficult to counter**. Partners across the network report persistent false or misleading claims that undermine effective HIV responses: that HIV only affects certain communities; that it can be 'cured' through prayer or herbal remedies; that it doesn't exist at all.

Prevention tools like condoms and PrEP (Pre-Exposure Prophylaxis) are regularly portrayed as ineffective, harmful, or part of a foreign agenda. Religious and moral narratives — framing HIV as punishment, or falsely claiming that prevention encourages promiscuity — further fuel stigma and mistrust. Some of these myths have persisted for decades. Others have spread rapidly through coordinated disinformation campaigns led by anti-gender and anti-rights actors. Together, they contribute to confusion, discourage prevention, testing, and treatment, and block informed discussion about HIV.

From Ghana, a partner coordinating a community hotline put it plainly: many callers fear stigma so deeply that they

hesitate to seek help at all. The consequence is not just individual: **misinformation weakens entire public health systems**.

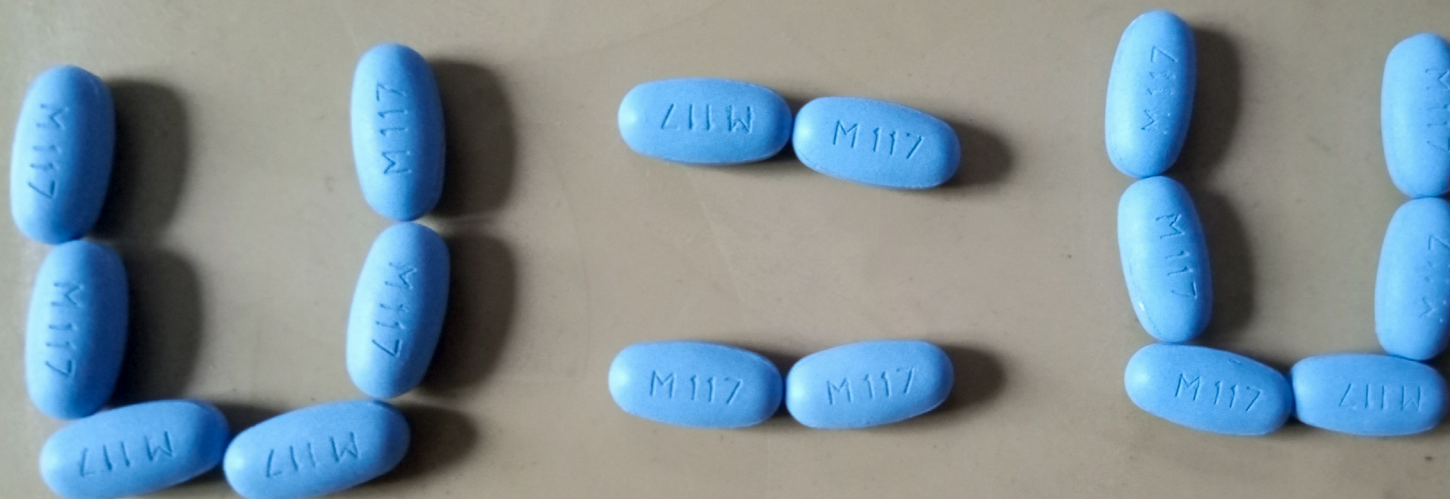
Countering disinformation is complex. These narratives often tap into identity politics or are framed as 'common sense'. [Researchers and communication specialists](#) continue to highlight that approaches focusing narrowly on information correction do not fully suffice to address the underlying issues of trust, power, and lived experience that determine whether people accept corrective information. Worse, unprepared attempts to challenge false narratives can backfire, reinforcing harmful stereotypes and amplifying the very claims you are trying to counter.

Frontline AIDS developed this resource drawing on insights from its Digital Advocacy Working Group, a range of community organisations across sub-Saharan Africa, and our partners working at the intersection of HIV and human rights. To inform this work, we conducted a small survey with partners, with feedback from approximately 15 respondents working in diverse geographical and political contexts across East and West Africa.

## THE RESOURCE AIMS TO:



- **Deepen understanding of how information, narratives, and misinformation shape the HIV response today.**
- **Support collective learning and action, in solidarity with communities whose lived realities are too often misunderstood, misrepresented, or erased.**



Undetectable = untransmittable (U = U) is an evidence-based message to show that people living with HIV with an undetectable viral load cannot transmit HIV sexually © Mystique / Frontline AIDS 2025

## HOW TO DO IT

Some of the typical claims reported to Frontline AIDS are listed below, along with suggestions on how they can be countered. In all cases, be guided by what works best for your audience.



### CLAIM 1

## HIV can be 'cured' by traditional medicine, prayer, or spiritual healing

### How to counter:

**This requires sensitivity, calm, and careful framing.** The task is not to dismiss traditional or spiritual healing - it is to **make space for both**, while being clear about what antiretroviral therapy (ART) does and does not do.



There is currently no cure for HIV. Lifelong ART is the only proven way to manage the virus and keep people healthy. Traditional and spiritual healing practices can support wellbeing and are meaningful to many people, but they cannot replace ART. Recognising the value of those practices while ensuring access to treatment is not a contradiction: it is how communities keep people alive.

Bringing in the right voices matters. Knowledgeable faith leaders who are supportive of treatment, people living with HIV who are thriving on ART, peer educators trusted within the community — these messengers often carry more weight than a medical authority speaking from outside.

“**HE SHARED HIS STORY OF LIVING POSITIVELY ON ARVS — HEALTHY, WORKING, HAVING HAD AN HIV-NEGATIVE CHILD. HIS TESTIMONY HELPED BREAK THE MYTH THAT HIV IS A DEATH SENTENCE.**”

Partner, Cameroon



### CLAIM 2

## HIV doesn't exist, or was invented for profit

### How to counter:

This taps into a deep and often justified cynicism about leaders, pharmaceutical corporations, and a world shaped by colonialism and corporate greed. That cynicism should be acknowledged, not dismissed, because dismissing it closes the conversation.

AIDS denialism has a long history, but like many fringe medical conspiracy theories, it has gained new traction through social media. For the most determined denialists, direct confrontation may not be worth it. But it is important to limit the spread to others who are listening or not yet fully committed to the false narrative.

**Humanise the issue.** A story about someone whose life was affected by AIDS denialism — who delayed treatment and paid the price - can reach people that statistics cannot. According to UNAIDS, new infections and HIV-related deaths remain a significant global health challenge. When HIV is denied, people are put at risk. When it is recognised and responded to, prevention, treatment, and support become possible — **improving health, dignity, and quality of life for whole communities.**

### CLAIM 3

## HIV only affects certain groups — LGBTQ+ people, sex workers, or people who use drugs

### How to counter:

This is one of the more damaging myths because it works in multiple directions at once: it **stops people outside those groups from taking HIV seriously**, gives them a false sense of security, and compounds the stigma already faced by people in those communities. A hotline coordinator in Ghana noted that this myth leads people to reject referrals



to health facilities, thinking treatment is unnecessary for them - cutting them off from lifesaving services.

HIV can affect anyone. While LGBTQ+ people, sex workers, people who use drugs, and adolescent girls and young women may face heightened risk due to stigma, criminalisation, and unequal access to services, the virus itself does not target any group. **Anyone exposed through unprotected sex or blood contact can acquire HIV.**

HIV does not target any group. Anyone exposed through unprotected sex or blood contact can acquire HIV.



The most effective counter is to **tell the stories of a wide range of people living with HIV** - across ages, genders, backgrounds, and contexts. Health systems need to respond to the intersectional needs of all people, ensuring stigma-free care and access for everyone.

## CLAIM 4

### You can tell someone's HIV status by how they look

#### How to counter:

This misunderstanding dates from the early years of the epidemic, when many people with AIDS-related illness were visibly unwell before effective treatment existed. It no longer reflects the reality of HIV today — and it causes real harm.

No one can tell if someone has HIV based on appearance, gender identity, sexual orientation, or any other perceived characteristic. People living with HIV can look and feel completely healthy, particularly when on treatment. Assuming otherwise fuels stigma and discrimination, and undermines the collective effort to prevent, test for, and treat HIV. As a partner in Tanzania put it: a young woman who shared her story of thriving with proper treatment directly encouraged others to get tested and access ARVs without shame.

Everyone deserves respect, privacy, and access to care, regardless of how they look or who they are.

## CLAIM 5

### Condoms, PrEP, and ART are ineffective or harmful

#### How to counter:

Many people carry a general distrust of science and medical institutions, and in some contexts that distrust is entirely justified. There is a long history of racist and exploitative medical practices. Within the HIV response itself, the pharmaceutical industry has at times [prioritised profits over people's lives in the Global South](#). At the same time, disinformation campaigns that spread false claims about the safety or effectiveness of HIV prevention tools can have fatal consequences. Acknowledging that tension honestly is part of building trust.

Condoms and PrEP are highly effective at preventing HIV when used correctly. Condoms also protect against other sexually transmitted infections and unintended pregnancy.



Consistent use of ART for people living with HIV reduces transmission and keeps people healthy.



The most credible messengers are often people within the community who are using these tools and are willing to speak about it. Shared lived experience can do more than any fact sheet: "I use PrEP, I am healthy and here is my life story." Messaging should affirm communities' lived realities, including the loss caused by AIDS and the real impact of ART, while encouraging people to question the motives of those spreading anti-rights and anti-science narratives.

## CLAIM 6

### ART is only for people who are already seriously ill

#### How to counter:

Start by listening. **Understand where the idea comes from** — whether from personal experience, community belief, or misinformation — before trying to shift it.

ART is for everyone living with HIV, and should start as soon as someone is diagnosed, even if they feel completely healthy. Early treatment protects the immune system, prevents HIV from progressing, and enables people to live long, full lives. Consistent ART can also [make the virus undetectable](#), meaning it cannot be passed to sexual partners (U=U: Undetectable = Untransmittable). This makes it one of the most powerful messages in HIV prevention today, and one that communities deserve to know.

Acknowledge concerns about misinformation honestly, and guide the conversation towards accurate information and the real benefits of treatment.

## CLAIM 7

### HIV prevention sexualises young people or encourages infidelity and promiscuity

#### How to counter:

Condoms, PrEP, and PEP are safe, evidence-based tools. Conservative groups, predominantly from the US, have been running sustained disinformation campaigns claiming that these prevention methods encourage promiscuity — but the evidence does not support this. These tools empower people who are sexually active to protect their own health and that of others.

A simple, relatable story of someone living responsibly, accessing the care they need, and thriving can be more effective than any argument. This is fundamentally about

**trusting people to make informed decisions about their own bodies and lives.** When health systems support people rather than judging or controlling them, families and communities are stronger. HIV prevention is about bodily autonomy, informed choice, and access to a health system that serves everyone.

## CLAIM 8

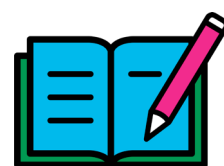
### Comprehensive sexuality education promotes violence and promiscuity, especially among children

#### How to counter:

Anti-rights groups have invested heavily in campaigns against age-appropriate sexuality education, often linking their opposition to the language of child protection. To counter this effectively, start from common ground: everyone wants young people to be safe, healthy, and equipped to navigate the world.

Comprehensive sexuality education (CSE) provides age-appropriate, evidence-based information that helps children and young people make safe, informed decisions. Despite what disinformation campaigns claim, it does not increase sexual activity or risk-taking. It can defer sexual debut, and has been shown to improve young people's understanding of consent, their own health, and their respect for others.

Frontline AIDS has developed a [CSE Messaging Framework](#) to help young people, parents, and communities better understand and advocate for comprehensive sexuality education.



“**MOVING THE CONVERSATION FROM ‘WHAT WE ARE TEACHING’ TO ‘WHAT WE ARE PROTECTING OUR CHILDREN FROM’ SHIFTS THE DYNAMIC.**”



Partner network insight

**JOIN US.**  
**END IT.**

This publication was produced by Frontline AIDS,  
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