

# DECRIMINALISING HIV

Strategies and best  
practice for legislators

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Our members, in partnership with civil society organisations, LGBT-inclusive businesses, and our global network of public supporters, push for laws in their jurisdictions that aim to improve the lives of LGBT+ people. Our work covers multiple strands, including advocating for decriminalisation, anti-discrimination laws, improved data monitoring, better funding for LGBT organisations, and higher standards in the provision of healthcare for LGBT+ people.

The Global Equality Caucus is hosted by the Project for Modern Democracy (<https://www.p4md.org>), an independent, non-party think tank set up in 2014 to promote more efficient government and good citizenship. It is a company limited by guarantee (no. 8472163) and a registered charity in England and Wales (no. 1154924).

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Gilead Sciences provided funding but the Global Equality Caucus had full editorial control of the report content.

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# EXECUTIVE SUMMARY



The HIV epidemic is now into its fifth decade. When the virus was first identified in the 1980s, scores of jurisdictions introduced laws that carried criminal penalties for HIV transmission, exposure and non-disclosure. Others have used general statutes – such as laws on assault, reckless behaviour and bodily harm – to criminalise people living with HIV, regardless of intent to transmit or risk of exposure.

Despite scientific advances such as antiretroviral therapy and pre-exposure prophylaxis, criminalisation persists globally. If we are to end the HIV epidemic, the answer will not come from the continued penalisation of people living with HIV. If the law continues to view HIV as a weapon instead of a public health concern then populations will continue to be disconnected from public health solutions. Marginalised communities in particular face inequities that will not be solved by criminalising a virus which is now a chronic, manageable condition rather than a terminal illness.

Legislators can play a key role in facilitating decriminalisation and establishing a framework that prioritises public health and individual rights. In jurisdictions that retain HIV-specific statutes, lawmakers can work together with experts and community champions to repeal, reform and modernise existing laws. Where general criminal law is applied, legislators can pressure governments to ensure prosecutorial guidance is proportionate, scientific, and respects rights and dignity.

This report collates expert insight and best practice examples on HIV criminal law reform. In a series of case studies from around the world, where some of the Global Equality Caucus's members have led reform efforts, the report identifies several key lessons, takeaways and overarching themes for legislators to consider, including:

- The importance of working with civil society groups, experts and community members when drafting new legislation
- Communicating the benefits of reform effectively by centring public health solutions, scientific data, and economic impact
- Building strong political alliances and cross-party relationships, deploying incremental strategies and patience when necessary
- Decriminalising as part of a wider advocacy strategy that tackles the epidemic through prevention and treatment, addresses stigma and discrimination, and centres the human rights and dignity of people living with HIV

These themes are reflected in 10 Recommendations we propose for legislators on the following page. They are presented in full on pages 29-32.



# DECRIMINALISING

## HIV RECOMMENDATIONS FOR LEGISLATORS



### LISTEN



#### 1 Work with civil society plus medical, academic and other professional experts

Communities affected by discriminatory laws are the best source for understanding the real-world impact of criminalisation. Experts are keen to engage with legislators and are happy to address concerns and educate.

#### 2 Draw on international expertise

International organisations have a wealth of knowledge and experience and what measures are necessary to end the epidemic. UNAIDS, UNDP and WHO have dedicated programmes to assist with legal reform, and civil society are on hand to work with legislators to make progress.

### COMMUNICATE



#### 3 Centre a public health approach

Emphasising public health solutions like testing and treatment, as well as the positive impact of health programmes, moves the conversation on HIV away from punitive responses towards a health-centred framework. There is then more political headspace to establish the individual rights, protections and dignity of PLWH.

#### 4 Use data and be guided by science

Verifiable data and statistics help to reinforce any argument in favour of HIV decriminalisation. Highlighting objective evidence in conversations and legislative debates can help lend authority to proposed reforms. Research institutes and civil society groups can help to condense and present this information in a digestible format.

#### 5 Highlight long-term economic benefits of decriminalisation

Messaging may need to be tailored to resonate with politicians who need to be persuaded about HIV criminalisation. This often means highlighting fiscal prudence: decriminalisation has economic benefits including fewer people requiring specialist HIV/AIDS healthcare in the future.

### STRATEGISE



#### 6 Build a strong coalition and forge bipartisan relationships

Enduring reforms are built on consensus. Much coalition-building is done at the grassroots level, but legislators need to speak to colleagues and amass strong support before moving to a vote, allowing time for concerns to be addressed. Bipartisan support is helpful, as HIV decriminalisation is not the preserve of a single political bloc.

#### 7 Identify which reforms are achievable and pursue a piecemeal strategy if necessary

There may be strong political resistance to the idea of total repeal. Reform agendas should be adjusted based on the political context of the jurisdiction. Even small changes can have a positive impact on communities and lays the groundwork for more reform in the future.

#### 8 Be patient but persistent

Decriminalisation takes time and can fall off the legislative agenda. Choosing the right moment to introduce legislation is key, and this usually means being patient. Bills may stall or may have to be reintroduced, but political willpower and conviction pays off.

### ADVOCATE



#### 9 Pressure governments, speak out against injustices, endorse non-legislative initiatives

It's not always about changing the law. Legislators can use their position to hold governments to account; make representations to health ministries; lobby decision makers; and draw attention to unfair criminal cases and stigmatising media coverage. Lawmakers should serve as a positive champion for PLWH.

#### 10 Strive to meet international standards and end the HIV epidemic by 2030

Decriminalising HIV is just one aspect of the global effort to end the epidemic. It is part of a larger, holistic strategy that focuses on measures such as encouraging testing, treatment and prevention, and protecting marginalised communities against discrimination. Legislators should push their governments to meet international targets, including the UNAIDS 95-95-95 goals for 2025.

## Background

### The criminalisation of HIV

The retrovirus known as human immunodeficiency virus (HIV) is responsible for an epidemic now into its fifth decade. As of 2021 it is estimated that at least 36 million people worldwide<sup>1</sup> have died of HIV-related illnesses, and this number will continue to grow without a significant push to address the legal barriers and health inequities that impede progress towards ending HIV/AIDS.<sup>2</sup>

The first identified cases of HIV-related deaths were reported in the early 1980s, with the virus itself isolated by scientists in 1983. Responding to the emerging epidemic, scores of jurisdictions introduced laws that carried a criminal penalty for an individual found to have transmitted HIV to a sexual partner – regardless of intent – as well as penalisation for potentially exposing a partner to HIV regardless of transmission, and for failing to disclose one’s HIV status to a partner.

Many of these laws were enacted when little was known about HIV, including how it was transmitted and how it could be treated. Crucially there have been key scientific advances since the 1980s which many criminalising laws do not account for: the development of antiretroviral therapy (ART) means a person living with HIV (PLWH) on effective treatment will be virally suppressed and unable to pass the virus on to a sexual partner; and the availability of pre-exposure prophylaxis (PrEP) means an HIV-negative person is estimated to be at a 99 per cent reduced risk of acquiring HIV from an infected sexual partner if taken as prescribed.<sup>3</sup>

An expert consensus statement on the science of HIV, published in 2018, expresses concern that “criminal law is sometimes applied in a manner inconsistent with contemporary medical and scientific evidence: including overstating both the risk of HIV transmission and the potential for harm to a person’s health and wellbeing.”<sup>4</sup> This followed the Oslo Declaration in 2012, prepared by international civil society to call on governments to decriminalise and take an evidence-based approach to applying criminal law.<sup>5</sup> Combined with the fact that these laws have not actually encouraged an increase in HIV disclosure,<sup>6</sup> the assessment by medical and legal experts is that HIV criminalisation encourages the stigmatisation of PLWH and has the adverse effect of discouraging disproportionately impacted populations from testing for the virus and seeking treatment.<sup>7</sup>

Criminalisation therefore is not a helpful response to controlling the spread of HIV and inhibits progress towards the United Nations’ 95-95-95 targets.<sup>8</sup> Given the spread of HIV/AIDS has disproportionately affected marginalised populations, such

as LGBT+ people, Black communities, sex workers, migrants, and drug users, criminal punishment of HIV exacerbates existing inequities and, antithetically, prolongs an epidemic we now have the tools to end.

## The global picture

The term 'HIV criminalisation' refers to the use of criminal law to prosecute or punish behaviours related to HIV. This criminalisation is not necessarily tied to an HIV-specific statute, and indeed PLWH have been prosecuted under general criminal laws. General laws such as those that criminalise aggravated assault or attempted murder could in theory be applied to cases involving HIV should prosecutors interpret a case in this context.

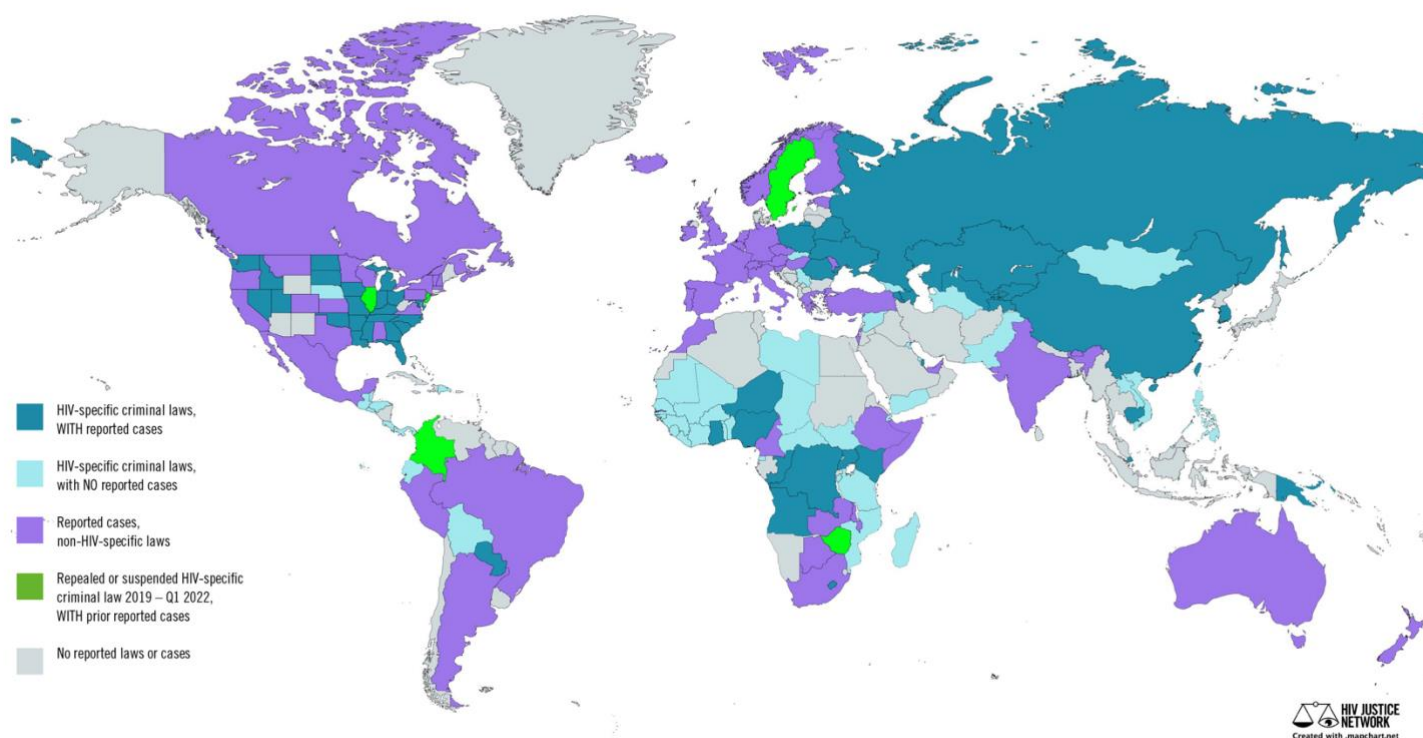
In practice, not every jurisdiction has applied the law in this way. In 2020, 92 countries (out of 151 reporting countries) informed UNAIDS that they criminalised HIV non-disclosure, exposure and/or transmission through either specific or general laws.<sup>9</sup> The HIV Justice Network (HJN), which monitors HIV criminal law and analyses its global application at a more granular level, finds this number to be bigger. In their latest report, *Advancing HIV Justice 4*, HJN finds 111 jurisdictions in 82 countries with HIV-specific criminal laws and 89 jurisdictions in 48 countries that have applied non-HIV-specific general laws to PLWH based on their HIV-positive status.<sup>10</sup>

In terms of cases, since the first reported prosecution in 1986 HJN finds that HIV-related criminal cases have taken place in 81 countries: 52 jurisdictions in 35 countries have applied HIV-specific criminal laws, and 89 jurisdictions in 48 countries have applied general criminal laws.<sup>11</sup>

This is presented on the map on page 9.



## GLOBAL OVERVIEW OF LAWS AND CASES as of 31 March 2022\*



\* Data on reported cases up to 31 December 2021. Data on laws as of 31 March 2022.

[From [Advancing HIV Justice 4](#), HIV Justice Network, 2022]

### HIV-specific criminal laws

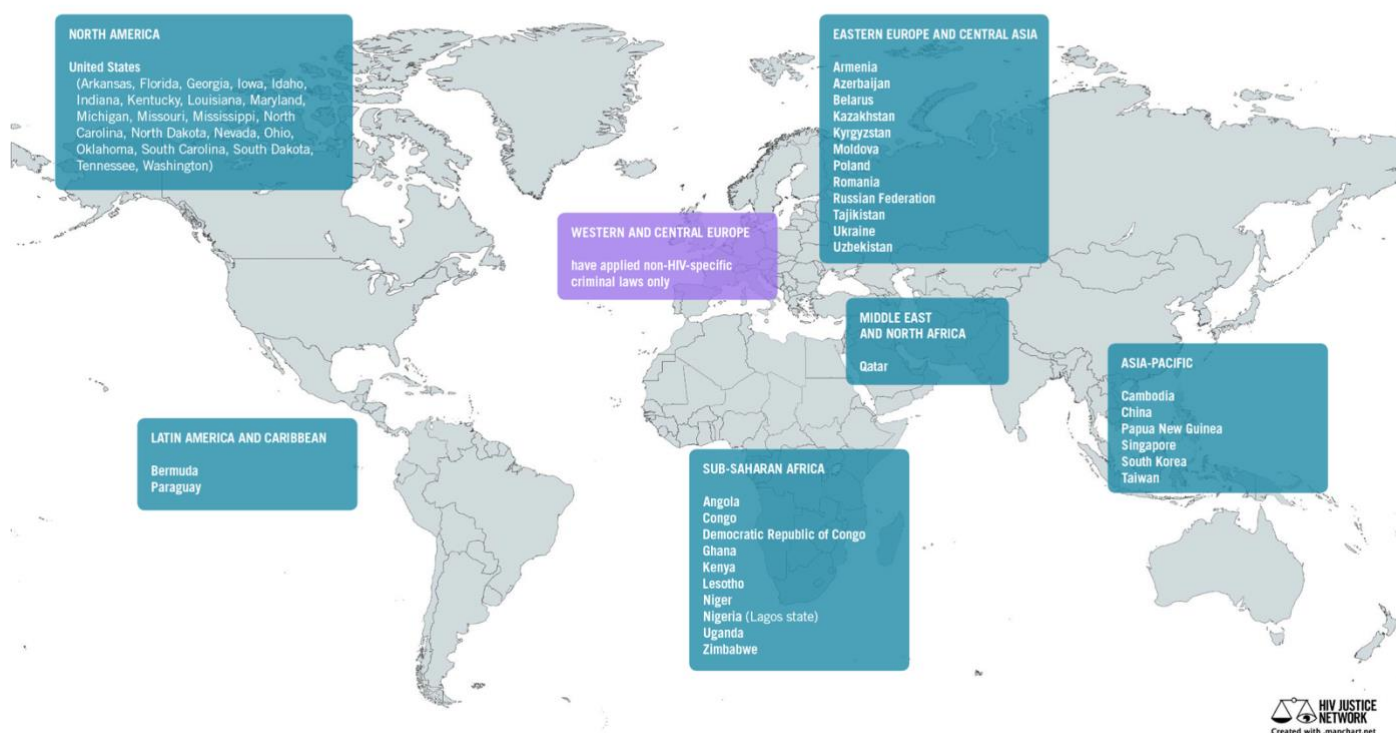
HIV-specific laws are those laws that apply criminal penalties for certain behaviours perceived to lead to the spread of HIV specifically. Some laws may target sexual activity and non-disclosure, exposure to bodily fluids, donating blood or semen, and some may carry increased sentences for sex workers or drug users found to be HIV-positive.

It is important to note that many of these laws are predicated on outdated scientific understanding. For example, HIV cannot be transmitted via saliva yet multiple US states criminalise the act of spitting if one is HIV-positive<sup>12</sup> - in 2020, a man in Florida was charged with 'criminal transmission of HIV' for spitting at a first responder.<sup>13</sup> Restrictions may also apply to behaviours such as open-mouth kissing, oral sex or biting, which all carry little to no risk of transmission.<sup>14</sup>

According to HJN<sup>15</sup>, the following jurisdictions have applied HIV-specific laws:

## COUNTRIES / JURISDICTIONS THAT HAVE APPLIED THEIR HIV-SPECIFIC CRIMINAL LAWS

as of 31 December 2021



[From [Advancing HIV Justice 4](#), HIV Justice Network, 2022]

### Laws on public health and communicable diseases

Some jurisdictions have laws that cover public health, communicable diseases and sexually transmitted infections more broadly, and may or may not have certain provisions that deal specifically with HIV. These laws may or may not exist in parallel with HIV-specific statutes. For example, Victoria in Australia did until 2015 have an HIV-specific section in its Crimes Act but maintains provisions relating to HIV in its Public Health and Wellbeing Act 2008, which states “a person who has, or suspects that they may have, an infectious disease should ascertain whether he or she has an infectious disease... and take all reasonable steps to eliminate or reduce the risk of any other person contracting [it].”<sup>16</sup> This leaves open the possibility of cases related to HIV exposure regardless of intent, although the state has introduced guidelines to minimise the impact on people’s rights.<sup>17</sup>

Emergency public health provisions may also impact upon HIV criminalisation, a consideration magnified by the COVID-19 pandemic. In Poland, for example, lawmakers used COVID-19 prevention as justification for increasing sentences for exposure, non-disclosure and transmission in both its HIV-specific law and its law on infectious diseases.<sup>18</sup>

## Application of general criminal law

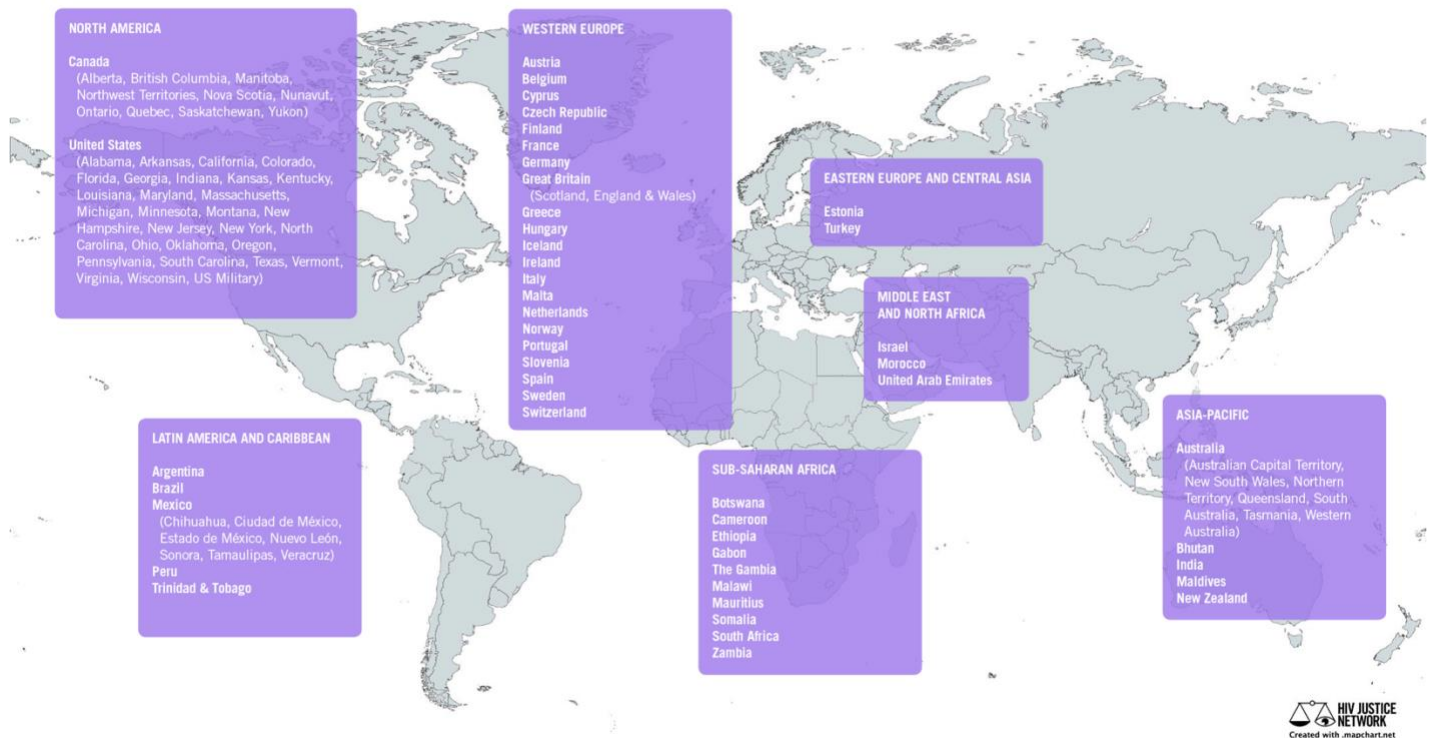
In some countries where HIV-specific laws have not been passed or where laws on communicable diseases have not been applied to HIV, there are instances where general criminal laws have been interpreted in the context of an HIV transmission, exposure or non-disclosure case. In these instances, provisions exist in the law for people to be prosecuted for behaviours including, but not limited to, reckless behaviour, sexual assault, and bodily harm. Where understanding about HIV is limited and prosecutorial guidance regarding HIV cases is lacking, general laws pose as great a problem as HIV-specific laws.

The application of general criminal law to HIV cases where HIV-specific laws do not exist has been particularly notable in Western Europe. Several cases in Spain, for example, have been prosecuted under articles in the Criminal Code spanning bodily harm, reckless bodily harm, and reckless homicide, with current scientific knowledge misrepresented at some trials.<sup>19</sup>

Analysis from HJN<sup>20</sup> finds the following jurisdictions have applied non-HIV-specific laws:

### COUNTRIES / JURISDICTIONS THAT HAVE APPLIED NON-HIV-SPECIFIC CRIMINAL LAWS

as of 31 December 2021



[From [Advancing HIV Justice 4](#), HIV Justice Network, 2022]

## From penalisation towards protecting public health

If we are to end the HIV epidemic, the answer will not come from the continued penalisation of people living with HIV. Contemporary laws should reflect contemporary evidence, yet decades-old provisions remain on statute books globally. If the law continues to view HIV as a weapon instead of a public health concern then populations will continue to be disconnected from public health solutions. Marginalised communities in particular, who are at disproportionate risk of (a) HIV incidence and (b) coming into contact with the criminal justice system, face inequities that will not be solved by criminalising a virus which is now a chronic, manageable condition rather than a terminal illness.

We know how to end the epidemic: expanding testing to ensure everybody who is disproportionately impacted knows their status; making sure every HIV-positive person is on effective antiretroviral treatment so that their viral load is undetectable; ensuring the wide availability of contraceptive services; providing accurate education and information on current HIV science; and equipping healthcare systems with the resources and funding necessary to address the lifetime needs of PLWH and communities at risk of exposure.

Pursuing such a public health approach over criminal punishment, combined with a rights-based understanding that respects the autonomy and dignity of the individual, should be the priority for lawmakers. It falls on legislators and their governments to pass good laws that demonstrate a serious undertaking to meet the 95-95-95 UN targets, to which all parties are committed to achieving.

## Consultation

As part of the research for this report, the Global Equality Caucus hosted a series of roundtables and consultations with HIV civil society experts as well as with legislators who have first-hand experience in HIV law reform. The following qualitative studies were conducted between May – August 2022:

- **United States & Canada roundtable** – attended by bipartisan legislators from Georgia, Illinois, Indiana and Massachusetts; Canadian legislators from the Senate and from Nova Scotia; legal experts and academics from both countries; and representatives from LGBT+ civil society and HIV organisations, including PLWH and members of the trans community.
- **Africa, Asia & Europe roundtable** – attended by legislators from the European Union, North Macedonia, the Philippines, the United Kingdom and Zimbabwe; experts on global HIV decriminalisation; experts on LGBT+ healthcare; and representatives from HIV advocacy organisations, including advocates working in Eastern Europe, Southeast Asia and sub-Saharan Africa.
- **Latin America interviews** – a series of consultations held with legislators and civil society organisations in Central America and in Argentina.

What is apparent from our research is that social and political context matters with regard to HIV legislation and that there is no blanket solution to HIV decriminalisation that applies globally. Whether a law is reformed or repealed, or whether alternative solutions should be pursued, depends on the scope for political consensus, the amount of political willpower to both pass and implement reform, the wider legal environment including how the law treats LGBT+ people, drug users and sex workers, as well as societal understanding and historical memory.

Everybody consulted for this report agreed that HIV criminalisation is a major barrier to ending the epidemic and that laws should only criminalise those who are proven to have transmitted HIV with harmful intent. HIV-specific laws should be repealed, or where this is not possible, reformed and modernised to remove criminal liability for exposure, non-disclosure and unintentional transmission. General criminal laws should be clarified with reference to contemporary science to prevent misapplication in HIV cases. Any reform should be implemented properly.

Despite varying contexts, several key themes emerged from our discussions for lawmakers to consider when legislating. Coalition-building where possible, resourcing prosecutors with accurate knowledge, ensuring implementation is financially resourced, and approaching reform as a public interest issue are all options that will be explored in the best practice case studies that follow.

## Repeal

In the past decade, multiple jurisdictions have repealed or suspended HIV-specific laws, including Colombia, Denmark, Zimbabwe, and the US states of New Jersey and Illinois. While in some cases repeal is the way to decriminalise, it is not a simple nor easy process, involves multiple actors, and has been achieved via different routes and strategies in different jurisdictions. The case studies in this section recognise that contextual variation yet draw out overarching themes where relevant.

### Illinois

While transmission of HIV or other STIs remains a possible aggravating factor in sexual assault cases,<sup>21</sup> **the state of Illinois fully repealed its HIV criminal statutes in 2021**. Passed in 1989, the law forbade PLWH from having condomless sex without first disclosing their status, and transmission of HIV was not required for conviction. The law was revised in 2012 to require ‘specific intent to commit the offence’ but “the proper definition and application of ‘specific intent’ remained somewhat ambiguous.”<sup>22</sup>



### Grassroots origins

The repeal in 2021 came after a **concerted grassroots effort to educate both state legislators and the general public about the harmful consequences of the existing law**, namely a concern that the 2012 revision had not encouraged more people into testing for HIV and seeking treatment. AIDS Foundation Chicago and the Illinois HIV Action Alliance, a body of smaller civil society groups formed in 2019, initially focused efforts on awareness and statewide outreach, with advocates engaging with communities most impacted by the criminal law. With court data showing that two thirds of those prosecuted under the law were Black men (rising to 75 per cent across gender lines),<sup>23</sup> advocates also consulted with trans women, drug users and under-represented communities outside of the Chicago area.<sup>24</sup>

Armed with evidence and testimony, advocates spoke with legislators about the need for repeal, with many lawmakers replying that they were **unaware the law even existed**. Following these conversations, advocates then sketched out a draft bill and determined how many legislators were likely to support its passage, then sought sponsors in each house of the legislature. The lead Senate sponsor was Robert Peters (D), who contributed to the research on this report. Notably, Senator Peters highlighted to us the importance of Tim Jackson – the HIV-positive,

Black and openly gay head of government affairs at AIDS Foundation Chicago – in acting as an intermediary between grassroots activism and legislative engagement.<sup>25</sup> By **building an organised coalition in collaboration with community organisations**, senators were able to introduce a decriminalisation bill written by and for the communities most affected by the existing law.

### Public health messaging

There were however concerns from some senators that the bill would also decriminalise people who intentionally, maliciously and successfully transmit HIV, which is accepted by the UNDP as the only condition under which criminalisation is justified.<sup>26</sup> This was addressed by advocates by framing the arguments through a public health lens, emphasising that the HIV-specific law had treated PLWH as a threat and that HIV should be treated as a public health issue in the same vein as the COVID-19 response.<sup>27</sup> A statement from the Cook County State’s Attorney also alleviated concerns, saying the decriminalisation of HIV was “in the interest of justice and public health” and “those who cause harm to others by purposefully transmitting HIV can still be held accountable, without the need to unfairly criminalise all those living with HIV.”<sup>28</sup>

**“More PrEP, less jail.”**

*State Senator Robert Peters*

Ultimately, the repeal bill in Illinois passed with relative ease. Although the Democratic-majority Senate divided along party lines, there was some bipartisan support for the equivalent bill in the State House. Senator Peters attributes the decriminalisation in part to

the successful messaging from experts and advocates – **by framing HIV as a public health matter and not a criminal one**, the issue was able to cut through to legislators who had previously not been aware of the existing law’s impact.<sup>29</sup> In terms of the wider political context, the repeal came amidst a **broader movement in the state to decriminalise other issues** and instead prioritise a public health response, most notably regarding laws on recreational drugs.<sup>30 31</sup> This is a consideration for other jurisdictions where the treatment of HIV criminal law as an isolated rights-based issue has not yet led to repeal.

**Key takeaway:** an organised and expert civil society movement that builds key relationships with legislators helps to educate and focus minds on the issue.

**Key takeaway:** framing HIV criminalisation as a public health issue resonates with legislators and can highlight the negative impact caused by a penal response.

## Zimbabwe

In 2001, Zimbabwe became the first African country to pass an HIV-specific law, with provisions in the Sexual Offences Act that criminalised any HIV-positive person found to have behaved in a manner in which they knew they would infect another person with HIV. Additional provisions were added in 2006 whereby the law could be applied broadly in cases where HIV transmission was not intentional, HIV was not transmitted, or where HIV had not even been diagnosed. By 2021, there had been at least 18 prosecution cases under this law, the highest rate in sub-Saharan Africa.<sup>32</sup> Following a lengthy legislative process, during which prosecutions continued, **in March 2022 Zimbabwe became the second African country to repeal its HIV-specific law.**



### Unintended consequences from the existing law

The original 2001 law had been supported by women's rights groups as a measure that addressed violence against women, yet over time it was apparent the law was not functioning as intended. Many cases were brought against women – who were often the first in a relationship to find out their status due to antenatal testing – with the transmission law being used by men out of revenge in domestic violence cases.<sup>33</sup> In 2019, a wider legal environment assessment identified HIV criminalisation as having driven stigma about HIV/AIDS and as a barrier to those wanting to access healthcare, and that repeal would be in line with international standards.<sup>34</sup> The Zimbabwean government moved to decriminalise through an amendment to the Marriages Bill, although it would take a further two and a half years until the final version was approved.

### Public hearings

This lengthy process perhaps can be attributed to one key factor – unlike in Illinois, where a coalition was built before legislation was introduced, **support for the repeal in Zimbabwe was built alongside passage of the bill.** Following the legal environment assessment, UNAIDS and UNDP convened meetings with parliamentarians and community stakeholders to sketch a path to advancing the assessment's recommendations.<sup>35</sup> Then, at second reading in February 2020, a group of women parliamentarians symbolically announced their support for repealing the law, which had at its passing sought to protect women.<sup>36</sup> The bill then went through a process of committee oversight and public hearings, where



**supportive legislators and civil society organisations met with members of the community to pitch the scientific merits of repeal.**

Dr Ruth Labode, a Member of the Zimbabwe Parliament and chair of the parliamentary health committee, told us that these public hearings were crucial to the repeal's success.<sup>37</sup> The repeal had stalled due to numerous objections, primarily over its relevancy as an amendment to the Marriage Bill, but **public support was gradually built over time through the presentation of data and evidence** showing the stigmatisation caused by the existing law and its ineffectiveness, as well as the framing of the issue as one related to gender-based violence. Labode – who had herself previously supported the existing criminal law – was one of multiple parliamentarians won over by this data, which had been compiled by civil society advocates including the National AIDS Council and Zimbabwe Lawyers for Human Rights ahead of the 2019 decision to repeal.

### Persistence

Dr Labode also emphasised the importance of political endurance and willpower, singling out the justice minister as a staunch defender of repeal and the chief proponent in ensuring its passage through parliament. The attorney-general and the judiciary were also convinced of the merits of repeal, with advocates highlighting Zimbabwe's commitment to the UN's Sustainable Development Goals and the nature of criminalisation as a block on the country's potential.<sup>38</sup>

Through the hard work of parliamentary champions working in lockstep with civil society experts before and throughout the legislative process, a coalition of public and governmental support was steadily consolidated throughout the country. Repeal was ultimately achieved after a well-balanced campaign that emphasised both the domestic public health benefits and international rights-based standards.

**Key takeaway:** data and evidence helped to secure support for repeal from both the general public and political leaders.

**Key takeaway:** despite the process taking several years, key political supporters of repeal did not give up and continued to push for progress.

**Key takeaway:** constructive input from international organisations and respect for international development standards helped to mobilise action.

## Is repealing enough?

While repealing an HIV-specific law outwardly appears to be the most straightforward way to decriminalise, this strategy should not be taken to mean all prosecutions on HIV-related cases in a jurisdiction will come to an immediate end. **In Texas, the first US state to repeal its HIV-specific law in 1994, prosecutions have continued under general criminal law** – courts continue to determine the bodily fluids of a PLWH can be a ‘deadly weapon’ and PLWH have since been charged for aggravated assault, aggravated sexual assault, attempted murder, and harassment of a public servant.<sup>39</sup>

Colombia’s Article 370 of the Penal Code – which forbade PLWH from behaviours that risked transmission – was declared unconstitutional in 2019 following a challenge by academics, legal experts and civil society groups, and was subsequently repealed. However, **Colombia maintains other legal provisions that impose restrictions on the lives of HIV-positive people**, including general laws on epidemic diseases and a duty to disclose one’s HIV status to health authorities.<sup>40</sup>

Following campaigning by HIV groups and pressure from opposition MPs, the **Danish justice minister suspended Denmark’s HIV-specific law in 2011**, citing advances in effective treatment.<sup>41</sup> In this case, there have been no HIV-related prosecutions since the law’s suspension – what followed was a **working group established by the minister** to assess how the penal code had been applied and whether the law should be amended or repealed. Ultimately HIV transmission and exposure were decriminalised, with at least one sentence overturned as part of a wider review of HIV criminal cases.<sup>42</sup>

These examples illustrate that simply striking down an HIV-specific law is not always ‘job done.’ The enduring impact of stigma on PLWH and the climate of general criminal law are key considerations for lawmakers seeking to decriminalise and deploy HIV strategies focused on public health and dignity.

Where repeal is not an option, such as in jurisdictions with more polarised political environments or with disparate non-HIV-specific general statutes that cannot be easily targeted with a single repeal bill, strategies have focused on more incremental reform, modernisation, clarification and proper implementation, examples of which are examined in the next two sections of the report.

## Reform and modernise

In jurisdictions where blanket repeal is currently out-of-reach due to the political context, advocates and lawmakers have focused strategies on targeting certain provisions of HIV-specific laws that are more readily accepted as being overly harsh or stigmatising. In these instances, consensus has been forged by highlighting idiosyncrasies in the law in light of new scientific evidence. In Armenia, for example, the new Criminal Code passed in 2021 decriminalises HIV exposure while maintaining penalties for actual transmission. Other reforms in line with contemporary understandings of how HIV is transmitted – such as the modernisation of statutes on biting, spitting, oral sex – as well as legal consideration of viral suppression and whether there was intent to transmit, have been passed in several US states, including Georgia, Michigan, Missouri, Nevada, Virginia and Washington. In Argentina, where prosecutions have taken place under general criminal law, a new statute has sought to modernise the country’s approach to HIV and communicable diseases by supplanting criminal justice solutions with a comprehensive public health strategy enshrining individual dignity and privacy, with measures designed to reduce stigma and widen access to health services. Some of these examples are explored below.

### Georgia

In May 2022, the Governor of the US state of Georgia signed Senate Bill 164 into law. Before this new law was passed, Georgia’s HIV-specific statutes meant a PLWH could be convicted for up to 10 years’ imprisonment for HIV non-disclosure before sex, solicitation, needle sharing, and the donation of bodily fluids and organs, regardless of intent to transmit or actual transmission.<sup>43</sup> **The new law, while not a full repeal, introduced numerous reforms to the criminal statute accounting for modern scientific evidence:**



- intent to transmit is now required, whereby a PLWH must know of their positive status, intentionally seek to transmit HIV, and then engage in sexual behaviour posing a significant risk of transmission – meaning a person who is virally suppressed is not liable for prosecution, nor is oral sex classified as a significant risk;
- provisions on sharing needles were repealed;
- non-disclosure before blood and organ donation can no longer be prosecuted;
- PLWH are no longer subject to felony punishment for placing bodily fluids, including blood and saliva, upon a law enforcement officer.<sup>44</sup>

Prosecutions can still happen under these revised terms, although the maximum sentence was reduced to 5 years' imprisonment. It also remains a possibility that prosecutions continue under general criminal assault laws, regardless of transmission so long as intent to transmit can be proven.

### Tailored messaging to win bipartisan support

As in Illinois, reform in Georgia came following a campaign led by civil society, including the Georgia HIV Justice Coalition, Georgia Equality, academic experts, and advocates living with HIV, who built partnerships with key legislators who then championed a modernisation bill.<sup>45</sup> However, the road to reform took significantly longer than in Illinois and the new law was the culmination of five years' work.

On the whole, Georgia is a more conservative-leaning state than Illinois and the Republican Party commands a majority in both houses of the state legislature.

**Securing bipartisan support for a modernisation bill was therefore crucial in achieving reform.** Rep. Sam Park (D), who spoke to us just days after the signing of SB 164, recounted that this process involved several actors uniting around a central message that resonated with conservative attitudes.<sup>46</sup> Specifically, this meant that:

- Advocates agreed that reforming the existing law would be **fiscally prudent**, leading to fewer costly prosecutions and resulting in fewer people requiring expensive HIV/AIDS healthcare in the longer-term (**stage 1**). This argument was backed up by the Office of Planning and Budget, with further testimony heard on the existing law's futility from Georgia's Prosecuting Attorneys' Council and numerous public health experts.<sup>47</sup>
- Advocates for reform then sought to **educate legislators on the fiscal and public health merits** of the modernisation proposals (**stage 2**). Rep. Park insisted this stage was vital in building a bipartisan coalition in favour, as many legislators were unaware or uninformed on the negative impact of criminalisation. Once advocates for the bill had spoken with colleagues and presented evidence, this **removed preconceived fears or stigmas about HIV and natural opponents to decriminalisation became supporters**.<sup>48</sup>

### Hope for the future

After five years of consultation, evidence-gathering and coalition-building, SB 154 passed the State House unanimously and with just two 'no' votes in the State Senate.<sup>49</sup> While Georgia retains an HIV-specific law and prosecutions can continue under general criminal law, the revised statute demonstrates how targeted reforms can win bipartisan approval when introduced incrementally, even in jurisdictions

previously thought to be resistant to decriminalisation. Incremental reform in this context at least **removes a layer of stigma and leaves open the possibility for further progress in the future**. Such an achievement, as surmised by Kamaria Laffrey of the Sero Project, was possible through “the mobilisation and centring of the voices that are most impacted by these laws in partnership with the strategic relationship building with legislative champions.”<sup>50</sup>

**Key takeaway:** patient coalition-building and finding ways to reach across political divides can win strong bipartisan majorities and entrench consensus.

**Key takeaway:** emphasising the economic and fiscal benefits of decriminalising HIV resonates with conservative-minded lawmakers.

## Argentina

Argentina does not have an HIV-specific criminal law but prosecutions have been reported under general laws concerning ‘very serious injury’. There are also provisions in the Criminal Code that carry prison sentences for individuals convicted of spreading ‘dangerous and contagious’ diseases.<sup>51</sup> The country is notable for the fact a law specifically concerning HIV/AIDS was passed in 1989 which declared the fight against the epidemic of ‘national interest’. This law took a biomedical approach to epidemic response – among other measures, it mandated diagnostics and compelled medical practitioners working with affected groups to report statistics to the relevant health authorities. It also contained provisions designed to respect data privacy, entitle PLWH to treatment, and prioritise public education on the nature of the virus.<sup>52</sup>



While this law was progressive for its time, it did not prevent prosecutions for HIV exposure and transmission under general criminal law and did not account for potential discrimination of PLWH in areas outside of healthcare, such as employment and pensions. It also came before the advent of antiretroviral therapy and new methods of prophylaxis such as PrEP.

### From a biomedical approach to centring human rights

Nevertheless by focusing on public health responses, Argentina has seen its HIV/AIDS mortality rate decrease and there have been relatively few criminal cases related to exposure or transmission. However official statistics still estimate over 6,000 new infections a year, with the epidemic concentrated in trans populations,

men who have sex with men, drug users and sex workers,<sup>53</sup> all communities that face additional stigmas and societal inequities. With this in mind, campaigners in Argentina have pushed to **modernise the country's HIV laws to take a rights-based approach and encompass a more holistic understanding of anti-discrimination measures**. Since its founding in 2013, AHF Argentina – an organisation that has provided free testing services as well as education programmes for medical professionals – has advocated for rights-based legislation alongside a consortium of other civil society partners.<sup>54</sup>

### Ambitious and comprehensive reform

The modernisation legislation began as a collaborative effort between civil society organisations, medical experts and HIV-positive advocates before a draft bill was floated with potential congressional supporters. It was ambitious and comprehensive – provisions in the new legislation included:

- protections for PLWH in the workplace, including explicit measures to stop the criminalisation of exposure and transmission;
- an evidence-based approach to the HIV response accounting for PrEP and ART;
- the prohibition of mandatory HIV and STI testing in pre-employment exams;
- privacy guarantees including free and confidential testing;
- wide-ranging support for PLWH provided through universal healthcare;
- special retirement and pension provisions for PLWH and those in a position of social vulnerability;
- various other social protections including information campaigns and a new integrated commission of ministers, civil society representatives and scientific societies.<sup>55</sup>

Due to the complex and intersectoral nature of the bill, combined with biennial legislative elections with fluctuating congressional coalitions, the draft legislation lost parliamentary status on four occasions.

### Legislative champions as a voice for the community

Advocates remained undeterred, and a breakthrough came in 2022 when the bill was picked up by pro-government deputy Carolina Gaillard. By **championing the draft legislation as a collaborative effort** from civil society, rather than the product of a single political bloc, Gaillard secured cross-party support including an endorsement from openly-gay deputy Maximiliano Ferraro, the national chairman of one of the main opposition parties. The legislation ultimately passed the Chamber of Deputies by 241-8,<sup>56</sup> and the Senate by 60-1.<sup>57</sup>

Having pursued a biomedical approach to the HIV epidemic for 30 years, and against the backdrop of socially progressive legislation such as same-sex marriage and its world-first gender identity law,<sup>58</sup> Argentina now has one of the most comprehensive HIV and infectious diseases statutes in the world<sup>59</sup> which builds on the public health response by safeguarding PLWH against potential criminalisation and expanding legislation to enshrine anti-discrimination across a range of sectors.

Through unrelenting advocacy, strategic patience, and collaboration from multiple stakeholders, reformers were able to take what began as a grassroots initiative to the national congress, where consensus among civil society translated into a broad coalition of parliamentary support.

**Key takeaway:** if the arguments in favour of a public health approach have already been won, there is political space to centre the importance of human rights considerations in HIV decriminalisation.

**Key takeaway:** securing wide support from the community helps legislators to sell reform as being in the public interest.

## Incremental progress is still progress

While the comprehensive reform in Argentina is commendable in its scope, it does not diminish the more incremental work being done in other jurisdictions where the conversation continues to be centred on criminal justice solutions. In Indiana, a more conservative-leaning state compared to its neighbour Illinois, lawmakers have resisted calls to repeal criminal penalties but initial progress has been seen through the modernisation of HIV terminology written in law. This piecemeal approach has now led to a bipartisan call for a legislative review of the criminal code, which was approved in May 2022.<sup>60</sup> Although progress has been slower in this jurisdiction, the gradual approach taken by advocates could now see legislative developments.

In Guatemala, a number of criminal laws apply to the spread of infectious diseases, with provisions in an HIV-specific law from 2000 that compel HIV disclosure. While there have been no recorded HIV criminal cases in Guatemala, Congressman Aldo Dávila informed us that societal attitudes continue to stigmatise HIV and that an update to the law is necessary to account for contemporary advances such as ART and PrEP.<sup>61</sup> While movement towards law reform is slow, Dávila continues to work with civil society groups in an effort to bring the matter to the attention of more congressional colleagues.

## Non-legislative options

In countries that do not have HIV-specific laws, or public health laws that have sections that single out HIV and other STIs for special prejudice, HIV-related prosecutions can still occur under general criminal law and stigma can still be reinforced through statutes that discriminate against communities disproportionately impacted by the epidemic. Repeal and reform is not an option in most of these jurisdictions as it is impractical and potentially dangerous to overhaul laws that cover a multitude of crimes under the broad definition of assault.

Assault laws have been used to prosecute PLWH on every continent, but case rates have been particularly high in France, India, the United Kingdom, Australia, Canada and Italy,<sup>62</sup> none of which have HIV-specific laws on their statute books. The most practical solution to mitigating this form of criminalisation is by clarifying the existing law with guidance for prosecutors and police forces, to ensure outdated and misunderstood beliefs on HIV transmission do not prejudice criminal cases involving a PLWH. This, however, is not adequate in itself, and lawmakers should ensure any guidance – as with any legal reform or regulation – is properly implemented, financed, and resourced.

### United Kingdom

The UK has never had an HIV-specific law. However HJN reports **at least 48 cases citing HIV exposure across the four constituent countries, one of the highest rates in Western Europe.**<sup>63</sup> Prosecutions have taken place under existing assault laws: in England & Wales and Northern Ireland, reckless transmission of sexually transmitted diseases – as well as intentional exposure or transmission – can be prosecuted as grievous bodily harm; in Scotland, a separate assault law on culpable and reckless conduct is applied. While these prosecutions can relate to any STI, the vast majority of cases have been HIV-related.<sup>64</sup>



### HIV as an aggravating factor in assault cases

In the past few years, successfully prosecuted cases where HIV has been mentioned have been heard both by the Magistrates' Court and the Crown Court. Reported cases include:



- a woman fined for throwing bloodstained clothes at a police officer claiming they “contained hepatitis and HIV”, with the magistrate describing the clothes as a “weapon aiming to inspire fear”<sup>65</sup>;
- an HIV-positive woman with a near-undetectable viral load sentenced to 14 months’ imprisonment for actual bodily harm after biting a police officer which left an unbroken skin injury<sup>66</sup>;
- an HIV-positive, gay, Black man sentenced to 48 weeks’ imprisonment for spitting at a police officer.<sup>67</sup>

**“Prosecutions... have undermined public health by increasing stigma.”**

*National AIDS Trust*

The National AIDS Trust notes that prosecutions have “not reduced HIV transmission” but rather have “undermined public health by increasing stigma, victimisation and discrimination of people living with HIV”, with protracted criminal investigations leading to “stigmatising media coverage.”<sup>68</sup> However, because the UK

does not have HIV-specific statutes it is not a simple case of addressing stigma via repeal, nor is it realistic to expect lawmakers to undo existing assault laws which apply broadly to different crimes.

### Prosecutorial guidance

Instead, the Crown Prosecution Service in England & Wales<sup>69</sup> and the Crown Office in Scotland<sup>70</sup> have released prosecutorial guidance to clarify how the law should be applied to cases involving exposure to and transmission of STIs, with specific reference to HIV. This guidance – which continues to be updated in line with evolving case law, most recently in 2021 – is generally in line with the guidance published by the UNDP on HIV-related criminal cases,<sup>71</sup> which rests on principles such as intent to transmit, risk of exposure, treating HIV as a public health matter, and establishing whether prosecution is in the public interest. The latest guidance available in the UK ties ‘recklessness’ to the level of transmission risk, accounting for factors including repeat exposure, viral load, and informed consent in sexual activity. It also establishes the importance of scientific evidence to a prosecution, noting advances such as antiretroviral therapy, phylogenetic analysis of the virus strain, and RITA (Recent Infection Testing Algorithm) tests to establish the likelihood of transmission and the timing of infection.

Despite the availability of this guidance, which is intended to pivot HIV-related cases towards a public health understanding and clarify general law in the context of modern science, prosecutors and judges continue to reference HIV as an

aggravating factor in assault cases where the defendant is a PLWH. This includes, as outlined above, cases involving biting, spitting, and virally-suppressed individuals, which carry little to no risk of transmission.

### Centres of legal expertise

In a research consultation for this report, Matthew Weait, Professor of Law and Society at the University of Oxford specialising in the impact of criminal law on PLWH, praised prosecutorial guidance as an answer to the application of general laws but argued that implementation has not been effective.<sup>72</sup> This is a result of the geographical spread and comparative rarity of cases within jurisdictions, whereby a prosecuting lawyer may never have dealt with an HIV-related case previously and proceeds with the case with a limited understanding of the public health issues, such as the marginalisation and stigmatisation of LGBT+ people and drug users, or medical advances in prophylaxis and treatment. One possible solution could be consolidating centres of legal expertise on HIV-related cases, whom prosecutors can consult and to which complex cases can be referred to ensure prosecutorial guidance has been interpreted in line with international standards.

### Role of legislators

Although it is mostly incumbent on the judicial system itself to address HIV criminalisation in the UK, this does not mean legislators cannot play a role in ensuring proper implementation. At one of our research roundtables, Liz Barker, who sits in the UK House of Lords, outlined how the UK has a record of applying general laws disproportionately in the absence of specific statutes, such as how vagrancy laws were historically used to discriminate against LGBT+ people despite the lack of explicit anti-LGBT legislation, and more recently the utilisation of existing public health legislation to (temporarily) impede civil liberties during the COVID-19 pandemic.<sup>73</sup> It is therefore the responsibility of legislators to hold the justice ministry and wider government to account, and ensure laws that have a broad scope are being applied in a manner that is proportionate, fair, and in line with public interest.

**Key takeaway:** where legislative reform is not an option, existing case law on HIV should be clarified through expert guidance with prosecutors supported in making proportionate decisions.

## Philippines

The Philippines does not criminalise HIV specifically. The Philippine AIDS Prevention and Control Act 1998 did include a provision which compelled a PLWH to disclose their HIV status to a sexual partner,<sup>74</sup> but this has since been overridden by the Philippine HIV and AIDS Policy Act 2018 (Republic Act No. 11166), which downgrades this obligation to 'encouragement' to disclose.<sup>75</sup> The new law, which **essentially decriminalised non-disclosure**, also mandated various **public health measures** to improve the Filipino response to the epidemic, including:



- expanding access to evidence-based prevention strategies;
- widening young people's access to testing by removing the need for parental consent;
- incorporating HIV testing as a routine component of prenatal care;
- embedding HIV treatment in universal healthcare, making it unlawful to deny health insurance coverage to PLWH.<sup>76</sup>

### Progress stalls

However, the country **continues to face a worsening HIV crisis**. Between 2010 to 2017 there was a 174 per cent increase in HIV incidence, with men who have sex with men accounting for 84 per cent of all new infections and only 32 per cent on antiretroviral therapy.<sup>77</sup> Although the new law sought to address this crisis, **progress has stalled during the COVID-19 pandemic** with a 61 per cent decrease in HIV testing in 2020, attributable to lower accessibility, delivery and financing of HIV-related services and programming.<sup>78</sup>

Speaking to us for this report, Senator Risa Hontiveros argued there are two main reasons for the lack of progress:<sup>79</sup>

- The first, related to pandemic pressures, is the **failure to properly implement and finance the new provisions** of Act 11166. Specifically, the Philippine National AIDS Council – which was reconstituted to coordinate the renewed public health response – has not been given the money, personnel and resources to deliver augmented programmes, especially beyond the urban hub of Manila.
- The second is derivative of **intersecting criminalisation**, where although HIV is not criminalised directly many PLWH may be criminalised or discriminated against through other laws, particularly drug users and LGBT+ people, who

constitute the vast majority of new infections. Consequently, PLWH continue to face stigma borne of other prejudicial laws.

### How legislators can oversee successful implementation

Senator Hontiveros suggested a combination of solutions for legislators to ensure proper implementation of the new law:

- First, there should be **parliamentary oversight of HIV services not just at an administrative level but at a programmatic level**, ensuring sustainable funding is approved in budget debates and that testing and treatment is reaching the right communities.
- Second, legislators should approve a wider **policy framework that accounts for intersectionalities and centres public health**, moving away from repressive criminal justice mechanisms to which those most at risk of contracting HIV are more likely to be exposed. The stalled Sexual Orientation and Gender Identity Expression Equality Bill is an example of the type of framework that would help to destigmatise impacted communities by entrenching anti-discrimination in wider economic and health infrastructure.
- Third, legislators should give a platform and credence to **science-based public health messaging**, especially given the rise of misinformation on social media during the COVID-19 pandemic.

**Key takeaway:** if it is to be implemented effectively, legislative reform must be followed up by sustainable financial resourcing, trustworthy public health messaging, and consideration of the wider impact of discrimination beyond the law itself.

## Recommendations

Based on the research, studies and consultations that informed this report, we have identified several common themes across different regions and contexts. We therefore propose the following recommendations for legislators working to decriminalise HIV:

### Listen to the experts

#### 1) **Work with civil society, medical professionals, academics, community-based organisations and other professional experts, and trust their guidance.**

Communities affected by discriminatory laws are the best source for understanding the real-world impact of criminalisation. It is often community-led initiatives, organised by civil society organisations, that develop constructive agendas for law reform. Such agendas are informed by the authoritative knowledge of medical practitioners, lawyers, and academics specialising in medicine, law or society. They have committed time and resources into formulating reform proposals, are keen to engage with legislators at every stage of legislative action, and are happy to address concerns and educate. There is also a wealth of expertise in the corporate sector, with stakeholders in the HIV response often funding and working with community organisers and NGOs where appropriate.

#### 2) **Draw on international expertise.**

Multiple international organisations have a wealth of knowledge and experience regarding the global impact of the HIV epidemic and what measures are necessary to end it. Institutions such as UNAIDS, UNDP and WHO have dedicated programmes and resources to assist with legal reform that meets international standards, and can work in-country to support a contextual response. Civil society organisations such as the HIV Justice Network and indeed the Global Equality Caucus are always on hand to work with legislators who require the tools to progress reform.

### Communicate the benefits of reform rationally and factually

#### 3) **Centre a public health approach.**

Our experience tells us that on matters that concern the reform of criminal justice systems, a human rights-based argument is not always the best starting point with those decision makers who need to be persuaded. In several instances, reform has

been won by positioning HIV criminalisation as a public health issue. By emphasising the importance of testing and treatment in the fight against HIV, as well as the positive impact of health programmes and scientific advances such as ART and PrEP, the conversation on HIV moves away from punitive responses towards a health-centred framework. Once this framework is established there is then more political headspace to establish the individual rights, protections and dignity of PLWH.

#### **4) Use data and be guided by science.**

Verifiable data and statistics help to reinforce any argument in favour of HIV decriminalisation. Limiting conjecture and highlighting objective evidence in conversations and legislative debates can help lend authority to proposed reforms. Various research institutes have conducted studies on the impact of criminalisation and modelled how reform could improve economic and health outcomes. Civil society groups advocating for reform will have often condensed this research into readable and digestible formats.

#### **5) Highlight long-term economic benefits of decriminalisation.**

Particularly in jurisdictions more resistant to reform of criminal statutes, messaging may need to be tailored in a way that resonates with politicians who are not readily keen to engage on the issue of HIV criminalisation. In many jurisdictions, this often means highlighting the fiscal prudence of reform, whereby the decriminalisation of HIV has long-term economic benefits including fewer costly prosecutions and fewer people requiring specialist HIV/AIDS healthcare in the future.

### **Pick the right political strategy based on the situation**

#### **6) Build a strong coalition in favour of reform and forge bipartisan relationships where possible.**

Legislative reforms endure when consensus has been built before passage, whereas divisive measures are more likely to be unpicked by political opponents in the future. Much coalition-building will have already been done at the grassroots level by civil society organisations, but it is incumbent on legislators to speak to colleagues and amass strong support before moving to a vote. This allows time for any concerns to be addressed and for bills to be less contentious. Securing bipartisan support is especially helpful, as HIV decriminalisation is ultimately in the interest of everybody and not the preserve of a single political bloc. Compromise should be accepted as part of the legislative process.

## **7) Identify which reforms are achievable and pursue a piecemeal strategy if necessary.**

Total repeal of HIV criminalising statutes may not be possible if there is strong political resistance to the idea. Legislators will be aware of the political context of their jurisdiction and should adjust reform agendas accordingly, focusing on the aspects of decriminalisation that are more easily won. Criminalised behaviours that are more readily shown by science to be outdated, such as transmission from biting and spitting, as well as matters concerning intent and viral suppression, have been successful starting points for modernisation. Even if small changes can make their way onto statute books, this can still have a positive impact on communities and lays the groundwork for more reform in the future.

## **8) Be patient but persistent.**

HIV decriminalisation takes time and can often fall off the legislative agenda due to more urgent issues, the COVID-19 response being one example. Choosing the right moment to introduce legislation is key to ensuring its passage, and this usually means being patient. Bills may stall for months or even years, and may have to be reintroduced across multiple parliamentary sessions, but political willpower and conviction pays off.

## **Be more than a lawmaker, be an advocate**

## **9) Pressure governments, speak out against injustices, endorse non-legislative initiatives that support the HIV community.**

In jurisdictions without HIV-specific laws, there may be limited legislative options to mitigate the application of general criminal laws that target PLWH. In these instances, legislators can use their position to hold their governments to account – they can make representations to health ministries and justice ministries to ensure health programmes are working for the right communities; lobby decision makers to draw attention to specific issues; and use their position to draw attention to matters of injustice. Pushing for improved prosecutorial guidance where needed, highlighting unfair criminal cases, and condemning stigmatising media coverage, are all options. Lawmakers should serve as a positive champion for PLWH who may feel discriminated against and disenfranchised.

## **10) Decriminalise as part of a wider effort to meet international standards and end the HIV epidemic by 2030.**

Addressing discriminatory and outdated laws that criminalise HIV is just one aspect of the global effort to end the HIV epidemic. HIV decriminalisation should be treated as part of a larger, more holistic strategy that focuses on measures that can effectively limit new infections. This includes encouraging more people to get tested, getting people who are HIV-positive onto effective treatment, reducing stigma attached to the virus, and protecting marginalised communities against discrimination in general. HIV prevalence continues to be disproportionately concentrated in marginalised communities, so a strategy that seeks to address intersecting inequities and defend human rights will accelerate the end of the epidemic. Approaching the HIV response in this way demonstrates a serious commitment to achieving international targets, including the UNAIDS 95-95-95 goals for 2025 and the UN Sustainable Development Goals by 2030. Legislators should bear this wider context in mind and ensure their governments are doing everything in their power to meet these targets.



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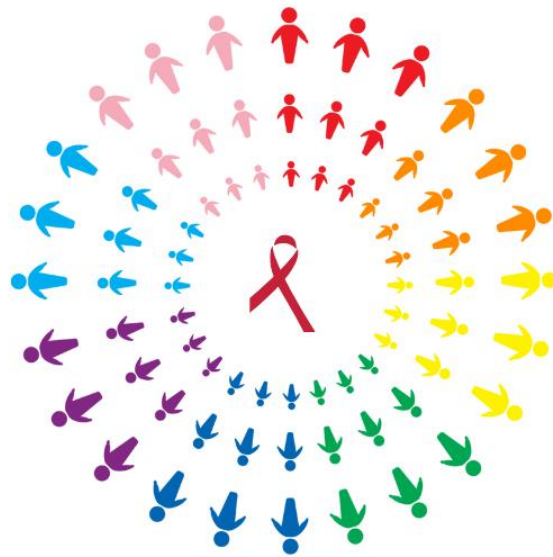
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# global equality caucus



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