

# USING RESEARCH IN THE FIGHT AGAINST HIV CRIMINALISATION

## A GUIDE FOR ACTIVISTS



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# INTRODUCTION

Across the world people living with HIV, activists, lawyers, health care providers and other allies are trying to bring an end to HIV criminalisation. HIV criminalisation is about using criminal or similar laws to punish or control people living with HIV based on their HIV-positive status. HIV criminalisation usually focuses on the sexual lives of people living with HIV. It places them at risk of arrest when they: (1) don't disclose their HIV-positive status to a sex partner (or can't prove they have disclosed); (2) potentially expose their sex partners to what the law considers to be a risk of transmission; or (3) allegedly transmit HIV.

The work activists are doing to end HIV criminalisation is wide-ranging. We are supporting people who are facing HIV-related criminal charges or who have been convicted of HIV-related criminal offences. We are running campaigns to reform or repeal HIV criminalisation laws. We're reaching out to legislators, government officials and policy makers, and we're fighting stigmatizing news coverage. Some of us are organising demonstrations, educating our communities and sharing skills and information with scientists, HIV communities, and human rights allies. Others are working hard to end police brutality, gender-based violence and racialized, sexual, and class-based oppression. We are also conducting our own community-based research and using research published by others to learn about the effects of HIV criminalisation and to support our efforts to change or end the unjust use of laws against people living with HIV.

The purpose of this guide is to help advocates who want to use research in their activism. It is not a guide about how to conduct original research. Instead, it focuses on how to use the results of existing research in the fight against HIV criminalisation.

Most advocates working to end HIV criminalisation are not formally trained researchers. The thought of reading and using scientific studies may feel daunting. There is no "one best way" to use research for advocacy; no simple "paint-by-numbers" guide. But there are some basic principles and ideas about research and how to use it in advocacy that can be helpful. In this document, we present those principles and ideas. Our goal is to demystify research about HIV criminalisation and suggest some of the ways it can be used by advocates.

This guide has five main sections:

- Section one discusses the growing expectation to use research evidence in advocacy work.
- Section two defines what we mean by research.
- Section three describes the different kinds of research that have been done on HIV criminalisation.
- Section four talks about how to find, read and interpret research on HIV criminalisation.
- Section five gives some examples of how advocates have successfully used research to challenge HIV criminalisation.

## SECTION 1:

# RESEARCH AND SOCIAL CHANGE—THE GROWING EXPECTATION TO USE RESEARCH EVIDENCE IN ADVOCACY WORK

There is an assumption that ending HIV criminalisation will be accomplished by “evidence-based” or “evidence-informed” decision making. The basic idea is that important policy and other decisions should be guided by accurate, up-to-date scientific evidence. According to this assumption, legislators and policy makers are most likely to reform or repeal laws when they are faced with compelling research evidence that shows how laws are harmful, unfair or scientifically outdated.

While research is important, we know from experience that ending HIV criminalisation is about more than research. The legislators, judges, public health officials and other decision makers we are trying to influence may be guided by moral values, interests, personal priorities, compelling stories that reach their attention, and political trade-offs that may have little to do with what the research studies show to be good policy. We also know that some of the most important social justice transformations of recent decades have come about not because powerful authorities were better informed by research, but because they were politically challenged by effective, well-organized social movements. To make things even more complicated, activists in some jurisdictions are facing an era of “post-truth politics” where authorities openly favour the use of emotion and personal belief to make decisions rather than rely on scientific evidence.

Bringing an end to HIV criminalisation requires us to confront unequal power relations in society and to use resources to challenge powerful institutions. It involves activities like changing public opinion, pressuring politicians and making moral arguments about how the criminal justice system mistreats people living with HIV, sex workers, LGBTQ people, people of colour, migrants, Indigenous Peoples, people who use drugs, poor people and others. It also involves making connections between the various forms of social injustice that our communities face.

Research can support these activities in at least two ways. First, research findings can be a resource that helps us build our own knowledge base about HIV criminalisation. They can help us to understand how the law works in the jurisdictions in which we live, how it impacts HIV prevention, how it affects people living with HIV, including those who have been investigated or prosecuted, and how it is linked with other forms of structural inequality and oppression. Second, research findings can help us influence key decision makers and authorities. Many of them expect arguments to be backed up by research and feel more comfortable or able to take a stand against HIV criminalisation when the case against it is supported by evidence. Often, decision makers wrongly assume that HIV criminalisation laws are backed by evidence, so uncovering what the evidence really shows is important. Some decision makers and authorities may have a personal concern for specific groups of people living with HIV such as women, gay men, transgender women, or young people. In these cases, demonstrating how HIV criminalisation harms these groups can create powerful allies for change.

Overall, research can be a useful part of the activist’s toolkit. However, we emphasize that it is best used alongside, and in support of, a range of strategies to challenge HIV criminalisation.

## SECTION 2:

# WHAT DO WE MEAN BY RESEARCH?

A first step in becoming a more comfortable user of research is to demystify research.

Research can be intimidating. Research studies are often created by people with specialized technical skills. Published research can be hard to read for those without such training. Even when describing realities that are close to home—such as the way that vulnerability to criminalisation can feel for people with HIV—the language used in research articles can seem worlds apart from our everyday experiences. While research is complex, it's important to remember that all of us, in some ways, engage in research-like activities in our daily lives. When we have a problem accessing services or finding a good doctor, for example, and we ask people about their experiences with similar problems to better understand our situation, we are engaging in a research process. The same holds true when we try to better understand HIV criminalisation by asking about and learning from the experiences of people who have been directly affected by it.

This guide focuses on the formal, published research that can be used in advocacy against HIV criminalisation. This kind of research is more organized and methodical than what we do to address problems in our daily lives. Formal research systematically explores our natural, physical and/or social worlds in order to answer a specific question. While some advocates do our own research as part of our efforts to end HIV criminalisation, in this guide we focus on how advocates can use formal research produced by trained researchers and scientists.

## SECTION 3:

# WHAT KIND OF RESEARCH HAS BEEN DONE ON HIV CRIMINALISATION?

One thing that can help make it easier to use research in our advocacy is to be familiar with the kinds of research studies that are relevant to HIV criminalisation. There are hundreds of studies that have been done on topics related to HIV criminalisation. Below we outline seven types of research and discuss how each can be helpful for advocacy against HIV criminalisation.

### 1. EPIDEMIOLOGICAL RESEARCH ON LOCAL EPIDEMICS

Epidemiologists study the distribution and determinants of health and disease among groups of people.<sup>1</sup> Epidemiological research on local HIV epidemics gives estimates of the number and characteristics of people who are living with HIV in a jurisdiction. That jurisdiction might be an entire country, or a state, province, municipality, or other district within a country. Epidemiological research also estimates how many people are living with HIV in a jurisdiction but have not yet been diagnosed, as well as the number of people who have been newly diagnosed in the past year. Often, researchers break these figures down or “disaggregate” them and provide information according to characteristics that are seen to be important for the risk of acquiring HIV such as gender, age, race, sexual orientation, ethnicity and whether people are sex workers or inject drugs.

For many years, one of the mantras of HIV advocates has been to “know your epidemic.” In terms of epidemiological research, that means knowing how many people are living with HIV in your jurisdiction (both diagnosed and undiagnosed). It also means knowing about the patterns of HIV infection among different categories and communities of people and trends over time in the rates of HIV infection for these categories and communities.

Some types of epidemiological information—and it’s important to get supportive expert help to interpret that information when possible—allow us to see if new infections are increasing among some groups. That information can be important for our advocacy because, throughout the HIV epidemic, increases in new infections have often occurred in groups that are particularly vulnerable to abuses of the criminal law.

Comparing epidemiological trends and patterns of HIV infection in a region with information about trends and patterns in criminal cases (see “Research on patterns and trends in HIV-related criminal cases,” page 11) can help us to make assertions about the way that HIV criminalisation is playing out in a particular jurisdiction. For example, if you notice that the number of people being diagnosed is changing, you might be able to make a link between the law in your area and these changed (up or down) new diagnoses rates. Or, if you find that most new diagnoses involve gay white men, but your criminal case data show that heterosexual women of colour are being charged as often as gay white men, you can show that your HIV criminalisation law is being used disproportionately against some groups.

<sup>1</sup> Centers for Disease Control and Prevention. What is epidemiology? <https://www.cdc.gov/careerpaths/k12teacherroadmap/epidemiology.html>

It's important to be cautious when arguing that HIV criminalisation disproportionately affects some groups. This information can show how the criminal law is being applied unjustly and can help build alliances with other movements and key decision makers who are concerned about injustice in policing and criminal justice systems. However, it can also be used by decision makers who argue that to be fair, prosecutions should be increased among groups who are less criminalized.

## 2. EPIDEMIOLOGICAL AND MEDICAL RESEARCH ON THE RISK OF HIV TRANSMISSION

Epidemiologists and medical researchers use various methods to study the risk of transmitting HIV to another person. This kind of research answers questions about the risk of getting HIV from different sexual acts and activities like spitting, biting, breastfeeding and sharing needles. It also looks at factors like using condoms that can decrease the risk of HIV transmission and factors like having another sexually transmitted infection that can increase the risk of HIV acquisition.

One of the most important topics in this area of research looks at how taking HIV treatment affects the risk of transmitting HIV. Researchers who have combined the results of studies that explore that question have concluded that people living with HIV who are on effective treatment cannot transmit HIV. In fact, not a single study has documented a case of HIV transmission when the person living with HIV has an undetectable viral load.

The message that people living with HIV on effective treatment do not sexually transmit HIV is vital to effective public health strategy. Many organizations are working to get the message out, including the Prevention Access Campaign's *Undetectable = Untransmissible (U=U)* strategy.

Educating judges, lawyers and lawmakers about how effective treatment means zero HIV transmission risk can decrease the number of prosecutions and convictions associated with HIV criminalisation and help modernize HIV-related laws. However, we need to take care when advocating a U=U position. When highlighting the science behind U=U, it's also important to discuss those who are not on treatment or who have a detectable viral load. This is particularly important in terms of social justice because people from more marginalized communities are most likely to face barriers to accessing effective treatment and/or viral load testing. It is crucial that our strategies to reduce HIV-related prosecutions do not perpetuate or exacerbate inequities among people living with HIV, including increasing the likelihood of prosecutions against people who are not on treatment, and/or do not have a low viral load, and/or know their viral load.

### WHERE CAN I FIND EPIDEMIOLOGICAL RESEARCH ON HIV?

Many countries report national-level information on their HIV epidemics annually to UNAIDS. Information on HIV rates, the treatment cascade<sup>2</sup>, discriminatory laws, and other areas of concern for different population groups can be found at the [UNAIDS AIDInfo website](#). You can also search for specific information on the [UNAIDS Global AIDS Monitoring database](#).

Often, more specific information about HIV epidemics in different cities, regions or population groups is more helpful when trying to convince local decision makers to take action. That kind of information may be produced by health departments, ministries of health, public health or community health departments or National AIDS Councils. You may be able to find allies within local health organizations or universities who can help find this information.

<sup>2</sup> The treatment cascade “is a model that outlines the steps of care that people living with HIV go through from initial diagnosis to achieving viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage.” From: Avert: Global information and education on HIV and AIDS. <https://www.avert.org/professionals/hiv-programming/treatment/cascade>

Even if the prevention benefits of treatment become well accepted by courts, HIV criminalisation will continue, and it will remain highly stigmatizing and will undermine public health strategies. HIV-related stigma remains a major reason why cases make it into court (and the media), and anti-criminalisation advocacy can't be effective unless it addresses the systems that perpetuate that stigma.

### 3. EPIDEMIOLOGICAL AND MEDICAL RESEARCH ON HIV AS A CHRONIC MANAGEABLE CONDITION

Research on HIV as a chronic manageable condition looks at the health impacts of having HIV. This research explores topics like the death rate among different groups of people living with HIV, the kinds of illnesses they get, and how long they live. Some studies also go beyond physical health to look at social, mental, and emotional well-being. An important topic of this body of research is the impact that improvements in HIV treatment have for people living with HIV. A number of studies have shown that with appropriate and timely treatment, people living with HIV can expect to live a normal life span. These studies have played an important role in creating the understanding of HIV as a chronic manageable condition. [The Expert Consensus Statement on the Science of HIV in the Context of Criminal Law](#) (see text box, page 10) includes a section that reviews studies about HIV as a chronic, manageable condition.

Research on HIV as a chronic manageable condition can be useful for advocates in many ways. It can help correct stigmatizing views about HIV that are at the core of HIV criminalisation. The idea that HIV is a death sentence or is a serious physical harm is often used as a rationale for creating laws that criminalize people with HIV. Up-to-date research on the life expectancy and other health impacts of HIV can help correct those ideas.

Research on HIV as a chronic manageable condition is good news for people living with HIV and for those of us who are trying to educate communities, police, court systems and others about the current realities of living with HIV. But it needs to be used carefully. It is important not to present an HIV diagnosis as trivial. We also shouldn't use the idea of HIV as a chronic manageable condition in ways that deny the reality of illness experienced by some people living with HIV. Many of us know from personal experience that living with HIV can be difficult for many, even when good quality treatment is fully available. However, many of the difficulties come from the stigma and discrimination that people living with HIV face. A person who acquires HIV may experience psychological distress as a result of their diagnosis. It is important to recognize that this distress is not caused by the person from whom they acquired HIV—someone who also acquired HIV from someone and who has also been exposed to HIV-related stigma and discrimination. It is caused by the social systems that treat people living with HIV badly.

#### WHERE CAN I FIND RESEARCH ON HIV TRANSMISSION RISKS?

There are a lot of places where you can find helpful summaries and other useful information about research on HIV transmission risks. The Prevention Access Campaign's U=U strategy contains helpful fact sheets, FAQs and a number of downloadable up-to-date summaries of relevant research. [The Expert Consensus Statement on the Science of HIV in the Context of Criminal Law](#) (see text box, page 10) gives an authoritative analysis of the current state of the research on the risk of HIV transmission. The US Centers for Disease Control and Prevention has also produced a useful [chart](#) detailing the risk of HIV transmission for different activities.

## THE EXPERT CONSENSUS STATEMENT ON THE SCIENCE OF HIV IN THE CONTEXT OF CRIMINAL LAW

In 2018, 20 of the world's leading HIV scientists came together to describe current evidence on HIV transmission ('risk'), treatment effectiveness ('harm') and forensics ('proof') so that HIV-related science can be better understood in criminal law contexts. That work, [The Expert Consensus Statement on the Science of HIV in the Context of Criminal Law](#) was published in the *Journal of the International AIDS Society* on 25 July 2018. It is an important, authoritative document written by a group of expert scientists. It has been formally endorsed by the International AIDS Society (IAS), the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and more than 70 senior HIV scientists from 46 countries around the world.

The Expert Consensus Statement was written to help scientific experts considering individual criminal cases and to encourage governments and those working in the criminal justice system to ensure that a correct and complete understanding of current scientific knowledge informs any application of the criminal law in cases related to HIV. It was inspired by the work of similar statements produced by advocates in Canada<sup>i</sup>, Sweden<sup>ii</sup>, Australia<sup>iii</sup>, and by the original 'Swiss statement'<sup>iv</sup>, which have helped limit the application of the criminal law in HIV-related cases in those jurisdictions.

The authors of the Expert Consensus Statement carefully analyzed all available scientific data on HIV transmission, treatment effectiveness and forensic evidence. They prioritized the highest quality research data from their systematic review of randomized clinical trials, and comparative studies. They then engaged in numerous rounds of discussion to reach an agreement on how that evidence is best summarized and described.

The Expert Consensus Statement focuses on the possibility of HIV transmission during specific acts that are commonly considered in criminal prosecutions: sexual activity, biting and spitting. It concludes that the possibility of HIV transmission during a single act ranges from low to none, depending on a range of intersecting factors. The Expert Consensus Statement also explains that modern antiretroviral therapies have improved the life expectancy of most people living with HIV who can access treatment, to the point that their life expectancy is similar to HIV-negative counterparts, transforming HIV infection into a chronic manageable health condition. The Expert Consensus Statement's observations about [phylogenetic analysis](#) clarify that while phylogenetic analysis can be compatible with a claim that a defendant has infected a complainant with HIV, it cannot conclusively prove one person infected another. Importantly, phylogenetic results can exonerate a defendant when the results rule out the defendant as the source of a complainant's HIV infection.

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- i. Loutfy M et al. [Canadian consensus statement on HIV and its transmission in the context of the criminal law](#). *Can J Infect Dis Med Microbiol*. 2014;25(3):135–40.
  - ii. Albert M et al. [Risk of HIV transmission from patients on antiretroviral therapy: A position statement from the Public Health Agency of Sweden and the Swedish Reference Group for Antiviral Therapy](#). *Scandinavian Journal of Infectious Diseases* Vol. 46, Iss. 10, 2014.
  - iii. Boyd M et al. [Sexual transmission of HIV and the law: an Australian medical consensus statement](#). *Med J Aust* 2016; 205 (9): 409-412.
  - iv. Vernazza P et al. [Les personnes séropositives ne souffrant d'aucune autre MST et suivant un traitement antirétroviral efficace ne transmettent pas le VIH par voie sexuelle](#). *Bulletin des médecins suisses* 89 (5). (English translation, including translator's affidavit, available at: <http://tinyurl.com/cpyt5n>), 30 January 2008.

## 4. RESEARCH ON PATTERNS AND TRENDS IN HIV-RELATED CRIMINAL CASES

This type of research uses legal, media and other databases to explore how HIV criminalisation laws have been applied in specific jurisdictions. It answers questions about whether there are trends over time or patterns in the use of criminal laws. This type of research tells us about how many people have been charged in a given time period and whether the number of HIV-related criminal cases is increasing or decreasing. It answers questions about whether cases are occurring more frequently in certain areas of a country or areas within a region, whether the laws are being disproportionately felt by certain communities of people living with HIV and provides evidence about patterns in conviction rates and in the length and type of sentences.

Advocates have been working to map HIV-related criminal laws and related prosecutions for more than two decades. At an international level, the Global Network of People Living with HIV (GNP+) and the HIV Justice Network are the two most important sources of this kind of information.

Compiling a comprehensive list of HIV-related criminal laws and prosecutions is hard to do because of inadequate funding, inconsistent reporting of cases by local media, varied local community capacity to gather data, patchy and developing networks to share data, and the challenge of working in many different languages. In 2016, the HIV Justice Network and GNP+ began to collaborate, with partners in multiple regions, under the umbrella of [HIV JUSTICE WORLDWIDE](#) to strengthen monitoring systems through regional hubs and multi-lingual staff with strong regional contacts.

Research on demographic, regional and other trends in HIV-related criminal cases is extremely important for advocates because it provides an overall picture of what HIV criminalisation looks like in a particular country or area within a country and how it may be changing over time. Research on HIV criminalisation trends and patterns can help us to define particular problems that are happening in our regions. It can show whether HIV criminal laws are being disproportionately used against people of colour and other marginalized groups and, so, can support advocacy claims about how criminal laws are stigmatizing and discriminatory. This type of research can also be used to compare jurisdictions with one another which can support advocacy claims that a particular country or region is overusing the criminal law. Findings that relate to conviction rates and sentences can also be used to show that criminal law is applied more harshly to HIV criminalisation cases than other criminal offences.

### WHERE CAN I FIND RESEARCH ON TRENDS AND PATTERNS IN HIV-RELATED CRIMINAL CASES?

The [HIV Justice Network website](#) tracks cases involving HIV-specific and other criminal laws and constantly updates its list of cases as media reports and legal decisions come to light. Cases are searchable by country, type and date. In mid-2019, the website will also incorporate the text of laws and other data from the GNP+ [Global Criminalisation Scan](#) which was, until recently, the most important source of information on how countries use general or HIV-specific criminal laws. In addition, the news section of the [HIV Justice Network website](#) features new developments in HIV criminalisation from around the globe, including important court decisions and changes in law. Four recent regional reports written for HIV JUSTICE WORLDWIDE present findings on criminal cases and the use of HIV-specific laws and existing criminal laws that have significantly contributed to our understanding of HIV criminalisation in [Eastern Europe and Central Asia](#), [Latin America and the Caribbean](#), [Francophone Africa](#), and [Asia](#). A global audit of cases is conducted periodically, with findings published in various forms, including in the latest of the *Advancing HIV Justice* reports, *Advancing HIV Justice 3*, published in May 2019.

## 5. LEGAL RESEARCH ON HIV CRIMINALISATION LAWS

This type of research reviews the content of laws to answer questions about whether the laws, in and of themselves, are discriminatory, stigmatizing, or have negative implications for HIV prevention. In this type of research, researchers carefully analyze the language used to formulate specific laws. They look at issues such as how prohibited activities are defined, what defences are available to people charged and what penalties are recommended. Studies have criticized criminal laws when it has been found that they ignore the effectiveness of condoms and/or effective treatment, overestimate the risk of HIV transmission, are so vague that people living with HIV can't tell what behaviours might result in them being prosecuted and/or subject people living with HIV to criminal liability even when they follow established public health advice for reducing HIV transmission risks.

These types of studies can help support advocacy demands for laws to be reformed or repealed. They help support arguments that laws are outdated, scientifically uninformed, and overly punitive. They can be especially useful when the laws that were studied are the same as, or similar to, the laws that advocates are challenging. Studies that look at the language of specific laws are usually written by lawyers who work in universities or other legal scholars. Reaching out to legal researchers who work on HIV issues can be the fastest way to find out whether there are any studies that apply to the jurisdiction that you are working in.

## 6. RESEARCH ON MEDIA COVERAGE OF HIV CRIMINALISATION

In recent years, studies have been published that look at how HIV criminalisation is portrayed in the mass media. While the term 'mass media' includes TV, film, magazines, books, the internet and social media, most of the studies focus on newspapers. These studies have looked at the stigmatizing nature of newspaper stories about HIV criminal cases including how they narrowly represent people living with HIV as criminals, represent black men living with HIV as hypersexual, overemphasize the risk of HIV transmission, and focus on statements from "victims", while ignoring the perspectives of people living with HIV who face criminal charges.

Often, studies look at newspaper coverage of particular criminal cases from a particular jurisdiction over a specific period of time. For example, a recent [study](#) looked at 1,680 newspaper articles on HIV-related criminal cases in Canada from 1989 to 2015. The study discovered stigmatizing patterns of coverage focused on black men living with HIV. While black men made up only 20% of the people charged during the study period, they were the focus of 62% of all newspaper articles written about HIV criminalisation cases.

The mass media are an important source of public information about HIV. They influence how people think about HIV and are a key source of the stigmatizing views that fuel HIV criminalisation. The media are also a powerful tool for getting our messages out to the public and to influence supporters, allies and decision makers. We can use media research on HIV criminalisation to support our arguments about stigma and HIV criminalisation. Advocates can use research on media coverage to better understand the specific negative and stereotypical messages that inform public views of HIV criminalisation and to identify gaps in reporting. When we have a more detailed understanding of media coverage, we can develop more effective messages to counter stigma and intervene in public debate about HIV criminalisation.

### USEFUL RESOURCES ON ENGAGING WITH THE MEDIA

The HIV Justice Toolkit's Media section includes many useful documents for devising strategies to work with media on HIV criminalisation reform. You can access the media section of the HIV Justice Toolkit in [English](#) or [French](#).

HIV JUSTICE WORLDWIDE has also produced a special [Media Toolkit](#) to help advocates better use the media in the fight to end HIV criminalisation. There is also an HIV JUSTICE WORLDWIDE webinar, 'Making Media Work for HIV Justice,' available on [YouTube](#).

In addition, a unique piece of [research undertaken by the Sero Project in 2015](#) assessed current attitudes about HIV-related issues and tested messages that might be used to educate the general public and gain support for advocacy to modernize or repeal HIV criminalisation statutes. The research suggests that messaging must be simple, easy to understand and to the point. It also found that information that current laws are inconsistent with scientific knowledge had considerable resonance, as did messaging that HIV laws unintentionally discourage testing, treatment and voluntary disclosure. Messages about civil liberties were least effective.

## 7. SOCIAL SCIENCE<sup>3</sup> RESEARCH ON THE EFFECTS OF HIV CRIMINALISATION

One of the biggest areas of research on HIV criminalisation looks at its effects on HIV prevention, public health, and the lives of people living with HIV. Researchers have used surveys, interviews, focus groups and other methods to explore various topics. They have discovered that HIV criminal laws don't increase the likelihood that people living with HIV will disclose their HIV status to sex partners or engage in activities that reduce the risk of HIV transmission. They have found that HIV criminalisation has a negative impact on HIV prevention counselling and the work of public health nurses. [These and other findings are explained and summarized in the 30-minute HIV Justice Network educational video, 'More Harm Than Good.'](#)

One topic of special interest to advocates is whether HIV criminalisation discourages HIV testing. Some studies show that the criminal law has no effect. However, a recent [study](#) suggests that HIV criminalisation does discourage some people from testing with potentially dramatic consequences for HIV prevention.

Research on the perspectives that people living with HIV have of criminal laws has emphasized fears about the potential for violence and discrimination should they disclose, heightened feelings of stigma, fears about prosecution, and uncertainty about what the laws mean and require them to do. A relatively new [focus](#) of social research on HIV criminalisation documents the experiences of people living with HIV who have been criminalized, prosecuted and/or imprisoned for offences related to HIV nondisclosure, exposure or transmission.

Advocates can use social science research on the effects of HIV criminalisation in many ways. Legislators and politicians often justify laws that criminalize people living with HIV by arguing that such laws reduce HIV transmission. And yet, studies have not shown that HIV criminalisation has a positive impact on HIV prevention. We can use research to show that one of the main arguments used to support HIV criminalisation has no basis in evidence. Research on the social effects of HIV criminalisation can also

<sup>3</sup> Sociology, anthropology, and political science are examples of social science. According to the online Merriam-Webster dictionary, social sciences deal "with the institutions and functioning of human society and with the interpersonal relationships of individuals as members of society." <https://www.merriam-webster.com/dictionary/social%20science>

be used to develop allies in the public health sector. People who do front-line HIV prevention and counselling work have direct experiences of the problems created by HIV criminalisation, but they rarely occupy positions of authority where public health policy decisions are made. Research that documents the negative effects of HIV criminalisation on HIV prevention can help encourage public health officials to take a more public stand against HIV criminalisation.

Finally, research on the effects of HIV criminalisation on people living with HIV who have been personally impacted helps to build our movement against HIV criminalisation in ways that are informed by the experiences of people living with HIV. It reveals the many problems that arise when HIV non-disclosure is treated as a crime of sexual assault, such as the stigmatizing and discriminatory effects and economic impacts of being labelled a sex offender for life. It gives voice to people who are oppressed and marginalized by the criminal justice and prison systems and whose perspectives are often left out of research and policy. It identifies important areas of advocacy work and helps to link our movement with broader anti-racist and anti-oppression movements that fight for the rights of prisoners, sex workers, drug users, migrants, and others.

#### WHERE CAN I FIND RESEARCH ON THE EFFECTS OF HIV CRIMINALISATION ON HIV PREVENTION, PUBLIC HEALTH AND THE LIVES OF PEOPLE LIVING WITH HIV?

One way to find out about useful studies is to read articles that review the research on the effects of HIV criminalisation. An advantage of this approach is that reviews of the literature summarize a large number of studies. A disadvantage is that they can become dated as new research gets published. The HIV Justice Network includes links to recent [reviews](#) of social science research on the effects of HIV criminalisation.

The HIV Justice Toolkit contains a large section entitled, '[How HIV Criminalisation Undermines the HIV Response](#)' that includes many social science studies.

Another useful resource is the HIV criminalisation [bibliography](#) produced by the Centre for Interdisciplinary Research on AIDS, based at the Yale School of Public Health. The bibliography, which was released in August 2018, summarizes key studies on the public health implications of HIV criminalisation in the US, Canada and other countries.

#### RESEARCH ON HIV CRIMINALISATION, HIV TESTING AND DIAGNOSIS RATES

A recent [US study](#) looked at whether there is a link between HIV diagnosis rates and HIV criminalisation laws. The research was observational in nature and could only suggest whether there was an association between diagnosis rates and criminalisation laws, rather than determine whether laws directly affect rates of diagnosis. The study found that there was no association between HIV diagnosis rates and HIV criminalisation laws. This kind of finding can be used to argue that HIV criminalisation laws do not reduce new HIV infections—as lawmakers often claim they do—and may, in fact, be doing more harm than good.

The study prompted a debate about how to understand the relationship between HIV criminalisation and HIV testing. A group of [Canadian advocates and researchers](#) raised some questions about how the authors of the study framed their conclusions. They suggested that the authors did not fully address the harms associated with HIV criminalisation. A group of [US researchers](#) also responded to the study. They modified the model used in the study and reached a different conclusion: that laws criminalizing HIV exposure in the US are associated with a decrease in HIV testing and an increase in HIV prevalence.

## SECTION 4

# FINDING, READING AND INTERPRETING RESEARCH ON HIV CRIMINALISATION

### FINDING AND ACCESSING RELEVANT RESEARCH

In order to use research, we have to be able to find it. That can be more challenging than it sounds. We've given some suggestions on how to find particular kinds of research relevant to advocacy against HIV criminalisation in the text boxes above. Here are some additional suggestions.

#### REACH OUT TO ADVOCATES

Long-time HIV criminalisation advocates often know about some of the best research that is available. Many advocates who have been involved in criminalisation reform or repeal efforts have collected extensive resources on HIV criminalisation. Joining [HIV JUSTICE WORLDWIDE](#) is the best way to become part of the global network of advocates fighting HIV criminalisation. There are also a growing number of national and regional networks, and listservs, from HIV JUSTICE WORLDWIDE partner organisations including the [Sero Project listserv](#), and the HIV Justice [Francophone listserv](#).

#### USE HIV ADVOCACY WEBSITES

HIV advocacy organizations that have websites often contain links to new research pertaining to HIV criminalisation. Check out the [HIV Justice Network](#), [Sero Project](#), the [Canadian HIV/AIDS Legal Network](#), and the [Center for HIV Law & Policy](#). The [HIV Justice Toolkit](#) produced by HIV JUSTICE WORLDWIDE is another way to find information about research on HIV criminalisation. The Toolkit includes more than 300 resources on HIV criminalisation from all over the world and is regularly updated as new resources are published. Resources are sorted by category or the full list can be searched using keywords or dates. You can use the site to save a personalized reading list for downloading, emailing or sharing. Most articles are written in English, but the Toolkit also includes articles in Chinese, French, German, Italian, Portuguese, Russian, and Spanish. The HIV Justice Toolkit is also available in [French](#).

#### SEARCH ONLINE

Another way to find research on HIV criminalisation is to search for it online through search engines and databases. If you have access to a computer and the internet you can search for research on HIV criminalisation on a search engine like [Google Scholar](#). You can enter an author's name or other search terms like "HIV criminalisation" or "HIV and criminal law" to generate a list of relevant publications. It can be good to experiment with different search terms to see what results they bring. Typically, a search engine will give you the title of the article, where it was published and the name of the author. Sometimes an online link to the article is provided. In Google Scholar, just below the link to an article, further useful information is provided including a link to related articles and a link to other articles that have cited the article. An article is cited when it is referred to in another article and included in its list of references.

You can also search for articles on more specialized databases. [PubMed](#) provides free access to millions of references for journal articles and other research on health-related issues. The Social Science Citation Index, LexisNexis and the Web of Science are examples of other useful databases. Some databases are publicly available, others require a subscription. Public and university libraries have subscriptions

to many databases and are good places through which to access them. Wikipedia has some useful [information](#) about different research databases, the kinds of studies they include and whether they are free or require a subscription.

### CONTACT THE AUTHOR

Not all published research is publicly available. Some journal articles are published in Open Access journals which are available for free, online. Other articles are published in journals that require subscriptions, which can be very expensive. This can be very frustrating—what good is the research if you can't access it? Sometimes, online PDF versions of journal articles are shared by members of online discussion groups. Some authors post their research on websites like [academia.edu](#) and [ResearchGate](#). Another way to access articles that aren't publicly available is to email the author and request a copy.

## READING AND INTERPRETING RESEARCH ON HIV CRIMINALISATION

Reading and interpreting published research on HIV criminalisation can be challenging. Most researchers write for other researchers, not for advocates or activists, so they often use specialized language and technical terms. Quantitative research that reports statistical results can be especially complex and difficult to read. One thing that can make it easier to read research articles is to know about their basic structure. Most journal articles and other research publications follow a standard sequence as follows:

### **Abstract, Introduction, Methods, Results or Findings, Discussion, and Conclusion.**

The **Abstract** is a very short section that appears at the beginning of a journal article. It summarizes the entire article and is a quick way to get a sense of the article as a whole and whether it is of interest and worth reading.

In the **Introduction**, authors talk about their research topic and the main question their research addresses. This is the place to learn about the main argument the authors are making and how it is based on the research they conducted. Some authors use the Introduction to put their research in the context of other studies done on the same topic (sometimes this happens as a separate additional literature review section). The Introduction is a good place to get a feel for where the authors are coming from, what the authors are trying to accomplish in their research and why.

The **Methods** section is where authors describe how they conducted their research. This is an important section to read because it gives information that can help you make decisions about how much trust to put in the findings. If, after reading the Methods section, you feel that the researchers did not put enough time into the study or did not use a careful approach, you may have less confidence in their results.

The kind of information provided in a Methods section depends, to some extent, on the approach taken to do the research. In most Methods sections, you can expect to learn about when the study began, how long it took, where it was conducted, what the researchers did, how many research participants were included in the study, whether the participants were living with or at risk of HIV, and their demographic features such as their age, gender, race, sexual orientation and ethnicity. Information on who was included in the research is an important way to judge how applicable the findings are to the communities you work with and how to make sense of the results in light of local circumstances.

In the Methods section, you can also expect to learn details about what the participants were asked to do in the research. For example, if they were interviewed, you'd expect to know what approach the researchers took to the interviews, who conducted them, how long they lasted on average, where they happened, whether participants were interviewed individually or in groups, what kind of questions were asked and whether the interviews were taped and transcribed. You can also expect to hear the approach

the researchers took to analysing the interviews. Other issues such as how the researchers understood their relationship to their research participants and whether and how certain communities were involved in the research process are also addressed in the Methods section. Some researchers also describe the theoretical perspective they used in their research in the Methods section. Reading the Methods section is an important way to get a handle on the kind of research that was conducted, how the findings are supported by the research process and how applicable they may be to local contexts of advocacy work.

The **Results or Findings** section is the place where authors highlight what they've learned about their topic and research question from conducting their study. The Results section is the place to go to learn, in detail, about the evidence that the authors have produced. This section is the "main event" of the article. If there aren't any findings, there's not much point to writing a research article on HIV criminalisation. The nature of the findings depends on the methods used in the study. Interview studies generally present quotes from participants. For example, the findings from an interview study about disclosure among people living with HIV would likely include excerpts from interviews that show how different people living with HIV experience disclosure. Survey research presents numerical information about how different things that were measured in a study are related with one another. For example, the findings from survey research on HIV disclosure might include numerical information on the degree to which factors like participants' awareness of the law, or their demographic characteristics, are associated with how comfortable they feel about disclosing their HIV-positive status.

The **Discussion** section of a research article is the place where the authors interpret and analyze their findings. There are many ways this can happen. For example, authors can compare their results with previous research, describe the significance of their findings for policy or legal change, or discuss how their findings help us to think in new ways about HIV criminalisation. The Discussion section is important because it shows what the authors think is important about their research and how it contributes to our understanding of HIV criminalisation. Reading the Discussion section is a good place to start thinking about how the findings from a research study might be helpful for advocacy purposes.

Most articles end with a **Conclusion** where the authors summarize the key points made in the article. Often authors will reiterate their central argument in the conclusion. Sometimes they make recommendations on the basis of their research findings and speak to the strengths and limitations of their work and future directions for research.

Using research in advocacy against HIV criminalisation involves interpreting research studies and making strategic decisions about which aspects of the studies to refer to when communicating with decision makers. It's important to recognize that researchers and advocates do not necessarily share the same orientation to research. Researchers are trying to answer specific research questions, contribute to the literature and advance their research careers. Some researchers adhere to the idea that they are fully objective and neutral. Advocates, on the other hand, want to use research for political purposes. We are not neutral and want to use research to support our goal to end HIV criminalisation. To do that we have to interpret studies, determine what aspects of them are most relevant to our work and which findings are most compelling for our purposes. We need to "translate" research documents that are often dense and complicated and make them understandable to ourselves, our communities, and the people we hope to influence. Often, finding a supportive academic to work with can be invaluable for making sure that you are interpreting the findings correctly.

When translating research for advocacy purposes it's important to consider how a given study or group of studies may be relevant to local circumstances and to be honest about what the research findings say and don't say. It's also important to be mindful of the audiences we are trying to reach and to be sure to back up our claims with research in ways that are concise and to the point. While we live in a world

of evidence-based decision making, we also live in a world where we are competing with others for the attention of policy makers and other authorities. Honesty, brevity and clarity are key to successfully backing up our advocacy demands with research.

### **TYPES OF RESEARCH PUBLICATIONS—WHAT EXACTLY IS A PEER-REVIEWED JOURNAL ARTICLE?**

Research on HIV criminalisation can be published in many forms. Some authors publish their research as reports or working papers that they make available online. Some research gets published by organizations and made available on their websites. Other research on HIV criminalisation gets published as books or as chapters in edited book collections. All types of research publications can be useful in learning about HIV criminalisation and supporting advocacy positions, but the kind of research publication that decision makers tend to most value is peer-reviewed journal articles. We describe peer-reviewed journal articles in some detail because of their special status.

Peer-reviewed research articles are published in academic journals. Academic journals are periodicals that are published on a regular basis, often monthly. They include research articles, editorials, commentaries and other materials written by researchers. Academic journals often specialize in a specific approach to research, such as psychology or sociology, or publish research focused on a particular topic, such as public health or a specific disease like HIV. Journals are usually run by an editorial board of researchers and academics that is led by an editor-in-chief.

What makes peer-reviewed journals unique is how decisions are made to publish the research articles that appear in them. Researchers submit their articles to peer-reviewed journals and the editor-in-chief or other members of the editorial board make decisions about whether the articles should be published. To help them make their decision about an article, editors arrange for it to be evaluated by other researchers, called peer reviewers, who have an expertise in the area of research that the article deals with. Peer reviewers make recommendations about whether an article should be published and what kinds of changes should be made before an article is ready for publication. Peer-reviewed articles are often viewed more favourably than other forms of research because they have been improved by the review process and have been favourably assessed by members of the scientific research community.

## SECTION 5:

# HOW HAVE ADVOCATES USED RESEARCH?

The goal of this guide is to demystify research on HIV criminalisation and suggest ways that advocates can use research evidence in their fight against HIV criminalisation. Research does not provide all the answers for the challenges that activists face, but it can play an important role in successful campaigns to reform laws or end HIV criminalisation. Around the world HIV criminalisation activists are using research in their work. Here are a few examples of what we are doing.

### USING A COMMUNITY-BASED RESEARCH PROCESS TO INCREASE ADVOCATES' UNDERSTANDINGS OF A COMPLEX ISSUE: EASTERN EUROPE AND CENTRAL ASIA

During 2017/18, the Eurasian Women's Network on AIDS (EWNA) brought together representatives from 11 countries in Eastern Europe and Central Asia to research and analyze the current legal environment and HIV criminalisation in their regions. EWNA worked closely with a team of local and regional advocates to collect data on laws and policies that criminalize people living with HIV. They focused on seven countries and did a more limited review of two others. Those data were analyzed using a gendered lens and reported in the document: [Regional HIV Criminalisation Report: Eastern Europe and Central Asia](#).

The research uncovered previously unknown data about HIV criminalisation laws. It also made a major contribution to understanding the number and type of prosecutions occurring in the region. One important outcome was identifying Belarus as an HIV criminalisation "hotspot." **At least 50 prosecutions occurred in the country in the first six months of 2017 alone.** EWNA also discovered that cases typically commence when health care providers hear that an HIV-negative person is in a sexual relationship with a person living with HIV, or when a pregnancy is involved. In order to be charged, all that is required is for the person living with HIV to know their HIV status and be registered with the state for HIV services.

The research process also provided an opportunity to increase the expertise of local advocates, to develop partnerships, and to strengthen community organizations' involvement in the regional and global HIV movements to end criminalisation. For example, People PLUS (representing people living with HIV in Belarus) has taken up numerous advocacy initiatives against HIV criminalisation. These include counselling clients about how best to answer Ministry of Health questions, working to prevent information obtained from epidemiological investigations being used to criminally charge people living with HIV, and meeting with government and court officials to build relationships and develop referral protocols. As a result, there was a 49% decrease in the number of criminal prosecutions in the region during the first quarter of 2018.

### ENGAGING RESEARCH TO HELP BUILD A NATIONAL NETWORK: MEXICO

In October 2017, the first Spanish language HIV is Not a Crime (*VIH No Es Un Crimen*) meeting was held in Mexico City, bringing together people living with HIV, activists, lawyers, human rights defenders, and academics, from all over Mexico. The meeting considered research on HIV criminalisation and advocacy from around the world, including new research by the Mexican organization Letra S. The research revealed that at least 39 people had been prosecuted under Mexican state laws on suspicion of having transmitted a sexual infection and/or HIV between 2010 and 2016, and many states also moved to introduce HIV-specific laws. The research made it abundantly clear that people living with

HIV were being prosecuted. Participants decided to form a new network: [the Mexican Network of Organizations against the Criminalisation of HIV](#), that co-ordinates the work of 29 organizations against HIV criminalisation. The Network drafted an [11-point Declaration](#) addressed to government agencies responsible for the HIV response, as well as to society in general.

The meeting was unprecedented in Mexico as it was the first time that civil society organizations had come together to consider research on the prevalence of HIV criminalisation and its impact. The Network has gone on to have a number of advocacy successes, including meetings with the Congresswoman [who had proposed an overly broad HIV criminal law in Quintana Roo](#), and the subsequent withdrawal of that law.

## **USING RESEARCH TO SHOW THAT LAWS ARE FUNDAMENTALLY FLAWED, AND THEIR APPLICATION IS DISCRIMINATORY: THE UNITED STATES**

In the United States, each state and territory has its own criminal code, resulting in a patchwork of laws across the country. About two-thirds of US states and territories have HIV-specific laws. US advocates are organizing locally, one state at a time, to reform or abolish HIV criminalisation laws. Most organizing has been led by state and national networks of people living with HIV, working in partnership with supportive researchers, public health leaders, progressive civil society organizations, and legislative champions. California reformed its HIV criminalisation laws in 2017 and provides a good example of the use of research in advocacy.

During the campaign against HIV criminalisation, the Williams Institute at the University of California conducted and published [research](#) on how HIV criminalisation laws were used. The researchers found that 93% of convictions did not require proof that the person living with HIV who was charged engaged in activities that were likely to transmit HIV and none of the convictions required evidence of actual HIV transmission. They also found that the laws were used primarily to target women and people of colour, especially sex workers and those, such as many trans women, who were profiled as sex workers, whether or not they were engaged in sex work at the time of arrest.

Advocates produced a “user-friendly” [version](#) of the Williams Institute research and used the findings to argue that California’s HIV-specific laws did not “keep the community safe” as they were supposed to. Instead, they criminalized people when no risk of transmission was posed and targeted the most marginalized communities. The research aligned with advocates’ understanding of California’s criminal laws as a form of structural violence that links oppression based on class, race, gender and sexuality. It also reinforced the need for reform efforts to directly involve targeted communities. Advocates used the research as part of community mobilization efforts to ensure that people disadvantaged by the law, including black and brown people living with HIV, women, sex workers and trans people, were informed about the impact of the laws and were engaged in the reform process. Their grassroots intersectional campaign was crucial to the successful modernization of California’s laws. Under the new law a person living with HIV can no longer be convicted of a felony<sup>4</sup> for exposing a sex partner to HIV and a person can no longer be charged with a felony for soliciting sex when they are HIV-positive.

## **USING RESEARCH ON HIV TRANSMISSION RISKS TO LIMIT THE SCOPE OF HIV CRIMINALISATION: CANADA**

Canadian activists have been working against HIV criminalisation since the first criminal cases were brought forward in the country in the late 1980s. Their advocacy has been informed by research on the demographic patterns and trends of HIV criminal cases; research on the effects of HIV criminalisation

<sup>4</sup> The online [Cambridge Dictionary](#) defines a felony as: “a serious crime that can be punished by one or more years in prison.”

on HIV prevention and stigma; and research on how being charged and imprisoned affects the lives of people living with HIV. However, the most important form of research used by Canadian activists to fight HIV criminalisation has been scientific research on the risk of HIV transmission. Canada has a criminal law requirement for people living with HIV to disclose their HIV-positive status to their sex partners that was established by the Supreme Court of Canada. The Supreme Court's decisions about HIV non-disclosure have been partly based on its interpretation of the risks of HIV transmission that are posed by different sexual activities. The current requirement is that people must disclose before engaging in sex that poses a "realistic possibility" of HIV transmission.

While Canadian activists have launched wide-ranging campaigns against HIV criminalisation, a key underlying message has been that the situation in Canada is unjust because the disclosure requirement is based on stigmatized, out-of-date ideas about HIV prevention and not on what science tells us about the real risks of HIV transmission.

Advocates at the Canadian HIV/AIDS Legal Network and other organizations brought this concern to the attention of leading HIV scientists in Canada and provided research support to them in the creation of the [Canadian Consensus Statement on HIV and its Transmission in the Context of Criminal Law](#). Published in 2014, the Canadian Consensus Statement summarized the state of scientific research on HIV transmission risks at the time. It emphasized the crucial role played by effective antiretroviral therapy in dramatically reducing the risk of HIV transmission and was endorsed by over 70 leading Canadian HIV physicians and scientists.

Activists widely distributed the Canadian Consensus Statement and related research to criminal defense lawyers with the hope of improving the outcome of cases in lower courts. They also used the more recent Expert Consensus Statement on the Science of HIV in the Context of Criminal law, and research summarized by the U=U campaign, in discussions with policy makers at the Federal and provincial levels about the need to restrict the use of the criminal law. Recently, these efforts resulted in important victories that restrict HIV criminalisation. For example, in 2017 the government of the province of Ontario announced that prosecutors will no longer proceed with cases against people living with HIV who have a suppressed viral load (under 200 copies per ml) for six months. In 2018, the Government of Canada issued a directive stating that the Director of Public Prosecutions will:

- "not prosecute where a person living with HIV has maintained a suppressed viral load...because there is no realistic possibility of transmission."
- "generally not prosecute where the person has not maintained a suppressed viral load but used condoms or engaged only in oral sex or was taking treatment as prescribed, unless other risk factors are present, because there is likely no realistic possibility of transmission"
- "prosecute HIV non-disclosure cases using non-sexual criminal offences instead of sexual offences, where non-sexual offences more appropriately reflect the wrongdoing committed, such as cases involving lower levels of blameworthiness."
- "consider whether public health authorities have provided services to a person living with HIV who has not disclosed their HIV status prior to sexual activity when determining whether it is in the public interest to pursue a prosecution against that person."<sup>5</sup>

While the directive only applies to cases occurring in Canada's territories (Yukon, Nunavut and Northwest Territories) advocates are using the directive to push for similar policy changes throughout the country.

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5 The Honourable Jody Wilson-Raybould. 2018. Directive. Office of the Director of Public Prosecutions. Canada Gazette, Part 1, Volume 152, Number 49. Government Notices. <http://gazette.gc.ca/rp-pr/p1/2018/2018-12-08/html/notice-avis-eng.html>

## USING RESEARCH IN A TEST CAST AND THE DEVELOPMENT OF GREATER ADVOCACY CAPACITY: MALAWI

In 2016, a Malawian woman on treatment for HIV was prosecuted for breastfeeding a child. A number of local, regional and international organizations worked together to appeal her conviction, including by soliciting expert advice. Their efforts meant that, unlike the original trial, expert scientific research on HIV transmission risk associated with breastfeeding was considered by the court. Ultimately the appeal was successful. The appeal process relied on the guidance of local women living with HIV, a process that created a group of local activists who understood what the law would mean for them and, particularly, how it could disproportionately target women.

Soon after the appeal, an omnibus HIV/AIDS bill came back into public attention as lawmakers considered its passage. Malawi has a strong body of gender-related laws aiming to improve the situation of women so, until recently, many activists supported the introduction of this HIV/AIDS bill, believing it would provide greater protections for women. The bill included many constructive provisions addressing prevention, care and treatment, but it also included problematic sections, including one mandating HIV testing for certain people, including sex workers, pregnant women and their partners, and two vague and overly broad laws that would have criminalized 'negligent' and 'wilful' transmission.

To mobilize community advocacy, community advocates drew on their networks formed during the breastfeeding case appeal and met with grassroots networks of women living with HIV, female sex workers, and women lawyers to work through the proposed bill, provision by provision. They considered recent research showing the increasing feminization of HIV criminalisation in Africa, and then discussed how the laws were likely to play out in the lives of Malawian women living with HIV. The women decided to mount a campaign to get the problematic section criminalizing HIV transmission removed. While pressure against the law through technical submissions and consultations were vitally important, it was ultimately the ability of women living with HIV to translate for lawmakers the law's impact through their lived realities that led to the successful removal of the problematic sections. That law had been discussed since 2008 and it is the norm in the region to have an HIV omnibus law with HIV criminalisation provisions. Malawi's bucking the trend may now influence advocacy in the 30 other countries in sub-Saharan Africa that have problematic criminalisation provisions in their HIV omnibus laws.