Criminalization of HIV Transmission

Introduction

In some countries, criminal law is being applied to those who transmit or expose others to HIV infection.¹ There are no data indicating that the broad application of criminal law to HIV transmission will achieve either criminal justice or prevent HIV transmission. Rather, such application risks undermining public health and human rights. Because of these concerns, UNAIDS urges governments to limit criminalization to cases of intentional transmission i.e. where a person knows his or her HIV positive status, acts with the intention to transmit HIV, and does in fact transmit it.

In other instances, the application of criminal law should be rejected by legislators, prosecutors and judges. In particular, criminal law should not be applied to cases where there is no significant risk of transmission or where the person:

- did not know that s/he was HIV positive;
- did not understand how HIV is transmitted;
- disclosed his or her HIV-positive status to the person at risk (or honestly believed the other person was aware of his/her status through some other means);
- did not disclose his or her HIV-positive status because of fear of violence or other serious negative consequences;
- took reasonable measures to reduce risk of transmission, such as practising safer sex through using a condom or other precautions to avoid higher risk acts; or
- previously agreed on a level of mutually acceptable risk with the other person.

States should also:

- avoid introducing HIV-specific laws and instead apply general criminal law to cases of intentional transmission;
- issue guidelines to limit police and prosecutorial discretion in application of criminal law (e.g. by clearly and narrowly defining “intentional” transmission, by stipulating that an accused person’s responsibility for HIV transmission be clearly established beyond a reasonable doubt, and by clearly indicating those considerations and circumstances that should mitigate against criminal prosecution);² and
- ensure any application of general criminal laws to HIV transmission is consistent with their international human rights obligations.³


2 See OHCHR and UNAIDS (2006) International Guidelines on HIV/AIDS and Human Rights UNAIDS Geneva Guideline 4 “Criminal and/or public health legislation should not include specific offences against the deliberate or intentional transmission of HIV, but rather should apply general criminal offences to these exceptional cases. Such applications should ensure the elements of foreseeability, intent, causality and consent are clearly and legally established to support a guilty verdict and/or harsher penalties”.

3 Particularly the individual’s rights to privacy, the highest attainable standard of health, freedom from discrimination, equality before the law and liberty and security of the person (see Articles 3, 7 and 12 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights.
Where a violent offence (e.g. rape, other sexual assault or defilement) has also resulted in the transmission of HIV or created a significant risk of transmission, the HIV-positive status of the offender may legitimately be considered an aggravating factor in sentencing only if the person knew he or she was HIV positive at the time of committing the offence.

**Alternatives to criminal law**

Instead of applying criminal law to HIV transmission, governments should expand programmes which have been proven to reduce HIV transmission\(^4\) while protecting the human rights both of people living with HIV and those who are HIV negative. Such measures include providing HIV information, support and commodities to people so they can avoid exposure to HIV through practising safer behaviours; increasing access to voluntary (as opposed to mandatory) confidential HIV testing and counselling;\(^5\) and addressing HIV-related stigma and discrimination. Prevention programmes should include positive prevention efforts which empower people living with HIV to avoid transmitting HIV to others, to voluntarily disclose their positive status in safety;\(^6\) avoid new sexually transmitted infections, and delay HIV disease progression.

Governments should also strengthen and enforce laws against rape (inside and outside marriage), and other forms of violence against women and children; improve the efficacy of criminal justice systems in investigating and prosecuting sexual offences against women and children, and support women’s equality and economic independence, including through concrete legislation, programmes and services. These are the most effective means by which to protect women and girls from HIV infection and should be given the highest priority.

Such public health and legislative measures are necessary for States to realize their commitments to achieve universal access to HIV prevention, treatment, care, and support by 2010,\(^7\) and to halt and begin to reverse the spread of HIV by 2015.\(^8\)

**Discussion**

The two main reasons advanced for criminalizing HIV transmission are to:

- **punish** harmful conduct by imposing criminal penalties, and
- **prevent HIV transmission** by deterring or changing risk behaviours.

Except in the rare cases of intentional HIV transmission, applying criminal law to HIV transmission does not serve these goals.

**Punishing harmful conduct**

If someone, knowing that he or she is HIV positive, acts with the intent to transmit HIV, and does transmit HIV, that person’s state of mind, behaviour, and the resulting harm justifies punishment. Such malicious acts in the context of HIV are rare, and the available evidence shows that most people living with HIV who know their status take steps to prevent transmitting HIV to others.\(^9\)


\(^{5}\) See International Guidelines on HIV/AIDS and Human Rights Guideline 3 (b) “Apart from surveillance testing and other unlinked testing done for epidemiological purposes, public health legislation should ensure that HIV testing of individuals should only be performed with the specific consent of that individual” and Guideline 5 22(j) “Public health, criminal and antidiscrimination legislation should prohibit mandatory HIV testing of targeted groups, including vulnerable groups.”

\(^{6}\) See 2006 Political Declaration on HIV/AIDS General Assembly Resolution 60/262 Article 20 paragraph 25, where governments “Pledge to promote, at the international, regional, national and local levels, access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status.”

\(^{7}\) See Political Declaration on HIV/AIDS (2006) paragraphs 11, 15,20,24 and 49

\(^{8}\) Millennium Development Goal 6 UN General Assembly Resolution 55/2, Article 19

In situations apart from intentional transmission, criminal prosecution is not warranted. For example, the criminal law is not appropriately applied where a person has disclosed his or her HIV-positive status to a partner (who is able to consent freely to sex); where that partner is already aware through some other means that the person is HIV-positive; or where the HIV-positive person takes steps to reduce the risk of HIV transmission (e.g. by using condoms or otherwise practising safer sex by avoiding higher risk activities). Such actions indicate that the person did not intend to transmit HIV, and that their conduct should not be considered reckless. To prosecute people in such situations would directly contradict efforts to prevent HIV transmission by encouraging safer sexual practices, voluntary HIV testing, and voluntary disclosure.

Much onward transmission takes place soon after a person has acquired HIV, when his/her infectiousness is high and before the person knows or suspects s/he is HIV positive or that s/he may be passing the virus onto others. After this period, many people still do not learn their HIV status, either because they do not have access to confidential voluntary HIV testing and counselling or because they are afraid to be tested due to negative consequences, such as discrimination or violence, which might arise from a positive diagnosis. In such cases, people are unknowingly transmitting HIV and should not face criminal prosecution.

Concerns about miscarriage of justice

Extending criminal liability beyond cases of deliberate or intentional HIV transmission – to reckless conduct – should be avoided. Such broad application of the criminal law could expose large numbers of people to possible prosecution without their being able to foresee their liability for such prosecution. Prosecutions and convictions are likely to be disproportionately applied to members of marginalized groups, such as sex workers, men who have sex with men and people who use drugs. These groups are often “blamed” for transmitting HIV, despite insufficient access to HIV prevention information, services or commodities, or the ability to negotiate safer behaviours with their partners due to their marginalized status. In jurisdictions where HIV transmission has been criminally prosecuted, the very few cases that are prosecuted out of the many infections that occur each year often involve people from ethnic minorities, migrants or men who have sex with men.

The inappropriate or overly-broad application of criminal law to HIV transmission creates also a real risk of increasing stigma and discrimination against people living with HIV, thus driving them further away from HIV prevention, treatment, care and support services.


14 In the UK, for example, there have been only 15 prosecutions since 2001 compared to over 42 000 new HIV diagnoses in the same period, see www.nat.org.uk.

Establishing who transmitted HIV to who is often difficult (particularly where both parties have had more than one sexual partner) and may depend on testimony alone. People charged with HIV transmission may thus be found guilty in error. Phylogenetic testing can only determine the degree of relatedness of two samples of HIV and cannot establish beyond a reasonable doubt the source, route or timing of infection; it is also not available in many jurisdictions and is very costly.

Prevention of HIV transmission

There are no data demonstrating that the threat of criminal sanctions significantly changes or deters the complex sexual and drug-using behaviours which may result in HIV transmission. Available data show no difference in behaviour between places where laws criminalizing HIV transmission exist and where they do not. Furthermore, using criminal law beyond cases of intentional

Disclosure and partner notification

The law in some countries imposes a legal obligation to disclose one’s HIV positive status to sexual partners or others, such as health-care workers. UNAIDS does not support a legal obligation to disclose one’s HIV-positive status. Everyone has the right to privacy about their health and should not be required by law to reveal such information, especially where it might lead to serious stigma, discrimination and possibly violence, as in the case of HIV status.

However, all people have the ethical obligation not to harm others. Governments should provide HIV programmes for HIV-positive people that empower them to practice safer sex and/or voluntarily disclose their status in safety. This was agreed in the Political Declaration on HIV (2006) and includes government’s commitments to ensure laws and programmes to protect people against discrimination and other human rights abuses based on HIV status.

To protect themselves from exposure to HIV in health-care settings, health-care workers should have access to and training on universal precautions against all blood-borne pathogens, including HIV.

The International Guidelines on HIV/AIDS and Human Rights advises that public health legislation should authorize, but not require, that health professionals decide, on the basis of each individual case and ethical considerations, whether to inform their patients’ sexual partners of the HIV status of their patient. Such a decision should only be made in accordance with the following criteria.

- The HIV-positive person in question has been thoroughly counselled.
- Counselling of the HIV positive person has failed to achieve appropriate behavioural changes.
- The HIV positive person has refused to notify or consent to the notification of his/her partner(s).
- A real risk of HIV transmission to the partner(s) exists.
- The HIV-positive person is given reasonable advance notice.
- The identity of the HIV-positive person is concealed from the partner(s), if this is possible in practice.
- Follow up is provided to ensure support to those involved, as necessary.

Particular consideration and support should be given to HIV-positive women who may not be able to disclose their status for fear of violence or other negative consequences.

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17 See Guideline 3 20 (g).

transmission could actually undermine effective HIV prevention efforts in the following ways.

- It could discourage HIV testing, since ignorance of one’s status might be perceived as the best defence in a criminal law suit. This would obstruct efforts to increase the number of people accessing testing and being referred to HIV treatment, care and support. HIV testing and treatment are vital for HIV prevention because people who receive a positive diagnosis usually change their behaviour to avoid transmitting HIV and because taking antiretroviral therapy reduces infectiousness and the likelihood of onward HIV transmission.19

- It places legal responsibility for HIV prevention exclusively on those already living with HIV and dilutes the public health message of shared responsibility for sexual health between sexual partners. People may (wrongly) assume their partners are HIV negative because they have not disclosed, and thus not use protective measures.

- It could create distrust in relationships with health–service professionals and researchers and impede the provision of quality care and research, as people may fear information regarding their HIV status will be used against them in a criminal case.20

**The rights of women and girls**

Behind some efforts to criminalize HIV transmission is the understandable desire to prevent transmission of HIV to vulnerable women and girls and to punish the men who have infected them. In many societies, women and girls are particularly vulnerable to HIV due to cultural norms which sanction multiple partnerships for men, sexual coercion and others forms of gender-based violence, and discrimination in education and employment which makes it difficult for women to leave relationships which place them at risk of exposure to HIV. Reports indicate many women have acquired HIV in marriage and other intimate relationships, including where rape or sexual coercion have occurred.21

Yet, ironically, applying criminal law broadly to HIV transmission may result in women being disproportionately prosecuted. Women often learn they are HIV positive before their male partners because they are more likely to access health services22 and thus, are blamed for “bringing HIV into the relationship”. For many women, it is also either difficult or impossible to negotiate safer sex or to disclose their status to a partner for fear of violence, abandonment or other negative consequences.23 Women may face prosecution as a result of their failure to disclose for valid reasons.

In such situations the better way to protect women from exposure to HIV is to enact and enforce laws protecting them from sexual violence, discrimination based on gender and HIV status, and inequality in employment, education, and domestic relations, including property, inheritance and custody rights.

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Mother-to-child transmission

There is a 30% risk of HIV transmission from a HIV-positive mother to her child during pregnancy, delivery or via breastfeeding. This risk is significantly reduced when the mother and child are given antiretroviral treatment, but in 2007 only an estimated 34% of pregnant HIV-positive women in need were receiving such treatment.24

Some countries have enacted or are considering legislation which criminalizes mother to child transmission,25 This is inappropriate because:

- everyone has the right to have children,26 including women living with HIV;
- when pregnant women are counselled about the benefits of antiretroviral therapy, almost all agree to being tested and receiving treatment;
- in the rare cases where pregnant women may be reluctant to undergo HIV testing or treatment, it is usually because they fear that their HIV-positive status will become known and they will face violence, discrimination or abandonment;
- forcing women to undergo antiretroviral treatment in order to avoid criminal prosecution for mother-to-child transmission violates the ethical and legal requirements that medical procedures be performed only with informed consent; and
- often, HIV-positive mothers have no safer options than to breastfeed, because they lack breast milk substitutes or clean water to prepare formula substitutes.

Public health measures, including counselling and social support, are more appropriate to deal with the rare cases of pregnant women or mothers with HIV who refuse treatment. Governments should ensure both parents have information and access to measures to reduce mother-to-child transmission, including access to HIV testing and treatment. Women also need effective measures to protect them and their infants from violence and discrimination related to their HIV status.

Recommendations

For Governments

- Abide by international human rights conventions on equal and inalienable rights, including those related to health, education and social protection of all people, including people living with HIV.
- Repeal HIV-specific criminal laws, laws directly mandating disclosure of HIV status, and other laws which are counterproductive to HIV prevention, treatment, care and support efforts, or which violate the human rights of people living with HIV and other vulnerable groups.
- Apply general criminal law only to the intentional transmission of HIV, and audit the application of general criminal law to ensure it is not used inappropriately in the context of HIV.
- Redirect legislative reform, and law enforcement, towards addressing sexual and other forms of violence against women,27 and discrimination and other human rights violations against people living with HIV and people most at risk of exposure to HIV.
- Significantly expand access to proven HIV prevention (including positive prevention) programmes, and support voluntary counselling and testing for couples, voluntary disclosure, and ethical partner notification.

25 For example, see Canadian HIV/AIDS Legal Network (2007) A Human Rights Analysis of the N’Djamena model legislation on AIDS and HIV specific legislation in Benin, Guinea, Guinea Bissau, Mali, Niger, Sierra Leone and Togo.
26 Article 16 of the Universal Declaration of Human Rights
Ensure that civil society, including women’s and human rights groups, representatives of people living with HIV and other key populations, is fully engaged in developing and/or reviewing HIV laws and their enforcement.

Promote gender equality in education and employment, provide age-appropriate sexual and life-skills education (including negotiation skills) to children and adolescents, and enact and enforce laws to promote women’s rights to property, inheritance, custody and divorce so women can avoid and leave relationships that place them at risk of exposure to HIV.

For civil society

Monitor proposed and existing laws and advocate against those which inappropriately criminalize HIV transmission and impede provision of effective HIV prevention, treatment, care and support services.

Advocate for laws against sexual and other violence; support services for those who experience such violence, as well as HIV-related discrimination.

Organize legal support and HIV-prevention services for people living with HIV and other vulnerable groups; and

Engage with the media to ensure that coverage of such issues is proportionate and well-informed, explaining the difficulties of disclosing HIV status and reiterating the shared responsibility for sexual health.

For international partners

Support research on the impact of HIV-related laws on public health and human rights.

Support governments to expand proven HIV prevention (including positive prevention) programmes, reduce stigma and discrimination against people living with HIV and other marginalized groups, and instigate appropriate law reform and to end gender inequality and violence.

Excerpts from the conclusions of the 1st GLOBAL PARLIAMENTARY MEETING ON HIV/AIDS
Manila, Phillipines, December 2007

14. Some countries have enacted HIV-specific criminal legislation making it a crime to transmit or expose another person to HIV, and there are public calls for such legislation in other countries where it does not yet exist.

15. We have asked whether criminal laws and prosecutions represent sound policy responses to conduct that carries the risk of HIV transmission. On the one hand, it is obviously reprehensible for a person knowingly to infect another with HIV or any other life-endangering health condition. On the other hand, using criminal sanctions for conduct other than clearly intentional transmission may well infringe upon human rights and undermine important public policy objectives.

16. We accept that the use of criminal law may be warranted in some circumstances, such as in cases of intentional transmission of HIV or as an aggravating factor in cases of rape and defilement. Individual parliaments will determine the specific circumstances, depending on their local context.

17. Before rushing to legislate, however, we should give careful consideration to the fact that passing HIV-specific criminal legislation can: further stigmatize persons living with HIV; provide a disincentive to HIV testing; create a false sense of security among people who are HIV-negative; and, rather than assisting women by protecting them against HIV infection, impose on them an additional burden and risk of violence or discrimination.

18. In addition, there is no evidence that criminal laws specific to HIV transmission will make any significant impact on the spread of HIV or on halting the epidemic. Therefore, priority must be given to increasing access to comprehensive and evidence-informed prevention methods in the fight against HIV/AIDS.