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## Opinion: Tolerance vital in 'getting to zero'

By Bertrand Audoin

HIV and Aids are not only a public health crisis but a crisis of law, human rights and social justice. When policies and laws are formulated on the basis of scientific evidence, they make people less vulnerable to HIV infection and contribute to promoting universal access to prevention, care and treatment.

The opposite occurs, as we have seen on so many occasions around the globe, when laws are drafted on the basis of moral judgment and societal norms, in the process legitimising prejudice and discrimination, effectively putting people at a higher risk of infection.

In 61 countries, the criminalisation of HIV transmission, the exposure and the non-disclosure of one's HIV status violates the rights of people living with HIV, as it means people can be penalised for being HIV positive.

Criminal law is often a blunt instrument, ineffective at regulating the complex intimate activities that figure in HIV transmission. Criminalisation disrupts access to HIV testing, education and support services and erodes public health norms that support mutual responsibility for HIV prevention.

HIV status still has a significant impact on people's freedom of movement and travel. Some 46 countries and territories have some form of restriction on entry, stay or residence based on HIV status; 20 deport individuals if they are discovered to be HIV positive.

Exercising one's choice of whether to be in a same-sex relationship can put one on the wrong side of law in 76 countries and attracts the death penalty in five. It is no coincidence that HIV prevalence in the lesbian, gay, bisexual and transgender communities the world over is considerably lower where there is a legal or de facto recognition of same-sex relationships. It follows that less discrimination means increased access to HIV and health-related services.

People who use illegal drugs can face arrest, incarceration and brutal law enforcement practices with no justification in most countries. Even seeking treatment for addiction is often penalised. Of the estimated 16m people globally who inject illegal drugs, 3m are living with HIV and only 4 per cent receive antiretroviral treatment.

A groundswell of evidence, especially over the past decade, has demonstrated clearly that the war on drugs and the punitive drug laws that come with it have fuelled the HIV epidemic. Look no further than the terrifying escalation of HIV over the past decade in eastern Europe and central Asia.

Health workers face repressive policies in many countries. Carrying out prevention work and dealing with key affected populations can lead to persecution, criminal investigation, arrest and sentencing, which discourages other activists and professionals from engaging in the field. People affected by or living with HIV are the biggest losers in this scenario.

Sex workers are often criminalised – 116 countries have punitive laws against sex work. The fallacy of holding on to the power of criminal law and not recognising sex work as a form of work seriously hinders HIV prevention efforts in sex workers' communities and wider society.

Undocumented migrants, being poor and often incarcerated, are stripped of basic rights and protective laws to receive care and treatment and receive no protection from human rights violations.

Tackling the HIV and Aids epidemic has always involved recognising and overcoming numerous barriers. In the current economic environment, it has usually been the case that the financial impediments have received the most attention.

We would do well to give as much weight to the legal barriers that prevent us from implementing the most basic of services at a time when we have the science to begin talking about ending the epidemic.

If we are serious about “getting to zero” and eradicating Aids, justice and human rights are pivotal to ensuring the success of the UN objective of 15m people receiving treatment for HIV by 2015.

*Bertrand Audoin is executive director of the International Aids Society*

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