

STATEMENT ON ART AS PREVENTION:

Scaling down HIV requires scaling up human rights, testing and treatment

To the participants at the WHO consultation on ART as HIV prevention:

We, the undersigned organizations, are encouraged by emerging evidence that ART may be an effective means of reducing HIV incidence and applaud the attention of WHO and UNAIDS to identifying scientifically sound and innovative ways to accelerate progress toward universal access to HIV prevention, treatment, care and support services. We appreciate that exploration of ART as prevention is being undertaken with that crucial goal in mind, including significant gains in increasing the number of people who know their status and, if positive, have timely access to treatment.

We urge UN bodies, donors and researchers involved in this exploration to be mindful that people living with HIV and many who are highly vulnerable to it remain unable to gain access to HIV testing and to initiate treatment earlier, in a timely fashion, as a result of many human rights violations, as well as clinical and systemic barriers. Research models that do not adequately consider and address these barriers do a disservice to the important goal of making ART available to all as both prevention and treatment.

As noted by WHO and UNAIDS in the guidance on provider-initiated HIV testing and counseling (PITC guidance), there is ample evidence that fear of stigma, losing a job, losing relationships and social support, and losing the protection and love of family are powerful barriers to seeking HIV testing and treatment and to staying on treatment. The PITC guidance goes on to underscore the need for an enabling legal, social and health service environment.

At the clinical and health-systems level, people who test positive for HIV too often are denied timely initiation of treatment that would help them manage their illness and protect others from infection. Late initiation is due to a range of factors that require greater research and exploration, such as lack of free diagnostics, onerous pre-treatment requirements, lack of support to adherence counselors (many of whom are volunteers), and stock-outs of essential medicines. In addition, people who test positive for HIV sometimes delay initiation themselves because of lack of access to easy to administer and better tolerated treatment.

It is neither desirable *nor possible* to scale up voluntary HIV testing and treatment sustainably to implement ART as prevention without addressing these human rights, clinical and health-systems challenges. Supporting and strengthening civil society organizations in affected communities in the work of creating enabling environments are crucial to achieve this goal.

We therefore urge that the following factors be integral to any planning and implementation of feasibility or pilot studies related to ART as prevention:

- The key elements of rights-based HIV testing and counseling must be in place. As noted in the 2007 PITC guidance, “positive outcomes are most likely when HIV testing...is confidential and is accompanied by counseling and informed consent, staff are adequately trained, the person undergoing the test is...referred to appropriate follow-up services, and an adequate social, policy and legal framework is in place to prevent discrimination” (emphasis added).

- Any feasibility study or pilot study of ART as prevention must include an assessment of the social, policy and legal framework to address impediments to human rights protections and barriers to testing and treatment uptake before the study proceeds. Some key factors to include in such an assessment, taken from the PITC guidance’s definition of an enabling environment, are whether there are “laws and policies against discrimination on the basis of HIV status, risk behaviour and gender” that are “in place, monitored and enforced”. These should include “legal and social protections which enhance privacy, autonomy and gender equality.”
- Feasibility or pilot studies must ensure that the following conditions are in place to ensure that ART for prevention is realized within a context of universal access to prevention, treatment, care and support:
 - Antiretroviral treatment is available, can be provided without undue delay following diagnosis, and can be sustained for the lifetime of those in the study who are living with HIV.
 - There is free or affordable access to a comprehensive package of prevention and treatment services, including but not limited to male and female condoms; sterile injecting equipment for people who inject drugs; PMTCT services; comprehensive information on HIV transmission, including sexual transmission, including for women, young people and the general public; tuberculosis and STI diagnosis and treatment; nutritional support for people living with HIV; and infant feeding counseling and support.
 - There are “codes of conduct for health care providers and methods of redress for patients whose rights are infringed” (PITC guidance). Methods of redress must be meaningful and monitored.
- Feasibility or pilot studies must include meaningful participation of communities in which studies are planned in all stages of the work. This should include:
 - Ensuring that all community members understand and have the opportunity to ask questions about the study before the study commences.
 - Ensuring that a community decision-making body representing all key stakeholders – civil society as well as local authorities – has a meaningful role in decision-making and consultation at all stages of the work, according to the “decision maker” role defined in the principles on the Greater Involvement of People Living with AIDS (UNAIDS, 1999).
 - Ensuring that the community decision-making body participates meaningfully in the assessment of the social, policy, legal and health services framework, as well as the assessment of whether ART, comprehensive prevention services, and codes of conduct are available before any research commences.
 - Ensuring that reasonable costs of participating in decision-making processes related to the study as well as participating in the study are compensated.

Developing and sustaining successful treatment programs requires working respectfully with and strengthening the capacity of civil society organizations that are at the front line of treatment literacy, adherence counseling, social support, and other work with persons and communities affected by HIV. Planning for and allocating resources to support civil society organizations should be central to any study of ART as prevention.

We look forward to working with all stakeholders to ensure that the path to using ART as a tool of prevention is a true opportunity to achieve human rights-centered, universal access to HIV prevention, treatment, care and support.

Signatories (*preliminary list*):

Organization

Academia Mexicana de Derechos Humanos	Mexico
Acapulco Contra el SIDA	Mexico
Acción Ciudadana Contra el SIDA	Venezuela
African Council of AIDS Service Organizations	Senegal
Agencia de Noticias sobre Diversidad Sexual	Mexico
AIDS and Rights Alliance for Southern Africa	Namibia
Aids for AIDS	USA
AIDS Foundation of Chicago	USA
AIDS Law Project	South Africa
AIDS Project Los Angeles	USA
AIDS Saint John	Canada
AIDS Treatment Activists Coalition	USA
AIDS Vancouver	Canada
Alianza Latinoamericana y del Caribe en VIH y Sida por los niños, niñas y adolescentes	
Alliance Against AIDS	Belize
Allies Linked for the Prevention of HIV & AIDS	USA
All-Ukrainian Network of PLHIV	Ukraine
ALUVIHSUR	Argentina
American Social Health Association	USA
Amigos Contra el SIDA	Spain
Andrey Rylkov Foundation for Health and Social Justice	Moscow
Asia Catalyst	New York
Asia Pacific Network of People Living with HIV/AIDS	Bangkok
Asistencial Tiempo Nuevo	Mexico
Asociación Costarricense de Personas con VIH	Costa Rica
Asociación de Personas que Viven con VIH	
Asociación Viviendo Positivamente	
Asociatia SENS POZITIV	Panama
ASSOCIACAO KHALIDWE	Romania
Association AIDES	Mozambique
Association des Volontaires pour la Promotion des Jeunes	France
ASSOCIATION NATIONALE DE PROTECTION DES FEMMES ET ENFANTS HAITIENS	Gulf of Guinea
Association of Nurses in AIDS Care	Haiti
Astitva	USA
ATHENA Network	India
AIDS Vaccine Advocacy Coalition (AVAC)	USA
Balance Promoción para el Desarrollo y Juventud	USA
BC Persons With AIDS Society	Mexico
Bulgarian Gender Research Foundation	Canada
Calmecac Alianza Ciudadana Asociación Civil	Bulgaria
Canadian AIDS Society	Mexico
Canadian AIDS Treatment Information Exchange	Canada
Canadian HIV/AIDS Legal Network	Canada

Country

Mexico
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Venezuela
Senegal
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Namibia
USA
USA
South Africa
USA
Canada
USA
Canada
Belize
USA
Ukraine
Argentina
USA
Spain
Moscow
New York
Bangkok
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Panama
Romania
Mozambique
France
Gulf of Guinea
Haiti
USA
India
USA
USA
Mexico
Canada
Bulgaria
Mexico
Canada
Canada
Canada

Signatories (*preliminary list*):

Center for Health Justice	USA
Center for Health Policy and Innovation	Canada
Center for Reproductive Rights	USA
Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights	Poland
Centre Women and Modern World	
Centro de Atención Integral en VIH-Sida	Mexico
Centro de Prevención y Apoyo en VIH	
Children Education Society	Tanzania
CILSIDA	Gulf of Guinea
Coalición ecuatoriana de personas que viven con VIH/sida	Ecuador
Coalition of Asia Pacific Regional Networks on HIV and AIDS	Bangkok
Coalition PLUS	Zurich
Colega. O, A.C.- Sexualidades y Derechos Humanos	Mexico
Columbia University	USA
Comisión Nacional de los Derechos Humanos	Mexico
Community Based Research Centre Society	Canada
Community HIV/AIDS Mobilization Project	USA
Coordonnatrice national RIGIAC	
Copperbelt Health Education Project	Zambia
Create	Italy
Czech AIDS Help Society	Czech Republic
Delhi Network of Positive People	India
Empower	India
Era of Mercy	Ukraine
Estonian Network of PLHIV	Estonia
European AIDS Treatment Group (EATG)	Regional
Flemish Centre for Expertise and Services on Sexual Health and HIV	Belgium
Foundation Positive Women of the World	Netherlands
Fundación para Estudio a Investigación de la Mujer	Argentina
Fundación Sin VIH-SIDA	Mexico
Fundación REDVIHDA	Bolivia
Georgian Harm Reduction Network	Georgia
Global Campaign for Microbicides	Global
Global Forum on MSM and HIV	Global
Global Network of People Living with HIV/AIDS (GNP+)	Global
Groupe Chrétien Contre le SIDA au Togo	Gulf of Guinea
Grupo de Amigos con Vih A.C	
Guyana RainBow Foundation	Guyana
Healthy Options Project Skopje	Macedonia
HIV/AIDS programme Young People We Care	Mexico
HIV/AIDS Services for African Americans in Alaska	USA
HivEurope	Copenhagen
HIV-Sweden	Sweden
Human Rights Watch	Global
Hungarian Civil Liberties Union	Hungary

Signatories (*preliminary list*):

Iglesia Católica Antigua del Río de la Plata	Mexico
Instituto de Consejería y Análisis de Temperamento	Mexico
Instituto para el Desarrollo Humano	Bolivia
Instituto SOIS	Brazil
Interagency Coalition on AIDS and Development	Canada
Interfaith Youth Coalition on HIV/AIDS	Myanmar
International community of women living with HIV Eastern Africa	Regional
International Community of Women Living with HIV/AIDS (ICW)	Global
International Council of AIDS Service Organizations	Global
International Network of People who Use Drugs	Macedonia
International Rectal Microbicide Advocates	USA
International Treatment Preparedness Coalition (ITPC)	Global
INTILLA Asociación Civil	Argentina
Italian League For Fighting Aids National Federation	Italy
Japan AIDS & Society Association	Japan
Japanese Network of People Living with HIV	Japan
Just Associates of Southern Africa	Zimbabwe
Kenya AIDS NGOs Consortium	Kenya
Kenya Ethical & Legal Issues Network on HIV & AIDS	Kenya
KidAIDS	Cameroon
Kimirina Corporation	Ecuador
Latin American and Caribbean Women's Health Network	Regional
Latin American Center on Sexuality and Human Rights	Regional
Latin American Council of AIDS Service Organization	Regional
Les Anges du ciel Anges du Ciel	
Lesotho Treatment Literacy Coalition	Lesotho
Letra S	Mexico
LIGA Bonaerense de Diversidad Sexual	Argentina
MANOS UNIDAS POR TI QROO	Mexico
Mecanismo Social de apoyo y control en VIH	Colombia
MIFRO	Angola
Mosaic Training, Service & Healing Centre for Women	
National MSM and HIV Policy Advocacy and Human Rights Task Force	India
NICASI ESPERANZA VIDA	
NPS Italy Onlus	Italy
Odyseus	Slovakia
Open <i>heart</i> House	Ireland
Open Society - Georgia Foundation's Public Health Unit	Georgia
Open Society Institute's Public Health Program	USA
Org. de Mujeres Trabajadoras Sexuales y ex Trabajadoras Sexuales Mexicanas	Mexico
Pastoral Ecueménica VIH-SIDA y la Coordinación Regional del Plan de Acción en VIH y SIDA de la Federación Luterana Mundial	Argentina
REDCA+	Costa Rica
Philippine Forum on Sports, Culture, Sexuality and Human Rights	Philippines
Planned Parenthood Federation	UK
Positive Malaysian Treatment Access & Advocacy Group	Malaysia

Signatories (*preliminary list*):

Positive Voice	Greece
Positive Wave	Russia
Positivo	Portugal
PREVENSUR	Argentina
Prévention Information Lutte contre le SIDA	Mauritius
Q-Club	Serbia
Red Latinoamericana de Personas Viviendo con VIH	Panama
Red Latinoamericana para la Reforma de las Políticas de Drogas REFORMA	Argentina
Red Mexicana de Personas que Viven con VIH/SIDA	Mexico
Red Nacional de Personas que Viven con VIH/SIDA	Brazil
Red Nacional de personas Viviendo con Vih/Sida	Bolivia
Red Venezolana de Gente Positiva	Venezuela
Research Unit in Behaviour & Social Issues-Cyprus	Cyprus
Romanian Association Against AIDS	Romania
SADC Parliamentary Forum HIV/AIDS Unit	Namibia
SAHRiNGON Tanzania	Tanzania
Secrétaire Afrique de l'ouest du Forum Francophone TB/VIH	Burkina Faso
Senderos Asociación Mutual	Colombia
Servicios Humanitarios en Salud Sexual y Reproductiva	Colombia
Social AIDS Committee	
Swiss aids federation	Switzerland
TEMA - information center	Belarus
Terrence Higgins Trust	UK
Tororo Forum for people living with HIV/AIDS networks	
Treatment Action Campaign	Cape Town
Treatment Action Group	USA
UDYAMA,ODISHa	India
Ukrainian Network PLWH	Ukraine
Umunthu Foundation	Malawi
Vida Plena Puebla	Mexico
Warning community association of gay men health and fight against HIV	Paris
Wilson Resource Center	USA
World Care Council	India
World Care Council	France
World Care Council	Congo
World YWCA	Geneva
Youth Creative Network	Cameroon
Youth Development of Nigeria	Nigeria
Youth Partnership for Peace and Development	Sierra Leone