

Community Consensus Statement on Access to HIV Treatment and its Use for Prevention

This is a community statement about getting HIV treatment (ART) and using it to prevent HIV transmission. It includes the views of people living with HIV and people at risk of HIV infection.

- This statement is a summary of safeguards for our health and well-being.
- It demands that all people living with HIV should have access to ART.
- It also stresses that using ART is an individual choice, not a duty.

The right to ART for people who are HIV positive

- Most guidelines recommend ART for all people living with HIV. Studies show that the health benefits of ART outweigh its risks.
- The use of ART should include monitoring. This includes tests for viral load, CD4 count, side effects and, where needed, drug resistance.
- Access to medical treatment is a right under article 12 of the International Covenant on Economic, Social and Cultural Rights. Not providing access to treatment undermines this right.
- Using ART should be voluntary. People have a right to refuse or delay ART if they do not feel ready for it. This choice is covered by article 25d of the UN Convention on the Rights of Persons with Disabilities.

Access to ART for people who are HIV positive

- ART should be free to those who need it.
- ART should be offered to everyone who tests positive.
- Accurate information on ART and support to take it is also essential.
- People living with HIV need ART every day. Gaps in supply risk drug resistance and treatment failure. Such stockouts deny human rights.
- In many countries HIV drugs still need to be cheaper to ensure life-long ART for everyone.
- Drug patents and similar barriers should not block access to new and better ART, including ART for children.
- In many countries, the people who most need ART have the hardest time getting it.
- Reasons include limited health system capacity and training, legal barriers to people like undocumented migrants, violence and gender inequity, stigma and criminalisation.

Preventing HIV transmission

- ART dramatically reduces the risk of HIV transmission.
- ART can free people from the fear of passing HIV to a partner. It can reduce feelings of guilt, blame and anxiety about HIV.
- If ART is used more widely, the risk of HIV should fall. This is because people are less infectious.
- The fact that ART reduces a person's infectiousness is a benefit. Taking it must not be turned into a duty. Preventing HIV transmission is a shared responsibility.
- Health workers should make sure taking ART is always a free choice. The prevention benefits of ART should not be used to pressure people to take it.

PrEP for people who are HIV negative

- HIV drugs can be used by HIV negative people to prevent HIV infection. This is called PrEP, which stands for pre-exposure prophylaxis.

- Like ART, PrEP can free people from the fear of HIV infection. It has been shown to reduce anxiety about sex in people at risk of HIV.
- Also, as with ART, no one should feel pressured or be forced to take PrEP.
- Information about PrEP should be available to all people at risk of HIV. It is more effective when taken by people at greater risk of infection.
- The option to use PrEP should be available to all people who need it and want it.
- PrEP should be offered now to all people at high risk of HIV.
- People using PrEP need help to use it safely. This includes access to regular HIV and STI tests as well as tests for side effects and support to take it when needed.
- PrEP is often too expensive to offer to everyone who needs it. It is important to reduce prices and remove patent barriers to the drugs used as PrEP.

Prevention policies for all

- Everyone should have access to voluntary HIV counselling and testing programmes. Unnecessary barriers to HIV screening programmes should be removed.
- HIV testing should always be voluntary. We oppose compulsory testing or treatment as public health measures. Informed consent is a right for testing and treatment.
- Access to ART and PrEP should be available to all and should be included in all prevention programmes.
- People's income, gender, sexuality, age, drug use, social status or perceived status should not prevent them getting ART or PrEP.
- Programmes to offer ART should actively be developed to include people who are marginalised, stigmatised or criminalised.
- Many people do not know that ART and PrEP prevent HIV infection. Clear and accurate information about ART and PrEP should be widely available. Information needs to be easy to understand.
- ART as prevention and PrEP do not replace well-delivered and well-supported sexual health care. Information should include that ART and PrEP do not prevent other sexually transmitted infections or unplanned pregnancy.
- Sexual health care programmes should include other effective methods such as condoms and lubricants, harm reduction for people who use drugs, and voluntary medical male circumcision.
- ART and PrEP should be part of the support available to people to sustain their sexual health and quality of life.
- The global community needs to increase overall investment in comprehensive HIV prevention and treatment.
- ART and PrEP by themselves will not end the HIV epidemic. But both are essential for any programme that will end it.