

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*):

- AIDS and Rights Alliance for Southern Africa
- AIDS Law Project, South Africa
- European AIDS Treatment Group (EATG)
- Global Network of People Living with HIV (GNP+)
- Human Rights Watch
- International Community of Women Living with HIV/AIDS (ICW)
- International Council of AIDS Service Organizations (ICASO)
- International Treatment Preparedness Coalition (ITPC)
- Open Society Institute's Public Health Program