

## The Canadian Declaration by Persons living with HIV (2015)

Statement from the People living with HIV and communities affected by HIV

in support of

## The Vancouver Consensus (2015)

### **About the Vancouver Consensus (2015):**

*The Vancouver Consensus (2015)* is an urgent call to world leaders, donors, governments, clinicians and civil society to ensure that all people living with HIV have access to antiretroviral (ARV) treatment upon diagnosis and the strategic use of ARVs for treatment and prevention in order to meet the UNAIDS 90-90-90 targets. *The Vancouver Consensus* was released at the 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015).

### **About the Canadian Declaration by Persons living with HIV (2015):**

The purpose of *The Canadian Declaration by Persons living with HIV (2015)* is to demonstrate community support for *the Vancouver Consensus (2015)*, and to reaffirm that the guiding values of people living with HIV and the communities most affected by the epidemic must be meaningfully and equitably engaged throughout the entire continuum of the HIV response. *The Canadian Declaration by Persons living with HIV* builds upon the Denver Principles (1983), the Montreal Manifesto (1989), and the Toronto Charter (2006), among statements that have guided the history of the HIV response as a community-led global movement.

This *Declaration* was drafted by people living with HIV and their allies attending the 8TH Conference on HIV Pathogenesis, Prevention and Treatment (IAS 2015).

-----

**We, the people living with HIV and communities affected by HIV**, expect key stakeholders - unilateral and multilateral organisations, donors, governments, policy makers, clinicians, scientists, researchers, pharmaceutical manufacturers, and civil society organizations, to adopt *the Vancouver Consensus (2015)* and put into action the goal to ensure all people living with HIV have access to antiretroviral treatment (ARVs) upon diagnosis and that ARVs be made available to be used strategically for both treatment and preventative use for key affected populations. We declare:

The 90-90-90 targets will only be achieved through a comprehensive, community-driven, global response that respects the human rights of people living with HIV and communities affected by HIV.

In particular:

- As HIV testing is made more accessible and available to those who wish to be tested for HIV, testing should only be performed with prior personal consent, with counselling provided, and not be forced upon by coercion;
- While ensuring that access to the most effective antiretroviral treatments must be offered to all who seek it upon diagnosis, the ultimate decision to start treatment still rests with the person living with HIV;
- The engagement and retention of people living with HIV in treatment and care must be culturally-appropriate and gender-affirming, free from stigma or discrimination;
- The strategic use of ARVs for treatment and prevention, such as PrEP, must be offered to all key affected populations, including but not limited to: persons who use or inject drugs, incarcerated persons, sex workers, transgender people, men who have sex with men (MSM) and people living in sero-discordant relationships;
- Recognize that some people living with HIV may not be able to start treatment or adhere to treatment regimens due to challenging social determinants and structural conditions, including but not limited to: gender-based violence, the criminalization of sex work and substance use, or the lack of affordable housing;
- Be aware that some people living with HIV may also not be able to achieve suppressed or undetectable viral load due to biological differences, and that the ability or inability to achieve undetectable viral load must not be used to further violate the human rights of people living with HIV, such as subjecting them to public health or governmental sanctions, or increasing their risk of being criminalized for their inability to disclose their HIV status

As the global HIV movement strives to achieve the 90-90-90 targets, we demand that:

- Global resources dedicated to the treatment and prevention of HIV be increased, along with efforts to assist communities to address treatment access and testing barriers that have a negative impact on key affected populations and communities globally;
- Access be assured to a wide range of holistic health services - including specialized services in paediatric care, maternal health, elder care, the treatment of co-infections, access to complementary and alternative therapies, and treatments and care as practiced by various cultures to complement ARV treatments;
- Researchers include people living with HIV in meaningful roles at every stage of every type of research project, including clinical trials, community based research, and basic research that may inform a cure for HIV infection;
- Researchers and scientists be ever mindful to make the urgent needs of people living with HIV their top priority, and successful pilot projects be scaled up and rolled out without the pretext of requiring further study to maximize benefits for people living with HIV and affected communities

To truly achieve or exceed the 90-90-90 targets globally, the scientific, research, medical and pharmaceutical communities, policy makers, international and governmental bodies, funders, and donors must work together with people living with HIV and activists as allies to address more than the bio-medical issues associated with HIV. We must all commit to reducing and eliminating the social and structural impediments that continue to put people at risk of HIV and that drive the epidemic.

In solidarity,  
The Undersigned

Contributors:

Gord Asmus

Tamás Bereczky, [European Action Treatment Group \(EATG\)](#)

Christian Hui, [Canadian Positive People Network/ Réseau Canadien Des Personnes Séropositives](#)

Bob Leahy, Editor [PositiveLite.com](#), Canada's Online HIV Magazine

Shari Margolese

Ronald Rosenes

Brian West, [European Action Treatment Group \(EATG\)](#)

And 21 members who attended the Community Statement Working Group meeting on Monday, July 20, 2015.

*A full list of the contributors will be added as information and consent become available*