

# Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing

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You can also access the complete Consensus Statement document at [hivconsensusvih.ca](http://hivconsensusvih.ca). It includes the objectives, the consensus statements with supporting rationale, potential directions for research, and summaries of the latest scientific and medical evidence and of key human rights principles.

## Why We Need a Consensus Statement

Despite significant scientific and medical advances over the past few years, the HIV epidemic continues in Canada. Specific populations continue to be disproportionately affected by the HIV epidemic, including gay, bisexual, Two-Spirited and other men who have sex with men, transgender people, people who use drugs, Aboriginal peoples, people from countries with high rates of HIV infection, people from African, Caribbean and Black communities, and newcomers to Canada who face challenges related to their immigration status. Women also face added challenges because of gender inequities that are woven throughout Canadian society.

People from these groups are more likely to be socially, politically and economically marginalized than other people in Canada. Because of this marginalization, some people from these groups may have increased chances of getting HIV. As a result, the rates of HIV among some of these groups of people are often much greater than their share of the population in Canada.

We are at a crucial moment in the HIV epidemic in Canada. A comprehensive, community-driven, holistic response that combines HIV treatment and prevention, and health and human rights is needed.

***This Consensus Statement will provide us with fundamental shared principles to help guide us as we build that response.***

# Commitments and Principles

## Consensus Statement

### Our commitments

#### Taking action

As individuals and organisations we commit to taking action to end the HIV epidemic in Canada. We will work to expand access to and uptake of HIV testing and of HIV antiretroviral medications to treat and prevent HIV in ways that respect human rights, remove barriers, and promote social equality and health equity.

#### Choice and shared responsibility

We commit to safeguarding and promoting the health, wellbeing and human rights of people living with HIV. It is up to each person living with HIV to make the decision whether to take HIV antiretroviral medications, based on their own assessment of what is best for their health and wellbeing. Our commitment stands whether or not people diagnosed with HIV choose to go on HIV antiretroviral medications, whether or not they are able to adhere to antiretroviral medications, and whether or not they have an undetectable HIV viral load.

We commit to the principle of shared responsibility for HIV prevention, among HIV-negative people, those who do not know their HIV status, and people diagnosed with HIV.

We commit to safeguarding and promoting the health, wellbeing and rights of people who belong to populations most affected by HIV. It is up to each person to decide whether and when to get tested for HIV. Our commitment stands whether or not people choose to get tested for HIV.

#### Inclusion and respect

We commit to respecting the cultures, traditions and human rights of all people living with HIV and people from specific populations. Because they continue to be disproportionately affected by the HIV epidemic in Canada, we owe a special responsibility to specific populations, including gay, bisexual, Two-Spirited and other men who have sex with men, transgender people, people who use drugs, Aboriginal peoples, people from countries with high rates of HIV infection, people from African, Caribbean and Black communities, and newcomers to Canada who face challenges related to their immigration status. We also owe a special responsibility to respect the self-determination and other rights of Aboriginal peoples, recognizing the devastating effect of historical and ongoing state-sanctioned violence against them, including colonization, forced resettlement, residential schools, their treatment by the child welfare and criminal justice systems, and the failure of governments to respect peoples' inherent rights of self-determination. Women face added challenges because of gender inequities that are woven throughout Canadian society.

#### Evidence and experience

We commit to continuing, developing and supporting HIV policies, programs and interventions that are informed by evidence and experience. HIV prevention programs that have proven effective should not be replaced by programs that focus solely on increasing the number of people getting tested for HIV or taking antiretroviral medications. We continue to need programs and interventions that promote sexual health,

reduce harms associated with drug use, and safeguard values and practices that community members have relied on since the beginning of the HIV epidemic to prevent HIV and protect physical and mental health and wellbeing. Similarly, the diversity of people living with HIV need more, not fewer, programs that meet their needs and promote their health and wellbeing.

### Social equality, health equity, and universal and affordable access

We commit to continuing, developing and supporting policies, programs and interventions that promote social equality and health equity. In Canada, many people most in need of HIV antiretroviral medications, HIV testing and counselling, and healthcare do not have equitable access to these services. Marginalized and racialized people are least likely to benefit from scientific and medical advances in diagnosing, treating and preventing HIV. Holistic health and wellness promotion programs are most likely to increase access for these people, which can significantly reduce HIV-related illness and death, and HIV transmission.

We commit to advocating alongside people living with HIV and people from specific populations. This includes advocating for universal, affordable or no-cost access throughout Canada to medications, testing and other supplies to treat and prevent HIV. It also includes advocating for barrier-free access to culturally proficient healthcare and psychosocial and other support services that affirm the full range of people's gender identities and expressions. Canada is a vast country and many people living with HIV and from specific populations live in rural, remote and northern areas. The healthcare and psychosocial and other support services people need often do not exist in their community or region. To promote universal access and health equity, advocacy, policies and programs should also address access barriers related to geography.

### GIPA and MEPA

We are committed to respecting and implementing the Greater Involvement of People Living with and Affected by HIV/AIDS (GIPA) and the Meaningful Engagement of People Living with and Affected by HIV/AIDS (MEPA) principles in our work.

### Opposing HIV criminalization

We commit to opposing the use of the Canadian criminal law against people living with HIV accused of HIV non-disclosure and exposure. Criminalization has had a disproportionate impact on African, Caribbean and Black people living with HIV and communities in Canada. We support the [consensus statement](#) of leading Canadian HIV physicians and medical researchers regarding HIV transmission and the criminal law. In too many cases, the criminal law has been applied without taking into account up-to-date and accurate scientific and medical information about HIV. As a result, the criminalization of people living with HIV has promoted uncertainty, fear and stigma, which can stop or delay people from getting tested for HIV, or seeking health and other services. This undermines effective public health measures used to prevent HIV transmission, and negatively affects the health of people living with HIV and people from specific populations.

## A human rights-based approach

We support a human rights-based approach to expanding access to and uptake of HIV testing and the medications used to treat and prevent HIV. Specifically, the following human rights should be respected, protected and promoted in the context of HIV testing, and the use of medications to treat and prevent HIV: life, liberty and security of the person; non-discrimination and equality; privacy; enjoyment of the benefits of scientific progress and its application; freedom of expression and information; the highest attainable standard of physical and mental health; an adequate standard of living and social security services; and freedom from violence, and cruel, inhuman and degrading treatment or punishment.

In international human rights law, health is a fundamental human right necessary for peoples' enjoyment of other human rights. The Canadian government has recognized and committed to realizing for everyone the highest attainable standard of physical and mental health. The right to health includes a right to a functioning adequate healthcare system, equitable distribution of health services, access to medicines, and recognizes that special attention should be paid to the needs of vulnerable populations. Governments have an obligation to ensure that health systems, services and medications are available, accessible, acceptable and of good quality. The right to health also includes the right to underlying social determinants of health, such as nutritious food, safe water, sanitation, safe and secure housing, access to education and gender equality.

The right to equality and to be free from discrimination is closely linked to fulfilling the right to health for people living with HIV and specific populations. In general, Canadian laws protect people from discrimination based on factors such as race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability. We oppose policies, programs, interventions and actions that violate people's human rights and that interfere with efforts to bring about an end to the HIV epidemic.

- People should never be forced or coerced into taking an HIV test, or undergoing HIV treatment or other medical interventions.
- People should not be denied access to HIV testing and counselling based on preconceived or prejudiced ideas about which groups of people are at risk of HIV.
- People should not be denied access to medications used to treat and prevent HIV based on their immigration status, or preconceived or prejudiced ideas about which groups of people are able to take HIV antiretroviral medications correctly and consistently.
- Where a person chooses not to test for HIV, or not to start or continue HIV antiretroviral medications, penalties should never be imposed on that person or care withheld from that person.

Public health staff, healthcare providers and social service providers should be mindful of the inherent power imbalances in their relationships with clients. Public health staff, healthcare providers and social service providers should also watch for other sources of coercion in the lives of clients living with HIV or from specific populations. For more information, please see Appendix D: *A Rights-Based Approach: How to safeguard and promote health and wellbeing in the context of the HIV epidemic.*

## Consent to medical care in Canada

Consent must be a foundation for expanding access to and uptake of HIV testing and the medications used to treat and prevent HIV. HIV testing and counselling, and the prescription of medications to treat or prevent HIV, are important aspects of medical care. People's health is best protected and promoted where they are able to make fully informed and voluntary decisions about their own medical care.

Ensuring a person's informed consent to medical interventions is both a legal and an ethical requirement. A healthcare provider must get consent from a person before starting a medical intervention on that person, except in extraordinary circumstances. Consent to medical treatment is valid where it is:

- about a specific medical treatment or a plan of treatment,
- given voluntarily,
- not obtained by misrepresentation or fraud, and
- informed.

To obtain “informed consent” from a person, a healthcare provider must give the person the information that any reasonable person in the same circumstances would want. A reasonable person would want information about the:

- nature of the treatment,
- expected benefits of the treatment,
- material risks of the treatment,
- material side effects of the treatment,
- alternatives to the treatment, and
- likely consequences of not having treatment.

The healthcare provider must answer the person’s questions about the treatment.

Finally, a person can refuse treatment, or withdraw their consent to treatment at any time.

## HIV Counselling and Testing

### Consensus Statement

We support **expanded access to voluntary HIV counselling and testing** that respects human rights, including the principle of informed consent.

People should have access to a range of HIV testing options and service delivery approaches, including the **routine *offer* of testing**. People who request an HIV test should not be unreasonably refused HIV counselling and testing.

We support expanded access to **rapid (also known as point-of-care)** tests for HIV.

We support expanded access to **anonymous and non-nominal testing** for HIV and for other sexually transmitted infections.

Before being tested, people must be offered **HIV pre-test counselling**. Pre-test counselling, in its process and in the information provided, should reflect the **principle of informed consent**.

People who test HIV-positive must be offered **post-test counselling**, including information about how to prevent the onwards transmission of HIV, and provided with **opportunities and support** to be linked to HIV health services and psychosocial and other supports, including those delivered by community-based organizations.

HIV pre- and post-test counselling should provide information about the **collection, use and disclosure** of HIV-positive test results and HIV-status, and any opportunities available to the person being tested to limit the collection, use and disclosure of their personal health information. Pre- and post-test counselling should also provide people with information on the legal implications of an HIV diagnosis, including legal rights and obligations under criminal law and public health law.

Comprehensive guidelines are needed to support HIV counselling and testing. The federal and provincial/territorial governments and Aboriginal health authorities should consult with health care providers, public health experts and community advocates to develop and adopt minimum standards for HIV testing applicable throughout Canada. These standards should address, at a minimum, **the five essential “Cs” of HIV testing** consistent with international standards: consent, confidentiality, counselling, correct result, and connection to HIV prevention, treatment and care. Standards should also provide guidance regarding new service delivery approaches and new HIV testing technologies.

# HIV Antiretroviral Medications for People Living with HIV

## Consensus Statement

**Barriers to access to HIV antiretroviral medications** faced by people living with HIV should be recognized and addressed in ways that promote health equity for specific populations disproportionately affected by HIV.

HIV antiretroviral medications should be **offered to every person diagnosed with HIV**, as soon as possible after diagnosis.

People diagnosed with HIV have the **right to decide** whether to take HIV antiretroviral medications, based on their own assessment of what is best for their health and wellbeing

Every person living with HIV should be **provided with the information they need** to give informed consent to treatment with HIV antiretroviral medications. This includes the opportunity to ask questions and receive responses from a healthcare professional who knows about HIV and HIV antiretroviral medications.

Provincial, territorial and federal authorities should put in place mechanisms to **ensure that cost does not act as a barrier** to people living with HIV who want to take HIV antiretroviral medications.

People living with HIV should be provided with **access to healthcare and psychosocial and other support services** required to achieve optimal adherence to HIV antiretroviral medications and to promote their health and wellbeing. This care and support should include routine medical care, addiction, mental health and sexual health services, harm reduction services and supplies, safe and secure housing, and nutrition support services.

**We oppose the coerced use of HIV antiretroviral medications.** People living with HIV must not be subject to penalties or withholding of healthcare or psychosocial or other supports if they choose not to take HIV antiretroviral medications.

**Treatment literacy and community preparedness campaigns** explaining the individual and public health benefits of HIV antiretroviral medications should be implemented for people living with HIV and people from specific populations.

**Professional development and training** should be implemented for the full range of health care and psychosocial and other support service providers who support people living with HIV.

# HIV Antiretroviral Medications for HIV-Negative People

## Pre-exposure Prophylaxis (PrEP)

### Consensus Statement

Access to pre-exposure prophylaxis (PrEP) for people at substantial risk of getting HIV is **an essential component of HIV prevention**. There is a pressing need to make HIV antiretroviral medications as PrEP available and accessible to HIV-negative people at substantial risk of HIV infection.

People taking PrEP should be provided with **access to healthcare and psychosocial and other support services** they need to achieve optimal adherence to PrEP, and to promote their health and wellbeing. People should have **access to routine medical care, addiction, mental health and sexual health services, harm reduction services and supplies, safe and secure housing, and nutrition support services**.

There is a pressing need **to develop and disseminate clinical practice guidelines, and to develop and deliver healthcare provider education, on PrEP**.

Provincial, territorial and federal authorities should put in place **mechanisms to ensure that cost is not a barrier to PrEP** for people who could benefit from it.

**We oppose coerced PrEP in all its forms.** People must not be subject to penalties or withholding of medical care or psychosocial or other supports in circumstances where they choose not to take PrEP.

PrEP **treatment literacy** and community preparedness campaigns should be implemented for people from specific populations.

**Professional development and training** about PrEP should be implemented for the full range of health care and psychosocial and other support service providers who need to be engaged in PrEP prescription and adherence support.

## Post-Exposure Prophylaxis (PEP)

### Consensus Statement

Access to post-exposure prophylaxis (PEP) for people who have had a potential high-risk exposure to HIV is **an essential component of HIV prevention**.

Where they do not already exist, **PEP clinical practice guidelines** for potential high-risk exposures to HIV should be developed and disseminated. These guidelines should include exposures resulting from **workplace injury or accidents, sex, sexual assault, and injecting**.

Provincial, territorial and federal health authorities should put in place **mechanisms to ensure that cost is not a barrier to PEP** for people who could benefit from it.

**PEP treatment literacy** and community preparedness campaigns should be implemented for specific populations.

**Professional development and training** about PEP should be implemented for the full range of health care and psychosocial and other service providers who need to be engaged in PEP access, prescription and adherence support.

## For More Information

For more information visit [hivconsensusvih.ca](http://hivconsensusvih.ca) or email [hivconsensusvih@catie.ca](mailto:hivconsensusvih@catie.ca).

Go to [hivconsensusvih.ca](http://hivconsensusvih.ca) to sign the Canadian Consensus Statement