

## **The MEXICO MANIFESTO**

### **A Call to Action by People with HIV and AIDS**

#### **presented at the XVII International AIDS Conference 2008, Mexico City**

The publication on January 30<sup>th</sup> 2008 of the Swiss Federal HIV/AIDS Committee (EKAF) in "Schweizerische Ärztezeitung", concerning the non-infectiousness of people with HIV<sup>(\*)</sup> has caused quite a stir.

The resulting debate about the evidence and studies on which the EKAF declaration is based, and the criticism concerning the broad publication of such knowledge, has mobilised the organisations of people living with HIV and their representatives worldwide.

#### **A. We clearly welcome the EKAF declaration**

It is scientifically sufficiently based and favours quality of life and - even more - social integration of people with HIV.

It therefore promotes structural and lasting prevention for people who are not aware of their HIV status as well.

Unconditional access to all scientific data and facts is the basis of any authentic education and information. Only an educated and tolerant society, in which people with HIV and AIDS are integrated, can face the challenge of HIV and AIDS successfully.

#### **B. In view of the EKAF declaration we call upon the representatives of science, medicine, economy, governments, WHO and UNAIDS to**

- 1. recognise EKAF declaration, which is based on evidence from scientific studies**
- 2. respect the different life conditions of people living with HIV**
- 3. accept the maturity of individuals and society**
- 4. guarantee full and unconditional HIV education**
- 5. renew knowledge continuously**
- 6. promote worldwide access to HIV drugs.**

#### **C. We will recognise the authentic commitment of all actors in the field of HIV and AIDS to our demands by the following characteristics:**

1. Any discussion of the impact of the EKAF declaration on HIV prevention is objective and evidence-based.

Any attempt to stop information or discussion for moral, political, or other non-factual reasons is clearly rejected as unacceptable censorship.

The various individual HIV prevention measures and the related transmission risks are assessed strictly by equal scientific standards.

2. The hitherto existing public image of people with HIV is adapted to current life-realities.

That means first and foremost: The images of dangerous and irresponsible individuals or of wretched people devoid of personal responsibility are disclaimed.

3. The public is fully and unconditionally informed about prevention, treatment and current life conditions of people living with HIV and AIDS.

Strategies for HIV treatment and prevention are adapted to the requirements of social integration of people with HIV and AIDS; on both, the individual and the social level.

Responsibility is not divisible.

This means also that legislation follows these same principles and pays full regard to the scientific facts.

All patients have access to information and are free to choose their therapy and to decide about their individual strategies of HIV prevention and of harm reduction.

In the spirit of the WHO's Ottawa Charter, health promotion is an integral part of all strategies and measures. The aim is a process that allows all people to enjoy a higher degree of autonomy about their health and thus, to have the chance to eventually improve their health.

4. The hitherto successful methods of HIV prevention based on impartial education campaigns are sustained and consolidated.

5. Studies orientated on current scientific results that include social factors (e.g. gender, lifestyle, life conditions) are specifically encouraged.

This could mean, for example, in the field of HIV transmission: studies about risk minimisation in anal intercourse; studies about the relevance of STD's in HIV transmission; or studies about adherence to and long term side effects of ART.

6. Efficient therapy is globally perceived as an effective HIV prevention measure. The distribution of resources should increase accordingly.

Efficient HIV therapy is recognised as a basic ingredient of health promotion and prevention.

The promises to level the gap between the poor and the rich are eventually fulfilled.

**(\*) On January 30 2008 the Swiss Federal HIV/AIDS committee(EKAF) published the following declaration in the journal "Schweizerische Ärztezeitung":**

"An HIV-infected individual without additional STD and on an anti-retroviral therapy (ART) with completely suppressed viremia (in the following: "effective ART") is sexually non-infectious, i.e. he/she does not pass on HIV through sexual contact as long as the following conditions are fulfilled:

- The HIV-positive individual complies with the anti-retroviral therapy (ART) and the effects of this treatment are evaluated regularly by the treating physician;
- The viral load (VL) has been non-detectable since at least six months (i.e. viremia is suppressed);
- There are no additional sexually transmitted infections (STI) present.

Original article (in German) [http://www.saz.ch/pdf\\_d/2008/2008-05/2008-05-089.PDF](http://www.saz.ch/pdf_d/2008/2008-05/2008-05-089.PDF)

Further sources:

Denver principles:

[http://data.unaids.org/pub/ExternalDocument/2007/gipa1983denverprinciples\\_en.pdf](http://data.unaids.org/pub/ExternalDocument/2007/gipa1983denverprinciples_en.pdf)

GIPA principles:

<http://www.hiveurope.org/GIPA/tabid/56/Default.aspx>

Ottawa Charter – World Health Organisation

[http://www.euro.who.int/AboutWHO/Policy/20010827\\_2](http://www.euro.who.int/AboutWHO/Policy/20010827_2)

[http://www.euro.who.int/AboutWHO/Policy/20010827\\_2?language=German](http://www.euro.who.int/AboutWHO/Policy/20010827_2?language=German)

[http://www.euro.who.int/AboutWHO/Policy/20010827\\_2?language=French](http://www.euro.who.int/AboutWHO/Policy/20010827_2?language=French)