PARIS COMMUNITY DECLARATION

JULY 2017

We, Key Affected Populations living with or affected by HIV, proclaim that we are more than just numbers. We have essential needs that must be met equitably. It is time to put an end to our prosecution. We demand full commitment and respect from all the stakeholders we address in this Declaration.

The definition of key populations may change across different contexts: based on epidemiological evidence and geographic, social, legal and political environments. People living with HIV, gay men and other men who have sex with men (MSM), sex workers, transgender people, people who inject drugs (PWID) and prisoners are considered the main Key Affected Populations (KAP) within the global HIV response. However, we also consider indigenous peoples and racialized groups, women and girls, youth, migrants and refugees, as affected populations that must be taken into account as possible Key Affected Populations in many contexts.

By this Declaration, we reclaim the power of the Denver Principles ("Nothing for us without us") and the GIPA principles. We insist they be honored in light of the evolving epidemic and recent scientific gains for successful responses to HIV/AIDS and related mental and health conditions. This will be done by integrating KAP, living with or affected by HIV, in decision making and funding in research, treatment and care, policymaking and implementation. We are essential agents in understanding the drivers of the epidemic in all of their subpopulation-specific variations, in reaching out to the people that are most affected and proposing appropriate responses.

What we request from the international organizations:

1. Recognize that the HIV/AIDS epidemic will not end as long as key populations are criminalized, discriminated against, rejected, arrested, jailed and killed and advocate to ensure the rights of KAPs are realized and respected by all global, regional and national organizations and governments.
2. Universally adopt the U=U Consensus Statement on undetectability and transmission risk through sexual contact and utilize this scientific fact as a leverage for increased investments into the global HIV/AIDS response to realize universal access treatment and care.
3. Urge UN agencies to step-up and advocate for inclusion of KAP in decision-making, board and staff structures, to strengthen KAP country and local-level organizations, and to strongly oppose all initiatives coming from UN member states aiming at removing any mention of key-populations in UN official declarations

4. Advocate for universal access to effective treatments, prevention options, diagnostic tools and quality health services.
5. Focus attention on "hidden populations": those people and groups missing from formal local and country data (*e.g., MSM, transgender people, sex workers, indigenous people, migrants and refugees, PWID in countries where they are criminalized*) and develop both data on these KAP as well as relevant, evidence-based policies and laws designed to engage and include them in local affairs and decisions making.
6. Strengthen alliances and advocacy across international organizations, especially between international LGBT organizations and global HIV activists, and among HIV, TB, Hepatitis, Malaria and Universal Health Coverage activists and their organizations.
7. Consider and associate Indigenous Peoples as necessary actors in the global HIV response, respect their rights to self-determination, and adopt the International Indigenous HIV/AIDS Community 10-point Statement (*IIHAC 2017*).

What we request from the political leaders and governments:

1. Accelerate local, national and international actions to end the HIV/AIDS, hepatitis, malaria and TB epidemics by 2030. Ensure the highest attainable standard of physical, sexual and mental health for all people living with or affected by HIV/AIDS.
2. Ensure people living with and affected by HIV enjoy all human rights and equal participation in civil, political, social, economic and cultural life, without prejudice, stigma, discrimination or persecution of any kind.
3. Take all measures to implement local and country-specific policies and plans based on the latest scientific evidence on HIV and its related infections, including PrEP and the acknowledgement that PLHIV who take their ART effectively and whose viral load is undetectable are no longer infectious.
4. Implement appropriate measures for intellectual property rights in a manner that promotes timely and affordable access to quality diagnostics and treatments, for HIV and related infections, for all.
5. Repeal all the laws discriminating against and criminalizing KAP related to sexual orientation, gender identity, race, residence status, drug use, sex work, HIV status and transmission to eliminate stigma and violence towards KAP.
6. Ensure sustainable service delivery and empowered leadership by key populations by providing increased investment to local and country-specific key population initiatives and networks.
7. Accelerate progress toward universal access to quality health-care services, including sexual and reproductive health, mental health and integrated services for HIV, TB, viral hepatitis, and sexually transmitted infections.

What we request from the scientific community:

1. Expand and prioritize innovative research - both medical and social science research - in areas where there are still gaps in data, e.g., a cure for HIV, vaccines and other new prevention options, gender differences, ageing, mental health, children/minors living with HIV, specific key populations, interactions with hormones and recreational drugs, replacement therapy, MTCT and breastfeeding, HIV coinfections and comorbidities especially relative to ageing populations.
2. Develop research programs with a focus on achieving the best attainable health for KAPs from various geographic regions and cultures, and including migrants, women, MSM,

sex workers, prisoners, PWID, transgender and intersex people.

3. Ensure improved collaboration among researchers and allow more sharing of anonymized and safe data. Engage KAP representatives in research ethics committees, protocol teams and in research agenda-setting, and share research results with the communities involved.
4. Develop stronger evidence bases and disaggregated data for the added value of prevention and treatment.

What we request from the medical community:

1. Universally adopt the U=U Consensus Statement on undetectability and utilize this scientific fact as a leverage for increased investments into the global HIV/AIDS response to realize universal access treatment and care.
2. Strengthen the connections between KAPs organizations and healthcare providers by creating accessible and culturally-relevant policies, services, treatments plans, research, and reports for KAPs at the local, national and international levels which respects different worldviews.
3. For KAP groups to benefit from biomedical approaches such as TasP, PEP and PrEP, combined prevention and establish a differentiated rights-based approach to addressing HIV.
4. Uniformly end the psychiatrization of transgender people and ensure they receive quality, affirmative, discrimination-free health care services and support through transition.
5. Enable universal sexual health education, testing, and treatment access for members of KAP groups, including differentiated approaches, e.g., provide regular monitoring for toxicities of those on ART or PrEP, access to hormonal therapy to transgender persons, and early treatment and PrEP for youth and adolescents.
6. Ensure an inclusive and differentiated approach to the care for KAP that includes options for prevention, treatment, and care; accounts for the person's quality of life; addresses aging and comorbidities; and provides seamless service coordination.
7. Provide inclusive, sex-affirming, stigma-free differentiated services and education to KAP and their partners that respect their right to self-determination and bodily autonomy.

What we request from the pharmaceutical companies:

1. Stop evergreening the patent terms of the drugs already on patent, do not claim patent on non-innovative molecules, and remove the patent on all pediatric HIV drugs
2. Set up a fair system on patent rights that enables early access to innovative drugs for countries that are unable to afford the patented drugs.
3. Be transparent on R&D, be fair on pricing for health care system to be sustainable and make ARV readily available to all low and middle income countries and to all vulnerable populations
4. Scale up and expand early access programs by e.g. providing voluntary licenses to all low and lower-middle income countries and by ensuring transparent price negotiations with governments.
5. Actively work for Universal Access to treatment, testing and prevention by making medicines and diagnostics for HIV and chronic coinfections much more affordable and accessible to all vulnerable populations.
6. Pharmaceutical companies share the responsibility with governments, health care systems, international organizations and KAPs

PARIS COMMUNITY DECLARATION JULY 2017

to ensure access to treatment for PLHIV.

7. Set up dialogue with KAP communities within all countries and increase investment in local community-based HIV programs and activities.

What we request from the donors:

1. Increase investment in policy change and NGOs defending human rights of KAP with a special emphasis on the decriminalization of sex work, same sex relations, diverse gender identities and expressions, and drug use.
2. Increase contributions from developed countries to the Global Fund (in line with the UNAIDS goal of ending the epidemic by 2030) to ensure that it is fully funded to support national HIV services and KAP organizations.
3. Increase investment in HIV treatment, cure and prevention research.
4. Increase investment in KAP civil society groups, especially on core funding; community development and community-led interventions to foster leadership among KAP and PLHIV; targeted local research and advocacy; and quality prevention service delivery.
5. Increase investment in care and support of PLHIV including treatment of co-infection and other health endemics such as mental health and general well-being, and youth HIV programs including programs on adolescent sexual health and sexuality education.

What we request from our own communities:

1. Strongly fight against any discrimination from within our own communities (e.g., homophobia, transphobia, racism, xenophobia, sexism, serophobia, against sex workers and drug users) and promote sexual and racial sub-population participation in each of our communities.
2. All KAP organizations work in solidarity with PLHIV to end AIDS and HIV/Hepatitis/TB epidemics everywhere; put a stop to stigma and discriminations; halt the criminalization of HIV transmission; and advocate against punitive laws that hinder access to HIV services
3. Create partnerships and unifying efforts among all KAP communities to lead the fight to end AIDS and HIV/Hepatitis/TB epidemics everywhere.
4. In order to promote equitable and sustainable policies and design HIV programs at the local, national, regional and international levels, get involved in network initiatives and participate in conferences to actively express the priorities of the Key Affected Populations.
5. Ensure more innovative thinking about old and new challenges, involve new members and young activists in speaking up and advocacy: listen to them, support them, and provide training to them so they find their places in the global movement.
6. Know your local HIV epidemic, its dynamics and its social determinants, especially the ways that different KAP are impacted, in order to be able to spread correct information and provide training among our communities, e.g., on the latest scientific progress (e.g., TASP, PrEP); on holding our governments accountable relative to policies and decision making in terms of funding and access to treatments; and on advocating to ensure universal access to HIV treatments.

Signatories:
(to communicate to nboumendil@aides.org)

- PLVIH, KAP and Community Based organizations
- Qualified people