**The central and critical role people living with HIV have had in shaping the AIDS response**

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As people living with HIV, we exist at the intersection of a health condition and social prejudice. Human rights become essential when people who are ill are placed outside the bounds of social concern and treated as disgraced beings. I became a member of this group in 1991 with my HIV diagnosis and 1994 after my illness rapidly progressed to an AIDS diagnosis.

What brought PLHIV together was shared suffering and grief, the need for a united voice, the need for knowledge when information was lacking, and to pull each other through discrimination and its pernicious effects on our spirits and souls. Those same needs bring us together today.

What have we done to shape the AIDS response and ensure human rights?

We claimed an otherwise denied citizenship in our countries and our world. PLHIV created the GIPA principle committing to greater involvement of PLHIV in decision making which has been adopted by UN Member States repeatedly, since 1994, in political declarations. The result is representation in research advisory bodies, in treatment clinics, on national AIDS planning councils worldwide, and on the UNAIDS board and other UN bodies.

GNP+ in consultations with our networks worldwide created community-based research and advocacy projects to document and respond to the challenges we face. As PLHIV activist, Waheedah Shabazz El, maintains: we are the subject matter experts in our lives; we need to teach those with power how we want to be treated. PLHIV, together with UNAIDS and key partners, created the PLHIV Stigma Index, the human rights count tool, the GIPA report card, and a holistic rights-based framework for the HIV response called Positive Health, Dignity, and Prevention. Last week, the Jamaican ministry of health, HIV, TB, and STI department, committed to using this framework for their HIV programmes.

The struggle continues, communities of PLHIV and allies are organizing for health care in the US, for safe injection sites in Canada, to protect hepatitis C treatment in Vietnam, against criminalizing people with HIV in Brazil (successfully), for better ARVs in Zimbabwe, for HIV care for prisoners in Malawi, against stock outs in Jamaica, for safety for gay and lesbian people and our families in Nigeria.

The right to the highest attainable standard of health for people living with and affected by HIV remains often unrealized. Yet, governments can realize many elements of this right through political will and policy change, at little to no cost. We need leaders who speak out for people with HIV and against discrimination, including against LGBT communities; who fight for policies to allow young people to receive health services without forcing parental involvement; to provide syringes and safe injection sites; to decriminalizing sex work and the carrying of condoms; to end the criminalization of HIV exposure which is used to blackmail, coerce, and incarcerate people for consensual activities; and to ensure that all people can receive medical care without physical, verbal, or emotional abuse within health facilities.

Once upon a time, we didn’t have an AIDS epidemic.

When it came, we forged a movement of inclusivity, support, peer to peer knowledge and education, and respect and voice for those affected. We fought to remove the systematic social hierarchies that deem some lives expendable and others worth saving. We, in HIV communities and many outside our communities saw how our biases were killing PLHIV, and we made a commitment to make it stop. We learned how.

To end AIDS requires a real right to health, accepting marginalized people as full and valued citizens, the ability to earn an income that allows us to live with dignity. What ends AIDS is the right to non-discriminatory employment and education for PLHIV; ending gender based violence, discriminatory gender norms and laws; an end to arbitrary arrests based on LGBT identity, drug use, sex work, or HIV status; and addressing poverty and the other social determinants of health that make some people and communities exponentially more vulnerable to HIV acquisition, illness, and death, than others.

We know all these things work.

Yet then, once the world learned about interventions worked: peer support, economic stability, housing, education, health literacy, legal reform, community-led advocacy and service delivery … the decision makers and leaders worked to figure out what the **smallest** amount of these things would be that could be effective.

Now when giving someone a potentially toxic treatment, like chemotherapy or even ARVs, then determining the smallest effective dose is wise. But when we are talking about human rights and the things that everyone needs for a good life, then minimum amounts makes no sense. Providing for no more than the smallest amount of human needs serves only to keep people, communities, societies, and countries on life support and ensures, whether intentional or not, that existing hierarchies that value some lives and devalue others are maintained intact.

If we somehow manage to end AIDS, and we do with all of our prejudices intact, with all of our social hierarchies in place, then we will have failed the challenge placed in front of us. PLHIV and our communities have turned this challenge into an opportunity to call for real social change – one within our reach but requiring true political leadership and courage to be truly realized.