

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

RECOMMENDATION No. R (94) 10

OF THE COMMITTEE OF MINISTERS TO MEMBER STATES

ON EARLY PHARMACOLOGICAL INTERVENTION

AGAINST HIV INFECTION

*(Adopted by the Committee of Ministers on 10 October 1994
at the 518th meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common action in the health field;

Aware that early pharmacological intervention programmes for people infected with the human immunodeficiency virus (HIV) are being developed in order to prevent or delay symptoms of the disease as much as possible;

Aware that HIV infection represents a major challenge to public health authorities in the absence of vaccine and curative treatment;

Conscious in particular of the ethical issues in health care and social settings arising from the need to balance individual and collective rights in the fight against infection;

Believing that respect for the human and social rights of individuals living with HIV and patients suffering from an acquired immunodeficiency syndrome (Aids) is crucial for the success of a preventive public health policy;

Bearing in mind the provisions of the Convention for the Protection of Human Rights and Fundamental Freedoms and of the European Social Charter;

Having regard to Recommendation No. R (87) 25 concerning a common European public health policy to fight Aids, and in particular the recommendations concerning the implementation of a comprehensive information strategy, and to Recommendation No. R (89) 14 concerning the ethical issues of HIV infection in the health care and social settings, and in particular the issues on voluntary testing and screening;

Taking account of the fact that drugs which slow down the progression of the infection are already available or will become available in the future;

Considering that such drugs have been of benefit to some patients;

Considering that the risks and benefits of early pharmacological intervention should be carefully assessed for both the individual and society,

Recommends that governments of member states:

- i. develop early pharmacological intervention programmes only in addition to primary prevention, which should remain a top priority against the spread of HIV infection;
- ii. introduce early pharmacological intervention programmes in the light of the possibilities and benefits of treatment. If the benefit is clear, those programmes should be further promoted;
- iii. make information accessible to the population at risk, and include in this information possible benefits as well as disadvantages of early pharmacological intervention;
- iv. reconfirm their policy against discrimination and social exclusion of people with HIV, in respect of the new possibilities of early pharmacological intervention;
- v. support self-help groups at local, regional and national level;
- vi. create optimal conditions for early pharmacological intervention, in particular:
 - a.* the provision of general information on the possibilities of early pharmacological intervention, availability of sufficient facilities for pre-test and post-test counselling, anonymous and voluntary testing, and social and psychological support;
 - b.* the availability of professional care-givers who should ensure that before entering an early pharmacological intervention programme individuals are fully informed of all implications of pharmacological intervention including risks and benefits;
 - c.* full guarantees that an individual's choice not to start an early pharmacological intervention programme should not influence access to other appropriate care and treatment;
 - d.* the full protection of a person's privacy, as well as full respect for a person's free choice.