

Refugees and internally displaced persons should have equitable access to HIV treatment

June 10 2014

"Given recent evidence and the moral, legal, and public health arguments, refugees and internally displaced persons situated in stable settings should have equitable access to HIV treatment and supportive services", argue experts from the London School of Hygiene & Tropical Medicine and the United Nations High Commissioner for Refugees, writing in this week's *PLOS Medicine*.

Joshua Mendelsohn and colleagues argue that available evidence suggests that [refugees](#) and internally displaced persons in stable settings can sustain high levels of adherence to antiretroviral therapy and viral suppression and should have the same level of access to HIV [treatment](#) and support as host nationals.

The authors make 17 recommendations, including that HIV treatment should be offered to all refugees and internally displaced persons who meet national guidelines, routine adherence monitoring systems should be set up, and point-of-care laboratory monitoring should be implemented wherever feasible.

Joshua Mendelsohn from the London School of Hygiene & Tropical Medicine said: Few would rationally argue that challenges to provision of life-saving treatment should be addressed by denying access."

They continue: "Since antiretroviral therapy can help prevent

transmission of HIV to sexual partners, it is in the enlightened self-interest of governments that host refugees and internally displaced persons to support programs that serve all populations within their borders to the highest possible standard."

More information: Mendelsohn JB, Spiegel P, Schilperoord M, Cornier N, Ross DA (2014) Antiretroviral Therapy for Refugees and Internally Displaced Persons: A Call for Equity. *PLoS Med* 11(5): e1001643. [DOI: 10.1371/journal.pmed.1001643](https://doi.org/10.1371/journal.pmed.1001643)

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