

# The Node *... where a leaf arises from a stem*



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

## PRESS STATEMENT

# UNAIDS calls for youth activists on HIV to be change agents

**GENEVA, 12 August 2013** — On this International Youth Day, the Joint United Nations Programme on HIV/AIDS (UNAIDS) calls on young people to use their creativity and leadership in the AIDS response.

“As agents of change, young people must claim their right to health and be part of the decision making processes that will impact their lives,” said UNAIDS Executive Director Michel Sidibé.

There have been tremendous achievements in the response to the HIV epidemic for adolescents and youth but much more needs to be done. Young people are not only beneficiaries of HIV services but also play an important role as partners and leaders in the AIDS response. This is why UNAIDS has expanded its youth programme and recently established the Youth Advisory Forum to channel young people’s voices and opinions into key UNAIDS initiatives.

Globally, an estimated 4.6 million young people are living with HIV. Each day, about 2300 young people are newly infected with HIV. Many young people living with HIV do not have access to treatment or do

not know their HIV status. In many countries, young people are prevented from accessing sexual and reproductive health services, including HIV testing and condoms, due to age-related restrictions.

### Contacts

UNAIDS Geneva | Mikaela Hildebrand |  
tel. +41 22 791 3694 | hildebrandm@unaids.org

### UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at [unaids.org](http://unaids.org) and connect with us on Facebook and Twitter.

# The 7<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention

**Dr. Ada Lin (Senior Medical Officer)  
Special Preventive Programme, Department of Health**



2 The 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), the world's largest open scientific conference on HIV/AIDS, was held at the Kuala Lumpur Convention Centre (KLCC) in Malaysia from 30 June to 3 July 2013. Held every two years, this conference provided a golden opportunity for clinicians, scientists, public health experts and community leaders from different parts of the world to explore and translate scientific advances into practical ways to inform the global response to HIV/AIDS.

Despite preceded by a few days of haze in Kuala Lumpur, the Meeting took place under clear sky with sunshine. Being the first IAS Conference in Asia this year, the Meeting has attracted over 5200 participants from 127 countries, to gather in Kuala Lumpur to share their work and experience. There were a total of 9 plenary speeches, 17 satellite meetings, 35 exhibits and 71 sessions in this four-day programme, and over 890 abstracts were presented.

In the Meeting, World Health Organization (WHO) launched the new and consolidated antiretroviral therapy (ART) guidelines recommending earlier treatment initiation. WHO estimated globally three million HIV related deaths and at least 3.5

million new HIV cases can be prevented by 2025 if its new guidelines are implemented. The new recommendations encourage early ART initiation for adults living with HIV when their CD4 count falls to 500 cells/mm<sup>3</sup> or below, at the time when the immune system is still strong. This recommendation is based on the evidence that earlier ART would result in both individual health benefits as well as reduction of transmission in the community. In addition, it is also recommended that ART should be started, irrespective of the CD4 count, to all children with HIV under 5 years old, all pregnant women with HIV, and to all serodiscordant couples. The Organization continues to recommend ART to those coinfecting with tuberculosis or with Hepatitis B.

The Meeting acknowledged and encouraged the continued global response on achieving universal access and moving towards elimination of new HIV infection. The first plenary session reviewed Cambodia's success in this issue. Cambodia faced Asia's fastest growing HIV epidemics in the mid 1990s, mainly by unprotected sex work. Interventions focused on HIV and sexually transmitted infection prevention in sex work settings in late 1990s, and rapid scale-up of HIV counseling, testing and treatment programme from 2001 to 2011 have resulted in significant decline of HIV prevalence in the country. A new initiative, "Cambodia 3.0", aims to achieve elimination of new HIV infections by 2020. Another plenary session on 3 July 2013 also looked at the evolution of HIV epidemic in Asia,



which was characterized by high HIV prevalence among key populations, including men who have sex with men, sex workers and their clients, injecting drug users, and transgender women. Asia has witnessed its highest HIV incidence from 1990 to 2000, which plateaued and reversed during the next decade in a number of countries, with systematic surveillance, data collection and analysis being set up for monitoring of the epidemic. Last but not the least, the Meeting also presented latest data on HCV treatment in coinfecting patients, evidence of efficacy from oral and topical pre-exposure prophylaxis (PrEP), and the progress on vaccine development in which various vaccine candidates with insights from broadly neutralizing antibodies were being designed and tested at this stage.

All in all, IAS 2013 was an insightful and fruitful experience. As with other participants in the Meeting, I look forward to the coming IAS 2015 in Vancouver.



## ***China-US Cooperation-Global AIDS Program(GAP) Training Workshop for professionals (Autumn 2013)***

**Dr. SHU Bo-ye(Medical Officer)  
Special Preventive Programme, Department of Health**



Every year, the National Center for AIDS/STD Control and Prevention (NCADIS) of the China CDC will hold a training workshop as one of the capacity building activity under the China-US Cooperation-Global AIDS Program. The workshop aims to update the public health practitioners and the relevant researchers on the current situation of HIV infection, and broaden their views in the treatment, prevention and control of HIV infection.

This year, the 5 weeks workshop was held from early September to mid October 2013 at NCAIDS in



Beijing. It consisted of 5 units, including an update on the HIV epidemiology, prevention and treatment strategy, counseling, testing and intervention of HIV infection, clinical management, laboratory development, and programme management and case studies.

Around thirty professors and experts from the China CDC shared their experiences during the workshop. Representatives from CDC of different provinces, the Department of Health of Hong Kong, and researchers working in the China CDC totaling around 25 participated in the workshop this year.

The workshop noted that the estimated number of people living with HIV (PLHIV) in China was round 780,000 in 2012. Yunnan, Guangxi, Sichuan, Henan, and Xinjiang were 5 provinces of the worst situations. Like many other countries, sexual transmission accounted for the majority of newly infected cases in the past few years (over 80% in 2012), with a rising trend of infection involving men who have sex with men (MSM). In recent years, there were increasing numbers of infection for youngsters aged 15 to 24 and people aged 50 or above. Although the proportions of heterosexual and MSM transmissions were similar (over 40%) among youngsters, more than 70% were transmitted through MSM among students. Heterosexual transmission remained the most common route among those aged 50 or above.

Control of HIV has been one of the major health policy in China. Under China's 12th Five-Year Plan (2011-2015) issued on 13 January 2012 by

the General Office of the State Council of the People's Republic of China, three targets are to be accomplished by the end of 2015, including "the number of newly infected cases reduce by 25% compared to 2010", "HIV related fatality rate reduce by 30%", and "the number of PLHIV remain under 1.2 million".

During the workshop, it was recognized that although anti-retroviral treatment has proven to be a very effective means to prevent mother-to-child transmission (MCT), late presentation for labour and inadequate access to appropriate HIV diagnostic services were still common especially in rural areas. Training for front line health professionals on diagnosis, clinical management and prevention will be further strengthened in these areas.

Moreover, problems of discrimination and confidentiality were still two main barriers for effective control of HIV epidemics. Involvement of peer groups, especially for the populations of MSM and the female sex workers, might be one of the solutions for effective implementation of HIV control measures.

Unsatisfactory adherence to treatment can lead to drug resistance. This problem should not be ignored. In the coming future, treatment as prevention still remains the way forward for the control of HIV epidemic. To increase the proportion of at-risk group receiving HIV testing, and those infected receiving appropriate treatment are the two main areas which the Chinese government will continue to work on.

