

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

Ending the AIDS epidemic is a matter of human rights

**Michel Sidibé, Executive Director of UNAIDS
Under-Secretary-General of the United Nations**

10 December 2013

I believe we can end the AIDS epidemic by 2030. This is a goal we should all aspire to — but it can only happen if the human rights of all people vulnerable to and living with HIV are realized.

HIV has taught us that health and human rights are intricately linked and that we need to protect and respect human rights and be courageous enough to confront society's wrongs. It is unacceptable that women and girls, sex workers, people who use drugs, migrants, prisoners, men who have sex with men and transgender people are assaulted, violated and murdered, and yet our conscience is not revolted, nor our sense of human responsibility challenged. How can the world accept that some people have access to safety and services while others are excluded because of legal and social status, income or sexual orientation? Even where HIV services exist, punitive laws and law enforcement can stand as implacable barriers. We must reject this double standard wherever we encounter it.

Human rights must be respected and fulfilled for everybody. People who are suffering, who are underground or who are hiding do not deserve silence — they deserve justice.

People living with and vulnerable to HIV have fought for and, in many places, won their human rights — the rights to nondiscrimination, to participation, to health in the form of HIV prevention and treatment, and to life. They have turned traditional development on its head by demanding “nothing about us without us”, refusing to be passive beneficiaries, demanding to be themselves agents of change. But millions more do not benefit from health or human rights.

Achieving our vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths will demand human rights. Everyone has equal dignity and value, and everyone deserves the right to health and to life.

President Nelson Mandela said it well, “Courage is not the absence of fear — it’s inspiring others to move beyond it.” This is having the courage to end the AIDS epidemic; it is also having the courage to radically reshape our world — into a world where no-one is left behind. This is the legacy of President Mandela. Let us build on his legacy and make it the future — through human rights for all.

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 and connect with us on Facebook and Twitter.



Two steps forward, one step back? Latest evidence on the Asia Pacific HIV epidemic from the ICAAP conference

Andrew Chidgey

Chief Executive of AIDS Concern Hong Kong

The eleventh International Congress on AIDS in Asia and the Pacific (ICAAP) took place in Bangkok from 18-22 November 2013. It was attended by 4,000 HIV activists, researchers and doctors from across Asia Pacific (APAC). ICAAP has less of a scientific focus than the other HIV conference IAS, but tries to blend a mixture of sessions about research studies with plenary discussions on contemporary issues in HIV.

ICAAP provided an excellent opportunity to understand progress across the region in tackling HIV. Many of the speakers reflected in the data in the recent UNAIDS report which provides a thorough description of the current epidemic in different countries.

The trend across APAC is mixed and concerning. It shows that countries with large numbers of infections and where there has been high infection rates for women have been among those most successful at reducing the rate of new infections. India continues to have a high number of infections but the annual

rate of new infections has dropped significantly. This is also the case in Thailand. Another successful example is in Cambodia where the infection was being significantly driven by injection drug use. Concerted action to introduce clean needles and methadone programmes have been successful at reducing the onward transmission of HIV.

Unfortunately although there has been a drop in the rate of total estimated new infections across APAC from half a million 2001 to 350,000 in 2012, recent years have seen a stabilization with no further drop. A major reason for this is that some countries are seeing a rising epidemic – Malaysia and Indonesia for example. In addition the rate of HIV transmission among men who have sex with men is also a rising issue in many places including Hong Kong.

Countries across APAC face different challenges on HIV. Many countries have now done an HIV cascade analysis which looks at how many people are estimated to have HIV, how many are diagnosed and how many are on treatment. This shows where

resources need to be directed. In mainland China the issue in recent years has been the low rate of diagnosis for HIV which means that many people do not know their HIV positive status with damage to their health and risk of infection to others – still up to 50% of people with HIV in the mainland are estimated not to have been diagnosed. In Vietnam by comparison the diagnosis rate is much better but the main challenge now is getting people onto treatment.

The World Health Organization APAC office has been working on development of the tools for accurate cascade analysis and will be publishing these shortly. This will be helpful in Hong Kong so that all of us working on HIV can have more evidence to plan our programmes for prevention and care.

Another interesting feature of the conference was the emerging recognition that across APAC the challenge of MSM infection is becoming a more dominant feature of the epidemic challenge. One speaker explained that if current trends continue the MSM epidemic will become over half of all new infections in APAC by 2026. This means that there will need to be renewed focus across the region on the MSM infection challenge in the years ahead. I would expect this to mean that governments and healthcare systems across APAC will be increasingly devoting more attention to the MSM epidemic.

For Hong Kong the evidence from across the region also provides us with evidence about where we might want to put our focus. Hong Kong's epidemic is increasingly resembling the Australia, US and UK epidemics with its MSM infection rate. We will want to look at how these places are tackling their HIV challenge to see what we can learn from their approaches.

The changing way that people develop relationships and receive information was also a big theme at ICAAP. The use of mobile apps by MSM to connect with sex partners is a trend in many countries. There is skepticism from many about how these apps can be targeted/used to promote safer sexual behaviour. One of the speakers who has developed a dating app explained convincingly that while local healthcare providers should look at making information provision in a format that modern audiences are

familiar with there were some dangers. For example, local organisations are very unlikely to achieve the reach through development of local apps if they are stand alone products. The real route to connecting with large audiences has to be through working with the larger providers to influence them or secure partnerships.

I personally learnt a great deal from the presentations and discussions that I went to. The networking was also very valuable to hear about what platforms are developing. For example, the Asia Pacific Coalition on Male Sexual Health (APCOM) is connecting and supporting initiatives across Asia. I recently discussed with APCOM how Hong Kong might be able to learn from the city-based testing campaign initiatives that are being launched in Bangkok and other cities. APCOM has launched a new strategy setting out their priorities in the coming years. For more information go to www.apcom.org

Another interesting example comes from ACON who were presenting at ICAAP. ACON is the AIDS Council of New South Wales in Australia and AIDS Concern has a twinning arrangement with ACON. They have worked on an impressive public campaign with the title Ending HIV. The campaign has succeeded in mobilising a lot of people in New South Wales and is now being stepped up across Australia. AIDS Concern will be having discussions with ACON about the potential to borrow some of the approaches to see whether they might be useful in Hong Kong.

My previous work before coming to work in HIV a year ago was in the field of Alzheimer's disease – an area which is years behind in terms of the progress on treatment and care that HIV has seen. I reflected on this as I heard people speaking about the frustration they had about not seeing a bigger drop in new infections. In HIV we now have a lot of data and good treatment. The challenge now is to ensure good implementation of what we know so that people are better educated about safer sex and getting tested. For more information about ICAAP please visit www.ICAAP11.org

The Medical Management of HIV/AIDS and Hepatitis

Dr. WONG Ka-hing (Consultant)

Special Preventive Programme, Department of Health

For people working on HIV/AIDS, San Francisco General Hospital is well known for its diagnosis and management of the very first AIDS patients when this new disease then emerged and got recognized in 1981. With this history, the University of California San Francisco has been organizing an eminent training course on HIV/AIDS for HIV clinicians on annual basis, and its 25th course was held from 5 to 7 December 2013. Titled as “The Medical Management of HIV/AIDS and Hepatitis”, this course featured new recommendations, information and understanding on HIV treatment per se and management of many related conditions.

4

Contributed by the advances in promising treatment and emphasis in its prevention and control in US, hepatitis C is quickly emerging as a major infection alone or in HIV positive patients. That’s why hepatitis is a main focus of the course this time and be factored into the title. Updates on the latest approved direct acting drugs and treatment regimen of hepatitis C were given by a few US leading clinicians, as well as the prospect down the road. It would be interesting to follow the development of hepatitis C management at patient level and service level in the future. New antivirals against HIV, monitoring of treatment response, co-morbidities including sexually transmitted infections, metabolic and bone diseases, neurocognitive disorders, mental health, treatment and care cascade, US HIV/AIDS epidemiology, health disparities, and its upcoming Affordable Care Act were amongst the other highlights of the course.

Noteworthy, the course catered for new clinicians with elective, intensive, comprehensive lectures for them to choose. Overall, the course was well-balanced with many case discussions for the audience to apply new knowledge into clinic settings, and to arouse lively interactions. Audiences were saddened to learn about the death of Mr Nelson Mandela, news of which was announced on the second day of the course. The audiences all paid a tribute to Mr Mandela, who was a big figure and have made enormous contributions to AIDS cause not only in South Africa but also the world beyond.

In summary, this is a designated course on the recent advances and update of HIV/AIDS management and care tailored to HIV physicians in the field or newly joined in. It is of different nature as AIDS Conferences which provide a wide array of information and exposure on various fronts of disciplines related to HIV. Nevertheless, such capacity building initiative well suits the clinical training needs of health care providers to keep in pace with the ever-advancing HIV medicine, in turn translating into improvement in practice for the patients. This is important given the continual change in care paradigm of HIV/AIDS as it gradually moves into its third decade of having become a chronic medical condition.

