

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

Empowering women is critical to ending the AIDS epidemic

Message from UNAIDS Executive Director Michel Sidibé on International Women's Day

GENEVA, 8 March 2015 — As we celebrate International Women's Day, world leaders and civil society are gathering in New York to take part in the 59th session of the Commission on the Status of Women. There, they will review the progress made since the adoption 20 years ago of the Beijing Declaration and Platform for Action, which set ambitious targets designed to improve the lives of women around the world. The Platform for Action strived to make sure that women and girls could exercise their freedom and realize their rights to live free from violence, go to school, make decisions and have unrestricted access to quality health care, including to sexual and reproductive health-care services.

In the response to HIV, there have been major advances over the past 20 years and new HIV infections and AIDS-related deaths are continuing to decline. However, in reducing new infections this success has not been shared equally.

In 2013, 64% of new adolescent infections globally were among young women. In sub-Saharan Africa, young women aged 15 to 24 are almost twice as likely to become infected with HIV as their male counterparts. Gender inequalities, poverty, harmful cultural practices and unequal power relations exacerbate women's vulnerability to HIV, but concerted global commitment and action can reverse this.

Twenty years ago, world leaders recognized that gender inequality was a major barrier to women achieving the highest possible attainable standards of health, and that women had unequal opportunities to protect their health and well-being. The Beijing Declaration and Platform for Action recognized fundamentally that the human rights of women include their right to assume control over matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. We should all be concerned that 20 years on, the United Nations Secretary-General's

report on the implementation of the Beijing Declaration underscores unacceptably slow progress in many areas, including the persistent denial of sexual and reproductive health and rights.

The core principles of the Beijing Declaration are at the heart of UNAIDS' commitment to ending the AIDS epidemic. As the world moves towards collectively agreeing global sustainable development goals, we need to reaffirm the commitment that no one is left behind.

UNAIDS has put forward a global Fast-Track Target of reducing HIV infections to less than half a million per year by 2020. Reaching this ambitious target means committing to reducing new infections among women and girls by at least 75% over the next five years. The 90–90–90 treatment targets are also important as AIDS is the leading cause of death globally among women of reproductive age and adolescent girls in Africa. The 90–90–90 treatment targets are: 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status receiving treatment; and 90% of people on HIV treatment having a suppressed viral load so their immune system remains strong and they are no longer infectious.

Ensuring that women and girls are empowered to protect themselves from HIV, to make decisions about their own health and to live free of violence, including violence related to their HIV status, will be crucial to ending the AIDS epidemic by 2030.

UNAIDS Contact

UNAIDS Geneva | Sophie Barton-Knott | tel. +41 22 791 1697 | bartonknotts@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 towards ending the AIDS epidemic by 2030. Learn more at unaids.org and connect with us on Facebook and Twitter.



China leading the way towards ending the AIDS epidemic

Catherine Sozi, UNAIDS Country Director, China

World AIDS Day is a time where people around the world remember, rejoice and recommit. Here in China, many people, institutions, organisations and communities will do the same. Observed on 1 December every year, we remember the millions of people who have lost their lives to AIDS, but we can also rejoice at the incredible progress we have made together. Thanks to our joint efforts, new HIV infections globally have dropped almost 40% since 2001. AIDS-related deaths have fallen by 35% since their peak in 2005.

And now some 30 years since the virus first made headlines, we are making news of a different sort. There is growing consensus that we can end the AIDS epidemic as a public health threat by 2030 by scaling up interventions which have proven to be highly effective. If we act with speed, focus and determination we can avert 28 million new HIV infections and 21 million AIDS-related deaths by 2030. This new hope makes it all the more important for countries and communities to recommit and redouble their efforts, bringing closure to this epidemic which has devastated so many lives. We have a fragile five-year window to break the epidemic for good, or we risk it springing back stronger than before. China as a world leader can lead the way.

China's influence is increasingly seen in many areas including economics, politics, culture and development cooperation. The country is an innovator when it comes to health, making large investments in infrastructure and providing crucial services to the most remote areas of the country and even halfway around the globe in several African countries.

China and Africa have a long history of collaborating on health. A half a century ago, teams of Chinese doctors and nurses showed incredible compassion and commitment and left their families to come to my home continent and provide essential health services. More recently a new generation of Chinese health care workers are risking their lives and providing support to the three African states affected by the Ebola epidemic.

More than a decade ago, China began extending universal health care to its citizens and free HIV testing and treatment very soon became part of the package. The approach to inclusion and leaving no one behind is speeding up social transformation in the country and helping African countries to do the same.

Over the years, HIV programming has responded to the epidemic by investing significant financial resources and human power in all regions of China, resulting in better health for everyone. Efforts to address HIV transmission through blood and blood products have been successful. The harm reduction approaches for people who inject drugs is now



reflected as a global best practice and the epidemic within this population is decreasing. Last year, 110 million people tested for HIV. In addition, millions of condoms were distributed to key populations including female sex workers and their clients and men who have sex with men. China's antiretroviral therapy programme for people living with HIV has been significantly scaled-up with more than a quarter of a million people currently on treatment. The country has also pioneered the innovative "Test and Treat" programme for key populations which makes treatment available to people who test HIV positive as soon as possible, regardless of their immune status. The widespread availability of antiretroviral treatment for people found to be HIV positive has led to a decrease in mortality and a reduction of mother-to-child transmission of HIV transmission rates.

But, to quote Nelson Mandela: "After climbing a great hill, we find that there are many more hills to climb."

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In spite of the hard work that has gone into the programming, the data tells us that China still has lots more to do. There is clear evidence of a significant epidemic among men who have sex with men with increasing trends in HIV prevalence and although fewer babies are being born with HIV, more will need to be done to stop new HIV infections in children. Women living with HIV need to be encouraged to come forward for early antenatal care and to start treatment that will continue right through to delivery and feeding, ensuring that not only the mothers are healthy but their babies are born free of HIV.

As in a lot of other countries, HIV services in China still do not consistently reach some people. Key populations, including gay men and other men who have sex with men, transgender people and people who buy and sell sex are at higher risk of acquiring HIV and need to access effective prevention and treatment services. Stigma and discrimination within the workplace, healthcare setting and even

the home setting impede access to HIV prevention and care services. While China has used its public health infrastructure effectively in delivering services to some of its most populous cities and some of the furthest regions in this county, there is a need to tailor the services to meet the needs of key populations and expand community-based testing and treatment approaches. Health workers and public officials need to create an environment that encourages people who are hard to reach and their families to voluntarily access key services.

Strong commitment from China's top leadership has led to a big expansion in the domestic funding of China's AIDS response and the country has now moved to complete self-sufficiency. However, it is clear that health financing is no longer just about money. China needs to increasingly go beyond its initial success in the roll out of large scale HIV programmes and focus on "how" to reach people who are currently falling through the cracks and all too often not accessing life-saving prevention, treatment and care services.

China's reflections on how to reduce costs and innovations in its health system will benefit many people and the country can demonstrate how strategic approaches to spending can move the world towards ending the AIDS epidemic. After all, China has achieved what many thought was impossible, bringing more than 500 million people out of poverty in just 30 years and rising to become the world's 2nd biggest global economy.

UNAIDS vision for ending AIDS as a public health threat by 2030 can be a reality in China and the lessons learnt from China can re-engineer HIV efforts across the world.

Diagnosis, Care and Management of Persons in HIV/AIDS

LO Mei-kit (Nursing Officer)

Special Preventive Programme, Department of Health

Baltimore is the heart of American healthcare education and opportunity. The Johns Hopkins University was very famous in Baltimore and was established in 1876. With a history over 130 years, it remains a world leader in both teaching and research. In fact, the Johns Hopkins University East Baltimore campus is home to the School of Medicine, School of Nursing, Bloomberg School of Public Health, and the Johns Hopkins Hospital. In spite of the heavy snow in Baltimore in January this year, I had a good opportunity to attend the annual HIV course held by the Johns Hopkins University, School of Nursing which was started from 5 January to 9 January 2015.

The topic of this year was “Diagnosis, Care and Management of Persons in HIV/AIDS”. It attracted 50 participants from different places all around the

world including United States, Singapore, Hong Kong and other countries. Most of them were PhD nursing students in Johns Hopkins University. The other participants were nurses and other healthcare professionals working in HIV fields. The course included various topics conducted by nursing practitioners, doctors, researchers whom were specialized in HIV field and guest speakers from other Universities and Institutes.

Although the guidelines, protocols and treatment mentioned are mostly relevant to our clinical practices in Hong Kong, some special features still worth mentioning. They are the Transgender, Latino and Black community in the United States which are not familiar in Hong Kong.

Special features highlighted

1. Transgender community

In the United States, the transgender men and women mostly experienced psychological problems since adolescence which may easily lead to substance abuse, family rejection, financial problems, violence, sexual abuse, eager for hormonal and surgical treatment. Some of them worked as commercial sex workers because of financial constraint and finally led to HIV infection.

In fact, transgender patients probably had previous negative healthcare experiences. It may be uncomfortable, distressing and even traumatic for a trans person to see a clinician to talk about sexual health. Hence, we needed to pay special attention to the pronouns, using gender neutral terms, establish trust and rapport with them gradually.





2. Latino community

In 2010, there were 220,000 Latinos living with HIV in the United States. Among the Latino community, 114,000 Latino died from HIV and 44,000 unaware of their HIV infection. The obstacles among the Latinos are poverty, lack of knowledge, stigma of HIV/AIDS, cultural barrier, language barrier, intravenous drug use, lack of perceived risk, homosexuality, fear of deportation and unaware of HIV testing. Most of the Latinos are presented late to HIV care. To resolve these problems, the HIV concerned parties had increased outreach services, provided interpretation services, increased HIV testing services, advertisement and publicity on HIV prevention in their language. Hence, there was a significant improvement of testing rates from 40% in 2008 to 60% in 2010.

3. Black community

In Dec 2014, there was estimation on HIV infection of the African-American in the United States. According to the estimation, 1 in 16 black men and 1 in 32 black women were diagnosed with HIV infection. The obstacles are similar to Latinos, such as poverty, homophobia, stigma, lack of knowledge, unaware of health care access.

The HIV infections in Black are more serious than those in Latinos, especially in young Black MSM community. A study in 20 major U.S. cities in Oct 2013 found that 30% of Black gay and bisexual men were infected with HIV, compared to 15% of Latino and 14% of white gay and bisexual men. 31% of Blacks tested late and they had AIDS within 1 year. Besides, the estimated rate of HIV infections for Black women was 20 times that of white women and almost 5 times that of Latino women. However, AIDS was the 5th leading cause of death for all Black men and 7th for Black women ages 25 – 44 in 2010.

Therefore, the community outreach in HIV/AIDS for the African Americans, such as the Black AIDS Institute had increased the services in information dissemination in family, sexual, professional and social network. They also provided training, capacity building, technical assistance, policy making and publicity on HIV prevention. With the community involvement, the new infections among Black women decreased 21% between 2008 and 2010.

Conclusion

This one-week HIV course was very comprehensive and informative in HIV updated issues. There were inter-professional presentations and discussions focus on the biology, epidemiology, and impact of HIV/AIDS, with content including diagnostic testing and management of opportunistic infections, chronic health conditions, and co-morbidities resulting from HIV and its treatment.

In recent years, there was an increasing trend of HIV infected cases reported in ethnic minority in Hong Kong. As HIV healthcare professionals, we should show our respectiveness and establish rapport to the minority groups, such as transgender and different races of HIV infected clients to minimize discrimination and thus establish a harmonious clinical atmosphere.

