

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

PRESS RELEASE

Gelebrate individuality and stand out on Zero Discrimination Day

Embrace diversity, understand and respect our differences, support one another

GENEVA, 25 February 2016 — On 1 March, people around the world will be joining together to celebrate Zero Discrimination Day. This year's theme is Stand Out and encourages everyone to stand for fair and just societies.

Discrimination remains widespread—gender, nationality, age, ethnic origin, sexual orientation or religion can all unfortunately be the basis for some form of discrimination. In only four out of 10 countries worldwide do equal numbers of girls and boys attend secondary school and 75 countries have laws that criminalize same-sex sexual relations.

"When the most marginalized and vulnerable face discrimination and abuse, all of us are diminished," said United Nations Secretary-General Ban Kimoon. "The United Nations is strongly committed to upholding human rights and dignity for all."

Discrimination in health-care settings also continues to be widely reported. Imagine a young woman newly diagnosed with HIV being told by her doctor that she must be sterilized, a sex worker facing violence or abuse from a nurse, a disabled person denied access to proper advice about their sexual health, a gay man frightened of disclosing his sexuality to medical staff, a person who injects drugs dying after being refused treatment or a transgender person attempting suicide after being turned away from a clinic.

Health-care settings should be considered as safe and caring environments, however, such cases are happening too frequently throughout the world. Any obstacles that inhibit access to health-care facilities, including to testing, treatment and care services, must be removed. Access to health must be open to everyone. UNAIDS is partnering with the World Health Organization's Global Health Workforce Alliance to develop a plan for action to end discrimination in health-care settings.

"On Zero Discrimination Day, stand out and stand together for the right to live free from stigma and discrimination," said Michel Sidibé, Executive Director of UNAIDS. "By celebrating diversity, we can transform the future."

On this year's Zero Discrimination Day, people are being urged to value and embrace diversity and recognize the diverse set of talents and skills that each person brings—talents that enrich society and strengthen communities. Welcoming diversity in all its forms reinforces social cohesion and brings valuable benefits to societies around the world.

People can show their support for #zerodiscrimination through drawings, pictures, audio and video. Contributions can be posted on Facebook, Twitter and Instagram to illustrate personal stories about overcoming discrimination. Several artists, designers

and illustrators have created original pieces providing their interpretation of zero discrimination—see @unaidsglobal on Instagram.

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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 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter and Instagram.



HUMAN RIGHTS DAY MESSAGE 2015

10 December 2015

Michel Sidibé

Executive Director of UNAIDS

Under-Secretary-General of the United Nations

The AIDS movement, led by people living with and affected by HIV, continues to inspire the world and offer a model for a people-centred, rights-based approach to global health and social transformation. And yet, today, amid a swirl of competing and complex global concerns, we confront a serious new obstacle: the oppressive weight of complacency. This is happening when we know that if we focus on the places and people most affected by HIV, the world can end the AIDS epidemic as a public health threat.

This moment is, however, fleeting. We have a fragile window of opportunity in which to scale up. Efforts need to intensify in the locations and among the populations at higher risk of HIV, including women, young people, prisoners, sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs.

Too often, laws, policies and practices undermine equitable access to life-changing HIV services for people most affected by HIV. Punitive laws that hinder effective responses to HIV remain widespread. Some 75 countries criminalize consensual same-sex sexual relations, and the vast majority of countries and territories criminalize drug use and sex work.

Ending AIDS by 2030 as part of the Sustainable Development Goals means breaking down prejudice, exclusion, criminalization and discrimination. This will require progress across the entire spectrum of rights: civil, cultural, economic, political, social, sexual and reproductive.

UNAIDS has launched a bold call to action to leave no one behind through the new UNAIDS 2016–2021 Strategy. It is a call to defend the rights of all people. Through the realization of their rights, people being left behind will move ahead, to the very forefront of the journey to end the AIDS epidemic—informed and empowered, mobilized and engaged.

On International Human Rights Day 2015, let us stand together to ensure that all people, living with or without HIV, are able to live their lives to the fullest, from birth to adulthood and into old age, free from discrimination and with dignity and equality.

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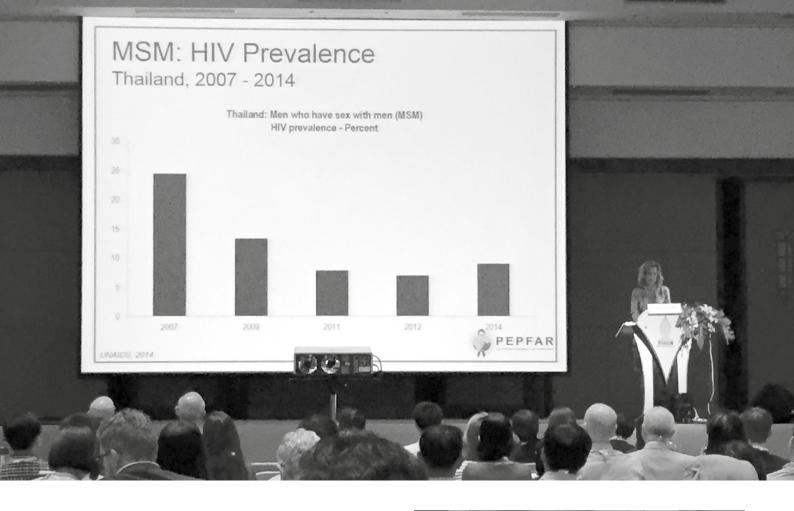
The 18th Bangkok International Symposium on HIV Medicine 2016

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



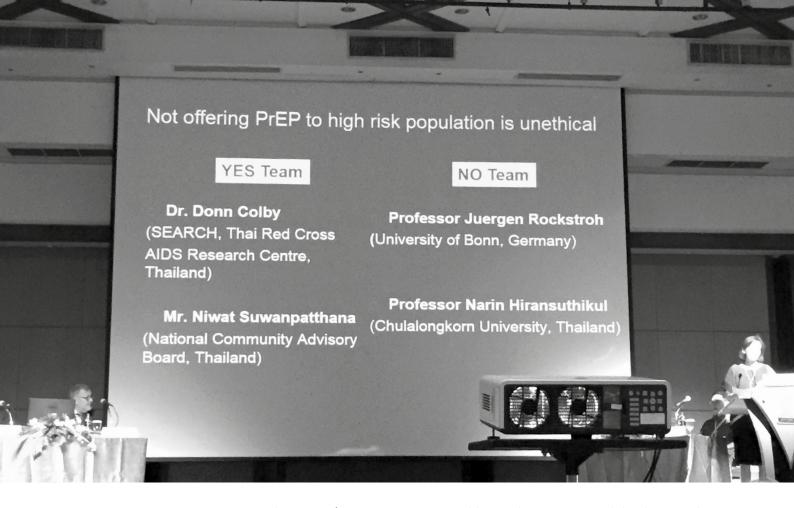
The 18th Bangkok International Symposium on HIV Medicine 2016 was held from 13 to 15 January 2016 at the Queen Sirikit National Convention Centre, Bangkok, Thailand. This symposium was organized by the HIV Netherlands Australia Thailand Research Collaboration every year, with an aim to provide health care workers and the affected community from Thailand and all over the world with a comprehensive and updated review of the HIV care and prevention.

This three-day symposium started with lectures on Cost-effective strategies to end AIDS, Smart use of first line in developing countries, and Future HIV prevention. To continue the efforts of controlling the epidemic under global reduction of funding, the HIV/AIDS strategies should focus on the highest burden areas according to the local epidemiology, and develop innovative evident-based approach to the targeted populations. On one hand, barriers for early HIV diagnosis should be explored from all aspects, not only from the clients' point of view, but also from healthcare providers' point of view and potential barriers within the healthcare system. On the other hand, methods to expand HIV testing, for example, "packaging" for HIV testing with screening for sexually transmitted infections (STIs) and anal Pap's smear for men who have sex with men (MSM), self-testing, were mentioned.



The symposium has put substantial focus on preexposure prophylaxis (PrEP). There was a session of great debate on the topic "Not offering PrEP to persons at high risk for HIV is unethical". The speakers on the "Pros" side supported the topic by substantial scientific evidence on the benefit of PrEP for prevention of HIV among various at-risk populations, whereas the speakers on the "Cons" side defended by pointing out the need to sort out issues on "who and whom to provide" before using PrEP as a mean of HIV prevention, including risk assessment on deciding the "highest risk" among the at-risk populations and whether adequate training has been in place for both healthcare providers and the recipients. It was followed by workshops on PrEP in the next day on different at-risk populations, namely MSM, transgender, serodiscordant couple and injecting drug users.





An important topic on perinatal HIV infection was also touched on in the symposium. In the United States, the goal of elimination of perinatal HIV infection was defined as reducing perinatal transmission to an incidence of <1 infection per 100,000 live births and with a transmission rate of <1 % among HIV-exposed infants. In Thailand, late presentation of HIV-infected pregnant women and poor drug adherence accounted for the majority of perinatal transmission, followed by HIV-infected women seroconverted during later pregnancy or post-partum. To fill the gap, Thailand has implemented

using additional antiretroviral (Raltegravir) as an option for later presenters at or after 32nd week gestation on top of the usual antiretroviral regimen for better outcome of the intervention. In addition, importance of couple HIV testing and counseling for antenatal women has been emphasized.

All in all, the symposium provided a useful platform for healthcare providers and the affected community around the world to gather and exchange experience and insights on HIV care and prevention.

