

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 all women living with HIV to have timely access to cervical cancer screening

GENEVA, 4 February 2017 — On World Cancer Day, UNAIDS is calling for all women living with HIV to have access to information about the human papillomavirus (HPV) and to be offered cervical cancer screening and treatment if necessary.

Cervical cancer is preventable and, if caught early, treatable. However, around half of the estimated 500 000 women who are diagnosed with cervical cancer every year die from the disease. Nine out of 10 women who die from cervical cancer live in low- and middle-income countries. It is projected that this number could double by 2035 if cervical cancer prevention, screening and treatment efforts are not urgently scaled up.

Cervical cancer is the second most common cancer among women living in low- and middle-income countries, and women living with HIV are particularly affected. Women living with HIV are up to five times more likely to develop cervical cancer than women who do not have the virus, highlighting the importance of urgent access to cervical cancer screening, and treatment when needed, for all women living with HIV.

Most cervical cancer is caused by HPV. Women with healthy immune systems are likely to clear an HPV infection over time. However, women living with HIV have compromised immune systems and are far

less likely to be able to clear an HPV infection. HPV infection has also been found to significantly increase the risk of HIV transmission for both men and women.

To effectively reduce deaths from cervical cancer, investments need to be made in health education, HPV vaccination for adolescent girls, screening, together with counselling and information, and access to treatment and care when needed.

The relationship between HPV and HIV offers significant opportunities to reduce the impact of both viruses as existing HIV programmes could play a vital role in expanding cervical cancer prevention, screening and treatment services.

The United Nations Joint Global Programme on Cervical Cancer Prevention and Control and the Pink Ribbon Red Ribbon partnership are examples of successful alliances. Synergies must be leveraged further with a focused and integrated approach to saving women's lives.

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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, Instagram and YouTube.



Press release

On International Women's Day UNAIDS is urging countries to stop 1 million women and girls from becoming infected with HIV every year

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Nearly 1 million women are becoming infected with HIV every year and only half of all women living with HIV have access to lifesaving treatment—making AIDS now the leading cause of death worldwide among women between the ages of 30 and 49.

GENEVA, 8 March 2017 — On International Women's Day UNAIDS has released a new report which shows that there is an urgent need to scale up HIV prevention and treatment services for women and girls. The report, *When women lead, change happens*, shows that globally in 2015, there were 18.6 million women and girls living with HIV, 1 million women and girls became newly infected with HIV and 470 000 women and girls died of AIDS-related illnesses.

"Women are leading change in increasing demand for and access to HIV and health services. This movement needs to grow to allow families to thrive, societies to flourish and economies to progress," said Michel Sidibé, Executive Director of UNAIDS. "Women's rights are human rights—no exceptions."

The report shows that women are more vulnerable to HIV than men. Domestic violence and sexual abuse have been shown to increase the risk of HIV among women. Data show that in high HIV prevalence settings women who experience intimate partner violence are up to 50% more likely to acquire HIV.

A lack of access to education and health services and a lack of decision-making power are also contributing factors to women's vulnerability to HIV. In only 30% of countries worldwide do equal numbers of girls and boys attend upper secondary school and in western and central Africa only a third of young women between the ages of 15 and 24 report having the final say in their own health care. In Botswana, every additional year of school has been shown to reduce the risk of HIV infection by 11.6% among girls.

“Structural, behavioural and biological factors are compounding the risk of HIV infection among women,” said Mr Sidibé. “Every girl should have the opportunity to stay in school, every young woman should have the decision-making power over her own sexual and reproductive health and all women and girls should be able to protect themselves against HIV.”

In the 2016 United Nations Political Declaration on Ending AIDS, countries committed to reducing the number of new HIV infections among adolescent girls and young women from 390 000 in 2015 to below 100 000 in 2020, to ensuring that young people have the skills, knowledge and capacity to protect themselves against HIV and to ensuring that 90% of young people in need have access to sexual and reproductive health services and combination HIV prevention options by 2020. Countries also committed to ensuring that 90% of women living with HIV know their status, 90% of women living with HIV who know their status are accessing treatment and 90% of women on treatment have suppressed viral loads by 2020. These efforts will enable countries to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals.

Reaching the targets will require intensified and united efforts. Combining a range of evidence-informed health services and structural changes will be critical. These include ensuring that girls can go to school and stay in school, that punitive and discriminatory laws are reformed and that women and girls are economically and socially empowered to ensure they have full control of their sexual and reproductive health rights.

Health services also need to be integrated. Making a range of integrated sexual and reproductive health

services available to young women and adolescent girls without discrimination and without the need for parental consent improves access to services for HIV and related illnesses, such as tuberculosis, hepatitis and cervical cancer.

UNAIDS is working with a broad range of partners, including governments, civil society, the United States President’s Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to ensure that women and girls everywhere are empowered and enabled to protect themselves against HIV and that all women and girls living with HIV have immediate access to treatment.

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South Africa launches new plan to advance progress towards ending AIDS

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South Africa has made great strides in its AIDS response—it has the largest HIV treatment programme in the world, with more than 3.3 million people on antiretroviral therapy, funded almost entirely from domestic sources; AIDS-related deaths have declined by more than 55% since 2005; and around 95% of all pregnant women living with HIV in South Africa now have access to medicines to reduce the risk of transmitting HIV to their child.

South Africa is continually striving to do more to stop new HIV infections and prevent AIDS-related deaths and on 31 March launched its third five-year South African National Strategic Plan on HIV, Sexually Transmitted Infections and Tuberculosis (2017–2022). The plan was launched at a special event in Bloemfontein, the judicial capital of South Africa, by Deputy President Cyril Ramaphosa. The Executive Director of UNAIDS, Michel Sidibé, was present at the event to show his support for the new plan.

In the plan are a set of bold and ambitious targets which include reducing new HIV infections from 270 000 to less than 100 000 per year, reducing new tuberculosis (TB) infections from 450 000 to less than 315 000 per year and reaching the 90–90–90 targets—whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads—by 2020.

To achieve the targets the government and partners will use a combination of high-impact programmes in the locations and among the populations most affected by HIV. The plan also outlines a special focus on HIV prevention among adolescent girls and young women, who have the highest rates of new HIV infections in South Africa—100 000 young women became newly infected in South Africa in 2015.

South Africa is also stepping up its efforts to treat TB. Most AIDS-related deaths in South Africa are due to TB, and in recent years South Africa has experienced a new epidemic of multidrug resistant and extensively-drug resistant TB. As part of plans to dramatically

improve adherence and drug resistance issues, the Minister of Health, Aaron Motsoaledi, recently launched a new nine-month drug regimen to treat multidrug resistant TB.

Quotes

“As we launch this third National Strategic Plan, we must remember that in the end it is a plan that belongs to all of us as South Africans. It invites South African leaders from different walks of life to take action to end the epidemics of HIV, tuberculosis and sexually transmitted infections. Defeating the HIV and tuberculosis epidemics is going to rest on all of our shoulders.”

Cyril Ramaphosa **Deputy President, South Africa**

“South Africa is global leader in the AIDS response and has demonstrated that it is possible to go to scale. We can see this in the numbers of people testing for HIV each year, people on HIV treatment and having the right political leadership.”

Michel Sidibé **UNAIDS Executive Director**

“We need to ensure that no one is left behind. The national response is about the people. We can’t do this if we don’t involve people. Our actions will count.”

Steve Letsike **Chairperson, South African National AIDS Council’s Civil Society Forum**

“We need to focus for impact on the districts where the highest HIV burden is. Especially among adolescent girls and young women there are five key things we need to do: keep them HIV-free, keep them in school for longer, eradicate “blessers” through economic empowerment, have zero tolerance for gender-based violence and reduce teenage pregnancies.”

Aaron Motsoaledi **Minister of Health**