

# 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 RELEASE

# Sri Lanka eliminates vertical transmission of HIV and syphilis

**GENEVA/BANGKOK, 13 December 2019**—UNAIDS congratulates Sri Lanka for achieving the elimination of vertical transmission of HIV and congenital syphilis. “Sri Lanka’s remarkable achievement gives me hope and shows that change is possible. It is clear that when a country ensures that services are accessible and stigma-free for women, including for women living with or affected by HIV, results follow that benefit women’s health, their children’s health and society as a whole,” said Winnie Byanyima, UNAIDS Executive Director.

According to the Ministry of Public Health of Sri Lanka, in 2018 all pregnant women diagnosed with HIV started antiretroviral therapy and 97% of pregnant women diagnosed with syphilis received treatment. The country has not reported any case of mother-to-child transmission of HIV

since 2017 and the rate of congenital syphilis has been reduced to less than 50 cases per 100,000 live births in 2017 and 2018.

“The elimination of mother-to-child transmission of HIV is the result of strong political commitment, a successful multisectoral integrated approach built upon the foundations of the public health system and technical expertise,” said Anil Jasinghe, Director General of Health Services in Sri Lanka.

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# Experience Sharing of The European AIDS Conference (EACS) 2019, Switzerland

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The European AIDS Conference (EACS) is a biennial conference organized by the European AIDS clinical society with sessions covering a wide range of topics, including clinical HIV management, public health issues and different preventive strategies. Recent study findings were presented; along with sharing of management experiences and discussions among experts in the field. The conference this time was held from 6 to 9 November 2019 at Basel, Switzerland.

2 The 4-day conference included plenary sessions, parallel sessions and workshops, meet-the-expert sessions and e-poster rounds. There was also a pre-conference workshop scheduled before the conference opening ceremony.

HIV specialists and others engaging in this field from around the world gathered together to share the experiences and latest research findings. Many of us were very excited to see all the advancements in HIV management including new drugs coming out in the pipeline. I particularly remembered a comment made by an European HIV specialist during the session on weight gain associated with the use of integrase inhibitors, he said "I have been in this field for over 2 decades, it surprises me that today we are gathered around talking about weight gain among people living with HIV, who would have thought of this 20 year ago?". Indeed, years ago when HIV was first identified, the treatment focus was on management of opportunistic infections and other AIDS-defining illness. The diagnosis of AIDS

was considered as a death sentence to many. However with all the efforts put into research and drug development, the health outcome of people living with HIV (PLHIV) is much improved. If HIV infection is identified early and there is timely initiation of antiretroviral therapy, the life expectancy of PLHIV can be comparable to their non-HIV infected counterparts. This certainly is not something we would have imagined 20 years ago.

Of course, with the treatment improvement, the goal of HIV management changed from prolonging life expectancy to improving quality of life and preventing other medical illness development. Studies have demonstrated that PLHIV has an increased risk of having other medical conditions, e.g. cardiovascular diseases, osteoporosis, etc. During the conference, there were sessions focusing on caring for these comorbidities in PLHIV. The latest European HIV guidelines have also added a new session on the issues of frailty among HIV infected persons signifying the importance of this emerging issue.

Frailty is a concept that has been gaining awareness in both the geriatrics as well as the HIV medicine. It is not simply aging, but defined as a condition caused by the reduction of homeostatic reserve, exposing individuals to a higher risk of negative outcomes, such as multimorbidity, falls, disability, requirement of nursing home or even death. It reflects one's biological age. Evidence has demonstrated that PLHIV

are at a higher risk of developing frailty at an earlier age, however if identified early, it is also potentially reversible with different measures such as dietary modifications and physical training. During the conference, different caring models for aging PLHIV were presented. Experts shared their experiences and difficulties encountered in taking care of this population. Locally we are also facing an aging HIV population. The percentage of death contributed by non-HIV related causes is also increasing.

Surrounding the conference venue, there flags hanged up, prompting the concept of “undetectable = untransmissible” as well as stopping HIV stigma. Besides academic discussion, the conference was also trying to do some local health education, especially in less discrimination against PLHIV.



## **Innovative WHO HIV testing recommendations aim to expand treatment coverage**

**27 November 2019 News release Geneva, Switzerland**

The World Health Organization (WHO) has issued new recommendations to help countries reach the 8.1 million people living with HIV who are yet to be diagnosed, and who are therefore unable to obtain lifesaving treatment. “The face of the HIV epidemic has changed dramatically over the past decade,” said Dr Tedros Adhanom Ghebreyesus. “More people are receiving treatment than ever before, but too many are still not getting the help they need because they have not been diagnosed. WHO’s new HIV testing guidelines aim to dramatically change this.”

HIV testing is key to ensuring people are diagnosed early and start treatment. Good testing services also ensure that people who test HIV negative are linked to appropriate, effective prevention services. This will help reduce the 1.7 million new HIV infections occurring every year.

The WHO guidelines are released ahead of World AIDS Day (1 December), and the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA2019) which takes place in Kigali, Rwanda on 2-7 December. Today, two thirds of all people with HIV live in the African Region.

The new “*WHO consolidated guidelines on HIV testing services*” recommend a range of innovative approaches to respond to contemporary needs.

- Responding to changing HIV epidemics with high proportions of people already tested and treated, WHO is encouraging all countries to adopt a **standard HIV testing strategy** which uses three consecutive reactive tests to provide an HIV positive diagnosis. Previously, most high burden countries were using two consecutive tests. The new approach can help countries achieve maximum accuracy in HIV testing.
- WHO recommends countries use **HIV self-testing as a gateway to diagnosis** based on new evidence that people who are at higher HIV risk and not testing in clinical settings are more likely to be tested if they can access HIV self-tests.
- The Organization also recommends **social network-based HIV testing to reach key populations**, who are at high risk but have less access to services. These include men who have sex with men, people who inject drugs, sex workers, transgender population and people in prisons. These “key populations” and their partners account for over 50% of new HIV infections. For example, when testing 99 contacts from social networks of 143 HIV-positive people in the Democratic Republic of Congo, 48% tested positive for HIV.
- The use of **peer-led, innovative digital communications** such as short messages and videos can build demand- and increase uptake of HIV testing. Evidence from Viet Nam shows that online outreach workers counselled around 6 500 people from at-risk key population groups, of which 80% were referred to HIV testing and 95% took the tests. The majority (75%) of people

who received counselling had never been in contact before with peer or outreach services for HIV.

- WHO recommends **focused community efforts to deliver rapid testing through lay providers** for relevant countries in the European, South-East Asian, Western Pacific and Eastern Mediterranean regions where longstanding laboratory-based method called “western blotting” is still in use. Evidence from Kyrgyzstan shows that HIV diagnosis which took 4-6 weeks with the “western blotting” method now takes only 1-2 weeks and is much more affordable resulting from policy change.
- Using **HIV/syphilis dual rapid tests in antenatal care as the first HIV test** can help countries eliminate mother-to-child transmission of both infections. The move can help close the testing and treatment gap and combat the second leading cause of stillbirths globally. More integrated approaches for HIV, syphilis and hepatitis B testing is also encouraged.

“Saving lives from HIV starts with testing,” says Dr Rachel Baggaley, WHO’s Team lead for HIV Testing, Prevention and Populations. “These new recommendations can help countries to accelerate their progress and respond more effectively to the changing nature of their HIV epidemics.”

At the end of 2018, there were 37.9 million people with HIV worldwide. Of these, 79% had been diagnosed, 62% were on treatment, and 53% had reduced their HIV levels through sustained treatment, to the point at which they have substantially reduced risk of transmitting HIV.