AIDS-free by 2030

What is the issue?

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- In July 2000, the UNSC adopted **Resolution 1308,** calling for “urgent and exceptional actions” to mitigate the threats posed by HIV/AIDS.
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- As the **first disease to be the subject of a UNSC resolution,** the exceptional status of HIV/AIDS has brought about unprecedented levels of international funding allocated primarily in developing countries where responses to the disease have been scarce.
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What happened then?

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- While the exceptional approach to HIV/AIDS was warranted in the earlier stages of responses at the national level, it has become **increasingly ineffective over time.**
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- The **overdependence on international assistance,** coupled with the overwhelming policy preference towards HIV/AIDS, has resulted in the marginalisation of other pressing health threats such as malnutrition.
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- Most importantly, there has been a stagnating and even declining trend of HIV/AIDS international financial assistance in recent years.
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- In light of the continuous economic boom in India and China, international funding agencies now argue that these countries should be donors instead of recipients of HIV/AIDS-specific grants.
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- Without renewed and increased commitment from international donors and recipient governments, the sustainability of future national HIV/AIDS programmes is in doubt.
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What India is doing now?

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- In response to the changing global health agenda, most of these countries are prioritising the integration of HIV/AIDS programmes into existing health-related systems.
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- An integration of HIV/AIDS interventions and primary health-care systems has taken place in India from 2010 onwards.
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- For instance, six components of the National AIDS Control Programme **(NACP)-III** merged with the NRHM in 2010.
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- The integration of HIV/AIDS responses under the umbrella health system is ongoing in the NACP-IV.
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- At the 2016 high-level meeting at the UNGA, India pledged to follow targets towards ending HIV/AIDS as a public health threat in the next five years, and **ending the epidemic by 2030.**
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- India is now playing a larger role in funding its HIV/AIDS programmes, two-thirds of the budget for the NACP-IV is provided by the Government of India and comes from the domestic budget.
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- Indian HIV/AIDS programmes have progressively become less dependent on foreign assistance.
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- But in order to ensure the sustainability of the HIV/AIDS interventions, continuous integration of HIV/AIDS programmes into a larger health system is required.
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What could be done?

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- If the goal of ending HIV/AIDS in India by 2030 is to become reality, there not only has to be an **increase in budgetary allocation** to public health care but also a more **concentrated effort to increase AIDS awareness.**
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- Evidence suggests that many people suffering from HIV/AIDS in Asia lack the awareness that they test positive.
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- Certain levels of **AIDS exceptionalism should be maintained** when we perceive ending HIV/AIDS as a means to an end.
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Source: The Hindu

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