Anti-AIDS fight

What is the issue?

- The UN Sustainable Development Goals (SDG) set a target of ending the epidemics of AIDS, Tuberculosis and Malaria by 2030 (SDG 3.3).
- There is a slowdown in achieving the AIDS target and this call for a renewal of political commitment, finances and engagement.

What is the indicator used to track progress?

- The key indicator chosen to track progress in achieving the target for HIV-AIDS is the **number of new HIV infections** per 1,000 uninfected population, by sex, age and key populations.
- In the terminology of HIV prevention and control, the phrase "key populations" refers to:
    1. Men who have sex with men;
    2. People who use injected drugs;
    3. People in prisons and other closed settings;
    4. Sex workers and their clients, and transgender persons.

How the gaps should be bridged?

- Infusing energy and urgency into global efforts to combat AIDS and complement the prevention target set by the SDGs is needed now.
- For this, an ambitious treatment target was adopted through UNAIDS, the UN agency that coordinates the battle against HIV.
- That is the **90-90-90 target** which stated that by 2020,
    1. 90% of those living with HIV will know their HIV status,
    2. 90% of all people with diagnosed HIV infection will receive sustained anti-retroviral therapy and
    3. 90% of all people on such therapy will have viral suppression.
- **Gaps** - The gaps that are to be bridged are in detection, initiation of drug therapy and effective viral control.
- This is to be done to reduce infectivity, severe morbidity and deaths from undetected and inadequately treated persons infected with HIV, even as prevention of new infections was targeted by SDG 3.3.
- **Slowdown** - There has also been a slowdown in progress in the global battle against AIDS which seems to place the targets out of reach.

- So, a fresh surge of high-level political commitment, financial support, health system thrust, public education, civil society engagement and advocacy by affected groups is needed.

What are the high points?

- Between 2000 and 2018, **new HIV infections reduced** by 37%.
- HIV-related deaths fell by 45% due to Anti-Retroviral Therapy (**ART**).
- The wide availability of **effective drugs in generic versions** generously made by Indian generic manufacturers, led by Yusuf Hamied.
- A rush of **public and private financing** flowed forth in a world panicked by the pandemic.
- Ignorance and stigma were vigorously combated by coalitions of HIV-affected persons who were **supported by enlightened sections** of civil society and the media.
- **UNAIDS report** - Of the 38 million persons now living with HIV, 24 million are receiving ART, as compared to only 7 million nine years ago.

What are the low points?

- There is a **fall short in achieving the 90-90-90 target** set for 2020.
- There are **gaps in service provision,** and due to which many HIV-affected persons died and were newly affected.
- There are worryingly **high rates of new infection** in several parts of the world, especially among young persons.
- While improvements have been noted in Eastern and Southern Africa, Central Asia and Eastern Europe have had a setback.
- **Risk** of acquiring HIV infection is higher for homosexual men, intravenous drug users, sex workers and transgender persons.

What are the reasons for the slowdown in progress?

- The success achieved in the early part of this century was through a determined global thrust against the global threat.
- This led to a **complacent assumption** of a conclusive victory.
- **Improved survival rates** reduced the fear of what was seen earlier as dreaded death and pushed the disease out of the headlines.
- The **information dissemination blitz** did not continue to pass on the risk-related knowledge and strong messaging on prevention-oriented behaviours to a new generation of young persons.
- **Vulnerability of adolescent girls** to sexual exploitation by older men.
- Domineering male behaviours inflicting HIV infection on **unprotected women** have been seen as factors contributing to new infections.

- Even the improved survival rates in persons with HIV bring forth other health problems that demand attention.

Why is there a need for vigil in India?

- Now, there is a decline in the number of HIV infections and HIV-related deaths in India.
- The Indian experience has been more positive but still calls for continued vigilance and committed action.
- The total number of persons affected in India is estimated to be 21.40 lakh, with females accounting for 8.79 lakh.
- Nine States have rates higher than the national prevalence figure.
- Assam, Mizoram, Meghalaya and Uttarakhand showed an increase in numbers of annual new infections.

What could be done?

- The strength of India's **National AIDS Control Programme**, with a strong combination of prevention and case management strategies, must be preserved.
- Drug treatment of HIV is now well founded with an array of established and new anti-viral drugs.
- Success in our efforts to reach the 2030 target calls for resurrecting the combination of political will, professional skill and pan-society partnerships.
- **Community wide coalitions** are needed even as highly vulnerable sections of the community are targeted for protection in the next phase of the global response.

Source: The Hindu

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