
EDITORIAL**The role of communities in driving progress towards ending AIDS***Supriya Satish Patil**Executive Editor, Journal of Krishna Institute of Medical Sciences University,**Krishna Vishwa Vidyapeeth (Deemed to be University), Malkapur, Karad-415339 (Maharashtra) India*

Recognized as an emerging disease only in the early 1980s, Acquired Immunodeficiency Syndrome (AIDS) has rapidly established itself throughout the world. AIDS has evolved from a mysterious illness to a global pandemic which has affected tens of millions people. Human Immunodeficiency Virus (HIV) is major global public health issue. There were an estimated 39.0 million (33.1–45.7 million) People Living with HIV (PLHIV) globally with around 6.5 million people in Asia and Pacific. In 2022, 630,000 (480,000–880,000) people died from HIV-related causes and 1.3 million (1.0–1.7 million) people acquired HIV [1]. World Health Organization (WHO), the Global Fund and Joint United Nations Programme on HIV/AIDS (UNAIDS) all have global HIV strategies that are aligned with the Sustainable Development Goals (SDG) target 3.3 of ending the AIDS epidemic by 2030. By 2025, 95% of all PLHIV should have a diagnosis, 95% of those should be taking lifesaving Antiretroviral Treatment (ART) and 95% of PLHIV on treatment should achieve a suppressed viral load for the benefit of the person's health and for reducing onward HIV transmission. In 2022, these percentages were 86% (73–>98%), 89% (75–>98%) and 93% (79–>98%), respectively. When considering all PLHIV, 86% (73–>98%) knew their status, 76% (65–89%) were receiving ART and 71% (60–83%) had suppressed viral loads [2].

In India the number of PLHIV was estimated at 24.67 lakhs. Adults (15+ years) were estimated to account for 97% (23.99 lakhs) of the total infections, while children (0–14 years) were estimated to account for 3% (0.68 lakh) of the same. Young people (15–24 years) were estimated to account for 7% (1.70 lakhs) of the total PLHIV cases. Adult male and female populations accounted for 53% and 44% of the total estimated PLHIV, respectively [3]. The vision of the National AIDS Control Organization (NACO) is paving the way for an AIDS free India through attaining universal coverage of HIV prevention, treatment to care continuum of services that are effective, inclusive, equitable and adapted to needs. The goals remain those of the 'Three Zeros' - i.e. zero new infections, zero AIDS-related deaths and zero discrimination which form the basis of this strategic plan. The focus of the national programme will be on achieving 80% reduction in new HIV infections, 90-90-90: 90% of those who are HIV positive in the country know their status, 90% of those who know their status are on treatment and 90% of those who are on treatment experience effective viral load suppression, elimination of mother-to-child transmission of HIV and syphilis, and elimination of stigma and discrimination [4].

From fighting stigma and discrimination, to advocating for access to affordable interventions, and community led services that put people with lived experience at the centre, communities have shaped the HIV response for decades. Several decades of investments and learnings from the HIV epidemic have catalyzed broader advancements in global health and national health systems. The response to HIV strengthened healthcare systems and increased access to services beyond HIV testing and treatment.

Innovations in HIV tools, such a powerful once a day pill for HIV treatment and accessible viral load testing, have enabled significant progress. The fact that people living with HIV, who take their HIV treatment as prescribed and have no virus detectable in their blood, have zero risk of transmitting HIV to their sexual partners. Funding, criminalization, and limitations placed on the roles of community champions hinder the progress achieved by community leaders and slow global progress to ending AIDS as a public health threat. Many communities, such as key populations of men who have sex with men, transgender people, sex workers, people who use drugs, and adolescents, still lack access to the prevention, treatment, and care services that they need and deserve. These inequalities continue to drive the uneven progress of HIV response. Partnership with people living with and affected by HIV is critical to the sustainability and ultimate success of the HIV response.

Let communities lead [2]

The world can end AIDS, with communities leading the way. Communities connect people with person-centered public health services, build trust, innovate, monitor implementation of policies and services, and hold providers accountable. But communities are being held back in their leadership. Funding shortages, policy and regulatory hurdles, capacity constraints, and crackdowns on civil society and on the human rights of marginalized communities, are obstructing the progress of HIV prevention and treatment services. If these obstacles are removed, community-led organizations can add even greater impetus to the global HIV response, advancing progress towards the end of AIDS.

World AIDS Day 2023 will highlight to unleash the full potential of community leadership to enable the end of AIDS. Communities' leadership roles need to be made core in all HIV plans and programmes and in their formulation, budgeting, implementation, monitoring and evaluation. Leadership roles need to be fully and reliably funded to enable the required scale up, and be properly supported and remunerated. Barriers to communities' leadership roles need to be removed. An enabling regulatory environment is needed which facilitates communities role in provision of HIV services, ensures civil society space, and protects the human rights of all, including the marginalized communities, to advance the global HIV response.

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***Author for Correspondence:**

Dr. Supriya Satish Patil, Executive Editor, Journal of Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth (Deemed to be University), Malkapur, Karad-415339, Maharashtra
Email: executiveeditor@jkimsu.com Cell: 9423867401

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