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On the Way to Eradicate AIDS in 21st Century: Challenges and Emerging Issues

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India has the second highest burden in the world after South Africa and Nigeria so for as the HIV/AIDS cases are concerned.[1] India has an estimated 2.5 to 3.1 million people living with HIV/AIDS (PLWH) including children under 15 years and those aged 50 and beyond as per the National AIDS Control Organization (NACO) and UNAIDS.[2] India is a country with 35 states and out of that figure, six states have been documented to have HIV antenatal prevalence greater than 1%, viz, Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka, Manipur, and Nagaland. The adult HIV prevalence is 0.36% and the majority of HIV infections are in men aged 15 to 44 years. Nearly 40% of PLWH in India are women.[3] In case we analyse the molecular epidemiology of pediatric HIV, it is very less, but what we do know is it is primarily HIV-1 and that subtype C accounts for the majority of infections. Subtype A and B are reported but the numbers are quite small. Although HIV-2 has been reported, the numbers are also unknown. In Africa it's subtype A and C that predominate. They have slightly higher prevalence of HIV-2. Most of transmission among children with HIV in India is primarily mother to child, or vertical transmission which accounts for approximately 82% of all children in India infected with HIV. It is estimated that some 70,000 children below the age of 15 are infected with HIV and 21,000 children are infected every year through mother-to-child transmission (NACO estimates 2007).

The universal access to comprehensive health services is focused to address six needs: voluntary counseling and testing, prevention of HIV transmission, prophylaxis against opportunistic infections (OI), diagnosis and treatment for OIs and neoplasm's, anti retroviral therapy (ART), palliative care and health care infrastructure and capacity to provide quality care.[4] We have noticed that encouraging progress has been seen in scaling up services of the India's National AIDS Control Programme for Prevention, Treatment, Care and Support over the last decade, but gains are fragile and will be short-lived if not sustained, so the imperative remains to achieve better combined prevention approaches and to reach out to people most affected by the virus for whom services are often out of reach and for whom stigma and discrimination are daily companions. The marginalized populations face much more stigma and access to the services is giant challenge. The AIDS exceptionalism led to unwarranted support for fighting the war. But the thirty years down the lane, with a global recession leading to drying of funds for AIDS and dependency crisis unfolding-millions especially in Africa are without access to essential life saving medicines.

It has been observed that openness to learnings from field rather than central consultations of elite, who rarely are in touch with ground situation. Having a realistic plan driven by the PLHA community, with ownership and community based monitoring is need of the hour for effective programme implementation. Who will bell the cat? Community care centres were closed but the ground reality is that hospital staff attitudes leave a lot wanting; devoid of human touches and people need short stay home facility when the PLHA tread from remote area in hill terrain to ART centre and have to wait for up-to three days for their tests and results, with accessibility

getting difficult.[5] Bureaucracy is still boggled with its templates and sheets. Who will create the enabling space for the affected communities to step in and take charge?

Certainly, the country has an increasing population of children living with HIV/AIDS (PLWH) and those who have lost either one or both parents to an AIDS related illness. However, there are no official estimates available on children affected and orphaned by HIV and AIDS in India and that too in Africa. There is a lot unabridged gap between children orphaned and their back up services. Hence, there is a need to strengthen the support systems for PLWH and children affected by AIDS. Despite advantages and disadvantages of community foster care in India, still it is one of the options open for orphaned children who are vulnerable to sexual abuse and exploitation.[6] Also, to control this, minimum standards of care and protection need to be established for Institutional and community-based foster care systems. Despite the hype around the issue, it is still a taboo issue. Too many people still feel embarrassed to talk condom, get condom and negotiate safer behaviors. Youth are still into risk taking attitude and fall prey to drugs and risks. How can we engage youth if we focus only on the negative possible consequences of sexual behaviors and spend no time talking about the positives? Engaging and tapping the powerful energy of the over 35% adolescents and youth, the demographic dividends of the great Indian population constructively is an enormous challenge.

We have "n" number of challenges and emerging issues now in 21st century; right from epidemiology of disease to treatment to social rehabilitation of the victims. Despite all advances in anti retroviral therapy (ART), quality of life for PLHA is an unquestionably **grey area.** There is loss down the cascade from detection, to treatment, to effective viral suppression. We are unable to address psychosocial issues, depression and mental health comorbidities of PLHA. This leads to people missing out meds and dangerous drug resistance emergence. Instead of numbers of individuals on treatment, we should begin to evaluate treatment centers by the numbers of individuals who have been retained in care, consistently take their medications and achieve successful, long-term control of their HIV infections. Comorbidities like Hepatitis-C are still unaddressed. Staff has been seen to be demoralized with lack of salary hikes and attrition of trained good manpower is bound to occur. Improving the quality of counseling and care is a tremendous challenge. We can cure physical diseases with medicine, but the only cure for loneliness, despair, and hopelessness is LOVE and empathetic human touches. The fear and misconceptions can only be addressed by open talk. Let's demystify HIV/AIDS so that people feel comfortable talking about as to how to protect themselves. How to talk, age appropriate AEP modules development and its positive implementation is also one of the tremendous challenges. Last but not the least, we need to work with renewed zeal towards "beginning of the end of AIDS"- point at which the number of people newly added to treatment and retained in effective care outpaces the number of people newly infected with HIV in a given year. For this domestic spending on HIV needs a boost. Social rehabilitation will also find a forceful way out.

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