

Tackling HIV

A new report from the Joint United Nations Programme on HIV/AIDS (UNAIDS) bears good news for the global war against the syndrome. Between 2010 and 2017, several countries made rapid progress in reducing HIV incidence and getting antiretroviral therapy to patients. Today, three out of four people with HIV know their status, and 21.7 million get treatment. While the largest reduction in incidence came from eastern and southern Africa, Asia also made gains. India, in particular, brought down the number of new cases and deaths by 27% and 56%, respectively, between 2010 and 2017. As the UNAIDS report says, some satisfaction is warranted. This applies also to India, which has done a few things right. For example, tuberculosis is the biggest killer of HIV patients across the world. India is now able to treat over 90% of notified TB patients for HIV. Social stigma surrounding AIDS-infected people in India, while high, is declining slowly too. Survey data show that in the last decade, the number of people unwilling to buy vegetables from a person with HIV came down from over 30% to 27.6%. But even as India celebrates such progress, it is important to be mindful of the scale of the challenge. With 2.1 million cases, India is among the largest burden countries in the world. And there are critical gaps in its strategy.

The UNAIDS report points out that a country's laws can legitimise stigma and give licence to the harassment of groups at the highest risk of HIV. These include men who have sex with other men, people who inject drugs, and sex workers. Indian laws don't do well on this count. The Immoral Traffic (Prevention) Act criminalises several aspects of sex work, while Section 377 of the IPC criminalises gay sex. Studies show that fear of prosecution under such laws prevents homosexual men, drug-users and sex workers from seeking HIV screening and treatment. As a result, these groups lag behind average treatment rates, although their requirements are higher. According to a 2017 UNAIDS report, for example, awareness of their HIV status among men who have sex with other men was 41% in India; 52% of those who knew their status were receiving treatment, and of these, 83% had suppressed viral levels. These are troubling patterns. If India is serious about tackling HIV, it must find ways to reach such groups. Short of changing the law, the Centre can consider targeted interventions. An experiment in Karnataka, between 2004 and 2011, finds favourable mention in the report. It shows that sensitising police personnel and educating female sex workers can greatly reduce arbitrary police raids and arrests. As the UNAIDS report emphasises, the right to health is universal. India must take note of this to ensure that no one is left behind in the fight against HIV.

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