

# TAPPING THE POTENTIAL OF COMMUNITIES TO END AIDS

Relevant for: Developmental Issues | Topic: Rights & Welfare of People with HIV-AIDS - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

The UN Sustainable Development Goals include ensuring good health and well-being for all by 2030. This includes the commitment to end the AIDS epidemic. In many countries, continued access to HIV treatment and prevention options are reducing AIDS-related deaths and new HIV infections. But there are still too many countries where AIDS-related deaths and new infections are not decreasing fast. In fact, they are rising in some cases, though we know how to stop the virus. Why are some countries doing much better than others?

Success is being achieved where policies and programmes focus on people, not diseases, and where communities are fully engaged from the outset in designing, shaping and implementing health policies. This is how real and lasting change is achieved and this is what will reduce the devastating impact of AIDS. Adopting the latest scientific research and medical knowledge, strong political leadership, and proactively fighting and reducing stigma and discrimination are all crucial. But without sustained investment in community responses led by people living with HIV and those most affected, countries will not gain the traction necessary to reach the most vulnerable. And only by doing that can we end the AIDS epidemic. Community services play varying roles depending on the context. They often support fragile public health systems by filling critical gaps. They come from — and connect effectively with — key populations such as gay men, sex workers, people who use drugs, and transgenders. They provide services that bolster clinic-based care and they extend the reach of health services to the community at large. They also hold decision-makers to account.

Miles to go: self-care medical interventions

By signing the 2016 UN Political Declaration on Ending AIDS, countries affirmed the critical role that communities play in advocacy, coordination of AIDS responses and service delivery. Moreover, they recognised that community responses to HIV must be scaled up. They committed to at least 30% of services being community-led by 2030. However, most countries are nowhere near reaching that commitment. And where investment in communities is most lacking, there is often weaker progress being made against HIV and other health threats.

All over the world, communities are demonstrating time and again that they can, and do, deliver results. Since the beginning of the epidemic in India until now, communities have been the most trusted and reliable partners for the National AIDS Control Organization and the Joint UN Programme on HIV/AIDS. They are fully engaged in many aspects of the National AIDS Response, including prevention, care, support and treatment programmes. There are over 1,500 community-based organisations reaching out to key populations. In India, there are around 300 district-level networks of people living with HIV which are supporting treatment programmes through psychosocial support, treatment literacy and adherence counselling.

Scoring on health: on Health Index 2019

Our communities present us with a lot of untapped potential. Unleashing this is the key to gaining the momentum we need to make faster progress towards reaching UNAIDS Fast-Track targets. The more we invest in communities, the closer we get to ending the AIDS epidemic.

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