Editorial

Global HIV epidemic has emerged as a formidable challenge to public health, development and human rights. Since the beginning of the epidemic, approximately 30 million people have lost their lives due to HIV related causes. These deaths mean an incalculable loss of human potential and are associated with enduring trauma for the community, particularly for the loved ones in the individual households. Hence, HIV/AIDS causes significant emotional and psychological costs at individual and household levels.

Year 2010 is the targeted timeline for providing universal access to HIV prevention-treatment-care & support continuum by adhering to rights based approach. Obtaining essential health care services by the needy people is regarded as a fundamental human right. The provision of treatment care and support to people living with HIV/AIDS is also considered as one of the most important approach in HIV/AIDS prevention. Hence, the entire world has been focusing on various aspects of HIV prevention in order to halt and reverse the HIV epidemic by 2015 as per the Millennium Development Goal-06.

According to the latest data of UNAIDS, the estimated number of persons living with HIV/AIDS in the world in 2009 was 33.3 million. South Asia had an estimated number of 2.45 million HIV positive people in 2009. An estimated 2.6 million uninfected persons in the world became infected during the year 2009 and 1.8 million died due to HIV/AIDS related causes in the same year. For the first time in the 30 year history of HIV/AIDS Pandemic, UNAIDS declared that the world has halted the epidemic and begun to reverse it. However, we have to understand that the epidemic in South Asia can not be reversed without an effective, efficient and realistic programme on reducing the rate of new infections.

Prevention of HIV remains the mainstay of the global, regional and national responses. However, only 50% of countries in the world with targets for universal access have targeted for HIV prevention strategies in 2010. This means, many people at risk of HIV infection lack meaningful access to tailored prevention services. Countries with different epidemic patterns will require tailor-made national response to achieve successful HIV prevention. Some countries adopt to use data on modes of transmission as the basis for formulation of evidence-based prevention programmes. This model proves to be helpful in developing action plans to stop occurrence of new infections and also to prioritize the allocation of limited resources.

The HIV prevention programmes are said to be effective when they have been planned and implemented by considering the following aspects of the epidemic:

1. Better knowledge on most at risk populations in the locality:

HIV epidemic in Asia is fuelled by unprotected paid sex, sharing contaminated injecting instruments by injecting drug users and unprotected sex among men who have sex with men.

The largest infected population consists of men who buy sex and most of them are married or awaiting marriage. This means, a significant number of women who often are perceived as low-risk, are at significant risk of infection. Therefore, countries need to look deeply at individual epidemic pattern to plan their prevention activities.

2. Addressing contextual factors:

To make a difference, the prevention programmes should address not only risk factors but also the factors recognized as important in prevention of HIV new infections such as cultural expectations of men and women, violence against women and girls, power differences in intimate relationships etc.

Therefore, the prevention strategies should adequately address the social norms that make risky behaviours acceptable, in order to reduce the occurrence of new infections effectively.

3. Focus on identified high burden areas:

Each country needs to focus on the geographical distribution of the areas where most new infections are likely to occur in order to achieve the success in curtailing new HIV infections.

4. Increasing and sustaining resource allocation for HIV prevention:

The entire world is focusing on "virtual elimination of mother-to-child transmission of HIV" to prevent babies from being born with HIV. The countries have to increase and sustain funding for prevention aspects of the HIV programmes which may not only eliminate mother-to-child transmission of HIV but also eliminate the newborns become orphans because of HIV.

In many parts of the world, funding aimed at most at risk populations is inadequate and not on par to their contribution to new infections. Sometimes, funding does not support the most important contextual factors. The sources of new infections are different in different countries in the world. In Nepal, approximately 41% of reported HIV positives are seasonal labour migrants returning from India and another 21.5% of reported positives are spouses of those migrants in rural areas. In Uganda, a study on mode of transmission found that significant HIV transmission has occurred among married cohabiting couples. That study finding has paved the way for a special campaign to promote HIV Counseling and testing among couples in Uganda.

HIV prevention needs a strong leadership. A leadership that is robust enough to address the harmful social norms and practices. The leadership should be able to mobilize communities to take collective responsibility of HIV prevention and its sustainability overtime because HIV/AIDS means struggling with the triple burden of disease, stigma and poverty. So, let us mark the beginning of a massive campaign on this World AIDS Day 2010 among South Asians to urge them to safeguard their health in turn to see a HIV/AIDS free SAARC Region by halting and reversing HIV/AIDS epidemic by 2015.