The world has made significant progress in addressing the Human Immunodeficiency Virus (HIV), preventing new infections and reducing Acquired Immunodeficiency Syndrome (AIDS)-related deaths over the past decade. A critical turning point for the global community was in the year 2001 when member states signed on to the Universal Declaration of Commitment on HIV/AIDS. This was followed by declarations on HIV/AIDS in 2006 and, later, in 2011 at the United Nations General Assembly Special Session on HIV/AIDS. These global milestones were accompanied by clear commitments and goals which, together, paved the way for countries to reinforce and scale-up the AIDS response in the last fifteen years. Additional investment in resources, innovation and communities accelerated the progress. Advances were also made in science and technology resulting in expansion of HIV prevention, treatment and care services. The increased access of people to services has been critical for paving the way for declining HIV trends in most parts of the world.

Global Overview to the AIDS Epidemic

While notable progress in the AIDS response has been made at the global level, areas where further focus is needed have also been identified:

Areas Where Further Focus is Needed

- The bulk of the epidemic is concentrated in 15 countries that account for more than 75% of the new infections that occurred in 2013.
- Twenty-two million, or three of five people living with HIV, are still not accessing ART. Three of four children living with HIV or 76% are not receiving HIV treatment.
- In 2012, people living with HIV accounted for 1.1 million (13%) of the estimated 8.7 million people who developed TB globally.
- Of the 35 million people living with HIV, some 2-4 million also have hepatitis B infection and 4-5 million people hepatitis C infection.
- There are 12.7 million people who inject drugs, and 13% of them are living with HIV.
- Same-sex sexual acts are criminalised in 78 countries.

Overview In India

India has significantly reversed its AIDS epidemic from 2000 to 2011 due to sustained prevention efforts focusing on key populations, in particular in six higher prevalence states that previously accounted for the bulk of the epidemic. This led to a major reduction in estimated number of new HIV infections at national level.

- Number of adults newly infected with HIV declined by 57% from 2000 to 2011.
- HIV prevalence among adults declined from 0.41% in 2001 to 0.27% in 2012.
- Introduction of ART in India in 2004 and scale-up of these services resulted in declining mortality. By September 2014, 810,000 persons were on ART.
- 2013 WHO guidelines for treatment were adopted this year for enabling earlier initiation to treatment for people living with HIV.
- For the elimination of mother-to-child transmission of HIV, multi-drug regimen for preventing vertical transmission and a policy decision to secure universal geographic coverage were adopted in 2014.

While HIV declined at the national level, there is evidence of diverse trends and, in states and localities previously known to have low prevalence, vulnerabilities are increasing. Latest national surveillance data has indicated a rise in the epidemic in certain previously moderate to low prevalence states from 2007-11 onwards where, earlier, the epidemic was non-existent. People who inject drugs have emerged as a highly vulnerable population with HIV prevalence noted at high levels particularly in certain states, as well as transgender and men who have sex with men.

India’s National AIDS Control Organisation (NACO) in the Ministry of Health and Family Welfare has established a robust system for strategic information and monitoring, which allows for relatively advanced tracking of the epidemic and programmatic performance. This system is continuously improving particularly through revision and expansion of the information management system, expansion of surveillance and an ambitious plan for research and evaluation, and lastly the generation of HIV estimates on key indicators for each of the States or Union Territories.

Despite the many gains, in absolute terms, many challenges remain. India still accounts for an important proportion of Asia’s HIV epidemic and has the largest proportion of treatment needs for ART and prevention of mother-to-child transmission (PMTCT). In 2014, it should be noted that the country was also undergoing transition in certain public sectors and operating procedures which, in the context of AIDS, resulted in what it is hoped will be short term gaps in service-provision in life-saving prevention, treatment and care mechanisms.

Accelerating the AIDS Response

While recognising gaps in the overall AIDS response, and conditions that may inhibit access to quality HIV prevention, treatment, care and support services, it has
taken the world over 10 years to achieve the level of momentum that it has. There is a strong global consensus that the tools now exist to end the AIDS epidemic. Advances in HIV science and operational innovations over the past years add hope for future progress. All HIV infections may not disappear in the near future, but the AIDS epidemic can be ended as a global health threat.

Fast-Track Targets
To accelerate progress towards ending the epidemic, new Fast-Track Targets (Figure 1) have been established for the post-2015 era as time-bound targets, to push forward progress, promote accountability and unite diverse stakeholders in achieving common goals. These targets aim to transform the vision of securing Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths into concrete milestones.

Figure 1: Fast-Track Targets for Ending the AIDS epidemic

<table>
<thead>
<tr>
<th>by 2020</th>
<th>by 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>90–90–90 Treatment</td>
<td>95–95–95 Treatment</td>
</tr>
<tr>
<td>ZERO Discrimination</td>
<td>ZERO Discrimination</td>
</tr>
</tbody>
</table>

There is a global consensus to aim for: 90% of people living with HIV know their HIV status, 90% of people who know their status receive treatment and 90% of people on HIV treatment have a suppressed viral load so that their immune system remains strong and they are no longer infectious. These 90–90–90 targets apply to children and to adults, men and women, poor and rich, in all populations – with even higher levels needed to be achieved among pregnant women. These new targets would need to be reached by 2020 and the subsequent expansion in investment in prevention will be critical for the hope of ending AIDS in 2030. Zero discrimination is a key target grounded in human rights based on an approach of ‘leaving no one behind’, which, if achieved, would significantly improve health outcomes.

Next few years are critical
Quickening the pace to achieve the Fast-Track Targets in the next few years is critical to reversing the AIDS epidemic by 2020. In contrast, continuing with business as usual, means the epidemic could rebound representing a serious threat to the world’s future health and well-being. There will likely then be a heavy human and financial toll of increasing demand for ART and expanding costs for HIV prevention and treatment. Quickening the pace over the next five to six years is pivotal to global prospects for bringing the AIDS epidemic to an end.

Focus in India
The Fast-Track approach emphasises the need to further prioritise focus on specific geographies – such as specific states and districts, large cities, and communities – most affected by HIV, and recommends that investments be concentrated on areas of work with the greatest impact. The importance of reaching people most affected by HIV is the key to ending the AIDS epidemic as is enabling access to HIV services for those most in need. Thus, Fast-Tracking the national response will require sustaining extensive mobilisation of human, institutional and strategic partners as well as significant commitments from both national and international sources. Substantial domestic financial investments will be required to break the AIDS epidemic. External funding support will continue to be needed in certain areas to supplement domestic investments.

“If we invest just US$ 3 dollars a day for each person living with HIV for the next five years we would break the epidemic for good. And we know that each dollar invested will produce a US$ 15 return”

Michel Sidibé, UNAIDS Executive Director and United Nations Under-Secretary General

Support in India
The work of the UN on AIDS in India is coordinated through the Joint United Nations Programme on HIV/AIDS (UNAIDS) under the guidance of the UN Country Team. The mission of the UNAIDS Secretariat, and the 11 Co-sponsoring Agencies, is to strengthen and support an expanded response to the epidemic that aims at prevention; provision of treatment and care; reducing vulnerability of individuals and communities to HIV/AIDS;

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2 ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, World Bank, WFP, and WHO
and alleviating the impact of the epidemic. This mandate is carried out through a Joint UN Team on AIDS or Task Force with representatives from each of the Co-sponsors. The Agencies work closely with the Government of India, Parliamentarians, civil society organisations and the concerned communities most vulnerable to or affected by HIV.

The framework for support is around achieving Zero new infections, Zero AIDS-related deaths and Zero stigma and discrimination in India. These are in line with the 10 targets of the 2011 UN General Assembly Special Session on HIV/AIDS (Figure 2) which all countries agreed to, including India:

**Figure 2: Targets of the 2011 UN General Assembly High-Level Meeting on HIV/AIDS**

- Reduce sexual and injecting drug use transmission of HIV, with special focus on women, young people and socially excluded populations.
- Eliminate mother-to-child transmission of HIV.
- Ensure that all people living with HIV receive ART and continuum of care, including prevention of people living with HIV from being infected with tuberculosis.
- Prevention for people who use drugs and their partners from becoming infected with HIV, hepatitis C, and otherwise ensure access to comprehensive services, including ART and oral substitution therapy (OST).
- Empower men who have sex with men, sex workers and transgenders in HIV prevention and to fully access ART and the continuum of care.
- Reform laws and policies, in particular to reduce stigma and discrimination that block effective responses.
- Meet the specific needs of women and girls, including stopping sexual and gender-based violence.
- Empower young people to protect themselves from HIV.
- Enhance social protection measures for people affected by HIV and their families.
- Address HIV in humanitarian emergencies where required, and integrate food and nutrition within the HIV response.
- Scale up HIV workplace policies and services, and otherwise mobilise the private sector.
- Ensure high-quality education inclusive of health education, sex education and HIV.
- Support strategic, prioritised and costed multi-sector national AIDS plan.

In line with the above, and considering the evolving situation, the Joint UN Team seeks to leverage diverse entry points and capacities of the Agencies in view to support the critical strategic areas below in 2015 and onwards. These include:

The UN seeks to contribute to the national AIDS response with high level advocacy, policy, strategic guidance, technical support and resource mobilisation to help achieve the above.