

Editorial**AIDS : On The Rebound****Mohsin Masud Jan**

Editor

HIV infection and AIDS related deaths are increasing. If the world does not act to break the epidemic by 2020, it could rebound to levels seen 10 years ago.

The AIDS response has a single priority for the next 15 years: ending the AIDS epidemic by 2030, while it is to be stressed that the next phase of the AIDS response must account for new realities, opportunities and evidence including a rapidly shifting context and a new sustainable development agenda.

To take the AIDS response forward, UNAIDS has developed a Fast-Track approach to reach a set of time-bound targets by 2020. This approach will be instrumental in achieving the 90–90–90 treatment target of ensuring that 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are on treatment and 90% of people on treatment have suppressed viral loads. They also include reducing new HIV infections by 75% and achieving zero discrimination.

Progress in responding to HIV over the past 15 years has been extraordinary. By June 2015, UNAIDS estimates that 15.8 million people were accessing antiretroviral therapy, compared to 7.5 million people in 2010 and 2.2 million people in 2005. At the end of 2014, UNAIDS estimated that new HIV infections had fallen by 35% since the peak in 2000 and AIDS-related deaths have fallen by 42% since the 2004 peak. The life-changing benefits of antiretroviral therapy mean that people living with HIV are living longer, healthier lives, which has contributed to an increase in the global number of people living with HIV. At the end of 2014, UNAIDS estimated that 36.9 million people were living with HIV. Once diagnosed, immediate access to antiretroviral therapy is required. Countries are gearing up to double the number of people accessing HIV treatment by 2020.

To end AIDS as a public health threat, an accelerated response is needed using better data to map and reach people in the places where the most new HIV infections occur. To support countries with this approach, UNAIDS has released a new report, 'Focus on location and population: on the Fast-Track to end AIDS by 2030,' which gives examples of more than 50 communities, cities and countries that are using innovative approaches to reach more people with comprehensive HIV prevention and treatment services.

Through the responsible use of detailed national data sets, countries are able to focus on mapping where new HIV infections occur and where people need services most. The report demonstrates how countries can redistribute resources to improve access to HIV prevention and treatment services. With the Fast-Track approach and front-loaded investments, gaps are closed faster and resources go further and from 2020 annual resource needs will begin to fall.

The report highlights how high-impact HIV prevention and treatment programmes, such as pre-exposure prophylaxis, voluntary medical male circumcision and sexual and reproductive health services, are being successfully implemented in various locations and for different populations, including adolescent girls and young women and their partners, pregnant women living with HIV, sex workers, transgender people, gay men and other men who have sex with men and people who inject drugs.

In the report, UNAIDS identifies 35 Fast-Track countries that account for 90% of new HIV infections. Focusing on location and population and programmes that deliver the greatest impact will reap huge benefits by 2030: 21 million AIDS-related deaths averted; 28 million new HIV infections averted; and 5.9 million new infections among children averted.

The report shows that areas with fewer numbers of people living with HIV and lower HIV prevalence are more likely to have discriminatory attitudes than areas that have more cases of HIV. This seemingly contradictory result is explained by education and understanding about HIV usually being higher in countries where HIV is more prevalent and where more people are receiving treatment. However, these discriminatory attitudes make it more difficult for people in low-prevalence areas to come forward to seek HIV services for fear of stigma and reprisals.

The Fast-Track approach may be guided at the national level, but it is realized at the local level. According to the report, Fast-Track requires cities, towns and communities to take charge of their HIV responses by analyzing the nature of their epidemic and then using a location–population approach to focus their resources on evidence-informed high-impact programmes in the geographical areas and among the populations.