

Editorial

In spite of the remarkable increase of global awareness on HIV, there is still a lot to do to stop the AIDS epidemic. There is urgent need for more action to move towards the target to achieve Universal Access to HIV prevention, treatment, care and support.

Many migrants are unaware of AIDS and continue to remain so even after testing HIV positive. A general absence of support services and treatment for sexually transmitted infections, including HIV, throughout the migration cycle is evident in all countries of SAARC.

As stated in this issue “Knowing is not enough” – Migrant workers spouses vulnerability to HIV” by Aryal N et al, a comprehensive response to reducing the HIV vulnerability of migrant and mobile populations and their spouses in South Asia requires an appropriate, balanced, and integrated regional migration management system that effectively links policy with enforcement to ensure that the rights of migrants are protected throughout the migration cycle.

Lack of referral systems and support services in most destination countries is a major impediment in addressing HIV among mobile populations.

There have been several reported cases of migrants who tested positive for HIV and were prohibited from migrating and, further, who were not informed of their HIV test result or given counseling or referral. As a result, these prospective migrants remained unaware of their status and were likely to infect their partner or spouse unknowingly.

People living in informal settlements and deprived areas are vulnerable to economic and social marginalization and are more likely to lack access to basic health services while also having a greater need for HIV services.

Recent advances in science, accumulated implementation experience, stronger institutions, political commitment, civil society and community activism, global solidarity and associated resources offer an opportunity to end the AIDS epidemic as a public health threat by 2030. This goal is reflected in the UNAIDS Fast-Track approach, which requires rapidly scaling up and focusing the implementation and delivery of proven, high-impact HIV prevention and treatment services: an approach that urban leaders are increasingly adopting.

The steady trend towards urbanization will influence virtually every facet of human endeavor in the coming years, including the global movement to end the AIDS epidemic as a public health threat by 2030. Towards this aim, the world has embraced a series of Fast-Track Targets for 2020, including that 90% of people living with HIV should know their status, 90% of people who know their HIV-positive status should receive treatment and 90% of people on treatment should have suppressed viral loads (90–90–90 treatment target). The Fast-Track Targets also call for the reduction in new HIV infections and for the elimination of HIV-related stigma and discrimination.

To achieve these targets, the SAARC TB & HIV/AIDS Centre has been coordinating the efforts of Member States in combating HIV/AIDS.