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A STATISTICAL STUDY OF HIV/AIDS SCENARIO IN INDIA & GLOBAL AND IMPLEMENTATION OF SUSTAINABLE DEVELOPMENT GOALS ON HIV/AIDS TO REDUCE AND VANISH OF EPIDEMIC IN THE COUNTRY BY YEAR 2030(Data evidence from NACO, UNAIDS & NFHS)

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Abstract: Building on two decades of progress against AIDS Forty years have passed since the human immunodeficiency virus (HIV) was first detected and isolated and within a decade acquired immunodeficiency syndrome (AIDS) was killing millions around the world. Despite the huge progress achieved in the past 20 years, the immense scale of the AIDS pandemic remains as world leaders at the 2021 United Nations High Level Meeting on AIDS adopted a new Political Declaration pledging urgent, transformative action to end the global AIDS epidemic by 2030. Antiretroviral medicines that were once deemed too expensive and too complicated for low-resource settings were being taken by an estimated 27.5 million [26.5 million–27.7 million] people living with HIV globally at the end of 2020. However, HIV remains a global health crisis and the world must reckon with the 1.5 million [1.0 million–2.0 million] new HIV infections and 680 000 [480 000–1 000 000] deaths from AIDS-related causes that occurred in 2020. The biggest reductions in tuberculosis deaths among people living with HIV have been in India (83% reduction since 2010), Kenya (a 70% reduction), South Africa (a 77% reduction) and the United Republic of Tanzania (a 71% reduction). Those achievements represent tens of thousands of averted deaths. In South Africa, for example, an estimated 36 000 people living with HIV died of tuberculosis in 2019, compared with almost 160 000 deaths in 2010. A UN report showed that India has the third largest number of people living with HIV/AIDS in the world 2.1 million at the end of 2013 and accounts for about 4 out of 10 people living with HIV/AIDS in the region. If the goal of ending HIV/AIDS in India by 2030 is to become reality there not only has to be an increase in budgetary allocation to public health care but also a more concerted effort to increase AIDS awareness. Evidence suggests that many people suffering from HIV/AIDS in Asia lack the awareness that they test positive for HIV/AIDS.

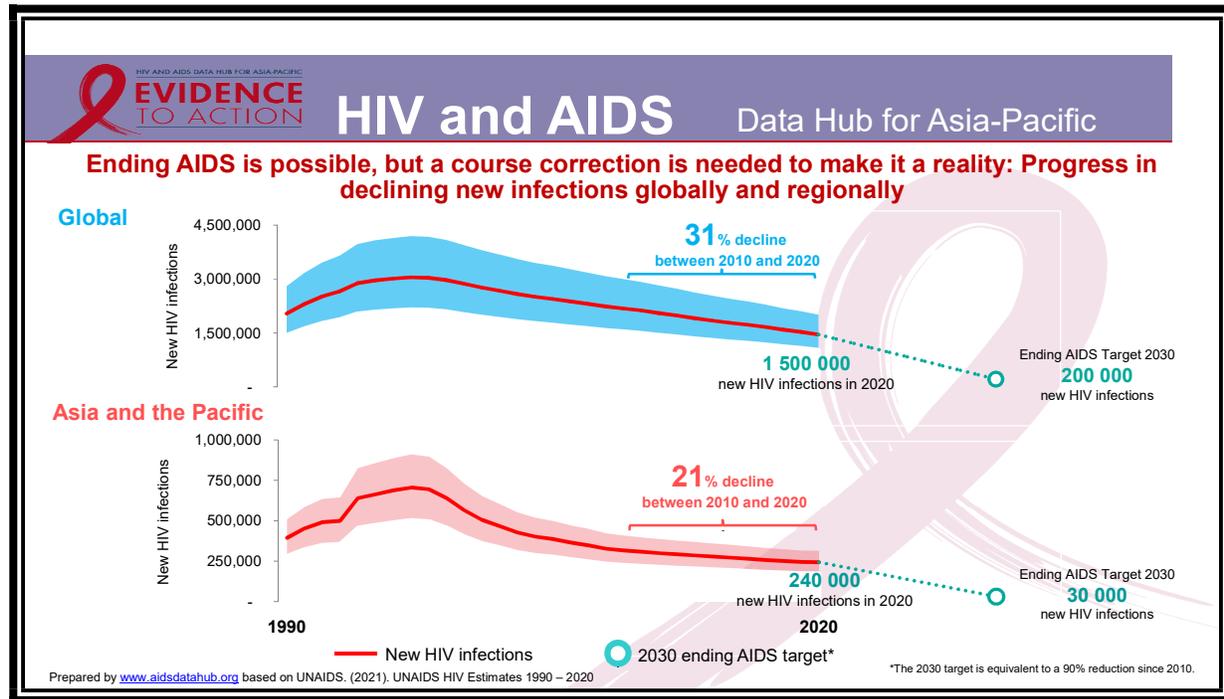
Keywords: HIV/AIDS, Healthcare utilization, SDG, Global, NFHS, NACO, UNAIDS, Different level of Age group and Different level of High-Risk factors, Financial Burden on HIV/AIDS.

Introduction

In India, HIV surveillance is one of the first interventions under the national AIDS response. Recognizing the HIV epidemic threat, the Indian Council of Medical Research (ICMR) initiated sero-surveillance in search of the virus in 1985, detecting the first case of HIV in India in April 1986. This sero-surveillance evolved into the HIV sentinel surveillance (HSS), which was first piloted in 1994 and then formalized into the annual surveillance system in 1998 under the National AIDS Control Programme (NACP).

The yearly HIV surveillance system under NACP gradually evolved into biennial HIV sentinel surveillance (HSS) plus. The 17th round, scheduled to be implemented in 2021, will be implemented among eight population groups [pregnant women, single male migrants (SMM), long-distance truckers (LDT), inmates at central prison sites, female sex workers (FSW), men who have sex with men (MSM), hijra/transgender (H/TG) people and injecting drug users (IDU)] targeting bio-behavioral data collection from almost 5.06 lakh samples. The blood specimen will be tested for four biomarkers, i.e., HIV, Syphilis, HBV, and HCV. This round will also collect relevant data on the background characteristics, related knowledge, services uptake, and risk behaviors through a focused tool.

Nationally, there were an estimated 23.49 lakh (17.98 lakh – 30.98 lakh) PLHIV in 2019, with an adult (15–49 years) HIV prevalence of 0.22% (0.17–0.29%). This includes around 79 thousand CLHIV accounting for 3.4% of the total PLHIV estimates. There were 9.94 lakh women living with HIV (15+ years) constituting around 44% of the total estimated 15+ years PLHIV. There were 69.22 thousand (37.03 thousand – 121.50 thousand) new HIV infections in 2019, which has declined by 37% since 2010 and by 86% since attaining the peak in 1997. There were 58.96 thousand (33.61 thousand – 102.16 thousand) AIDS-related deaths in the year 2019, which has declined by 66% since 2010 and by 78% since attaining its peak in 2005. HIV incidence was estimated at 0.05 per 1,000 uninfected population in 2019. Around 20.52 thousand pregnant women were estimated to need PMTCT.



United Nations defined 17 interlinked Sustainable Development Goals (SDGs) in 2015 to be achieved by 2030 towards ending all forms of poverty, fighting inequalities and tackling climate change, while ensuring that no one is left behind. The SDGs have been adopted by all United Nations Member States, India being one among them. Ending the AIDS epidemic as a public health threat by 2030 is one of the defined targets under SDG 3 of good health and well-being. To guide global AIDS response towards the 2030 goal, Fast-Track Targets for the first five years (i.e., 2020) of SDGs were established. As 2020 Fast-Track Targets elapsed, an updated set of programmatic targets for 2025 has been recommended to keep the global AIDS response on track for 2030. The next phase of the National AIDS Control Programme (NACP) in India has adopted its goals and targets in line with the global context. As the national and global AIDS response is transitioning to a new phase, HIV Estimations 2020 report is a timely publication providing the latest evidence on the magnitude and directions of the HIV/AIDS epidemic by States/UTs in India. The latest round of HIV Estimations not only describes the achievement against the 2020 Fast-Track Targets, but also defines the baseline for 2025 targets. HIV Estimations 2020 has employed the latest version of the 'Spectrum' model as in the past rounds. The report details the methodology and presents the findings on epidemiological indicators of prevalence–incidence–mortality–EMTCT need. For the first time, the report has provided evidence on the mother-to-child-transmission rate (including breastfeeding period), which is a critical to assess progress on eliminating new HIV infections among children and keeping their mothers alive. The report also briefly discusses the implications for the NACP. HIV Surveillance and Epidemiology under NACP has a robust institutional arrangement for Surveillance and Epidemiology under NACP.

Objectives: Using the most recent available Global/Nationally data, the study examine the differential in awareness of HIV/AIDS, correct knowledge of HIV prevention methods among Children, Women, Men by their recovery status, HIV Related Deaths, PLHIV in Global, Asia, India and States and causes of HIV will come different level of Group of people.

Statement of the Problem: HIV/AIDS is one of the pressing public health problems in India. Available information indicates a rising trend of infection. The impact of HIV/AIDS on the economic front is important as it affects mainly the young, who are in the reproductive age group. We estimated the cost of productivity losses in a lifetime attributable to HIV-related mortality in India in the population of the year 1991 at current HIV infection rates.

Need for the Study: The awareness of HIV/AIDS and correct knowledge of HIV/AIDS prevention methods will be helps in reducing the prevalence, incidence and number of cases of the HIV/AIDS in the communities. It is evident that all age groups in India have high risk of HIV/AIDS epidemic. With this view, the present study aimed to examine the awareness and differentials in HIV/AIDS, correct knowledge of HIV prevention methods and identify the factor associated with correct knowledge of HIV/AIDS prevention methods among all age Group in India and will provide specific way for future course of action to be taken on urgent basis among the Adolescents.



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Finding of this study may be helpful to policy planners. It may also help to generate various important public health programs for various levels of groups of age and Risk factors who are not aware of HIV/AIDS in the country to minimize the epidemic.

Discussion on Global and India on HIV/AIDS (2010-2020)

The results from India HIV Estimation 2020 present evidence on the current status of the HIV/AIDS epidemic in the country. Evidently, India continues to have multiple HIV epidemics as the level and trend of key epidemiological indicators vary by States/UTs. With an adult prevalence of around 0.22% in 2020, the overall HIV epidemic in India continues to be low. Globally, only 25 countries are estimated to have an adult prevalence of less than 0.20%. However, although overall HIV prevalence continues to be low in the country as a whole, the HIV epidemic continues to be high (more than 1%) in three north-eastern States.

Even with low prevalence, India has the second highest HIV burden globally with an estimated 23.19 lakh PLHIV in 2020. In view of this burden, HIV/AIDS continues to be a public health challenge in India. As a signatory to the United Nations Declaration on Sustainable Development Goals (SDGs), India is committed to achieve the “End of AIDS” as a public health threat by 2030. In response, India has identified specific 2020 Fast-Track Targets for prevention of new HIV infections, scaling up of testing and treatment, elimination of mother-to-child transmission (EMTCT) of HIV and elimination of HIV/AIDS-related stigma and discrimination, as adopted globally, to anchor the global AIDS response towards implementing strategies in pursuit of the “ENDGAME” by 2030. HIV Estimation 2020 indicates that while India’s AIDS response continues to be successful, there is no place for complacency. Nationally, new HIV infections declined by 48% between 2010 and 2020 in comparison to the global average of 23% (between 2010 and 2019); yet this rate of decline is far from the envisaged target of 75%. The decline in new HIV infections was less than 50% in 17 States/UTs, while it actually increased in three States/UTs. Clearly, prevention of new HIV infections remains a critical challenge, requiring greater comprehensive prevention efforts to bring the epidemic to a lower trajectory at a faster rate. This is a necessary condition for India’s AIDS response to achieve 80% reductions by 2025. Rapid scale-up of free, client-centric and high-quality care, support and treatment (CST) services has been the hallmark of India’s national AIDS response since its launch in April 2004. HIV Estimation 2020 continues to reiterate the high impact of treatment services under the National AIDS Control Programme (NACP). Between 2010 and 2020, ARD declined nationally by almost 82% in comparison to the global average of 39% (between 2010 and 2019). While the goal of 75% decline in mortality was achieved nationally, the decline was less than 50% in seven States/UT and actually increased in three States/UTs. Thus, there remain some gaps that are a source of concern and need to be addressed. Further saturation of CST services will cause greater impact and even further reduction in annual ARD towards attainment of ‘zero ARD’ in the future, and simultaneously augmentation of HIV prevention by fast-tracking progress on ‘Undetectable = Untransmittable’. EMTCT of HIV is a key commitment under the NACP. However, HIV Estimation 2020 showed that the progress on EMTCT, though significant, is still far from the target. Significant achievements evidenced by around 55% decline of annual new HIV infections among children between 2010 and 2020. Still, the MTCT rate stood at around 27.45% in 2020 against the target of 5%. The PMTCT response has been observed to be slower than the target set and is likely to be further affected during the ongoing COVID-19 pandemic due to disruption in service uptake. HIV Estimation 2020 has provided critical epidemiological updates using the latest tool and data. The findings not only demonstrate the heterogeneity of the HIV/AIDS epidemic in India but also Reflect the country’s progress towards the 2030 SDG of ending AIDS as a public health threat. As the country plans the phase-V of the NACP, the findings of HIV Estimation 2020 will augment the national AIDS response by informing the policymakers, programme managers and all other related stakeholders on the most recent status of the epidemic.

Materials and methods

I. Adult HIV Prevalence (15–49 Years) in India

Variables	People living with HIV who know their status	People living with HIV on treatment	People living with HIV who are virally suppressed
All Ages	1691274	1494399	1427537
Children (0-14)	58173	64434	54770
Women (15+)	788332	712537	684036
Men (15+)	844769	717428	688731

National adult (15–49 years) HIV prevalence was estimated at 0.22% (0.17%–0.29%) in 2020; 0.23% (0.18%–0.31%) among males, and 0.20% (0.15%–0.26%) among females. The national adult prevalence continued to decline from an estimated peak level of 0.54% in 2000–2001 through 0.33% in 2010 to 0.22% in 2020. This corresponds to a 33.3% decline in the last ten Years. Similar consistent declines were noted among both males and females at the national level. Among the States/UTs, in 2020, Mizoram had the

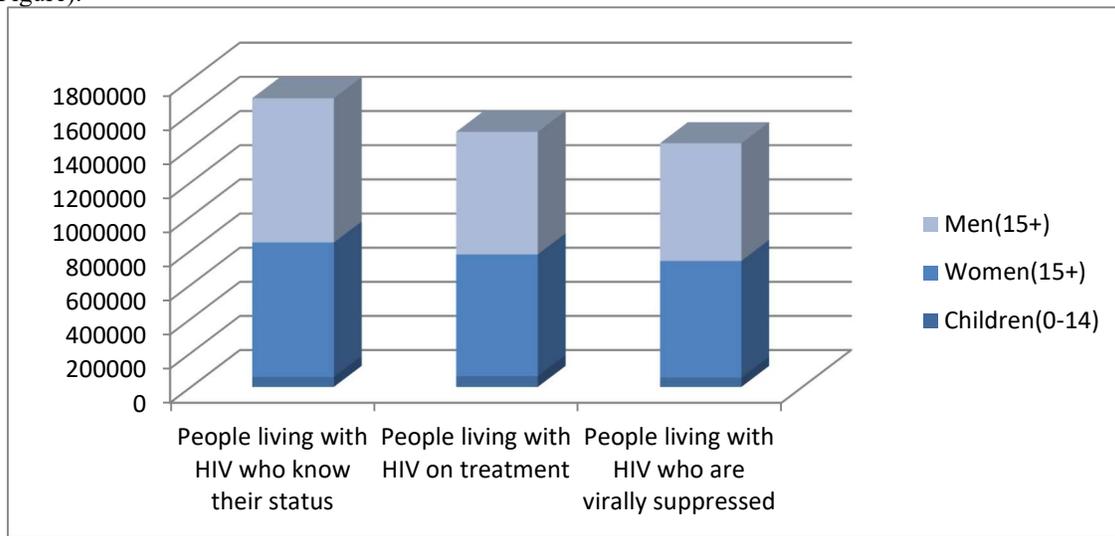


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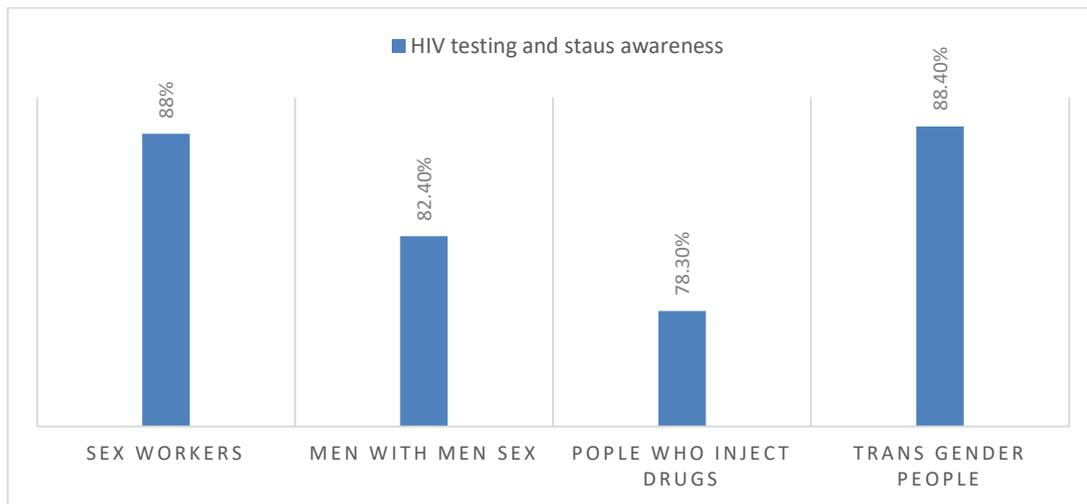
highest estimated adult HIV prevalence of 2.37%, followed by Nagaland (1.44%) and Manipur (1.15%), all of which were States in northeast India. Andhra Pradesh (0.66%), Meghalaya (0.53%), Telangana (0.48%) and Karnataka (0.45%) were the other States with adult prevalence higher than 0.40%. Besides these States, Delhi, Maharashtra, Puducherry, Punjab, Goa and Tamil Nadu had an estimated adult HIV prevalence greater than the national prevalence (0.22%), while Haryana and Chhattisgarh had an estimated adult HIV prevalence in the range of 0.20–0.21%. All other States/UTs in India had estimated adult HIV prevalence below 0.20%.

People Living with HIV (PLHIV) in India

The total number of people living with HIV (PLHIV) in India was estimated at 23.19 lakh (18.33 lakh–29.78 lakh) in 2020. Children (<15 years) accounted for 3.5%, and 44.3% of total infections were among females. Maharashtra had the highest estimated number of PLHIV (3.90 lakh), followed by Andhra Pradesh (3.03 lakh), Karnataka (2.55 lakh), Uttar Pradesh (1.61 lakh), Telangana and Tamil Nadu (1.58 lakh each). Bihar (1.30 lakh) and Gujarat (1.04 lakh) were the other States with an estimated PLHIV of more than one lakh (see Figure).



West Bengal (0.78 lakh), Delhi (0.67 lakh), Punjab (0.65 lakh), Rajasthan (0.62 lakh), and Madhya Pradesh (0.60 lakh) were estimated to have PLHIV size of more than 50 thousand. Odisha (0.49 lakh), Haryana (0.45 lakh), Chhattisgarh (0.43 lakh), Manipur (0.28 lakh) and Kerala (0.25 lakh) were the other States



with an estimated PLHIV size of around 25 thousand or more. Together, these 18 States/UTs had around 94% of the total. Estimated PLHIV in the country. Overall, there was an estimate of 1,721 (1,361–2,210) PLHIV per million people in 2020 in India.



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State/UT-wide, the number of PLHIV per million populations was the highest in Mizoram (17,207), followed by Nagaland (10,421), Manipur (9,510), Andhra Pradesh (5,712) and Telangana (4,144). PLHIV per million populations ranged from 3,065 to 3,850 in the States of Karnataka, Meghalaya, Maharashtra and Delhi. Puducherry, Goa, Punjab and Tamil Nadu were other States/UTs with PLHIV per million higher than the national average of 1,721.

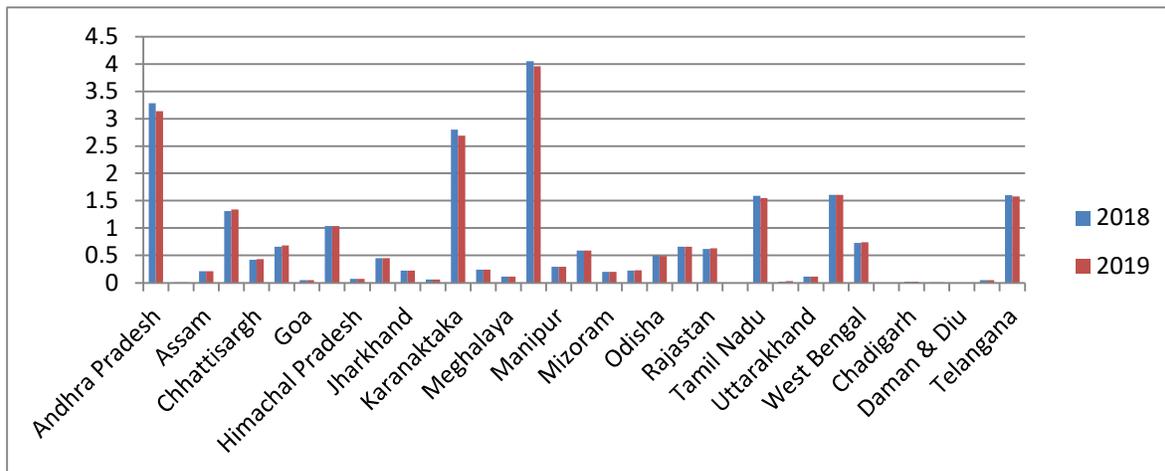
Annual New HIV Infections

India was estimated to have around 57.55 thousand (28.51 thousand–113.70 thousand) new HIV infections in 2020, documenting 89% decline in new infections since attaining the peak in 1997.Nearly 48% decline from 2010 (the year set as baseline for the 2020 Fast-Track Targets) was noted (see Figure 7). Around 10% of the total new HIV infections in 2020 were estimated among children (aged <15 years), with an estimated 55% decline in annual new infections between 2010 and 2020.

Statement on State/UT wise people living with HIV/AIDS in 2018 and 2019(lakhs) in India

Sl.No	State/Ut	2018	2019
1	Andhra Pradesh	3.28	3.14
2	Arunchal Pradesh	0.01	0.01
3	Assam	0.21	0.21
4	Bihar	1.31	1.34
5	Chhattisargh	0.42	0.43
6	Delhi	0.66	0.68
7	Goa	0.05	0.05
8	Gujarat	1.04	1.04
9	Himachal Pradesh	0.07	0.07
10	Harayana	0.45	0.45
11	Jharkhand	0.22	0.22
12	J & K	0.06	0.06
13	Karanaktaka	2.8	2.69
14	Kerala	0.24	0.24
15	Meghalaya	0.11	0.11
16	Maharashtra	4.05	3.96
17	Manipur	0.29	0.29
18	Madhya Pradesh	0.59	0.59
19	Mizoram	0.2	0.2
20	Nagaland	0.22	0.23
21	Odisha	0.5	0.49
22	Punjab	0.66	0.66
23	Rajasthan	0.62	0.63
24	Sikkim	0.003	0.003
25	Tamil Nadu	1.59	1.55
26	Tripura	0.02	0.03
27	Uttarakhand	0.11	0.11
28	Uttarpradesh	1.61	1.61
29	West Bengal	0.73	0.74
30	A&N	0.005	0.005
31	Chadigarh	0.02	0.02
32	D & NH	0.01	0.01
33	Daman & Diu	0.005	0.005
34	Punducherry	0.05	0.05
35	Telangana	1.6	1.58
	India	23.813	23.503

Nineteen States/UTs with an estimated 1,000 or more people newly infected with HIV in 2020(Maharashtra, Uttar Pradesh, Bihar, West Bengal, Delhi, Madhya Pradesh, Chhattisgarh, Telangana,Tamil Nadu, Haryana, Andhra Pradesh, Odisha, Gujarat, Rajasthan, Nagaland, Punjab, Karnataka,Assam and Mizoram) accounted for more than 90% of estimated annual new HIV infections(ANHI) in the country. Maharashtra had the highest number of new HIV infections in 2020 (around7,800), followed by Uttar Pradesh and Bihar (around 5,600 each).

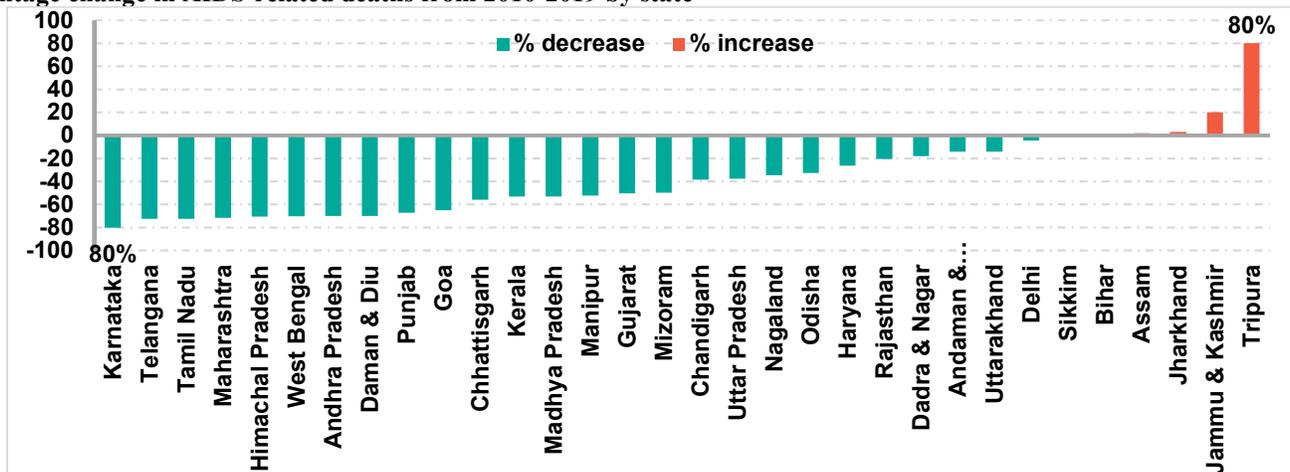


The decline in ANHI between 2010 and 2020 was noted in all States/UTs, except for four (seeFigure 9). The highest decline was noted in Karnataka (82%), followed by Himachal Pradesh (78%), Gujarat (72%) and Andhra Pradesh (72%). No change in ANHI was noted in Chhattisgarh.In States/UTs of Tripura, Arunachal Pradesh, Dadra & Nagar Haveli and Daman & Diu (DNH & DD), there were more new HIV infections in 2020 as compared to 2010.

AIDS-related Deaths in Indian States

There were approximately 51,000 (34,800–77,200) deaths among PLHIV in 2020, with almost63% deaths being AIDS-related. Overall, annual AIDS-related mortality among PLHIV declined by88% since attaining the peak in 2005 and by 82% since 2010 (see Figure mentioned in India Abstract). The estimated AIDS related mortality per 100,000 populations peaked at 24.34 in 2005 and declined through 15.13 in 2010 to 2.37 in 2020.State/UT-wide,

Percentage change in AIDS-related deaths from 2010-2019 by state



Andhra Pradesh was estimated to have the highest number of AIDS deaths in2020 (7.07 thousand), followed by Maharashtra (4.37 thousand), Karnataka (4.06 thousand), Uttar Pradesh (2.00 thousand), Bihar (1.77 thousand) and Telangana (1.52 thousand). In addition, Odisha, Tamil Nadu and Madhya Pradesh were other States with an estimated ARD higher than1,000 in 2020 (see Figure 11).



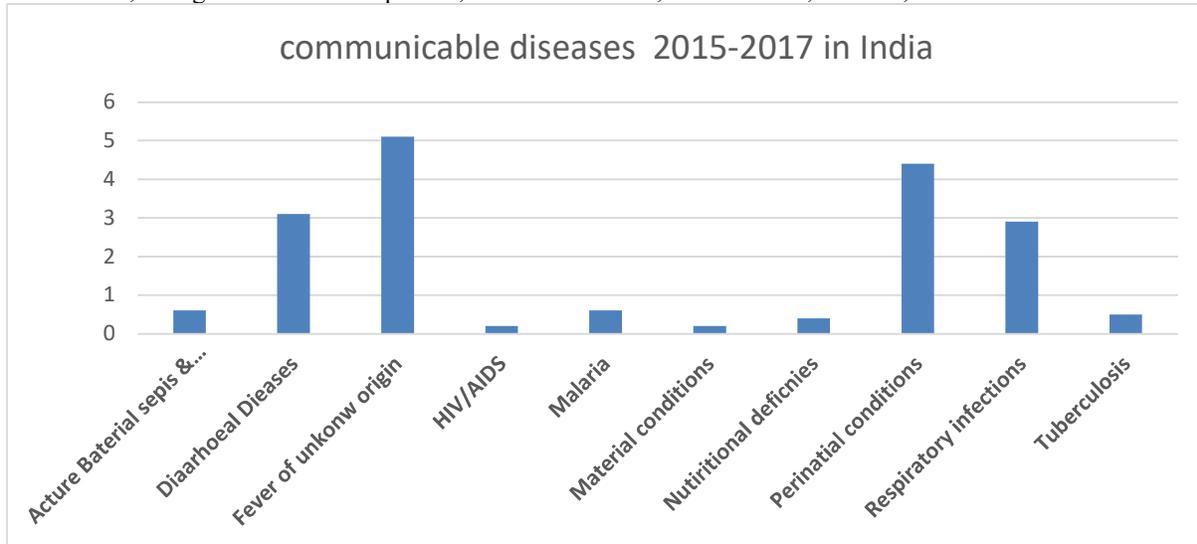
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State/UT-wide, annual ARD were estimated to have declined from 2010 to 2020 in nearly all States/UTs, except Arunachal Pradesh, Meghalaya and Puducherry (see Figure 12). ARD declined by around 80% or more in the States/UTs of Punjab, Telangana, Tamil Nadu, West Bengal, Himachal Pradesh, Karnataka, Maharashtra, Andhra Pradesh, Goa and Mizoram.

The present Report on Causes of Death: 2015-2017 provides causes of death cross classified across the country. The Report reviews the top ten causes of death stratified by different variables besides examining the mortality from special conditions such as cardiovascular disease, Malignant & other neoplasms, Diabetes mellitus, Tuberculosis, Malaria, and HIV/AIDS etc.



Global-Asia pacific-India Related Data

Global

At the global level, however, these targets were missed, although not by a wide margin: at the end of 2020, 84% [67→98%] of people living with HIV knew their HIV status, 87% [67→98%] of people living with HIV who knew their HIV status were accessing antiretroviral therapy, and 90% [70→98%] of people on treatment were virally suppressed. These seemingly small gaps add up to leave more than one quarter (27%) of people living with HIV globally not on treatment, and roughly one third with unsuppressed viral loads

Global Goals

International efforts to combat HIV began in the first decade of the epidemic with the creation of the WHO’s Global Programme on AIDS in 1987. Over time, new initiatives and financing mechanisms have helped increase attention to HIV and contributed to efforts to achieve global goals; these include:

- **the Joint United Nations Programme on HIV/AIDS (UNAIDS)**, which was formed in 1996 to serve as the U.N. system’s coordinating body and to help galvanize worldwide attention to HIV/AIDS; and
- **the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)**, which was established in 2001 by a U.N. General Assembly Special Session (UNGASS) on HIV/AIDS as an independent, international financing institution that provides grants to countries to address HIV, TB, and malaria the contributions of affected country governments and civil society have also been critical to the response. These and other efforts work toward achieving major global HIV/AIDS goals that have been set through:
- **the Sustainable Development Goals (SDGs)**. Adopted in 2015, the SDGs aim to end the AIDS epidemic by 2030 under SDG Goal 3, which is to “ensure healthy lives and promote well-being for all at all ages.” The SDGs are the successor to the Millennium Development Goals (MDGs), which included an HIV target under MDG 6: to halt and begin to reverse the spread of HIV/AIDS by 2015 and achieve universal access to treatment for HIV/AIDS by 2010 As of 2015, the AIDS-related targets of MDGs were met.
- **UNAIDS targets to end the epidemic by 2030**. On World AIDS Day 2014, UNAIDS set targets aimed at ending the AIDS epidemic by 2030. To achieve this, countries had been working toward reaching the interim “90-90-90” targets – 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV positive status on treatment; and 90% of people on treatment with suppressed viral loads—by 2020. However, gains that were achieved in some countries and regions were unequal, and these targets were missed. Based on the 2019 data and trends (the latest data available), 81% of people living with



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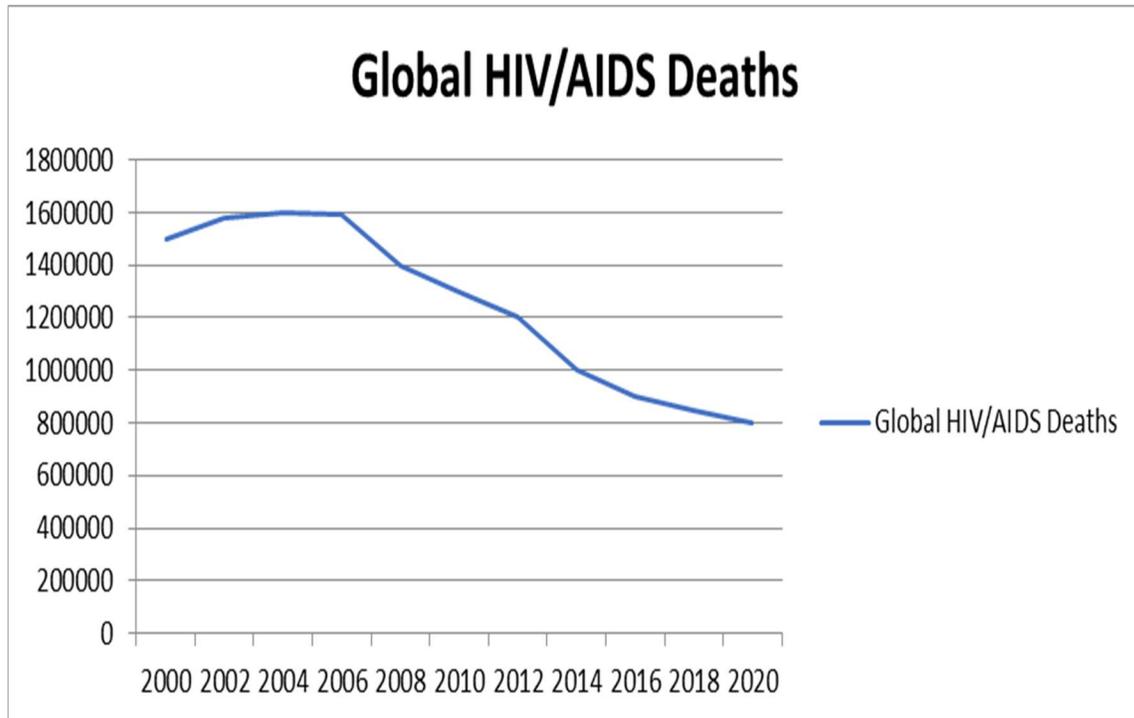
HIV knew their status; among those who knew their status, 82% were accessing treatment; and among those accessing treatment, 88% were virally suppressed. The focus now is on reaching “95-95-95” (or, 95% of people living with HIV knowing their HIV status; 95% of people who know their HIV positive status on treatment; and 95% of people on treatment with suppressed viral loads). Additional interim targets have also been set for 2025, which place a greater emphasis on societal aspects and social services to address the inequalities of HIV.

GLOBAL SUMMARY OF THE AIDS EPIDEMIC, 2020

Group	Variable	Statistics	
Number of People Living with HIV	Total	37.7 Million	(30.2 Million - 45.1 Million)
	Adults(15+ years)	36 Million	28.9 Million - 43.2 Million)
	Women(15Years)	19.3 Million	15.5 Million - 23.1 Million)
	Children(<15 years)	1.7 Million	(1.2 Million - 2.2 Million)
People newly infected with HIV in 2020	Total	1.5 Million	(1 Million - 2 Million)
	Adults(15+ years)	1.3 Million	(910 000 -1.8 Million)
	Women(15Years)	660 000	(450 000 - 920 000)
	Children(<15 years)	150 000	(100 000 - 240 000)
AIDS related Deaths	Total	680 000	(480 000 - 1 Million)
	Adults(15+ years)	580 000	(400 000 - 360 000)
	Women(15Years)	240 000	(170 000 -360 000)
	Children(<15 years)	99 000	(68 000 - 160 000)

Source: UNAIDS epidemiological estimates, 2021 (https://aidsinfo.unaids.org/).

These gaps are even larger within subpopulations, including children, young people and men. The global roll-out of HIV treatment has saved millions of lives: an estimated 16.6 million [11.7 million–24.2 million] AIDS-related deaths have been averted over the last two decades, including a 47% decline in AIDS-related mortality since 2010





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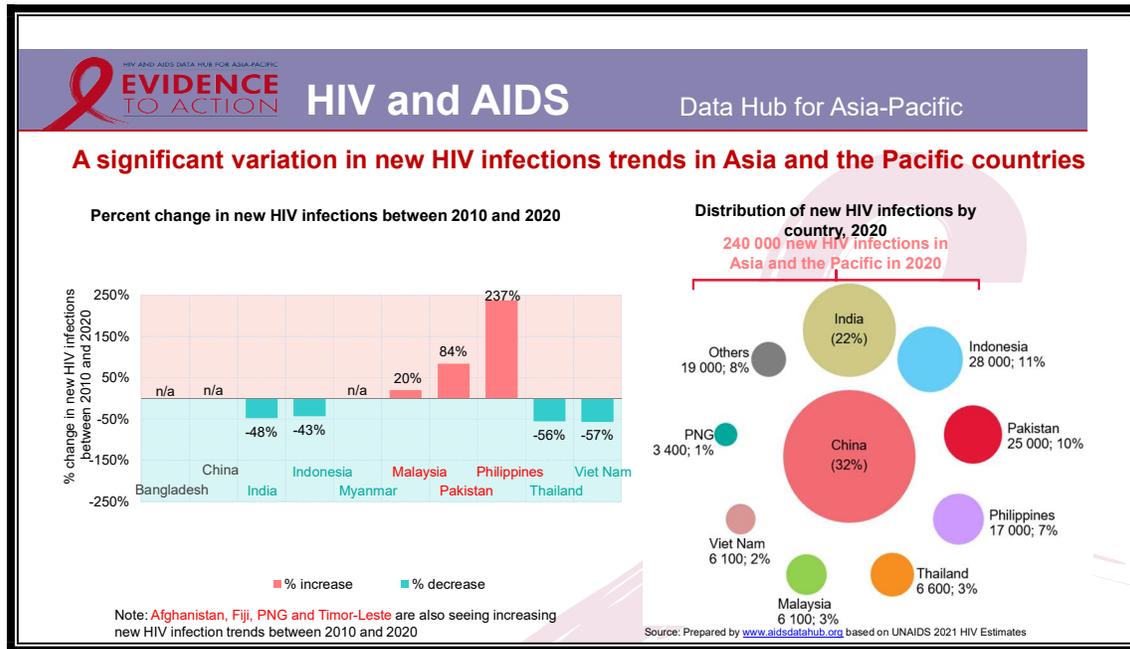
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National Summary of the HIV/AIDS of India

The national summary of statistics as mentioned below and explained the above paragraphs

National Summary of the HIV/AIDS Epidemic in 2020		
Group	Variable	Statistics
Adult(15-49) Years Prevalence's	Total	0.22%(0.17 - 0.29)
	Male	0.23%(0.18-0.31)
	Female	0.20%(0.15 -0.26)
Number of People Living with HIV	Total	23,18738(18,33,277-29,77,830)
	Adults(15+ years)	22,37,308(17,73,563-28,69,016)
	Women(15Years)	9,88,279(7,82,107-12,67,941)
	Children(<15 years)	81,430(58,650-1,09,358)
PLHIV over Million Population	Total	1,721(1,361-2,210)
HIV Incidence per 1,000 Uninfected Population	Total	0.04(0.02-0.09)
	Male	0.05(0.02-0.09)
	Female	0.04(0.02-0.08)
New HIV Infections	Total	57,549(28,510-1,13,695)
	Adults(15+ years)	51,802(25,154-1,0,339)
	Women(15Years)	21,953(10,595-45,101)
Change in new HIV infections since 2010	Total	-47.89
	Adults(15+ years)	-46.96
	Male(15+ Years)	-47.83
	Female(15+ Years)	-45.72
	Children(<15 years)	-55.02
AIDS-related Mortality per 1,00,000 Population	Total	2.37(1.52-3.88)
	Male	3.30(2.13-5.26)
	Female	1.37(0.77-2.43)
AIDS related Deaths	Total	31,944(20,467-52,007)
	Children(<15 years)	3,582(1,549-6510)
	Adults(15+ years)	28,361(18,377-46,197)
	Women(15 +Years)	7,201(4,046-12,837)
Change in AIDS related Deaths since 2010	Total	-82.24
	Adults(15+ years)	-83.19
	Female(15+ Years)	-89.17
	Children(<15 years)	-68.09
PMTCT Need	Total	20,926(15,328-29,075)
final MTCT Rate of HIV(%)	Total	27.5(20.30-33.52)

Asia and Pacific countries: The figure below show that Asia and pacific countries signification variation in new HIV infections trends, India shows that negative conditions of increasing the HIV cases and compare than other countries its 22%.



The National Family Health Survey:2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband’s background and woman’s work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

Awareness of HIV or AIDS Ninety-one percent of women in Andhra Pradesh have heard of HIV or AIDS. In urban areas, 95 percent know about HIV or AIDS, compared with 90 percent in rural areas. Women age 15- 24 are more likely (94%) than older women age 40-49 (86%) to have heard of HIV or AIDS. Women with no schooling (84%), women with no regular exposure to media (86%), and women from scheduled tribes (81%) are less likely than other women to have heard of HIV or AIDS. Men are more likely than women to know about HIV or AIDS. Ninety-seven percent of men in Andhra Pradesh have heard of HIV or AIDS.

Knowledge of HIV/AIDS among Adults(age15-49) in India				
Variables	NFHS-5(2019-2021)		NFHS-5(2015-2016)	
	Urban	Rural	Urban	Rural
Women who have comprehensive knowledge of HIV/AIDS (%)	28.6	18.2	21.6	20.9
Men who have comprehensive knowledge of HIV/AIDS (%)	37.5	27.1	30.7	32.5
Women who know the consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.1	64.7	68.4	54.9
Men who know that consistent condom use can reduce the chance of getting HIV/AIDS(%)	86.4	79.6	82	77.4



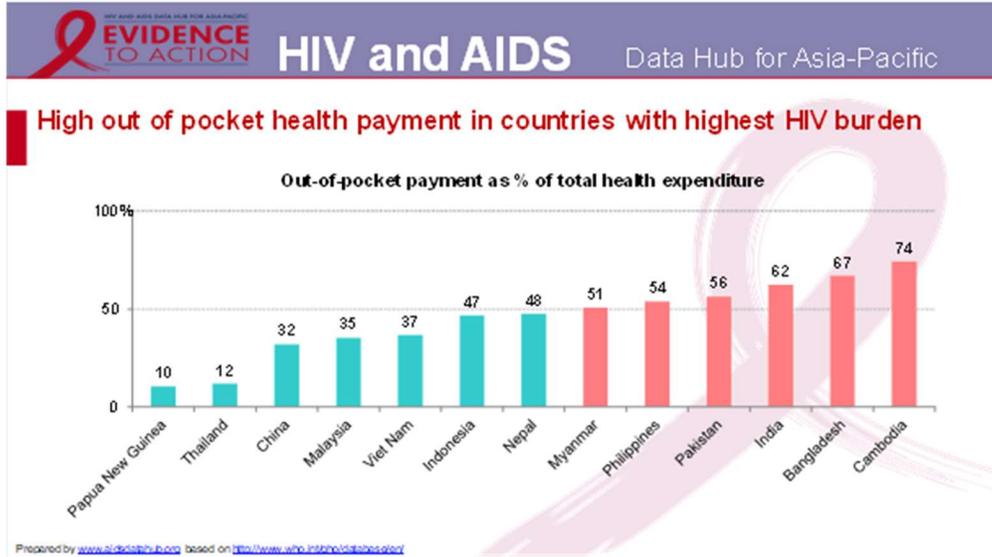
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Finance support spend on Asia Pacific and India on HIV/AIDS

HIV/AIDS is one of the pressing public health problems in India. Available information indicates a rising trend of infection. The impact of HIV/AIDS on the economic front is important as it affects mainly the young, who are in the adolescent age group. We estimated the cost of productivity losses in a lifetime attributable to HIV-related mortality in India and also effect of Indian health burden



From the year 2007-2016 of international funding and domestic funding are explained below, from the 2011-12 onward burden on domestic fund

Year	International fund	Domestic Fund	Total spend
2007-08	9052	2874	11926
2008-09	10169	1880	12049
2009-10	8820	2008	10828
2010-11	11491	3032	14523
2011-12	11687	1363	13050
2012-13	3734	9427	13161
2015-16	1494	6806	8300

Discussions This paper analysed HIV/AIDS deaths and effect of population and people living with HIV/AIDS disease spreads among all age groups in India.

The day focuses on the increasing inequalities & inequities in access to the healthcare services for HIV due to Covid-19. This is a call for all to reach the people who are currently not receiving the AIDS related services to make lives of people living with HIV less challenging.

According to WHO, in 2020,37.7 million people living with HIV have been reported in 2020-HIV caused around 1 million deaths, globally,1.5 million new cases were detected in 2020.The new target set by UNAIDS, 95-95-95, will need to redouble efforts to decrease the numbers of HIV infections due to healthcare disruptions and to increase the public health response to HIV.

Red Ribbon Express- It travels across the country through a specified route chart to spread awareness on HIV/AIDS, promote safe behavioural practices, strengthen people's knowledge about the measures to be taken to prevent this epidemic and develop an understanding about the disease to reduce stigma and discrimination against People Living with HIV/AIDS

Policy Implementations: The Findings of the study reveal that there is a wide gap between awareness of HIV/AIDS and correct knowledge of HIV/AIDS prevention methods.



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The theme for World AIDS Day 2021 is “**End inequalities. End AIDS. End Pandemics**”.

NACO has been conducting regular thematic Mass Media campaigns on TV and Radio to cover issues of condom promotion, ICTC/PPTCT, STI treatment and services, stigma and discrimination, vulnerability of youth to HIV, ART, HIV-TB and blood safety.

Keyways to prevent HIV transmission

- Practice safe sexual behaviours such as condoms
- Get tested and treated for sexually transmitted diseases.
- Never share needles or other injecting equipment, including syringes, spoons and swabs (injecting drug users).
- All pregnant women should be tested for HIV as a part of routine antenatal screening, and start HIV treatment immediately if found positive for HIV.
- Post-exposure prophylaxis (PEP): It is the short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse.
- Pre-exposure prophylaxis is advised to those people who do not have HIV but are at very high risk of getting HIV to prevent HIV infection by taking medicine.

Limitation of the study the UNAIDS, NACO covers multi-topic subjects related men, women and children; HIV/AIDS is one of them. Therefore, the study could not explore deep about HIV/AIDS. Data only being available for specific age groups represents another limitation of the study, this study could not compare of HIV/AIDS awareness between male and female.

Summary and Conclusions

Conclusion and policy Implications the Findings of the study reveal that there is a wide gap between awareness of HIV/AIDS and correct knowledge of HIV/AIDS prevention methods. The results of the study suggest that many women are not aware of the modes through which HIV/AIDS spreads while women are venerable group of HIV/AIDS epidemic. However general awareness of HIV/AIDS mean women hearing about HIV/AIDS only and it is not enough to avoid getting serious disease of HIV/AIDS. Even though society can offer the best moral support to patient and their families if they are properly educated and aware with this disease. As the awareness of HIV/AIDS and correct knowledge of modes through which HIV/AIDS spreads in the rural areas was very low therefore it should be increased. A strong community-based campaign is necessary to focus on awareness of HIV/AIDS and comprehensive knowledge of HIV/AIDS prevention methods. Education is currently the only means of preventing the spread of HIV/AIDS. In addition, NFHS and other surveys explains that very less public aware about this AIDS, so focus on publicity only prevention of AIDS, another important area the needs improvement and focus by knowledge and awareness should be raised by the Government agencies as well as by Non-Government Agencies (NGOs) in both the areas in urban and rural area but the more significance makes in rural area and regions where prevalence of HIV/AIDS were higher, which in turn might have influenced the reduce in grow of HIV infection across the country. On the other hand, in order to set up these links, further more research needed to be conducted.

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