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HIV/AIDS: threat to human life and dignity

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HIV/AIDS has become a serious socio-economic and developmental concern. We have no choice but to act, and act with firmness, with urgency and with utmost seriousness.

Dr. Manmohan Singh, Foemer Prime Minister of India.

Abstract: Fight against AIDS remains as relevant today as it's always been, reminding people and governments that HIV has not gone away. There is still a critical need for increased resources for the AIDS response, to increase awareness of the impact of HIV on people's lives, to end stigma and discrimination and to improve the quality of life of people living with HIV.The existence and reemergence of HIV/AIDS poses a serious challenge to every nation across the globe. Apart from being a serious health problem, the multi layered effects of the epidemic on the socio-economic fabric of whole nations, makes HIV/AIDS a potential development threat worldwide. The International Organisations and comity of nations joined hands to contain the menace of HIV/AIDS all over the world. The paper traces the massive efforts made so far and the continuing cautious approach required to meet the targets.

Key words: Human Immunodeficiency Virus (HIV) /Acquired Immunodeficiency Syndrome (AIDS), Epidemic, Human Rights, Dignity, Feminized, Stigma, Discrimination, CEDAW.

I. Introduction

In 2019, there were still 38 million people living with HIV infection. One in five people living with HIV were not aware of their infection and one in 3 people receiving HIV treatment experienced disruption to the supply of HIV treatments, testing and prevention services, especially children and adolescents. In 2019, 690 000 people died from HIV-related causes and 1.7 million people were newly infected, with nearly 2 in three (62%) of these new infections occurring among key populations and their partners. (UNAIDS: 2020)

Despite significant efforts, progress in scaling up HIV services was already stalling before the COVID-19 pandemic. Slowing progress means the world will be missing the "90-90-90" targets for 2020, which were to ensure that: 90% of people living with HIV are aware of their status; 90% of people diagnosed with HIV are receiving treatment; and 90% of all people receiving treatment have achieved viral suppression. Missing these intermediate targets will make it even more difficult to achieve the end of AIDS by 2030. (www.unaids.org)

As measured by both its actual effect and its potential threat to the survival and wellbeing of people worldwide, AIDS is on par with challenges such as climate change and the threat of nuclear war. The Declaration of Commitment on HIV/AIDS, 2001 states that:

> Global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society-national, community, family and individual (UN/2003).

On World AIDS Day 2020, WHO called on the global leaders and citizens to rally for "global solidarity" to overcome the challenges posed by COVID-19 on the HIV response. WHO has chosen to focus on "**Global solidarity, resilient HIV services**" as the WHO theme for World AIDS Day this year.The key actions are:

1. Renew our fight to end HIV
2. Use innovative HIV services to ensure continued HIV care.
3. Engage and protect our nurses, midwives and community health workers
4. Prioritize the vulnerable – youth and key populations

II. Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS): HIV/AIDS

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. It works slowly and destroys the immune or "disease fighting" system in human beings. After 8-10 years it develops to become AIDS. HIV is an unusual virus because a person can be infected with it for many years and yet appear to be perfectly healthy. The virus gradually multiplies inside the body and eventually destroys the body's ability to fight off illnesses. It is still not certain that everyone with HIV infection will get AIDS. It seems likely that most people with HIV will develop serious health problems after many years. HIV may get developed into AIDS in 8-10 years. A person with HIV may not know he is infected but can pass the virus on to other people. This virus is passed from one person to another through blood, using shared needles and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. The body fluids:blood, semen, vaginal fluid, breast milk and other body fluids containing blood have been proven to spread HIV.

Human Immunodeficiency Virus (HIV), why this name

The virus existed in the United States since at least the mid to late 1970s. From 1979-1981 rare type of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not

usually found in people with healthy immune systems. In 1982, public health officials began to use the term "Acquired Immunodeficiency Syndrome" (AIDS), to describe the occurrences of opportunistic infections, the virus was identified in 1983 and the first serologic test became available in 1985. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-typIII/lymphadenopathy-associated virus) by an international scientific committee. This name was later changed to HIV (Human Immunodeficiency Virus) (Narayan/1990).

UN Declaration 2005: 2010 as Deadline for HIV/AIDS

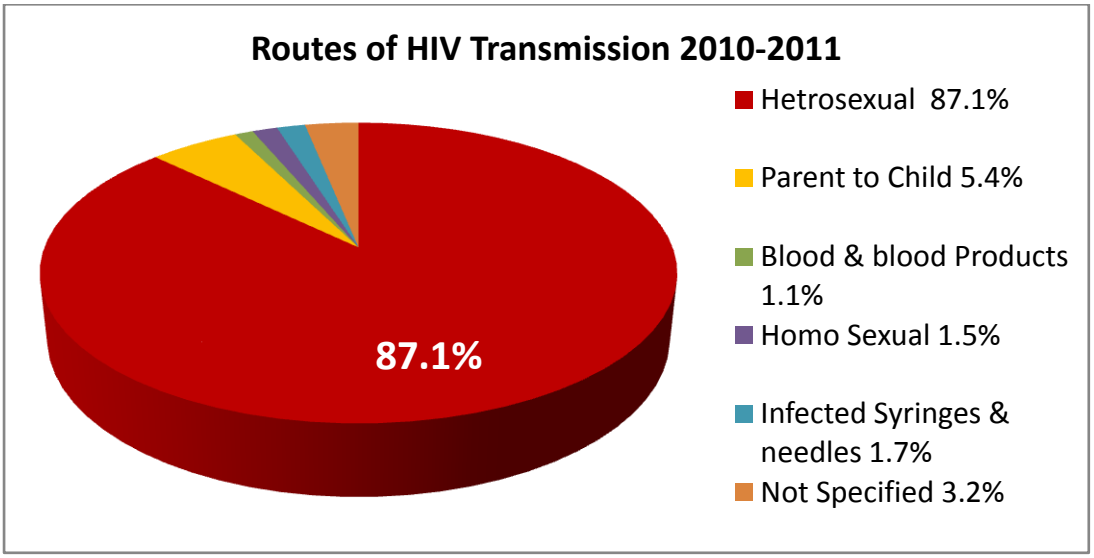
In 1990, approximately 8 million people were diagnosed with HIV. The global incidence of HIV infection had peaked in the mid-1990s, more than 3 million people were being newly infected per year, '*The AIDS Epidemic Update','2006*, published by the Joint United Nations Programme on HIV/AIDS (UNAIDS), shows that at the end of 2005, nearly 40 million people had been infected with HIV. Nearly half of them, 17.3 million, were women and of the 16,000 new infections that occurs every day, up to sixty percent were amongst women (UNAIDS/2006). United Nations declared in 2005 the year 2010 as deadline for achieving universal access to HIV prevention, treatment and care. The world has witnessed unprecedented achievements in addressing HIV and improving access to HIV prevention, treatment, care and support interventions.The number of people dying of AIDS related causes fell to 1.8 million in 2010, down from a peak of 2.2 million in the mid-2000s (UNAIDS/2011).

Dr. Magaret Chan, WHO Director General, acknowledged that we have achieved tremendous progress in saving the lives of people living with HIV and preventing new infections. She emphasized that the vision for a new generation free from HIV/AIDS is within our reach. We must work together to enhance our response to HIV and achieve universal access to HIV services for all who need them (WHO/2011). Michel Sidibe, Executive Director of UNAIDS, acknowledged that we are on the verge of a significant breakthrough in the AIDS response. The vision of the world with *zero new infections, zero discrimination and zero AIDS* related deaths has captured the imagination of diverse partners, stakeholders and people living with and affected by HIV (UNAIDS/2011)

III. India as the AIDS Capital of The World

In 1994, at the World AIDS Conference in Yokohama, India was being projected as the AIDS capital of the world. Since the detection of the first case in Chennai in 1985, the epidemic had spread to all parts of the country from urban to rural areas, infecting the most marginalized especially the poor women, and had moved out to general population from High Risk Groups. The transmission route was still predominantly sexual (87.1 percent), 7.23 percent among Injecting Drug Users (IDUs), while it was 7.41 percent and 5.06 percent among Men who had Sex with Men (MSM) and Female Sex Workers (FSWs), respectively.

Figure 3 : Routes of HIV Transmission 2009-2011



Source: NACO/Annual Report/2010-2011/6.

UNDP in its Report 'Women's Empowerment, HIV and the MDGs' reiterated that as high as 90% women living with HIV were in monogamous relationship. They got the infection through their husbands (UNDP/2010).

IV. Principal Drivers of HIV/AIDS

Gender inequality remains one of the principal drivers behind the spread and impact of HIV and AIDS. Gender inequality fuels HIV/AIDS and HIV/AIDS fuels gender Inequality (UNIFEM/2010). Inter Parliamentary Union in its Report revealed that Gender inequality, gender-based violence, and the low status of women remain three of the principal drivers of HIV (IPU/2007).Primarily, women are more vulnerable to HIV than men biologically. Early marriage, domestic violence, rape and sexual exploitation also make them more vulnerable than men. Low levels of literacy, economic dependence and exploitation, patriarchy, religious beliefs, and cultural practices provide women with less opportunity to know more about the infection and they have less access to services. UNDP report on *'Women's empowerment, HIV and the MDGs', 2010*, revealed that gender inequality and harmful gender norms are not only associated with the spread of HIV but also with its consequences, such as violence targeted toward HIV positive women. Intimate partner violence, challenges in negotiating safer sex, unequal access to primary and secondary education, unequal access to income and control over household assets and other manifestations of gender inequality are closely associated with the risk of women becoming infected with HIV (UNDP/2010).

i) Patriarchal framework

In contemporary India, while women have managed to negotiate for equal rights to a certain extent, and may be seen as breaking out of the chains of patriarchy, yet majority of women continue to experience their lives within the patriarchal framework that determines their choices, opportunities and rights to a large extent. The disempowerment of women because of which they have no control over decisions about their bodies or sexual health is largely responsible for the pace at which the infection is spreading among women. Typically, HIV programme have emphasized condom use, abstinence or faithfulness as key prevention strategies. However, in a gender iniquitous setting, none of the three strategies are within the control of the woman, therefore making her increasingly more vulnerable to HIV infection and less able to exercise safer choices. In many societies, women are expected to know little about such matters, and those who raise the issue of condom use risk charges of being unfaithful or promiscuous (UNDP/2010).

ii) Marriage: Safety or Risk for HIV?

Most people think marriage is "safe", but in many places it posessignificant risks of HIV infection for women. The following figures from studies in India and other countries indicate as under:

- More than four fifths of new HIV infections in women occur during marriage or long-term relationships with primary partners. In India, some 90% of women with HIV said they were virgins when they married and had remained faithful to their husbands (UNAIDs/2010/133).

- In sub-Saharan Africa, an estimated 60 to 80 per cent HIV+ women have been infected by their husbands-their sole partner.

- At least 50 per cent of Senegalese women living with HIV reported only one risk factor—living in a "monogamous" union.

- In Mexico, more than 30 per cent of women diagnosed with HIV discover their status after their husbands are diagnosed.

- In Thailand, 75 per cent of women living with HIV were likely have been infected by their husbands.

iii). Violence against Women (VAW): HIV/AIDS

Violence against women is both a cause and a consequence of HIV infection (UNAIDS/2010). Violence against women fuels high rates of HIV infection among women.Kofi Annan, the former Secretary General of United Nations said that Violence

against women is the most shameful act of human rights violation…till it is continued, we cannot claim that we are really progressing towards real equality, development and peace (ISS/2006).Ironically, because many women learn of their HIV status only when pregnant. They are the ones accused of 'bringing AIDS' home. Violence, or fear of violence, makes it difficult for women and girls to disclose their HIV status or to access essential AIDS services.

Rape, incest, assault by family members or friends, violence in the course of trafficking or at workplace expose them to the risk of HIV infection. Quite often, women are aware that their partners are not monogamous, but might choose to stay on in these relationships or not express their concerns mainly due to fear of violence, and financial dependence on men. This is exacerbated by the fact that many women are unemployed and few have skills that would make them employable. Violeta Ross, National Chair of the Bolivian Network of People Living with HIV/AIDS (REDBOL)states that we have to speak more and more about violence. Because wherever you find violence —whether it's physical, psychological, or sexual-there will be AIDS. HIV entered my life through violence, as it has for so many, and we must actively commit to bring this to an end(GLOBAL COALITION ON WOMEN AND AIDS/2).

iv). Poverty

Where poverty, inequality and AIDS are combined,they do disproportionate harm to women and girls. In many societies, women are economically, financially and socially dependent on male partners and family members for their survival. Women whose partners fall sick and die due to AIDS-related illnesses often suffer discrimination, abandonment and violence. In some places, they lose their homes, inheritance, possessions, and livelihoods when their husbands die. Such insecurity forces many women to adopt survival strategies that also increase their chances of contracting HIV.

A study conducted by Indian Institute of Public Administration, *The Impact of HIV/AIDS on Women Crae Givers in Situations of Poverty, Policy Issues* reported that when HIV enters the household and community, women and girls pay high opportunity cost when undertaking unpaid care work for HIV/AIDS, as their ability to participate in income generation, education and skill building diminishes sharply. A situation is created of a "negative income back", where women are left in a state of shock and helplessness (IIPA/2006). According to report, more than any other disease in recent times, HIV/AIDS has exposed the social inequalities that makes girls and women vulnerable to infection.

v). Illiteracy

The discrimination that girls face in access to education denies them the strong protective effect that education has been shown to have against HIV. Millions of women are becoming infected with HIV because they are denied information and education about HIV, as well as equal access to the commodities and services to prevent infection.

Discrimination, Stigmatization and Denial (DSD)

All people living with HIV are confronted with HIV stigma and discrimination. Stigma and discrimination associated with HIV/AIDS are universal and greatest barriers to preventing further infections, providing adequate care, support and treatment and alleviating impact. Women experience it more frequently and more intensely than men, preventing them from accessing treatment, information and prevention services. Discrimination in the form of neglect, isolation and verbal teasing was reported by a higher percentage of women in both urban and rural areas. The discriminatory attitude towards women is much worse (NACO/2006).

Many women are seen as the "carriers" of HIV/AIDS and are assumed to have brought AIDS into the family. The reason is that they are often first to be diagnosed (through prenatal screening or the birth of a sick child). Stigma results in discrimination in a wide range of areas including housing, employment, access to health care, education and access to public services. Within households and communities, women are often subject to emotional harassment, thrown out of their homes or physically abused for their HIV-positive status (UNIFEM/2002).

HIV+ women face neglect and maltreatment of women by husbands and parents-in-law. They bear ill treatment and discrimination silently. According to OXFAM Report, there lies the crux. She is now a loner being HIV positive. All because, she is an innocent victim to her husband's misdeeds, she has been blamed, rebuked, denied property, jewellery and even basic human rights like food and shelter and also motherhood in some cases. However good she may be, she is only good till such time as the husband and the family need her. She is made to pay a heavy price for her husband's philandering ways – and for that too she is blamed (Oxfam: 2006).The spread of HIV/AIDS among women is closely intertwined with the violation of women's rights. They are often particularly vulnerable to HIV and at risk of human rights violations.

V. Human Rights and HIV/AIDS

Human rights promotion and protection is central to the response to HIV/AIDS. Denying the rights of the people living with HIV, and those affected by the epidemic, imperils not only their wellbeing, but life itself. Preamble of the Declaration of Commitment on HIV/AIDS, 2001 acknowledged that:

> The full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, …without human rights, many of even the best improvements in programs and policies will fall.

International Human Rights Framework

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 provides for safeguarding human rights, legal rights and reinforcing constitutional rights of the People Living with HIV (PLHIV). This Act came into force with effect from 10th September, 2018. Central Government rules have been formulated and notified on 17th September, 2018. As of March 2020, four States (Chhattisgarh, Punjab, Madhya Pradesh and Jharkhand) have notified the rules with the ombudsman in place.

Countries have made several global and regional commitments to address the needs and rights of men and women as part of effective HIV response. The Universal Declaration of Human Rights has been recognized as *Magna Carta* of human rights all over the world. The basic tenets of this Declaration are the right to liberty, security and freedom of movement, the right to equality, equal protection before the law, the right to marriage and family and the right to health, the right to work, the right to education and the right to social security and services (Brownlie Ian et.al/2002).

i.) Right to equality

The right to equality is guaranteed under Article 14 of the Constitution of India. PLWHA/WLWHA are facing stigma and discrimination everywhere in the society. The stigma and discrimination surrounding against HIV/AIDS has particularly heavy impact on women. They are denied human rights. The important contexts are the family and the local community, employment and the workplace and the health care system. They have experienced violent attacks, deserted by the spouses and families, rejected by the communities, refused medical treatment, their services terminated by employers at workplace, their children denied entry into schools. Nelson Mandela, the then President of South Africa, Honorary President of the Global Business Council on HIV/AIDS launched in Edinburgh in October 1997, said:'many people live with HIV and AIDS, and many are at risk of becoming infected. Yet the reality is that the rights which should protect them from the vulnerabilities which AIDS sufferers endure are not adequately respected. We need to confront that reality and speak out against it (UNAIDS/IPU/1999).

The Judiciary, in India, has protected people with HIV/AIDS against discrimination in employment and services, health and education. The issue of the right to health of persons with HIV is a new and emerging area of adjudication. The Supreme Court and High Courts have viewed AIDS as a public health issue and one that needs to be articulated in terms of the constitutional guarantee to the right to life, making employers and health providers accountable for any negligence, omission in rendering services to HIV + people on their part.

ii.) Right to Health

Right to Health has been articulated and recognized as an integral part of the right to life by the Indian Supreme Court. The social right to health has been very well articulated with relation to persons suffering with HIV/AIDS, due to the large levels of discrimination faced by them. The denial of services vis-à-vis care and support represents one of the most immediate and pressing concerns of people living with HIV/AIDS. Right to life includes right to healthy life. It is also true for persons suffering from HIV.The study conducted by UNAIDS revealed that a majority of respondents acknowledged that health care settings were a major source of discrimination and stigma. Among specialists, surgeons and gynecologists were said to be the most rigid in their practices towards HIV/AIDS patients. (UNAIDS/2001).

In **M. Vijaya v. Chairman, Singareni Collieries Hyderabad, 2001**,Vijaya, whose husband was an employee of the company for the past 17 years, underwent a hysterectomy at the company's hospital in January 1998, for which her brother donated blood. Fifteen days later, she fell sick and was advised further tests, which revealed that she was HIV positive. Her husband tested negative, while her brother tested positive. In its counter affidavit, the hospital not only disclosed facts about the widespread prevalence of HIV/AIDS in the collieries but also admitted that it had not tested the blood of the donor before accepting it. The Court said, this was negligence on the part of doctors and could not be condoned. The Court awarded compensation as a public law remedy in addition to and apart from the private law remedy for tortuous damages. The Court directed Singareni Collieries to pay Rs. One Lakh towards medical costs.

iii.) Right to Privacy

The right of privacy is one of the basic Human Rights but it cannot be treated as absolute. In all situations, a person can be asked to undergo HIV test with informed consent. In **Sharda v. Dharm Pal, 2003**, the question came up for the consideration of the Supreme Court was that if a person declines to take HIV test, is it permissible to compel such person to take the test? The question is whether right to privacy is violated if a person is subjected to such test by force without his consent? The Court cited *Kharak Singh v. State of U.P.*, *Govind v. State of M.P.* cases, where the Supreme Court held that right to privacy is one of the penumbral rights of Article 21 of the Constitution.

The Supreme Court observed that inIndia there is no general law compelling a person to undergo HIV/AIDS test. In **M. Vijaya**case, 2001, the court, with reference to right to privacy of a person suspected of suffering from AIDS, observed as under:

> "There is an apparent conflict between the right to privacy of a person suspected of HIV not to submit himself forcibly for medical examination and

> the power and duty of the State to identify HIV infected persons for the purpose of stopping further transmission of the virus. In the interests of the general public, it is necessary for the State to identify HIV positive cases and any action taken in that regard cannot be termed as unconstitutional as under Article 47of the Constitution, the State was under an obligation to take all steps for the improvement of the public health. A law designed to achieve this object, if fair and reasonable, in our opinion will not be in breach of Article 21 of the Constitution of India.

iv.) Right to Marriage:

In **Mr X v. Hospital Z, 1999**, the appellant was detected to have HIV (+). The appellant's marriage was broken when it was disclosed to the girl that he was a patient of AIDS. The question arose that whether appellant could demand that respondent Hospital Z should have maintained secrecy. The Supreme Court held that timely disclosure of appellant suffering from AIDS saved the girl from contracting the disease and such disclosure did not invade right to privacy. The Supreme Court speaking through Hon'bleS.Saghir Ahmed and B.N. Kirpal, JJ observed that the Code of Medical Ethics carves out an exception to the rule of confidentiality and permits the disclosure under circumstances where public interest would override the duty of confidentiality, particularly where there is an immediate of future health risk to others.

The Court observed that the right of privacy is one of the basic Human Rights but it cannot be treated as absolute and is subject to such action as may be lawfully taken for the prevention of crime or disorder or protection of health or morals or protection of rights and freedoms of others.

In the instant case, the appellant was found to be HIV (+), the Court observed that its disclosure was not violative of either the rule of confidentiality or the appellant's Right of Privacy as Ms. Akali with whom the appellant was likely to be married was saved in time by such disclosure, or else, she too would have been infected with the dreadful disease if marriage had taken place and consummated. The disclosure was justified by the Court making following observations:

> Right of Privacy may, apart from contract, also arise out of a particular specific relationship which may be commercial, matrimonial, or even political. As already discussed above, Doctor-patient relationship, though basically commercial, is, professionally, a matter of confidence and, therefore. Doctors are morally and ethically bound to maintain confidentiality. In such a situation, public disclosure of even true private facts may amount to an invasion of the Right of Privacy which may sometimes lead to the clash of person's.

v.) Right to bear child:

One of the most important basic instinct of men and women in marriage is to bear child. The people suffering from HIV AIDS are not exceptions. The right to bear child is implicit in the right to life as provided under Article 21 of the Constitution of India. In case of people suffering from HIV/AIDs, it is subject to limitations. In pregnancy, many women were discriminated against on the grounds of assumed HIV status. If found HIV-positive these women would be refused hospital care (UNAIDS: 2001).Government of India has initiated several steps to increase the institutional deliveries (offering incentive to families & monetary compensation to the medical practitioners and strengthening of institutions in the public sectors to be able to conduct the normal/emergency deliveries(UNDP: 2010).

vi.) Right to Education

Education is one of the most effective tools in preventing HIV infections. An estimate from the Global Campaign for Education suggests that if every child received a complete primary education, around 700,000 new HIV infections in young adults could be prevented every year.Schools are one of the most effective ways to sensitize children to the realities of the epidemic and to disseminate strategies for prevention and care. There are incidents when the children of HIV+ parents were denied admission in the schools.

VI. National Response to HIV / AIDS

National AIDS Control Organisation (NACO)

In 1992, the National Aids Control Organization (NACO) was established by the Government of India, to prevent and contain the HIV epidemic. NACO launched the first National AIDS Control Programme (NACP-I) in 1992 with support from the World Bank. The overall objective was to slow and prevent the spread of HIV through a major effort to prevent HIV transmission. National AIDS Control Programmes (NACP-I, -II, -III) have provided guidelines for India's response to HIV/AIDS. These programmes mainly focuses on (I) preventing spread of HIV through awareness generation; (ii) providing enabling environment for behaviour change; and (iii) management and treatment of those affected and infected by HIV and from a national response to a more decentralized response and to increasing the involvement of NGOs and networks of PLHAs.

A Gender and Rights Desk at NACO has been set up, with the focus on mainstreaming gender in National HIV/AIDS planning, implementation & monitoring. The Gender Desk is to provide technical guidance & systemic support on an ongoing basis to National & State AIDS Councils, as well as to facilitate the participation of women's groups and positive women's networks.

World AIDS Day (WAD):"Light for Rights"

Each year, on 1 December, the world commemorates World AIDS Day. People around the world unite to show support for people living with HIV and to remember those who have died from AIDS-related illnesses.Founded in 1988, World AIDS Day was the first ever international day for global health. Every year, United Nations agencies, governments and civil society join together to campaign around specific themes related to HIV-

- Awareness-raising activities take place around the globe.
- Many people wear a red ribbon, the universal symbol of awareness of, support for and solidarity with people living with HIV.
- People living with HIV make their voice heard on issues important in their lives.
- Groups of people living with HIV and other civil society organizations involved in the AIDS response mobilize in support of the communities they serve and to raise funds.
- Events highlight the current state of the epidemic.

World AIDS Day remains as relevant today as it's always been, reminding people and governments that HIV has not gone away. There is still a critical need for increased funding for the AIDS response, to increase awareness of the impact of HIV on people's lives, to end stigma and discrimination and to improve the quality of life of people living with HIV (WHO/2020).

VII. The International Guidelines on HIV/AIDS and Human Rights

The *International Guidelines on HIV/AIDS and Human Rights, 1998,* issued at the request of the United Nations Commission on Human Rights (now the Human Rights Council) and reissued in 2006, are an essential resource for governments seeking to fulfill the commitments they made to overcome legal barriers to an effective HIV response. The Guidelines consist of 12 guidance points, each describing appropriate legislative and policy responses that are required for an effective public health response to the epidemic.

ABC approach

In 2001, the United Nations General Assembly Special Session (UNGASS) endorsed the ABC approach to preventing HIV infection. The ABC approach to behaviour change gives three messages for preventing the transmission of HIV. ABC stands for:

- Abstain from having sexual relations or, for youth, delay having sex;
- Be faithful to one uninfected partner; and
- Use Condoms consistently and correctly.

D, for Drugs, is added to the message, referring to intravenous drug use and recreational use of alcohol, which can increase the likelihood of unsafe sex. Some also refer to ABC+, which includes the message to get tested and treated for STIs which increase the risk of transmission of HIV (UNFPA/2003).

Three Ones' principles

In 2004, UNAIDS with the help of affected countries, leading bilateral donors and multilateral organizations accepted a set of guiding principles for harmonized action known as the 'Three Ones'. These call for:

• one agreed national AIDS action framework;

• one national AIDS coordinating authority; and

• one agreed**country**-level monitoring and evaluation system**.**

'Three Ones' principles need to promote and protect gender equality as a key element in strategies to prevent and treat HIV/AIDS. The 'Three Ones' provide countries with unique opportunities for linking gender equality and women's human rights to the national AIDS response and for aligning this response with international, regional and national commitments and pledges. More importantly, the 'Three Ones' can ensure that women particularly HIV-positive women are full participants in policy formulation and decision-making processes (UNIFEM/2002).

Greater Involvement of People Living with HIV: GIPA

At the Paris AIDS Summit in 1994, 42 nations recognized the principle of the Greater Involvement of People Living with AIDS (UNAIDS: 2011). In India, NACO has introduced into its policies and directives Greater Involvement of People Living with AIDS. State AIDS Control Societies were advised to implement the principle of GIPA (Greater Involvement of People Living with AIDS) in all their activities. Further, assistance and encouragement was given to different groups of people living with HIV across the country to get together in June 2004, to develop a consensus GIPA strategy to be adopted at the national and state levels. NACO has also proposed the setting up of 'Anti Discrimination Units' in all the 38 AIDS Control Societies in the States and Union Territories of India. These Units are envisaged as having the guidance of elected representatives, along with the eyes and ears of local NGOs and activists. This strategy is a final build up towards making our response to reported cases of stigma and discrimination, an institutionalized, high powered and robust response (UNAIDS:2004).

The Inter-Mission Care and Rehabilitation Society (IMCARES)

Inter Mission Care and Rehabilitation Society (IMCARES) is a charitable society based in Mumbai. IMCARES staff members, community training course trainers reach between 6000 and 7000 people per year through IMCARES medical clinics, which provide primary health care as well as referrals to hospitals for antiretroviral therapy. IMCARES is providing care and treatment to HIV infected and affected people through its projects. For example, if a man is HIV+, his children may attend the preschool or after school care center and his wife may be integrated into the women's development programme. The family as a unit is taken care of under the Inter Mission Prevention of AIDS through Care and Training (IMPACT) Project, food rations are provided, referrals to antiretroviral therapy programmes are made and family planning and counselling are provided (UNAIDS:2008).

To conclude, HIV/AIDS has garnered extraordinary attentionfrom the world's leaders. We have achieved tremendous progress in saving the lives of people living with HIV and preventing new infections. We need to sustain that progress now more than ever before. India has achieved a major drop in the number of new HIV infections. There still remains a major challenge as the fight against century old societal norms and practices continue.If we slow down our response to HIV, we would be condemning millions of people to needless suffering and early death. The vision for a new generation free from AIDS/HIV is within our reach. We must work together to enhance our response to achieve universal access to HIV services for all who need them.

It is essential now more than ever to stem the tide and the toll of the AIDS pandemic. Stigma continues to be an enormous barrier to care and is an overwhelming driver of social isolation. Discrimination, Stigmatization and Denial (DSD) in India is in some respects a gendered phenomenon. Various misconceptions surrounding the stigma associated with HIV/AIDS need to be reversed. Response of the society has to be by a 'rights' based approach – rather than only a welfare measures. To train and sensitizes law enforcement authorities and sections of the community is necessary so they may adopt friendly approach.

Accurate information should be disseminated on HIV including transmission modes, sexually transmitted diseases (STD), preventive and curable aspects, treatment, drugs and counseling.

HIV-AIDS Infected and affected persons have a basic right to live with dignity. They are entitled to proper medical treatment at affordable price. The society needs to offer support and protection to HIV-AIDS patients to make them feel that they are not a threat to society. Stigma and discrimination in healthcare settings continues to be a barrier to treatment. All Doctors, nurses and hospital staff, whether in the public sector or private sector shall treat PLHA in a professional and humane manner, treating them always with dignity and care. No Doctor or nurse shall refuse to treat a PLHA on account of his/her positive status. All staff of testing centres and hospitals, both in public and private sector should be trained and sensitised, on universal precautions, provided with an appropriate infrastructure

and conducive environment enabling them to respect the right of any person or patient to decide whether to test for HIV or not. The physical environment in which counselling and testing is carried out needs to be conducive and enabling to prepare HIV positive people physically and mentally, with accurate information on how to 'live positively'.

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