***A Century of HIV*:** (<https://origins.osu.edu/article/century-hiv-world-aids-day-africa-actup-unaids>)

***AIDS Emerges among Gay Men in the U.S.***

A curious cluster of unusual pneumonia cases in Los Angeles in June 1981 resulted in the first public health report of a pattern of infections among gay men.

The medical mystery was a lived misery. Healthy young people suffered terribly from rashes, diarrhea, and infections. Thrush in their mouths and throats made it hard to swallow. Some lost their vision and others developed dementia. With the progression of the disease, the infected withered and hollowed, becoming unrecognizable. The stigma of being gay in the United States discouraged some from seeking treatment when they became ill, and those who did faced discrimination in many forms, including refusal of care from hospitals.

The disease was initially called a “gay cancer” and then Gay-Related Immune Deficiency (GRID) in the United States, but it dawned on physicians in Africa that their heterosexual patients had the same disease. The Centers for Disease Control gave the new disease a more neutral name, Acquired Immune Deficiency Syndrome (AIDS), in September 1982.

Stigma and fear shaped official responses to AIDS in western countries where gay men were most affected. Conservative governments under Ronald Reagan and Margaret Thatcher avoided the subject of AIDS for as long as possible and provided grossly inadequate funding for research and outreach. The virus that caused the disease was not definitively identified until 1984, and the first test for it was not available until 1985.

***AIDS Science and the Global Health System***

The answer to treating HIV lay in combination therapies. Scientists created many new drugs in a surprisingly short amount of time. By the mid-1990s, patients who received “cocktails” of three antiretroviral drugs saw their viral loads shrink and their immune systems return. Patients who had been on death’s door returned to life in a matter of weeks.

Combination therapies could save millions of lives, but they were too expensive for most patients to afford. Pharmaceutical companies held the patents for these drugs and new global regulations allowed them, not public sector organizations, to set the prices.

***The Present and Future of HIV***

Combination therapies can be cheaply produced in a single pill, and a two-drug combination of emtricitabine and tenofovir (marketed as Truvada) was approved in 2012 as pre-exposure prophylaxis. People at high risk of HIV infection can take it daily to protect themselves from the disease.

In 2013, UNAIDS and its partners made a plan for 2020. By then they want 90% of all people living with HIV to know their status; for 90% of those diagnosed with HIV to receive antiretroviral therapy; and for 90% of those on treatment to achieve viral suppression.

Russia reported in 2017 that 81% of people living with HIV in the federation knew their status, 45% of those were on antiretrovirals, and 75% of those in treatment were virally suppressed. For the 19% of those who are undiagnosed, and the 55% of those diagnosed but untreated, the possibility of spreading the disease remains high. HIV/AIDS rates in China have surged in recent years, increasing by 14% with 40,000 new cases in the second quarter of 2018.

For now, however, we can reflect on this World AIDS Day that there are more people living with HIV than have died from the disease, and the number of those living positively goes up every day.