

**HISTORY, DISTRIBUTION, AND PRESENT STATUS OF AIDS**

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**Abstract:** The AIDS, generally known as Helps, is a constant irresistible illness brought about by the human immunodeficiency infection (HIV). Starting from the first cases were accounted for in quite a while, has presented serious dangers to worldwide general wellbeing and improvement. This article expects to look at the set of experiences, conveyance, and present status of the Guides pandemic according to a worldwide viewpoint.

**Keywords:** AIDS, proof-based intercessions, scattering, survey, constant infection.

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**Introduction:** Human immunodeficiency infection (HIV) is at present influencing 37 million families, with 2.7 million new contaminations during 2007. HIV has been tracked down in each country on each landmass and has moved from people participating in risk ways of behaving to overall communities. The most elevated risk conduct for contracting HIV in numerous networks with summed up HIV scourges (i.e., not moved in high gamble gatherings) is being a hitched lady in a monogamous relationship, as topography is fate in HIV. The worldwide local area has revitalized to give the monetary, strategy, remedial, and anticipation assets expected to stop HIV.

Anticipation researchers have planned no less than 144 proof based mediations (EBIs) to diminish transmission acts, yet these projects have not been comprehensively diffused. Get disciplinary contest over a legendary "wizardry projectile" for HIV counteraction has died down to help the blend of biomedical, social, and primary (i.e., strategy and natural) techniques coordinated in staggered projects to affect networks. These methodologies might require decisively unique exploration standards and plans, moving from randomized controlled preliminaries (RCTs) to fractionalized factorial plans, randomized consolation plans, and hindered time-series plans. Simultaneously, the requirement for quick scale-up to stop HIV likewise challenges existing logical standards in regards to replication of manualized social EBI with devotion.

EBIs are not intended for suppliers or buyers, restricting reception and dissemination The achievements of EBIs in lessening HIV risk in RCTs exhibit adequacy in controlled settings with excellent framework, yet EBIs are not really successful when executed in true settings. A few difficulties limit the more extensive effects of EBIs. EBI are not intended for suppliers or shoppers. EBIs should be accessible to suppliers in easy-to-understand conveyance configurations, and suppliers should have ability to execute them, yet there is in many cases a jumble between what researchers plan and what suppliers have the ability to carry out. For instance, when an association embraces an EBI, staff suppliers every now and again battle with understanding which exercises can be adjusted to their impression of clients' inclinations, how to adjust without subverting program viability, and building the abilities and abilities to convey explicit exercises.

However, anticipation researchers are clear about the overall techniques required for effective EBI reception and spread. Interdisciplinary plan groups with clear jobs for clients and suppliers are fundamental for creating compelling and reasonable EBIs. Spreading EBIs requires preparing

experts to figure out the mediation's hypothesis, reasoning, and nonadaptable "center components" and to give direction on the most proficient method to adjust versatile key attributes and exercises. However, there is almost no proof on the most proficient method to effectively take on an EBI or on the best way to best assistance suppliers of HIV counteraction administrations adjust and carry out EBIs with constancy.

Improvement and scattering of EBIs is an asset escalated process that has not advanced as fast as has how we might interpret the study of disease transmission of HIV. The need to give wellbeing administrations to 37 million people contaminated with HIV prompts execution of mediations preceding having proof of adequacy. Direct specialist co-ops (e.g., medical care, local area based, and nongovernment associations and their staff) frequently create and carry out their own naturally put together mediations centered with respect to the arrangement of data or on making extraordinary sentiments as opposed to all around approved EBIs.

In any event, when EBIs are officially commanded or subsidized (e.g., in the US), people group-based associations and wellbeing suppliers frequently face different difficulties in carrying out and adjusting EBI with devotion. Scarcely any EBIs have been reliably carried out in applied settings bringing about low entrance rates; even the best EBIs in the US seldom enter 1% of their objective populaces.

EBIs ordinarily target just a single result Regularly, EBIs target just a single result (e.g., HIV transmission) and report on a thin scope of essential gamble ways of behaving (e.g., number of sex accomplices, unprotected sex). However, drug use, physical and everyday endurance needs, emotional well-being, and social backings may likewise drive HIV gambles or support safe ways of behaving. Shoppers, suppliers, and networks could have different needs that limit commitment in HIV counteraction projects and reception of preventive practices.

Eventually, EBIs should address ecological obstructions to executing new practices, and EBIs do this considerably more reliably than is frequently perceived or announced. A contributor to the issue is a revealing predisposition established in funders' needs, however there were likewise frustrating outcomes from early counteraction research proposing that various result designated mediations are not viable, being too diffuse in their foci.

On account of HIV anticipation, obviously different results (i.e., drug adherence and sexual gamble decreases) are exceptionally related, justifying numerous objective mediations. As a matter of fact, numerous effective EBIs really do focus on various results proximally connected with HIV counteraction (e.g., drug use, sex dangers, adherence, and personal satisfaction). A couple of projects have inspected long haul results. At the point when inspected, the impacts of counteraction programs are expansive and reach out past the expected effect.

For instance, a family-based program for young people whose guardians are living with HIV has benefits not just in that frame of mind for HIV, despondency, and medication utilization of guardians and adolescents, however high school pregnancy is decreased and the grandkids likewise benefit. Adherence and upkeep are fundamental results for all conduct change programs. Conduct changes gradually after some time with work on, beginning with little advances that amass to make enormous contrasts. Moreover, change must be maintained whenever integrated into people's regular routines and social connections that help the new schedules.

Cycles and components for at first changing a way of behaving may vary from those that keep up with it. However, there is just restricted proof that HIV-related EBIs support wellbeing conduct changes on the grounds that most avoidance preliminaries have followed members for a couple

of years. Most biomedical anticipation and therapy programs expect adherence to guarantee viability and to forestall negative and unseen side-effects like therapy obstruction. Conflicting adherence to HIV treatment and preventive ways of behaving co-happen and have normal relates, and viable mediations ought to target adherence to numerous results.

Overemphasis of counteraction for people and couples, not families and networks Most EBIs are conveyed to people in one-on-one directing or little gatherings. Risk ways of behaving are authorized in schedules or practices that are implanted in more extensive social designs like marriage, simultaneous associations, and other cooperating standards and open doors. In this manner, supported change requires moving local area and companion standards, displaying impacts, fortifications and prompts for ways of behaving, and the more extensive social designs that shape risk.

Families and networks set values and model ways of behaving from right off the bat throughout everyday life, except not many EBIs target families and networks. Albeit the couple of existing local area level EBIs mediate for a bigger scope and in a possibly more financially savvy way than do concentrated individual-centered EBIs, the conduct targets actually have a generally restricted center (e.g., condom use).

### **Conclusion**

All in all, Helps devastatingly affects worldwide wellbeing and improvement throughout the course of recent many years. While clinical advances offer expectation, accomplishing a Guides free future will rely upon tending to its social, monetary and underlying drivers. Supported multisectoral cooperation is fundamental to beat remaining difficulties, dispose of new contaminations, and guarantee evenhanded admittance to HIV counteraction and treatment administrations for all. Continuous carefulness and aggregate activity will be expected to control this malignant pandemic at long last.

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