At the beginning of the 21st century, migration has emerged as one of the key issues of the ages the wealth-
world, human movement-and in particular how it should be controlled- has become a major political issue. Extension of principles
in the universal declaration of human rights culminated in the 1990 international convention on the protection of the rights to all
migrant workers. Extensive hostility against abuse of and violence towards migrants much more visible worldwide in recent years.
Research, documentation and analysis of the character and extent of problems and of effective remedies remain minimal. This article helps the possibility of using HIV treatment as a prevention tool, Human Rights are necessary to realize the rights and health of mi-
grant people affected by HIV/AIDS.

INTRODUCTION
About 150 million persons live outside their countries; in many states, legal application of Human rights norms to non citizens is inadequate or seriously deficient, especially regarding irregu-
lar migrants. since the beginning of the epidemic, the protection of human rights has been an integral component in the response to human immuno deficiency virus (HIV):the high degree of stigma and discrimination associated with acquired immuno deficiency syndrome (AIDS) has made human rights protection not only a priority to ensure the rights of migrant people living with and at-risk for HIV, but to address public health goals as well.

India is a country with the highest number of HIV infections in the world and ready in the third phase of the epidemic. We have a near crisis scenario as envisaged from the increasing number of HIV/AIDS even in rural areas. India has a large population more than the double of than (STDs ) contributing a quarter of the world ‘s estimated 250 million STD cases yearly because of high incidence of sexually transmitted diseases. The World held Health Organization (WHO) in WHO,UNAIDS, The world bank and the health officials in India have finally endorsed the validity of the estimates and projections made by the Indian health organization (IHO). The state’s series of HIV risk behaviour surveillance surveys (BSS) are also an important source of in-
formation on the factors affecting the spread of the disease and are a basis for assessing the impact of prevention programmes.

The Andhra Pradesh BSS conducted in 2004, measured HIV/ AIDS –related knowledge and behaviour.In all groups , TV was the primary source from which people received HIV prevention messages.

The following graph shows the percent reporting sources for HIV/AIDS messages Andhra Pradesh,2004.

**Human Rights in relation to other topics, study:**
The interrelationship between human rights and related fields such as development, democracy and good governance was emphasized at the united nations millennium summit, which resulted in a declaration that affirmed global commitments to the protection of the vulnerable, the alleviation of poverty, and the ratification of corrupt structures and processes – particularly in those countries in which there is a lack of ‘rule of law’ and good governance. Observational data used development of the thematic codes measuring occupational control. Understanding of HIV transmission, ignorance and stigma continue to drive discr iminatory laws, policies and practices. Men who have sex with men (MEM*) are also often excluded HIV prevention and treat-
ment programmes because of discrimination and human rights abuses, including at the hands of medical providers and police.

**Conclusions:**
Since the beginning of the epidemic, guaranteeing human rights has been an essential aspect of successful HIV/AIDS pro-
grammes. The potential of treatment as prevention provides exciting opportunities’ and even a paradigm shift in terms of AIDS prevention. However this potential cannot be reached unless respect, protection, and advancement of human rights are primary components of treatment as prevention does not funda-
mentally change basic principles related to the dignity and agency of people living with HIV to participate in the design and implementation of programmes, to be informed and made protected from harm and to have opportunities seek redressed accountability for abuses.

**Abbreviations:**
1. HIV=Human Immune Deficiency Syndrome
2. AIDS=Acquired Immune Deficiency Syndrome
3. STD=Sexually Transmitted Diseases
4. WHO=World Health Organization
5. UNAIDS=Joint United Programmes on HIV/AIDS
6. IHO=Indian Health Organization
8. BSS= Behaviour surveillance surveys
9. MEM=Men Who Have Sex with Men

**REFERENCE**