

Working with HIV: The India Way



PROTECT YOURSELF
RESPECT YOURSELF
SPREAD AWARENESS
ABOUT
AIDS

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Acknowledgements

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NIMS (ICMR), NIHFWS, New Delhi & Other National & Regional Institutes working on HIV Sentinel Surveillance & HIV Estimations

UNAIDS, WHO & Other Development Partners

State AIDS Control Societies & Communities

Outline

1

- Journey So Far & Achievements

2

- Guiding Principles & Key Approaches

3

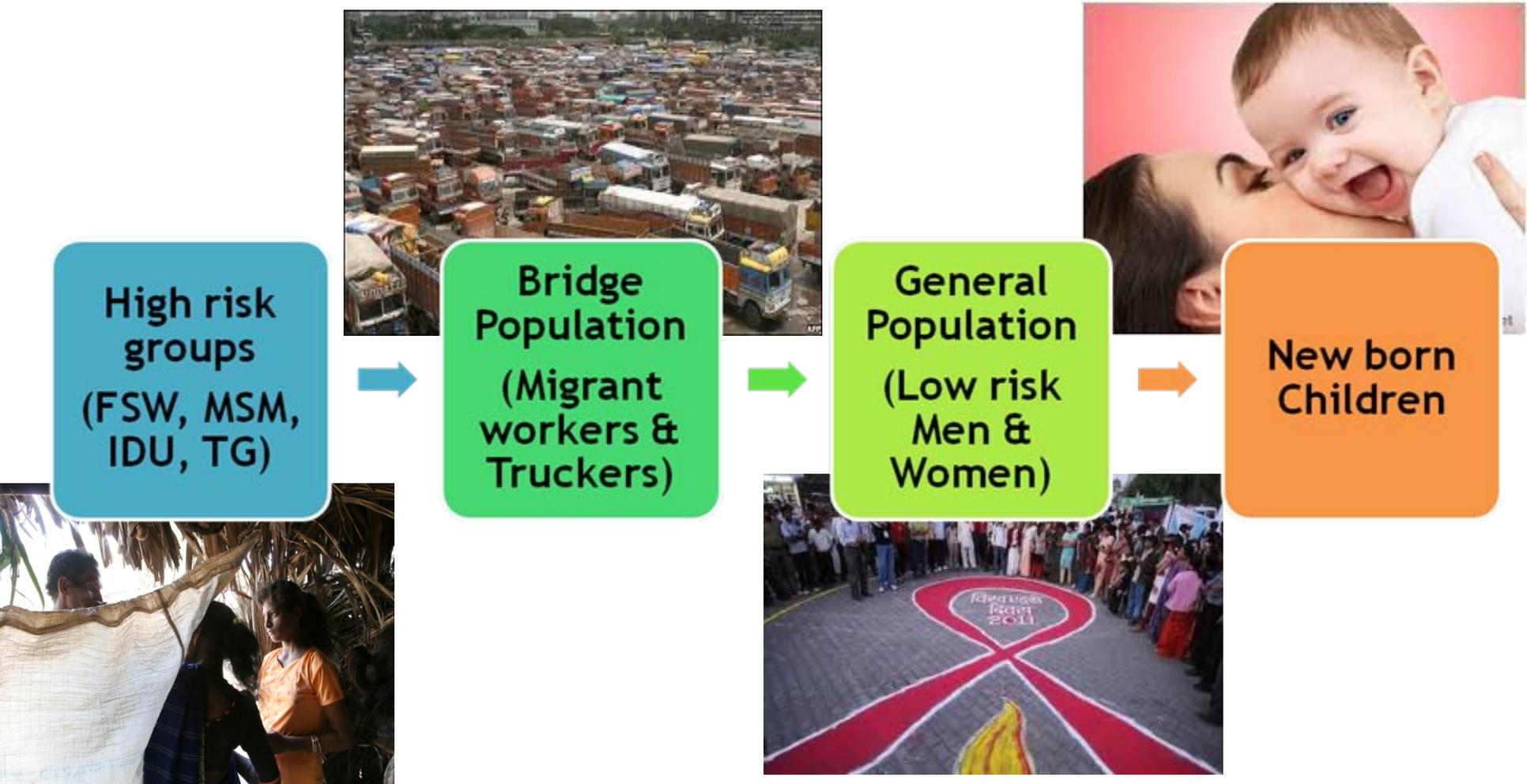
- Current Challenges

4

- Post-MDG Scenario & Priorities

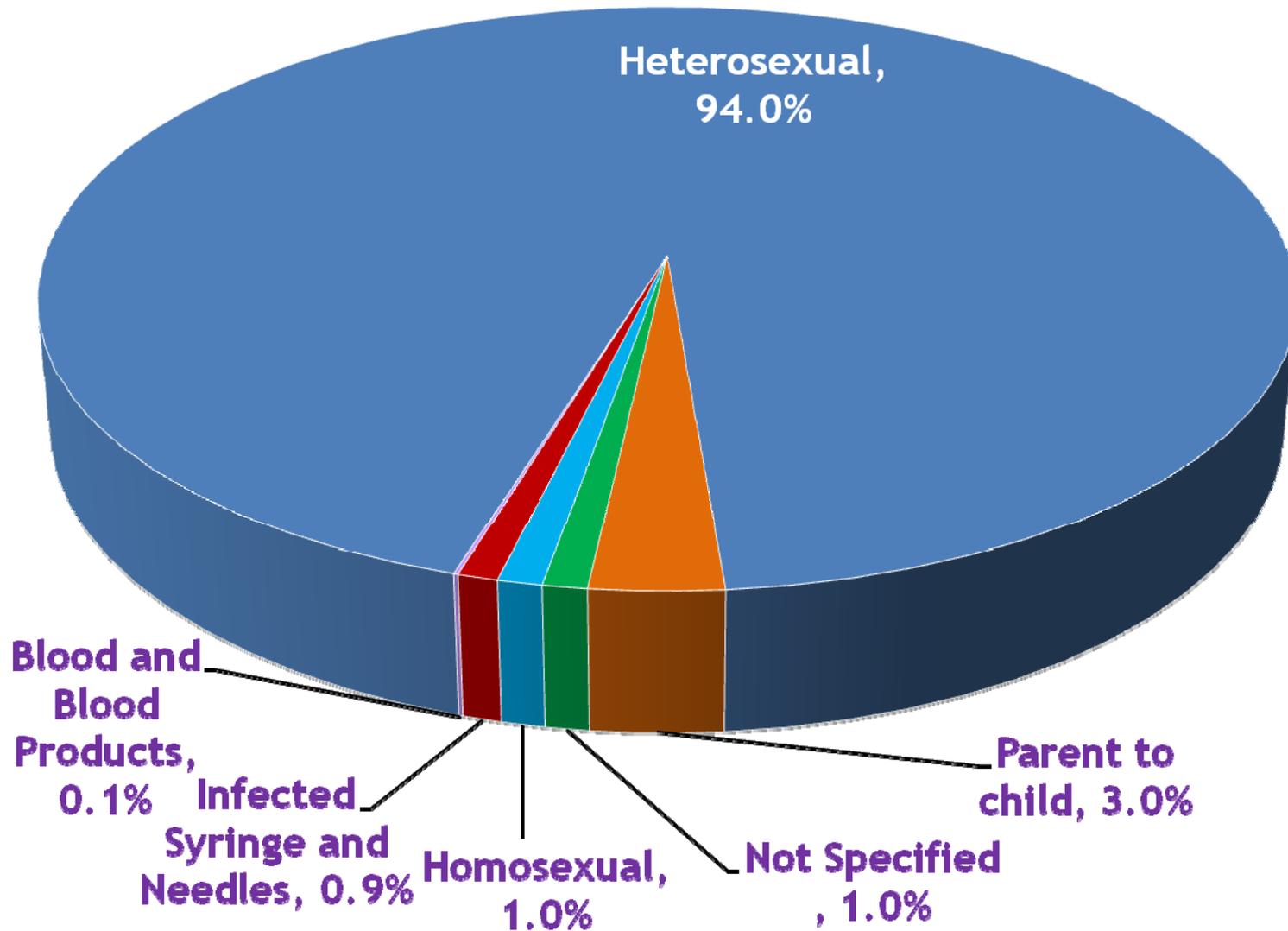


Concentrated Epidemic among Key Risk Groups



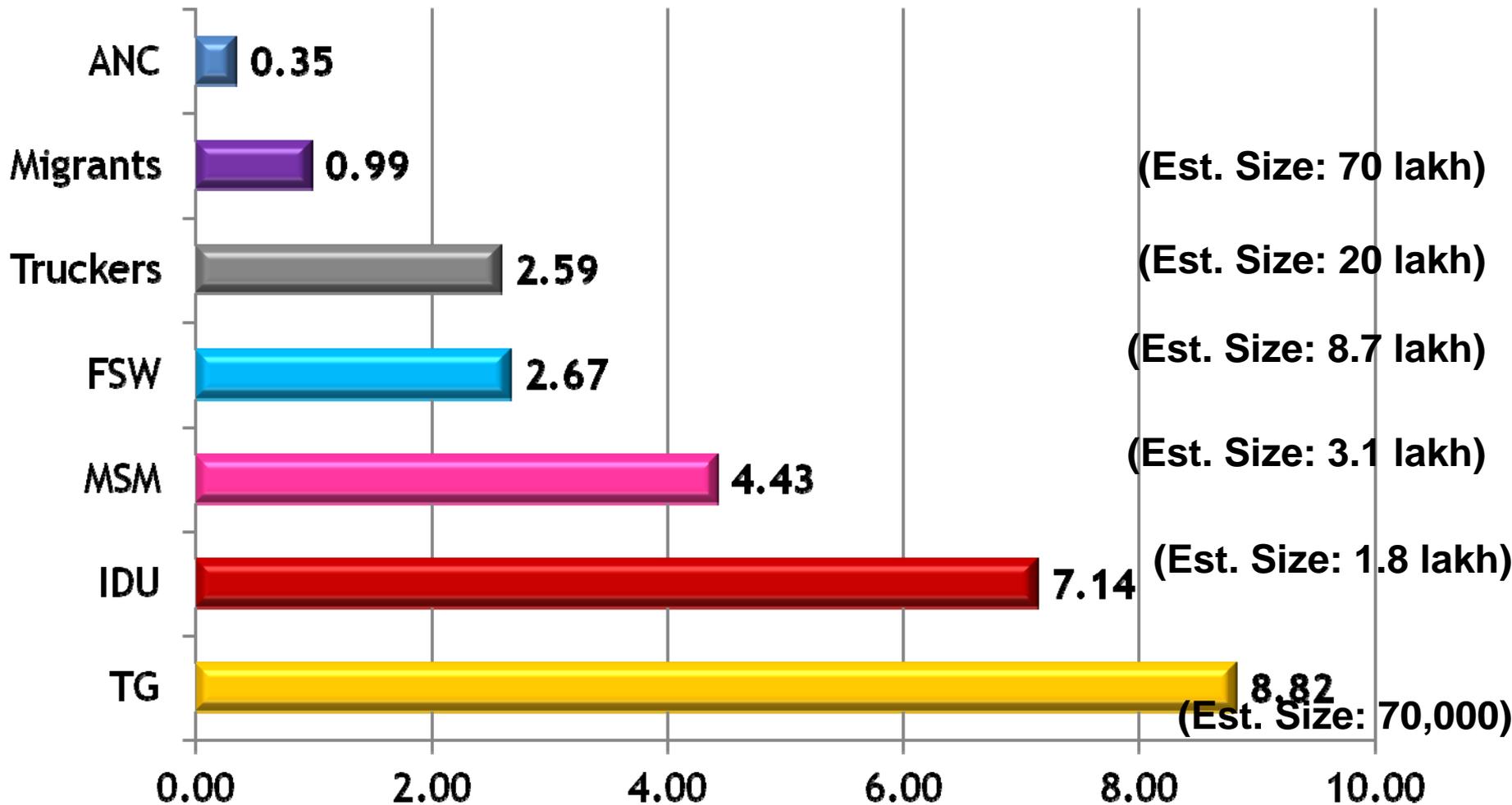
FSW: Female Sex Workers; MSM: Men who have sex with Men; IDU: Injecting Drug Users; TG: Transgenders/ Hijras

Routes of HIV Transmission, 2014-15



HIV Concentrated among HRG & Bridge Population

HIV Prevalence (%)



**JOURNEY SO FAR &
ACHIEVEMENTS IN HIV/AIDS
PREVENTION & CONTROL**

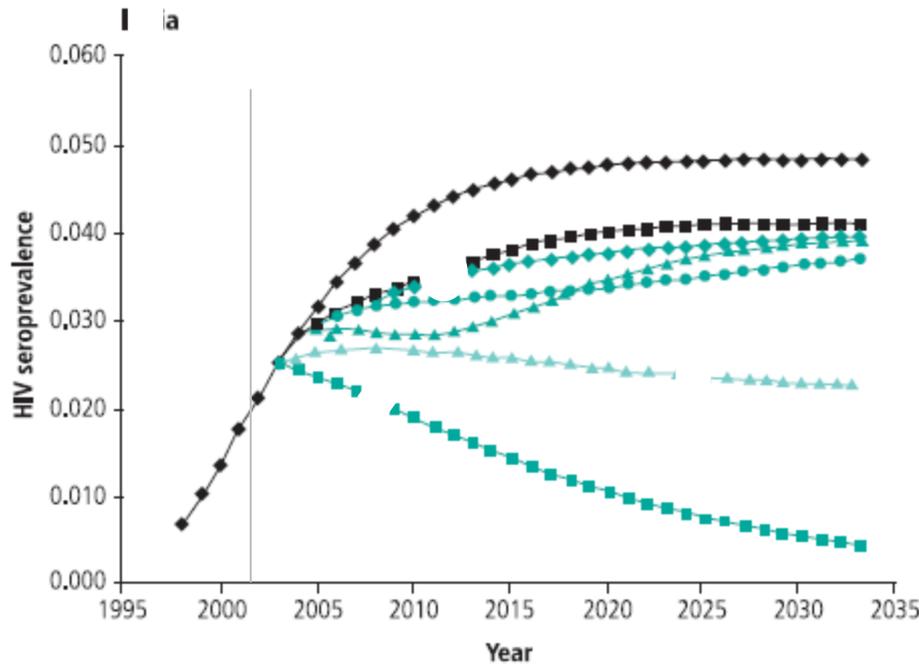
HIV in India...grim projections earlier, but a global success story today

Early 2000's...projections



Today...

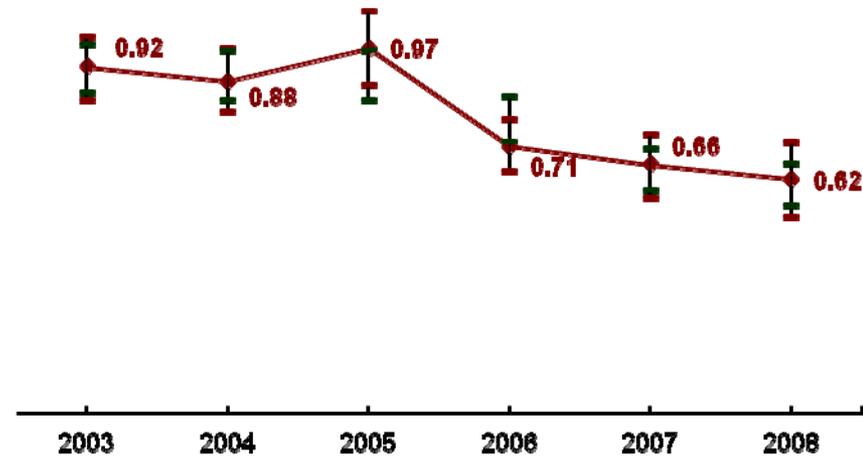
56% reduction in new infections over the last decade!



20-25 million people projected to be living with AIDS by 2010 (highest number in any country in the world)

Source: National Intelligence Council (2002) 'The Next wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China', September, p.3

Age-adjusted HIV prevalence (%)



0.31% adults infected
2.3 million people living with HIV

Source: HIV Estimations, 2010 & NACO's ANC Sentinel Surveillance data. Consistent ANC sites for the age group 15-24 were analysed



India's Response to HIV/AIDS



- HIV/AIDS Cell/ATF/NAC set up
- Medium Term Plan in 4 states

- NACP-II rolled out
- SACS set up
- TI, Testing & Treatment
- IDA Credit of \$ 191 Mn

- NACP-IV rolled out
- Quality
- Integration & Mainstreaming
- IDA Credit of \$ 255 Mn

1986 1990 1992 1999 2007 2012

1st case of HIV/AIDS

- NACP-I launched
- NACO set up
- Surveillance, IEC & Blood Safety
- IDA Credit of \$ 84 Mn

- NACP-III rolled out
- Massive scale up
- District level - DAPCUs
- Evidence of Impacts
- IDA Credit of \$ 516 Mn

Evolution of India's National AIDS Programme



1990s - AIDS treatment unaffordable due to patents

1964

- Zidovudine first patented

Thereafter

- Tested as cancer treatment and shelved

1984 & 85

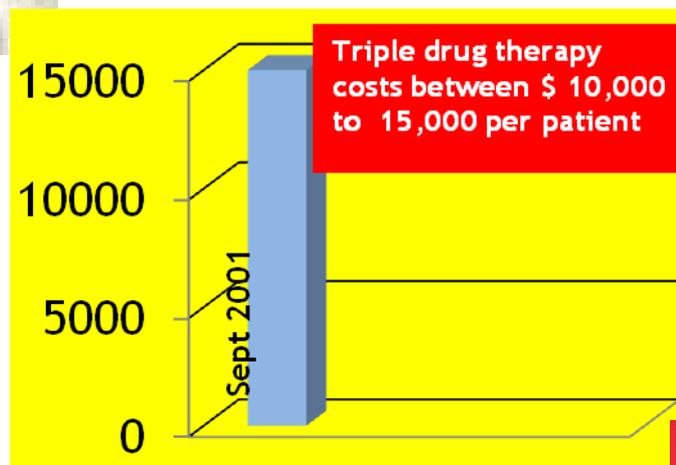
- Discovered to work against HIV. Patent granted on new use (HIV) to GSK.

1987

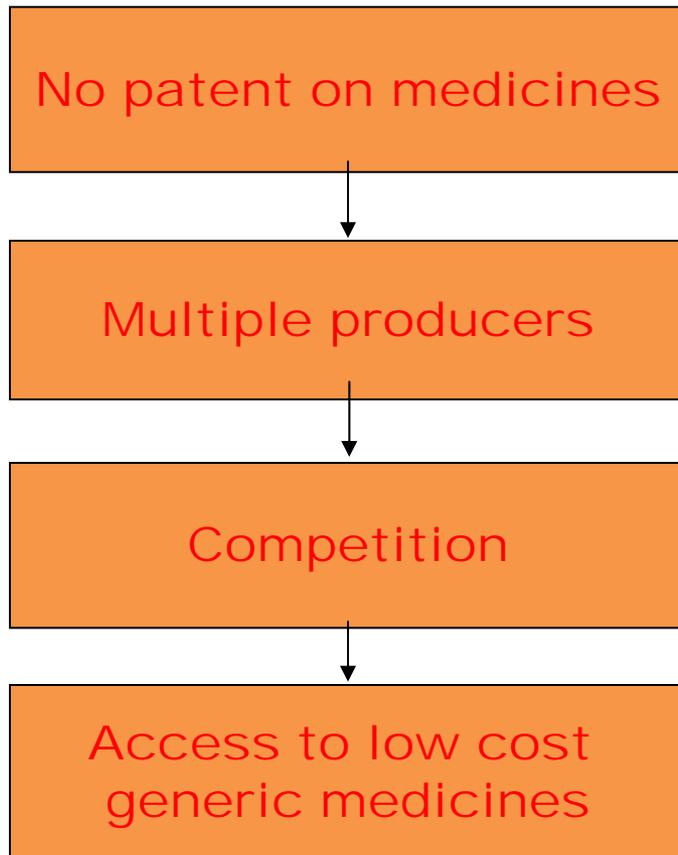
- In 1987, it became the first anti HIV drug approved by the USFDA. One year's supply cost \$10,000



By the late 1990s, it was medically established that triple HAART can be used to treat AIDS. But...



India's System of Generic Production of Drugs



\$1 a day price in 2001 from Indian generic companies

WHO Issued Statement (09 Feb 2001) on criticality of new offers of low cost ARV Medicines in improving access to treatment for AIDS

Generic Drugs - Vital in National Programmes

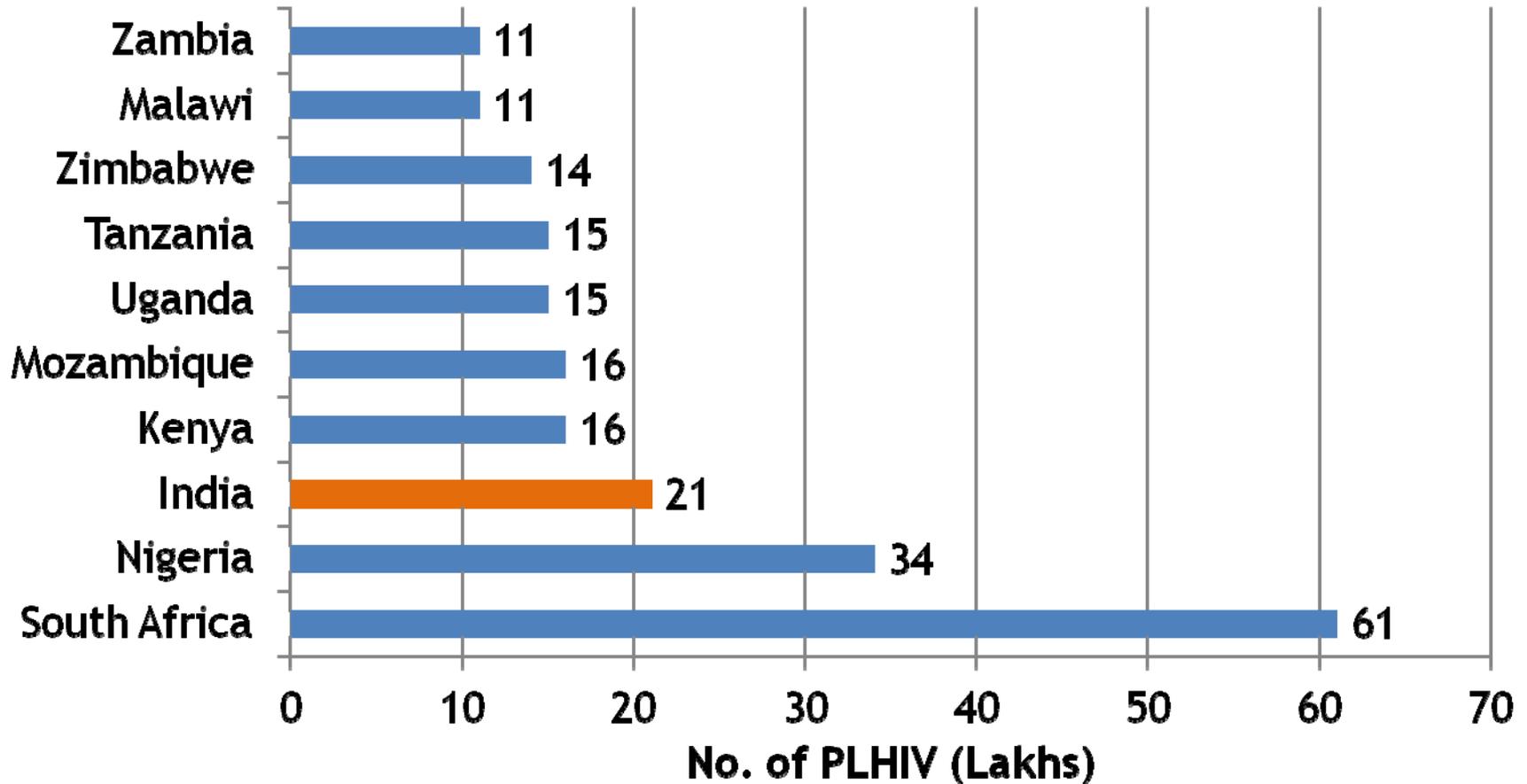


- Scale-up of ART to over 9 million made possible by huge price drops due to generic competition
- 100% of AIDS drugs that India uses are generics
- Indian Govt. relies on generic versions of essential medicines to treat TB, HIV and a wide range of diseases
- US - 98% of PEPFAR's ARVs are generic; Up from 15% in 2005; Generics saved PEPFAR \$380 million in 2010 alone

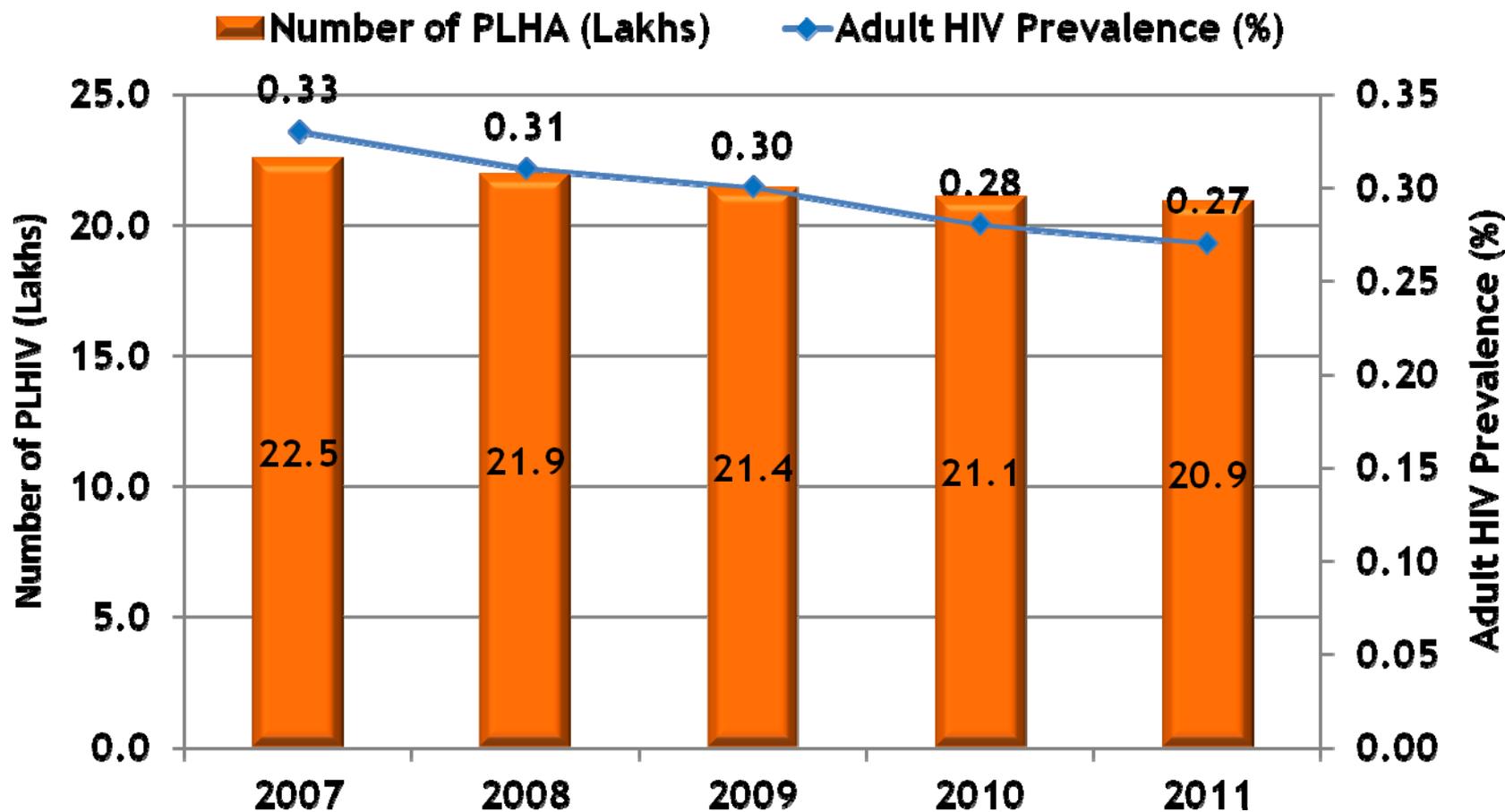


Number of PLHIV - Top Ten Countries

Globally, 353 lakh persons estimated to be living with HIV



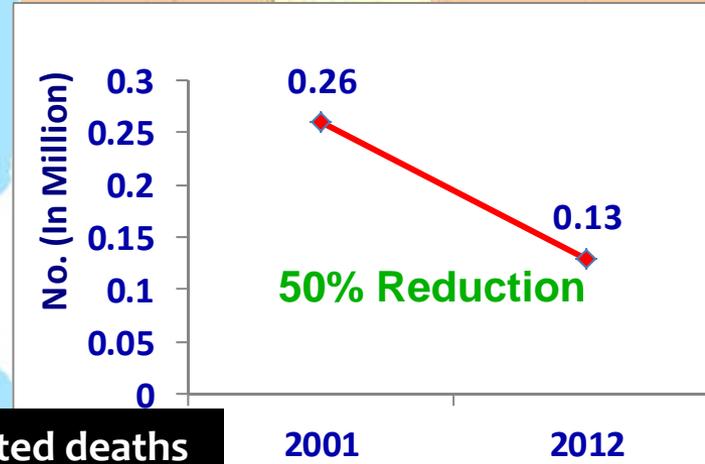
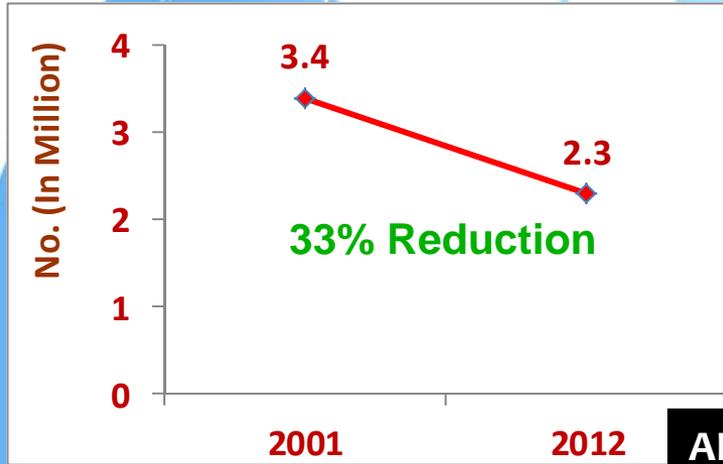
Declining Trends of HIV Epidemic in India



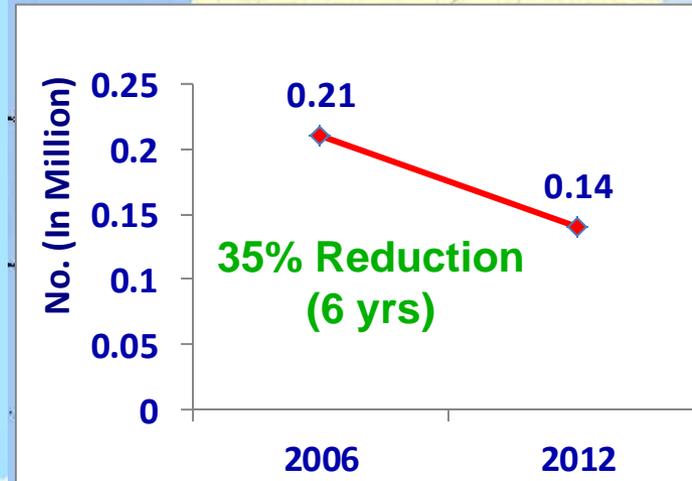
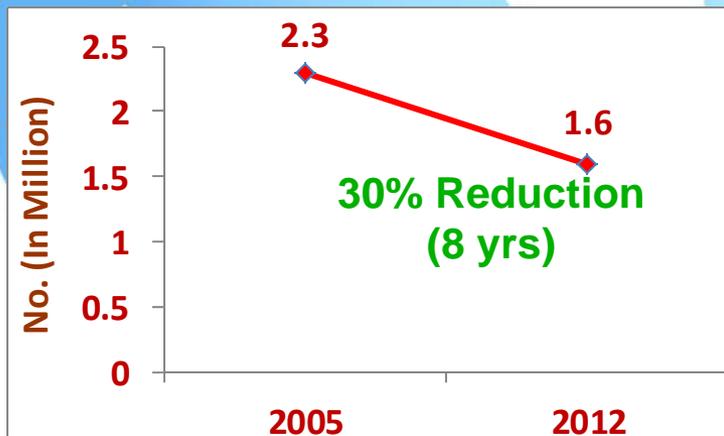
Low Prevalence Country (0.27%);
3rd Largest No. of PLHIV in the world (21 lakhs)
Female: 39% of PLHIV; Children: 7% of PLHIV

Epidemic Scenario: Global & India

New Infections



AIDS related deaths



Global Acclaim for India's AIDS Control Programme

- India's NACP appreciated in UN General Assembly Special Session as one of the three success stories in the world (June 2011)
- India elected the Chair of UNAIDS Board for 2013
- Over 20 International governmental delegations visited India to learn from India's AIDS Control efforts
- Wide recognition of India's role in ensuring access to ARV medicines for millions of PLHIV across the world



**GUIDING PRINCIPLES & KEY
APPROACHES**

Guiding Principles of India's Response



Evidence-led Planning

Bio-Behavioural Surveillance

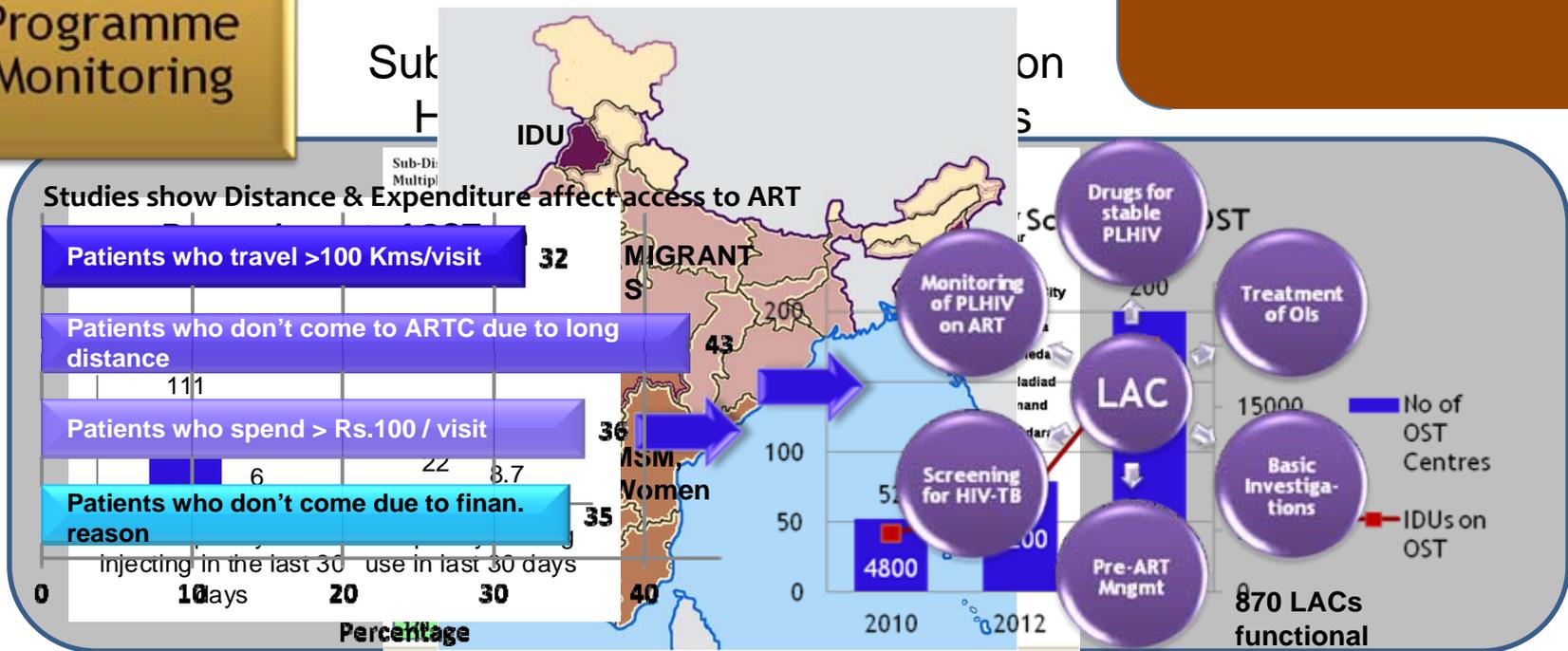
Special Studies & Evaluations

Programme Monitoring



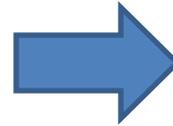
- ✓ Geographic Prioritisation
- ✓ Region-specific Focus
- ✓ New Strategies
- ✓ Flexible Modeling & Mid-course Corrections

Regional Focus on Vulnerabilities

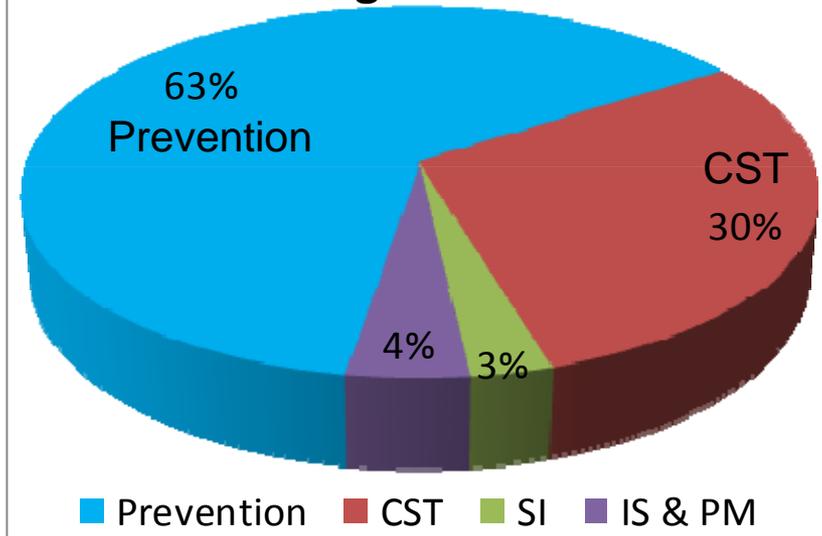


Prevention Focus

- ✓ 99.7% population not infected
- ✓ 1.6 million MARPs & 9 million Bridge Population
- ✓ >40% reported STI among FSW & MSM
- ✓ Around 40% needle sharing among IDUs
- ✓ Migrants at Destination: 56% - Visit FSW; Higher HIV Prevalence among Migrants & Spouses



NACP-4 Budget Allocation

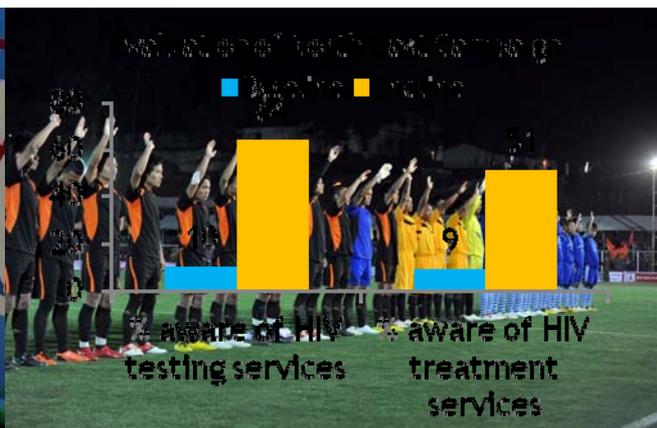
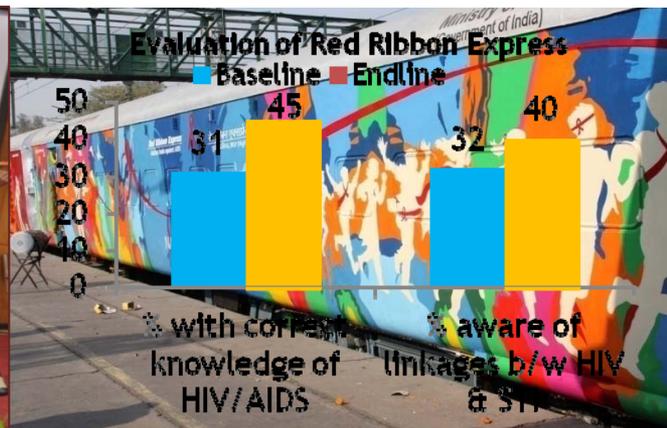
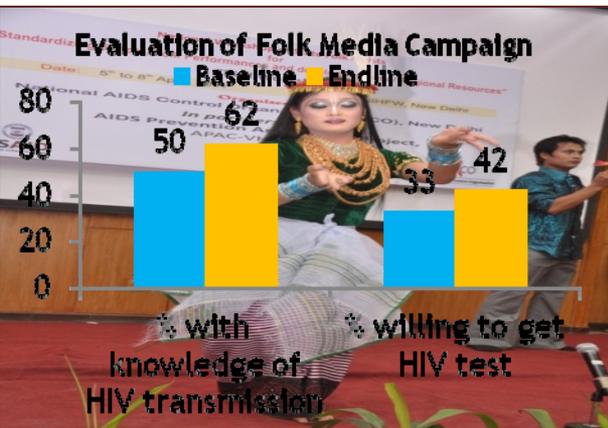


CST: Care, Support & Treatment; SI: Strategic Information; IS & PM: Institutional Strengthening & Programme Management

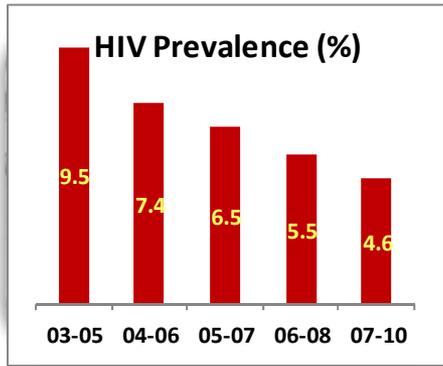


Targeted IEC...

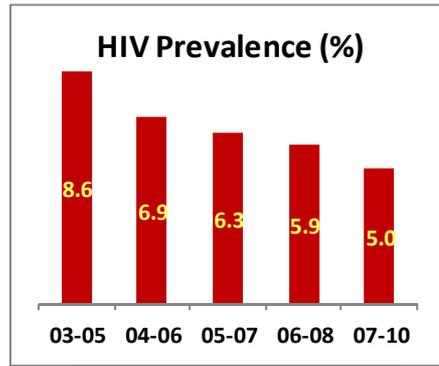
- Scientific Approach
- Linking to Service Delivery
- Innovative Flagship Initiatives (Red Ribbon Express, National Folk Media Campaign, North East Campaign)
- Evaluation of campaigns & Re-modeling
- Periodic Behavioural Surveillance to track overall impacts



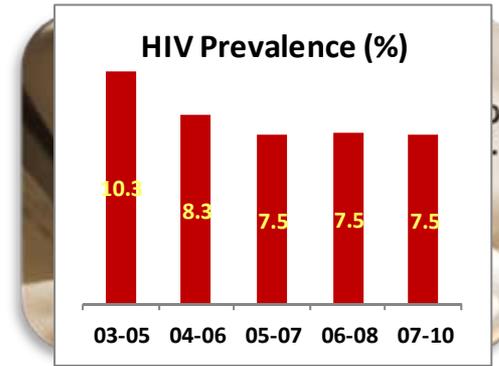
Communities at Centre



FSW

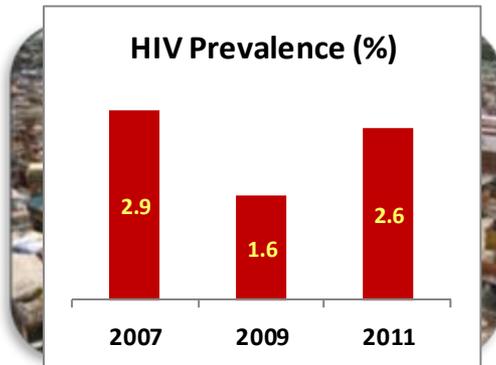


MSM & TG

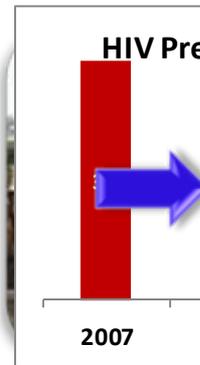


IDU

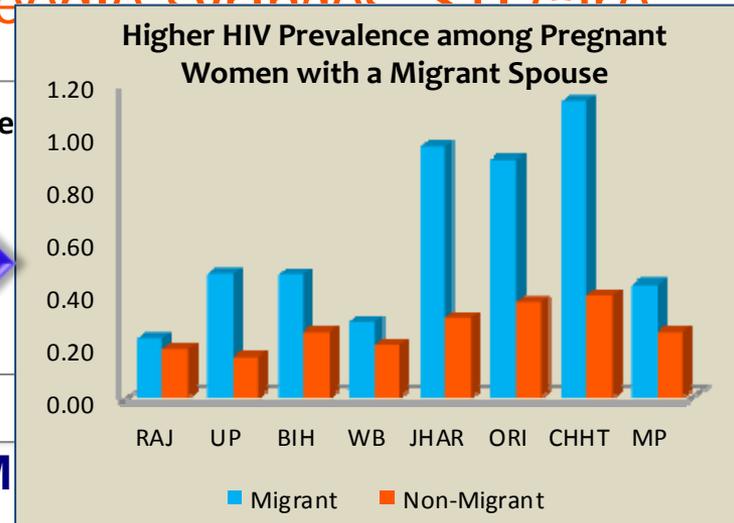
Over 1,800 Targeted Interventions through NCO/CBO
 Declining Trends of HIV among FSW & MSM,
 Mapping & Size Estimation of Risk Groups
 Stable Trends among IDU,
 16 lakh HRG & 5 Mn Bridge Groups Reached
 Inadequate Trend Data on Migrants & Truckers:
 Peer-led Approach; BCC, Condoms, Needle syringes, STI care



Truckers



M



Migration



Linkages between source & destination

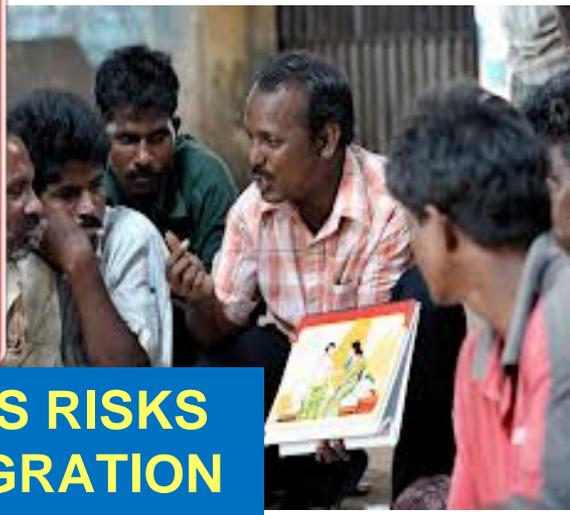
... resulting in re-scoping and reshaping of Migrant Strategy under NACP-III



Prevention Services at Destination & Reverse Mapping

Awareness & Linkages at Transit Points

Outreach & Services at Source for Out-migrants, Returnee Migrants & Spouses of Migrants



A PIONEERING MODEL TO ADDRESS RISKS DUE TO INTRA/ INTER COUNTRY MIGRATION

Designing for Scale



• डॉक्टर द्वारा यौन संक्रमण का यकृत एवं योफनीय इलाज

Commodity
Standardisation



Technical &
Operational
Guidelines



Unit Costing

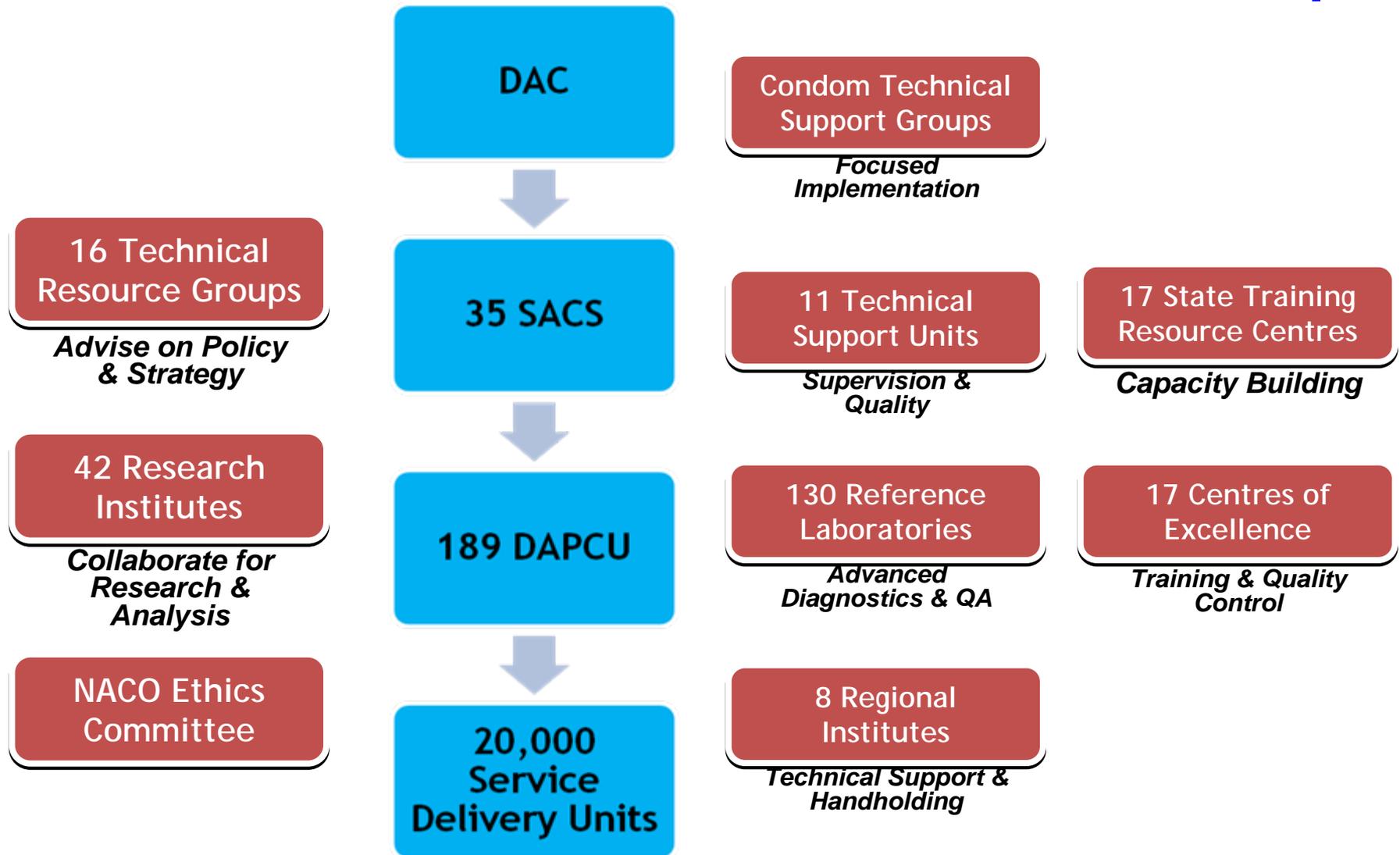


Uniform Training
Modules



Structured
Monitoring
Mechanisms

Institutional Framework for Scale Up



Streamlining Supply Chain Management Systems

Improving Financial Management thru CPFMS

Data for Programme Management thru SIMS

Scale up of Infrastructure

2014

1825



162



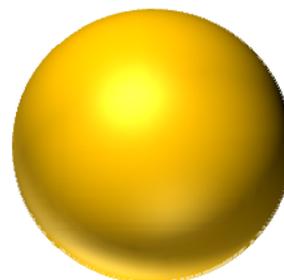
1136



398



15538



1295



2007

778



30



845



194



4132



127



TI: Targeted Intervention (Urban MARPs)
LWS: Link Worker Scheme (Rural MARPs)
STI: Sexually Transmitted Infections
CSMP: Condom Social Marketing Programme
ICTC: Integrated Counseling & Testing Centre
ART: Anti Retroviral Treatment

TI
No. of
TI

LWS
No. of
Dists.

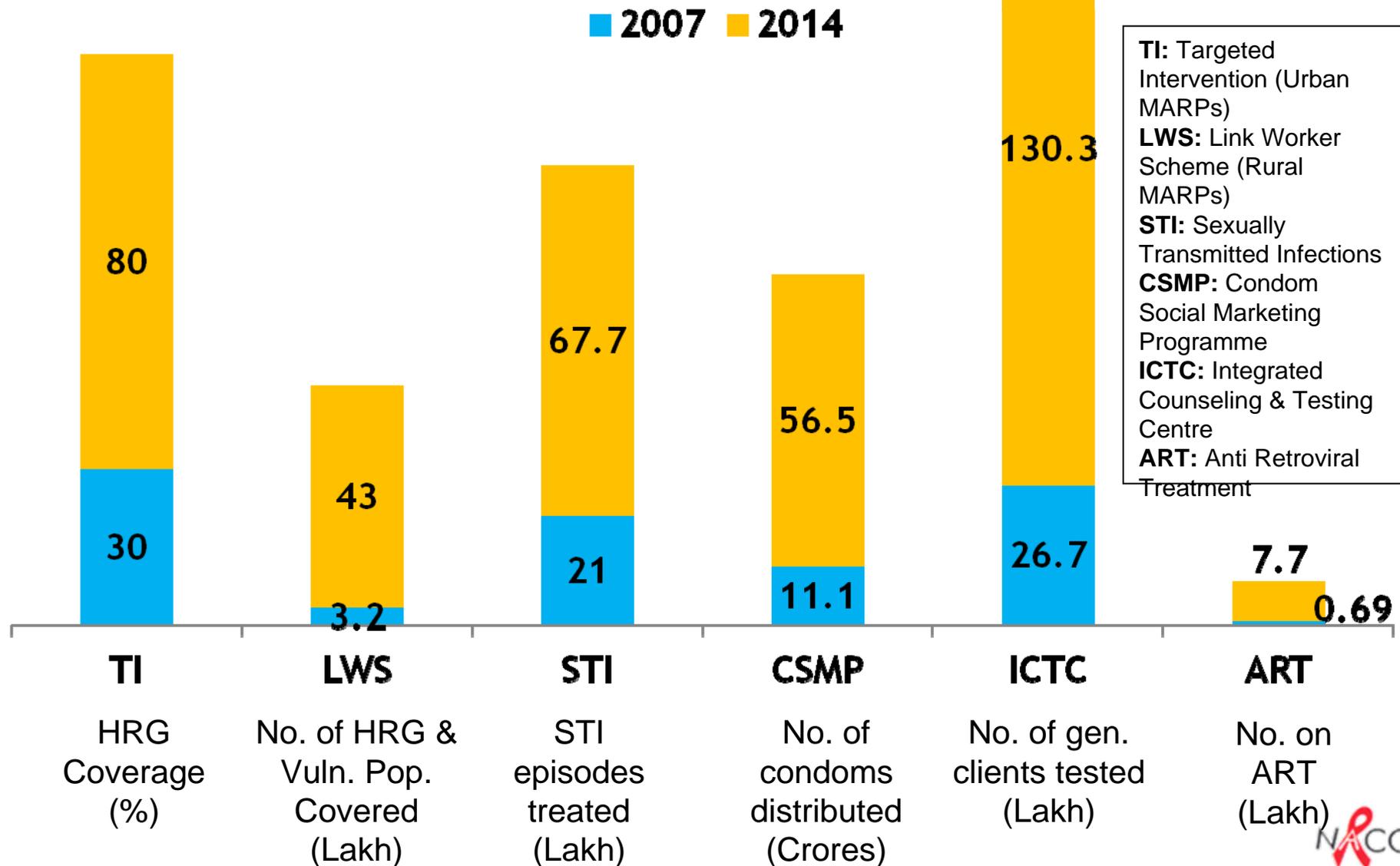
STI
No. of
Clinics

CSMP
No. of
Dists.

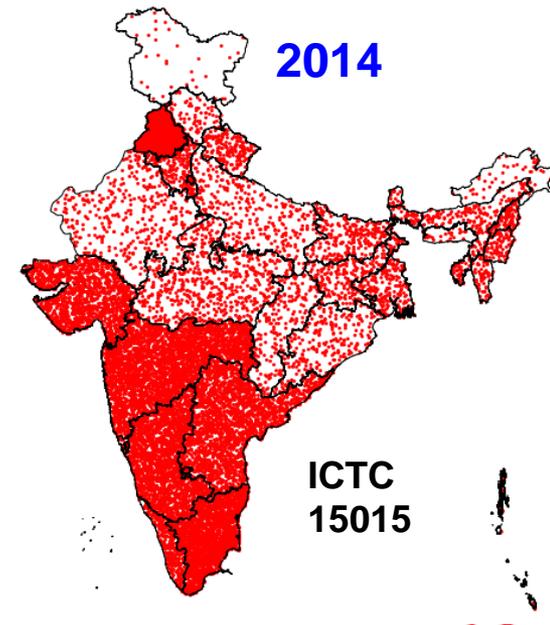
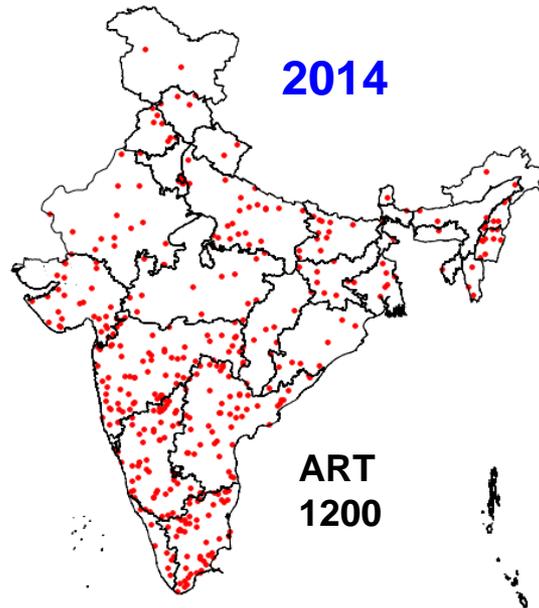
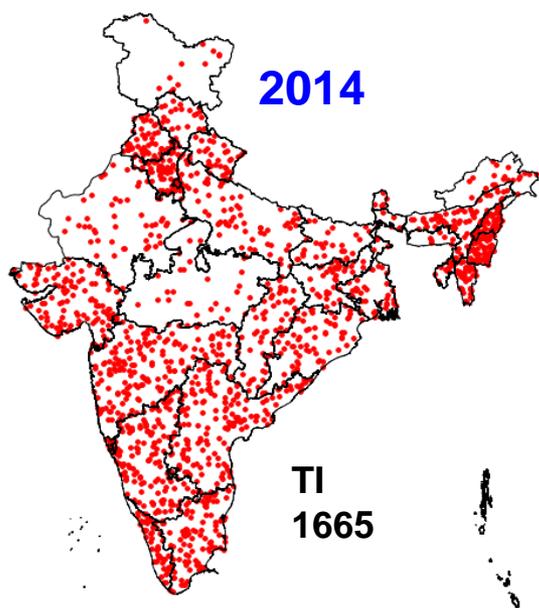
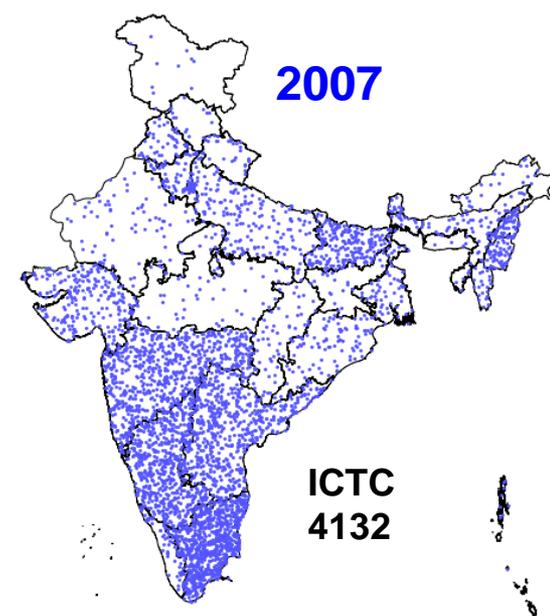
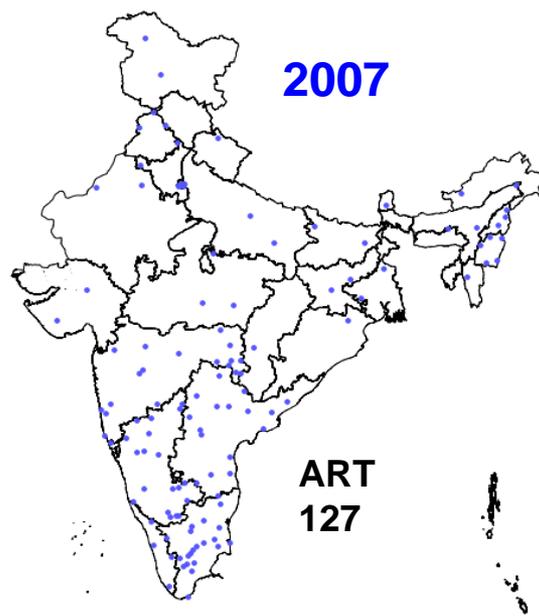
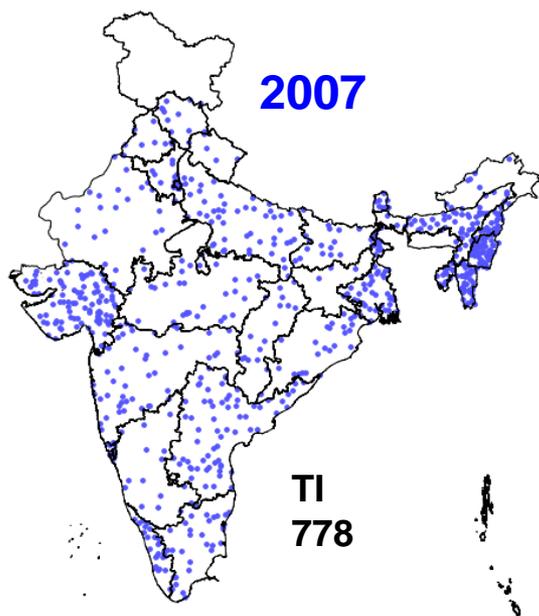
ICTC
No. of
Centres

ARTC
No. of
Centres

Scale-up of Service Delivery



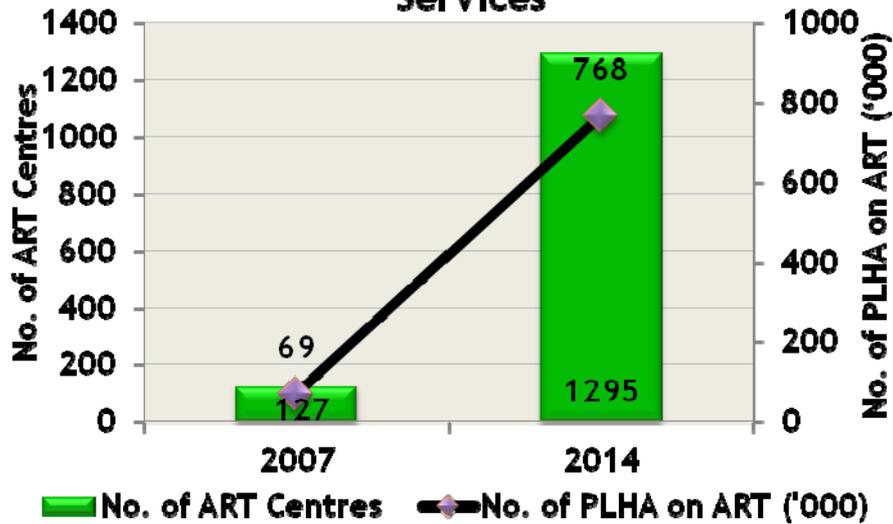
Geographic Expansion of HIV/AIDS Services



Improving Access to Treatment & Care

India has the 2nd largest number of PLHIV on ART, Globally

Anti-Retroviral Treatment (ART) Services



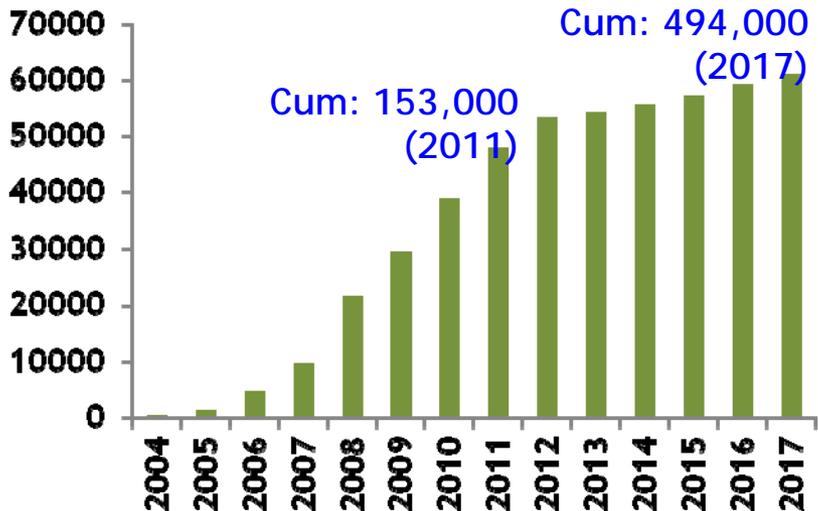
❖ Dramatic scale up of no. of ART centres & no. of PLHIV on ART over last five years

❖ Improving survival and Quality of life of PLHIV

❖ Scale-up of Early Infant Diagnosis & Paediatric ART

❖ Adherence on ART & Drug Resistance remain key challenges

Lives saved due to ART



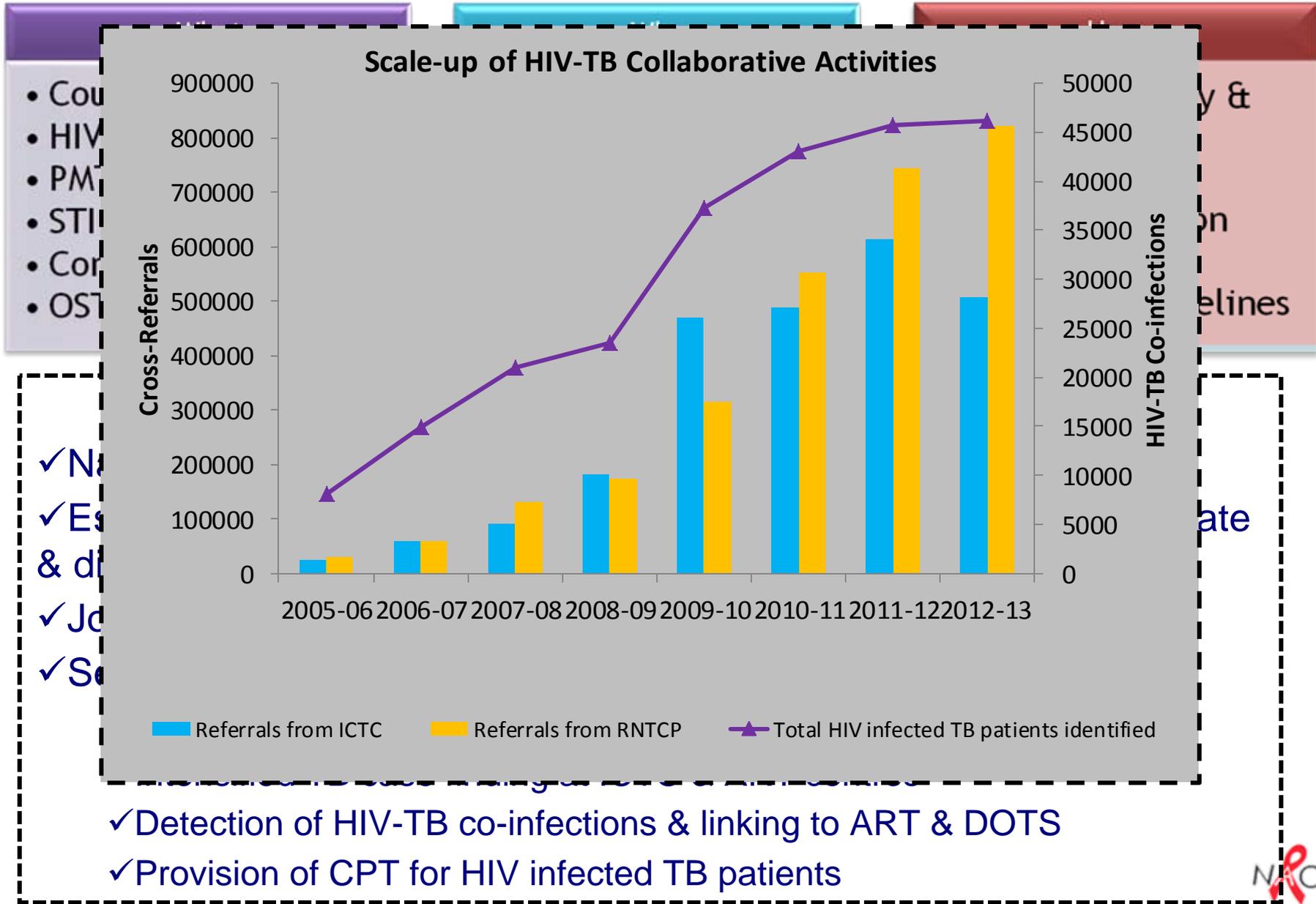
Resources required to address treatment needs



Vertical health interventions not adequate; Need Multi-sectoral Response



Integration with Health System



- Cou
- HIV
- PM
- STI
- Cor
- OS

- ✓ Na
- ✓ Es
- & d
- ✓ Jc
- ✓ Se

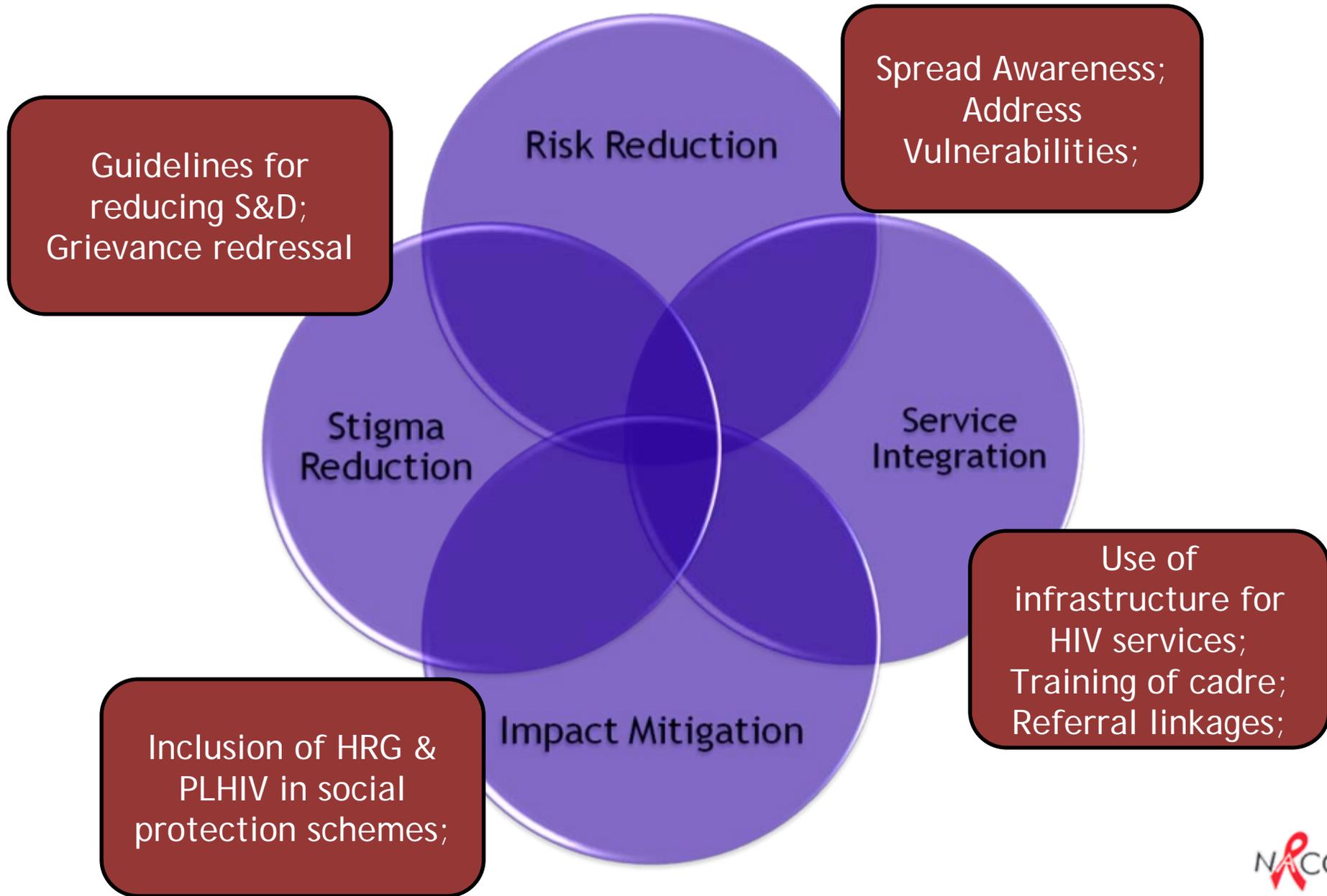
- ✓ Detection of HIV-TB co-infections & linking to ART & DOTS
- ✓ Provision of CPT for HIV infected TB patients

Mainstreaming with Ministries & Industry

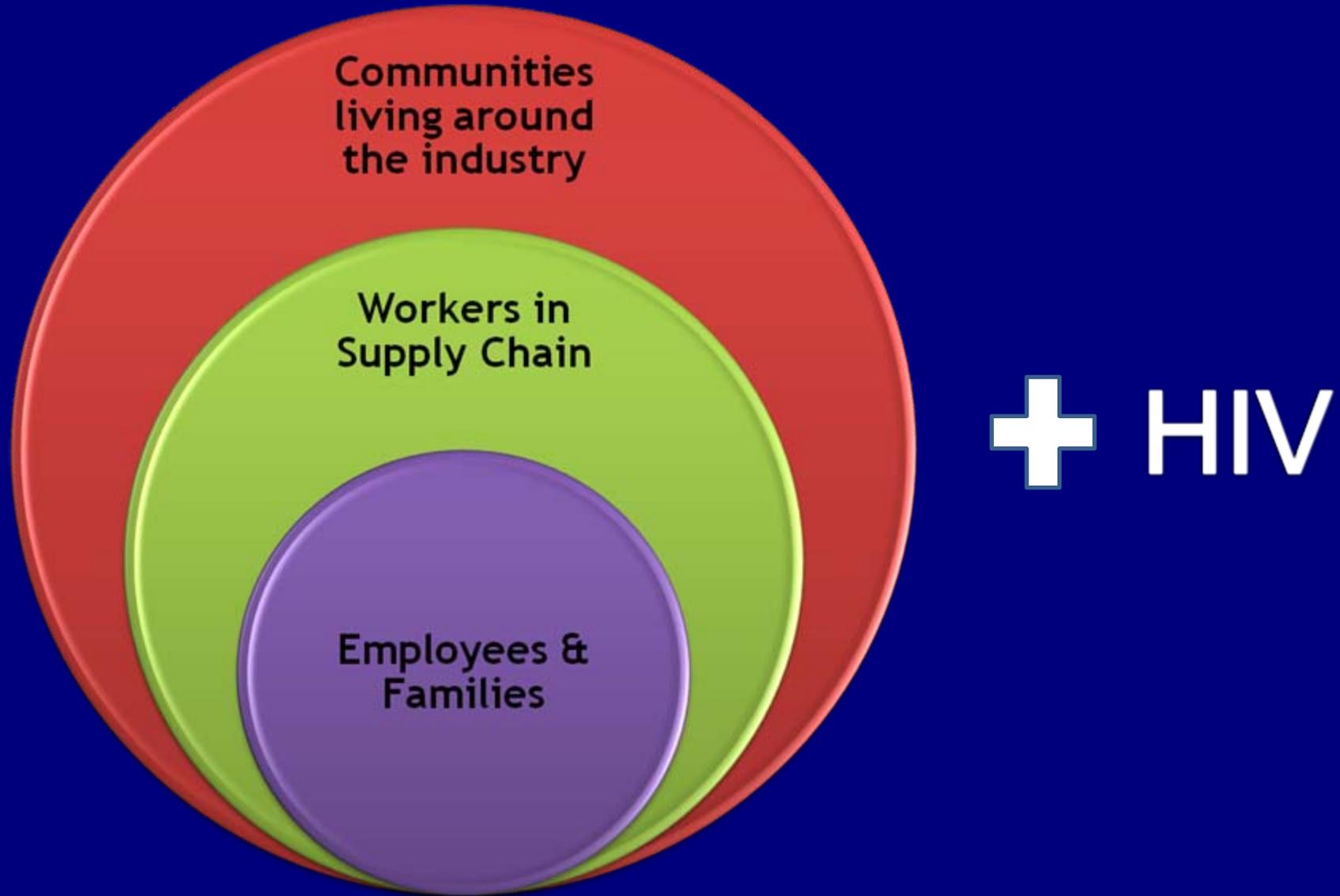
- ❖ Identification of common beneficiaries & training of frontline workers
- ❖ Policy amendments & issuance of guidelines
- ❖ Aligning reporting mechanisms to track progress
- ❖ Budgetary allocation by concerned ministries (\$543 Mn)
- ❖ Leveraging of infrastructure & human resources
- ❖ Setting up coordination mechanisms at national, state & district levels
- ❖ Signing MoUs for structured collaboration (14 Signed)



Goals of Mainstreaming



What can Industry Do?



Win-Win Situation: Spend on own workforce under CSR Initiatives to benefit employees & improve productivity



- **In Making Policies & Strategies**

- NACP 4 Strategy Development: 45 working groups, Over 1000 participants, 60% non-govt (civil society, communities, etc.)

- **In Service Delivery Models**

- Source, Transit & Destination Approach for Migrants
- Facility Integrated C&T Centres, Link ART Centres
- MoUs with Ministries for Mainstreaming & Social Protection

- **In Community Mobilisation & Youth Engagement**

- Red Ribbon Express
- HIV Campaign thru Music & Sports
- National Folk Media Campaign

- **In Programme Monitoring & Use of Evidence**

- Web-based Strategic Information Management System (SIMS)
- District Categorisation for Priority Attention

- **In Application of Technology**

- Online PLHIV Tracking Tool
- Smart Cards for PLHIV

Monitoring Systems

Internal Systems

- Strategic Information Management System for monitoring of service delivery & outreach

Periodic Systems

- HIV Sentinel Surveillance to track epidemic trends
- HIV Estimations to estimate burden & needs

Large scale Surveys

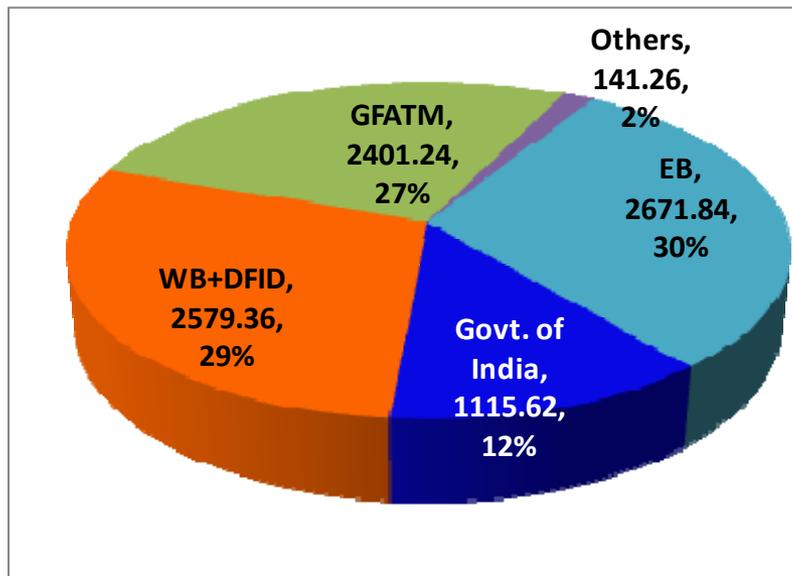
- National Integrated Biological & Behavioural Surveillance
- Integration with National Family Health Survey

Special Studies

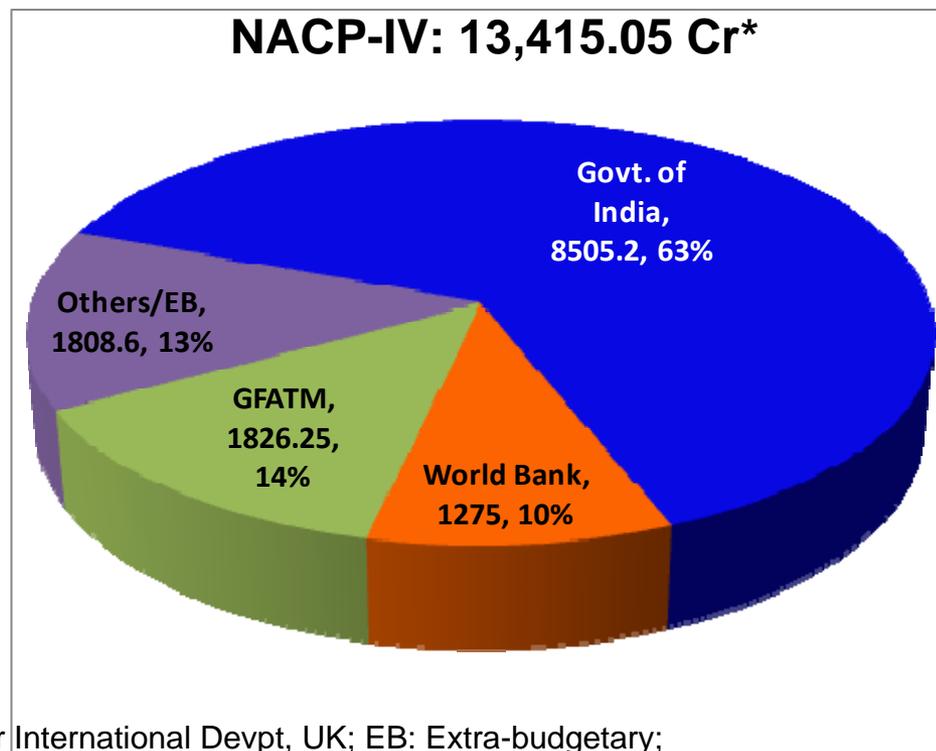
- Evaluations, Outcome & Impact Assessments
- National Data Analysis Plan
- National HIV/AIDS Research Plan

NACP-IV Project Financing

NACP-III: 8,909.32 Cr



NACP-IV: 13,415.05 Cr*



- Increase in size of overall envelope
- Significant increase in government budgetary support & reduction in donor support

GFATM: The Global Fund; WB: The World Bank; DFID: Dept. for International Devt, UK; EB: Extra-budgetary;

* Rs. 863 Crore for Metro Blood Banks through separate EFC

New Initiatives under NACP IV

Opioid
Substitution
Therapy for IDU

Revised Migrant
Strategy at
Source, Transit
& Destination

Interventions for
Transgenders

Employer Led
Model for
Informal Migrant
Labour

Four Metro
Blood Banks &
Plasma Frac.
Centre

Lifelong ARV for
Pregnant Women

Social Protection
for PLHIV & Risk
Groups

Third Line ART &
Drug Resistance
Monitoring

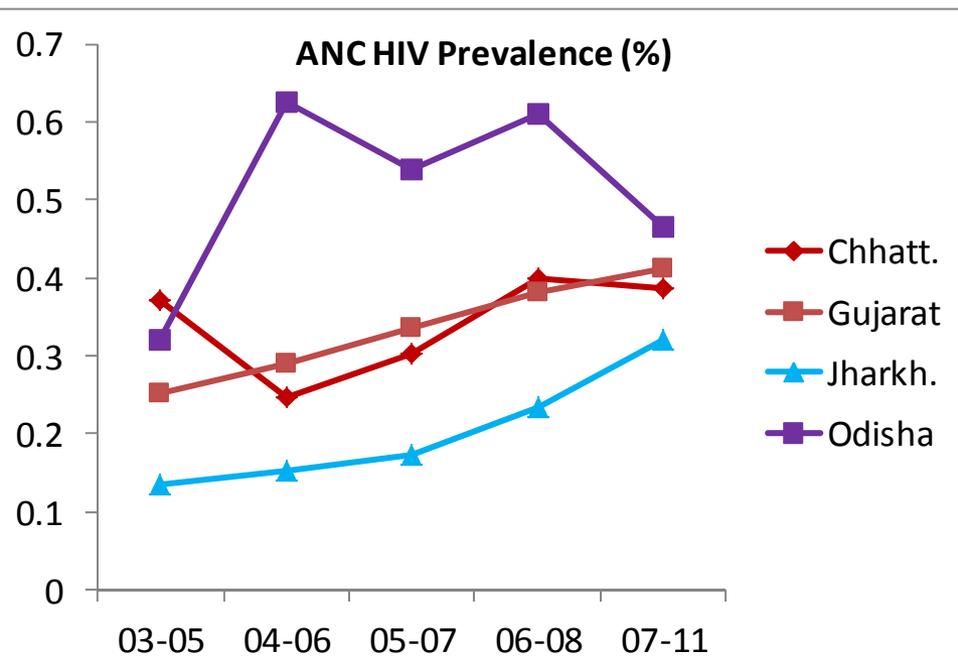
HIV/AIDS Bill for
Stigma &
Discrimination



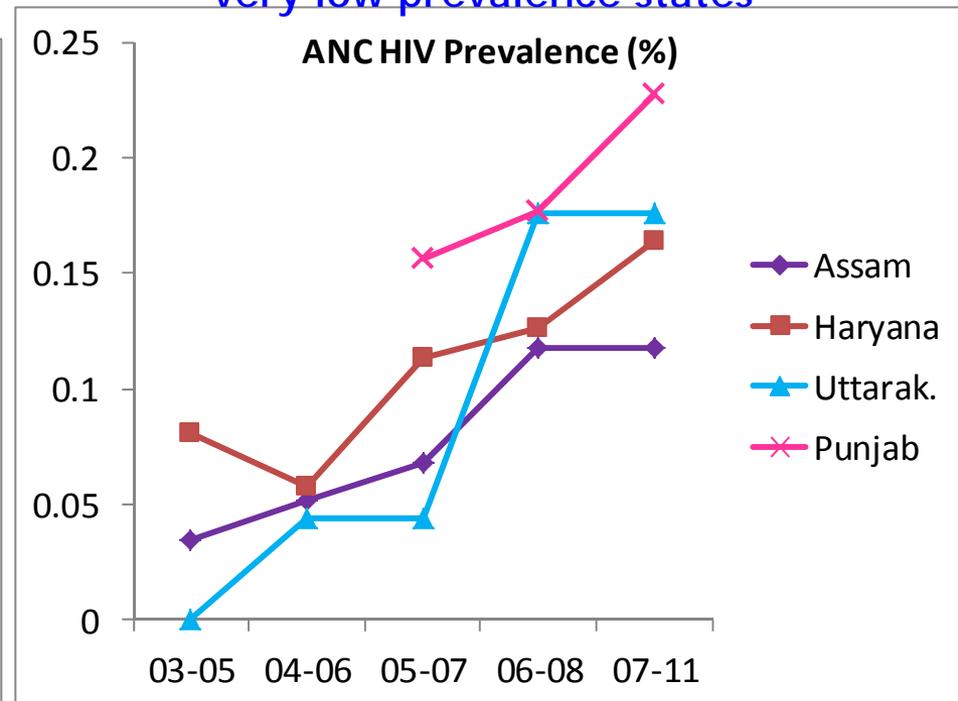
CHALLENGES

Regional Variations in HIV Epidemic Trends

Rising trends of HIV among pregnant women in low prevalence states



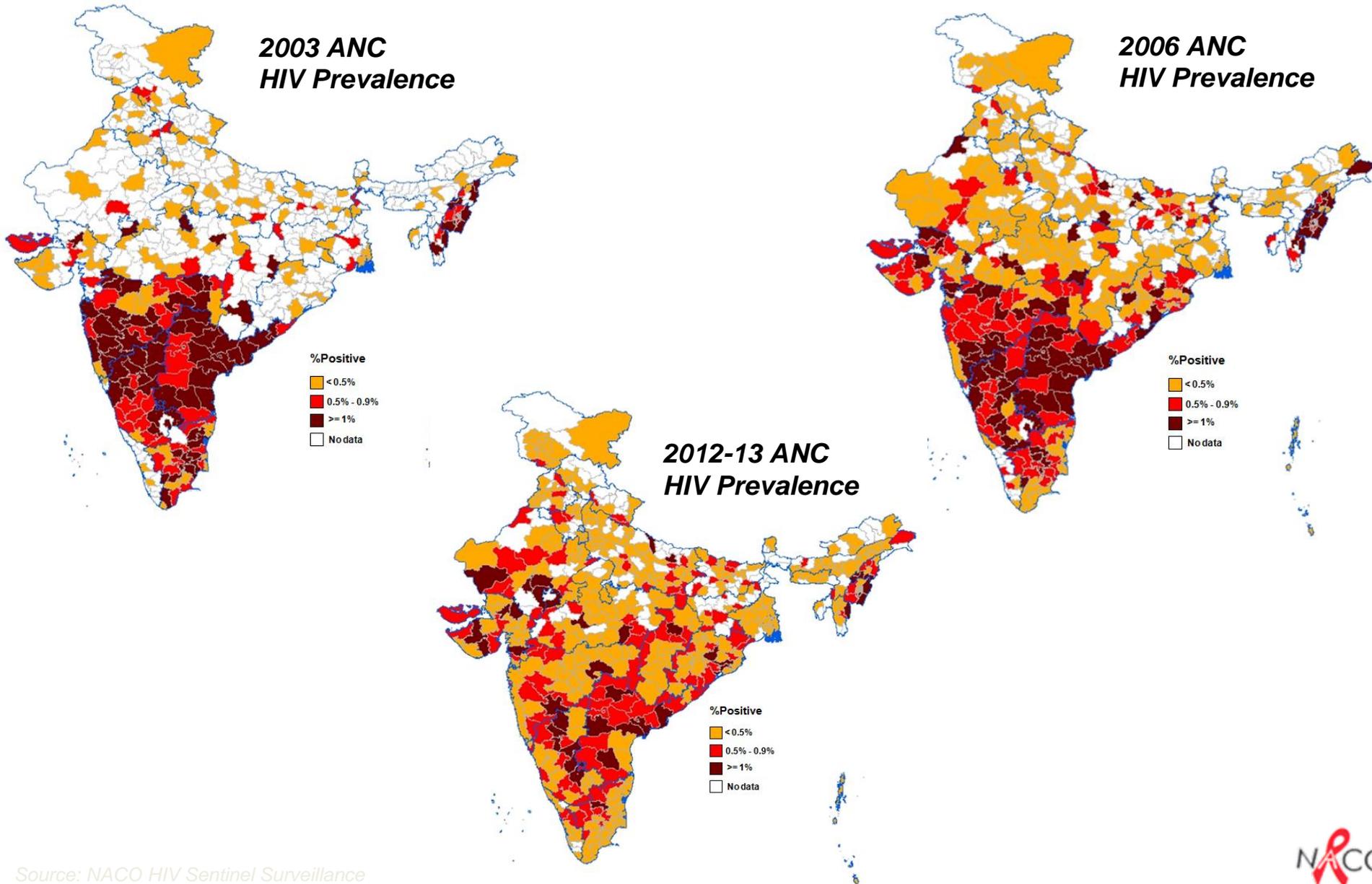
Rising trends of HIV among pregnant women in very low prevalence states



The ten low prevalence states of Odisha, Jharkhand, Bihar, Uttar Pradesh, West Bengal, Gujarat, Chhattisgarh, Rajasthan, Punjab & Uttarakhand together account for 57% of new adult HIV infections in 2011.

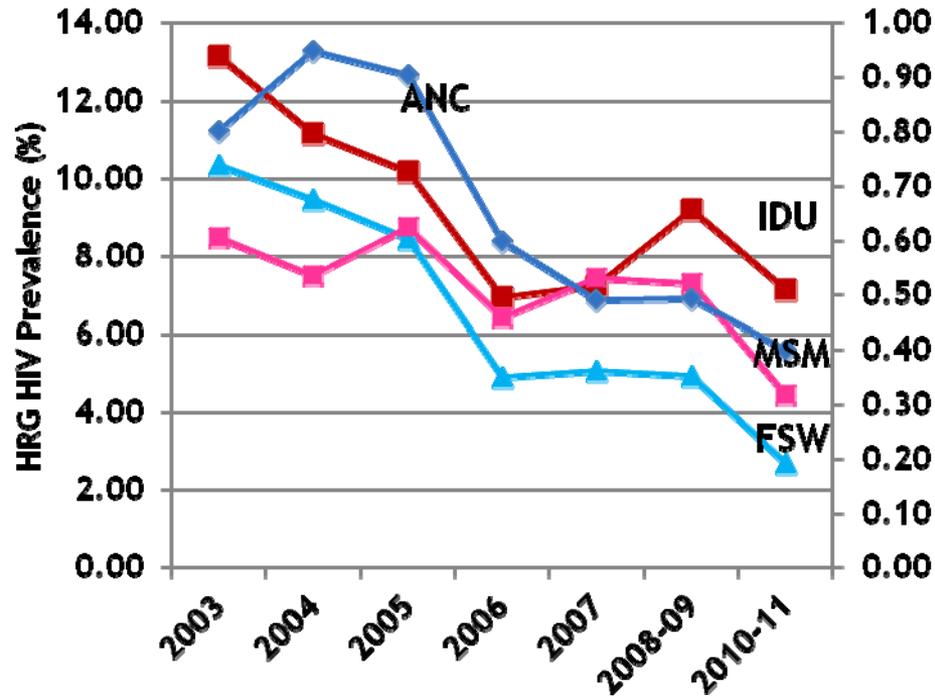
Changing HIV Landscape

Newer Pockets in the Northern States

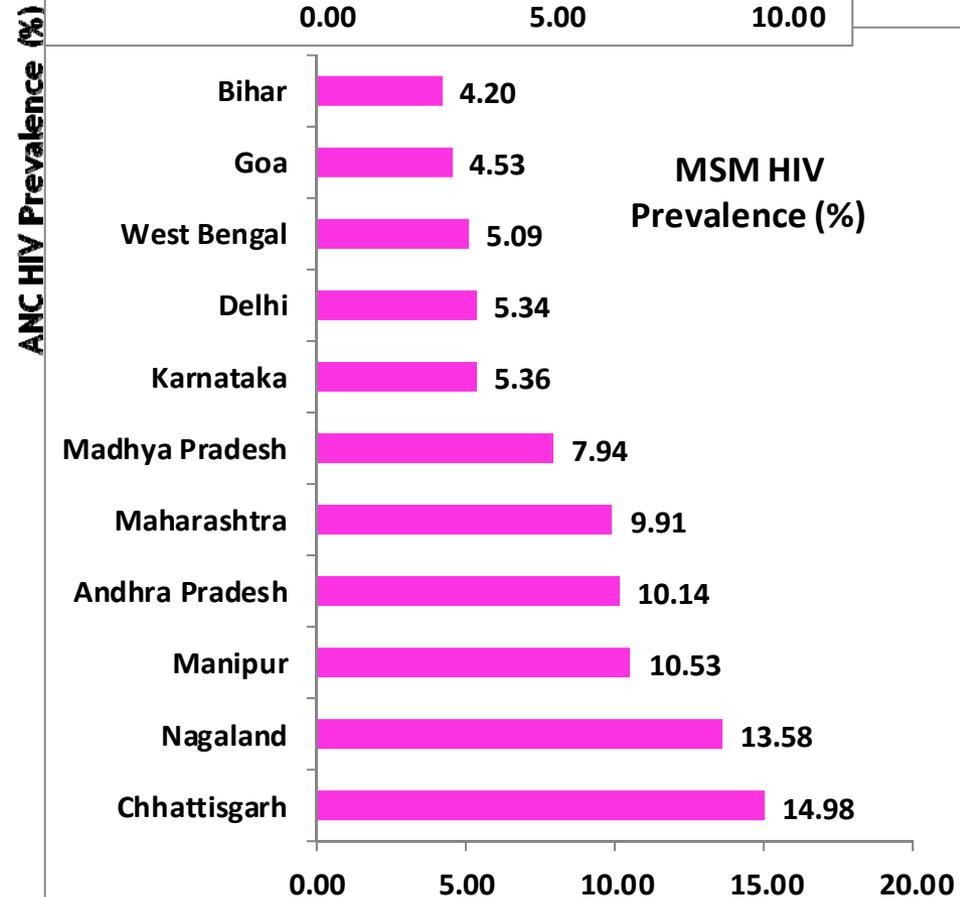
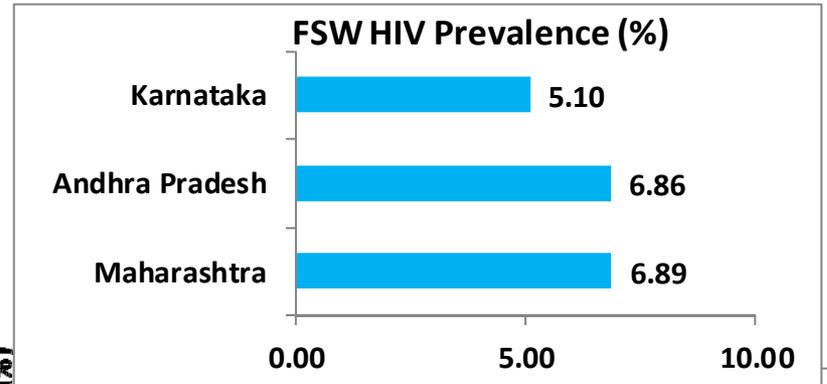


Declining trends, but higher levels...

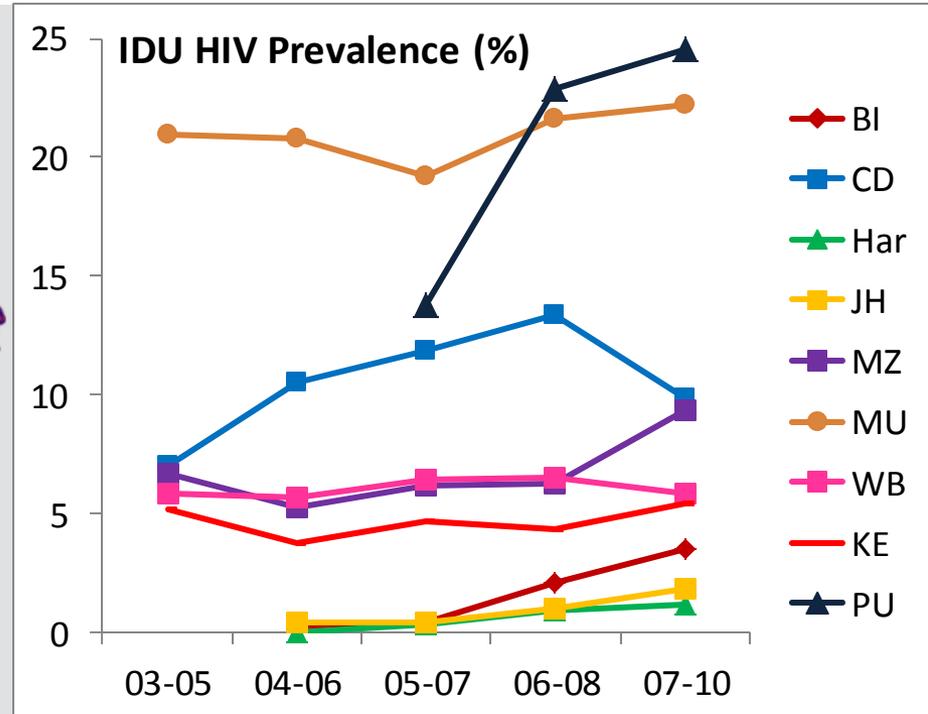
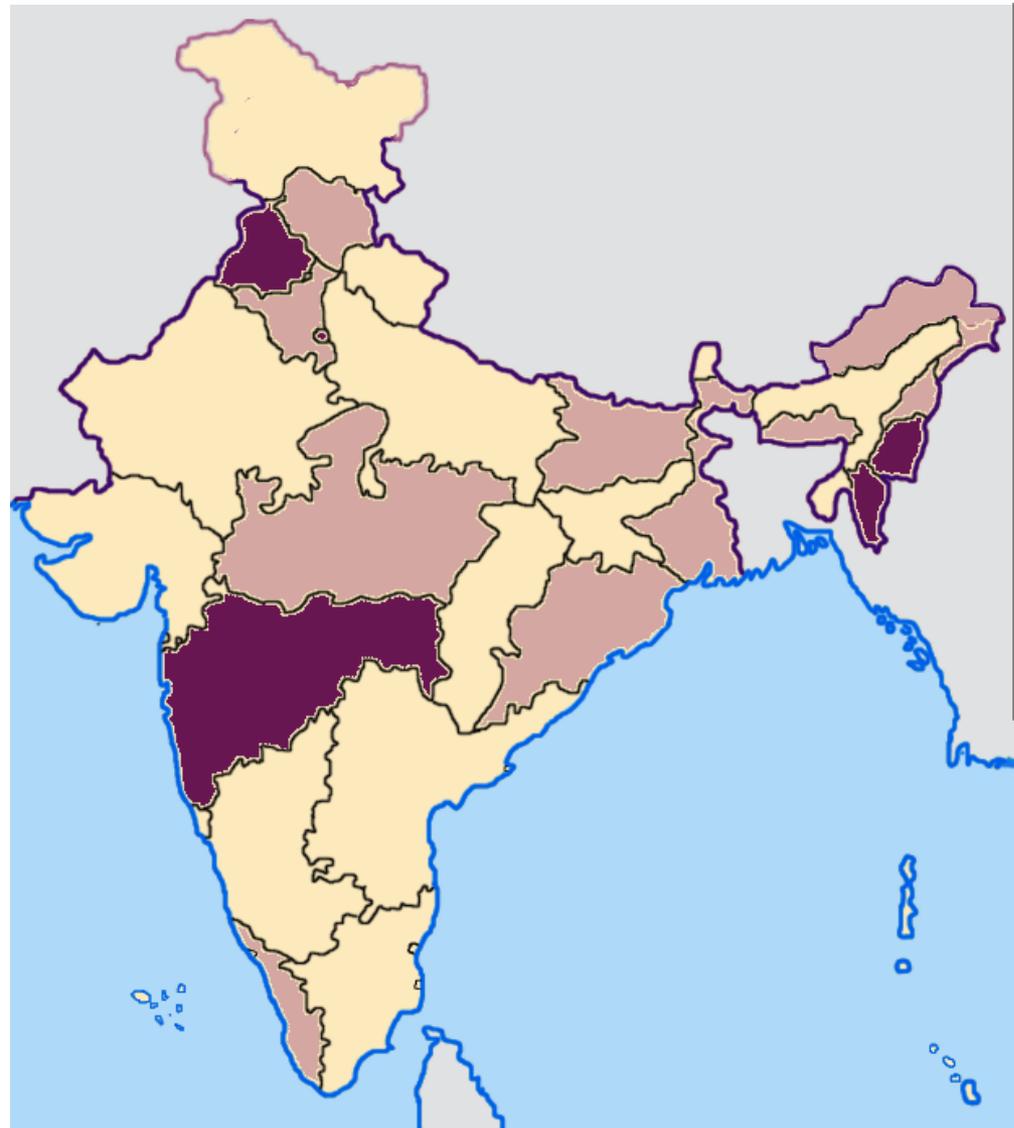
Declining trends among general population, FSW & MSM;
Stable trends among IDU



Need to sustain efforts in High Prevalence areas to consolidate gains



Emerging Vulnerabilities: IDU



❖ Higher levels of HIV among IDU in Punjab, Chandigarh, Delhi, Mumbai, Kerala, Odisha etc., in addition to North East

Focus on saturation with Needle-Syringe Exchange Programme & Scale-up of OST

States with higher vulnerability among IDU

Source: NACO HIV Sentinel Surveillance 2010-11; 3-yr moving averages based on consistent sites; BI - 2, CD - 1, Har - 1, Jh - 1, MZ - 4, MU - 1, WB - 4; KE-2; PU-3; NACO Mapping of HRG 2008-09;



Emerging Vulnerabilities: Migration

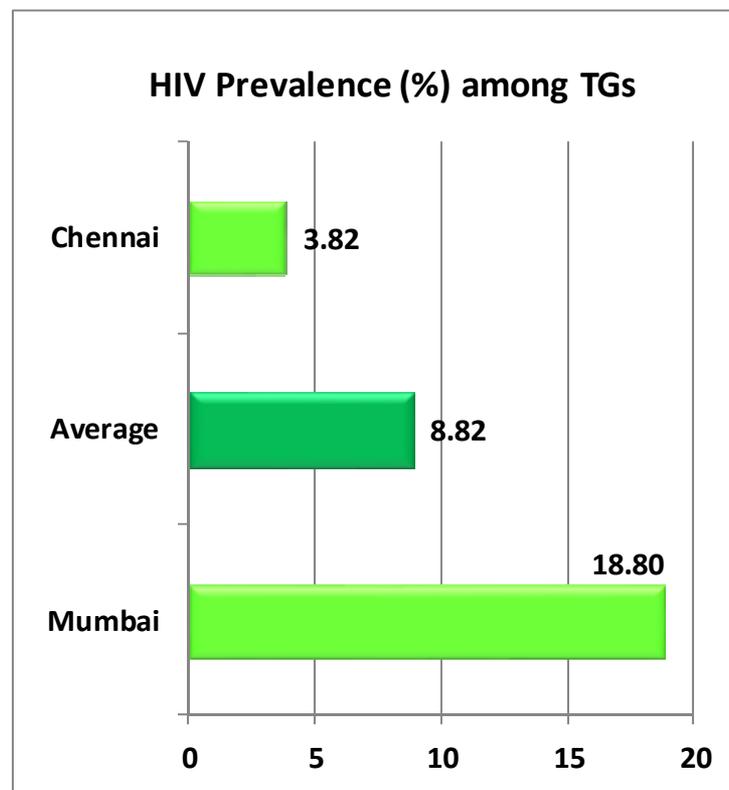
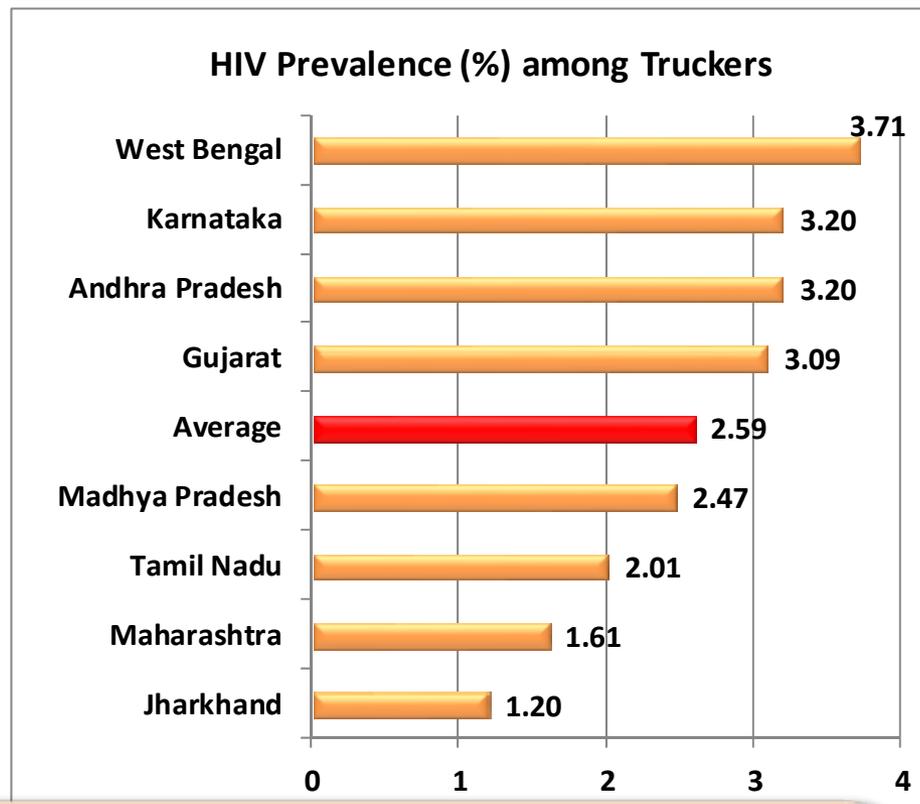


States with higher vulnerability due to Migration

- ❖ Mapped migration corridors with large volumes of out-migration to high prevalence destinations
- ❖ 36% in the age group of 15-24 yrs; 66% Married
- ❖ 56% had sex with FSW
- ❖ Migrants over-represented among HIV +ve men at source dts.
- ❖ Higher HIV Prevalence among women with migrant spouse in rural areas

- ❖ Need to increase coverage of migrants at destinations, transit points & source villages, along with their spouses at source

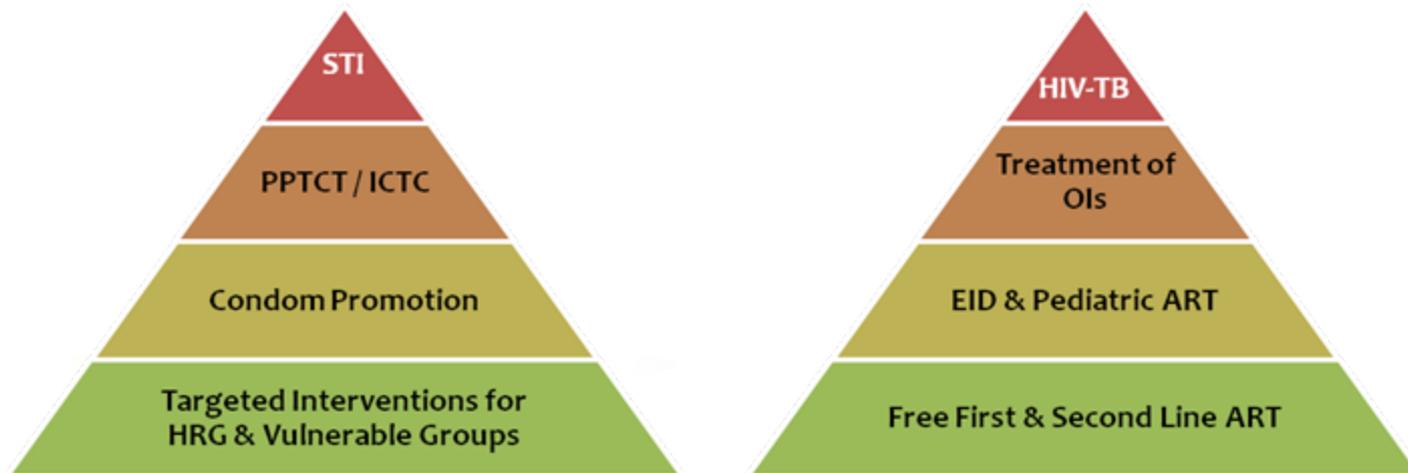
Emerging Vulnerabilities: Truckers & Transgenders



- ❖ 20 lakh truckers mapped; Focus at Transshipment locations & Truck halt points
- ❖ MoU Signed with M/o Road Transport for provision of HIV services through booths at every 50 km on highways; Will promote access to local residents as well

- ❖ Size estimation & mapping of TG recently concluded
- ❖ New Targeted Interventions being set up for TGs

Balancing Prevention & Treatment



Sustaining Prevention Focus & Addressing Emerging Epidemics

Vs

Growing Treatment Needs



HRG & PLHIV face Stigma & Discrimination

Stigma & Discrimination in Community, Healthcare Settings, Education centres & Work Places

Social Exclusion, limited access to health, education & employment

Double burden on vulnerable & marginalised communities

Comprehensive multi-sectoral efforts required to root out stigma & discrimination

Some More Challenges...

- Last mile achievements are more challenging & difficult
- Newer forms of HRG dynamics - Mobile/ Internet/ Social Media - Difficult to reach
- Gaps in testing & treatment of High Risk Groups & Bridge Population
- Delay between detection & registration for care & treatment
- Patient tracking & retention in care & treatment
- Drug Resistance & Need for more expensive medications
- Ever shrinking financial resources & out-drain of trained personnel

POST-MDG SCENARIO & STRATEGIES

Unique Contributions of HIV/AIDS Response to Public Health

- How to craft a model where multiple stakeholders can come together and work cohesively towards a common goal and make the difference
- How evidence-driven strategies can make the response to any public health issue more effective and impactful
- How key affected communities should be engaged and empowered so that they play a critical role in determining the right approaches
- Fountainhead of innovative service delivery models with rich civil society involvement

Key Issues under Debate

- Should HIV/AIDS continue to get so much attention & priority? Withdrawal of international funding to HIV/AIDS programmes across the world
- Consolidate gains made & focus on unfinished agenda
- Can we take HIV/AIDS epidemic to Elimination Level - a level where it ceases to be a public health threat?
- How lessons learnt from HIV/AIDS programming contribute to strengthening public health response to various other diseases, incl. NCDs?
- How can system strengthening achieved through HIV/AIDS be leveraged for the larger health system?

Fast Track Targets 2020

90-90-90 Treatment Targets

- 90% of all people living with HIV will know their HIV status;
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and
- 90% of all people receiving antiretroviral therapy will have durable viral suppression.

Prevention Targets

- To reduce new infections among adults to 500,000

Zero Discrimination

End of AIDS by 2030

- 90% reduction in new infections & deaths from 2010 level
- Limit to a level where HIV/AIDS ceases to be a public health threat

End-Game Strategies

- Strengthening epidemiology for customized local responses
- Scaling up HIV prevention and treatment to reach the prioritised & unreachd
- Addressing emerging vulnerabilities
- Tackling the inequities in access
- Taking civil society and community engagement to newer heights
- Dealing with structural barriers
- Invigorating the response with innovations
- Mobilising other ministries, industry, corporate and private sectors for social protection of HRG & PLHIV
- Promote inter-country cross-learning
- Protect from looming patent threats for the generic ARVs

Key Programmatic Measures

- Optimise populations, locations & interventions
- Strengthen individual level patient tracking
- Ensure strong linkages between prevention & treatment cascades
- Real time monitoring that enables rapid diagnosis & correction of programmatic issues at local level
- Linkage with Aadhar to facilitate easy flow of social protection measures for HRG & PLHIV
- Leverage achievements to larger health system



Thank You