Working with HIV: The India Way

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Acknowledgements

National AIDS Control Organisation & National AIDS Control Programme, Ministry of Health & Family Welfare, Govt. of India

NIMS (ICMR), NIHFW, 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

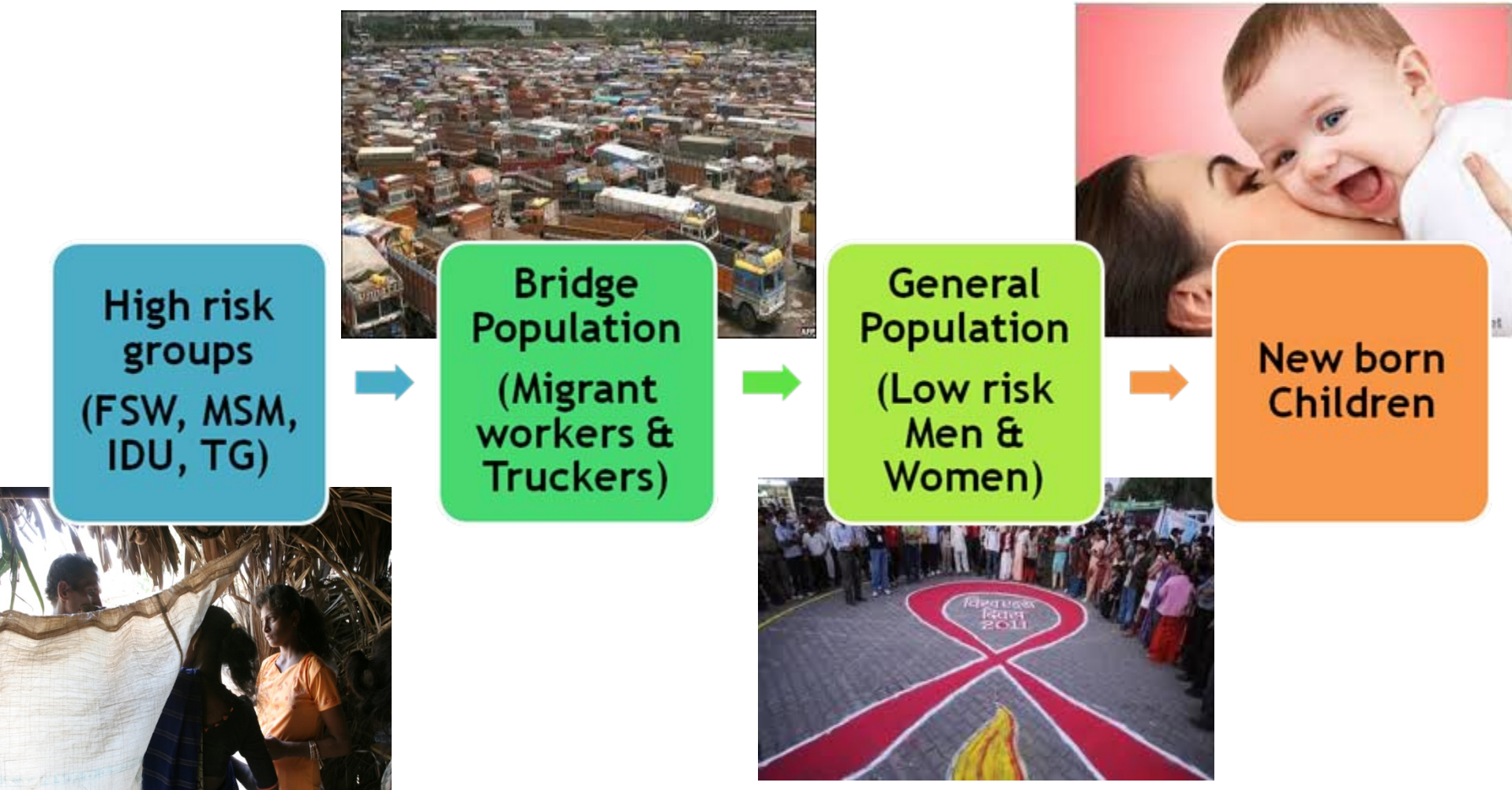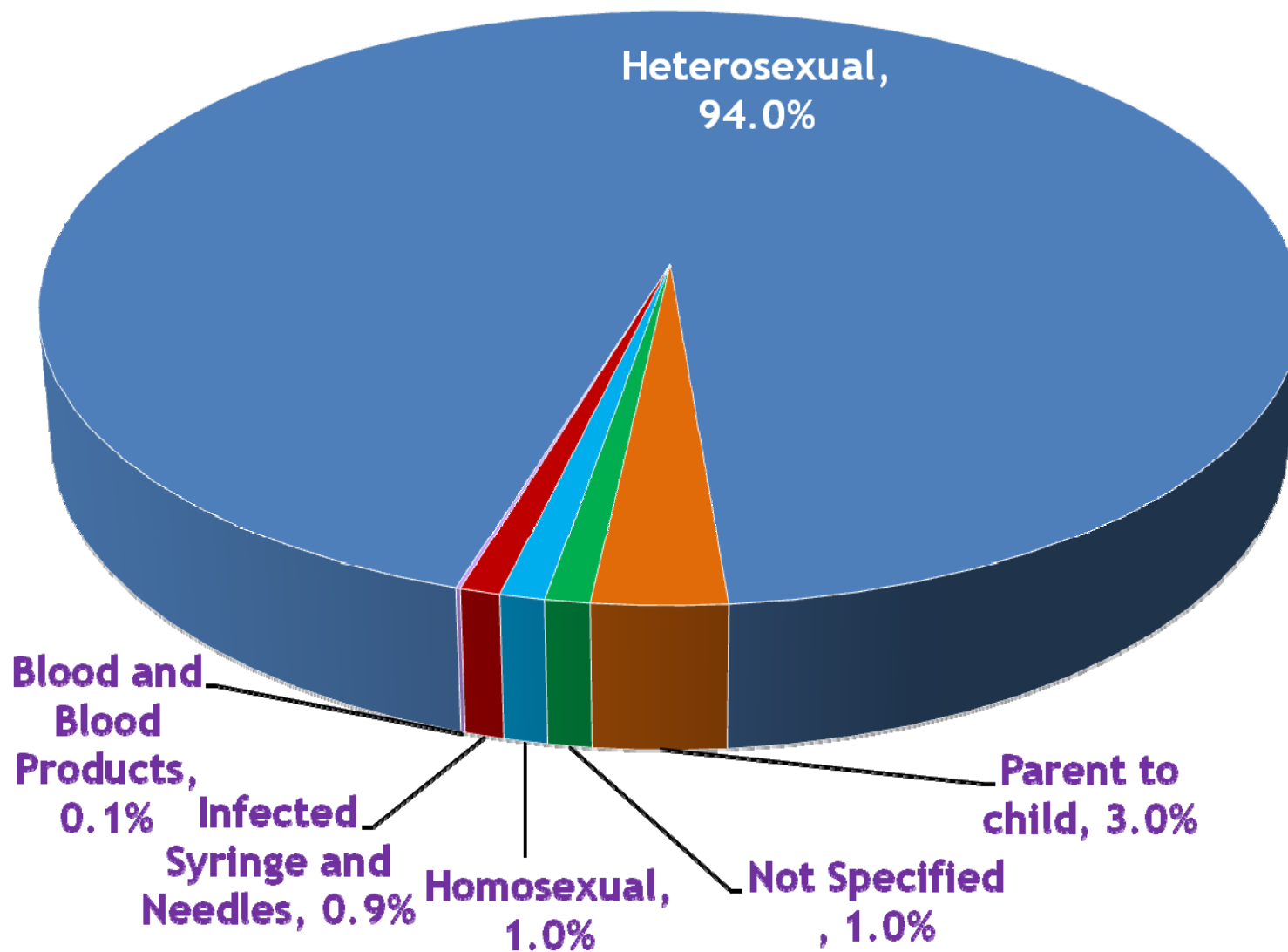2. • Guiding Principles & Key Approaches

3. • Current Challenges

4. • Post-MDG Scenario & Priorities

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Concentrated Epidemic among Key Risk Groups

High risk groups (FSW, MSM, IDU, TG) → Bridge Population (Migrant workers & Truckers) → General Population (Low risk Men & Women) → New born Children
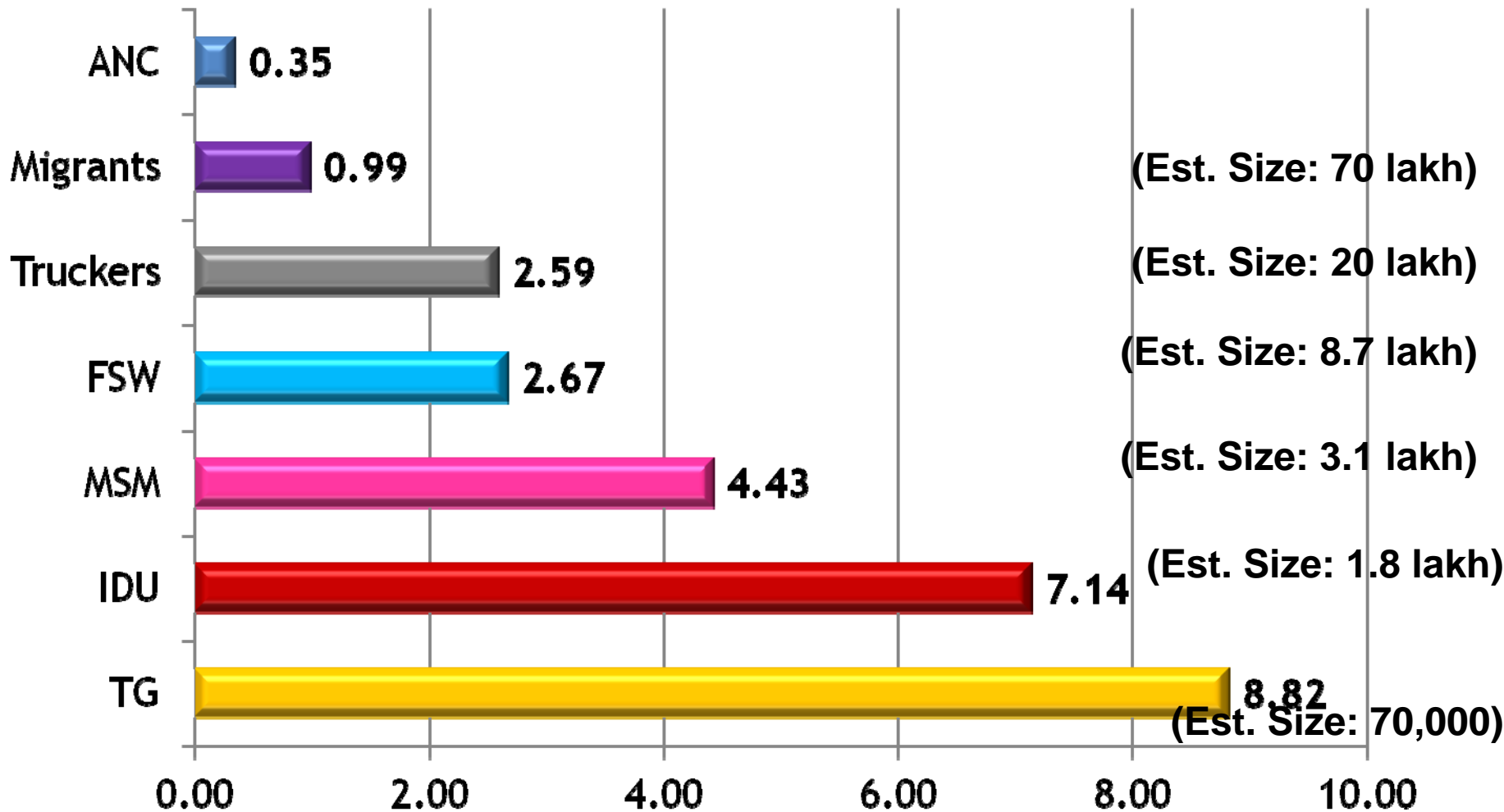
FSW: Female Sex Workers; MSM: Men who have sex with Men; IDU: Injecting Drug Users; TG: Transgenders/ Hijras

Routes of HIV Transmission, 2014-15

HIV Concentrated among HRG & Bridge Population

HIV Prevalence (%)

Group	Value	Est. Size
ANC	0.35	
Migrants	0.99	(Est. Size: 70 lakh)
Truckers	2.59	(Est. Size: 20 lakh)
FSW	2.67	(Est. Size: 8.7 lakh)
MSM	4.43	(Est. Size: 3.1 lakh)
IDU	7.14	(Est. Size: 1.8 lakh)
TG	8.82	(Est. Size: 70,000)

Source: HIV Sentinel Surveillance 2012-13 – A Technical Brief, NACO

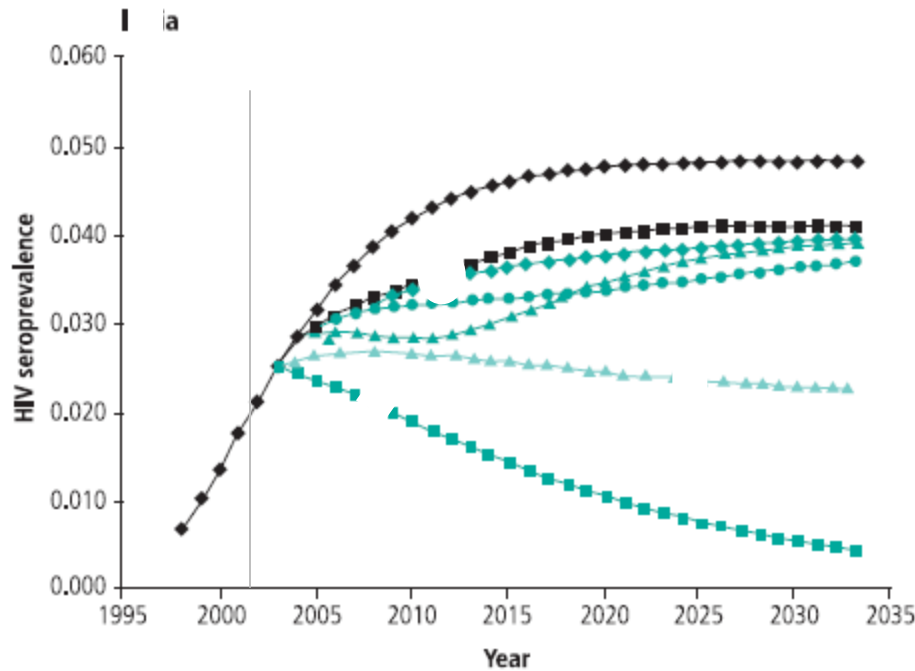# JOURNEY SO FAR & ACHIEVEMENTS IN HIV/AIDS PREVENTION & CONTROL

HIV in India…grim projections earlier, but a global success story today
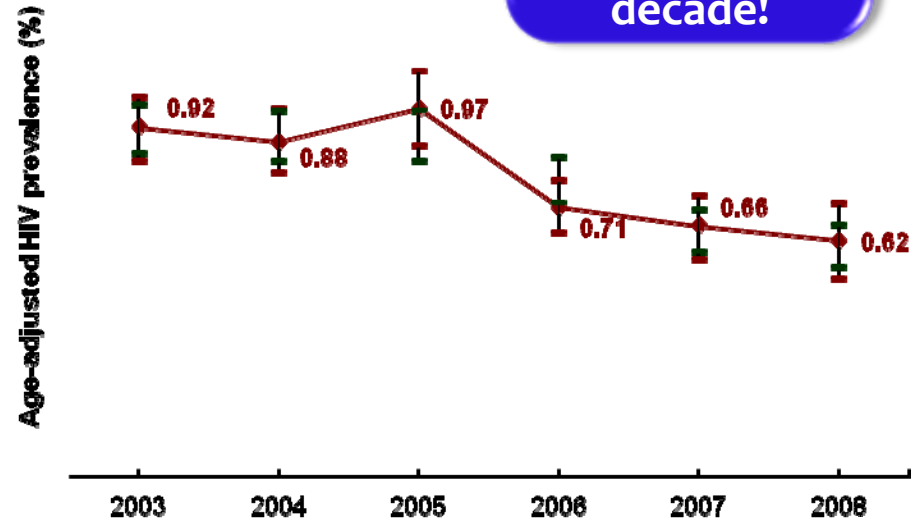
Early 2000's….projections → **Today…**

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)

0.31% adults infected
2.3 million people living with HIV

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

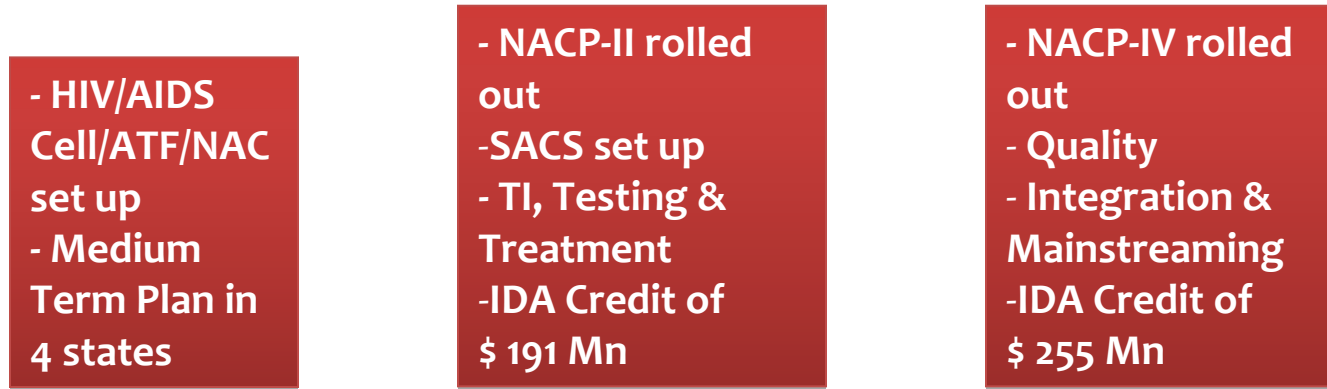*Source: HIV Estimations, 2010 & NACO's ANC Sentinel Surveillance data. Consistent ANC sites for the age group 15-24 were analysed*

Evolution of India's National AIDS Programme

National AIDS Prevention & Control Policy 2002
National Blood Policy
GIPA Policy
AEP Launch
Roll out of VCTC, PPTCT & ART
National Council on AIDS

Condom Social Marketing
Migrant Strategy
Mainstreaming
FICTC & PPP ICTC
Paediatric ART

NACP IV (2012-17)

Consolidate gains

Focus on emerging vulnerabilities,

Balance with growing treatment needs,

Integrate & Mainstream

NACP III (2007-2012)

District Focus

Massive scale up with quality assurance mechanisms

>50% reduction in new infections achieved

Early Research
Surveillance
Blood Safety
IEC
Initiation of Targeted Interventions

NACP II (1999-2006)

-Decentralisation to states

- Limited coverage of services

NACP I (1992-1999)

Initial interventions

1990s - AIDS treatment unaffordable due to patents

1964
- Zidovudine first patented

Thereafter
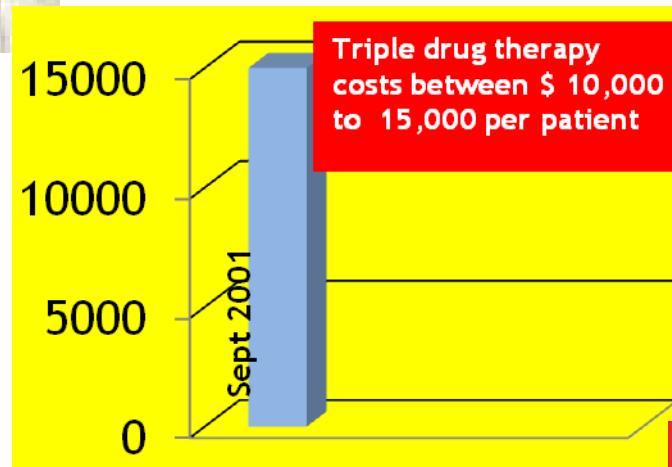- Tested as cancer treatment and shelved

1984 & 85
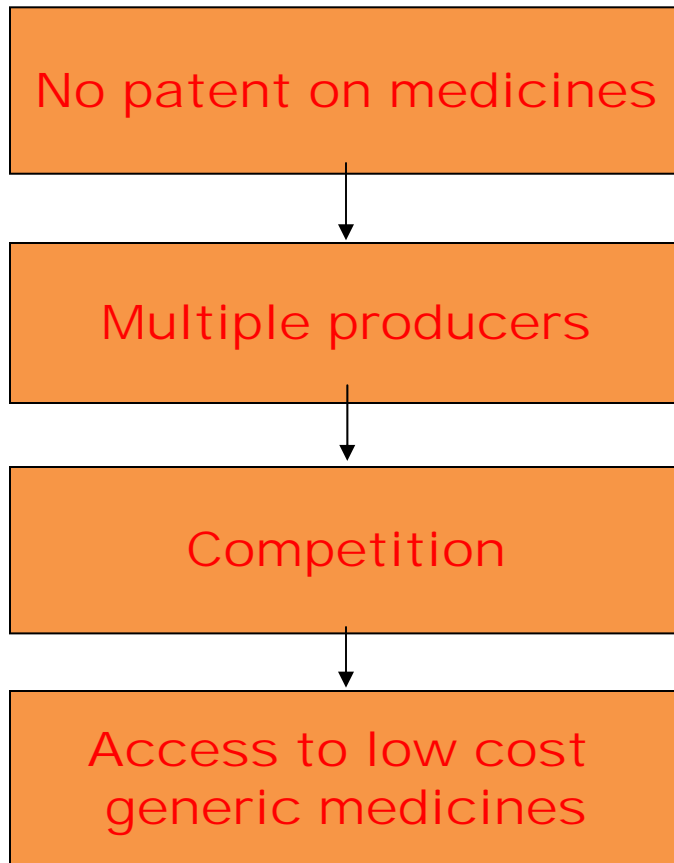- Discovered to work against HIV. Patent granted on new use (HIV) to GSK.

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

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

ONE AIDS DEATH EVERY 10 MINUTES AFFORDABLE DRUGS NOW!

Triple drug therapy costs between $ 10,000 to 15,000 per patient

15000

10000

5000

0

Sept 2001

No fixed dose combinations

India's System of Generic Production of Drugs

No patent on medicines

↓

Multiple producers

↓

Competition

↓

Access to low cost generic medicines

$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
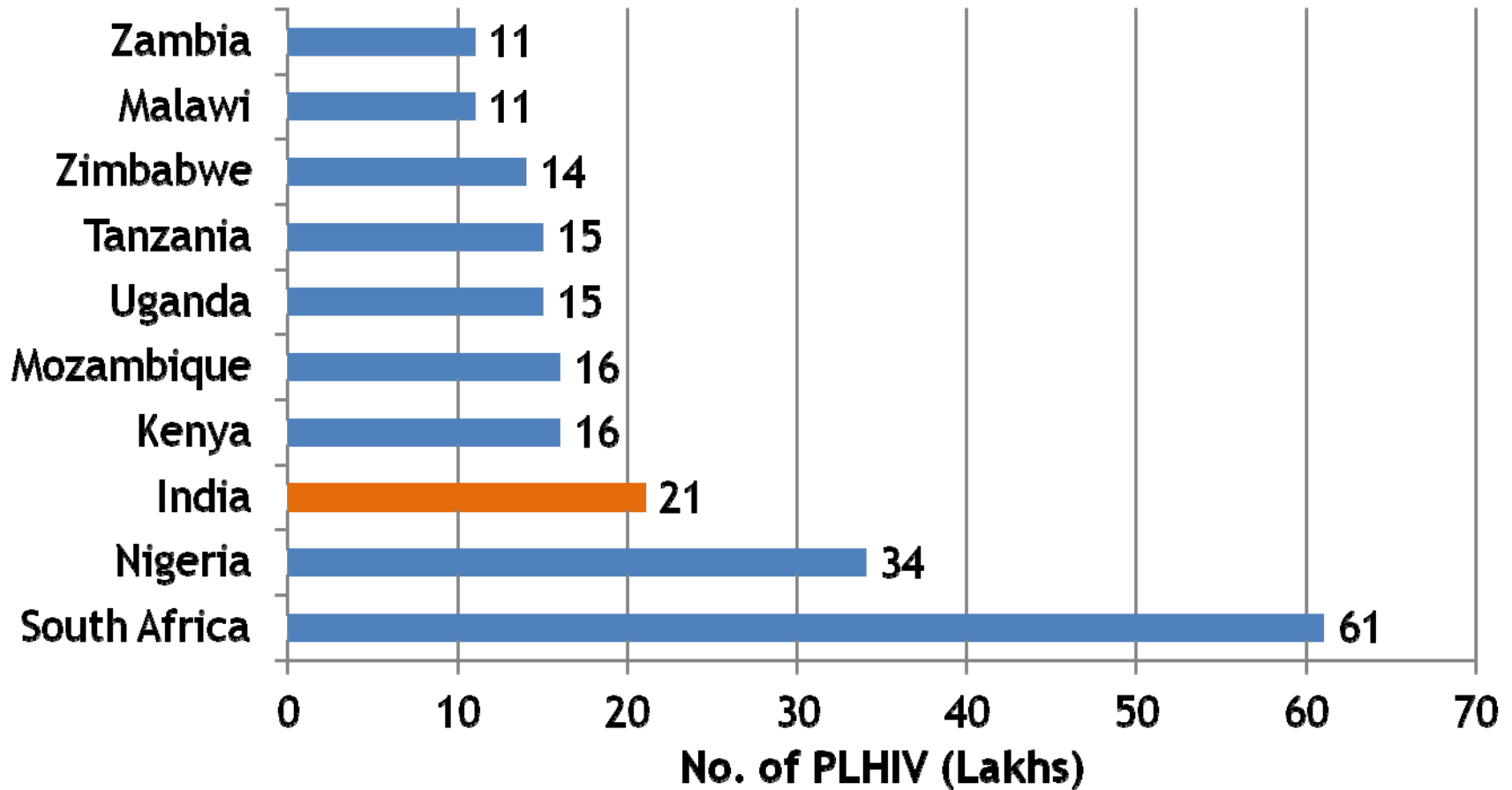
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Generic Drugs – Vital in National Programmes

- 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
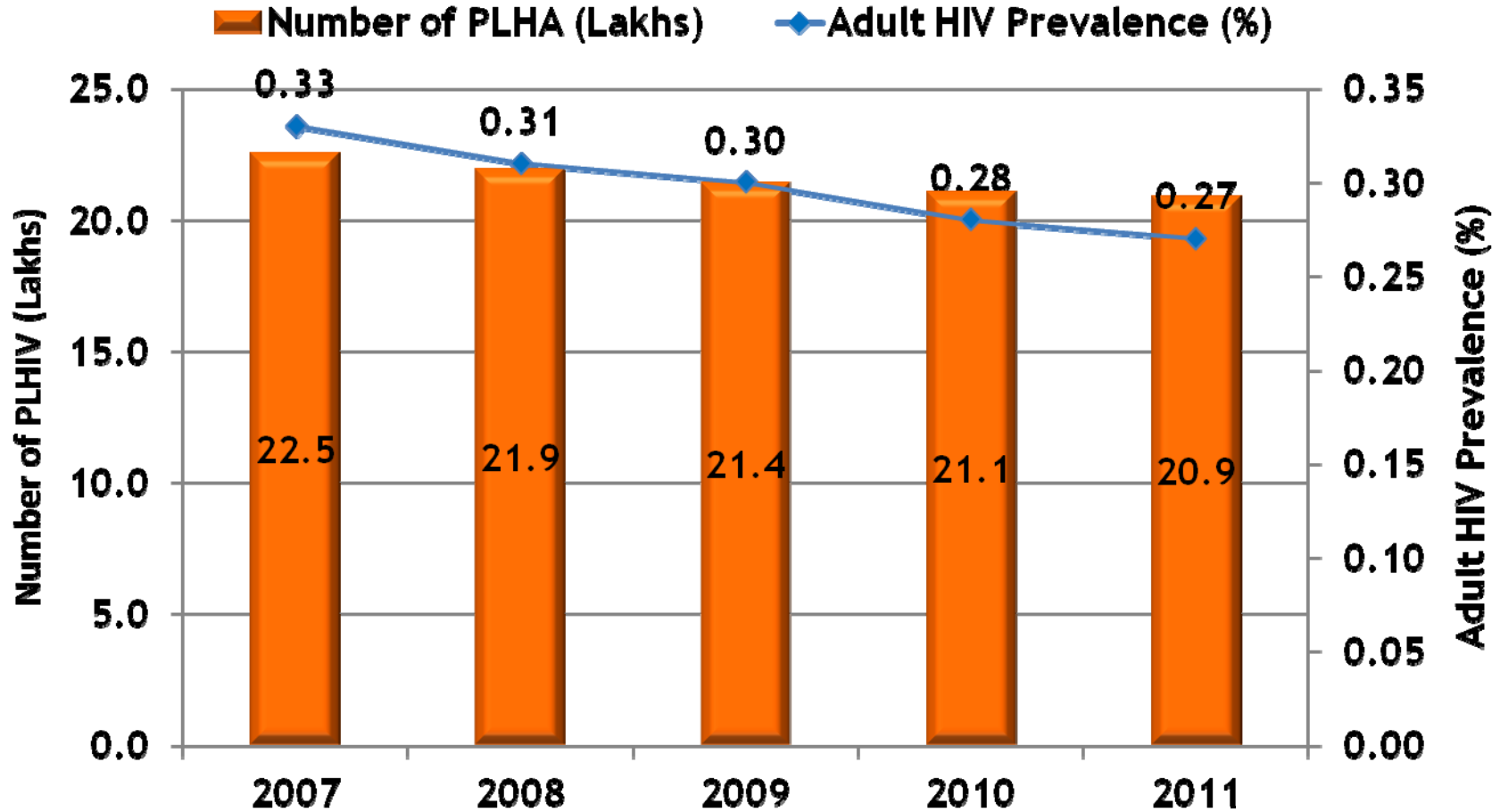- US - 98% of PEPFAR's ARVs are generic; Up from 15% in 2005; Generics saved PEPFAR $380 million in 2010 alone

80% of Developing-Country ARVs are Generics Produced in India

Number of PLHIV – Top Ten Countries

Globally, 353 lakh persons estimated to be living with HIV

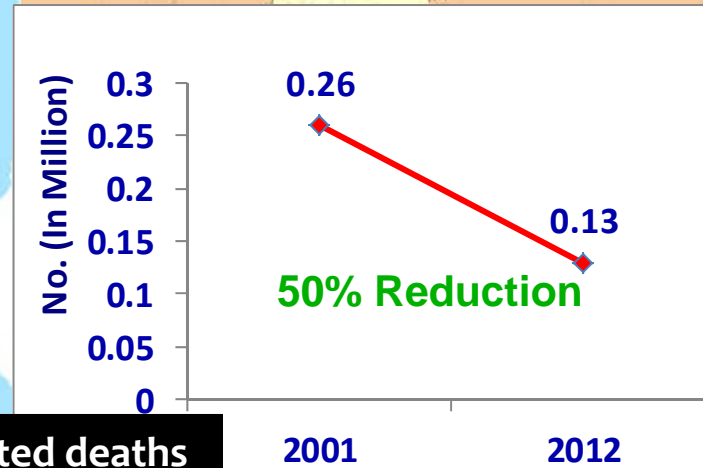| Country	No. of PLHIV (Lakhs)
Zambia	11
Malawi	11
Zimbabwe	14
Tanzania	15
Uganda	15
Mozambique	16
Kenya	16
India	21
Nigeria	34
South Africa	61

Declining Trends of HIV Epidemic in India
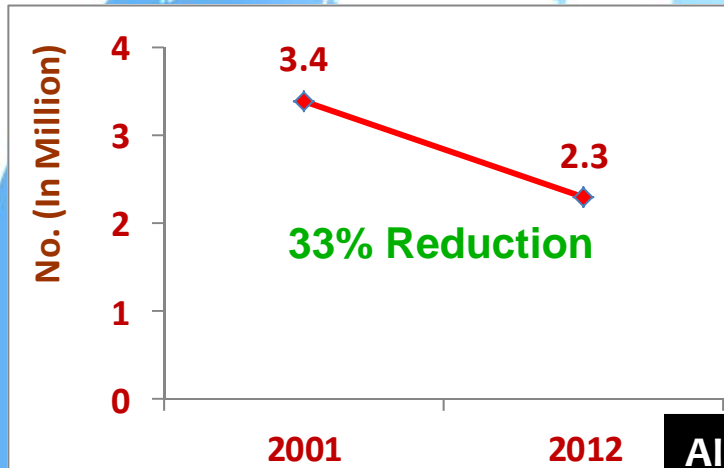

Low Prevalence Country (0.27%);
3rd Largest No. of PLHIV in the world (21 lakhs)
Female: 39% of PLHIV; Children: 7% of PLHIV
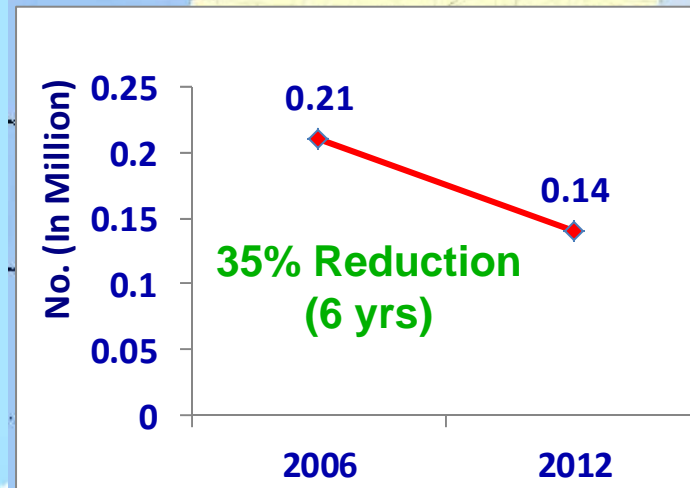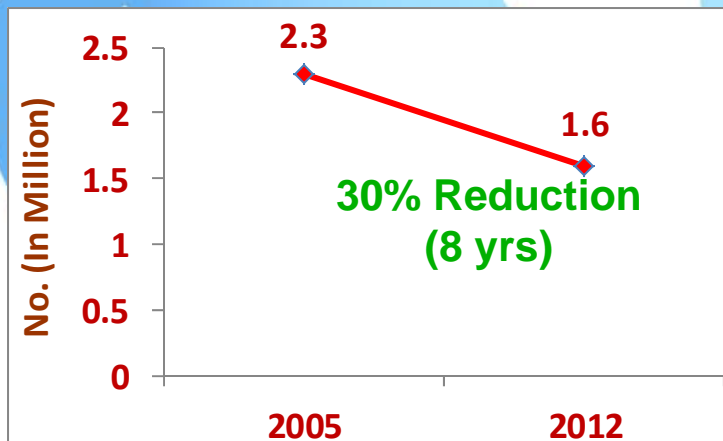
Source: Technical Report India HIV Estimates 2012, NACO & NIMS

Epidemic Scenario: Global & India

New Infections

AIDS related deaths

Global — New Infections:
- 2001: 3.4
- 2012: 2.3
- **33% Reduction**
- No. (In Million) vs. 2001, 2012

India — New Infections:
- 2001: 0.26
- 2012: 0.13
- **50% Reduction**
- No. (In Million) vs. 2001, 2012

Global — AIDS related deaths:
- 2005: 2.3
- 2012: 1.6
- **30% Reduction (8 yrs)**
- No. (In Million) vs. 2005, 2012

India — AIDS related deaths:
- 2006: 0.21
- 2012: 0.14
- **35% Reduction (6 yrs)**
- No. (In Million) vs. 2006, 2012

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

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GUIDING PRINCIPLES & KEY APPROACHES
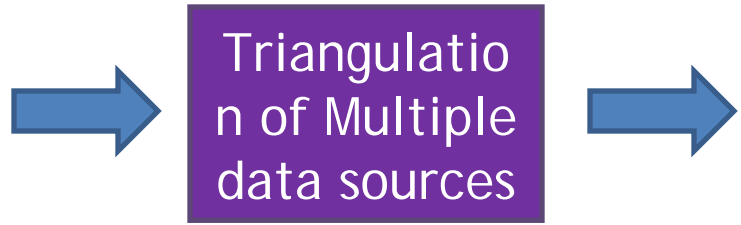
Guiding Principles of India's Response

Integrate

Evidence Led Planning

Prevention Focus

Increased access to Treatment & Care

Communities at Centre

Designing for Scale - Systems & Structures

Mainstream

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Evidence-led Planning

Bio-Behavioural Surveillance

Special Studies & Evaluations
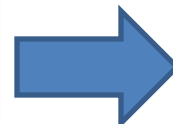
Programme Monitoring

Triangulation of Multiple data sources

✓Geographic Prioritisation

✓Region-specific Focus

✓New Strategies

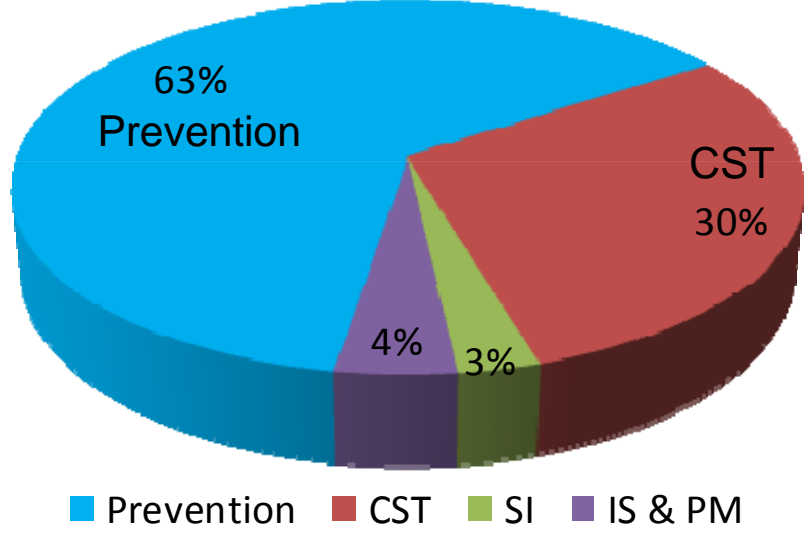✓Flexible Modeling & Mid-course Corrections

Regional Focus on Vulnerabilities

Sub- on H s

IDU

MIGRANTS

MSM, Women

Studies show Distance & Expenditure affect access to ART

Patients who travel >100 Kms/visit 32

Patients who don't come to ARTC due to long distance 43

11

Patients who spend > Rs.100 / visit 36

6 22 8.7

Patients who don't come due to finan. reason 35

injecting in the last 30 use in last 30 days
days

Percentage

Drugs for stable PLHIV

Monitoring of PLHIV on ART

Treatment of OIs

LAC

15000

No of OST Centres

Screening for HIV-TB

Basic Investiga-tions

Pre-ART Mngmt

IDUs on OST

4800

2010 2012

870 LACs functional

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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**

TI | LWS | Condoms

STI/RTI Care | Blood Safety | Counseling & Testing

PMTCT | IEC | Main-streaming

NACP-4 Budget Allocation

63% Prevention

CST 30%

4%

3%

Prevention | CST | SI | IS & PM

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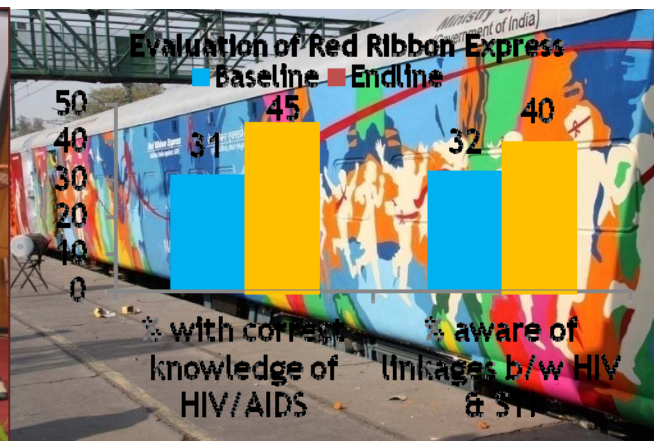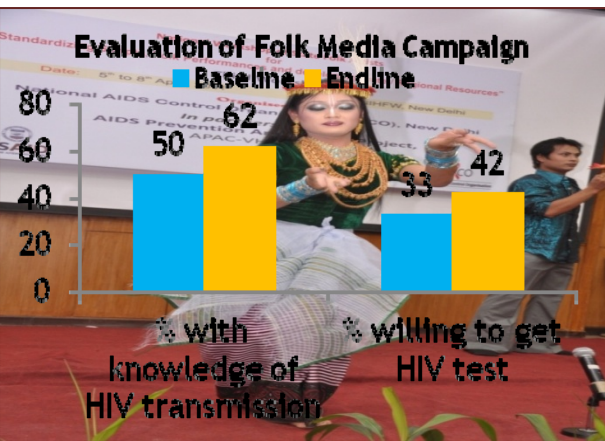
Targeted IEC...

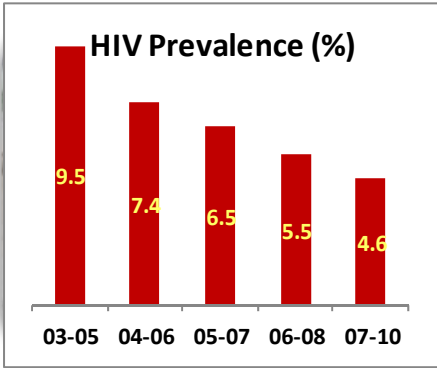| Scientific Approach |
| :---: |

Linking to Service Delivery

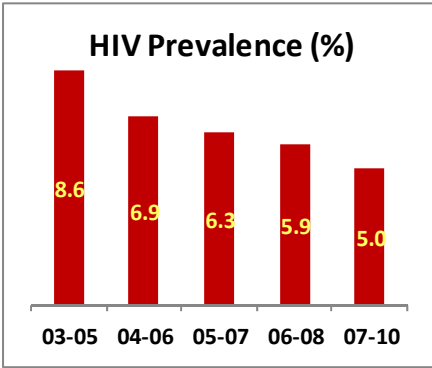| Innovative Flagship Initiatives (Red Ribbon Express, National Folk Media Campaign, North East Campaign) |
| :---: |

Evaluation of campaigns & Re-modeling

Periodic Behavioural Surveillance to track overall impacts
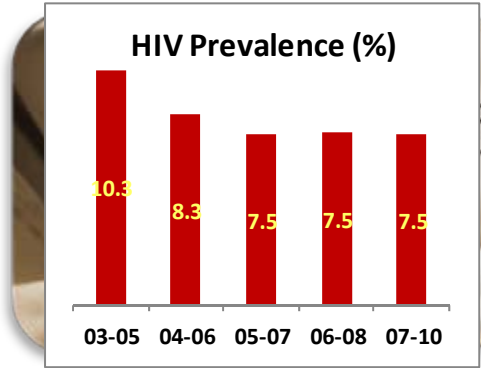
Migration

... resulting in re-scoping and reshaping of Migrant Strategy under NACP-III
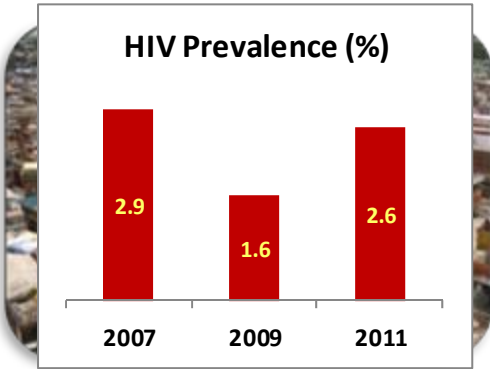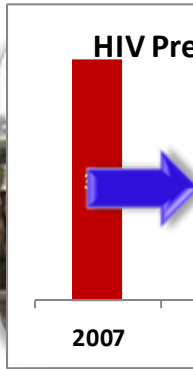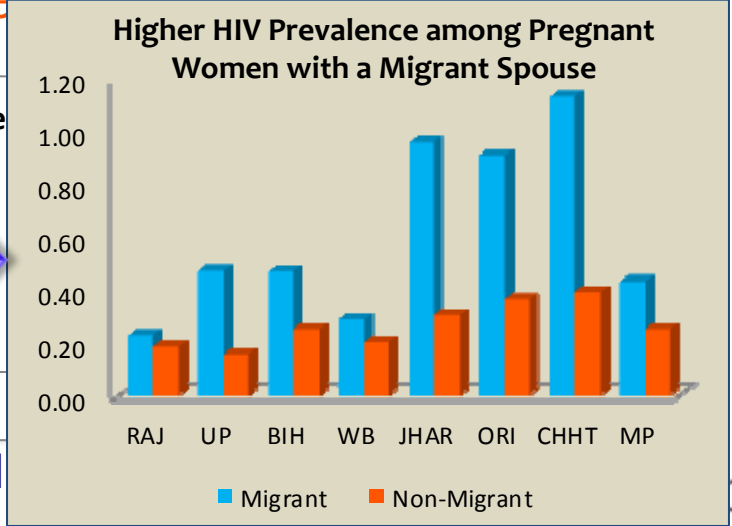
Linkages between source & destination

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

Commodity Standardisation

Technical & Operational Guidelines

Unit Costing

Uniform Training Modules

Structured Monitoring Mechanisms

Institutional Framework for Scale Up

DAC

Condom Technical Support Groups
Focused Implementation

16 Technical Resource Groups
Advise on Policy & Strategy

35 SACS

11 Technical Support Units
Supervision & Quality

17 State Training Resource Centres
Capacity Building

42 Research Institutes
Collaborate for Research & Analysis

189 DAPCU

130 Reference Laboratories
Advanced Diagnostics & QA

17 Centres of Excellence
Training & Quality Control

NACO Ethics Committee

20,000 Service Delivery Units

8 Regional Institutes
Technical Support & Handholding

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	LWS	STI	CSMP	ICTC	ARTC
No. of TI	No. of Dists.	No. of Clinics	No. of Dists.	No. of Centres	No. of Centres

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

Scale-up of Service Delivery

Legend: ■ 2007 ■ 2014

Category	2007	2014
TI	30	80
LWS	3.2	43
STI	21	67.7
CSMP	11.1	56.5
ICTC	26.7	130.3
ART	0.69	7.7

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	LWS	STI	CSMP	ICTC	ART
HRG Coverage (%)	No. of HRG & Vuln. Pop. Covered (Lakh)	STI episodes treated (Lakh)	No. of condoms distributed (Crores)	No. of gen. clients tested (Lakh)	No. on ART (Lakh)

Geographic Expansion of HIV/AIDS Services

2007 — TI 778
2007 — ART 127
2007 — ICTC 4132
2014 — TI 1665
2014 — ART 1200
2014 — ICTC 15015
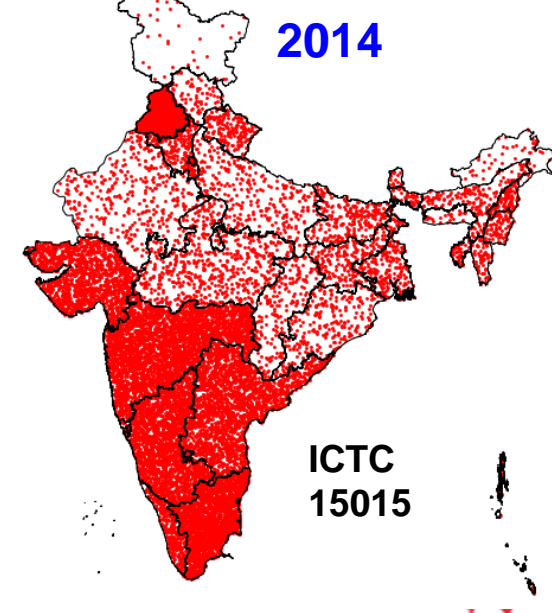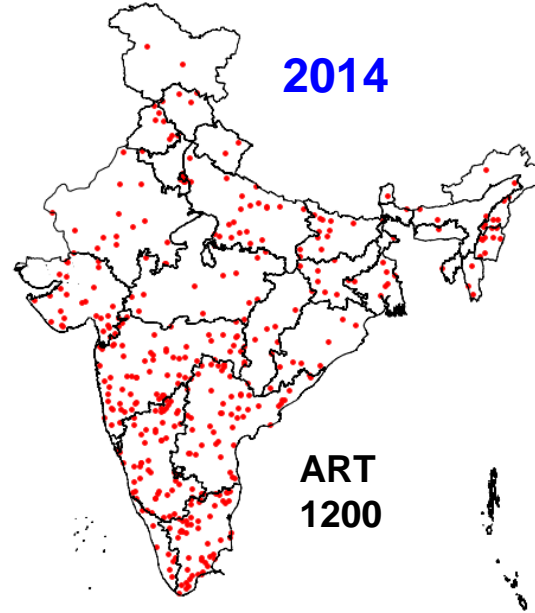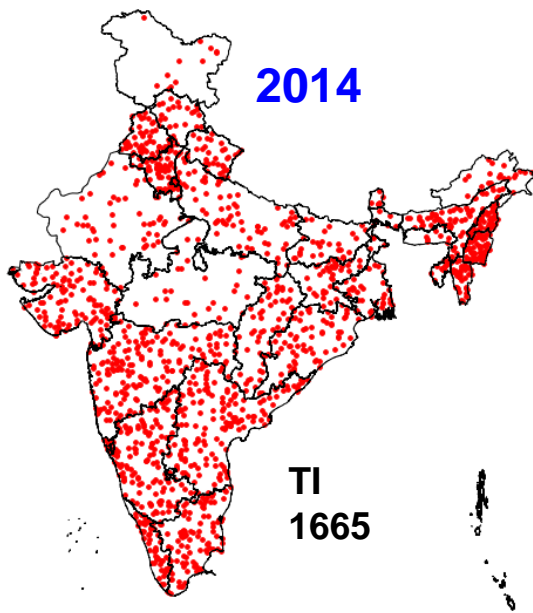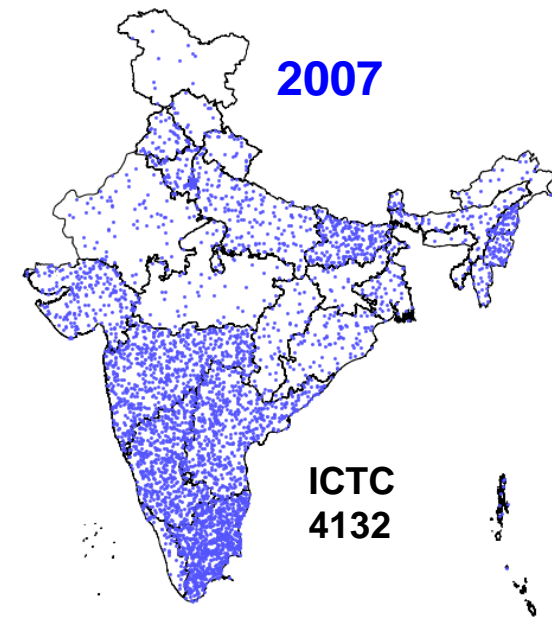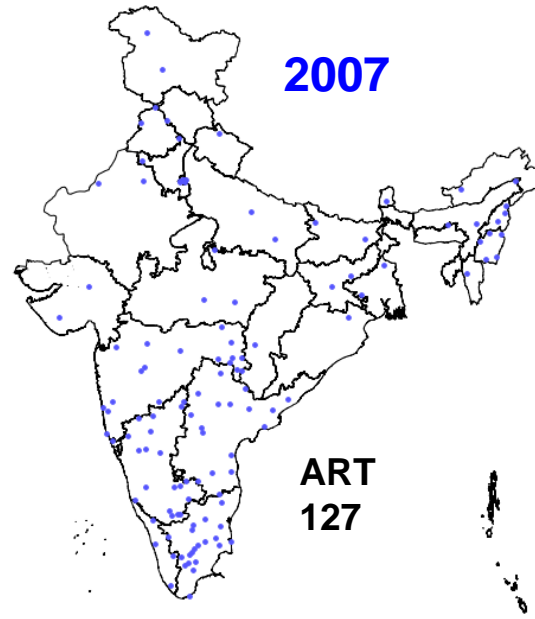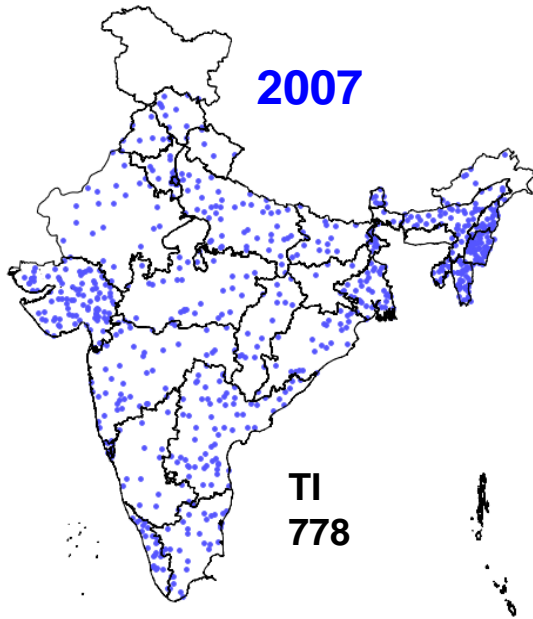
Improving Access to Treatment & Care
India has the 2nd largest number of PLHIV on ART, Globally

Anti-Retroviral Treatment (ART) Services

Chart: No. of ART Centres vs No. of PLHA on ART ('000)
- 2007: ART Centres 127, PLHA on ART 69
- 2014: ART Centres 1295, PLHA on ART 768

Legend: No. of ART Centres ■ — No. of PLHA on ART ('000)

Lives saved due to ART

Cum: 153,000 (2011)
Cum: 494,000 (2017)

Years: 2004–2017
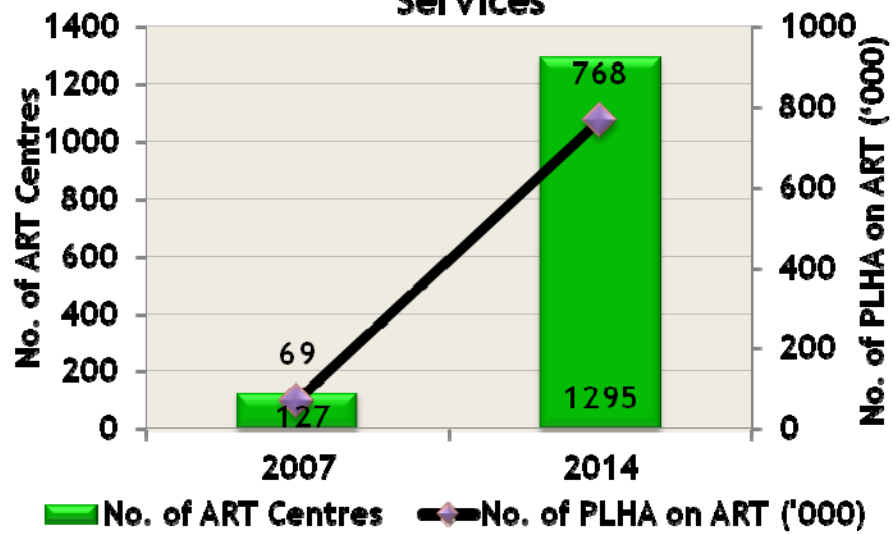
❖ **Dramatic scale up of no. of ART centres & no. of PLHIV on ART over last five years**
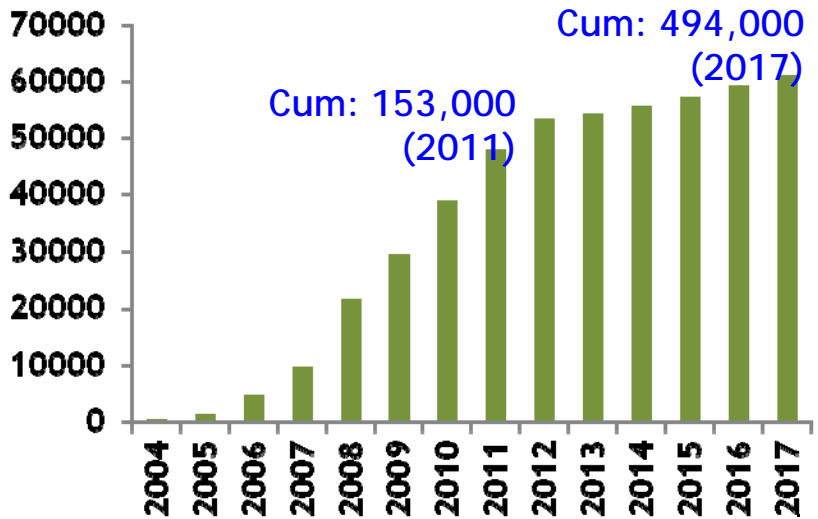
❖ **Improving survival and Quality of life of PLHIV**

❖ **Scale-up of Early Infant Diagnosis & Paediatric ART**

❖ **Adherence on ART & Drug Resistance remain key challenges**

Resources required to address treatment needs

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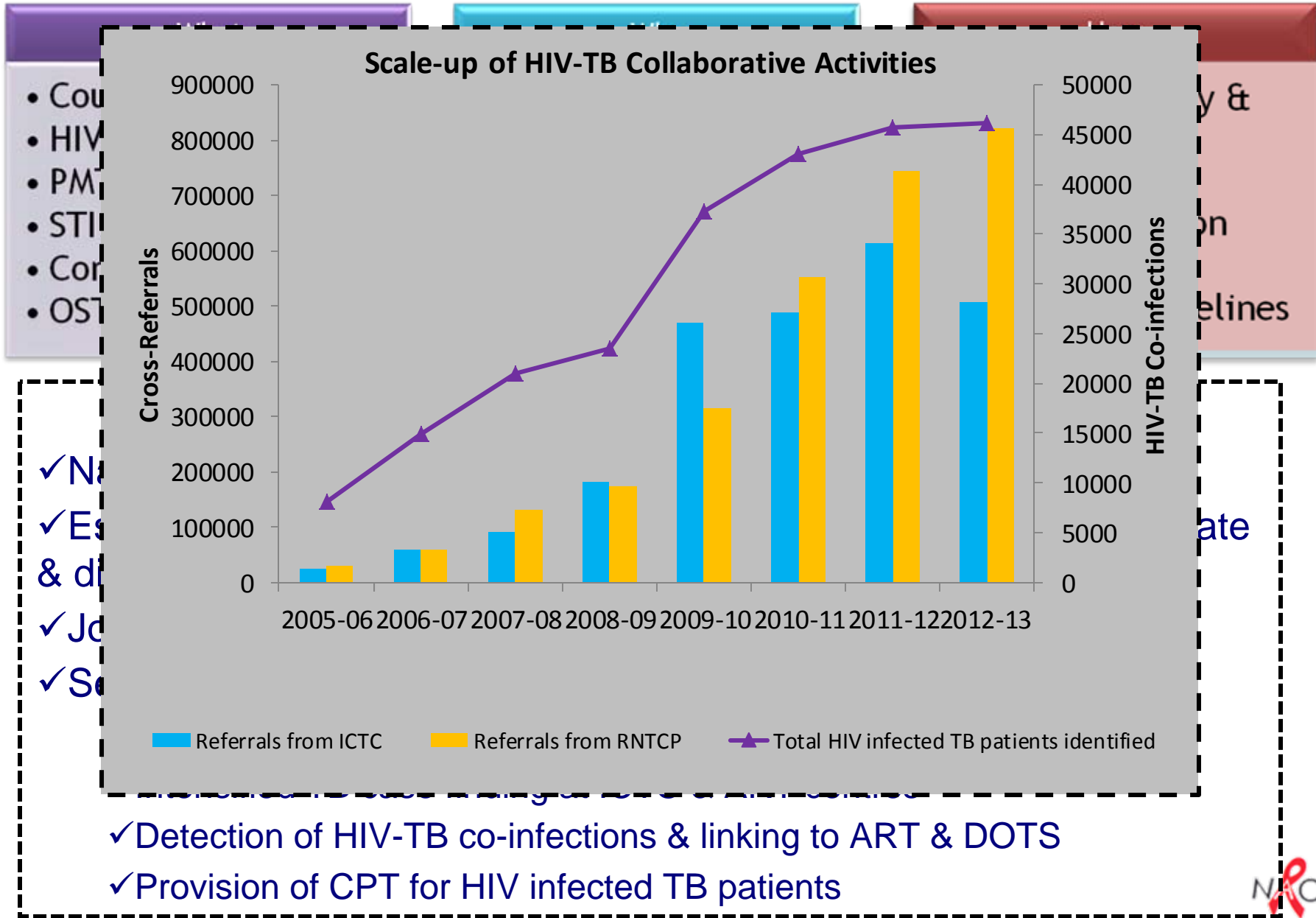
Vertical health interventions not adequate; Need Multi-sectoral Response

Integration with Health System

- Cou...
- HIV...
- PM...
- STI...
- Cor...
- OST...

✓N...
✓Es...
& d...
✓Jo...
✓S...

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Scale-up of HIV-TB Collaborative Activities

✓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)

Insurance for PLHIV?

Inter-ministerial Task Force?

Shipping & Ports

Railways

Coal

Social Justice & Empowerment

Women & Child Development

Information & Technology

Sports & Youth Affairs

Human Resource Development

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Goals of Mainstreaming

Risk Reduction

Stigma Reduction

Service Integration

Impact Mitigation

Guidelines for reducing S&D; Grievance redressal

Spread Awareness; Address Vulnerabilities;

Use of infrastructure for HIV services; Training of cadre; Referral linkages;

Inclusion of HRG & PLHIV in social protection schemes;

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What can Industry Do?

Communities living around the industry

Workers in Supply Chain

Employees & Families

+ HIV

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

- **In Making Poilicies & 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

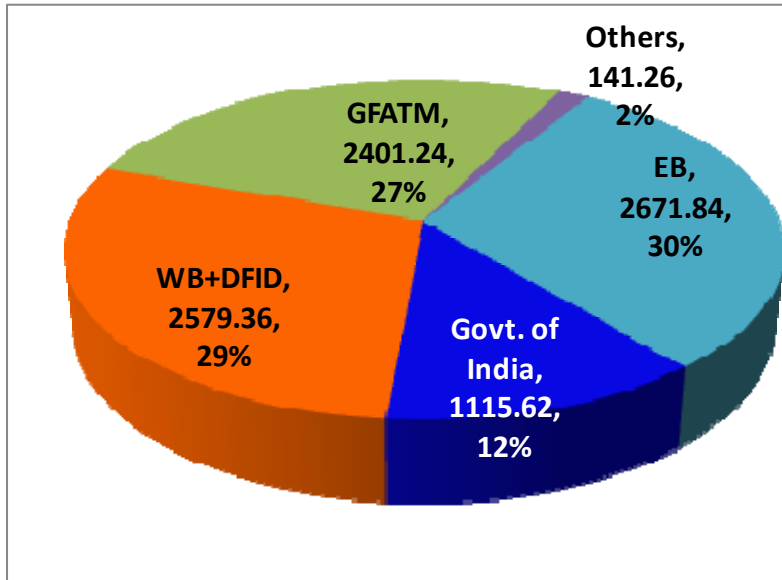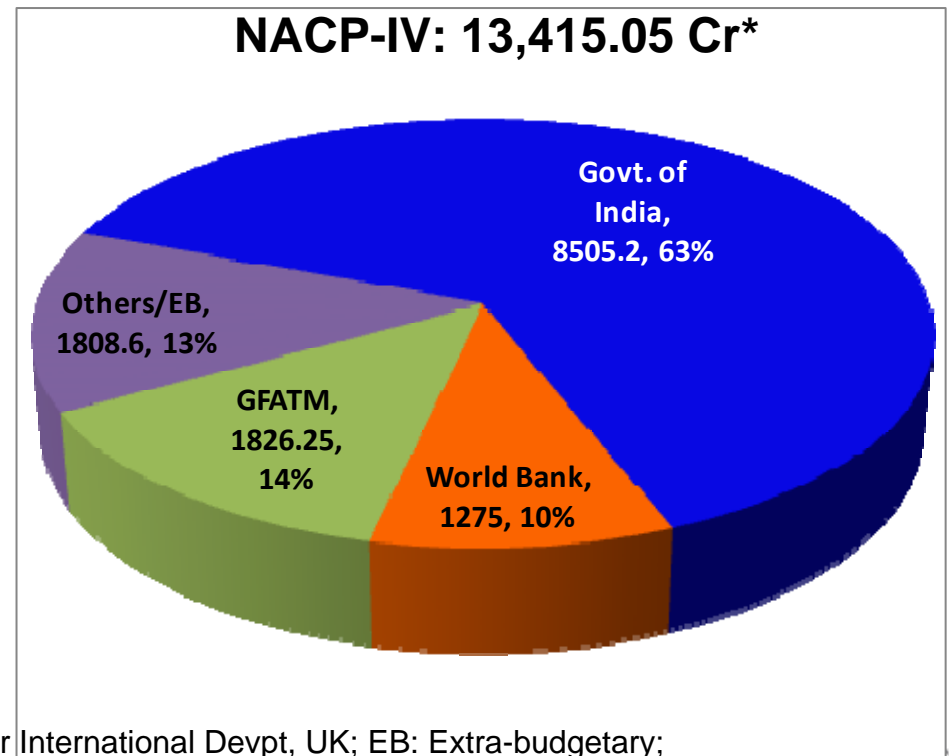|	
Internal Systems	• Strategic Information Management System for monitoring of service delivery & outreach
Periodic Systems	• HIV Sentinel Surveillance to track epidemic trends • HIV Estimations to estimate burden & needs
Large scale Surveys	• National Integrated Biological & Behavioural Surveillance • Integration with National Family Health Survey
Special Studies	• Evaluations, Outcome & Impact Assessments • National Data Analysis Plan • National HIV/AIDS Research Plan

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NACP-IV Project Financing

NACP-III: 8,909.32 Cr

- Others, 141.26, 2%
- EB, 2671.84, 30%
- GFATM, 2401.24, 27%
- WB+DFID, 2579.36, 29%
- Govt. of India, 1115.62, 12%

NACP-IV: 13,415.05 Cr*

- Govt. of India, 8505.2, 63%
- Others/EB, 1808.6, 13%
- GFATM, 1826.25, 14%
- World Bank, 1275, 10%

➢ **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 Devpt, 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

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CHALLENGES

Regional Variations in HIV Epidemic Trends

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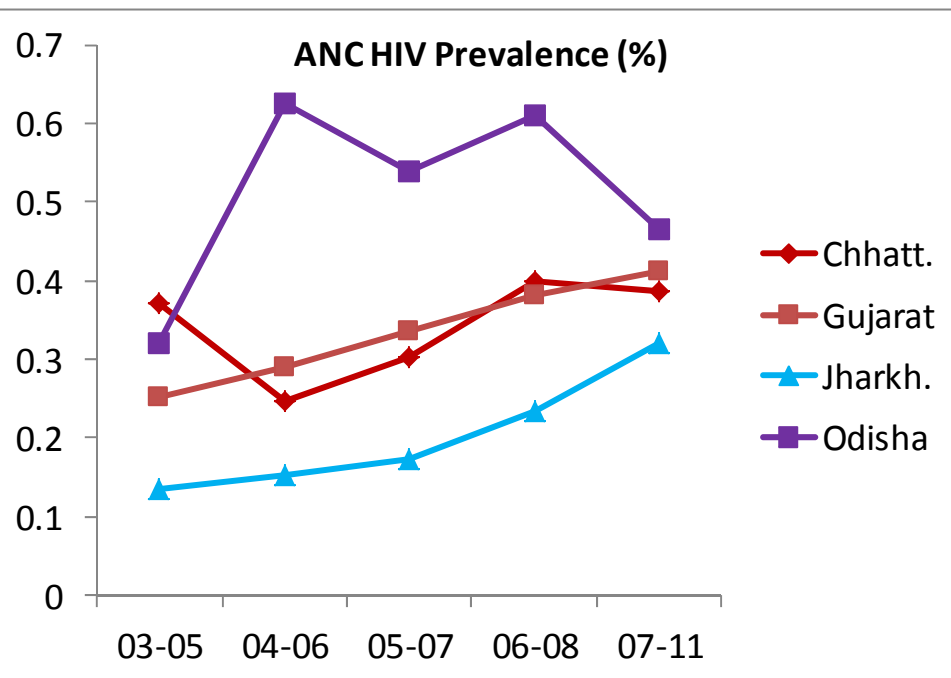
Rising trends of HIV among pregnant women in very low prevalence states
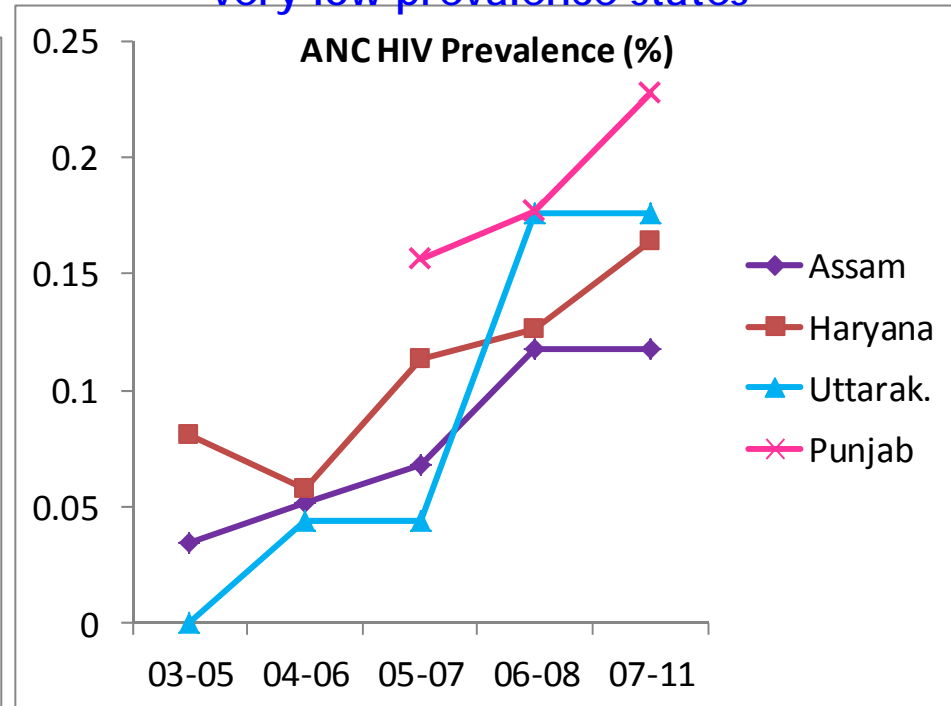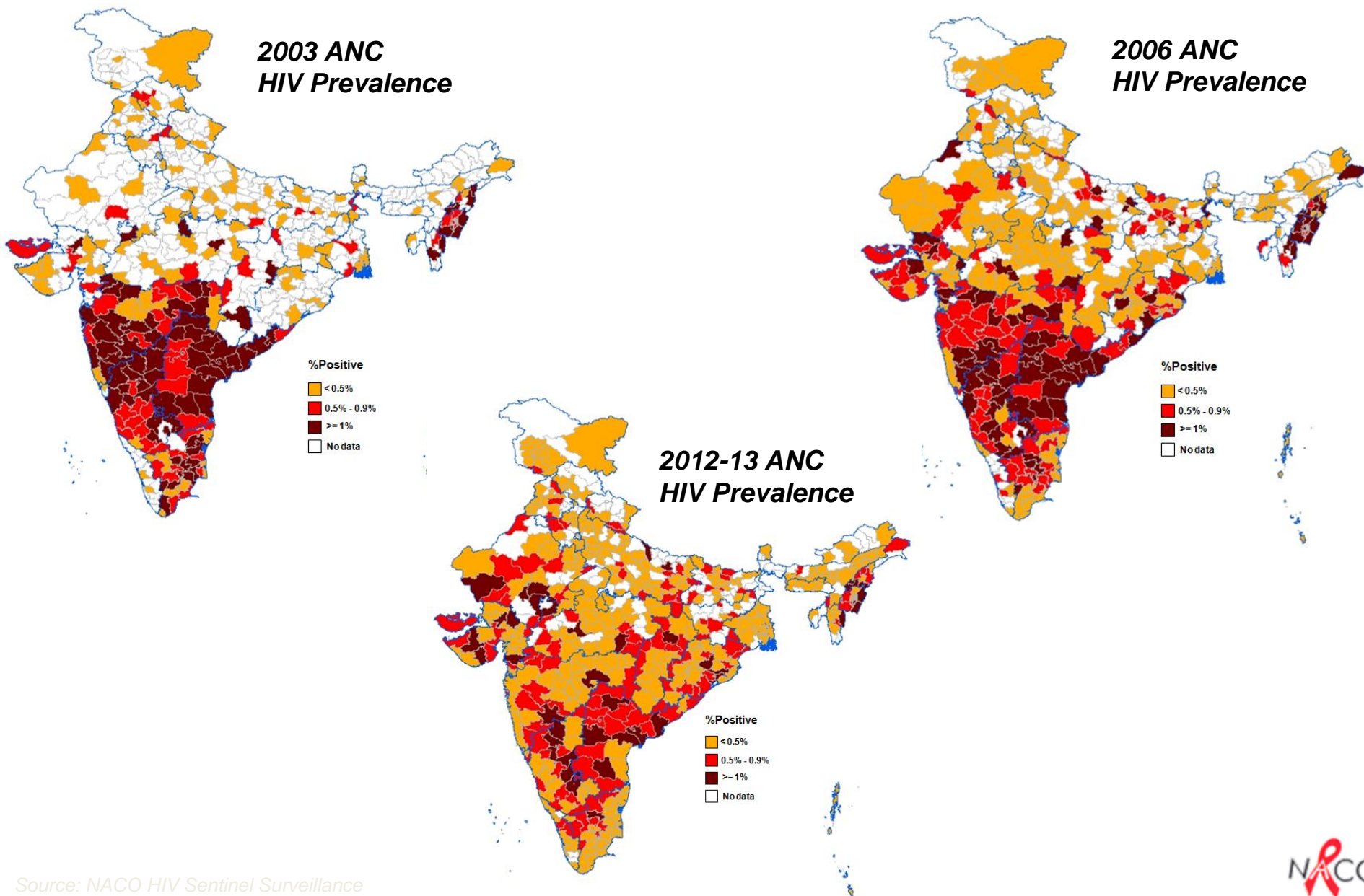

The ten low prevalence states of Odisha, Jharkhand, Bihar, Uttar Pradesh, West Bengal, Gujarat, Chhattisgarh, Rajasthan, Punjab & Uttarakhand together account for 57% of new adult HIV infections in 2011.
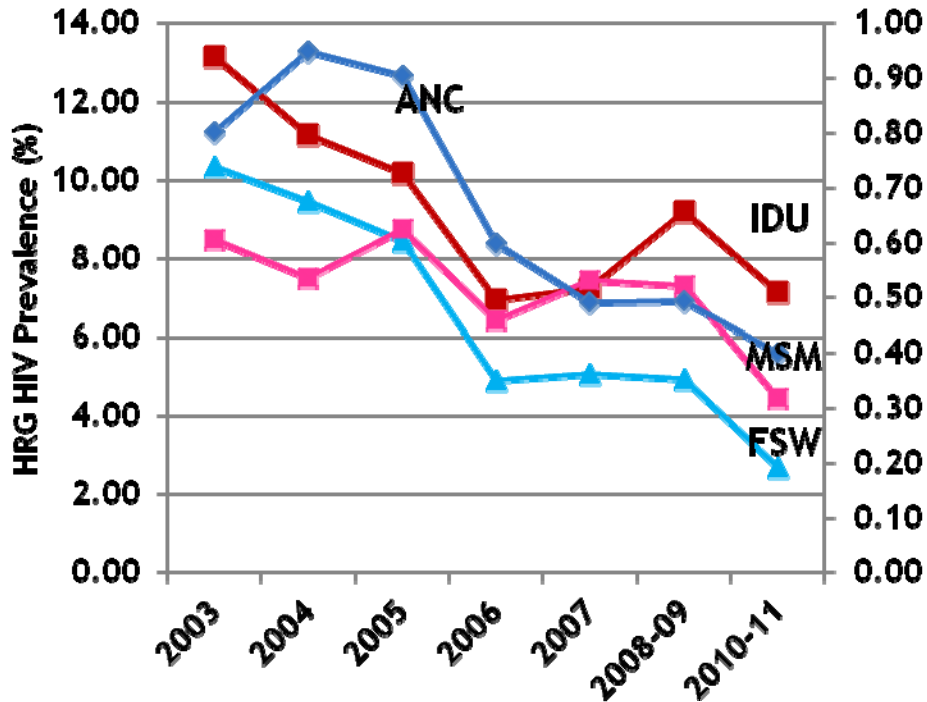
Changing HIV Landscape
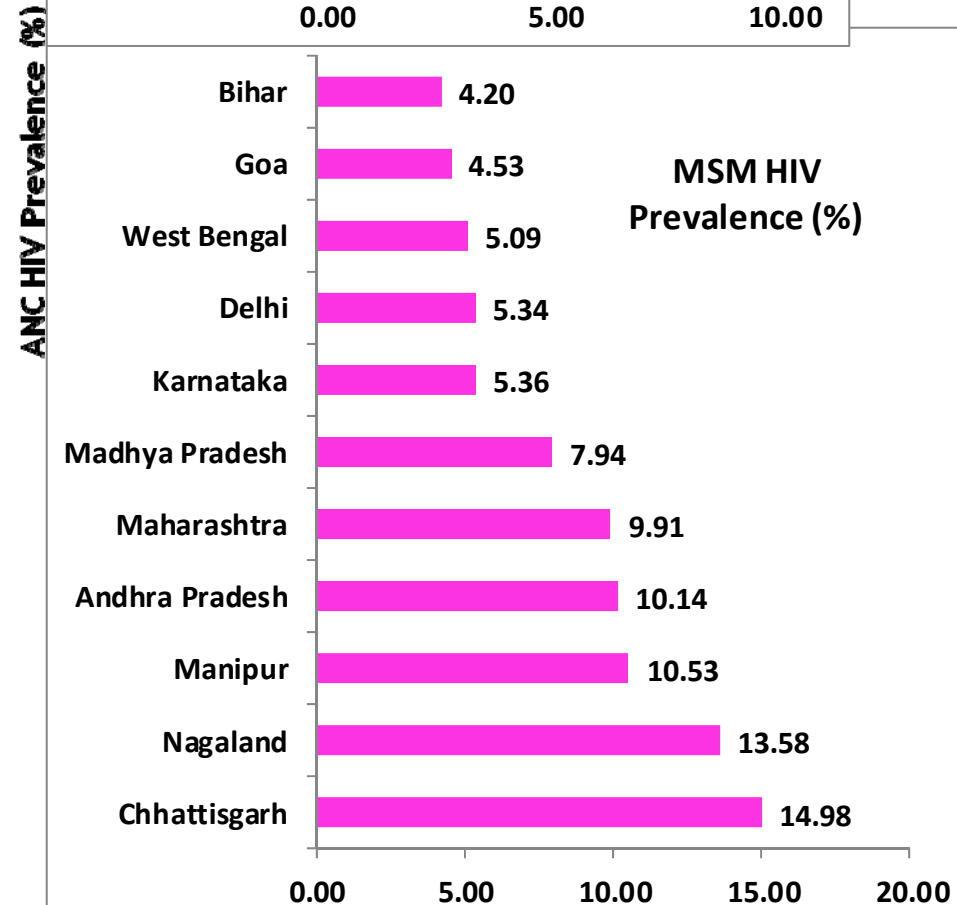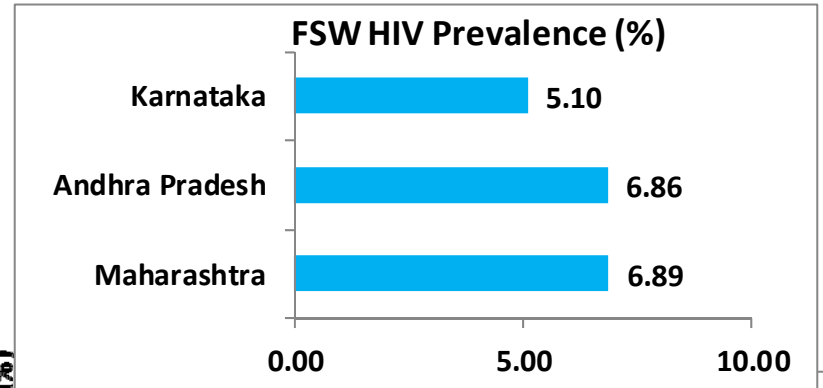## Newer Pockets in the Northern States

2003 ANC HIV Prevalence

2006 ANC HIV Prevalence

2012-13 ANC HIV Prevalence

%Positive
- < 0.5%
- 0.5% - 0.9%
- >= 1%
- No data

Declining trends, but higher levels...

Declining trends among general population, FSW & MSM;

Stable trends among IDU

FSW HIV Prevalence (%)

State	Value
Karnataka	5.10
Andhra Pradesh	6.86
Maharashtra	6.89

MSM HIV Prevalence (%)

State	Value
Bihar	4.20
Goa	4.53
West Bengal	5.09
Delhi	5.34
Karnataka	5.36
Madhya Pradesh	7.94
Maharashtra	9.91
Andhra Pradesh	10.14
Manipur	10.53
Nagaland	13.58
Chhattisgarh	14.98

Need to sustain efforts in High Prevalence areas to consolidate gains

Source: HIV Sentinel Surveillance 2010-11 – A Technical Brief, NACO

Emerging Vulnerabilities: IDU

IDU HIV Prevalence (%)

Legend: BI, CD, Har, JH, MZ, MU, WB, KE, PU
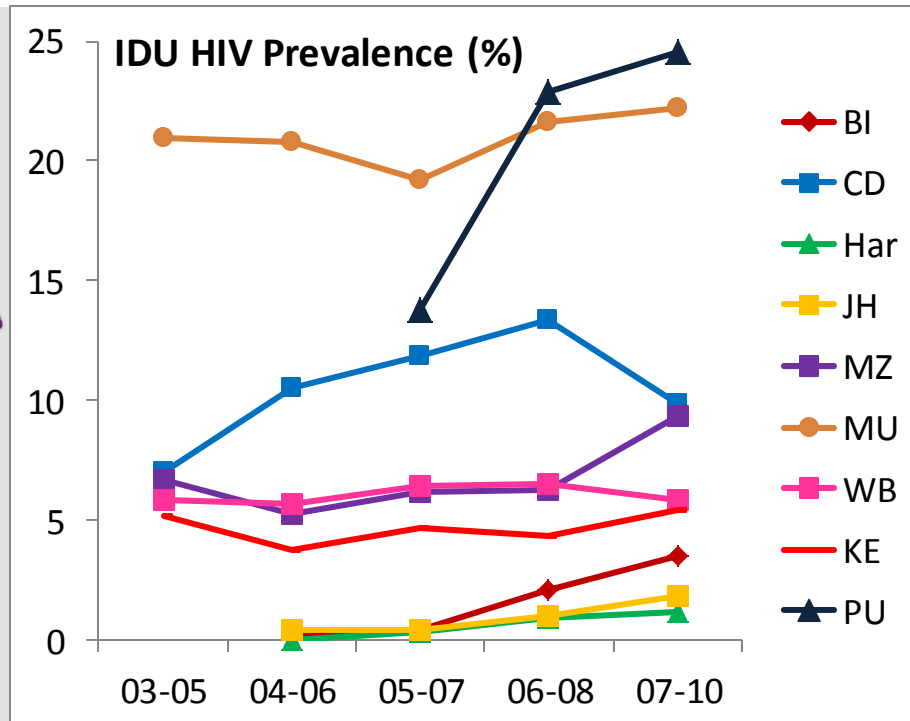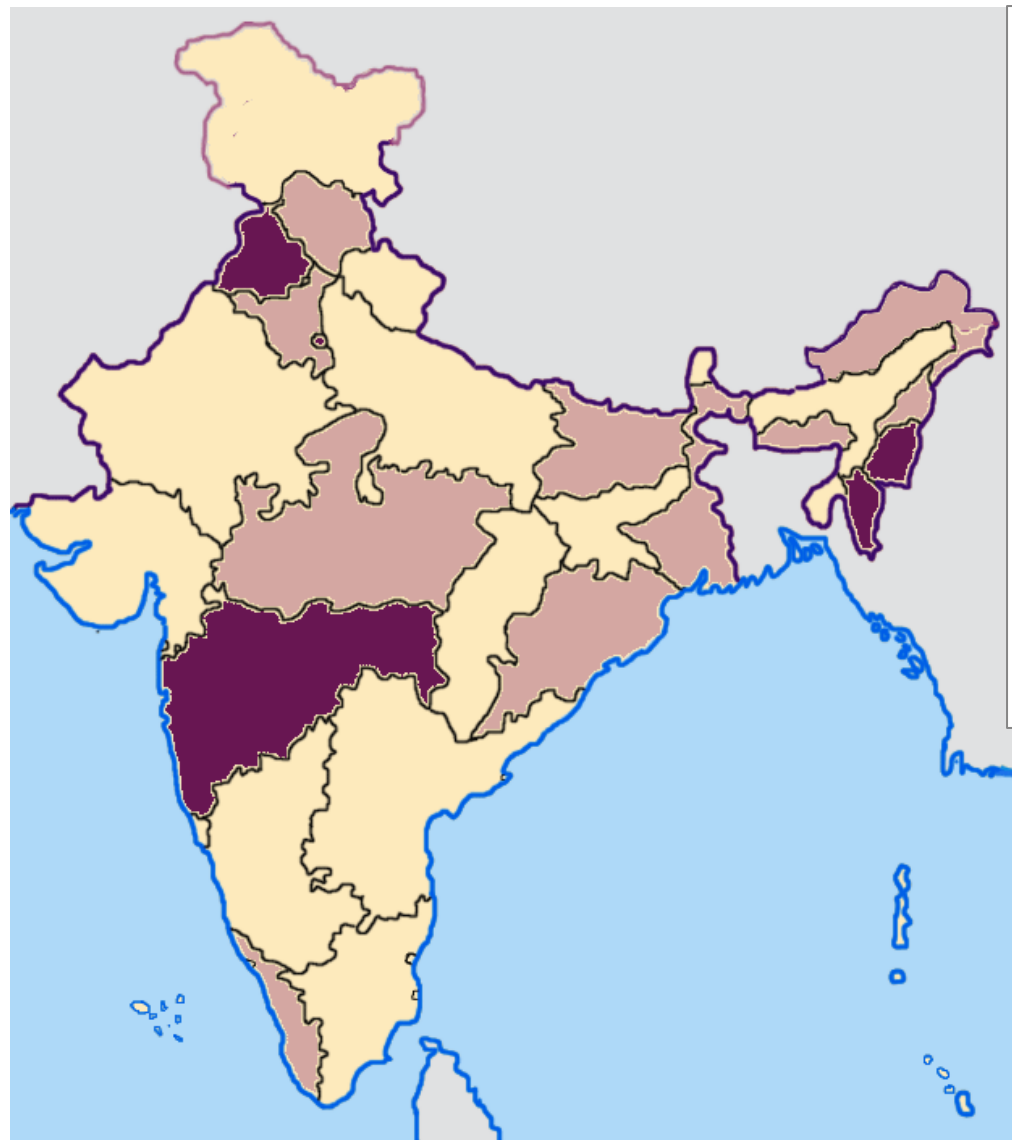
❖**Higher levels of HIV among IDU in Punjab, Chandigarh, Delhi, Mumbai, kerala, Odisha etc., in addition to North East**

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;
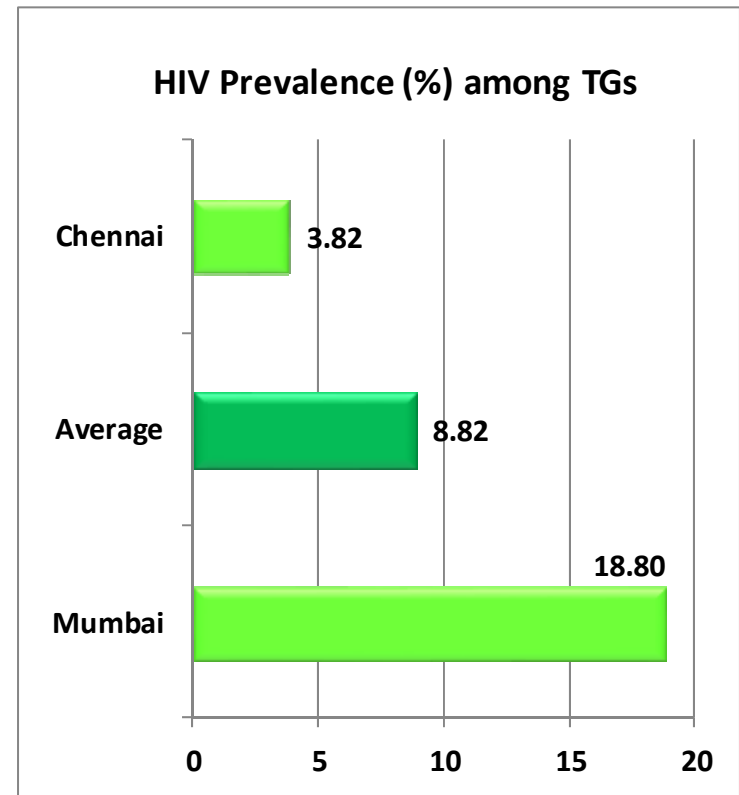
Emerging Vulnerabilities: Migration

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**

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Emerging Vulnerabilities: Truckers & Transgenders

HIV Prevalence (%) among Truckers

State	Value
West Bengal	3.71
Karnataka	3.20
Andhra Pradesh	3.20
Gujarat	3.09
Average	2.59
Madhya Pradesh	2.47
Tamil Nadu	2.01
Maharashtra	1.61
Jharkhand	1.20

HIV Prevalence (%) among TGs

| City	Value
Chennai	3.82
Average	8.82
Mumbai	18.80
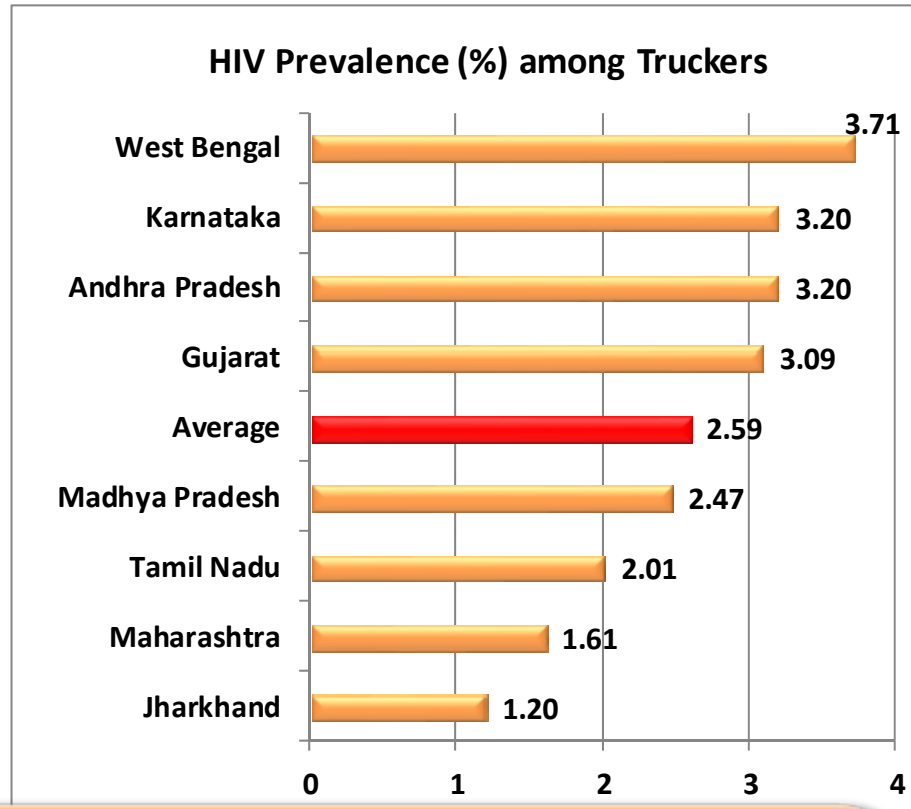
❖ **20 lakh truckers mapped; Focus at Trans-shipment locations & Truck halt points**

❖ **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**

Source: NACO HIV Sentinel Surveillance 2010-11

Balancing Prevention & Treatment
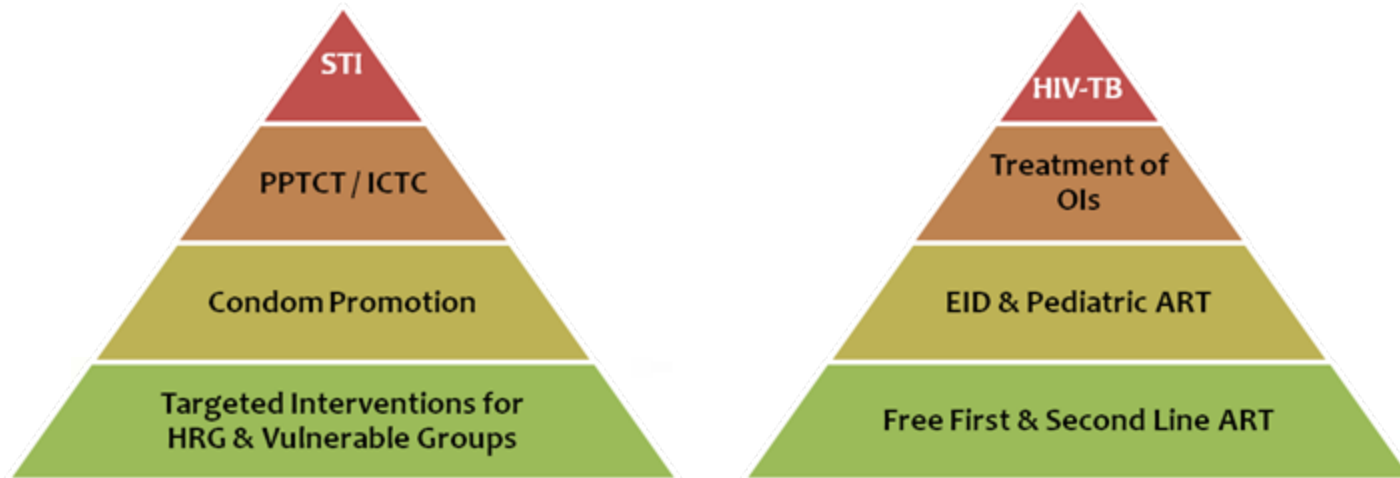
Sustaining Prevention Focus & Addressing Emerging Epidemics

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

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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

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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

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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?

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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

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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 & unreached
- 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

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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

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Thank You