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COUNTRY SNAPSHOTS:

INDIA

BACKGROUND

India, the geographically biggest country in South Asia world's second most populated country with a population of 1.2 billion people as per the census of India 2011[1]. With an average age of 66 years, there are more males than females (916:100) and more rural than urban. It is a country of very young people with a median age of 27 years[2]. It is this young population that necessitates India to combat HIV in order to keep them virus free. The epidemic in India is low for general population and concentrated with most at risk groups like FSWs, MSM, TG and PWID. The epidemic is heterogeneous with different HIV prevalence levels and dynamics in each of the India states. India's 33 districts are experiencing generalised epidemic with more than 1 percent prevalence[3]. India has a well-organised and committed AIDS control programme that has taken on the challenge. It has completed NACP IV and a national strategic plan 2017-2022 is in place.

COUNTRY PRIORITIES

India's National Strategic Plan 2017-2022[4] envisages the strategic development goal of ending AIDS by 2030. The strategic plan will be implemented by the NACO but there is a role for multiple sectors, CBOs, PLHIV, key populations as well as the existing health infrastructure to participate and sustain various facets of the AIDS control programme. The three-pronged strategy is as follows:

Prevent (increased coverage for improved prevention, testing and linkages, systematic evidence generation to reach at risk population, retain KP with adequate and appropriate services)

Test (geo-prioritise differential approach, graded approach to increase HIV testing, pilot and scale up newer modalities of HIV testing e.g. CBT, Self-Testing etc.), active use of IEC to increase demand for HIV testing)

Treat (accelerate uptake of ART, improve ART retention by engaging community/NGOs/Private Sector, ensure supportive environment for achieving universal access to ART, address co-morbidities of HIV infection to lower mortality and morbidity)

COUNTRY PRIORITIES

There are following broad priority areas under the national strategic plan 2017-2022.

Priority 1: Accelerating HIV Prevention in 'at risk' population including ' key population
Priority 2: Expanding Quality Assured HIV Testing with Universal Access to quality assured comprehensive HIV care
Priority 3: Dual Elimination of Parent to Child transmission of HIV and Syphilis
Priority 4: Addressing Critical Enablers in HIV Programming
Priority 5: Restructuring the Strategic Information System to be efficient and patient centric

DATA SUMMARY

Epidemiology (MSM)	Estimate	Year
Estimated No. Of MSM[5]	4, 27,000	2012
Estimated No. Of high risk MSM[5]	3,50,000	2012
HIV prevalence per national estimates [6]	4.3%	2014-15
HIV Prevalance[3]	2.69%	2017
Location Wise Break Up		
Manipur	8.40%	2017
Nagaland	7.66%	2017
Karnataka	5.40%	2017
Syphilis prevalence among MSM	Different data sets emerging	
Epidemiology (TG/Hijra)	**Estimate**	**Year**
Estimated No. of TG/Hijra[7]	62,137	2014
HIV Prevalence[3]	3.14%	2017
Location Wise Break Up		
North-East Delhi	10.9%	2017
Kolkatta	7.28%	2017
Thane	6.80%	2017
Hyderabad	6.47	2017
Syphilis prevalence among TG/Hijra	NA	
Behavioural (MSM)	**Estimate**	**Year**
Average number of partners	N.A.	-
Condom use during last encounter[6] (anal sex)	89%	2014-15
HIV test in last twelve months[6]	98.8%	2014-15
Prevention knowledge[6]	91.2%	2014-15
Reported vaginal sex in last one month [6]	48%	2014-15
Alcohol and Drug use[6]	56.2%	2014-15
IDUse[6]	46.9%	2014-15
Behavioural (TG/Hijra)	**Estimate**	**Year**
Average number of partners	-	2014-15
Condom use during last encounter[8] (paying male receptive anal sex)	78.6%	2014-15
HIV test in last 12 months[8]	98.2%	2014-15
Prevention knowledge[8]	89.3	2014-15
Alcohol before or during sex in last 12 months[8]	56.9%	2014-15
Shared needles[8]	35.5%	2014-15

DATA SUMMARY

Programmatic	Estimate	Year
HIV Prevention Coverage MSM & TG/Hijras[9]	62%	2016
No. of TIs in 2015-16 (MSM)[10]	141	2015-16
No. of TIs in 2015-16 (TG/Hijra)[10]	37	2015-16
National level strategy for MSM &TG[11]	Yes	2017
Legal	**Status**	**Year**
Male to male sex[12]	Illegal	2017
Section Criminalising Same Sex Activities[12]	377	2017
Sex work in private[13]	Illegal	2017
Soliciting for sex[13]	Illegal	2017
Laws that pose obstacles for MSM	Yes	2017
Third gender recognised[14]	Yes	2014
HIV Policy/Act [15]	Yes	2017
TG/H Policy or bill[16]	Bill to be presented in upper house, Lok Sabha in winter session	2017
Other State initiatives, policies and schemes for TGs	Kerala, Karnataka, Tamil Nadu, Odisha, West Bengal, Maharashtra and Delhi	2017

FAST TRACK RESPONSE

India has shown a strong commitment to the attainment of the Sustainable Development Goals (SDG) by 2030. One of the goals of SDG is Ending AIDS as a public health threat, which is a key country priority. Towards this, Fast-track targets for 2020 have been adopted to guide the scale-up of the national AIDS response. Under the 90-90-90 targets, HIV prevention, elimination of parent-to-child transmission of HIV and Syphilis, elimination of stigma and discrimination are four of the most important of the ten global Fast-Track targets. India has made significant progress towards the achievement of the first two 90-90-90 targets. India is estimated to have 21 lakhs of people living with HIV. At the end of March 2017, over three fourth (77%) of all PLHIV in India knew their HIV status, compared to 70% globally. Nearly two in three (65%) PLHIV who knew their HIV status were receiving ART (globally 77%). Overall, half of the estimated PLHIV were on ART during March 2017 in India[17].

HIV TESTING STATUS

India has voluntary as well as provider initiated counseling which is provided through the targeted interventions as well as at the public hospitals. In addition to this private sector labs and hospitals also offer HIV tests. As per NACO data in 2016-17, free HIV counseling and testing services (HCTS) were provided at 22,222 facilities including 5,545 Stand Alone Integrated Counseling and Testing Centers (SA-ICTC), 13,243 Facility Integrated Counseling and Testing Centers (F-ICTC) and 3,434 Public Private Partnership Integrated Counseling and Testing Centers (PPP-ICTC)17. First community based testing catering to HRGs has started in Bhilwara, Rajasthan[18]. Although the, feasibility of HIV Self Test (HIVST) is conducted in India[19] and it is still being researched, as on 2017 HIVST kits were available though the online shopping platforms[20].

HIV TREATMENT DELIVERY

The national programme offers free Facility based ART drugs at all public hospitals. India being the pioneer in generic drugs has drugs available in the open market as well bought by people under the care of private health provider. As on March 2017, 531 ART Centres had 10.50 lakh of PLHIV on treatment. In addition to this, there were 350 Care & Support Centres (CSC) were providing a holistic package of care, support, and treatment services under the national programme[17].

INTENSIFIED COMBINATION PREVENTION

Condom continues to be the backbone of prevention with the key population. Provision of free condoms for key populations and improving access by making it available through conventional and non-conventional outlets continues to the part of National Strategic Plan 2017-2022. PEP is available in the key hospitals. The national programme does not mention lubricants or voluntary male circumcision as a part of its plan. Studies have been conducted on feasibility and acceptability of PrEP in India[21] and a PrEP a national level collaborative demonstration project is under discussion in India as on December 2017[22].

Significant communication initiatives to intensify prevention approach[23]

- NACO has regular thematic Mass Media campaigns on TV and Radio to cover issues of condom promotion, ICTC/PPTCT, STI treatment and services, stigma and discrimination, vulnerability of youth to HIV, ART, HIV-TB and blood safety. NACO also has a dedicated facebook page.

FAST TRACK RESPONSE

- The Red Ribbon Express (RRE) programme covered 8 million population and 81,000 grassroots functionaries were trained on HIV/AIDS issues in the villages to further take down the messages.
- Through mainstreaming with Nehru Yuva Kendra and other youth organisations, out-of-school youth have been reached.
- As part of mainstreaming efforts a large number of self-help groups, ASHA, ANM, Anganwadi workers and PRI members have been trained/ sensitised on HIV/AIDS.
- World AIDS Day is observed around the country.
- NGOs and CBOs regularly conduct HIV/AIDS awareness and treatment awareness programmes at the community level. The Humsafar Trust's Yaariyan[22] youth initiatives under MTV Staying Alive project has created movies such as #Play Safe, Stay Safe, # Sirf Status Badla Hain # Chal Baat Karte Hain on the issues of HIV test, PEP, PrEP, Condom Usage, HIV Status and peer support.

OWNERSHIP

From the beginning, the Targeted Interventions have been collaborative in nature. For MSM and TG projects there has been a mutual learning for the national programme as well as the NGOs. NACO has also created a technical resource group[24] that comprises MSM community representatives who are a competent authority on the subject. This NACP IV[25] was a result of a collaborative plan in which MSM and TG community groups participated and contributed in the thematic area. NACO and CBOs continue to engage in discuss on an on going basis. In the National Strategic Plan 2017-2024, the government is seeking collaboration and participation of not just institutions but key population and people living with HIV.

INNOVATION

India has been to have innovations that have enabled India's HIV programme in the initial years of the epidemic. These innovations are pertaining to financing approaches, bringing in communities as a pillar for care and support, using F-ICTC, Link ART centres, Link workers scheme, IT enabled surveys, are all innovations, which have helped strengthen the programme. India took take innovative steps when it started reaching out to key populations through the Targeted Intervention approach leading to the adoption of non-traditional distributors of condoms among others, which helped accelerate progress toward programmatic targets[4].

ZERO DISCRIMINATION

All forms of stigma and discrimination towards PLHIV and marginalised groups are reported in multiple settings (health care settings, family and the broader society) and at various levels (individual, community or group). As per IBBS 2014-15 13% MSM and 37% TG people Gender dimension is critical to understand HIV-related stigma faced by Indian women and by feminine MSM and Hijras[26]. The HIV/AIDS act of 2017[15] is a progressive step towards zero discrimination. Further, sensitisation at individual, community, institutions and health care providers is a major task set out to ensure zero discrimination.

MONITORING AND EVALUATION

The national programme has strategic management information systems at the national level that is linked to different levels to support evidence based planning, programme monitoring and measuring of programmatic impacts. Besides this there is epidemic, programmatic, case based surveillance systems along with integrated biological and behavior surveillance and research has been in place in India.

PROGRAMMATIC ALLOCATIONS

As per the national strategic plan 2017-2024, an overall, 58% of budget need is for prevention functions while one third (32%) of the same is to meet the care, support and treatment functions. The prevention budget comprises 14% for TI, 2% for STI, 25% for BSD, 8% for BTS, 5% for ACSM and 6% for laboratories. Around 8% of the total budget estimates is towards the management functions (inclusive of PSCM) while remaining 2% of the total estimates is for strategic information management. In all out of the total TI budget is 2318 crores of which 340 crores (14%) budget has been earmarked for MSM and TG Targeted Intervention. There are domestic budgetary sources and support from development partners like World Bank, PEPFAR, Global Fund and others. The programme will also leverage the resources from CSR funds, other ministries and other development partners.

TREATMENT CASCADE

HIV treatment cascade is an area of challenge and concern in India. Out of estimated 21 lakh people living with HIV (PLHIV), (77%) of all PLHIV in India knew their HIV status, nearly two in three (65%) PLHIV who knew their HIV status were receiving ART. Overall, half of the estimated PLHIV were on ART during March 2017 in India. The percentage of PLHIV receiving ART who have suppressed viral load is unavailable. Viral load testing is currently done only at 10 national reference laboratories for suspected treatment failure cases. In 2016-17, around 16,500 PLHIV who were on ART received viral load testing. However, there are plans to expand viral load testing in India, which will enable it to measure all of 90-90-90 targets[17]. Under USAID-PEPFAR funding support, Linkages Project has been rolled out in India for MSM, PWID for plugging the gaps in the treatment cascade[22].

ADDITIONAL RESPONSE

UIC

AADHAR is India's Unique Identification Number to all citizens and residents of India. UIDAI's Aadhaar card project gives each Indian citizen a unique 12 digit identification number, along with recording their biometrics such as iris scan and fingerprints on a UIDAI database and the card is being rolled out to all eligible citizens. Male, female and transgender people are eligible for AADHAR. NACO[27] has started linking all the PLHIV to the Aadhaar Card. This linkage with Aadhaar will help PLHIV to access the benefits being provided under Central and State Government's, Health, Financial assistance and Social sector schemes. It will remove the need for periodic submission of life certificates by the patients and allow remittance of financial benefits directly to their bank accounts.

ADVOCACY AND CAPACITY BUILDING

Advocacy efforts have been the mainstay of creating an enabling environment for MSM and TG. Projects such as MSA-DIVA are aimed at advocacy with the public and private institutions and society at a larger level. The HIV/AIDS Act has been an outcome of these advocacy efforts. At present CSR project of Sapient India known as TRANscend project is being implemented by the Humsafar Trust to conduct advocacy for TG rights among the corporate organisations and educational insitutions[22]. The Humsafar Trust- Connect project funded by Amplify change through its 24 partners in the northern and eastern India, has sensitised has 2954 stakeholders belonging to primary and tertiary level on the issues ranging from SOGIE, LGBT and Human Rights as well as HIV/AIDS[22].

CAPACITY BUILDING

Pehchan[28]

A project aimed at strengthening capacity in MSM, transgender and Hijra communities to improve HIV prevention impact. This project was funded by Global Fund and remains their largest single-country grant to date, which focused on the HIV response for vulnerable and underserved sexual minorities. Pehchan was implemented in India by Alliance India and its consortium partners the Humsafar Trust, Pehchan North Region Office, SAATHI, Sangama, Alliance India Andhra Pradesh, and SIAAP. It builds the capacity of 200 community-based organisations (CBOs) to provide effective, inclusive and sustainable HIV prevention programming in 17 states in India for more than 450,000 (MSM), TGs and Hijras (collectively, MTH).

ADDITIONAL RESPONSE

MSA DIVA Project [29]

The multi-country South Asia Global Fund HIV Programme (Phase-II) is a regional HIV Programme that was operating in seven countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka and has almost reached its completion. The overall goal of this programme was to reduce the HIV related vulnerability and impact on MSM, Hijras and TG people through community strengthening systems (CSS). The programme supports building the capacity of in-country and regional community –based sub recipient organisations engaged in service provision (HIV prevention, care and support services), policy development and advocacy, partnership building with local governments and health departments, research related to MSM and TG issues and on creating stronger community systems to support and sustain this work. DIVA project in India has been implemented by the Humsafar Trust and its partners focussed on those states which were hard to reach states from the perspective of MSM issues. Through this project 3,023 community member and 1805 stakeholders were reached out for advocacy and capacity strengthening[22]. Likewise VHS reached out to the stakeholders such bureaucrats, policy makers and health sector functionaires in 13 states on TG issue and was a key player in community capacity strengthening and advocacy for TG issues and rights and mainstreaming[30].

GENDER BASED VIOLENCE

Wajood project by Alliance India[31] focuses on gender based violence as well as enhancing access to sexual health, and providing linkages to social welfare and entitlement schemes for the Transgender and Hijra community. Presently, the project is being implemented in five Indian states, namely Delhi, Gujarat, Karnataka, Andhra Pradesh and Telangana. Wajood has set an aim of reaching 6,000 Transgender and Hijras in two years, from November 2015 to October 2017.

NETWORKS

India has well established community networks at the national and state level. These networks serve as collaborative platforms for MSM and TG organisations. Integrated Sexual Minority Network of Sexual Minorities[32] (INFOSEM) is one of the oldest networks in India. Some other networks are as follows:

All India Transgender Network of West Bengal (ATHB)[33]
Kinnar Akhada (religion based trans group) (Information only in news items)
East India Transgender Network (Information unavailable)
AMMANA Network in North East (Information unavailable)

ADDITIONAL RESPONSE

VIRTUAL NETWORK OF MSM AND TG

Indian population has an extensive access to mobile phones and smart phones with 299.24 million users[34], of which substantial mobile users are men. For MSM and TG, Smart phones facilitate usage of dating apps like Grindr, Scruff, Blued and Planet Romeo. The Humsafar Trust[35] Mumbai was a pioneer in starting Internet outreach in the year 2014 through which it reached out to 11,000 MSM. The Humsafar Trust also has Yaariyan[36]youth initiative that has over 5500 members in a secret facebook page and reaches out to this community on issues of HIV/AIDS, rights and support. This youth initiative has been instrumental in several key campaigns and HIV/AIDS awareness related short films .[37]

PUBLIC PRIVATE PARTNERSHIP

The National AIDS Control Programme[38] seeks to tie up with the private sector to implement workplace policies[39] and leverage with their corporate social responsibility (CSR) to expand the response to HIV in India. Two private sector organisations JK Tires[40] and Apollo Tires[41] through their CSR have successfully reached out to a large number of truckers. Tata Steel Company[42] runs a Nodal Hospital for AIDS.

SOCIAL ENTITLEMENT SCHEMES

The District AIDS Prevention and Control Unit (DAPCU) have a key role to play in facilitating schemes at the district level[43]. The DAPCU teams provide support to PLHIVs and HRGs in availing social benefit schemes by ensuring that information regarding availability of schemes reaches PLHIV and HRGs and establishing linkages with relevant organisations and departments for facilitating benefit.

NGO Swasti[44] supported by UNDP India and Department of AIDS Control (DAC) implemented an initiative (`Utkarsh') for promoting Social Protection models in India. This initiative worked with key population groups such as FSW, MSM, TG, PWIDS and PLHIV. The project was implemented in three states of India. Four different delivery models were piloted:

1. Single Window Model through NGO
2. District AIDS Prevention Control Unit (DAPCU) Model
3. NGO led model for facilitating access to social protection through TI NGOs
4. PLHIV Network led models

KEY ACTIONS

- The social protection agenda was mainstreamed to at least 45 NGOs and CBOs working with most key populations and about 10 Departments sensitised.
- Key documents, schemes were made available to the key populations who were directly benefitted by it.
- This programme also infused HIV programmes with renewed interest and participation by the communities.

SEXUAL REASSIGNMENT SURGERY: No set guideline available; in 2015, a task force was established by Indian Council of Medical Research (ICMR) to prepare guidelines on providing health services for trans people and intersex people. Those guidelines are yet to be released[45].

CHALLENGES

- Social acceptance, stigma and discrimination pose a key challenge for TGs in HIV care cascade.
- Consistent condom usage is a challenge for both MSM and TG.
- HIV testing is an area of challenge for MSM and TG who may not be covered by on site Targeted interventions.
- After testing positive, MSM and TG may not link and after linking, possibility of being lost.
- As per the 2015 assessment report[46] most ART recipients reported receiving knowledge on mandatory counseling topics but just one fourth were given information on social welfare scheme, showing a gap area.
- As per the IBBS data MSM and TG are making a sexual debut at an early age as well as engaging in sex with underage people. The below 18 years sexually group is not covered by any HIV intervention hence there is a risk of HIV in very young people.
- Stigma and discrimination related experiences deter MSM and TG clients to continue their treatment in the health care setting.
- Due to wide spread availability of mobile networks and phones, MSM may be operating more online than being on the physical spaces, which are conventionally being served by the TIs. This online population needs to be reached out for intervention.
- Female partners of MSM may not be unreached by the current Targeted Interventions.
- As per IBBS, there is intersectional sexual behavior of MSM and various male partners, female partners, TG and below 10 years people making it a sexually risky network per MSM in India.
- Viral load monitoring facilities are fewer and the load is very high.

RECOMMENDA-TIONS

- Continuous advocacy and capacity building at various level is required for creating an enabling environment for TGs to be a part of the HIV care cascade.
- Peer led BCC focussing on consistent condom usage is urgently required.
- Innovative approaches such, as HIVST, PrEP and POC for testing need to be explored.
- Approaches of Linkages projects need to be studied to improve cascade related challenge. Role of UIC for follow up needs to be explored as well.
- Quality of counseling and the client follow up mechanism during the implementation of test and treat is extremely important to fill the gap in future. Mental health counseling could also be a part of this.
- Importance of social welfare and social entitlement schemes/ services needs to be emphasised upon at all the levels of intervention.
- Innovative and Child Safe approaches need to be explored for reaching under 18 populations. For age groups 14-17 years there needs to be intervention looking at their sexual health needs. Integration with ongoing SRH programmes may help.
- Continuous training and sensitisation of health care providers by MSM and TG CBOs may be required to reduce stigma and discrimination. There should be an on going supply of safety gears and PEP. Training into client's health rights, counseling skill may be imparted at various levels.
- Due to the presence of MSM on line, there is a need to reach out to otherwise hidden groups of MSM through peer based online interventions[47]. In a large demographically diverse Indian MSM sample, large proportions were at-risk and unaware of their HIV status, particularly those engaging in CAS. Local and national programmes need to increase access to culturally competent, non-judgmental services and increase educational outreach to MSM online .[48]
- There is an urgent need to recognise the intersectionality of sexual behavior with various partners and incorporate those into HIV programmes.
- Facilities to create viral load monitoring need to be set up on an urgent basis.

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We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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