

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:457

ANSWERED ON:08.08.2014

HEALTHCARE OF HIV AIDS PATIENTS

Sawaikar Shri Advocate Narendra Keshav;Venugopal Dr. Ponnusamy

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) The number of HIV/AIDS related cases and deaths among male and female, separately reported in the country during each of the last three years and the current year, State/UT-wise;
- (b) The funds earmarked, allocated and utilised for prevention, care, support and treatment of HIV/AIDS patients under the National AIDS Control Programme (NACP) during the said period, State/ UT-wise;
- (c) Whether the Government has assessed/reviewed the performance of various States/UTs under NACP, if so, the details and the outcome thereof indicating the shortcomings noticed and the steps taken to overcome them, State/ UT-wise;
- (d) Whether instances of discrimination and stigmatization of people living with HIV/AIDS have been reported from various parts of the country and if so, the details thereof during the said period, State/ UT-wise; and
- (e) The action plan drawn by the Government to address the issues of discrimination and stigmatization of HIV/ AIDS infected people in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a) to (e): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 457 FOR 8th AUGUST, 2014

a) The number of HIV/AIDS related cases detected in the country during last three years are given below

2011-12: 285152
2012-13: 245859
2013-14: 239763
April and May 2014: 35436

the State/UT wise breakup of the HIV/AIDS related cases detected are at Annexure I. However at national level, approximately 55.3 percent of HIV positive detected were male, 44.2 percent trans gender / trans sexual. were female and 0.5 percent were

The number of HIV/AIDS related deaths reported in the last three years are given below

2011-12: 31990
2012-13: 35265
2013-14: 29466
April and May 2014: 9752

The State/UT wise breakup of the HIV/AIDS related deaths are at Annexure II. At national level, around 60 percent of yearly HIV/AIDS related deaths are of males and 40 per cent of them are of females.

b) The funds earmarked, allocated and utilized for prevention, care, support and treatment of HIV/AIDS patients under the National AIDS Control Programme (NACP) during the period 2011-12, 2012-13, and 2013-14; State/UT-wise are at Annexure III.

c) The performance of NACP-III has been assessed through the HIV estimates derived using globally comparable methods, periodical Joint Implementation Reviews and Mid-term Review involving development partners and the Government and through independent Impact Assessment studies.

The Review Missions have reported that most of the targets under NACP have been achieved and even surpassed. Impressive gains have been made in Anti-retroviral Therapy (ART) services, scaling up of Integrated Counseling & Testing Centres (ICTCs) and

detecting People Living with HIV/ AIDS (PLHIV).

An independent impact assessment study undertaken by a consortium of three public health institutes in India brought out that the HIV epidemic has remained contained and has been declining in the country. Increase in condom use in sex workers as a result of Targeted Interventions and IEC accounted for the decline. A detailed review of the programme performance was undertaken as a part of the elaborate multi-stakeholder consultative planning process for NACP-IV (2012-17); the key challenges identified included emerging vulnerabilities including migration & injecting drug use and increasing treatment needs.

The HIV Estimations 2012 based on HIV Sentinel Surveillance data up to 2010-11, highlighted that the estimated number of new adult HIV infections has declined by around 57% from 2.74 lakh in 2000 to 1.16 lakh in 2011, reflecting the impact of scaled up prevention strategies. Wider access to ART has led to 29% reduction in estimated annual AIDS-related deaths from 2.07 lakhs in 2007 to 1.48 lakhs in 2011.

Based on the strategy for NACP IV (2012-17) highlights further scale up & strengthening of key interventions such as targeted interventions for High Risk Groups, focused IEC for demand generation and reducing stigma, condom promotion, increased access to HIV counseling and testing, and universal access to free antiretroviral treatment. In order to address the emerging challenges, newer initiatives such as revised migrant strategy focusing at source, transit & destination, Opioid Substitution Therapy for Injecting Drug Users, and multi-drug regimen for preventing mother to child transmission of HIV are also being rolled out.

d & e) Stigma and discrimination is an obstacle to an effective response to HIV/AIDS, as it heightens their vulnerability to HIV/AIDS by placing PLHIV/CLHIV in a vicious cycle of stigma and discrimination.

At the State level, there are State Grievance Redressal Committee, headed by the Principal Health Secretary of the respective State to address various issues related to Care, Support & Treatment including stigma, discrimination and denial. These committees meet on regular interval to take action on any such cases.

The action plan for addressing stigma and discrimination has found a prominent place in the national agenda. NACP- IV addresses the issue of stigma and discrimination at all levels through communication, research and advocacy, capacity development and partnership building.

The action taken during the NACP which address the issue of stigma and discrimination are as follows:

(i) Multi-media mass mobilization campaigns such as Red Ribbon Express (RRE) which involved positive networks for campaign outreach and generated a strong community dialogue on the issue.

(ii) Spots on radio & TV with messages by celebrities on the issue of stigma & discrimination;

(iii) Folk media performances in rural areas with focus on stigma and discrimination.

(iv) Sensitization of medical and para-medical staffs on stigma during training programmes; inclusion of stigma and discrimination components within the sensitization programmes for grassroots workers such as SHG, AWW, ASHA, ANM and members of PRI; advocacy and sensitization programmes for parliamentarians, legislatures, faith based leaders, judiciary, police and other stakeholders; media sensitization programmes for journalists on stigma free reporting.

(v) Sensitisation of school teachers and Principals to reduce stigma and discrimination in school settings.

(vi) Linkages established between various service centres and positive networks;

(vii) Mainstreaming HIV in various schemes and programmes of other Ministries to enhance the access of PLHIV to Government welfare schemes to mitigate the impact of the epidemic on PLHIVs.

Further action planned to address stigma and discrimination

The HIV/AIDS (Prevention & Control) Bill has been Introduced in Parliament (Rajya Sabha) on 11 Feb 2014. It aims to reduce stigma & discrimination in private & public sector.

It aims to ensure that HIV status does not influence the right to education, employment, health care & insurance. Eg. Prohibit HIV-testing as a prerequisite for employment

It has provisions that establish grievance redressing mechanisms & enhance access to social welfare schemes/healthcare for PLHIV

It has sections aimed at benefiting children who are affected/orphaned by HIV/AIDS. Eg. Safeguards property of HIV-affected children; recognizes guardianship of older siblings for admission to educational institutions, managing property, operating bank accounts etc.

It has penal provisions for service providers indulging in stigma & discrimination