

INDIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in India made significant contributions in extending HIV testing and counselling and tuberculosis services to thousands of people, including textile and mining workers, truck drivers and migrants in high burden areas. Technical support was provided for the training of master trainers and treatment service providers to accelerate transitioning of people living with HIV to Dolutegravir-based treatment regimens; rollout differentiated service delivery models; and sensitize thousands of people living with HIV on the advantages of treatment to improve their adherence and health outcomes. Food rations, shelter, entrepreneurship incentives, as well as personal protective equipment and hygiene commodities were also provided for vulnerable and key populations living with HIV to help them overcome the impacts of the COVID-19 pandemic. Under the leadership of the Gujarat State AIDS Control Society, 1.4 million pregnant women were enrolled on antenatal care services while 14 of the 20 model sub-centres were able to implement community-based HIV screening for pregnant women during antenatal care in Gujarat state. The Joint Team made valuable contributions in scaling up health education in schools, including training of more than half a million teachers across the country using online health programme courses and developing a new portal improving access to school health programmes for 1.5 million schools. Gujarat was supported to strengthen its HIV response for key populations and people in closed settings. To enhance the enabling environment and support the socio-legal provisions by the Government and Hon'ble Supreme Court of India, the Joint Team worked with the National AIDS Control Organization, States, and communities to improve local knowledge and implementation capacity of the HIV ACT 2017 across country. Support was also provided to the Ministry of Social Justice and Empowerment for the development of the Transgender Welfare Framework.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team made significant contributions towards strengthening national capacity for the delivery of a School Health Programme in Gujarat. These included technical and financial support to improve inter-departmental coordination; develop operational guidelines; build the capacity of 179 master trainers from Education and Health Departments who helped to train 91% of the teachers in the State; translate training modules in Gujarati language.

At the national level, 50 000 teachers improved their knowledge and skills of the School Health Programme through lectures broadcasted on TV channels during the COVID-19 lockdown while 600 000 teachers completed e-courses on the same programme. The Joint Team further supported the development of a new portal for the School Health Programme enabling 35 State School Education Departments and 1.5 million schools to scale up access to various resources on the health programme, prevention of violence, bullying in schools, and cyberbullying. A school-related gender-based violence prevention toolkit was also developed and widely distributed in collaboration with the education authorities in Tamil Nadu.

Technical and financial support was provided for the promotion and improvement of adolescent health and HIV care services across the country. This included the development of an app—available in 11 regional languages—to improve access to accurate information on HIV prevention and promote uptake of prevention of mother-to child transmission of HIV services.

The National AIDS Control Organization and the States were supported to revamp combination HIV prevention strategies, including technical assistance for partner-led pilot HIV self-testing programmes for vulnerable and key populations. The Joint Team further supported the development of technical guidelines on the use of pre-exposure prophylaxis (PrEP).

The Joint Team closely collaborated with authorities in Gujarat to strengthen the integrated harm reduction programmes for people who inject drugs in prisons and closed settings. Technical support was also provided for the development of a training manual on drug use and HIV targeting law enforcement officials, including staff members at state prisons and the police.

To support the national COVID-19 response, 1100 personal protective equipment (PPE), 14 000 reusable masks, 10 000 pairs of gloves, 23 000 bars of soap, 5000 bottles of sanitizers, 2000 sanitary pads were distributed to people who use drugs in prisons and closed settings. In 23 state prisons, 66 000 inmates and staff were given infographic information materials on COVID-19 in 11 different languages.

The Joint Team supported the National AIDS Control Organization, State AIDS Prevention and Control Societies, and regional institutes in generating evidence for the HIV response, including the 2020-2021 HIV Sentinel Surveillance, HIV estimates, and National Behavioural Surveillance Survey-Lite among key populations India. Technical assistance was also sustained for the ongoing key populations programmatic mapping and size estimation exercise led by the National AIDS Control Organization.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION (EMTCT)

The Joint Team supported the Gujarat State AIDS Control Society in advancing towards the EMTCT goal at the local level by supporting periodic district-level monitoring of the current progress towards EMTCT, strengthening EMTCT linkages, capacity building, community engagement, periodic data analysis and development of a communication strategy to accelerate progress towards EMTCT in the country.

HIV TESTING AND TREATMENT

In 2020-2021, National AIDS Control Organization was supported in the revision and dissemination of various guidelines aimed at optimizing access to and uptake of HIV testing, treatment, care, support, advanced disease management, and integrated tuberculosis, hepatitis C, cervical cancer, and advanced HIV services in the country.

The Joint Team provided technical and financial assistance to sensitize over 4000 workers from the diamond, textile, and transport sectors in five districts in Gujarat on HIV and increase demand for HIV testing and counselling services. As a result, over 1000 workers accessed community-based HIV screening. Additionally, 34 000 truck drivers and their helpers at 12 locations in nine States were sensitized on HIV and tuberculosis prevention and nearly 10 000 truck drivers and helpers agreed to take HIV testing and counselling and all who tested

HIV positive were linked to treatment. The Joint Team also facilitated the development and dissemination of messages on HIV prevention as well as HIV and tuberculosis referral services for nearly 35 000 migrants.

Capacity building training was conducted for healthcare workers to scale up implementation of Dolutegravir-based HIV treatment regimen for eligible people living with HIV in India. Additionally, more than 150 trainers living with HIV were supported to conduct 58 workshops reaching 1709 people living with HIV in three northern states to increase their knowledge on antiretroviral treatment.

Technical assistance was provided to the Government for the implementation of various differentiated service delivery models to ensure the continuity of HIV services during the COVID-19 pandemic. These included the multimonth dispensing of antiretrovirals through community centres and home delivery. The Joint Team further supported the development of the community system strengthening framework; establishment of a national steering group comprising people living with HIV and key population; and improvement of the community-led monitoring tools in collaboration with the National AIDS Control Organization, State AIDS Prevention and Control Societies, and civil society.

In partnership with 10 community-based organizations, the Joint Team provided emergency assistance, including food rations, shelter for the homeless, and livelihood options for 4000 vulnerable people from key populations in five States to help them overcome the socioeconomic impacts of the pandemic while 700 000 received soaps for COVID-19 prevention. The beneficiaries also received training to improve their skills on psychosocial support. Additionally, 109 682 key populations were sensitized on COVID-19 prevention and social protection programme while 42 037 of the people from key populations living with HIV were linked to various Government social protection mechanisms.

HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

The Joint Team supported community-led advocacy to ensure the inclusion of vulnerable people and key populations who were experiencing challenges in accessing social protection programmes during the COVID-19 pandemic. As a result, the Honourable Supreme Court in 2020 called on State Governments to follow the standard operating procedures by the National AIDS Control Organization to distribute dry ration to sex workers in India.

To reduce stigma and discrimination and protect the rights of transgender people, the Joint Team supported the Ministry of Social Justice and Empowerment in the development and wide dissemination of the national Transgender Welfare Framework. Furthermore, the Joint Team supported 25 transgender community leaders from across the country to establish the National Transgender, Thirunangai, Kinnar, Hijra Association (NTTKHA).

HIV AND HEALTH SERVICES INTEGRATION AND INVESTMENT

The Joint Team worked with Government and various stakeholders to institutionalize and improve access to integrated sexual and reproductive health and HIV services in the country. Support was extended for trainings and joint supervisions with 682 healthcare providers from 35 primary health and community health centres and 61 service providers from sub-centres to improve their proficiency on integrated sexual and reproductive health and HIV services and understanding of the needs of key populations. In Ahmedabad district, 14 of the 20 model sub-centres were supported to start community-based HIV screening for pregnant women during antenatal care. In Gujarat, nearly two thousand people living with HIV accessed sexual and reproductive health counselling services at the integrated counselling and testing centres (ICTC) and antiretroviral treatment sites. To improve integration of sexual and reproductive health and HIV services and information at community level, the Joint Team supported training of Accredited Social Health Activists (ASHAs) and ASHA supervisors to improve their knowledge and capacity on the delivery of non-judgmental integrated sexual and reproductive health and

HIV services among key populations, particularly female sex workers. Additionally, 17 448 women received information, education, and communication (IEC) materials on COVID-19 and integrated sexual and reproductive health and HIV services.

The Joint Team supported networks of key populations to mobilise US\$ 10 million for food assistance and cash transfer initiatives, and US\$ 113 million for capacity building of communities for service delivery from the Global Fund COVID-19 Response Mechanism. Under the Solidary Funds, seven community-based organization were also supported to start small businesses creating jobs for 120 transgender persons and female sex workers.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team provided technical support for the inclusion of critical issues, such as gender equality, education, youth empowerment, and a discrimination-free environment for people living with HIV and key populations in India's United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018-2022, to strengthen collaboration and further support the HIV response. This included the support to communities to strengthen their engagement in development matters and voice out their needs.

CHALLENGES AND LESSONS LEARNED

Support to the COVID-19 response, including reprogramming of funds led to delays in the implementation of HIV related activities planned by the Joint Team in India. Pandemic-related social restrictions and limited connectivity with rural areas further stained community outreach initiatives and other programme activities.

To help overcome these disruptions, the Joint Team worked with the National AIDS Control Organization at central level and with States to rollout innovative service delivery and programme implementation mechanisms, such as the multimonth dispensing of antiretroviral treatment, community-based screening, and virtual capacity building initiatives.

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