

India HIV/AIDS Alliance

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Media Note

India HIV/AIDS Alliance at the 20th International AIDS Conference
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Melbourne, Australia

For media information, high res images and interviews, call Sophia Lonappan/Bini Philips, on +91 9540621333 email: bphilips@allianceindia.org

India HIV/AIDS Alliance will be at the 20th International AIDS conference to highlight how vulnerable and marginalised populations most at risk of the HIV epidemic remain stigmatised, discriminated against and criminalised. As a result, millions are denied their human rights and essential access to basic health services. Without action for these populations, we will not achieve a sustainable response to HIV and AIDS.

Focus issues

Advocacy against Section 377 of the Indian Penal Code

The Indian Supreme Court recriminalized same-sex behaviour between consenting adults in December last year, a reversal of the Delhi High Court ruling five years ago that legalised homosexual behaviour bringing back an archaic law instated during the colonial era. It is a barrier to HIV prevention services and an obstacle to the basic human rights of a population that is already underground and highly vulnerable to the epidemic. Together with our 207 partner organisations implementing Pehchan – our national HIV prevention programme, strengthens and 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 men who have sex with men (MSM), transgenders and hijras – Alliance India is committed to fight against this discriminatory law that denies the sexual minorities of India from their right to life and dignity. ‘Do we Count’ is our latest campaign advocating for the rights of all key populations- men who have sex with men (MSM), Transgender (TG), sex workers, people living with HIV (PLHIV), people who inject drugs (PWID).

Political sustainability for continued investment in HIV & AIDS

With National AIDS Control Programme (NACP) IV there is a stark reversal in the funding pattern of Government of India's HIV/AIDS control programme. For the first time now, the GOI will meet over 75 per cent of the financial burden on its own, with foreign donors contributing the rest. After

Nigeria and South Africa, India has the world's third highest caseload with 2.1 million infections. Though there has been a 50% reduction in HIV cases in the last decade, there are reports of rising HIV cases in parts of New Delhi, Mumbai, and the North and North-East among other areas. Of the 2.1 million people living with HIV, only around 0.7million are receiving ART. While some PLHIV have developed resistance to first-line ART, there is a little money for expensive second and third line treatments. There is room to advocate for higher budgetary allocations to HIV prevention and care given that the Government of India spends only about 1% of GDP on health overall. In addition, as an emerging economic power that extends a \$5 billion line of credit to African countries, there is room to manoeuvre budgetary allocations to HIV prevention. However, this will need sustained and evidence based advocacy by a critical mass of campaigners. Based on this evidence, stakeholders of the HIV response are concerned whether a health system that has not been able to meet its targets as mentioned above, does indeed have the necessary capacity and resources to take on and deliver the HIV response effectively and efficiently.

'Out of the Shadows' - a film on women who inject drugs in India

Women who inject drugs in India remain largely neglected in the current HIV response. Marginalised and at risk, these women have inadequate access to services and information they need to protect their health and wellbeing. Unsafe sexual behaviour and shared injecting equipment increase their risk for HIV and hepatitis C infection. Women who inject drugs need a comprehensive harm reduction response that provides accessible, targeted, and quality interventions to improve their health and protect their rights. This film brings out the voices from the community, takes a look at the discrimination faced daily and the urgent need for services customised for their needs.

Harm reduction lessens risks associated with injecting including vulnerability to HIV and Hepatitis C through overdose management, abscess care, oral substitution therapy, and needle and syringe exchange programmes. Funded by the Government of Netherlands our Hridaya programme expands harm reduction services for people who inject drugs (PWID), their partners and families. Female outreach workers under the programme engage with spouses of drug users and reach the female population affected by harms related to drug use.

Worldwide an estimated 16 million people inject drugs, and three million of them are living with HIV. In India, HIV prevalence in this group is 24-times that of the general population. With funding from the European Union, the Asia Action on Harm Reduction programme (Asia Action) supports advocacy to increase access by PWID to comprehensive harm reduction services and reduce stigma, discrimination and abuse towards this vulnerable population.

Reaching PLHIV in India: Care and Support

HIV treatment is lifelong, and as more people get on treatment the burden of sustaining quality treatment is bound to increase. The Indian government needs to adequately invest in care and support services required for over 2.4 million people living with HIV in India. As treatment matures in India the need for consistent and reliable 2nd and 3rd line treatment will rise further adding to the government's burden. Supported by the Global Fund, our Vihaan programme is a national initiative

to establish 350 Care & Support Centres across India to expand access to key services, increase treatment adherence, reduce stigma and discrimination, and improve the quality of life of people living with HIV. There is a vital need to invest in treatment, care and support services for PLHIV in India.

Alliance India spokespersons

Staff members of India HIV/AIDS Alliance are available to discuss all of the above focus issues and the current situation in India. The staff members participating in AIDS 2014 represent communities most affected by the epidemic in India including men who have sex with men (MSM), transgenders (TG), sex workers, people living with HIV (PLHIV), people who inject drugs (PWID).

About India HIV/AIDS Alliance

Alliance India brings together committed organisations and communities to support sustained responses to HIV in India. Complementing the Indian national programme, Alliance India works through capacity building, knowledge sharing, technical support and advocacy. Through our network of partners, Alliance India supports the delivery of effective, innovative, community-based HIV programmes to key populations affected by the epidemic.

Do not miss our booth 616 where you can become part of our 'Do We Count' campaign and find promotional material of our new film, 'Out of the Shadows', about women who inject drugs in India.

Social media:

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