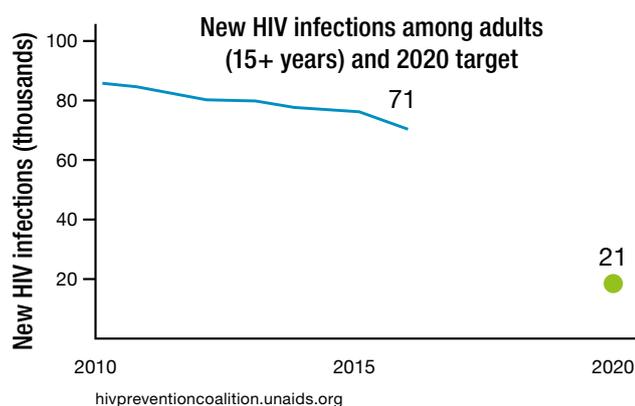




India HIV prevention shadow report

On track to meet the 2020 target?



Stigma & discrimination

Discriminatory attitudes towards people living with HIV

Global AIDS Monitoring data 2016/ DHS 2015-2016



Gender-based violence

Prevalence of recent intimate partner violence among women (15-49)

Global AIDS Monitoring data 2016/ DHS 2015-2016



Key populations



Latest size estimate conducted in:

Men who have sex with men

2016

Sex workers

2016

People who use drugs

2016

Transgender people

2016

Global AIDS Monitoring data 2016, Targeted Intervention Programme 2015-2016

Young people (15-24)

Knowledge about HIV prevention



19.97%



36.11%

Global AIDS Monitoring data 2016 / DHS 2005-2006

Harm reduction

Supportive reference to harm reduction in national policy documents

Global State of Harm Reduction 2016



Summary of civil society analysis

India made significant progress in reducing new HIV infections over the past decade. Much of this was due to the extensive collaboration with community-based organisations to deliver focused and comprehensive programmes for key affected populations. However, civil society organisations are concerned that these community-led programmes are not being adequately funded and taken to scale.

The 2017 HIV Bill is welcome but needs to be implemented and other actions are needed to address the barriers that prevent key populations from accessing HIV services. Civil society, including key population organisations, needs to be meaningfully engaged in developing targets, budgets and plans to improve HIV prevention efforts.



10-point plan – a civil society analysis

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society perspective on how well India is performing.



1 Conduct strategic assessment of prevention needs and identify barriers to progress

Data on the HIV epidemic is collected every two years. While there are accurate size estimations (2016/17) for key affected populations, including other vulnerable groups such as economic migrants has been challenging.

A National Prevention Summit was hosted in 2017, focusing on innovative programming and implementation of the Road Map. While civil society, including key population groups, was well represented, participants were not briefed in advance and found it difficult to provide input. Other consultations have also been conducted: on community-based testing; information, education and communication (IEC) materials; the Fast Track Cities Initiative; and a review of prevention programming in northern states – where HIV infection rates are rising. However, these consultations were limited to non-governmental organisations (NGOs) and community-based organisations (CBOs) involved in current prevention programming.



2 Develop or revise national targets and road maps

The National Strategic Plan (2017-2024) includes targets on prevention and was developed in line with recommendations from the Mid-Term Appraisal, which included experts from key population groups. While ambitious, the targets focus predominantly on biomedical interventions such as self-testing and pre-exposure prophylaxis (PrEP). Although new commitments to increasing coverage rates for prevention programmes aimed at key population groups are welcome, it is unclear how these targets have been set, and how they will be achieved.

Sub-national and city targets are still under development. At the sub-national level, more detailed mapping of key populations is required in order to develop targets. This concern has been raised by civil society and others at several consultations but is still to be addressed.



3 Enhance prevention leadership, oversight and management

The National AIDS Control Organisation (NACO) is the body responsible for overseeing HIV prevention efforts. However, a lack of capacity, particularly at the sub-national level, is a real problem. Although a new National Prevention Working Group has been set up to help manage the implementation of the Road Map, only a small group of civil society organisations (CSOs) and key population representatives are involved. The group's workplan and terms of reference have not been shared widely.

NACO has a track record of successfully engaging civil society through technical review groups, however, these groups are not always convened regularly. Beyond this, there are no other effective mechanisms for ensuring cross-sectoral collaboration.



4 Introduce legal and policy changes to create an enabling environment

The National Prevention Summit report identified ways to address the structural barriers which prevent key populations from accessing HIV prevention services. This included: the successful implementation of the 2017 HIV/AIDS (Prevention and Control) Act (or HIV Bill); amending the Transgender Bill; supporting law enforcement officials to work with key populations; and enhancing access to social protection programmes for those living with and most affected by HIV. These priorities were reiterated in the National Strategic Plan along with other structural issues such as addressing gender-based violence and improving access to education. However, so far, no clear action plan has been provided outlining how these barriers will be effectively addressed.



5 Develop national guidance and intervention packages, service delivery platforms and operational plans

The National Strategic Plan recognises the need for innovation and supports the revision of existing strategies. NACO has conducted several consultations on community-based testing, the results of which are now being implemented.

5 Take-home opioid substitution therapy has also been initiated, and NACO is in the process of developing a new pilot study for PrEP among men who have sex with men and transgender people. The government has also begun implementing HIV prevention services in prisons. Currently this is only being implemented in some sites and primarily involves HIV testing and linking people living with HIV to treatment. NACO has also supported a consultation to develop new IEC materials for key populations as part of the behavioural interventions.

Service packages for key populations already exist at state and district level. A number of CBOs are contracted to provide services such as community-based testing. CSOs often implement innovative programmes, for example peer-led provision of Naloxone for overdose management, and the development of service packages for female partners of people who use drugs. However, these are often small pilots and are not scaled up as part of the national programme.

6 Develop capacity building and technical assistance plan

At present there is no consolidated technical assistance plan. While the National Strategic Plan does acknowledge areas of improvement, it doesn't elaborate what technical assistance is required to address these gaps. In the 100-day plan, which outlined immediate actions following the launch of the Road Map, India suggested that they needed technical assistance for improved programmes for key population groups. This seems surprising given India's vast expertise in this area.

That said, NACO is in the process of contracting CSOs to provide expertise in relation to HIV-TB programming and supply chain management. They are also in the process of appointing national and state-level Technical Support Units. Various CSOs have responded to the request for proposals and applicants will be selected later in 2018.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

India has a long history of employing social contracting mechanisms and working with civil society implementers. Community involvement in programme planning, delivery and monitoring is not new – especially when reaching key populations.

This approach is reflected in the National Strategic Plan, which includes a commitment to community systems strengthening. Such an approach has also been reinforced by the creation of new Technical Support Units, which will be implemented by civil society.

8 Assess available funding and develop strategy to close financing gaps

According to India's National Strategic Plan, 58% of the HIV budget is allocated to prevention, the first time it has included such figures. The total HIV budget has also increased by 5-10%. While this is largely due to inflation, part of this increase can be attributed to proposed scale-up and consolidation of existing activities, including HIV prevention.

That said, there are concerns that ongoing budget constraints may put pressure on the government to reduce rather than expand service provision. Although domestic financing is significant, it still needs to be topped up with funding from international sources such as the World Bank, PEPFAR and the Global Fund (although current ratios and the funding gap are unclear). While the National Strategic Plan commits India to transitioning to 100% domestic financing by 2024, there has been no specific dialogue to discuss how this will be achieved. CSOs are not usually included in financing decisions apart from their involvement in discussions around the Global Fund grants.

9 Establish or strengthen programme monitoring systems

NACO is in the process of updating its monitoring and evaluation (M&E) systems. At present, there are a number of overlapping systems and NACO is working to integrate them. While these systems are already population-specific, it is unclear to what extent these changes will allow M&E to be more gender-sensitive.

The government's Mid-Term Appraisal successfully incorporated community-based monitoring, actively involving community experts in the assessment – including men who have sex with men, transgender people, female sex workers and people who use drugs. There is still scope for improvement as engagement tends to be limited to those implementing government-backed projects.

10 Strengthen national and international accountability

Currently India has no specific accountability framework to help guide the reporting process. The country is participating in the UNAIDS national HIV prevention scorecard, which serves as a useful tool for a regular review of performance at the national and international level. But there needs to be greater accountability, particularly at the sub-national level. Civil society and other stakeholders also need to be involved in the design and implementation of this framework.

Recommendations

We welcome the political commitment of the Indian government and the steps taken in recent months to push HIV prevention higher up the country's agenda. As civil society and community organisations we commit to partner with you in these efforts. In order to meet the global and national targets, we believe India should prioritise the following actions:

- 1** Conduct an in-depth mapping of locations with highest need of HIV prevention programmes and improve data and programmes for vulnerable groups such as economic migrants.
- 2** Meaningfully engage civil society, in particular key population groups, in setting and endorsing new prevention targets at national and sub-national levels. It is not enough to invite them to consultations, but their expertise and support must to be used in the planning and design of the national Road Map.
- 3** Strengthen HIV prevention, leadership, management and oversight, particularly at the subnational level.
- 4** Scale-up innovative combination prevention programmes and service delivery packages for key populations, especially harm reduction programmes for people who use drugs.
- 5** Commit to an action plan to change policies and roll out interventions to address the structural barriers that key and priority populations face. Priorities include: decriminalising same sex sexual contact and drug use; amending and finalising the Transgender Bill; and expanding social protection schemes. The long-contested HIV Bill needs to be implemented.
- 6** Develop a comprehensive and fully costed technical assistance plan to support improved HIV prevention programmes.
- 7** Host a multi-sector financing dialogue to analyse the funding gap and seek ways to scale up investment in combination HIV prevention, ensuring that civil society groups are engaged in these discussions.
- 8** Develop an accountability framework in collaboration with civil society to help guide the reporting process.

Methodology

As a member of the Global HIV Prevention Coalition, the International HIV/AIDS Alliance has played a leading role in convening civil society and community organisations. Activists from 22 countries participated in interactive workshops to learn, share and agree advocacy priorities. As part of this process activists worked in teams to analyse their country's progress on HIV prevention. Some country teams continued their collaboration and developed shadow reports based on responses to a standard questionnaire developed by the Alliance. These reports voice the priorities of civil society organisations and offer an alternative to official assessments.

Our partners



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For national progress reports see:
hivpreventioncoalition.unaids.org

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