

I-TECH India Newsletter

December 2023



I-TECH India implements its activities with support from the Human Resources and Services Administration (HRSA), the University of Washington (UW), and the Centers for Disease Control and Prevention (CDC) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). I-TECH India collaborates with National AIDS Control Organisation (NACO) to support intervention across the National AIDS Control Programme (NACP) through technical assistance and support.

TECHNICAL ASSISTANCE FOR HIV CARE, SUPPORT AND TREATMENT SERVICES

“Pioneering Solutions for Tomorrow's Care”

Delve into our Technical Intervention section dedicated to advancing and supporting HIV care through quality technical assistance, innovative strategies, and hands-on expertise for HIV health workforce.

WORLD AIDS DAY CELEBRATIONS

I-TECH India participated in the World AIDS Day (WAD) celebration on 1st December 2023 at a national event organized by the National AIDS Control Organisation (NACO) in Guwahati, Assam. The theme for the year “Let Communities Lead” focused on community ownership, to raise awareness about the challenges and to mobilize all stakeholders to jointly redouble efforts to ensure the success of the HIV response and achieve the goal of ending AIDS by 2030.

I-TECH India provided support to develop resource materials and technical documents for patient literacy and awareness viz (a) Frequently asked questions on HIV Treatment (*available in English and Hindi*); (b) Job aid on Administration of Paediatric ARV medicine with DTG-10 mg (*available in English and Hindi*); and (c) Handbook for HIV and STI Counsellors working under NACP; which were disseminated during the event and were well received by different stakeholders and community participants. I-TECH India also supported NACO in creating informative posters highlighting key insights and data achievements, contributing to a better understanding of the current HIV landscape. Our team showcased the National Data Hub presenting a brief on critical information about the program to the Minister of State.



I-TECH India team at World AIDS Day Celebration 2023 in Guwahati, Assam



The National Data Hub presented by I-TECH India during World AIDS Day 2023

SUPPORTIVE SUPERVISION AT ART CENTRES

I-TECH India team was engaged in conducting supportive supervision visits as part of expert team led by NACO to review and assess the progress achieved in enhancing programmatic indicators and delivering patient-centric care at Anti-Retroviral Therapy (ART) centres in Delhi. Based on these visits, I-TECH India is in the process of developing site specific plans for each ART centre, which will act as a blueprint to provide technical assistance and mentoring support to these sites in collaboration with NACO and State AIDS Control Society (SACS).



Visit to Deep Chand Bandhu ART Centre in Delhi as part of the supportive supervision

REGIONAL TRAINING OF TRAINERS (TOT) FOR ART CENTRE STAFF

I-TECH India in collaboration with NACO organized a comprehensive Training of Trainers on HIV care for the ART centre staff including medical officer, counsellors, and staff nurse, where 48 master trainers from 21 states gained expertise in clinical and programmatic aspects of HIV care and treatment. Facilitated by experts from NACO, Centers for Diseases Control and Prevention (CDC), Centre of Excellence (CoEs), paediatric COEs, I-TECH India, and other partner organizations, the two-day workshop was based on Adult Learning Principles. These master trainers are now set to cascade their knowledge and further train the rest of the ART centre staff in their respective states.



Regional ToT for ART Centre Staff on HIV Care

COUNSELLOR TRAINING ON COMPREHENSIVE HIV SERVICES

I-TECH India participated as a technical partner in a pilot training organized by NACO in collaboration with Haryana SACS in Panchkula. NACO is adopting “breaking the silos” approach in which all the services in HIV programme are being integrated. The training was organised to empower the NACP counsellors on these new responsibilities and equip them with the latest skills in providing comprehensive HIV prevention and treatment services, including sexually transmitted infections (STI).



I-TECH India at Counsellor Training workshop on Comprehensive HIV Services at Panchkula, Haryana

ASSESSING THE EVTHS CASCADE AT ART CENTRES

I-TECH India is dedicated to advancing maternal and child health by providing support to NACP V’s Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) strategy, which aims to prevent the

transmission of HIV and syphilis from mother to child. In collaboration with NACO, I-TECH India actively provided technical assistance to assess and address the gaps in the EVTHS cascade at ART centres by conducting thorough visits to understand the current practices. I-TECH India is also supporting NACO in developing a guidance note on EVTHS on a standardized approach for managing HIV-positive pregnant women and exposed infants, for a desired outcome of zero new infections, thus enhancing the overall quality of care at NACP facilities for pregnant women and children.

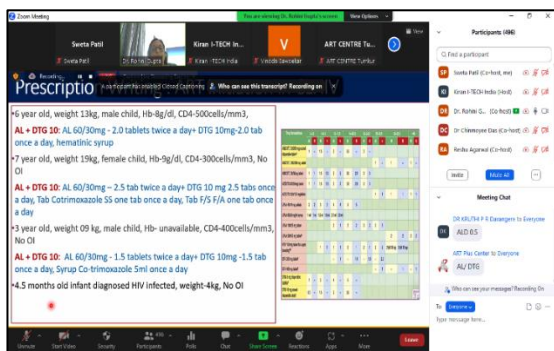
HEALTH SYSTEM STRENGTHENING

"Health Systems Resilience"

Explore our Health Systems Strengthening section for insights into robust strategies, transformative digital health solutions, and expert perspectives shaping the future of healthcare through a positive change.

DISTANCE LEARNING SEMINARS

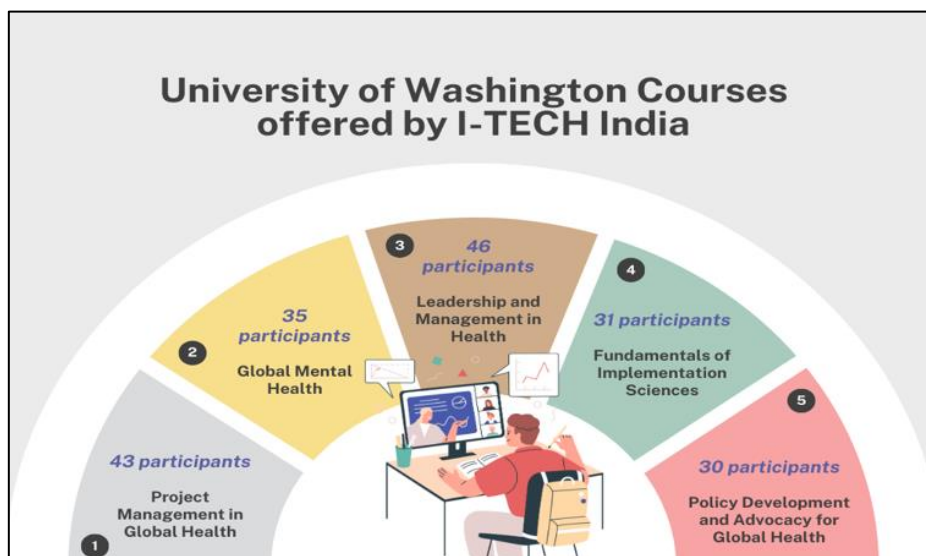
I-TECH India supported NACO in the dissemination of the recent changes in the HIV Care and Treatment guidelines, to all 700+ ART centres across the country through a series of national and regional level Distance Learning Seminars. A total of 22 sessions were conducted on various technical topics like (a) Introduction of DTG 10 mg (scored & dispersible) for Children living with HIV; (b) TB Preventive Treatment; (c) Elimination of Vertical Transmission of HIV and Syphilis; (d) Step-up Adherence Counselling; (e) Mental Health issues among PLHIV; (f) Integration of Non-Communicable Disease Screening and Management among PLHIV at ART Centres; and (g) Differentiated Service Delivery Models; which were attended by 11,681 participants.



Some glimpses of Distance Learning Seminars organised by I-TECH India

UNIVERSITY OF WASHINGTON ONLINE COURSES

I-TECH India is a registered site for offering University of Washington’s online courses ([eDGH](#)) to all public health professionals and students in the country. These courses provide a global platform for professional development and gaining in-depth knowledge and skills for improving clinical acumen, service delivery, and patient-centric care. From August to December 2023, five courses were offered which were successfully completed by 185 participants across the country.



KNOWLEDGE AND RESOURCES

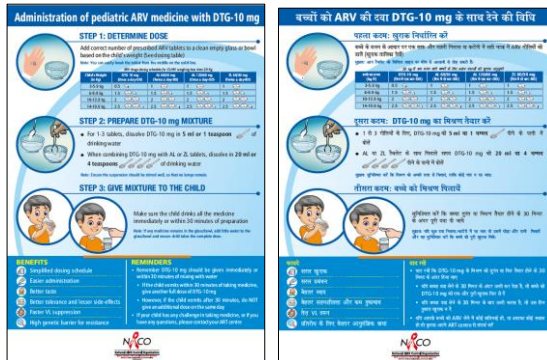
"Empower Your Mind: Unleashing the Power of Knowledge"

Explore our Knowledge Resources section for a curated collection of meaningful technical content for patient literacy and community awareness.

JOB AID ON ADMINISTRATION OF PEDIATRIC ARV MEDICINE WITH DTG-10

A job aid developed for the parents and caregivers of the children living with HIV to assist them with the administration of ARV medicines along with DTG-10 mg

Available in English and Hindi

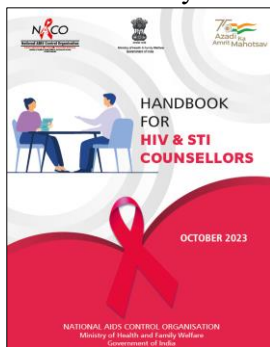


Scan the QR codes to download the English and Hindi versions

Job aid on Administration of paediatric ARV with DTG-10

HANDBOOK FOR HIV AND STI COUNSELLORS

The handbook is a ready resource for the NACP counsellors on HIV and STI care



Scan the QR code for easy download

Handbook for HIV and STI Counsellors

MOBILE APPLICATION ON NATIONAL GUIDELINES ON HIV CARE AND TREATMENT

A first ever mobile application developed for technical guidelines in NACP - a ready reckoner app to access the updated national guidelines on HIV care and treatment services



Scan the QR code to download the Android version of the Mobile App

Mobile Application for National Guidelines for HIV Treatment

Ending AIDS by 2030—what will it take?

- Dr B. B. Rewari

Former Regional Advisor-Hepatitis/HIV/STIs

World Health Organization, Regional Office for South-East Asia



The terms HIV and AIDS were not known to medical fraternity four decades ago, yet it emerged quickly as a major public health problem leading to approximately 40 million deaths globally and nearly 39 million people estimated to be living with HIV as on Dec 2022. This is one disease in which all the ingenuity of men, science and money power were mobilized on full scale to reduce the suffering of mankind. HIV epidemic saw a multi stakeholder response unprecedented in the history of any other disease. The UN General Assembly Special sessions (UNGASS) on HIV in 2001, 2006, 2011, UN High level meetings (HLM) in 2016, 2023 and declarations there of coupled with strong advocacy with national Governments by various UN agencies and other partners brought HIV to forefront in most countries. In 2015 countries agreed to “ending AIDS as public health threat” by 2030 as part of the sustainable development goal (SDG) 3.3.

The involvement of communities, civil society and NGOs have contributed in a major way to the national responses. The response has seen rights based inclusive approaches; efforts have been made to remove societal and structural barriers including criminalizing laws and policies, gender and other inequalities, stigma and discrimination etc.

The large-scale expansion of antiretroviral therapy (ART) has transformed the HIV epidemic reducing global HIV-related deaths to their lowest since 1994. Globally ART coverage increased fourfold from 7.7 million in 2010 to 29.8 million in 2022. ART has helped avert almost 21 million AIDS-related deaths between 1996 and 2022. Globally, 71% of PLHIV on ART have suppressed viral load, though it is 46% in children. Botswana, Eswatini, Rwanda, the United Republic of Tanzania and Zimbabwe, have already achieved the UNAIDS 95–95–95 targets. Vertical transmission programmes have averted 3.4 million new HIV infections in children since 2000.

India has been an example of the success stories in **bending the trajectory** of HIV epidemic. Annual new infections declined by 42% between 2010 and 2022 while annual AIDS-related deaths declined by 77% , much higher than global declines. Around 79% of 24.67 lakh estimated PLHIV knew their status, 86% of these are on ART and 93% are virally suppressed. However there are signs of rising epidemic in certain geographic locations

Success has bolstered the belief that ending is possible but we need to remember that last mile is often most difficult to traverse. Though the numbers of AIDS-related deaths globally has reduced by 69% since the peak in 2004 but 630 000 people still die of AIDS and decline has plateaued. New infections have declined significantly over last decade but 1.3 million still got newly infected in 2022. Few countries still show increasing trends. Adolescents lag behind in this progress.

Key populations and their partners account for 65% of the people acquiring HIV worldwide (up to 95% in Asia and Pacific) and many barriers still exist. About 9.2 million people living with HIV were not receiving HIV treatment and about 2.1 million people on treatment were not virally suppressed. The political commitment seen in initial phase has dwindled and funding for HIV has declined over the years.

We have just six years left to end AIDS as public health problem. Work as usual will not work and a comprehensive fast track approach is required. A number of key actions are needed to end AIDS and are enumerated below:

1. **Reinvigorate the Key Population (KP) response.** The core intervention of “**focused evidence based combination intervention among key population**” that has yielded

major achievements in preventing new infections need to be continued and scaled up rapidly and aggressively. To implement this we must continue to reform remaining laws, policies and practices that pose barriers in access to services by Key Populations and other affected.

2. **Keep communities at the heart of the HIV response.** Communities should be proactively involved in designing, planning, budgeting and implementation of HIV prevention and care programme. **Break the barrier** especially for young people to receive appropriate message and care. Ensure meaningful community participation in the national and sub national structures that set policies and that plan, implement and monitor programmes focused on key populations.
3. **Quickly reach 95/95/95** through sustained, equitable, **patient centered** HIV Prevention and Treatment Services. Under the umbrella of Universal health coverage, we need to accelerate investment in decentralized and integrated primary health care services for an **integrated response** for all eliminable disease including hepatitis, STI, TB etc. Use of evidence-informed guidance and service delivery innovations are needed to accelerate access to and the uptake of a continuum of high-quality services ensuring that **no one is left behind**.
4. **Fully leverage newer approaches/innovations** including HIV self testing, virtual space interventions and benefit of pre exposure prophylaxis. The new technologies, service delivery models and health system strengthening will be key in this direction.
5. **Refocus on data** to continuously improve programmes. Empower communities to collect and utilise local level data. Decision should be driven by data disaggregated by sex, age and other relevant population characteristics. Data should be used for continuous programme improvement and resource allocation. Surveillance systems need to be continuously modified to focus on newer pockets. Community led monitoring of response must be encouraged.
6. **Implement lessons from COVID-19 pandemic** like quick expansion of molecular testing, digital health and real time updated data need to be utilized fully.
7. **Fully fund the response.** We need to ensure that **efficient and sustainable** funding mechanisms are in place. There is an urgent need to develop additional financing models and mechanisms that can support fully funded HIV and other infectious disease programmes (e.g. social health insurance, new development assistance approaches, and earmarked tax or duty initiatives). Domestic funding should cover the community responses as well.
8. **Bring back the political commitment** seen in earlier days of epidemic by providing evidence backed strategic directions to policy makers at all levels. In most countries the high level National AIDS commission have become non functional and need to revitalized

To summarize it is important to “Sustain, Accelerate, Augment, Reinvigorate and Reinvest” for the last mile keeping an eye on what has worked and redouble the efforts. It is possible to end AIDS and we can do it with right approaches.