India is one of the most populated countries in the world with a population of 1,156,897,766, as on July 2010, estimated by CIA the World Factbook. It is estimated that about 2.27 million people currently live with HIV/AIDS in the country. HIV emerged in India in the beginning of 1986; the first case was reported among sex workers in Chennai, Tamil Nadu. Initial infections among sex workers were reported as a result of contact with foreign visitors. In 1987, a National AIDS Control Programme was launched to cover surveillance, blood screening, and health education. At the end of 1987, out of 52,907 persons who had been tested, around 135 were found to be HIV positive and 14 had AIDS.

The initial cases were said to have been caused by heterosexual sex, while later on it was established that people who use un-sterilised needles for drug injection, those who had undergone blood transfusion, and children of such parents, were also victims of HIV/AIDS. The disease originated in the African continent, and spread through forest animals, primarily monkeys. Its major symptoms are depression, diarrhoea, thrush, rapid weight loss, lipodystrophy, lactic acidosis, sinus infections, fatigue, nausea, vomiting, burning with tingling of the upper and lower limbs, and night sweats.

AIDS can be diagnosed by the T cells count; when it’s low, the chances of the person having HIV is very high. If the HIV virus embeds in T cells, it multiplies rapidly, affecting the entire immune system of a person. HIV and AIDS can also lead to other major diseases, including tuberculosis, pneumocystis carinii, pneumonia, Kaposi’s sarcoma, lymphoma, and cancer.

The irony is that while HIV/AIDS was identified decades ago, the medical world has been unable to find a complete remedy for it. However, there are a few drugs like Abacavir, Didanosine, Emtricitabine, Lamivudine, Stavudine, Tenofovir, Zalcitabine and Zidovudine, which help slow down the virus. Antiretroviral drugs called ARV also help increase the life span of the infected person.

States like Andhra Pradesh, Goa, Karnataka, Maharashtra, Tamil Nadu, Manipur, Mizoram and Nagaland in India are reported to have high incidences of HIV/AIDS. This is the most serious health challenge the country faces, as it not only affects the health sector, but also has an impact on the economic and labour productivity of the country. According to an International Herald Tribune report, the country’s annual average GDP growth is likely to decline by about 1 per cent over the next 10 years, if nothing is done to control the epidemic. In India, 90 per cent of the HIV-infected population is in the age group of 15-49. This reduces the supply of labour and slashes the income of workers, adversely affecting enterprise performance and national economies. The loss of labour income and increased medical expenditures measured 2.6 per cent of the country’s health expenditure and 0.12 per cent of the GDP. The loss from external transfers (through debt, savings and social insurance) accounts for 5 per cent of the annual health expenditure and 0.23 per cent of the GDP.

Spending on HIV has also increased rapidly since 2003. In 2006-2007, the Government of India spent $ 171 million for the prevention of HIV; 28 per cent more than the previous year. The country also spends 5 per cent of its health budget on HIV/AIDS. NACO’s budget for 1992 to 1998 was US$ 100 million, funded by government and external donors. For 1999-2004, NACO’s budget was US $300 million. Of this amount, government allocation was US $38.8 million; US $191 million was financed through a World Bank loan, and the remainder from other donors. India’s federal budget caps the amount that foreign donors can contribute to HIV/AIDS. Major international donors are Worlds Bank, Bill & Melinda Gates Foundation, and the Global Fund to Fight AIDS.

According to a World Bank report, India will have to spend, by 2020, 7 per cent of its health budget on AIDS, if the rising tide of the epidemic in New Delhi, Mumbai, the north and the north east is not bring down. The UN has estimated that by 2050, India’s population will be 5 per cent smaller than it would have been without AIDS. The country reported 2.8 million deaths between 1980 and 2000.

Considering the seriousness of the situation, the Government of India has taken various measures to control the spread of HIV/AIDS. Each
state has its own AIDS prevention and control society, which carries out local initiatives with guidance from NACO. Under the government’s National AIDS Control Programme (NACP), state AIDS control societies has granted funding for youth campaigns, blood safety checks, and HIV testing. Various public platforms like radio, dramas, a voluntary blood donation day and TV spots with messages from popular Indian film star are used to raise awareness. Teachers and peer educators are trained to talk about the subject in schools, and students are educated through active learning sessions, including debates and role plays. According to the National Baseline Behavioral Survey (BSS), overall awareness of HIV/AIDS in India is 76 per cent, though variance among states is significant. There are also major urban-differentials. Gender differences are striking; 82 per cent of men surveyed were aware of HIV/AIDS, whereas among women, this figure was 70 per cent.

Prevention

Effective prevention programmes will have to focus on the epidemiology of HIV infection, the risk behaviours and collective social and institutional factors, which include sexual norms, gender inequality, and HIV-related stigma. It also requires a combination of programmatic and policy actions that promote safer behaviour, reduce vulnerability to transmission, use of prevention technologies and social norms that reduce the risk. Sexual and reproductive health services and legal services for women will also contribute to intensification of HIV prevention.

Suggestions

Adequate education on HIV/AIDS Safeguard socially vulnerable groups from HIV infection; improving their health education, legal status, and economic prospects to lessen their vulnerability to the disease Ensure safe blood transfusion methods Increase provision of low-cost community-based care Promote intersectional links to combat HIV/AIDS, including collaborations between public, private, and voluntary sectors Reduce the spread of HIV among high-risk populations through targeted peer counselling, condom promotion, and treatment of STIs

References


Gincy Jose works as Research Associate, Civitas Consultancies Private Limited.