AIDS Community

Solution Exchange for the AIDS Community Consolidated Reply

Query: Strategies for a post-ART Era - Examples and Experiences

Compiled by E Mohammed Rafique, Resource Person and Rituu B. Nanda, Research Associate

Issue Date: 22 February 2008

From Rajaratnam Abel, Consultant, Chennai

Posted 1 February 2008

I was reading the recent consolidated reply on shelter homes for People Living with HIV (PLHIV) on this AIDS Community network. I realized the various difficulties expressed were different from the experiences say from states like Tamil Nadu. Here, with the advent of ART and recently with second line ARV, there is so much hope in the minds of people. However, stigma still remains, and people are afraid to disclose their HIV identity. Nevertheless, it has instilled much confidence among PLHIV that we did not see two years ago. Moreover, most schools in the state do not discriminate against children infected by HIV. In addition, it seems that with a longer life span and lower percentage of terminally ill cases, we find more PLHIV going back to work. Therefore, I am beginning to realize that we have to plan strategies for a post-ART era. For that reason, I have the following questions:

- Are there any studies on the sociological profile of PLHIV accessing Government ART centers?
- What services do PLHIV require in care and support in a post-ART era?
- If ART is freely available, is it necessary to insist that PLHIV join networks and reveal their identities? In states where ART is available, has the load of terminally ill started coming down?
- Experiences of PLHIV on ART, who are active, mobile, and are prepared to do some work

I am not sure if my assessment is correct. However, I would value your feedback and points from your discussion, as it helps in planning our Care Continuum for the states in the face of changing PLHIV needs.

Responses were received, with thanks, from

1. **Lalita Mahajan, Ballarpur Industries Ltd., Pune**
2. **Ajithkumar K., Medical College, Trichur**
3. **Anand Kumar, Solution Exchange, New Delhi**
4. **Ashok Row Kavi, UNAIDS India Office, New Delhi**
5. **S. Hashim Aadil, PRAGATI, Hyderabad**

6. K. Ramakrishnan, **Indian Council of Medical Research (ICMR), Madurai**
7. Aditi Chowdhary, **AIDS Research & Control Centre, Mumbai**
8. **Avnish Jolly, Consultant, Chandigarh (**Response 1; Response2**)**
9. Gopal Krishnan, **SHELTER, Kozhikode**
10. Pradeep Mohapatra, **UDYAMA, Bhubaneswar**
11. Joe Ngamkhuchung, **North Eastern Drug/HIV Training Centre (NEDHIV), Dimapur**
12. Uzodinma Adirieje, **Health Reform Foundation of Nigeria (HERFON), Nigeria**

Further contributions are welcome!

Summary of Responses
Comparative Experiences
Related Resources
Responses in Full

Summary of Responses

The introduction of highly effective antiretroviral drugs at affordable costs has transformed the face of HIV in India. Discussants ruminated upon the positive changes that ART has brought and discussed the need for a post-ART strategy.

Respondents felt that along with the scale up we must be able to address the challenges that ART brings up along with those of longer and better quality of life. Most PLHIV groups and advocacy groups are not addressing these issues. They are content with the provision of ART and declaration of availability of second line ART. In India, life with ART is much more complicated than without ART. However, members cited the example of **Nagaland** where provision of ART has shown a good social impact.

There is limited documentation available on issues that crop up after introduction of ART. Nonetheless, members listed several documents. The Global HIV Prevention Working Group **report** provides recommendations on new approaches to HIV prevention that will be required as treatment access expands including programmes that take into account the different needs of people who are HIV-positive and HIV-negative. Another **study** draws out some of the problems faced by Indian PLHIV due to ART and argues for new strategies based on these observations. An **India HIV/AIDS Alliance** resource recommends community engagement to address perceived as well as actual stigma and discrimination from public sector health care providers.

Management of HIV infections at the workplace is still a challenge, members noted. PLHIV need assistance in accessing employment and in making work related adjustments where necessary. A study on the **occupational rehabilitation** of PLHIV after ART suggests that the provision of free ART by the state can significantly improve the employment status of PLHIV. Once they start ART, they can return to work and contribute to the home income. Moreover, it allows them to be involved in their community.

In economic arena of ART, there are two aspects namely the Service Provider and Service seeker. In addition, when we discuss PLHIV issues, respondents observed, that it is essential to distinguish between the 'Willingness to pay' and 'Ability to Pay'. When patients pay for services, it restores their self-respect, reduces waiting time, and hence, leads to greater individual attention. Moreover, many PLHIV complain about the 'patronizing' attitude of public health service

providers, which makes them feel inferior. What is more, people often take free services for granted and have misconceptions about the quality, members commented.

On the need for PLHIV to join their positive networks, members had varied views. Some felt a network not only assists in patient follow-up but also helps PLHIV get support from each other. Conversely, others thought that, it is not necessary that every PLHIV must join a group of their own. Additionally, it is not possible to force any self-dependant person, as forcing anyone to join a group can discourage adherence to therapy and increase the stigma.

All agreed that we must inform every PLHIV of the support groups existing, as well as the services available in the area. PLHIV must continue to update themselves with the newer challenges. Besides, it is important that PLHIV groups must be clear about their role and responsibilities. However, it is equally important to mainstream PLHIV groups with other patient support groups. PLHIV can get help from the upper echelons of influential PLHIV who by their presence and position in the society can make favourable, society's support towards PLHIV.

Respondents identified the need for a range of supportive educational, economic and policy interventions to support the growing number of people who are now taking ART. They stressed on setting up of diagnostic centers to ensure that the health care infrastructure provide matching services. In the post ART-era, we must look out for a resurgence of TB-HIV infections. Care and Support is a continuum that starts right from the time of HIV testing and hence, must be included. WHO has proposed public-health approach to ART for scaling up of access to treatment for PLHIV in developing countries, recognizing that the Western model of specialist physician management and advanced laboratory monitoring is not feasible in resource-poor settings.

PLHIV accessing ART need psychosocial support, as they are prone to distress. Moreover, such props help PLHIV in meaningful self-employment, which earns them both money and self-respect, members emphasised. An in-depth study could identify the support systems PLHIV require, as they cannot identify what they really want. This is due to a belief of PLHIV that they cannot do anything or that nobody will trust them. In addition, there is a need for studies on the morbidity and social impact of ART scale up. Accordingly, we must continuously evolve adequate responses to cope with the challenges in the post-ART era.

Though members did not respond to sociological background of people accessing ART, they recognised the relevance of the query. Practitioners have focused on the medical aspects of PLHIV but have perhaps been a little negative about the benefits of ART. With improved health of PLHIV accessing ART, members concluded, that they have a positive challenge facing them. However, the effective delivery of ART to combat HIV requires formulation of guidelines for the appropriate monitoring of treatment effectiveness and adherence to therapy.

Comparative Experiences

Mumbai

AIDS Research & Control Centre (ARCON) *(from Aditi Chowdhary, AIDS Research & Control Centre, Mumbai)*
ARCON works to "Enhance access to ART" through a Graduated Cost Recovery Model (GCR) for providing ART services to PLHIV. It stratifies patients coming to the centre based on their socioeconomic status in "paying categories". There are four tiers such as: tier I – 100% paying category, tier II – 75% paying category, tier III – 50% paying category, tier IV – 0 % paying

category. This system works on the principle of cross subsidization so that the money from those who can afford to pay for ART services subsidizes for those who do not have paying capacity.

Dimapur

Impact of ART *(from Joe Ngamkhuchung, North Eastern Drug/HIV Training Centre, Dimapur)*
In Dimapur with ART treatment one finds confidence among PLHIV that one did not see two years ago. No school has discriminated children infected by HIV. The life of ART clients is longer and healthier and they have less terminal illness after ART. Terminal cases were due to late identification of the clients whose CD4 counts were too low and their health condition and immunity poor.

Maharashtra

ART centre under public private partnership *(from Dr. Lalita Mahajan, Ballarpur Industries Ltd., Pune)*
Ballarpur Industries Ltd. runs an ART centre under public private partnership in one of the high prevalent districts of Maharashtra. Patients who come to ART centre for free treatment are not all from the low economic strata of society. The centre provides patients on ARV with psychological support as well as guidance on nutrition. It gives them inputs on local low cost recipes, use of clean drinking water, and healthy living. The centre insists that they join the positive network because they get support from each other. Moreover, it helps in keeping the follow up of terminally ill patients.

Related Resources

Recommended Documentation

Impact of antiretroviral therapy on vocational rehabilitation *(from Dr. Ajithkumar K., Medical College, Trichur)*
By K Ajithkumar *et al*; AIDS Care; November 2007
http://lib.bioinfo.pl/pmid:18071977

> *This study suggests that the provision of free ART by the state can significantly improve the employment status of People Living with HIV*

HIV Prevention in the Era of Expanded Treatment Access (*from Anand Kumar, Solution Exchange, New Delhi)*
Global HIV Prevention Working Group; June 2004
Available at
http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=36967
(Size: 1 MB)

> *Recommends new approaches to HIV prevention as treatment access expands including programs that take into account the different needs of people*

Adherence to HAART in Bangalore, India (*from S. Hashim Aadil, PRAGATI, Hyderabad)*
Center for AIDS Prevention Studies; Research Portfolio; Spring 2007
Available at http://www.caps.ucsf.edu/research/portfolio/2007/Int1.pdf (Size: 26 KB)

> *Draws out some of the problems and issues faced by PLHIV in India due to ART and argues for new strategies based on these observations*

Antiretroviral treatment in resource-poor settings: A view from India (*from K. Ramakrishnan, Indian Council of Medical Research (ICMR), Madurai)*

By Vajpayee M *et al*; Indian Journal of Medical Science; Volume: 61; Issue : 7; Page : 390-397
Available at http://www.indianjmedsci.org/text.asp?2007/61/7/390/33188

Studies the efficacy of ART and its adherence for the formulation of treatment-monitoring guidelines in resource-poor settings of developing countries like India

Supporting Safe ARV treatment in India (*from Dr. Avnish Jolly, Consultant, Chandigarh, response 1)*
By Samiran Panda *et al*; The India HIV/AIDS Alliance; January 2006
Available at
http://www.aidsalliance.org/graphics/secretariat/publications/Supporting_safe_ARV_treatment.pdf (Size: 264 KB)

Throws insight into the psychological, social and material needs of people taking ART and assess how those needs have an impact on adherence and prevention for people on ART

The Global Fund and the ART Roll Out: Challenges and Lessons Learnt in India (*from Dr. Gopal Krishnan, SHELTER, Kozhikode)*
Powerpoint presentation by Dr. R. Senthil ; IAS, 2007
Available at http://www.ias2007.org/pag/ppt/MOSA304.ppt

Discusses issues related to ART in India including its availability and looks at challenges of ART in India like factors hindering its adherence and issue of patents

Orissa plans monthly pension for HIV-positive persons (*from Pradeep Mohapatra, UDYAMA, Bhubaneswar)*
The Times of India; 6 February 2008
Available at http://timesofindia.indiatimes.com/India/Orissa_plans_monthly_pension_for_HIV-positive_persons/rssarticleshow/2760682.cms

Reports on Orissa government's decision to provide pension to the HIV-positive persons under the state-sponsored 'Madhu Babu Pension Yojana' and widow pension to the wife

Hindustan Latex sets up diagnostic centre (*from Dr. Avnish Jolly, Consultant, Chandigarh, response 2*)
Health, e-Gov and News; February 8, 2008
Available at http://www.igovernment.in/site/hindustan-latex-sets-up-diagnostic-centre/

Details the setting up of diagnostic centers, which are crucial for follow up of PLHIV in a post-ART era to provide matching services

Recommended Organizations and Programmes

AIDS Research & Control Centre (ARCON) *(from Aditi Chowdhary, Mumbai)*
Skin & STD Building, Sir J. J. Group of Hospital, Byculla, Mumbai; Tel: +91 22 2374 2193;
Fax: +91 22 2374 2994; arcongov@gmail.com;

Aims at developing replicable and sustainable models for ART delivery for quality and comprehensive care to PLHIV irrespective of their socio-economic status

From Rituu B Nanda, Research Associate

International Treatment Preparedness Coalition
dbarr@tides.org; http://www.hivcollaborativefund.org/index.php?id=117

It advocates for universal and free access to treatment for PLHIV and greater involvement from them in decisions that affect their lives

National AIDS Control Organisation

Ministry of Health & Family Welfare, Government of India, 9th Floor, Chandralok Building, 36, Janpath, New Delhi; Tel: 011-23325343, 011-23731774, 011-23731778; Fax: 011-23731746; info@nacoonline.org; http://www.nacoonline.org/National_AIDS_Control_Program/Treatment/

National organisation to steer the HIV programme in India, engaged in provision of ART in government centres and has introduced second line treatment in the country

AIDS Healthcare Foundation
S7, Panchsheel Park, New Delhi; Tel :+91 11 417 455 41/42; Fax: +91 11 417 455 43
http://www.aidshealth.org/index.php?option=com_content&task=view&id=931&Itemid=193;

International NGO has gained approval from NACO to assist in ART delivery, provide Care, and Services in India

Recommended Portals and Information Bases

Synergy HIV/AIDS Resource Center *(from Pradeep Mohapatra, UDYAMA, Bhubaneswar)*
http://www.synergyaids.com/resources.asp?tid=23

Resources on strategies, challenges, and recommendations on topics ranging from preparedness, health management information systems, and operations research on ART

Choices and Challenges of Living with ART, XVI International AIDS Conference 2006
(from Rituu B. Nanda, Research Associate)
http://www.aids2006.org/pag/PSession.aspx?s=316

Presentations, which examine the social consequences of PLHIV emphasising the impact of ART on physical and mental health, financial status, employment, and quality of life

Related Consolidated Replies

Second-line ARVs in Government Centers, from K.K. Abraham, Indian Network for People Living with HIV, Chennai (Experiences)
Issued 6 February 2007. Available at http://www.solutionexchange-un.net.in/aids/cr/cr-se-aids-16010701-public.pdf

Recommends weeding out the shortcomings in the first line therapy program in India and introduction of second line drugs in cases of drug resistance

Adherence to ART in NACP III, from Dr. Ajithkumar K., Medical College, Thrissur (For Comments)
Issued 25 October 2007. Available at http://www.solutionexchange-un.net.in/aids/cr/cr-se-aids-08100701-public.pdf

Discusses strategies in NACP-III that facilitate successful adherence of ART keeping in mind the vital need to maintain confidentiality of the patient's HIV status

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Responses in Full

Dr. Lalita Mahajan, Ballarpur Industries Ltd., Pune

We run an ART centre under public private partnership in one of the high prevalent districts of Maharashtra. Our experience in running of ART centre is now the patients who are coming to ART centre for free treatment are not necessarily from lower economic status.

Once patients are on ARV, they need lot of psychological support as well as guidance on nutrition. We provide them inputs on local low cost recipes, use of clean drinking water, healthy

living and the like, in our centre. We also insist that they get attached with network because they get support from each other. This mainly helps in keeping the follow up of terminally ill patients.

ILO did one study on the socioeconomic impact of HIV in 2005.

Dr. Ajithkumar K., Medical College, Trichur

Yes, I agree with every point you have raised. I think along with the scale up we must be able to address the challenges that ART brings up along with those of longer and better quality of life. I do not think even PLHIV groups and advocacy groups are addressing these issues and many of them are quite happy with the provision of ART and declaration of availability of second line ART. In India, life with ART is going to be much more complicated than with out. We at Trichur Medical College try to address few of these issues in a modest way:

We have done few small studies on the quality of life after ART and the patients perspective and satisfaction on various support systems including ART clinic, VCCTC, DIC, family and religious organization. The result of these will be published shortly. In addition, we have done studies on the occupational rehabilitation of PLHIV after ART, which is published in AIDS Care. 2007 Nov ;19 (10):1310-2 18071977.

The completed study discusses our experience in social rehabilitation of active and mobile PLHIV. We hope our unpublished study on the economic impact of ART on family will throw light on this area. There is a need for many studies on the morbidity and social impact of ART scale up to and we must continuously evolve adequate responses to cope with the challenges in the post-ART era.

Is there a need for PLHIV to join their positive networks? I do not think it is necessary that every PLHIV must join a group of their own, if he or she thinks it is not useful for him or her to join a group. Additionally, it is not possible to force any self-dependant person to do so, especially when he is socially and financially independent. However, I think every PLHIV must be informed of the support groups existing in that area and services available. We do know this by the profile of members of PLHIV groups . Forcing anyone to join any such group will only cause a decrease in adherence to therapy and an increase in stigma. Moreover, there is at least anecdotal experience showing that exposing PLHIV to groups when they are not ready to be exposed can have a negative effect. Besides, it is important that PLHIV groups should be clear about their role and responsibilities. We just concluded a discussion on this topic. What's more, PLHIV must continue to update themselves with the newer challenges. However, what is probably equally important is to mainstream PLHIV groups with other patient support groups for there are only few of these groups in India. PLHIV can get help from the upper strata and influential PLHIV who by their presence and position in the society can make favourable society's support towards other PLHIV.

Anand Kumar, Solution Exchange, New Delhi

The background of this query talks about the positive changes that ART has brought about in Tamil Nadu, and the need for a post-ART strategy. However, two questions could build more on this background. The questions can be seen as distinct sets:
Request for studies or information on ART implementation and outcomes or impacts
Care and support services for post ART – include employment issues.

For me, the post-ART Era is in the realm of a discussion. I suppose not much work has been done on this earlier, for the only publication that I found is a document that is at http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=36967 Titled as "HIV PREVENTION IN THE ERA OF EXPANDED TREATMENT ACCESS", it is from the Global HIV Prevention Working Group of June 2004. This report makes detailed recommendations on how to effectively integrate HIV prevention into expanding HIV treatment programs. The report also provides recommendations on new approaches to HIV prevention that will be required as treatment access expands - including programs that take into account the different needs of people who are HIV-positive and HIV-negative. I hope you would find this of use.

Ashok Row Kavi, UNAIDS India Office, New Delhi

I would like to comment on the suggestion from a member, who stated that,

'The background of this query talks about the positive changes that ART has brought about in Tamil Nadu, and the need for a post-ART strategy. However, two questions could build more on this background. The questions can be seen as distinct sets:

- Request for studies or information on ART implementation and outcomes or impacts
- Care and support services for post ART – include employment issues.'

I think this sort of compartmentalization might not get us anywhere. Similar would be the suggestion about getting in 'livelihood' questions, which muddies the water still more. In stead, what we need to focus is, How does one keep 'Care and Support' out of the impact indicators for ART implementation? From whatever I know as a grass root worker it suggests that Care and Support is a continuum that starts right from the time you go for an HIV test. In fact, even before the post-test counseling most clients coming to the Humsafar VCTC are given nutritional advice, everything there is to know about diets like, even how to drink tea from cups at local chai shops and the virtues of eating hot, fresh foods. To separate ART implementation from Care and Support is not only short sighted but putting the cart before the horse and whipping the horse. It will not get us anywhere, forget about moving forward.

Secondly, I thought we had already dealt with 'livelihood' matters before in a separate discussion in the AIDS Community of Solution Exchange. Either I have missed something or we are picking up redundant subjects for discussion. In any case, livelihood matters start from the time you go in for a test. Risk perception alone is enough to get a lot of people sacked. One needs to look at a corporate policy of some big Indian companies to know that.

This is just my two bits worth.

S. Hashim Aadil, PRAGATI, Hyderabad

http://www.caps.ucsf.edu/research/portfolio/2007/Int1.pdf gives us a one-page summary of a study from Bangalore on Adherence to HAART. The last section under the heading 'Significance' merits attention as it draws out some of the problems and issues faced by Indian PLHIV due to ART and argues for new strategies based on these observations.

K. Ramakrishnan, Indian Council of Medical Research (ICMR), Madurai

It is true that we must in the Post ART-Era look out for a resurgence of TB-HIV infections. In addition, HIV strategies would include those for preventing or tackling ARV resistance as well as, how such strategies could work in resource poor settings commonly present in our country. Accordingly, a study that could help would be:

Vajpayee M, Kaushik S, Mojumdar K, Sreenivas V. Antiretroviral treatment in resource-poor settings: A view from India. Indian J Med Sci [serial online] 2007 [cited 2008 Feb 6];61:390-7. Available from: http://www.indianjmedsci.org/text.asp?2007/61/7/390/33188

Aditi Chowdhary, AIDS Research & Control Centre, Mumbai

To respond to some of the earlier replies and questions, I would like to share some experiences from our organization AIDS Research & Control Centre (ARCON). We are an autonomous organization of the state of Maharashtra, receiving funding from GFATM to "Enhance access to ART". Unlike most centers, we have a Graduated Cost Recovery Model (GCR) for providing ART services to PLHIV. We have stratified patients coming to our centre based on their socioeconomic status in "paying categories" or different "Tiers". We have four tiers such as:
Tier I – 100% paying category
Tier II – 75% paying category
Tier III – 50% paying category
Tier IV – 0 % paying category

This system works on the principle of cross subsidization so that the money from those who can afford to pay for ART services subsidizes for those who do not have paying capacity. When we talk of economic aspects of ART, there are two sides to it, namely the Service Provider and Service seeker. In addition, when we discuss Service seeker or PLHIV issues, we must keep in mind that the Willingness to pay (WTP) and Ability to Pay (ATP) for ART are essential to understand. Our research has shown that the two are not synonymous. There are many nuances to this, which is discussed in the research paper we are bringing out.

One rather telling remark by one of our NGO partners was that when patients pay for services their self-respect is restored. Many PLHIV complain about the "patronizing" attitude of public health service providers, which makes them feel inferior. Paying for ART also means that we have lesser queues or waiting time and this means into greater individual attention. There is a huge body of literature stating that people take free services for granted and even have misconceptions about the quality. All these issues must therefore be understood.

I think the questions or issues raised in this single query were so many that each warrants extensive discussion. I have only enlisted our experience in one specific aspect.

Dr. Avnish Jolly, Consultant, Chandigarh *(response 1)*

Please find a resource from India HIV/AIDS Alliance called, "Supporting safe ARV treatment in India", which will be of help for planning in a post-ART Era.

The India HIV/AIDS Alliance conducted a rapid assessment study in two sites; Imphal, the capital of the north eastern state of Manipur, and Vijaywada, the commercial centre of Andhra Pradesh.

Among the issues covered in this study were: the psychological, social and material needs of those who are on ART, the experience of disclosure by people on ARV treatment and the experience of stigma and discrimination by people on ARV treatment as well as their supporters.

Methods developed and used by the International HIV/AIDS Alliance for similar studies in other countries were adapted for use in the Indian context. These methods included:

- One-to-one interviews with people on ART (PoART)
- Key informant interviews with treatment supporters (family members/ employers)
- Key informant interviews with health care providers
- Focused group discussions with community members
- Case studies on PoART
- The study has enlisted recommendations targeting households & individuals, communities including health care centers, and policy makers.

For information about how to get a printed copy of this study please contact:

India HIV/AIDS Alliance info@allianceindia.org

Please note that printed copies can only be sent to you if you are based in India; otherwise please download the PDF below.

Intended audience: International NGOs, policy makers, donors
Author: India HIV/AIDS Alliance and Resource Center for Sexual Health and HIV/AIDS
Languages: English
Date published: 01/04/2006
Size: 31 pages
Themes: Care and treatment
Type: Policy report
Download or order: PDF (English) 264kb

Dr. Gopal Krishnan, SHELTER, Kozhikode

At http://www.ias2007.org/pag/ppt/MOSA304.ppt is a power point called, "The Global Fund and the ART Roll Out: Challenges and Lessons Learnt in India" by Dr. R. Senthil of the Indian Medical Parliamentarians Forum.

Hope this is helpful for planning in the post-ART Era.

Pradeep Mohapatra, UDYAMA, Bhubaneswar

http://www.synergyaids.com/resources.asp?tid=23 is the web page of the Synergy HIV/AIDS Resource Center which gives over 150 resources related to ART and ARV.

Please see http://timesofindia.indiatimes.com/India/Orissa_plans_monthly_pension_for_HIV-positive_persons/rssarticleshow/2760682.cms or the same Time of India Report in AIDS INDIA e-forum at http://health.groups.yahoo.com/group/AIDS-INDIA/message/8407 which gives very good news that the state or Orissa is launching a pension for PLHIVA in Orissa.

Dr. Avnish Jolly, Consultant, Chandigarh *(response 2)*

Please find appended a Government Bureau report from http://www.igovernment.in/site/hindustan-latex-sets-up-diagnostic-centre/ It details the setting up of diagnostic centers, which are crucial for follow up of PLHIV in a post-ART Era. Often countries have made the mistake of just providing ARV only to find that the health care infrastructure and the Labs could not provide matching services.

Hindustan Latex sets up diagnostic centre
February 8, 2008 | Health, e-Gov and News.
http://www.igovernment.in/site/hindustan-latex-sets-up-diagnostic-centre/

New Delhi: In order to extend upgraded medical services to its beneficiaries by using available space and facilities through the outsourcing model, Hindustan Latex (HLL) has set up a diagnostic centre HINDLABS partnering with the Central Government Health Scheme (CGHS). According to the Ministry of Health and Family Welfare, the centre will provide quality diagnostic services to the CGHS beneficiaries at CGHS rates and would also provide the same to patients outside the CGHS too at affordable rates.

This centre will have two major facilities, which include a clinical specimen testing lab to deliver pathology, haematology and biochemistry tests; and a diagnostic imaging facility. The operation of the centre and customer interfaces will be integrated through laboratory management software, which will be capable of patient registration, billing, report entry, issue and generation of reports.

CGHS is one of the primary healthcare delivery networks of the Ministry of Health and Family Welfare, which delivers economical and quality medical care facilities to central government employees across India. HindLabs, set up on a pilot basis, will be scaled up in the coming six-month period in the National Capital region and other metros all over the country. Hindustan Latex is a mini ratna enterprise under the Ministry of Health and Family Welfare of the Government of India. The company is in the process of setting up 30 LifeSpring Hospitals in the states of Andhra Pradesh, Karnataka and Maharashtra. Apart from hospitals, the major focus of the company will primarily be in the area of high quality health care delivery at affordable rates.

According to the Ministry, major initiatives in the infrastructure up gradation of hospitals and health centers are now being undertaken across the country by the government. In this scenario, outsourcing of the diagnostic facilities at these hospitals assumes importance, to enable the hospital to focus on their primary responsibility of ensuring high standards of medical care.

Joe Ngamkhuchung, North Eastern Drug/HIV Training Centre (NEDHIV), Dimapur

Please see the response for the query on the Post ART Strategies.

Situation: Most of what is stated for Tamil Nadu are also true of Nagaland State as well. Like for example:

- We see much confidence among PLHIV that we did not see two years ago, why one could say, even one year ago.
- No school has discriminated children infected by HIV,
- Longer and healthier life as experience by ART clients,
- Less terminal illness after ART. Terminal cases were due to late identification of the clients whose CD4 counts were too low with broken down health conditions,
- In Nagaland second line ARV is not yet available.

Answer to Query:

- No sociological studies have been done so far on PLHIV accessing Government ARV centers.
- Through interacting with the PLHIV accessing ART, what they need most are:
  - Psychosocial support (counseling) as they are prone to distress, frustration and so on.
  - Meaningful self-employment to earn and self-image building, but each individual will have his or her own capacity. This area cannot be generalized. We need to study much deeper as they themselves cannot specify nor identify what they really require. This is due to their "belief system" that they can't do anything or that nobody will trust them to take responsibility. In Nagaland, this is relevant as the context of most of the PLHIV is from the drug using background, which is associated with irresponsible behaviour.
  - With regard to the experiences of PLHIV on ART, who are active, mobile and prepared to some work, NEDHIV has scheduled a 3 day "Post ART-Era Assessment Training" with 25-30 ART clients in March 2008.

Your query is relevant. We have for long focused on the medical aspects of PLHIV but have perhaps been a little negative about the fruits of ART. Now we have a positive challenge in front of us with improved health of PLHIV accessing ART, which is also the situation in Nagaland. We will keep you posted with the results of our Post ART- Era Assessment training.

Uzodinma Adirieje, Health Reform Foundation of Nigeria (HERFON), Nigeria

Services required by PLHIV in care and support in a post-ART era include PMTCT, VCCT, ART, adherence education, diagnosis and treatment of Opportunistic Infections, STI, palliative care, TB and prevention of HIV re-infection. Others may include family planning and reproductive health, insecticide treated bed nets, support groups, Food support, Breast Milk Substitutes (BMS) and palliative care.

On positive networks, their importance to PLHIV can never be over emphasized. Even in post-ART era, these provide support, focus group and experience-sharing opportunities, solidarity, HIV counseling. Networks help to mobilize PLHIV to contribute to the national response with the aim of reducing and eventually eliminating further spread of the virus; and mitigating the impact of HIV and AIDS on the life of PLHIV, People affected by HIV, orphans and vulnerable children.

Well-organized networks have been decisive factors in many successful responses to this pandemic, especially in generating awareness on treatment access, drug adherence and provision of micro-credit schemes families, and People affected by HIV.

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the Aids Community in India at aids-se@solutionexchange-un.net.in with the subject heading "Re: [aids-se] Query: Strategies for a post-ART Era - Examples and Experiences. Additional Reply."

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