

From the COP Desk



With a pristine purpose of presenting all that ensued in a cited period, we have come up with our quarterly newsletter 'PIPPSE PULSE' to inform our readers and evoke their impulses. The newsletter is a multifarious assortment of information on PIPPSE project activities and in periphery of public health.

At the outset, accentuating on the fact that PIPPSE, launched in 2012 is a creative and timely response to the national HIV/AIDS program priorities. Funded and technically supported by United State Agency for International Development (USAID) under The President's Emergency Plan for AIDS Relief (PEPFAR) and managed by a consortium, with Public Health Foundation of India (PHFI) as the prime awardee and, Futures Group International India Pvt Ltd, and Population Services International (PSI) as the sub awardees, PIPPSE provides a multi-layered support to the national HIV/AIDS program through institutional strengthening for prevention program, evidence generation, piloting and scaling innovations, and enhancing private sector engagement. The Project essentially provides structured and evidence-informed technical assistance to National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and related institutions.

PIPPSE has completed three out of its five-year life. I am excited to have joined at the juncture when there is a need to re-strategize and work towards achieving the PIPPSE goal. I have taken the challenge to remove the bottlenecks and move forward with support of the PIPPSE team and different stakeholders. In the remaining two years, focus would be on consolidating project activities made so far, institutional building, knowledge capturing and sharing to inform replication and scale up, and transitioning of the project activities to the national, state and district governments. I am happy that with support of around 200 motivated team members spread across its focus states, we would be able to accomplish the overall set goal of the project.

I am pretty hopeful that the 'PIPPSE PULSE' would be rewarding to the readers as it would serve as a combination of technical and pragmatic expressions. Each issue will focus on a particular theme and the current issue focuses on PIPPSE work on migrants.

It is really overwhelming to see the contributions. The Editorial team appreciates the time and effort that has been devoted by the different contributors and would like to thank them all. As always, suggestions towards improving the newsletter design, content and scope are welcome.

Dr Ashok Agarwal
Chief of Party (COP), PIPPSE, PHFI

Guest Column



The International Funding for HIV has Slowed in Recent Years, but the Demand for HIV Services is Increasing

In 2014, there were 36.9 million people across the globe living with HIV, an increase of 8.3 million people since 2000¹. This increase is due, in part, to continued new infections every year, more widely available use of ARVs, and general population growth². Despite the increased prevalence of HIV, the incidence has been steadily decreasing since the year 2000. Since then, the number of new infections per year has decreased from 3.1 to 2 million². Moreover, the number of AIDS-related deaths has declined, and more people are on treatment now than ever before¹. As of March 2015, the United Nations target of getting 15 million HIV-infected people on treatment was met nine months early³. Still, there continues to be 5,600 new infections daily, only an estimated 51% of people who are HIV positive know their status, and only 41% of adults living with HIV are on treatment^{1,2,4}.

In Asia and the Pacific, the region home to the two most populous countries worldwide-China and India-there are an estimated 5 million people living with HIV, and only 36% of adults in this region are on treatment^{1,2}. India has the third highest number of people living with HIV worldwide-2.1 million⁵. India has made achievements in terms of reducing the HIV burden. Between 2000 and 2011, India saw a 57% decline in new infections, and AIDS-related deaths declined by 29% between 2007 and 2011; nevertheless, only 13% of HIV-infected individuals in India know their status and India continues to face shortages of both first-line and second-line ARV treatment⁶.

Funding for HIV has increased from US\$4.8 billion in 2000 to US\$20.2 billion in 2014, but it has slowed in recent years¹. Funding for HIV R&D has declined by \$60 million between 2012 and 2014 alone⁷. In 2014, US funding for HIV declined by \$19 million; European private sector funding declined by \$9 million; and funding from Australia, Canada and South Africa declined by \$13 million^{7,8}.

In 2014, the UN announced it's new "90-90-90" target, to have 90% of people living with HIV know their status, 90% of patients on treatment, and 90% of those on treatment to have viral suppression by 2020¹⁰. Meeting these goals would require front-loaded investments, with funding increasing \$8-12 billion per year. The UN estimates that if these targets are met, by 2030 new HIV infections and AIDS-related deaths would decrease by 89% and 81%, respectively, saving \$3.2 trillion in the long run³. In order to meet the increasing demand for HIV services worldwide and achieve the UN's 90-90-90 targets, public sector funding for HIV treatment, prevention and research needs to expand dramatically over the next six years.

Prof. Ramanan Laxminarayan,
Vice-President - Research and Policy, PHFI

Spotlight : Migrant Service Delivery System (MSDS)



In Conversation with Dr C.P. Das, Additional Project Director, Odisha State AIDS Control Society

Q1. How the MSDS tool has benefitted the Health Camp planning in Odisha?

The tool has greatly benefitted the health camp planning by providing appropriate information of the migrant population leading to better planning in terms of sensitizing of Accredited Social Health Activist (ASHA), Aaganwadi Worker (AWW) and Panchayati Raj Institution (PRI) members for pre-planning activities and ensuring greater footfalls of the migrant family in the camps to avail benefit of the programme.

Q2. Your view on how MSDS tool would help in making migrants programme in Odisha evidence based?

The programme is evidence based in Odisha as-

- 1) It helps to know about the socio demographic background of the person, which further helps in changing their risk behaviour
- 2) From the tool their mobility status is known, which helps the health administration in planning the health camps and IEC based activities at source state
- 3) The data of social protection schemes provided by Government to these migrant population can also be known

Q3. What has been support from PIPPSE in the Source Programming in Odisha?

Through PIPPSE we received support for proper planning of health camps and capacity building of link worker scheme (LWS) of NGO partners of two districts and destination migrants of targeted interventions. But we need additional support for making this programme more refined so that surging migrant population in the state of Odisha can be benefitted.

Reflections:



"Implementation of Source migration Programme in Odisha has been a good initiative of NACO.

This corridor approach under NACP-IV is of immense help in ensuring coverage

of migrants with services across source destination continuum. The piloting of Migrant Service Delivery System (MSDS) tool in Surat-Ganjam corridor since last one and half year by PIPPSE-PHFI has provided lot of programmatic insights for migration programme in the state. The utilization of the MSDS tool for planning of Health Camps has helped OSACS to identify the high out-migrant blocks and to provide tailor made services to the migrants' community".

**Babaji Charan Das, OAS (SAG),
Project Director,
Odisha State AIDS Control Society**



In Conversation with Dr. Sangita Pandey, Joint Director, Target Intervention, Uttar Pradesh State AIDS Control Society

Q1. How the MSDS tool has benefitted the health camp planning in Uttar Pradesh (UP)?

Creating Evidence is the biggest support of MSDS to the program. Once we have it in our hand we can re-shuffle our priorities effectively. The same we had done in last health camp when we have re-shuffled the priority villages and got the best result out of this. We were able to

identify 40% new HIV reactive cases by shuffling only 12% real villages, which was possible based on evidence generated by the MSDS.

Q2. Your views on how MSDS tool would help in making migrants program in UP evidence based.

As we are upscaling this too in all migrants' districts of UP state and if the same happens in Maharashtra, we will soon have a robust data with us with evidence, which could tell us the real risky villages and focus areas. Since resources are limited and not endless we can really utilize this to get maximum benefit out of this. We can also think of shuffling districts if evidence supports this. But with that I would also wish to have some more people and district level infrastructure to support this.

Q3. What has been the support of PIPPSE in the source programming in UP?

With the support of PIPPSE we have three Program Officers dedicated to Migration program and one Technical Officer to generate evidence of HIV and Migration. They are continuously supervising and providing technical inputs to strengthen the program. PIPPSE has previously organized a training program for District Coordinators (DCs) of Source districts but keeping the importance of this program in HIV prevention we need to have one more set of DC as well as outreach worker (ORW) including PO, which will help in proper implementation and monitoring of program. It would be worthwhile if PIPPSE could also lend its support in IEC.



Intensive Health Camp for returnee migrants at Polasara High School ground, Block-Polasara, Ganjam, Odisha



A Case Study: Health Cards for Migrants

Since last few years, Kerala has been witnessing heavy in-migration of migrant laborers from other states. They are vulnerable to HIV risk behavior. Addressing their social service needs such as housing, sanitation, drinking water supply, food security as well as social entitlements remains a challenge.

In Kasaragod district of Kerala, a coordination committee was constituted in April 2015, under the leadership of Deputy Collector to oversee migrant issues with the support of various line departments. Technical Support Unit (TSU) of Kerala State AIDS Control Society (KSACS) assisted this coordination committee to develop a concept note on the health card for the migrants. TSU Kerala and targeted intervention (TI) migrant project of Kasaragod (PANTECH) participated in the advocacy meeting with the Panchayat Raj Institutions (PRIs), District Collector (DC), Additional District Magistrate (ADM), District Medical Officer (DMO), District Labor Department (DLD) and Police Department to present the concept on health card, focusing on its relevance and benefits.

The health cards, besides serving as a photo identity for migrants, further will help in linking them with primary health clinics and allied services, including health insurance coverage. For program purposes, these health cards will also help the TIs in tracking the high-risk migrants while they are on move across different TI sites / districts and thus ensure avoiding duplication. In future, labor contractors could also vouch identities of migrants before hiring them. The PANTECH team had collected and cross-verified the individualized personal information from migrants at various congregation points. It was emphasized that the health cards should be printed by local bodies.

The sample health card was approved by the district administration of Kasargod. The health cards were distributed first in Kanhangad town on 20th June, 2015. The associated 14 PRIs plan to issue the health cards to 10,000 high risk migrants.

Project News Roundup

- PIPPSE supported NACO to conduct a workshop on the 17th April at India Habitat Centre, New Delhi to build the capacities of the Regional Program Managers on mobilizing political leadership for sustainable HIV response. This was supported by Forum of Parliamentarians on HIV/AIDS (FPA) and USAID. Shri Oscar Fernandes, Hon'ble Member of Parliament (MP) and President, FPA was present to enrich the participants on the concerns of HIV/AIDS and was joined by Shri K.B. Krishnamurthy, Hon'ble MP and State Organizer, FPA (Karnataka)
- A National level workshop for Industries on the Employer Led Model (ELM) was organised on 29th April for sharing the learnings emerging from implementation of ELM and enhancing the engagement with the industries
- Quarterly Thane District Network Model (DNM) implementation committee meeting chaired by Project Director, Maharashtra State AIDS Control Society (MSACS) was conducted; it was attended by representatives of seven Municipal Corporations (MC), district health officials, district AIDS Prevention Control Unit (DAPCU), MSACS and PIPPSE officials
- The National Helpline (1097) launched on World AIDS Day (1st December, 2014) by NACO with PIPPSE support received total 239,705 callers during the period in mention; 126,025 calls (52.5%) were attended
- Five audio/visuals (AVs) on the DNM project have been produced and will be available soon on public domain
- PIPPSE Team, led by the Chief of Party (COP), visited all the eight PIPPSE supported TSUs to identify their capacity building and technical assistance needs

Upcoming Events

- Exposure visits for staff of Uttar Pradesh State AIDS Control Society (UPSACS) to Maharashtra; and Gujarat State AIDS Control Society (GSACS) to Odisha for facilitating planning of migrant programming
- A workshop for all TSUs for skill building on Documentation and Monitoring & Evaluation
- A workshop on District Network Model – Thane, its journey so far and way forward

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