# Navigating Challenges and Bridging Gaps: Evaluating the 95-95-95 Targets of UNAIDS in Northeast India's Seven Sister States"


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IIHMR UNIVERSITY


## History of NIHFW

Established in 1977 through the merger of two prominent institutions, the National Institute of Family Planning and the National Institute of Health Administration and Education, the National Institute of Health and Family Welfare (NIHFW) is an autonomous apex technical institute based in New Delhi, India. With its roots dating back to 1962 and 1964, respectively, the institute has a rich history and a strong focus on the promotion of public health and family welfare management in the country.

## Vision

NIHFW will be an Institute of global repute striving for excellence in imparting training in public health & family welfare management.

## Mission

NIHFW will be a think tank, catalyst & innovator for training in public health and related health & family welfare programmes by pursuing requisite functions of Education & Training, Research & Evaluation, Consultancy & Advisory services as well as provision of specialised services through inter-disciplinary teams and networking with other institutes and organizations at national and international level.

## SWOT Analysis


## Departments

1.COMMUNICATION
2.COMMUNITY HEALTH ADMINISTRATION
3. EDUCATION AND TRAINING
4. MANAGEMENT SCIENCES
5. MEDICAL CARE AND HOSPITAL ADMINISTRATION
6.PLANNING AND EVALUATION
7.REPRODUCTIVE BIOMEDICINE
8.STATISTICS AND DEMOGRAPHY
9.SOCIAL SCIENCES
10.EPIDEMIOLOGY

## Learnings

## Introduction

India is the third largest country in the world with 2.4 million people living with HIV.As part of the Sustainable Development Goals, the UN has established a goal of ending AIDS as a public health threat by 2030. India has an adult HIV prevalence of 0.21 while prevalence of HIV in the North-Eastern states is a cause for concern, particularly in Mizoram, Meghalaya Nagaland and Manipur where a localized outbreak has resulted in the highest incidence rate of 2.70, 1.36 & 1.05 respectively. The specific targets of NACP Phase-V include ensuring comprehensive prevention measures for 95% of individuals at the highest risk of HIV infection, ensuring 95% of HIV-positive individuals are aware of their status, and ensuring that out of those who know their status, 95% receive treatment. Moreover, the program aims to achieve viral load suppression in 95% of individuals receiving treatment.

## Methodology

The methodology adopted is a combination of secondary data sources and literature reviews. The main source of information is the National AIDS Control Organization (NACO) Annual Reports of various years including NACO Sankalak Report 4th edition 2022. These studies provide comprehensive information on HIV/AIDS in India, including details specific to the seven sister states. To analyse the progress made towards the 95-95-95 objectives for HIV testing, ART coverage, and viral load reduction, data from these reports were analysed. The arithmetic method of projection Pt= P0(1+ rt) where Pt is end population, P0 is beginning population, r is rate of growth and t is time, is applied to project number of years a State will take to achieve 1st target of 95%.

## Results

Table 1: HIV Status and related Indicators for North-Eastern states and India.

| HIV related Indicators | Arunachal Pradesh | Assam | Manipur | Meghalaya | Mizoram | Nagaland | Tripura | India |
|---|---|---|---|---|---|---|---|---|
| Adult Prevalence | 0.07 | 0.09 | 1.05 | 0.42 | 2.7 | 1.36 | 0.12 | 0.21 |
| Total PLHIV | 687 | 25.072 | 27.989 | 8.692 | 23.802 | 21.730 | 3.608 | 24.01.284 |
| Annual AIDS Related Deaths | 13 | 677 | 841 | 73 | 192 | 307 | 8 | 41,968 |
| PLHIV who know their status | 323 | 12966 | 15,802 | 4,996 | 15,235 | 14,501 | 3,324 | 18,56,426 |
| PLHIV who know their HIV status and are on ART | 218 | 9360 | 13,732 | 4,000 | 31,539 | 10,982 | 2,864 | 15,56,026 |
| PLHIV who are virally suppressed | 137 | 3123 | 10,534 | 2,346 | 8,220 | 9,487 | 1,005 | 8,52,733 |

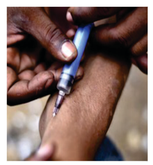
Source: NACO Annual Sankalak Report 2022

Table 1 shows. The average prevalence of north-eastern states is 0.83 which comparatively much higher than national figure of 0.21.
It also reveals that highest number of people living with HIV(PLHIV) were in Manipur (27989) followed by Assam (25072) and Mizoram (23802). Annual AIDS related deaths also reported highest in Manipur (841) followed by Assam (677) and Mizoram (192) respectively

Table 2: Estimated Size of Female Sex Worker (FSW), Men having Sex with Men (MSM) & Injectable Drug Users (IDU) (2021)

| REGION | FSW | MSW | IDU |
|---|---|---|---|
| Arunachal Pradesh | 4690 | 715 | 2565 |
| Assam | 17448 | 2570 | 3146 |
| Manipur | 5703 | 1257 | 20392 |
| Meghalaya | 1357 | 225 | 1892 |
| Mizoram | 1465 | 532 | 12800 |
| Nagaland | 2893 | 1270 | 16264 |

Source : NACO Annual Sankalak Report 2022




With its proximity to the "golden triangle" of heroin production and porous borders, the region has witnessed significantly higher rates of drug injection compared to other parts of the country. IDUs have been defined as an individual who injects at least once in the last three months. The north-eastern states, particularly Manipur, have been severely affected, with the highest HIV prevalence observed among IDUs in this region. The unique arrangement called the Freedom Movement Regime (FMR) along the India-Myanmar border has facilitated drug smuggling and contributed to the high rates of injecting drug use in these states.

Northeast India has high burden of HIV, primarily driven by injecting drug use. With an estimated population of 1.77 lakhs, IDUs are third largest HRG in India, after FSW (8.68 lakhs) & MSM (3.13 lakhs), covered under NACP.Adult prevalence of HIV was reported too high in Mizoram with 2.7 percent followed by Nagaland (1.3%), Mizoram (1.07%) and Meghalaya (0.42%) against the national figure of 0.21 percent.

Fig.1: Percent of ART Coverage in North-Eastern States and India

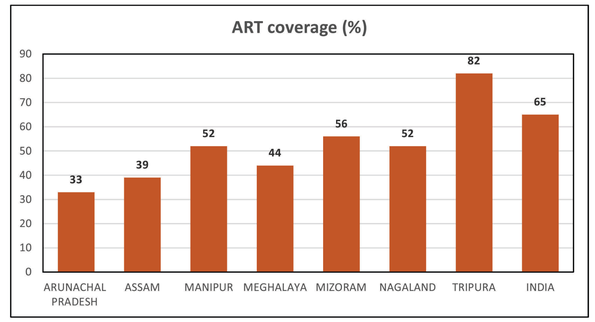



Table 3: Status of 95-95-95 target in North Eastern States

| STATES | STATUS | 1ST 95* | 2ND 95** | 3RD 95*** |
|---|---|---|---|---|
| Arunachal Pradesh | 47-67-78 | 47 | 67 | 78 |
| Assam | 52-72-89 | 52 | 72 | 89 |
| Manipur | 56-90-95 | 56 | 90 | 95 |
| Meghalaya | 57-74-88 | 57 | 74 | 88 |
| Mizoram | 64-85-91 | 64 | 85 | 91 |
| Nagaland | 67-76-86 | 67 | 76 | 86 |
| Tripura | 92-86-78 | 92 | 86 | 78 |
| **India** | **77-84-85** | **77** | **84** | **85** |

Source: NACO annual Sankalak Report, 2022
*1st 95 - Percent of people who know their HIV status, **2nd 95- Percent of diagnosed individuals receive antiretroviral therapy (ART)
***3rd 95- Percent of those on treatment achieve suppressed viral loads.

Table 4: Status of 1st 95 From 2018 To 2021 and gap to Reach the Target By 2025

| NE States/Year | 2018 | 2019 | 2020 | 2021 | 2025 | Gap | Expected Year of achieving Target |
|---|---|---|---|---|---|---|---|
| Arunachal Pradesh | 40 | 45 | 42 | 47 | 95 | 48 | 2042 |
| Assam | 42 | 47 | 48 | 52 | 95 | 43 | 2034 |
| Manipur | 53 | 52 | 53 | 56 | 95 | 39 | 2060 |
| Meghalaya | 54 | 53 | 55 | 57 | 95 | 38 | 2059 |
| Mizoram | 53 | 56 | 60 | 64 | 95 | 31 | 2029 |
| Nagaland | 63 | 57 | 63 | 67 | 95 | 28 | 2042 |
| Tripura | 70 | 75 | 76 | 92 | 95 | 3 | 2022 |

## Challenges

1 Data Availability and Accuracy
2 Variability in ART Coverage
3 Time and Scope Limitations
4 Generalizability

## Usefulness of study

This study helps to identify the gaps in healthcare delivery and informs targeted interventions by highlighting areas with low ART coverage and high HIV prevalence. This information is essential for policymakers and healthcare providers to allocate resources effectively and improve the availability and accessibility of ART services. Additionally, the study contributes to a comprehensive understanding of the complex dynamics between ART coverage and HIV prevalence, supporting evidence-based decision-making and facilitating efforts to reduce the burden of HIV/AIDS in Northeast India.

## Conclusion

It seems that north-eastern States have high HIV prevalence and are far behind the targets except Tripura. The main causes of high prevalence are high prevalence of injectable drug use, unsafe sex, less ART coverage. Factors contributing to the gaps may include difficult access to HIV testing facilities, inadequate infrastructure, socio-economic challenges, resource allocation disparities and policy implementation gaps.

## Suggestions

1.Strengthen focus on electronic patient tracking .
2. Free treatment of opportunistic infection to HIV patients.
3. Promote research in ART adherence
4. Regular supply chains management for ART drugs to track usage and prevent stock outs.
5.Strengthen voluntary counselling and testing services at Health and Wellness Centers.

## References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