Access to Care and Treatment: Promising Global Trends

The majority of the 33 million people living with HIV are employed and in their most productive years, with the skills and experiences that are precious to their families, workplaces and countries. Globally, the epidemic has seemingly stabilised with a steady decline in the number of new infections. The access to treatment has improved manifolds leading to considerable improvements in longevity among People Living with HIV. When sizable numbers of people living with HIV receive antiretroviral therapy in a stable epidemic, the mortality rate or the increase in the rate will decline.

India: Moving Towards Halting and Reversing the Epidemic

It is estimated that 2.4 million people live with HIV in India with an adult prevalence of 0.31 per cent in 2009. The epidemic in the country, from the time first recognised in 1986 has been fairly harnessed by the concerted efforts of Government of India, civil society, bilateral and multilateral efforts. Signals from the private sector in India are promising on their commitment to this joint response. HIV/TB collaborative efforts between Revised National Tuberculosis Control Programme (RNTCP) and National AIDS Control Programme (NACP) are also encouraging. The available evidence and projections show signs of stabilisation of the epidemic in the country and an overall declining trend as reiterated by the country progress report. With a concentrated epidemic in the country, the focus of the national programme is on primary and secondary prevention of infections.

HIV Treatment in India: Achievements and Challenges

The roll out of ART in public health settings in 2004 and the subsequent scale up has brought more than 300,000 eligible PLHIV under treatment as in 2010. With the availability of ART, the life of people living with HIV can be prolonged substantially and they can lead a normal productive life. An enabling environment is imperative to facilitate this and calls for a review and reform of structural constraints, legal procedures and policies that impede interventions and affirmative action is needed to reduce stigma and discrimination associated with the infected and affected persons and their access to services including insurance. The National AIDS Control Programme envisages mobilising private sector insurance companies to defining their role and contribution in the programme.

Insurance for PLHIV: Experience from India

The attempts to explore the issue of insurance for PLHIV in India were by and large in the area of health insurance. Health insurance offers an option for PLHIV to seek health care from any private health care facility of their choice enabling timely treatment improving the overall quality of health. In 2003, Population Council examined the possibility of insurance coverage for ART in India before the government rolled out the free ART programme. A feasibility study on covering treatment for HIV/AIDS in India was further undertaken by United Nations Development Programme in 2006. There have been also sporadic attempts to pilot social protection schemes for PLHIV by civil society as well as commercial insurance providers.

The first commercial group health insurance product: Star Netplus was facilitated by Project Connect lead by Population Services International in 2008 in partnership with Star Health and Allied Insurance Company Limited and Karnataka Network of People Living with HIV/AIDS. While insurance exclusively for PLHIV is observed as not the best solution and has limitations in risk diversification; the number of policy holders has expanded from 258 PLHIV in Karnataka in 2008 to more than 7000 PLHIV from Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra and Kerala with an annual renewal rate of more than 80 per cent in 2010 indicating the demand for insurance among PLHIV. A community based mainstreamed insurance model is being piloted in Salem district in Tamil Nadu under Connect in partnership with DHAN Foundation.

Ministry of Labour and Employment, Government of India launched a social insurance scheme “Rashtriya Swasthya Bima Yojana” (RSBY) to provide health insurance coverage for Below Poverty Line (BPL) families in April 2008. One of the recommendations of the national stakeholders’ consultation on HIV/AIDS and Construction Sector in India in November 2008 was to remove HIV from the list of exclusions under RSBY. Though RSBY currently does not exclude HIV, PLHIV are unaware of benefits of the scheme. Keeping in mind the larger goal of mainstreaming HIV and
AIDS, it is important that irrespective of the BPL status, a basket of choice of insurance solutions is available to PLHIV in India.

Role of Insurance Sector in Mainstreaming HIV and AIDS

Out of pocket expenses for accessing quality healthcare services have been a challenge for PLHIV in India who also bear the brunt of stigma and discrimination from healthcare providers. A large number of infected women and children end up at the PLHIV networks after having strained a sizable proportion of their family resources for the care and treatment of an expired male member in the household. In the absence of sufficient strategic evidence on the viability, insurance companies perceive HIV beyond the scope of insurance and retain the condition as exclusion in generic insurance products. This leaves an insured person diagnosed seropositive during the policy period with little protection while the odds of such infection are remote. Examples of insurance coverage for HIV can be found in countries including South Africa and the United States of America. While countries such as South Africa with high adult HIV prevalence of over 15 per cent have taken measures to mainstream HIV through commercial insurance cover, with a low prevalence of 0.31 per cent, insurance sector in India is yet to take major steps in this forefront. Given the stabilised epidemic, advancement in arresting clinical progression and reported overall low and declining seroprevalence in the country, insurance sector in India has the opportunity to be the leaders in the region in non-discrimination through the removal of the exclusion of HIV from generic insurance products.

References


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Population Services International is a global not for profit organisation working in partnership within the public and private sectors, and harnessing the power of the markets. The Connect Project aims to build value added models of public private partnerships to mitigate HIV & AIDS and Tuberculosis in India. Connect is funded by the United States Agency for International Development (USAID) under the President’s Emergency Plan for AIDS Relief (PEPFAR). One of the key strategies of Connect is engaging the insurance sector in India for insurance solutions for PLHV.

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