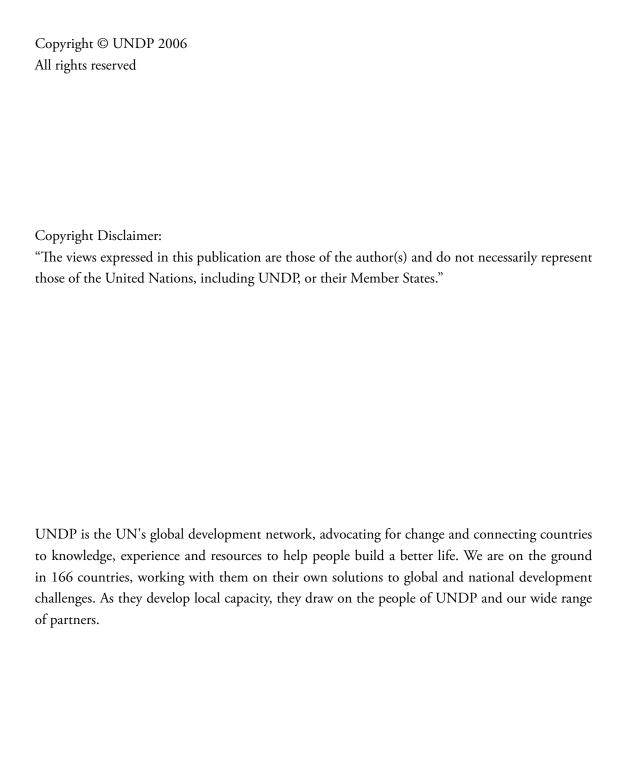


## Covering Treatment for HIV and AIDS in India

A Feasibility Study



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### **Abbreviations**

Acquired Immuno Deficiency Syndrome **AIDS** 

**ART** Anti Retroviral Therapy

**ARV** Anti Retro Viral **BPL** Below Poverty Line

**CBO** Community Based Organisation

CD4+ T cells (helper cells) – which are crucial to the normal function of the human

immune system

**CGHS** Central Government Health Scheme **CSO** Care and Support Organisation **ESIS** Employees State Insurance Scheme

FF Freedom Foundation

**GSACS** Gujarat State AIDS Control Society HAART Highly Active Anti Retroviral Therapy

**HCP** Health Care Provider

HIV Human Immuno-deficiency Virus

**HPRU** Health Policy Research Unit

**IEC** Information Education and Communication

**IEG** Institute of Economic Growth

IP Inpatient

**KSAPS** Karnataka State AIDS Prevention Society

NGO Non Governmental Organisation

**NIC** National Insurance Company (public sector insurer)

OI Opportunistic infections **OPD** Outpatient Department

**PLHIV** People Living with HIV/AIDS

**PPTCT** Prevention of Parent to Child Transmission

Rs. Rupees

**SACS** State AIDS Control Society STI Sexually Transmitted Infection **TPA** Third Party Administrators

UNDP United Nations Development Programme **VCTC** Voluntary Counselling and Testing Centre

WHO World Health Organization Introduction

I

Despite falling prices of anti-retroviral (ARV) drugs, the expenses involved for individuals and families living with HIV/AIDS who need to be on ARV therapy (ART) continue to be high enough to impose serious economic hardships on individuals and families which act as major deterrents to accessing such treatment. The need for coverage or insurance for ART takes on greater urgency given the economic status of the majority of the detected cases of HIV/AIDS in India; while no firm data is available, evidence from the handful of care and support organisations (CSOs) around the country indicates that most of their clients are in urgent need of financial help if they are to access ART. The only individuals who are currently covered by insurance for ART are: Central Government employees through the Central Government Health Scheme (CGHS); employees covered under Employees State Insurance Scheme

of those seeking treatment unless ways can be found to pay part or all of the premium on their behalf.

Recently the Government of India announced a scheme that would give free ARV drugs to selected HIV-positive individuals, including children and pregnant mothers. The free ARV programme has been implemented since April 2004 in six high-prevalence states. It is planned that the number of ART centres will be increased to 25 and cover a total of 25,000 patients by the end of 2004-05 and that ART facilities will be extended to 1,00,000 patients by the end of 2007. This raises the question as to whether there is still a need for nongovernmental schemes to cover ARV treatment. The key factor that will separate the government initiative from schemes implemented by CSOs is the quality of care

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