



***Covering Treatment for  
HIV and AIDS in India***

***A Feasibility Study***



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# Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
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

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 (ESIS); and a small number of individuals

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 non-governmental schemes to cover ARV treatment. The key factor that will separate the government initiative from schemes implemented by CSOs is the quality of care

**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.**

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