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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Leading the **HIV** Response

Toolkit for Parliamentarians on HIV and AIDS



1. Why Parliamentarians & elected leaders? Why HIV and AIDS?

2. What is HIV and AIDS? How is it transmitted?

3. What is the Extent of Prevalence of HIV and AIDS epidemic in India?

4. What can you do to respond to HIV and AIDS

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What is the Parliamentary Forum on AIDS?

It's your Forum formed driven by a commitment to making a difference today for a better tomorrow

It's a Forum of more than 300 concerned Parliamentarians, irrespective of party affiliation, dedicated to the framing of appropriate laws and policies to address HIV and AIDS.

The Forum is dedicated to taking the lead in advocating the highest level of political leadership to address the HIV and AIDS epidemic, working towards a decentralised response (state, district, block, panchayat/village levels) by reinforcing and sustaining leadership at all levels, and working towards policy interventions.

The Forum is uniquely placed, by virtue of its broad based membership, for playing a major role in advising and influencing the attitudes of the executive and the legislature towards HIV.

Our aim is simple, our endeavour is to bring all elected representatives at various levels in the country, be it Parliament or the State legislature or for that matter, the local self government... What we conceive is easier said than done, our effort is to act rather than to merely speak. We have already constituted state legislative fora in 13 States. We have received full support from the Chief Ministers in the states and the presiding officers....



... This could be a small step towards solving a big issue. Again, if each one of us contribute from our Local Area Development Fund towards building infrastructure to respond to the disease, there would be infrastructure all over the country. This could only be a drop in the ocean but let us not forget, every drop makes a mighty ocean.

– Oscar Fernandes, President, Parliamentarians' Forum on AIDS



1. Why Parliamentarians & elected leaders? Why HIV and AIDS?

BECAUSE

- Elected leaders — Members of Parliament, Members of State Assemblies, Members of Zila Parishads and Panchayats — are societal leaders.
- You have the mandate, the public trust and the responsibility to act in the interest of national development and well-being.
- You command the influence, the resources and the capacity to secure progress.
- You bear a special responsibility to drive society in the right direction and to set examples that spur others into action.

BECAUSE

- HIV and AIDS is a national epidemic.
- Between 2–3.1 million Indians are living with HIV, second only to South Africa and Nigeria and the highest number in Asia. An estimated 88.7 per cent of all infections are in the 15-49 age group, indicating that AIDS still threatens the cream of society, those in the prime of their working life.
- HIV and AIDS disproportionately affects children and young people by infecting huge numbers, by killing their parents and by damaging the country's economic and development prospects.
- In many countries, HIV and AIDS has already worsened poverty, eroded economic growth, spawned human rights abuses, erased many development gains and imperiled national security and political stability.
- HIV is fully preventable.
- Action by parliamentarians and political leaders has helped reverse the HIV and AIDS epidemics in many countries around the globe.
- At the United Nations General Assembly Special Session on HIV and AIDS in June 2001, and then again at the Special Session on Children in May 2002, almost all the world's governments committed themselves to time-bound plans of action to meet the millennium Development Goal of halting and beginning to reverse the spread of HIV and AIDS.
- The Prime Minister of India has called for an HIV response on a “war-footing” and the response enjoys bipartisan political support by all major parties.



HIV stands for 'Human Immunodeficiency Virus' and belongs to a family of many viruses called retroviruses. HIV infects cells of the human immune system (white blood cells, mainly CD4 positive T cells and macrophages) and gradually impairs their capacity to fight infection and diseases.

AIDS stands for 'Acquired Immunodeficiency Syndrome'. It is acquired from somebody and not genetically inherited. Infection with HIV over a period of time leads to AIDS. It is the late stage of HIV infection & can take more than 8–10 years to develop. Person living with HIV can live without symptoms for many years.

HIV is found in body fluids such as blood, semen, cervical & vaginal fluids, cerebrospinal, synovial, amniotic and other body fluids, breast milk, and tissues containing blood.

How is HIV transmitted?

1. Sexual route: Through unprotected penetrative sexual act (vaginal, anal or oral) with an HIV infected partner. Though the risk of transmission of HIV through sexual route is only 0.01 to 1 %, it is the predominant mode of HIV transmission (85%) in India. Transmission through anal sex has been reported to be 10 times higher than by vaginal sex.
2. Infected blood and blood products, tissues and organs: Infusion of blood and blood products which are infected with HIV is one of the most efficient means of transmission of HIV infection. The recipient of a single unit of HIV-infected blood has 90-95 % possibility of acquiring the infection.
In India, HIV transmissions through blood transfusions account for 2% of the total infection load.
3. Needles, syringes, piercing and surgical instruments: HIV can also be transmitted through the use of blood smeared needles, syringes, blades, knives, surgical instruments and other piercing instruments that have been used on an HIV infected person. This includes instruments used for circumcision, tattooing, acupuncture, ear piercing and traditional healing practices.
The possibility of transmission of HIV through normal injections in clinics and hospitals is about 0.03 percent. However, sharing of needles and syringes among Injecting Drug Users (IDUs) carries a 1-10% risk of getting infected as IDUs often end up giving themselves mini blood transfusions.
4. Parent-to-Child transmission: This is the overwhelming source of HIV infection in young children. In the absence of preventive intervention, the probability that an HIV-positive woman's baby will become infected ranges from 25% to 35% in India.

Nearly 4% of HIV infections in India are due to this route. The virus may be transmitted during pregnancy, labour, delivery, or after the child's birth during breastfeeding. Among infected infants who are not breastfed, about two-third of cases of parent-to-child transmission occur around the time of delivery and the rest during the pregnancy (mostly during the last 2 months).

However, with the right treatment at the right time, the chances of transmission from an HIV positive pregnant women to her child can be brought down to as low as 0-2%.



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What is HIV and AIDS? How is it transmitted?

Myths and misconceptions on transmission of HIV

HIV is not spread by shaking hands with an infected person, traveling in the same auto, taxi or bus, eating from the same plate, drinking from the same glass, hugging and kissing. Mosquitoes and other insects do not spread the virus, neither does it spread through water or air. HIV also does not spread by using toilets and urinals used by infected persons, through sneezing or coughing, working with an infected person or giving blood for blood donation when medical staff uses disposable instruments.

You should know

Correlation between HIV & STIs: Sexually Transmitted Infections (STIs) are communicable diseases, which are transmitted by an infected male or female to his/her partner during unprotected sexual intercourse. If detected and treated early, they do not cause serious problems as most STIs are easy to cure.

However, a person with an untreated STI, particularly involving ulcers or discharge, is, on an average, 6-10 times more likely to pass on or acquire HIV during sex.

Opportunistic infections and association with AIDS: Infection with HIV can weaken the immune system to the point that it becomes difficult for the person to fight off certain infections. These type of infections are known as "opportunistic infections" because they take the opportunity of a weakened immune system to cause illness. The common opportunistic infections encountered by a person infected with HIV are Tuberculosis (Pulmonary and extra-pulmonary), Candidiasis, Pneumocystis carini, Toxoplasmosis, Cryptococcosis, Cryptosporidial Diarrhoea, Cytomegalo virus infections and Penicillium Marneffe infections (a fungus infection in North Eastern part of the country), HIV-TB.

The window period: Most people develop antibodies to HIV between six weeks and three months after infection but some may take up to six months to develop antibodies. This period is called window period. During this period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test. The person may look and feel perfectly well, but is potentially infectious to another person during the window period even though an HIV test may not show that he/she is infected with HIV.

How is HIV detected? All people taking an HIV test have to give informed consent prior to being tested. This decision is entirely the choice of the

individual. The results of the test are kept absolutely confidential. Results cannot be shared with another individual unless written permission is provided by the person tested. The person is provided counseling before and after the HIV test. Integrated counseling and testing centres are located in easily accessible areas, mostly in hospital OPDs.

There are three most commonly used tests for HIV:

Spot Test: This is the most commonly used test. A positive test means the person is suspected of being infected with HIV. Simple or rapid screening tests give quicker results (in 3-6 minutes). It is not a confirmatory test for HIV.

ELISA: Enzyme- Linked Immuno- Sorbent Assay (ELISA) is an inexpensive and effective test for HIV. If a person tests positive in two consecutive ELISA tests, it is considered a confirmed infection.

Western Blot: This is considered as the Gold Standard for testing HIV antibodies. One confirmation on Western Blot is equivalent of a third positive test by ELISA.

Blood test is the only way to find out

There is no way of knowing whether a person is infected with HIV except through a blood test. If, on testing, a person is found to have antibodies to HIV, he/she is considered as being infected with HIV or HIV positive. A person who, on testing does not have antibodies to HIV, is considered HIV negative. This is either due to the fact that he/she is not infected with HIV or has recently been infected but has not yet produced antibodies (window period).

Without treatment, people infected with the type of HIV generally found in India, may take an average of 7 to 10 years to develop AIDS. The time taken to develop AIDS varies widely from person to person.



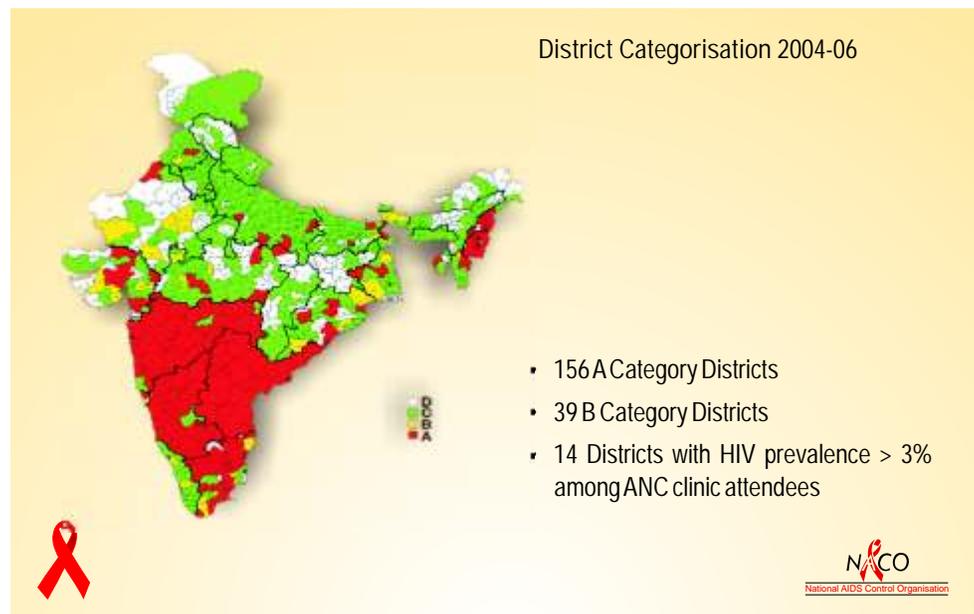
3. What is the Extent of Prevalence of HIV and AIDS epidemic in India?

Worldwide, the estimated number of persons living with HIV in 2007 was 33.2 million. Nearly five million people are living with HIV in Asia, with 440,000 people acquiring the infection in 2007 and 300,000 dying from AIDS-related illness in the same year. At this rate, an additional eight million people will become newly infected by 2020.

In India, the first AIDS case was reported from Chennai, Tamil Nadu, in 1986. By the end of 2006, approximately 2.5 million (2 million-3.1 million) Indians were estimated to be living with HIV, with average adult HIV prevalence of 0.36% among the general population.

HIV prevalence rates differ widely in the states. India does not have a generalized epidemic like in some African countries. Instead, we are dealing with a concentrated epidemic, focused on some geographical areas and sub-populations like commercial sex workers, men who have sex with men, injecting drug users and migrant workers.

156 districts have been classified as Category A – high prevalence — because they have an adult HIV prevalence of more than 1 percent.



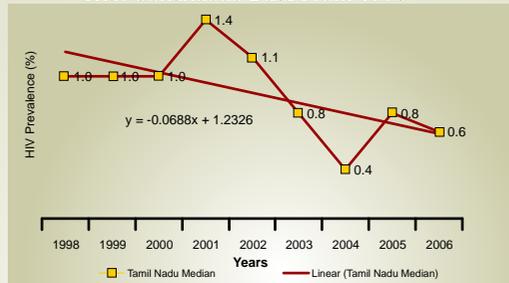
What is the Extent of Prevalence of HIV and AIDS epidemic in India?

Eleven Indian states have adult HIV prevalence greater than the national average (0.36%). Of these, Manipur, Nagaland and Andhra Pradesh continue to have an estimated adult HIV prevalence greater than 1%.

It is heartening that Karnataka, Maharashtra and Tamil Nadu, which were high prevalence states, have now managed to peg adult HIV prevalence to less than 1%. Though much work remains to be done, Tamil Nadu has emerged as a major success story in reversing the epidemic.

Tamil Nadu's epidemic is declining prevention among high risk groups and male clients was key

Median ANC Prevalence in Tamil Nadu - Six Sites
With Continuous Data From 1998



Prevention in Tamil Nadu started in 1995. Similar trends are visible across same-site data in West Bengal, where prevention started in 1992. These declining trends are similar to 7-10 year prevalence trends from other countries with similar epidemic patterns (Thailand and Cambodia)

Source: NACO's Sentinel Surveillance data

Gender Matters: HIV prevalence among men is 64 percent higher than among women. For both men and women, HIV prevalence is highest in the age group 30-34.

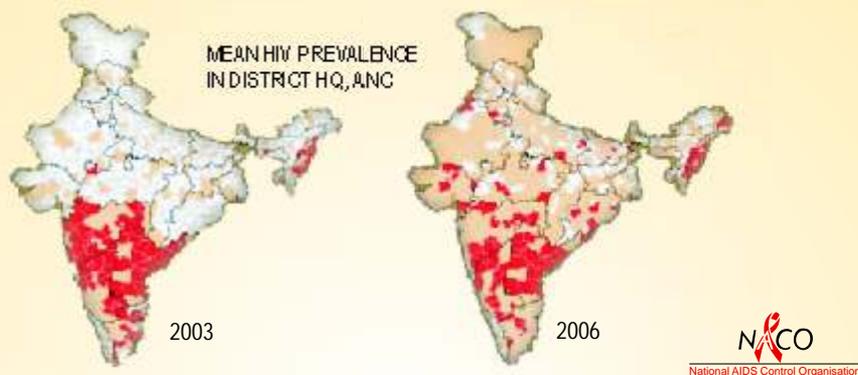
Urban-rural divide: HIV is 40 percent higher in urban than in rural areas. However, some states such as Punjab, Uttar Pradesh and Tamil Nadu have shown higher HIV prevalence among rural populations.



What is the Extent of Prevalence of HIV and AIDS epidemic in India?

A concentrated epidemic is spreading from most-at-risk-populations to general population. Sexual transmission continues to be the predominant mode (87%).

- 63 % infections in six high prevalence states
- Emerging evidence of HIV positivity among IDU in Punjab, WB and Orissa
- Pockets of infection emerging in the north
- 39% infections amongst women



Most-at-risk-populations: The epidemic continues to be largely concentrated among key populations, which are at higher risk of HIV. Overall prevalence of HIV among Injecting Drug Users (IDUs) is as high as 8.71 percent. In contrast, HIV prevalence rates among men who have sex with men (MSM) and female sex workers (FSW) is 5.69 percent and 5.38 percent respectively.

According to the National AIDS Control Organization (NACO), India has an estimated 831,177 - 1,250,115 female sex workers, 2,352,133 MSM, 235,213 male sex workers, 96,463 - 1,89,729 male IDUs and 10,055 - 33,392 female IDUs.



A checklist

1. Break the silence: Educate, inform, and end ignorance and fear: use every opportunity to speak out about the need to prevent the spread of HIV. Promote programmes that prioritize the HIV prevention needs of key affected groups and most-at-risk populations. Ensure that national authorities and their partners take stock of where, among whom, and why new HIV infections are occurring.
2. Educate and inform to end ignorance: Let your constituencies, your peers and the public know clearly and fully how one can and cannot get HIV, what social and cultural factors may put some people more at risk for infection, and that people with HIV/AIDS can live many productive years, particularly if they receive medical treatment, care and compassion. Let people know where they can turn to for care, medical treatment and psychological support. Raise awareness of the potential benefits of HIV testing and counseling. Publicly take an HIV test and disclose your status to set an example for your constituents.
3. Eliminate stigma and discrimination: Promote compassion and understanding within families and communities, in the workplace, among service providers and across society. Speak out against stigma, discrimination, gender inequality and the other drivers of the epidemic, and demand that government take action. Meet publicly with people living with HIV, and speak out for tolerance, non-discrimination and the rights of women, children and other vulnerable key populations in the context of the epidemic.
4. Advocate for and monitor budgetary allocations: Ensure that adequate budgetary allocations are made at country and state level for broader health systems strengthening and for HIV and AIDS-related prevention, treatment, care and impact mitigation measures.

If you are a Member of Parliament, then

- Legislate: Bring to the attention of Parliament, any existing or proposed law, which constrains an individual's or community's ability to prevent HIV infection or access services (ITPA Bill 2008, Section 377 of IPC); propose suitable amendments to existing laws to empower the HIV response (see CD); advocate that the draft HIV and AIDS Bill be introduced and passed to ensure a comprehensive national response.
- Oversee the implementation of legislation, policy and programmes that protects human rights and advances effective HIV prevention, care and treatment activities; women & human right issues and issues relating to stigma and discrimination
- Monitor and oversee national budget appropriations, and ensure that adequate and cost-effective funding is provided and utilized effectively to both national and international AIDS programmes and government commitment on HIV and AIDS are respected.
- Raise Parliament Questions, initiate debates and Call Attention Motion on HIV and AIDS & associated issues



What can you do to respond to HIV and AIDS

5. Mobilize action: Influence government, social, religious and traditional leaders and public officials to take positive action and to hold themselves accountable. Use your constituency office and political party meetings. Debate issues with communities to develop consensus on national policies.
6. Give top priority to protecting the people most vulnerable to HIV and people living with HIV and AIDS: Advocate for policies that prevent discrimination, intolerance and human right violations. Fight to secure the full human rights of people living with HIV and others with are stigmatized. Include people living with HIV as equal partners in all your work on HIV. Give special attention to tackling both the root causes and the immediate problems that make commercial sex workers, men who have sex with men, injecting drug users, migrant workers and internally displaced people most vulnerable.

As an individual

- Work for mass mobilization to raise awareness and to strengthen prevention activities.
- Prioritize HIV in the local development action agenda
- Put budgets into action for addressing HIV. Act as a local champion of HIV and monitor implementation of work plans at different levels.
- Use Local Area Development Fund: harmonize funds and activities for social welfare, development and others with HIV.
- Supplement activities of State AIDS Control Societies to create enabling environment within communities.
- Interact with educationists, police, legal experts and health professionals
- Interact, educate and mobilize support and action with MLAs/ MLCs, Zilla Parishad and Gram Panchayats
- Involve and recharge media: engage in photo-opportunities for HIV and AIDS-related activities
- Become role model to influence people. Promote public platforms and hearing on HIV and AIDS. Get associated with PLHIV and campaign to end stigma and discrimination
- Facilitate formation of District AIDS Control Units.

As a group,

- Engage actively with and support HIV-related groups that cut across political party affiliations e.g. Parliamentarians Forum on HIV and AIDS or the Legislators Forum on AIDS in your state.
- Work towards bringing in the desired legislation for addressing national and state specific developmental needs and for mitigating HIV.
- Explore whether there is sufficient allocation of national and state budget for the HIV programme and activities; initiate debate on discrepancies, if any.
- Raise issues of HIV, health and education, workplace equality. It is important, for example, to raise issues of stigma in health settings, schooling, job, IDUs and availability of services and access



5. What can you do to reduce vulnerabilities of youth, women & children?

Risk of HIV is not based on who you are, but rather on what you do. Certain behaviours create, increase, and perpetuate risk. These include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes.

Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. Over the years there has been a growing recognition that certain social, economic, and political forces make women, children and youth more vulnerable to infection. These factors may include:

- lack of knowledge and skills required to protect oneself and others
- poor quality and coverage of services (e.g. inaccessibility of service due to distance, cost or other factors)
- societal factors such as gender inequalities, economic power, human rights violations, or social and cultural norms. These norms can include practices, beliefs and laws that stigmatize certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities.

Women: HIV is affecting women in increasing numbers. Globally, they comprise almost 50% of people living with HIV. In India, nearly 39% of the total estimated numbers of people living with HIV are women.

Women are particularly vulnerable to HIV infection because of gender inequalities and lack of power within sexual relationships, which make it difficult, if not impossible, for them to negotiate safer sex with partners.

What can Parliamentarians do to reduce vulnerability of women?

- Advocate large-scale, sustained, and well-planned efforts to improve the status of women
- Advance policies, laws and budgetary allocations for women-friendly health, social and support services
- Secure legislative and policy changes to protect the rights of women.
- Protect women and girls from harmful traditional practices, ensure equality in domestic relations and promote access to self-supporting economic & credit activities, skills training, education, and employment opportunities.

Youth: India is one of the youngest countries in the world with 25% of the total population being in the age group of 15-29 years. This age group, however, accounts for 31 percent of AIDS burden.

Gender imbalances, societal norms and economic dependence increase the vulnerability factor of the youth population. Lack of access to correct information (almost 73 percent of young people have misconceptions about modes of HIV transmission), tendency to experiment and a social environment which discourages open discussion over sexuality adds to their vulnerabilities.



What can you do to reduce vulnerabilities of youth, women & children?

What can Parliamentarians do to reduce vulnerability of young people?

- Speak out against prejudices to allow young people access to prevention and education facilities
- Advocate universal coverage with comprehensive, age-appropriate and evidence-informed sexual and reproductive health education in schools and other settings

Children: In India, approximately 50,000 children below 15 years are infected by HIV every year. In addition, large numbers of children are orphaned due to HIV and may experience poverty, homelessness, school drop-out, discrimination and loss of economic and social opportunity.

What can Parliamentarians do to reduce vulnerability of children?

- Emphasise effective implementation of programmes on prevention of parent-to-child transmission of HIV
- Protect, support and strengthen families and communities most affected by AIDS
- Support programmes that help young people stay in school and mobilize resources for children affected by HIV.



6. What can you do to reduce stigma and discrimination?

Most-at risk-populations: Most Indian states have a concentrated epidemic, focused in sub-populations, which are relatively more at risk of acquiring HIV due to their occupation (sex workers), sexual preferences (men who have sex with men) or for recreation (injecting drug users).

These groups are not isolated communities but often mixed up with other sub-populations. For instance, many drug users are also sellers and buyers of sex. Men who have sex with men may also be married and have sexual relations with spouses and sometimes with female sex workers. *Apart from these three groups, other groups like long distance truckers, prison inmates; migrant and mobile population and street children are also at a higher level of risk in comparison to the general population.*

Criminalising approaches to drug use, sex work, and men who have sex with men fuels stigma and discrimination against these populations, pushing them away from services to prevent, treat and mitigate the impact of HIV.

Men who have sex with men: Article 377 of Indian Penal Code makes “carnal intercourse” “against the order of nature” illegal. Its definition criminalises men who have sex with men. It pushes them underground, makes it difficult to reach out with prevention services and can seriously affect the course of the HIV epidemic. It is important to remove stigma and discrimination against men who have sex with men and to adopt an equal rights approach.

Injecting drug use is a growing problem in several parts of the country. There is evidence that harm reduction measures (such as access to sterile injecting equipment and oral substitution therapy) are feasible and effective. There is increasing evidence from many settings that criminalising approaches can increase the harms associated with problematic drug use rather than helping to address the problem.

Commercial sex workers: There is evidence that when sex workers are empowered to control their working environment, their vulnerability to HIV is considerably reduced. The example of Sonagachi in West Bengal shows that empowering sex workers reduces HIV transmissions.

Although in many countries sex work is criminalised, sex workers have the same human rights as everyone else, and governments have a responsibility to reach sex workers and their clients with the full range of HIV-related information, commodities and services.

What can you do to address stigma and discrimination against most-at risk-populations?

Break the silence, end ignorance and prejudice and mobilize action:

- Provide public support for prevention, treatment, care and support measures aimed at sex workers, men who have sex with men and injecting drug users
- Remove policy and legal barriers fuel stigma and discrimination and hinder prevention and care efforts
- Speak out against all forms of violence directed against most-at risk-populations and emphasise that they have equal rights.
- At parliamentary committees, political meeting, discussions with non-governmental organizations and public forums, draw attention to how HIV and AIDS affects most-at-risk-populations and the targeted interventions that are needed



What can you do to reduce stigma and discrimination?

- Press for detailed information and data to monitor the situation of most-at-risk-populations
- Document and publicize how most-at-risk-populations are often stigmatized and discriminated against, and prevent, challenge and redress such abuses.
- Convince other legislators and communities of wisdom of implementing community-based solutions and responses.

People Living with HIV: Stigma and discrimination constitute one of the greatest barriers to dealing effectively with the HIV epidemic. People living with the virus are frequently subject to discrimination and human rights abuses: many have been thrown out of jobs and homes, rejected by family and friends, and some have even been driven to suicide. As societal leaders, Parliamentarians have a special responsibility

What can you do to address stigma and discrimination against people living with HIV?

- Advocate the introduction of the draft HIV and AIDS Bill in Parliament and support the development of appropriate state-specific HIV Policies.
- Meet publicly with people living with HIV
- Take action against stigma and discrimination and support people living with HIV
- Demand that governments take action (e.g. by rolling out campaigns on tolerance, compassion, non-discrimination, gender equality, and the rights of people with HIV)
- Support the development of a strong movement of people living with HIV;
- Promote implementation of workplace policies on HIV in the public and private sector for protecting the rights and dignity of persons living with, and affected by HIV



Advocate for health and social services.

- Install condom vending machines in your constituency. (see "additional information")
- Set up Voluntary and Confidential Testing and Counselling Centres.
- Strengthen blood banks in your constituency
- Set aside funds from the MPLADS scheme
- Collaborate with zilla parishads to focus on high risk mandals and pockets
- Establish Community Care Centres for PLHIV.
- Coordinate with NGOs and community-based organizations in your area.
- Ensure that the local hospital provides free Antiretroviral Therapy (ART).

Fight stigma and discrimination

- Make sure that HIV and AIDS is mentioned in discussions at all public meetings.
- Help dispel myths and misconceptions around HIV and AIDS, by disseminating complete and accurate information.
- Interact publicly with people living with HIV.
- Take up issues of stigma and discrimination with media and concerned authorities.

Generate awareness for behaviour change

- Multiply partnerships and action programs with NGOs, government and private agencies.
- Help involve faith leaders, media persons, police personnel and the community in taking initiatives for HIV prevention and control.
- Organize and participate in rallies
- Appear in the local media with HIV messages.
- Mobilise, supervise and guide important campaigns and advocacy efforts on high visibility occasions such as the World AIDS Day (December 1).
- Give adequate focus on youth related interventions: Actively promote sex education and life-skills education in schools, colleges, and out of school youth.
- Issue directives to ensure rights of PLHIV are respected.
- Develop self-help Groups for PLHIV where they can find support but also referral services (basic care and health management, medicines, nutritional diets etc.)
- Actively participate in any coalition/networks/forums that work for causes related to HIV prevention.



What can be done to protect your constituency?

What you can do if:

- A child is expelled from school because he or a member of his family is HIV-positive.

"I tried to get my son admitted to a school. But the school authorities threw him out the moment they realized that his mother was HIV infected", Selvi, HIV-positive.

You can arrange to go with the child to his school and ask the principal or teacher to accept him back arguing that 'Every citizen has a "right to education" under the Constitution.' Then, with the help of the government or NGOs, you support an intervention in the school in order to inform pupils, teachers and parents about the reality of HIV and AIDS and reduce stigmatisation, social taboos and discrimination. Indeed, the public impact of former Union Minister of Health and Family Welfare Sushma Swaraj's embrace of two HIV-positive children who had been refused admission to school in Kerala and the publicity given to this incident has contributed to de-stigmatizing people suffering from the disease.

- A hospital refuses to admit a person living with HIV

"Six years old Arjun is lying outside a public hospital in a semiconscious state. Admitted to the hospital by the police, Arjun was discharged from hospital as he tested positive to HIV." Child Rights and Law, case no 28.

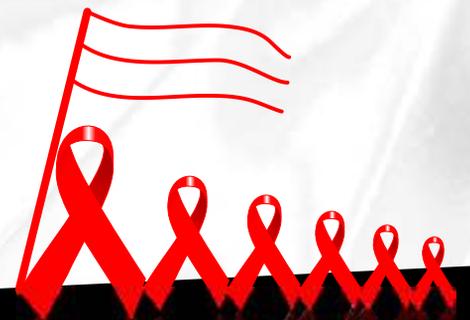
You can go to the hospital and explain to the Dean and doctors that the Indian Constitution ensures every citizen the right to be attended and treated by a doctor; that is their responsibility, as members of the medical fraternity, to join the response to HIV.

- A person living with HIV is fired because of her positive status

You can go to see the person's superior and expressly ask for his reinstatement saying that people living with HIV have the same rights and opportunities as people with other serious or life threatening illnesses. Then, you can organize an intervention in the workplace in order to inform the employees and their families about the reality of HIV and AIDS.

Additional information

- A condom vending machine costs only Rs.6,000 and for Re. 1 it delivers 2 condoms, see: <http://www.dynavend.com>.
- For information about the nearest VCT centre, see: http://www.nacoonline.org/directory_vct.htm.
- To find the address of a network of people living with HIV close to you, see: http://www.nacoonline.org/netwrkpstve_statelist.htm.
- To access a list of hospitals where ART centres are located, see: http://www.nacoonline.org/directory_arv.htm.
- For a directory of NGOs working in your area, see: www.saathii.org.



“A helping hand for HIV-positive children”

In 2004, four children in Kerala were denied admission to schools because their parents had succumbed to AIDS-related illnesses.

- The then Kerala Chief Minister, A.K. Anthony, intervened to ensure that the siblings, Akshara and Ananthu, were given admission in a Kottiyur school in Kannur district.
- The then Leader of the Opposition, V.S. Achuthanandan, visited the twins who, along with their grandmother, Janaki, live in a dilapidated house at Cheruvathur.
- The Cheruvathur grama panchayat decided to build a house for the three-member family.
- The panchayat convened a meeting of people's representatives and social activists at the panchayat hall to mobilize funds for the family.

Source: *The Hindu*, August 12, 2004.

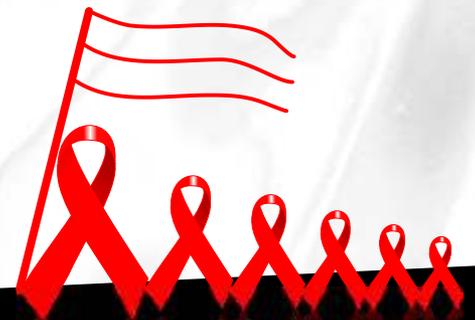
In 2008, the Manipur Legislators Forum on AIDS raised Rs. 1 crore 20 lakh: each legislator contributed Rs 1 lakh each from local area development fund for HIV-related activities while the Chief Minister sanctioned Rs. 60 lakh from the Chief Minister's Fund. Similarly, Nagaland Legislators Forum raised approx. Rs. 90 lakh in 2007-08 through local area development funds.

The Sonagachi Project.

- The Sonagachi Project (West Bengal) was put into operation through a collaborative network of government and non-government institutions.
- Peer educators give sex workers information.
- Sex workers are provided with clinical services through strategically located clinics.
- The programme gives sex workers a central status; they are running the program.
- Sex workers are used as peer educators to disseminate information, leading to behaviour change.
- Instead of discouraging them to practice sex work, the emphasis is on improving the material condition within which they work and live.

Peer action programs

- Peer Action programs involve intensive one-on-one counseling sessions with individuals from groups at high-risk of HIV infection.
- People receive risk-reduction counseling and can spread risk reduction techniques within their communities.
- Clients receive a small stipend for their participation in the program and additional money for each person they refer.
- Peer Action programs can reach populations that normally would be inaccessible to prevention workers and to engage them in meaningful discussions about their sexual and drug-using behaviors.



9. Declaration on Political Leadership in Combating HIV and AIDS

Adopted in New DELHI on 26 July 2003 at the India's first National Convention of the Parliamentary Forum on HIV/AIDS, on July 26-27



We, the activists of the political parties

RECOGNIZE that as political workers we have a crucial role, both individually and collectively as the link between the people and the government, as advocates for the rights and needs of people, as legislators to make laws to protect these rights, and as policy-makers to mobilize resources, involve civil society and create the enabling environment necessary to fight HIV/AIDS.

ARE CONVINCED that together we can overcome the HIV/AIDS epidemic, prevent its further spread, work for an enabling environment and alleviate the impact of the epidemic.

Have gathered at this National Convention of Elected Representatives being held today at Vigyan Bhawan, New Delhi, to reaffirm our collective commitment to mobilize communities against the spread and impact of HIV/AIDS. We solemnly declare to:

ENSURE leadership by everyone in his/her area of responsibility in the fight against HIV/AIDS by intensifying advocacy, allocating and raising resources and guiding the response to the HIV/AIDS epidemic both in prevention and care within our constituencies in particular and the country as a whole;

PROMOTE a positive environment by confronting stigma, silence and denial, eliminating discrimination and ensuring the full enjoyment of all human rights and fundamental freedom by people living with HIV/AIDS.

ASSURE gender equality and the empowerment of women as a fundamental element in the reduction of the vulnerability of women and children to HIV/AIDS

TAKE STEPS to ensure that the response includes a focus on youth

INTENSIFY AND STRENGTHEN multisectoral collaboration and mobilizing for full and active participation of a wide range of non-governmental organizations, the business sector, media, community based organizations, religious leaders, families, citizens as well as people infected and affected by HIV/AIDS in the planning, implementation of the response to HIV/AIDS.

Signed in New Delhi, 26 July 2003



10. Helping people make right choices: Some talking points for a speech



1. Inform people about the virus.

- The Human Immunodeficiency Virus is a virus that damages the body's immune system. The body loses its natural ability to fight diseases, and hence readily succumbs to common infections.
- HIV-positive people can lead productive lives for years without any signs of disease and look and feel healthy.
- Since 2004, the Government of India now provides free first line anti-retroviral treatment and several public hospitals have these ART Centres. Currently there are 172 ART centers providing treatment and 159 community care attached centers. These centers provide counseling for drug adherence, nutritional needs, treatment support, referral and outreach for follow up, social support and legal services.
- A blood test is the only way to know if a person is infected with HIV.

2. Break the silence about HIV in India.

- HIV and AIDS is affecting our country. So it is time to start talking about it.
- With more an estimated 2–3.1 million Indians living with HIV the country is facing an acute challenge.
- HIV spreads through unprotected sex; you must always remember to use a condom.
- We should all feel concerned by HIV and respond to it. We have to stop and halt the epidemic before it affects too many people.
- Rs. 50 spent now on AIDS prevention will save the country Rs. 450 on treatment costs in the future.

3. Educate people about HIV prevention.

- So far, there is no vaccine or cure for HIV/AIDS which makes prevention fundamental to defeating HIV and AIDS. Every person must know how to avoid getting and spreading the virus.
- Use of condoms can protect you from HIV.
- "You must use only new or sterilized syringes and needles."

4. Show interest and support for people living with HIV.

- With proper nutrition, health care and treatment, you can lead healthy and productive lives for several years.
- For those who feel concerned, for those who have doubts and for those who live with HIV, you are not alone. You can get help from the Voluntary and confidential testing and counselling centre.
Indicate the local VCT centre. For information on your local VCT centre see www.nacoonline.org/directory_vct.htm
- Some of these centres can also provide you medical treatment and psychological support. You should not hesitate to have recourse to it."
- You can join a network for People Living with HIV where you can interact with other HIV positive persons.
Indicate the localisation of a network of people living with HIV in the circumscription.
See
<http://www.nacoonline.org/netwrkpstve.htm>

5. Prevent prejudice, discrimination and stigma against people living with HIV and AIDS.

- People living with HIV are like people with any chronic disease. We must stop blaming or being fearful of those who are living with HIV and instead create an environment of dialogue and support.
- People living with HIV are productive citizens of the constituency. As friends, family and community let us be understanding and support them.
- A person living with HIV has the same rights as everyone. Under the Constitution of India they have the right to education, health and employment.

"Another humane issue is to ensure that HIV affected children are not discriminated in schools and hospitals. It is essential that voluntary organizations and religious leaders of the locality provide a humane touch to these members of the society by removing the fear from the minds of the people. Can we dream and act for a HIV free India?"

— APJ Abul Kalam,
former President of India

