

**The multiple
challenges of a
public health
response to HIV
and drug use in
North-East India**

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Public Health Roundtable

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- **Context of NE India – Manipur and Nagaland**
- **Drug use and HIV in Manipur and Nagaland**
- **Public health response (Avahan and Project ORCHID)**
- **Previous research for Project ORCHID**
- **Future HIV research agenda in NE India**
- **Challenges**



Context of North-East India

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- **Geographically isolated from 'mainland' India**
- **Population**
 - Manipur ~ 2.4 million
 - Nagaland ~ 2.0 million
- **Mainly indigenous tribes**
- **Ethnic, cultural & linguistic diversity**
- **Multiple sources of violent conflict**
 - Insurgent groups & Indian military
 - Rival factions of insurgent groups
 - Tribal tensions (centuries old)

- **Insurgent groups are defacto parallel government (ministers, taxes etc)**
- **Substantial Indian military presence**
- **Curfews and bandhs – restrict movement**
- **Corruption at many levels**
- **Underdevelopment negatively affects**
 - **Employment opportunities**
 - **Communications**
 - **Electricity, roads & transport, water & sanitation**
 - **Health & education**

THE LECTURE

- **Conservative Christianity has powerful influence in public and private spheres (90% Nagas and 40% Manipuris)**
- **Rapid social transition over the last century from village life as hunters and warriors to the modern world**
- **Access to the region is restricted for outsiders**
- **Many North-Easterners move out for education and employment**

- **Injecting drug use a major public health problem**
 - Easy availability of heroin (Golden Triangle and NH31)
 - High unemployment
 - Alcohol use illicit
 - Large groups of young men with strong social ties and time on their hands
 - Living with families and relatively well educated
- **IDU is relatively common - 1-2% popⁿ**
- **Heroin and pharmaceuticals especially Spasmoproxyvon (SP)**

- **Manipur and Nagaland two highest HIV prevalence states in India**
 - Manipur 1.7% Nagaland 1.3%
 - 6% among ANC attendees in some districts
- **IDU was main route of HIV transmission but sexual route increasingly important**
- **HIV prevalence among IDUs**
 - Manipur ~20% Nagaland ~2.4%
- **HIV prevalence among FSWs**
 - FSWs in Dimapur increased from 4.4% in 2004 to 16.4% in 2006

- **Insurgent groups (mainly Christian) exert powerful control over moral and social behaviours**
 - IDUs – chained, caged, shot
 - FSWs – tonsured and publically humiliated
- **Vulnerable groups are hidden and difficult to access with HIV prevention services**
- **Especially difficult to achieve community mobilisation**

- **State endorsement for harm reduction approaches**
- **First State AIDS Policy in India in Manipur (1996)**
- **More challenging to get church and civil society support**
- **Majority of HIV prevention and care programs provided by NGO sector**
- **NGOs have varying agendas and degrees of expertise (church, ex-IDUs, UG)**

THE CHALLENGE

- **HIV prevention in six highest HIV prevalence states (TN, AP, Karnataka, Maharashtra, Manipur, Nagaland)**
- **Phase I: 2004-09 Phase II: 2009-14**
- **Avahan programs complement and work very closely with SACS and NACO – will ultimately transition back to government**
- **Aim to saturate HRGs with HIV prevention services i.e. going to scale rapidly**

- **Avahan in Manipur and Nagaland is being implemented by a partnership between Emmanuel Hospital Association (EHA) and Nossal Institute for Global Health (University of Melbourne)**
- **Project ORCHID funds more than 20 indigenous NGOs to deliver services, and concurrently builds their capacity**
 - Harm reduction
 - Engaging with and mobilising vulnerable groups
 - Management & accountability
 - Monitoring & evaluation

- **Large networks of out-reach workers and peer educators reach vulnerable groups**
- **OST introduced in 2006 (initially DFID-funded but now NACO-funded)**
- **Overcoming Stigma & Discrimination communications project (2007-09)**
- **Project ORCHID has achieved a great deal in a short time in this geo-politically and socio-culturally complex setting**
- **A consultative approach involving affected communities, government, church, and UG**

- **Pop size mapping and rapid needs assessments**
- **Integrated Biological Behavioural Survey (IBBA)**
- **Behavioural Tracking Survey**
- **Project ORCHID-funded studies**
 - Pathways to sex work in Nagaland
 - Female drug use and access to services
- **DFID-funded studies**
 - Initiation into IDU
 - Promoting mental health for widows of IDUs
 - HIV & disability

- **Knowledge Network Grant for NE India – partnership with PHFI, EHA, RIMS**
- **Consultation on research priorities planned**
- **Some research priorities**
 - **Monitoring HIV epidemic over time (district level)**
 - **Evaluating impact of interventions**
 - **Impact of OST on IDUs and HIV risks**
 - **Improving uptake of HIV testing**
 - **Reaching sexual partners**
 - **Documenting programmatic learnings**
 - **community mobilisation**
 - **nurse-initiated STI treatment**

- **Conflict situation restrict freedom of movement and increases security risks**
- **Poor infrastructure especially roads and communications**
- **Attitudes of insurgent groups**
 - Forcing vulnerable groups underground
 - Extortion of funds
- **Gaining church and civil society support for harm reduction approaches**

- **Need for ongoing advocacy with government agencies, church, civil society and underground**
- **Social diversity**
- **Barely functioning government services e.g. ICTC – how to achieve transition?**
- **Limited local capacity to manage and deliver programs**

- **Tension between rapidly going to scale and quality of services**
- **Ongoing government sponsorship of OST**
- **Reaching sexual partners of HRGs**
- **Difficult to effectively address drug use and HIV in absence of socio-economic development**

THE EDUCATION

