

# IAS Educational Fund and ASHA Foundation Symposium 18-19 March 2022

HIV science and community in South Asia: Keeping HIV responses effective in pandemics

Meeting report

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*This report was developed in collaboration with ASHA Foundation, Bangalore, India. The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.*

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IAS – the International AIDS Society – organized a virtual IAS Educational Fund Symposium in collaboration with ASHA Foundation, Bangalore, India, on 18-19 March 2022. The aim of the symposium, “HIV science and community in South Asia: Keeping HIV responses effective in pandemics”, was to address key regional issues through four sessions in the following subject areas: HIV care during a pandemic, advanced HIV and co-morbidities, people who inject drugs and the associated co-infections, and the methods used for innovative prevention of HIV and Tuberculosis (TB).

The sessions were chaired and moderated by Glory Alexander (Director, ASHA Foundation, India, and Vice-President, AIDS Society of India), Anoop Kumar Puri (Deputy Director General, NACO, India), Leena Menghaney (India Head, MSF Access Campaign), Sunil Solomon (Associate Professor of Medicine, Infectious Diseases, Johns Hopkins University) and Dilip Mathai (Dean and Professor of Medicine and Adult Infectious Diseases, Apollo Institute of Medical Sciences and Research, India).

Participants benefited from new ideas and solutions to face challenges encountered at work, guidance on how to implement the latest science at local and regional levels, ideas and opportunities for innovative collaborations to enhance policies and practice in HIV, new strategies on how to improve policies and practices that are currently in place, and build relationships in the region through networking.

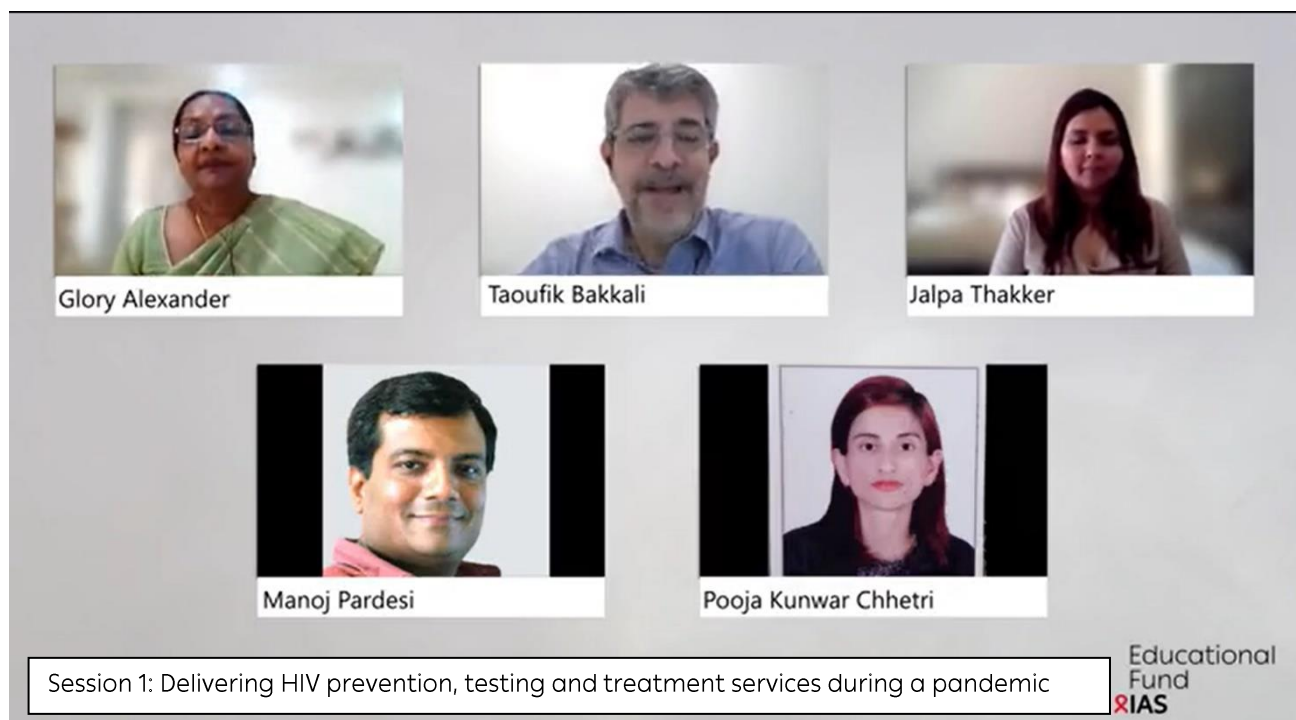
The virtual sessions were followed by a virtual networking event that enabled the participants to interact further with some of the symposium speakers and panellists in a more informal setting. The detailed programme is available [here](#), and the session recordings are available [here](#). This report highlights the discussions and key recommendations shared during the symposium.

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**SESSION 1 – 18 March 2022: Lessons learned from COVID-19: How to deliver HIV prevention, testing and treatment services in the midst of a pandemic**

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This session aimed to provide a regional overview of the lessons learned from the challenges and opportunities brought by COVID-19 to HIV prevention, treatment and care in South Asia. A specific focus was placed on re-accelerating HIV testing and treatment, with guidelines on how to amplify the innovative approaches developed by community actors in the face of the COVID-19 crisis.



A regional overview of HIV in South Asia was provided, highlighting that there are three million people living with HIV in the region. Success stories were shared, including results from Nepal and India that improved solutions and removed certain barriers in access to HIV service. A spotlight was placed on best practices from the pandemic, including HIV testing and treatment at home.

24% of people living with HIV in India are unaware of their status, and as programmes near saturation, the identification of new cases can be challenging. Hence, novel approaches are required in order to reach people outside the key populations targeted by the Indian national programmes. One project evaluated the impact of a virtual HIV self-testing platform with linkage to care and supported by counsellors and outreach workers. The platform analysed the characteristics and risk categories of its users, and had a high feedback rate (92% of those who ordered a self-test uploaded their result on the platform). HIV self-testing uncovered a high burden of hidden infections – a seroprevalence rate of 5%.

A spotlight was also placed on the impact of COVID-19 on the mental health of young people. Worldwide, 10% of children and young people (aged 10-16) have a diagnosable mental health problem, yet the majority of them have not had appropriate interventions at an early age. People living with HIV are at a higher risk for mental health disorders, and this risk increased during COVID-19.

Innovative approaches to healthcare established by communities during COVID-19 included:

- Quarantine support for people living with HIV during lockdown such as home delivery of refills and access to telemedicine for clinical, nutritional and mental health support.
- Vaccine centres were set up for people living with HIV and key populations and their families in order to improve the low vaccine uptake in the community; these continue to be used for booster doses today.
- Distribution of immunity kits (masks, sanitiser, supplements and condoms).
- Regular screening for those with co-morbidities and early detection of HIV.

- Treatment adherence and COVID-19 support such as home courier, doorstep delivery, doorstep sample collection, telemedicine, health and wellbeing support including for mental health, nutritional guidance and physical activity.
- Specific initiatives that focused on women’s health.

## SESSION 2 – 18 March 2022: Science for action on advanced HIV and co-morbidities in South Asia

The session focused on critical co-morbidities affecting the current situation in South Asia, particularly diabetes and obesity, their link to the increase in advanced HIV in the region, and ways to tackle the issue. With the scaling up of antiretroviral therapy (ART), the life expectancy of people living with HIV has been significantly extended. ART has transformed HIV from a life-threatening disease to a chronic and manageable condition. Data suggests that increasing age, duration of HIV infection and history of AIDS were significantly associated with a greater number of co-morbidities.

On co-morbidities and aging in India, data from a study showed that participants living with HIV had a significantly higher mean number of age-associated non-communicable diseases, and that co-morbidities such as hypertension, myocardial infarction, peripheral arterial disease and impaired renal function were more prevalent in participants living with HIV. Commonly observed co-morbidities in people living with HIV are cardiovascular disease, chronic renal disease, respiratory and metabolic disease, osteoporosis, bone mineral deficiency and fractures, visual impairments, mental disorders and cancers.

According to the 2016 World Health Organization (WHO) ART guidelines, advanced HIV disease is defined as CD4 cell count <200 cells/cmm or WHO stage 3 or 4 event, for adults, adolescents and children older than five years. All children younger than five years who are not on ART are considered to have advanced HIV disease. The CD4 count at baseline remains essential, as relying on clinical stage alone risks missing substantial numbers of people living with HIV with severe immunosuppression.

**Speakers**

 <b>Dr Manish Bamrotiya</b> Technical Director, Project Accelerate, John Hopkins University	 <b>Dr Bharat Bhushan Rewari</b> Medical Officer, HIV/HEP/STIs, Department of Communicable Diseases WHO Regional Office for South-East Asia, India	 <b>Daxa Patel</b> President, NCP1+, India	 <b>Dr R. Sajithkumar</b> Infectious Diseases Specialist, Government Medical College Hospital, Kottayam Kerala, India	 <b>Vivek Raj Anand</b> CEO, Humsafar Trust, India
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**Anoop Kumar Puri**

Session 2: Science for action on advanced HIV and co-morbidities in South Asia

Educational Fund IAS

The panel discussion on how to act against the rise of advanced HIV emphasized that early diagnosis for advanced HIV is important. This would enable early treatment and counselling. There is robust evidence and data, but operational research needs to be conducted on the programmatic lack of early diagnosis. The discussion also highlighted gaps in the HIV treatment programme after 20 years, including the prior focus on early detection that has been lost and needs to be brought back, the incomplete post-test counselling, the need for dedicated intervention on adherence and efficient ART delivery, and lack of access to interventions for youth aged 18-25.

## Key recommendations

- Research is required on the magnitude of the problem regarding risk factors for aging and non-communicable diseases (NCDs) in people living with HIV, with age progression trends, whether the risks/effects are reversible, co-morbidity management among people living with HIV and how to deliver integrated care.
- People living with HIV should be counselled for health promotion including an active lifestyle, adherence to ART, treatment of co-morbidity if any, among others.
- For preventing and managing advanced HIV disease, the potential for an enhanced package of interventions to reduce mortality/morbidity could reduce costs of hospitalization and opportunistic infection (OI) treatment; switching to second line treatment earlier.
- WHO guidelines for advanced disease include screening for severe opportunistic infections, preventative therapy, rapid ART initiation and tailored counselling.
- Many people living with HIV have low body mass index (BMI) and lack nutritional support; this needs to be addressed.
- The community-based dispensation (where a community member is dispensing rather than a doctor/pharmacist) that is being conducted in some places needs to be refined further in order to remove the issues in the system.
- Differentiated care is becoming more patient-centric – there are other chronic diseases apart from HIV (as well as habits like smoking or drinking) that can accelerate aging; operational management of the above should be the next focus.
- Post-test counselling should be more comprehensive and should include (but not be limited to) discussions about mental health, safe sex with partners, nutrition, adherence.
- A more holistic approach to treatment (along with legal support) is necessary for youth aged 18-25; the disparity in access between the rural and urban divide needs to be addressed.

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## SESSION 3 – 19 March 2022: Bringing the focus back to key populations, with a spotlight on people who inject drugs and co-infections

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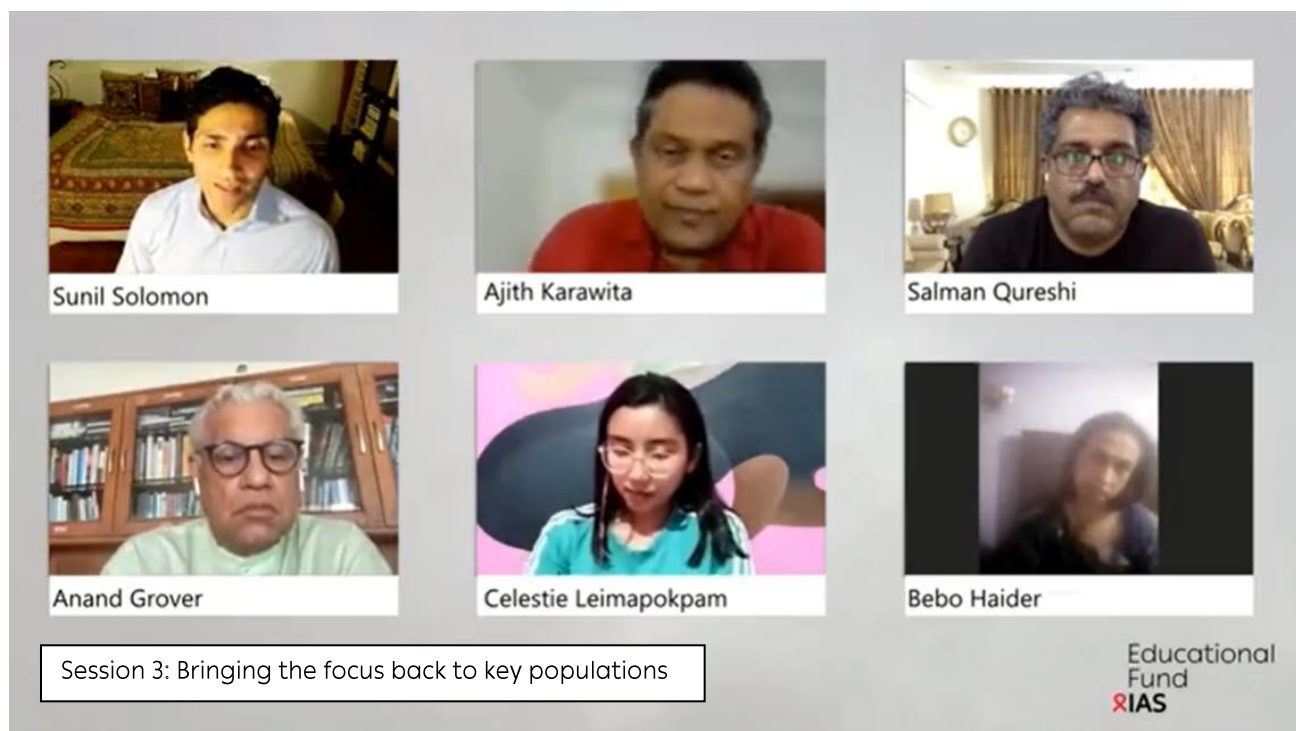
The session provided an update on advances in prevention and treatment for key populations in South Asia, with a spotlight on people who inject drugs, a key population that is often left out of the response in the region. Speakers discussed the HIV policies and practices in the region and how they could be adapted to better respond to the needs of people who inject drugs.

An overview of advances in HIV prevention and treatment for key populations in South Asia was provided at the beginning of the session. There is a need for focused responses in HIV as the epidemic mostly affects key populations and their partners. In the key population of people who inject drugs, there are huge gaps in the healthcare system, especially for women. There have been more interventions for female sex workers as a key population than there have been for people who inject drugs. The gaps in HIV prevention coverage and in treatment (including late diagnosis) indicate that the time is ripe for innovations and advances on the subject:

- Virtual interventions such as social network-based approaches targeting men who have sex with men through social media platforms and dating apps.
- Opioid Substitution Therapy (OST) take-home dosaging as well as multi-month dispensing of ART were initiated during the pandemic.
- Virtual case management to help people adhere to their treatment protocols.

Hepatitis C (HCV) was flagged as a co-infection to urgently address in the region, where there are 58 million cases of infection. An overview was provided of the prevalence and burden of HCV in people living with HIV, disease progression in HCV mono-infection, and the increased risk of cirrhosis and End-stage Liver Disease in HIV/HCV co-infected persons.

The panellists participating in the panel on “How can we make South Asia’s HIV response work for people who inject drugs?” discussed how the epidemic could be controlled in the region before making the recommendations highlighted below.



### Key recommendations

- Advances in new technology, kits or medicine will not suffice to change the situation. Coverage, reach and access are important.
- Pilots in most countries did not meet 2020 targets, and are still playing catch-up – this must be addressed to convert pilots to programmes while aiming for scale.
- Develop strategic and focused information on costing of programmes in countries and registration of products to inform policies and guidelines.
- Create partnerships with communities and use domestic funding for sustainability in prevention coverage and in treatment.
- Improve affordability and access to programmes and services through non-traditional channels.
- Address structural barriers and promote enabling policies.
- Take-home OST and multi-month dispensing of ART started during the pandemic, and can become part of standard treatment protocols.
- Advocating for legal reforms (such as doing away with punitive and discriminatory laws, decriminalizing drug use and drug possession) can play a large role in removing stigma and discrimination, and help to facilitate access to services.
- Specific mention was made on the lack of resources for women who use injectable drugs, in contrast to those for men who do so; a targeted response is required, as some women turn to sex work to fund their drug use, thus exposing themselves to HIV/HPV infections.
- Drug usage is also a big issue with adolescents, youth, young boys and young girls, also requiring a targeted response.

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**SESSION 4 – 19 March 2022: Innovative prevention and treatment of both HIV and TB**


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The objective of this session was to outline the latest advances in TB therapeutics and how they can be applied in South Asia, presenting the perspective of people living with HIV and TB to complement the clinical perspective. The session began by illustrating how the COVID-19 pandemic had impacted TB rates in South Asia. There was a sharp decline in TB notifications and a slight increase in TB mortality over 2020-2021 with the advent of COVID-19. In a single year, the pandemic also reversed gains made in the previous five years of the WHO End TB Strategy in terms of TB incidence, the number of TB deaths, and percentage of people facing catastrophic costs.



The clinical perspective looked at recent trials involving drug-susceptible (DS)-TB and drug-resistant (DR)-TB.

- Future TB treatment that looks at shortening the duration of treatment, especially for DR-TB, looks promising with all-oral drugs (rather than the injectable regimen), and shows no difference in efficacy or safety with the shorter course.
- For DS-TB, initial findings seem to indicate that an individualized approach might work better than a one-size-fits-all approach.
- For paediatric population trials, there was also no difference in unfavourable status at 72 weeks or grade 3 adverse events between the four-month and six-month duration of treatment.
- Further ongoing trials are looking at shortening it even further to a two-month duration with a boosted regimen.
- In trials for highly drug-resistant pulmonary TB in extensively drug-resistant TB (XDR-TB) and multidrug-resistant TB (MDR-TB), almost 90% of individuals had favourable outcomes; the only problem was toxicity associated with linezolid (peripheral neuropathy and myelosuppression).
- The Zenix trial used varying doses for patients with XDR-TB, Pre-XDR-TB or those who have failed or are intolerant to MDR-TB treatment to prove that lower doses of linezolid were less toxic and equally efficacious.
- TB-Practecal for patients with rifampicin-resistant TB (RR-TB) ended due to Data and Safety Monitoring Board (DSMB) recommendations to stop randomization due to positive outcomes from new regimens.

From the perspective of key populations (people living with HIV and people living with TB) represented from Nepal and India, the participants heard about how the community rose to the occasion during the pandemic: community mobilizers delivering medicines to people during lockdowns so that no one lost their

daily dose, national TB programmes implementing guidelines on how to approach services during the pandemic, and counselling agencies working with local groups to provide technical support on mental health issues, which is a major issue for people living with HIV and TB.

### Key recommendations

- Investment should be scaled up to address further research questions to optimize treatment and to make TB treatment shorter and safer.
- Access to ultra-portable digital radiology systems and Artificial Intelligence can assist in scaling up TB treatment protocols, information dissemination, surveillance, support to patients, etc.
- Increase Department Of Science & Technology (DST) capacity for existing, new and repurposed drugs.
- Strategic and operational issues in translating rapid scientific advances into policy and implementation should be addressed.
- Barriers to treatment access and affordability must be addressed urgently: the government should introduce compassionate use and expand access into low- and middle-income countries in the region while dealing with high prices and restrictive patents.
- Develop community response activities for engagement and empowerment, iron out the logistical problems faced in managing these activities, and develop a bridge between the government and the affected populations.

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### Testimonials

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*"With being a participant of the symposium, my advocacy planning ... has been more precise and strengthened. I am planning to conduct HIV awareness-related advocacy with youths in Nepal being focused on the policy research and implementation."*

Activist at a charitable foundation

*"Through the learnings of the symposium, I look forward to engaging in meaningful therapeutic interventions for A&YPLHIV, to assist them in living an optimal life while coping with HIV."*

Psychologist at an NGO

*"The IAS Educational Fund symposium... provided an understanding as to how integrating different services into the HIV care continuum can effectively assist in the HIV response."*

Healthcare worker at an NGO

*"In the near future I want to engage in research works in the field of HIV-AIDS. The new knowledge gained during the symposium will definitely help me to work effectively and efficiently in this activity. "*

Specialist physician in government