



Target 3.3 & 3.5

# Good Health & Well-Being



**giz**



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## **Good Health and Well-Being: Target 3.3 and 3.5**

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The prevalence of HCV (including co – infection with HIV) among people who inject drugs (PWID) is believed to be high in the state of Manipur. Published materials on Hepatitis C are limited, however, few studies have shown hepatitis C antibody prevalence among people who inject drugs as high as 74% (IBBA 2010) in Churachandpur district. It is estimated to be about 43% as a HCV state prevalence amongst PWID as per the recent study conducted by CoNE (2018).

Government of India have started National Viral Hepatitis Control Program (NVHCP) and it was launched in July 2018 and as of July 2019 implementation of program started. In the state of Manipur also we have State Viral Hepatitis Management Unit (SVHMU) under the national program. We have been able to establish two Model Treatment Centre (MTC) along with two designated State laboratories which provide diagnostic and treatment to people living with Hepatitis C. So far around 1000 people have been diagnosed and initiated treatment. All medicine and diagnostic cost are free and no cost involved from the patients. There are also 7 (seven) Treatment Centres (TCs) established at district hospitals where facilities for HCV screening and treatment for non-cirrhotic patients are supposed to be made available. However, the said Treatment Centre are still yet to be function in full-fledged.

HBV screening has already started under the national program but diagnostic and treatment is not yet implemented. One thing HBV is different from HCV is that HBV has a vaccine but the delayed in providing HBV vaccine to vulnerable groups such as PWIDs and people living with HIV become another key gap in the response.

However, there are area where we need more improvement in this. Some of the area where we need to focus to strengthen includes mass awareness as there is very little awareness on Viral Hepatitis seen among people. Due to which many people are not really coming forward so what we understand the kind of disease burden that we would have in the region or in the state and the number of people coming forward to undertake diagnostic and treatment are far lesser and we would be able to reach out to more people if the state govt undertake mass awareness program just like how we did for HIV so this is one of the areas we need improvement to achieve elimination target by 2030.

Coming to HIV the national program started in 2004. India has an estimation of 21 lakhs people living with HIV but till now only 79% (1659000) of people living with HIV are able to be diagnose out of which only 56% (929040) of them were on treatment. Manipur is one of the six HIV high prevalence states in India, with about 0.2% of India's population, contributing nearly 8% of India's total HIV positive cases (Manipur State AIDS Control Society, 2018). Manipur State AIDS Control Society (MACS) under the Ministry of Health and Family Welfare, was formed in 1998 and has been implementing cascade of Prevention, Treatment and Care Services since then, which include but not limited to; 74 Targeted Intervention for HRGs, 104 ICTC, 10 ART Centres with 11 Link ART. According to NACO Fact sheet 2013 -14, the total number of PLHIV in the state is about 25,370 of which 19,333 are on ART enrollment. Only about 13,216 are currently on treatment of which 8939 are virally suppressed (SANKALAK National AIDS Control Response, II Edition 2020)

With this background India has been following a treat all policy from almost the end of 2017 onward. The govt has been able to do quite a lot of work both in term of prevention and treatment. But when

we really look at the number of people as I cited above there are many numbers of people who would need to be still on treatment. So, this is another big area in term of where the improvement is needed if we are to achieve elimination target by 2030.

Another important focus area around elimination of HIV where we need to look into is the harm reduction approach taken up by NACO. The HIV positivity rate among the IDUs is 7.2% compared to 0.36% in general population, as a result HIV spreads from the IDUs to their female sexual partners, leading to spread of HIV to the general population. To address this issue, National AIDS Control Organization (NACO) has adopted harm reduction as a strategy to prevent HIV among IDUs. As a part of this strategy, Opioid substitution therapy which is one of the best strategies to achieve HIV elimination target of SDG is still one of the unaddressed issues which therefore can turn around the good work of HIV prevention programming in the country as well as in the state.

Another important area that could really hamper HIV elimination target is the frequent stock out issue of ARV drugs in the country. Despite of the program being 16 years old in the country supply chain management system is still very poor leading to frequent ART stock out. Unless the issue of ART stock out being taken up seriously by the government there will be a chances of transmitting drug resistant virus which again is not in line with SDG.

Hepatitis C (HCV) co-infection occurs frequently in people living with HIV, since HCV and HIV share the same routes of transmission. Complete repression of HIV replication i.e. regular testing of viral load to ensure effectiveness of ART is a key factor determining survival in HIV/HCV-co-infected patients. However, the availability of HIV viral load has been much delayed and the coverage for viral load testing among PLHIV is still very low. This is another area where union government need to give more emphasis.

Coming to Goal 3 target 5 which talk about **“Strengthening the prevention and treatment of substance abuse including narcotics drugs and alcohol”**. Alcohol and drug abuse has emerged as a serious concern in India. The geographical location of the country further makes it highly vulnerable to the problem of drug abuse. In a national survey conducted by MSJE, it was estimated that about 73.2 million persons were user of alcohol and drugs. Of these 8.7, 2.0 and 62.5 million were users of Cannabis, Opium and Alcohol respectively. As per this survey report the estimation of injecting drug users in Manipur was 34344. So when we include oral users and alcoholic we could assumed that there would be around one lakhs people living with a problem of substance dependence in the state. For the purpose of drug demand reduction, the Ministry of Social Justice & Empowerment has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. The scheme has nine components

It is very unfortunate to mention that most of the component under the scheme have not seen to be implemented at ground level except one scheme called IRCA. Presently, about 350 to 400 Integrated Rehabilitation Centres for Addicts (IRCA) are functioning with the support of the Ministry in the country. However, there are still many areas that need to be improve such as the number of drug treatment centres allocated to Manipur under IRCA scheme. As we have 21 centres with a treatment capacity of 410 people but the number of injecting drug users estimated by ministry is 34344 this clearly indicate that the coverage of treatment intervention is very low. Unless the issue of having limited treatment, capacity being address simultaneously with strengthening of administrative system through formation of committee with involvement of drug user’s community to monitor all the components under the scheme, achieving SDG goal 3 will not be realistic.

On the other side, due to having limited treatment capacity many of private de-addiction centres are operating all across the state in a completely unregulated fashion. The issues and concerns around human rights violation and harassment in De-addiction/rehabilitation centres in Manipur in the name of treatment has become so alarming now.

There is well-established evidence that gross human rights abuses and violations of multiple kinds are systemic in such centres. These abuses and violations include and extend up to torture, physical abuse, chaining, forced detention, forceful pick up from the street and even deaths. Such cases of human rights violations are not new in the state and is happening regularly and many of the cases were unreported due to unavailability of grievance cell in the state. Some rehabilitation centres are no less than Detention Centre because of the prolong confinement in the centre, extending from 1 year to 3 and a half years especially in Churachandpur district.

These rampant human rights violations are continuing in these centers and are largely caused by the complete lack of any form of control and regulation of the same. Though the Narcotic Drugs and Psychotropic Substances (NDPS) Act has provisions for the treatment of people who use drugs, the law currently does not regulate the functioning of these private centers. As a result, these centers do not adhere to any internationally-accepted guidelines or scientific and evidence-based treatment standards. **Anything and everything goes on in the name of treatment.**

Community groups such as CoNE and USER Manipur, has taken up various forms of initiatives in the last five years such as submission of recommendations adopted during state level consultations with State Legal Services Authority, submission of representations to the Social Welfare Department, Government of Manipur and filing of complaint to MHRC and public interest litigation (PIL) to the Manipur High Court to initiate necessary steps over the frequent cases of human rights violation in drug treatment centres. However, due to non-implementation of state drug policy no positive outcomes has been observed yet.