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E-Newsletter

State Institute of Health and Family Welfare (SIHFW), Jaipur, Rajasthan

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From the Desk of Director

Dear Readers,

Greetings from SIHFW, Rajasthan!

The last issue of e-newsletter for the year is on its way. This, being the last one of the year 2012, is the first one being drafted and edited under my supervision.

This November, SIHFW team bid adieu to former Director Dr Akhilesh Bhargava, with a promise to follow the legacy of dedicated and committed work, introduced during his tenure.

The December issue e-newsletter has lead article on AIDS and HIV, keeping our focus on World AIDS Day (1 December).

Dr J.P. Singhal

Director

Health Days in December '12

World AIDS Day-1 December 2012
International Day of Persons with Disabilities-3 December 2012
Human Rights Day -10 December 2012

AIDS and HIV

HIV (Human Immunodeficiency Virus) infects cells of the immune system. Infection results in the progressive deterioration of the immune system, breaking down the body's ability to fend off infections and diseases. AIDS (Acquired immune deficiency syndrome) refers to the most advanced stages of HIV infection, It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further.

It is world's leading infectious killer. About 30 million people have died to date. An estimated 1.8 million people die every year from HIV/AIDS. Combination antiretroviral therapy (ART) prevents the HIV virus from multiplying in the body. If the reproduction of the HIV virus stops, then the body's immune cells are able to live longer and provide the body with protection from infections.

The 2011 Report on the global HIV/AIDS response indicates that increased access to HIV services resulted in a 15% reduction of new infections over the past decade and a 22% decline in AIDS-related deaths in the last five years.

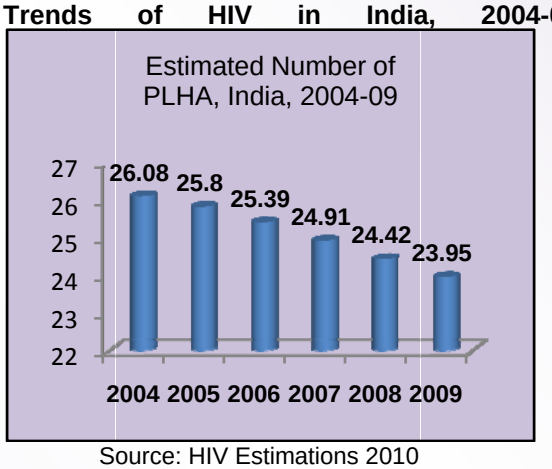
Key facts on global HIV epidemic and trends

- Since the beginning of the epidemic, more than 60 million people have been infected with the HIV virus and approximately 30 million people have died of AIDS.
- There were approximately 34.2 million people living with HIV in 2011. Over 60% of people living with HIV are in sub-Saharan Africa.
- In 2011, 1.7 million [1.5 million–1.9 million] people died from AIDS-related causes worldwide. This represents a 24% decline in AIDS-related mortality compared with 2005 (when 2.3 million deaths occurred). Source: Global AIDS epidemic 2012 report
- An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV.
- About 6.65 million HIV-positive people had access to ART in low- and middle-income countries at the end of 2010.
- A cure for HIV infection has not been found but with effective treatment with antiretroviral drugs, patients can control the virus and enjoy healthy and productive lives.
- In 2011, more than 8 million people living with HIV were receiving antiretroviral therapy in low- and middle-income countries, but another 7 million people need to be enrolled in treatment to meet the target of providing ART to 15 million people by 2015.
- ART coverage is higher among women (53%) than men (40%) globally.
- More than 95 million HIV tests were performed in 2010 in 119 low- and middle-income countries, representing an increase from 67 million tests reported in 100 countries in 2009. (Source: WHO)

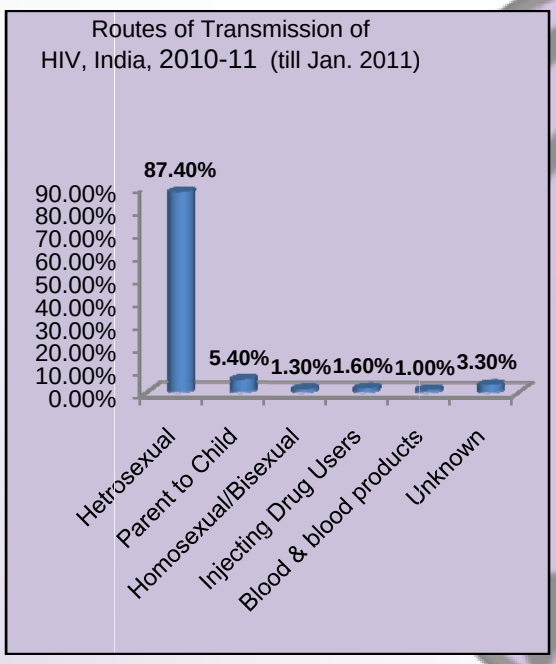
Scenario- India

- The first HIV/AIDS case in India was identified in Chennai in 1986.
- India prevalence is 0.31%, with 23.9 lakh people living with HIV/AIDS (PLHA) of which 39% women and 3.5% children in 2009.
- High prevalence states are Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland & Rajasthan.
- India's epidemic is concentrated within most-at-risk-populations (MARPs), of 8.68 lakh Female Sex Workers, 4.12 lakh MSM with high risk behavior, 1.86 lakh Injecting drug users.
- HIV infections decline by more than 50 percent during the last decade. Estimated that, India had approximately 1.2, lakh new infected cases in 2009 against 2.7 lakh in 2000.
- About 1.72 lakh people died of AIDS (Source: www.nacoonline/Annualreport/2010-11)

Trends of HIV in India, 2004-09



Source: HIV Estimations 2010



Scenario-Rajasthan

Distribution of Targeted Interventions by state and typology (as on March 2011) Rajasthan

FSW	23
MSM	5
IDU	5
Migrants	11
Truckers	3
Core Composite	11
Total	55

- HIV prevalence among FSW in 2010-11 has reduced from 3.82% to 1.28%. The national average of HIV prevalence among sex workers is 2.67%. In Rajasthan, the HIV prevalence among sex workers is below the national average.(HSS2010-11)
- NACO and the Rajasthan State AIDS Control Society has opened more than 9,228 non-traditional outlets, to sell condoms in the state to minimize the risk of HIV infection.
- One out of every 200 pregnant women in the state tested positive for HIV in 2010-11.

- The HIV prevalence in the age group of 15-49 years in the state has increased from 0.19% in 2008-09 to 0.49% in 2010-11.

Signs and symptoms

The symptoms of HIV vary depending on the stage of infection. Though people living with HIV tend to be most infectious in the first few months, many are unaware of their status until later stages. The first few weeks after initial infection, individuals may experience no symptoms or a flu-like illness including fever, headache, rash or sore throat.
As the infection progressively weakens the person's immune system, the individual can develop other signs and symptoms such as swollen lymph nodes, weight loss, fever, diarrhoea and cough. Without treatment, they could also develop severe illnesses such as tuberculosis, cryptococcal meningitis, and cancers such as lymphomas and Kaposi's sarcoma, among others.

Window Period

Most people have a **"window period"** of 3 to 12 weeks during which antibodies to HIV are still being produced and are not yet detectable. This early period of infection represents the time of greatest infectivity but transmission can occur during all stages of the infection.

How can one get infected?

HIV transmission routes include:

- unprotected anal or vaginal sex with an HIV-infected partner;
- mother-to-child transmission during pregnancy, childbirth, or breastfeeding;
- transfusion with HIV-infected blood products;

- sharing of contaminated injection equipment, tattooing, skin-piercing tools and surgical equipment.

How can one not get infected?

Individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

Risk factors

Behaviours and conditions that put individuals at greater risk of contracting HIV include:

- Having unprotected anal or vaginal sex;
- Having another sexually transmitted infection such as syphilis, herpes, chlamydia, gonorrhoea, and bacterial vaginosis;
- Sharing contaminated needles, syringes and other infecting equipment and drug solutions for injecting drug use;
- Receiving unsafe injections, blood transfusions, medical procedures that involve unsterile cutting or piercing;
- Experiencing accidental needle stick injuries, including among health workers.

Diagnosis

An HIV test reveals infection status by detecting the presence or absence of antibodies to HIV in the blood. Antibodies are produced by individuals' immune systems to fight off foreign pathogens.
Retesting should be done after three months to confirm test results once sufficient time has passed for antibody production in infected individuals.
People must agree to be tested for HIV and appropriate counselling should be provided. HIV test results should be kept confidential, and everyone should receive post-test counselling and follow-up care, treatment and prevention measures as appropriate.

Treatment

HIV can be suppressed by combination antiretroviral therapy (ART) consisting of three or more antiretroviral (ARV) drugs. ART does not cure HIV infection but controls viral replication within a person's body and allows an individual's immune system to strengthen and regain the power to fight off infections. With ART, people living with HIV can live healthy and productive lives.
More than 8 million people living with HIV in low- and middle-income countries were receiving ART at the end of 2011. Of this, about 562 000 were children. This is a 20-fold increase in the number of people receiving ART in developing countries between 2003 and 2011, and a 20% increase in just one year (from 6.6 million in 2010 to more than 8 million in 2011). By the end of 2011, 54% of the people eligible for treatment were receiving ART.

Indian government provides second-line ART to all AIDS patients in the country.

Prevention

Individuals can reduce the risk of HIV infection by limiting exposure to risk factors. Key approaches for HIV prevention include:

1. **Condom use**: Correct and consistent use of male and female condoms during vaginal or anal penetration can protect against the spread of sexually transmitted infections, including HIV.

2. **Testing and counseling for HIV and STIs:** Testing for HIV and other STIs is strongly advised for all people exposed to any of the risk factors.

3. **Pre-exposure prophylaxis (PrEP) for HIV-negative partner:** Trials among sero-discordant couples have demonstrated that antiretroviral drugs taken by the HIV-negative partner can be effective in preventing acquisition from the HIV-positive partner. This is known as pre-exposure prophylaxis (PrEP).

4. **Post-exposure prophylaxis for HIV (PEP):** Post-exposure prophylaxis (PEP) is the use of ARV drugs within 72 hours of exposure to HIV in order to prevent infection. PEP is often recommended for health care workers following needle stick injuries in the workplace.

5. **Male circumcision:** Male circumcision when safely provided by well-trained health professionals reduces the risk of heterosexually acquired HIV infection in men by approximately 60%.

6.**Elimination of mother-to-child transmission of HIV (eMTCT):** The transmission of HIV from an HIV-positive mother to her child during

pregnancy, labour, delivery or breastfeeding is called vertical or mother-to-child transmission (MTCT). In the absence of any interventions transmission rates are between 15-45%. MTCT can be fully prevented if both the mother and the child are provided with antiretroviral drugs throughout the stages when infection could occur.

7.**ART:** A new trial has confirmed if an HIV-positive person adheres to an effective antiretroviral therapy regimen, the risk of transmitting the virus to their uninfected sexual partner can be reduced by 96%.

8. **Harm reduction for injecting drug users**: A comprehensive package of HIV prevention and treatment, particularly opioid substitution therapy for drug users includes drug dependence treatment, HIV testing and counseling, HIV treatment and care, and access to condoms and management of STIs, tuberculosis and viral hepatitis.

Initiatives in India:

National Aids Control Programme (NACP) was launched in 1987 to prevent the further transmission of HIV, decrease the morbidity and mortality and minimize the socioeconomic impact resulting from HIV infection. Currently, NACP III is in process with goal to reverse the epidemic in India over the next five next years.

Strategy of NACP III:

- Prevention of new infection in high risk groups (HRGs)
- Providing greater care, support and treatment
- Strengthening the infrastructure and human resources
- Strengthening a nation-wide strategic information system.

National AIDS Prevention and Control Policy was introduced in April 2002.

Global Health Sector Strategy on HIV/AIDS, 2011-2015

The strategy highlights the importance of continuing efforts to optimize HIV treatment and "combination" prevention - the use of a range of different approaches to reduce people's risk of infection.

The strategy outlined four strategic directions to guide actions by WHO and countries for the next five years.

1. Optimize HIV prevention, diagnosis, treatment and care outcomes.
2. Leverage broader health outcomes through HIV responses.
3. Build strong and sustainable health systems.
4. Address inequalities and advance human rights.

SIHFW in Action

(1)Trainings/Workshops/Meetings:

S. No.	Dates	Title	Total Participants	Sponsoring Agency
1.	**17 Sept 2012 - 20 Jan 2013 (ongoing)**	LSAS training at District Medical Colleges (Jaipur, Jodhpur, Bikaner and Kota)	6 (MOs)	RCH
2.	**12 Sept - 20 Nov 2012**	V Batch of Professional Development Course	17 (BCMO, SMO, MO)	NIHFW
3.	**29 Oct - 12 Nov 2012**	Integrated training for Health workers (without SBA) Barmer	29 (Health workers)	RCH
4.	**25 Oct - 8 Nov 2012**	Integrated training for Health workers (without SBA) at Jodhpur	24 (Health workers-ANM, GNM)	RCH
5.	**25 Oct - 9 Nov 2012**	Integrated training for Health workers (without SBA) at Ganganagar	24 (Health workers-ANM, GNM)	RCH
6.	**25 Oct - 25 Nov 2012**	Integrated training for Health workers (with SBA) at Pali	16 (Health workers-ANM, GNM)	RCH
7.	**6-8, 20-22 Nov 2012**	Routine Immunization (2 batches)	32 (MO/MOI/c)	RCH
8.	**7-8, 19-20 and 21-22 Nov 2012**	ToT on Third Module of Yashoda Training (3 batches)	56 (MO/MN/LHV/GNM)	NIPI
9.	**7- 24 Nov 2012**	Integrated training for Health workers (without SBA) at Jhunjhunu	30 (Health workers-ANM, GNM)	RCH
10.	**8-9 Nov 2012**	Workshop on data upload from PCTS to HMIS (PCTS Software)	34 (DNO/ Data assistants)	NRHM
11.	**9 Nov 2012**	Review Meeting of NIPI	31 (BHS/DEO)	NIPI
12.	**16 Nov - 15 Dec 2012**	Integrated training for Health workers (with SBA) at Tonk	15 (Health workers-ANM, GNM)	RCH
13.	**19 Nov - 19 Dec 2012**	Integrated training for Health workers (with SBA) at Jaipur	16 (Health workers-ANM, GNM)	RCH
14.	**19 Nov- 8 Dec 2012**	Foundation Course for newly recruited MO	25 (MO/MOI/c)	NRHM
15.	**24-25 Nov 2012**	CBI-RI	16 (RI coordinators)	
16.	**26 Nov -10 Dec 2012**	Integrated training for Health workers (without SBA) at Bharatpur	25 (Health workers)	RCH
17.	**29- 30 Nov 2012**	Workshop on CPSMS	40 (DAM)	NRHM
18.	**30 Nov- 1 Dec 2012**	Orientation workshop on Laparascopic Sterilization	12 (Medical Officers)	UNFPA
19.	**3-17 Dec 2012**	Integrated training for Health workers (without SBA) at Pali	30 (Health workers)	RCH
20.	**4 Dec 2012**	Workshop on formation of IEC-BCC Plan under NRHM	17 (IEC coordinators and NGO participants)	NRHM
21.	**4-5 Dec 2012**	Dissemination workshop of follow-up for PPTCT services in four divisions	30 (PPTCT counselors)	UNICEF

(2.) Monitoring / Visits:

Integrated trainings

CAC ToT: Mr Hemant Yadav monitored hands on, sessions of ToT on CAC being held at HFWTC, Heerabagh, Jaipur. The training was organised during 1-3 November 2012.

Training of Health workers: Mr Ankur Asudani monitored trainings for Health workers (without SBA) at Jodhpur on 1-2 November 2012. He monitored the first batch of the training held during 25 October to 8 November 2012 at District Training Centre, Jodhpur. He also did monitoring for Integrated foundation, hands-on sessions being held at Ummed Hospital, Jodhpur. He also did monitoring for training for health workers (with SBA) being implemented at Pali.

PDC visit

Jeevan Asha CCC:

Participants of the PDC V batch visited Jeevan Asha Community Care Centre at Jaipur on 8 November 2012. The centre is being run by an NGO (NIRA) for care and medication of HIV positive patients. Participants got an overview of centre's strategy and quantum of care for Aids patients. Ms Ritu Parikh, Coordinator, Jeevan Asha, briefed PDC participants about aims and functioning of centre.

Participants visited the wards, counselling chambers, pantry and medicine store of the centre. Participants also a wide range of IEC material being displayed at the centre for awareness.





Planned Training/Workshop/Meeting/ Visits

- Integrated training for In-service MOs (Bharatpur and Jaipur zone) from 10 December 2012 and Kota from 8 December 2012
- Professional Development Course- VI Batch from 5 December 2012 to 12 February 2013.
- Integrated foundation training for newly recruited MOs from 10 December 2012 to 8 January 2013.
- Visit of RCH Consultant (Med.) to Jodhpur for monitoring of hands-on sessions of Integrated Foundation during 9-12 December 2012.
- Visit of RCH Consultant (Mgmt.) to Tonk for monitoring of with SBA (Integrated -plan 4) training at Tonk during 4-6 December 2012.
- Orientation training in CBI-RI, 7 December 2012.
- Workshop on Social Marketing, 8 December 2012.
- Training on Routine Immunization at SIHFW, 4-6 December 2012
- ToT for HIV Sentinel Surveillance Round at SIHFW, 10-11 December 2012.

Other Highlights

Farewell and Welcome

A farewell for Dr Akhilesh Bhargava, former Director SIHFW was organized by SIHFW staff and New Director, Dr J.P Singhal was welcomed on 7 November 2012, at SIHFW.

Birthday Celebration:

Birthday celebration of Mr Jagdish Pareek and Mr Ravi Garg was held at SIHFW on 22 November 2012.

Birthday of Ms Poonam was celebrated on 27 December 2012.

The Guest reactions:

Dr AR Aruna, Director, SIHFW- Bangalore, with a team of SIHFW representatives visited SIHFW Jaipur during 29 to 30 November 2012. Some excerpts follows:

- Dr AR Aruna- very good infrastructure and staff, we had nice interaction with the staff, nice experience
- Dr Srinivasa Gowda - Fruitful conducive interaction with the SIHFW Rajasthan about HR, facilities, trainings etc.

Training Feedbacks:

1. Behavior and Human Resources is excellent.
2. Hostel facilities and surroundings are liked most.
3. Some topics are very good in PDC, especially computer operation, Rajasthan service rules.
4. Good staff presentation and supportive staff.
5. Proper and good sanitation (cleanliness) have been liked most.
6. Faculty Knowledge has been liked most.
7. Coverage of all queries related to RI and during sessions.
8. Way of presentation is very good.
9. All sessions were highly excellent and will improve skills and performance.

(Source: Participants of trainings at SIHFW during November 2012)

Health in news

Global

WHO welcomes landmark decision from Australia's High Court on tobacco plain packaging act

The World Health Organization (WHO) strongly welcomes the landmark decision from Australia's High Court to dismiss a legal challenge from the tobacco industry, and calls on the rest of the world to follow Australia's tough stance on tobacco marketing.

Several major tobacco companies challenged Australia's legislation to require cigarettes and other tobacco products to be sold in plain packaging. But the industry's attempt to derail this effective tobacco control measure failed. As of December 2012, Australia will be the first country to sell cigarettes in drab, olive-green packaging.

With Australia's victory, public health enters a brave new world of tobacco control. Plain packaging is a highly effective way to counter industry's ruthless marketing tactics. It is also fully in line with the WHO Framework Convention on Tobacco Control. The lawsuits filed by Big Tobacco look like the death

throes of a desperate industry. With so many countries lined up to ride on Australia's coattails, what we hope to see is a domino effect for the good of public health.

The case is being watched closely by several other countries who are considering similar measures to help fight tobacco.

The evidence on the positive health impact of plain packaging compiled by Australia's High Court will benefit other countries in their efforts to develop and implement strong tobacco control measures to protect the health of their people and to stand resolute against the advances of the tobacco industry.
Tobacco use is one of the most preventable public health threats. Tobacco products will eventually kill up to half of the people who use them – that means nearly six million people die each year. If governments do not take strong action to limit exposures to tobacco, by 2030 it could kill more than eight million people each year.

The WHO Framework Convention for Tobacco Control entered into force in 2005. Parties are obliged over time to take a number of steps to reduce demand and supply for tobacco products including: protecting people from exposure to tobacco smoke, counteracting illicit trade, banning advertising, promotion and sponsorship, banning sales to minors, putting large health warnings on packages of tobacco, increasing tobacco taxes and creating a national coordinating mechanism for tobacco control. More than 170 countries are Parties to the Convention.
Source: http://www.who.int/mediacentre

India

UN AIDS study: Travel bar on HIV patients hitting economy

Nearly 25 years after HIV was detected in India, travel restrictions continue to bar patients from free movements through nations. HIV-related travel restrictions exist in 45 countries.

The Global AIDS epidemic report released by UNAIDS says that the effects of such restrictions are severe for migrant workers, who play a prominent role in the global economy.

There is a blanket ban on entry of people living with HIV in five countries –Brunei Darussalam, Oman, Sudan, the UAE and Yemen. India lifted all travel restrictions against HIV positive patients in 2010. In 2002, the Union health ministry had issued a notification, stating that mandatory test for HIV for India bound foreign nationals should be removed from visa forms. However, some embassies failed to enforce this. On September 17, 2010, the ministry of external affairs (MEA) clarified that there are no travel or residency restrictions for People Living with HIV (PLHIV) coming to India.

UNAIDS says that most of these restrictions were imposed in the early years of the epidemic, when little was understood about HIV prevention and effective HIV treatment did not exist. The report also says "In 2012, governments increasingly recognize that these restrictions make no sense in a world in which HIV exists in every country, people living with HIV are living long and productive lives and equal freedom of movement is not only a human right but essential in a globalized world. Of note is the decline in the number of countries, territories and areas with HIV related travel restrictions from 96 in 2000 to 45 in 2012. "
Source: TOI, 22 November 2012

Rajasthan

Panel formed to curb tobacco use

The state government has constituted a state-level coordination committee (SLCC) for implementation of Cigarette and other Tobacco Products Act (COTPA), 2003 in the state. After Bihar, Rajasthan is the first state to constitute such as panel for curbing tobacco use.

The decision to constitute the committee has been taken after the state government imposed a ban on sale of gutka, its manufacture and storage earlier this year.

The committee has been constituted under additional chief secretary, forests and environment, VS Singh. The principal secretaries of various departments including finance, education, health and other departments are members of the committee.

The first meeting of representatives of all the departments was held to deliberate on various issues like making cities like Jaipur smoke-free. Officials of Union government also took part in the meeting. National Tobacco Control Programme (NTPC) Chief Medical Officer said "For implementation of COTPA, we need to rope in various government departments. There are many stakeholders, the government departments, which should go together in tobacco control."
Source: TOI, 23 November 2012

Rajasthan to implement health insurance scheme

The Rajasthan Construction Labourer Welfare Board on Thursday decided to implement the national health insurance scheme for the unorganised sector workers and announced that it would pay a major portion of the premium to connect stakeholders with the scheme and encourage them to get insured.

Minister of State for Labour Mangilal Garasia, who presided over the Board's meeting here, said a scheme announced last year for reimbursement of medical expenses on treatment of serious diseases would continue to be operative under the national health insurance scheme. A provision of Rs.3 crore has been made under the scheme, he added. Mr. Garasia said the Board would simplify the procedure for registration of labourers and make a new provision for registration at village panchayats as well.

Principal Labour & Employment Secretary Rajhans Upadhyay said all schemes proposed by the Board would be executed promptly with the "seriousness [that] they deserve". The shortcomings would be removed as early as possible, he said.

Labour groups' representatives Babulal Sharma and Prem Shrimali said a drive should be launched for registration of stakeholders and new schemes formulated for labour welfare. Additional Labour Commissioner Satyavrat said the schemes such as Janshri Beema Yojana and assistance for institutional deliveries would be considered afresh.
Source: TH, 9 November 2012

We solicit your feedback:

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