



# Workshop for Sensitization of Cooperative Leaders to Generate Awareness for Prevention of Spread of HIV/AIDS

A Report



6-7 April, 2004  
New Delhi, India

**INTERNATIONAL CO-OPERATIVE ALLIANCE**  
**Regional Office for Asia and the Pacific**

9 Aradhana Enclave, (Ring Road)  
R.K. Puram, Sector 13, New Delhi-110066.

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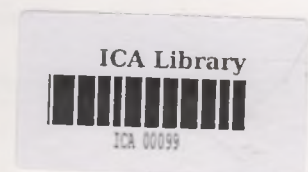
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## FOREWORD

ICA is a worldwide international association representing co-operative movement at global level. Founded in 1895, it is one of the oldest NGOs in the world. It's affiliate co-operative member organizations are spread over more than 100 countries with 251 National co-operative organizations and 4 International organizations serving over 760 million individual members worldwide. Its Headquarter is located in Geneva.

The ICA promotes the world co-operative movement through its regional offices in Africa, Asia, Americas and Europe. The International Co-operative Alliance in Asia represents 53 Co-operative organizations in 22 countries covering 520 million individual co-operative members. Promoting co-operatives and capacity building of members are one of the important activities of ICA in Asia-Pacific.

HIV/AIDS is no longer an urban disease. This is now spreading by alarming speed into rural areas affecting largely the farming community, especially people in their most productive years (15-45 years of age). The epidemic is negatively impacting the capacity of co-operatives to be economically and socially effective organizations. Co-operatives as enterprises are being challenged as they cope with the financial and psychological consequences of the death and illness of their members, leaders and employees.

In India, the first case of HIV/AIDS was reported in 1986, and now India is estimated to have a total of 4.58 million people infected with HIV. This is why we are concerned about the well being of 230 million individual co-operative members of India and the community in which they live.

Experience has shown that prevention and intervention activities can successfully bring reductions in HIV prevalence provided they are combined with high level political commitments and leadership. There are many success stories, such as in Thailand and Cambodia where condom promotion activities have brought about behavioral changes and a subsequent reduction in HIV prevalence and incidence - a major achievement. Accurate information about the disease is a prerequisite to effective HIV prevention. However, HIV/AIDS related Information and knowledge is consistently lower for rural community and even negligible for women and adolescents. According to one USAIDS report while most countries have developed strategic frameworks for effective action, only a fraction to people at risk of HIV infection have access to basic prevention services.

Therefore, with this background, the ICA has been initiating HIV/AIDS awareness and care programmes for its members in Asia region and prevention of HIV/AIDS remains a high priority.

This is a most dreaded epidemic with several lethal social sanctions attached with it such as stigma discrimination, ostracism and exclusion.

The disease can be taken care of by medical help but the social sanctions need different treatment and different approach.

The role of political leaders, policy makers and community in general is irreplaceable in mobilizing the society against social evils. They can impress upon the society to behave in certain ways. A quality assessment tool of UNAIDS also suggests that Africa and Asia do relatively well in handling the epidemic on political support and policy formulation.

The co-operatives are community based organizations facing the problems of lack of capacity to combat the challenges of HIV/AIDS.

The leaders can recognize the epidemic publicly reducing the stigma and discrimination. The policy makers of co-operatives can make certain rules and policies against social sanctions on the infected persons.

This is why sensitization of cooperative leaders and policy makers is the stepping stone towards achieving the goal of HIV/AIDS free co-operatives.

This workshop for sensitization of co-operative leaders to generate awareness for prevention of spread of HIV/AIDS was held on 6-7 April, 2004 at New Delhi. It has come out with specific recommendations and strategy which will help in implementation of HIV/AIDS prevention programmes for co-operative community by the co-operatives in India as well as in the Asia region. This work shop was conceptualized and organized by Mrs. Savitri Singh, Advisor Gender Programme of ICA-ROAP. I thank the participants who came from various co-operative sectors of India, NGOs and International Organisations to participate and share their experiences. In particular, I thank the UNAIDS, NACO and NCUI for their support and help in organizing this timely and much needed workshop.

Shil Kwan Lee  
Regional Director  
International Co-operative Alliance  
Regional Office for Asia and the Pacific  
New Delhi.

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## EXECUTIVE SUMMARY

The International Co-operative Alliance in Asia and the Pacific represents 53 co-operative organizations in 22 countries covering 520 million individual co-operative members. HIV/AIDS is no longer an urban disease. This is now spreading by alarming speed into rural areas affecting largely the farming community, especially people in their most productive years (15-45 years of age).

Although there have been various HIV/AIDS prevention and care programmes in general, nothing has been done so far co-operative community by the co-operative sector. It has been seen that community based programmes can reach large number of people and can therefore, be more result oriented. For this reason the ICA has initiated this project for co-operative members.

There are more than 5,40,000 co-operatives in India with more than 230 million individuals as co-operative members, both men and women in different age groups.

Sensitisation of co-operative leaders for creating political will is very important for initiating community based programmes. Therefore, it was decided to organize a workshop for sensitization of co-operative leaders.

A workshop for sensitization of cooperative leaders to generate awareness for prevention of spread of HIV/AIDS among cooperative members was jointly organized by the ICA and NCUI with financial support of UNAIDS, India office on 6th and 7th April, 2004 in New Delhi.

The objectives of the consultation were:

1. Orientation of the leaders Policy makers and managers about the issue.
2. Strategy for conducting HIV/AIDS awareness programmes.
3. Framework for National action plan to implement the above referred strategy.

More than 50 participants from 4 target states of India and Delhi including Co-operative Minister, Chief Executives of State coop Unions, Co-operative Development Project Officers, Trainers from Co-operative Training centers, NGOs working on HIV/AIDS, representatives from National Cooperative Development Corporation (NCDC), National Council for Cooperative Training (NCCT), National Cooperative Union of India (NCUI), National Federation of Cooperative Urban Banks (NAFCUB), National Federation of Sugar Co-operatives, attended the workshop.

There were observers from various International agencies such as Swedish Development Agency SIDA, WHO, UNAIDS, ICA HQs, National Aids Control Organization (NACO) and Person Living with HIV/AIDS (PLWHA) also attended the workshop. The Secretary, Ministry of Agriculture, Government of India, Mrs. Radha Singh inaugurated the workshop. Mrs. Meenakshi Dutta Gosh, Additional Secretary and Project Director of National AIDS Control Organization of India delivered the keynote address.

The two days workshop attempted to assess the awareness level of cooperative movement about the impact of epidemic of HIV/AIDS and orientation of the leadership about the issues and strategy for

conducting HIV/AIDS awareness program for cooperatives and their members through preventive education to reduce the risk of HIV/AIDS among the cooperative members and their community. This was followed by intensive group discussion to formulate action plan and strategy. The last session summarized the recommendations and specified the next steps for immediate action.

The recommendations (next step) for comprehensive HIV/AIDS awareness and prevention were defined during the workshop. These include:

- Organise more workshops in states for Sensitisation of cooperative leaders and Policy makers
- Implementation of HIV/AIDS awareness and prevention programmes for members of Co-operatives in several states of India.
- Formal introduction of member education and training programmes for awareness about HIV/AIDS
- Need based programmes for different levels of target group
- Production of training material.
- Allocation of special funds for activities .
- Condom distribution through cooperative outlets.
- Training of Trainers .

The ICA to organising more workshops in all the states for sensitisation of Co-operatives leaders and Policy makers review and revision of existing member health care programmes by Co-operatives in India. Measure to enhance the involvement of Apex Co-operatives, Institutions leadership in the prevention and care programmes for HIV.

## INTRODUCTION

In order to mobilize socio, economic and political support from people at decision making positions to spread awareness for prevention of spread of HIV/AIDS among co-operative community, the International Co-operative Alliance., Regional Office for Asia and the Pacific (ICA-ROAP) and NCUI, with financial support of UNAIDS organized the Workshop for Sensitisation of Co-operative leaders and Policy makers.

This workshop is part of bigger project planned to be implemented by ICA-ROAP in India and In the region.

The workshop highlights the key recommendations from consultations and group discussions and aims at mobilizing commitment from the decision makers as well as from all the concerned partners to adopt formal HIV/AIDS awareness policies and introduce education and training programmes for co-operatives and their members.

## BACKGROUND

South and South-East Asia are now an epicenter of the HIV epidemic. Of all countries in the region, India is estimated to have the largest burden, with about 4.58 million infections. There are more than 5,40,000 co-operatives in India with more than 230 million individuals as co-op members, both men and women in different age groups. The Indian co-operative movement is said to be the largest in the World.

Development of various sectors of co-operatives, such as agriculture, fertilizer, consumer, banking, health and youth and women have been adopted as one of the most important component of strategy for socio economic development of poor and marginalized. Co-operatives are enterprises that operated under the value of solidarity and social responsibility-they care about their members and their communities. The co-operative demonstrated on daily basis their concern for people whether it be addressing health issues, environment or strengthening the capacities of their communities to better care for economic, social or cultural needs. Co-operatives have a special responsibility to ensure the well being of their individual members as well as the community.

However, most of the members of co-operatives are small agricultural farmers and land less farm workers, fishermen, construction labourers, floating population of factory workers who are facing several problems such as lack of information about the disease, absence of resources, inadequate supply of preventive measures i.e. awareness and condoms. Also populations in remote areas who are out of reach of health extension workers.

## RATIONAL FOR INTERVENTION BY CO-OPERATIVE SECTORS

In India, agriculture is the main stay of socio economic life of the people. The impact of HIV/AIDS is seen on production systems and decline of agricultural knowledge and management skill as well as the mis-appropriate impact of disease on women, which cumulatively lead to the loss of rural household food



security. The deterioration of traditional coping mechanism and dwindling of family and community resources does have a direct impact on agricultural production.

Therefore, there is an urgent need of strengthening the capacities and capabilities of members so that Co-operative members as well as communities can withstand and sustain the burden of HIV/AIDS.

Co-operatives can offer an intergrated approach to mobilize communities for the prevention, mitigation and care of those affected by HIV/AIDS. Co-operatives can Provide the following services:

- Behaviour change and life skills education
- Provide preventive informations and promote and distribute condoms
- Train community health workers
- Support for women affected by AIDS
- Provide home based care for individuals and families living with HIV/AIDS

## **GENDER DIMENSION OF THE PROBLEM AND CO-OPERATIVES**

Co-operatives are the gender neutral, equal opportunity organizations. In India, there are several women only co-operatives managed by women directors and members and women are participating in all the sectors of co-operatives. Banking and Credit co-operatives and dairy co-operatives are the sectors where women are very successful. There are large numbers of women co-operative banks in most of the states in the country.

**HIV/AIDS** is not merely a health issue but a development challenge that affects weakest in the society such as women and children. More over, stigma and discrimination reinforce silence about the epidemic that it is present in a society.

**HIV/AIDS HAS A WOMEN FACE** Women, in most cases, are the innocent victims of the pandemic. Women and children often have special support and care needs.

**The disease hits hardest to women in several ways :**

1. Physiological differences in genital tract directly contribute to women running a higher risk of acquiring HIV infection and STD then men.
2. With the loss of male member to AIDS, woman loses her main source of income and has to work for the family.
3. Death of the husband often means that a women will lose her home and land.
4. Burden of caring for the sick and orphans along with many other productive and unproductive work including farming, food preparation, child care etc.
5. Women career are sometimes HIV positive themselves.
6. Stigmatisation. It means refusal of work, no income, withdrawal of children from School, breaking up of extended family support system.

## PERSPECTIVE OF SENSITISATION OF CO-OPERATIVE LEADERS

The co-operatives have a unique presence and reach within the communities. They have unique structure and programmes that are already in place. However, most of the members have inadequate and inaccurate knowledge about the HIV/AIDS and moreover, inappropriate attitudes towards the pandemic.

It calls on the co-operative leaders and policy makers to discuss openly and accurately the facts about the disease and make policy decision to implement all effective means of preventions.



Mrs. Radha Singh, Secretary, Agriculture, Govt. of India Addressing the Workshop



Mrs. Meenakshi Dutta Ghosh, Additional Secretary and Project Director of NACO  
Lightening the Lamp at the opening the workshop. Dr. S.S. Sisodia, President NCUI and  
Miss Maria Elena Chavez Deputy Director General of ICA Geneva Looks on

## AIM, OBJECTIVES, TARGET GROUP AND OUTCOME

### AIM

The overall aim of the two days Workshop was to sensitise Co-Operative ministers, leaders Policy Makers and Managers of the co-operative about the sensitivity of the issue and pronounced commitment from them to bring out required facilities for spread of preventive education to reduce the risk of HIV/AIDS among the co-operators.

### OBJECTIVE

The specific objectives of the consultation were:

1. Orientation of the leaders, policy Makers and Managers about the issue.
2. Strategy for induction and conducting of HIV/AIDS awareness programmes.
3. Framework for National action plan to implement the above referred strategy.

### OUTCOME

The expected outcome of the ,workshop were:

1. A review of existing health care programmes and initiatives by co-operatives for it's members and their community in the context of emerging challenges of HIV/AIDS.
2. An identification and recommendation of policy changes and programme options for , addressing the need of prevention of HIV/AIDS and care of co-operative members.
3. Acknowledge the challenges of , the pandemic and development of integrated approach to address the problem encompassing institutional and community based Care.

### TARGET GROUP

Co-operative Ministers, Chairman and Managing Directors and CEOs of National level Apex co-operative institutions, Chair Persons and Chief Executives of State Co-operative Unions, Chairpersons of women Co-Operative Banks, leaders of district and village co-operatives, Project officers of co- operative development projects.

### PARTNERS

The ICA organized the workshop with financial support from UNAIDS in collaboration with National Co-operative Union of India.



Mr. Shil Kwan Lee Regional Director of ICA-ROAP Addressing the workshop



Dr. S.S. Sisodia President of NCUI Addressing the workshop

## WORKSHOP PROCEEDINGS

The two days consultation included reviewing status of health care programmes of co-operatives, awareness about the challenges of HIV/AIDS, with special emphasis on the role of management of cooperatives and limitations of existing infrastructures. The deliberations started with presentations by the speakers. This was followed by intensive group discussions to deliberate upon responsibility and accountability of decision makers.

The groups came up with recommendations to initiate intensive HIV/AIDS awareness and prevention programmes for the cooperative sector. The last session summarized the recommendations and specified the next steps of the consultation. '

The report summarises the main recommendations and action plans that emerged from the consultation. The presentations of speakers are placed at annexure A in the end of this report.

### INAUGURATION

Mr. Shil Kwan Lee, Regional Director of ICA-ROAP extended warm welcomed the participants and guests and briefly explained about the need for co-operative sector to initiate HIV/AIDS care and awareness programmes for co-operatives and it's community in the Asia Pacific Region.

The Secretary, Ministry of Agriculture, Government of India, Mrs. Radha Singh inaugurated the workshop. At the outset she appreciated the initiative taken by ICA-ROAP and expressed gratitude to UNAIDS for their support. She emphasized that cooperative could be used as vehicle for spreading awareness through it's member training programmes for prevention of spread of HIV/AIDS in the co-operative community. She stressed that the cooperative Education and Training Institutes Nationwide should integrate HIV/AIDS awareness modules in their regular curriculum.

She further announced that Ministry of agriculture and co-operation will extend required support to ICA and NCUI for furthering the cause and extention of awareness programmes for Indian co- operatives.

Mrs. Meenakshi Dutta Gosh, Additional Secretary and Project Director of National AIDS Control Organization of India delivered the keynote address. She presented an overview of HIV/AIDS situation in the country and country's response. She appreciated the efforts of ICA-ROAP and encouraged the co-operative sector to do more such programmes. She said that NACO is willing to extend all support and help to ICA and Cooperatives in implementation of their HIV/AIDS awareness activities in Indian States.

Dr. S.S.Sisodia President of NCUI, presided over and delivered presidential address. He expressed his concern for the health and well being of the co-operators as well as their community. He further deliberated that although, the co-operatives are already providing health care services to their members but the co-operative leadership needs to be more responsive towards the issue of HIV/AIDS.

The Dy Director-General of ICA, Ms. Maria Elena Chavez Hertig who came from Geneva to attend the workshop, gave information about ICA global efforts to scale the effect of epidemic by cooperatives. She made special mention about the Gender dimension of the disease.



Mr. Bhagwati Prasad CEO, NCUI Addressing the workshop



Dr. S. N. Mishra of UNAIDS addressing the technical session

In this context the workshop presented an opportunity to discuss the problems associated with the disease. The participants wanted to know the basics such as symptoms, how it spreads, care, cure and medicines etc. The workshop also provided an opportunity for the participants to deliberate as to how the negative fallouts of the disease such as displacement, stigma, loss of job, death of earner in the family could adversely impact the women and children as well as the economy of the community and country as a whole.

The importance of spreading awareness among cooperative leadership as well as cooperative members about the growing impact of the pandemic was emphasized and it was also stressed that due consideration to spreading awareness and capacity building is necessary in order that the, adverse consequences do not indiscriminately fall on the most disadvantaged.

The Minister of Co-operatives, Govt. of Manipur Shri Mohd. Abdul Salam informed that the problem of HIV/AIDS is very serious in his state and need immediate attention. He expressed his concern for the well being of the co-operative members in Manipur and said that he welcomes the initiative of ICA in his state. He is willing to extend all the support from the co-operative department of the state to implement prevention and care activities.

Sh. Bhagwati Prasad, Chief Executive of NCUI, Delivered vote of thanks.

## TECHNICAL SESSIONS

On the first day following technical sessions have been held-

- A. Basics of HIV/AIDS (technical information about the disease) its impact on the society and on going programmes for prevention and cure of the disease.

Dr. B.L.Joshi, Additional Project Director of National Aids Control Organization of India (NACO) spoke on the topic and gave a Power/Point presentation.

- B. Need for preventive programmes, creation of Political will for combating the problem.

Dr. S.N.Mishra, Consultant of UNAIDS, India office deliberated upon the issue.

- C. Prevalence of HIV/AIDS in the world of work. The need for action on the part of cooperative institutions.

Shri S.M.Afsar, National Programme Coordinator of ILO, India Office made a presentation and discussed the issue with the participants

- D. Stigma & Discrimination due to HIV/AIDS perspective of person living with HIV/AIDS. A man infected with HIV/AIDS but living a healthy and active life for last 10 years has been invited to share his experiences with the participants.

The participants has mixed reaction. Most of them had never seen a positive person before. The experience sharing with a positive person makes them believe that care, counseling and acceptance can prolong life.

The copies of presentations are placed at Annex- A





Mrs. Savitri Singh, Advisor Gender Programme of ICA Addressing the workshop



Technical Session at progress

## GROUP DISCUSSION

On the second day group discussion was held to facilitate interaction among the participant and information sharing. The participants formed following 3 groups -

1. Co-op leaders/CEO from Gujarat, Andhra Pradesh, Manipur and executives of co-operative development projects promoting Self Help Groups (SHG) from Gujarat.
2. Leaders from Women Co-operative Banks and executives of co-operative development projects promoting Self Help Groups (SHG) from Rajsthan.
3. Excutives and Trainers from National Co-operative Union of India, National Council for Co-operative Education and National Council for Co-oprative Training.

The groups were expected to suggest the Strategy for implementation of HIV/AIDS awareness programmes for co-operative members in their respective states/ co-operatives with the help of facilitators from ICA and UNAIDS.

Each group presentation was followed by a plenary panel discussion to highlight and summerise the key issues arising from the group discussions. Followed by the open house discussions, the deliberations of two-days consultations were summed up and action plan were decided.

## CONCLUSION AND RECOMMENDATIONS

The work shop strongly recommended that to begin with such workshosp for sensitization of state co-operative leaders and decision. makers should be held in all the states. It was felt that the programmes should be continued in states by ICA with the help of and NCUI and NACO and UNAIDS as partner for technical and financial support.

Other recommendations are-

1. This is the first time that the co-operative sector in the region has formally addressed the issue of prevention of HIV/AIDS for co-op community with the initiative of International Co- operative Alliance, Regional Office for Asia and the Pacific. The ICA with the help of its partners will implement the HIV/AIDS prevention programmes in several states of India as well as in other countries in the Region.
2. Most of the co-operatives in the target states are already doing member education programmes for awareness of HIV/AIDS. It is recommended that member education and training programmes for awareness of HIV/AIDS must be introduced in a formal way by the concerned Ministry/ Government Department.
3. The HIV/AIDS awareness programme should be included in the course design of various training institutes of cooperatives such as NCCE, NCCT and NCUI. These institutions should fix monthly target of no. of special HIV/AIDS awareness classes for the co-operative members and their community.
4. Special training and awareness programmes should be introduced for all levels of cooperatives such as employees, board members, managers and common members and the community.
5. Production of target group oriented teaching materials.
6. Allocation of special funds by the co-operatives for the HIV/AIDS awareness activities.
7. Provision for condom distribution through consumer cooperative outlets.
8. Printing of message for prevention of HIV/AIDS on the letter heads and stationery of cooperatives.
9. Training of trainers programmes to create a pool of trained personnel about the know how of HIV/ AIDS disease, how it spreads, the symptoms, medicines, Counseling and care etc.
10. The training department of the State Unions should be equipped with training kit in local languages.
11. Collaboration with already existing facilitators such as local health centers, NACO and ICA.
12. Special programme for women and youth cooperative members based on their needs.

## NEXT STEP/ WORK-PLAN FOR STATE CO-OPERATIVES

1. Work shop for co-operative leaders Policy Makers and Managers of the state Co-operatives. For awareness raising and social mobilization and building support structures.
2. Training of Trainers Programmes for men and women co-operative members separately for capacity building and skill development.
3. Awareness workshops for co-operative members for creating enabling environment, stimulating active participation and mobilization of women and youth.

These work plans will be implemented by ICA with the help of NACO and UNAIDS in collaboration with NCUI.



Workshop in progress

## ACKNOWLEDGEMENTS

ICA would like to place on record its appreciation and gratitude to all the institutions and individuals who have contributed to make the workshop successful.

We are grateful to:

- UNAIDS for funding the workshop.
- Dr. Kenneth Wind Andersen, Country Coordinator of UNAIDS for his support and Dr. S.N. Mishra, Consultant of UNAIDS for his efforts in the preparation of this workshop.
- Mrs. Meenakshi Dutta Ghose, Additional Secretary and Project Director of NACO for her encouragement and technical support of NACO staff.

Dr. M.S. Afsar, National Project Co-ordinator of ILO for his valuable guidance in organizing the workshop.

Dr. BL Joshi- Additional Project Director of NACO.

- Dr. S S Sisodia, the President of National Co-operative Union of India and Shri Bhagwati Prasad CEO of NCUI for extending physical and administrative support for organization of the workshop. All the staff of the NCUI for their hard work..
- All the presenters/ Resource persons who shared valuable information .
- All the participants including: Representatives of PLWHAs.
- Ms. Asa Andersson, First Secretary & Regional Adviser HIV/AIDS of Embassy of Sweden representative from WHO and all the other representative of Indian and International NGOs.
- Various Co-operative organization of India for participating in the proceedings and demonstrating solidarity for the cause.

## **ANNEXURE - A**

Presentation by Dr. P.L. Joshi, NACO

## **ANNEXURE - B**

Presentation by Dr. S. N. Misra, UNAIDS

## **ANNEXURE - C**

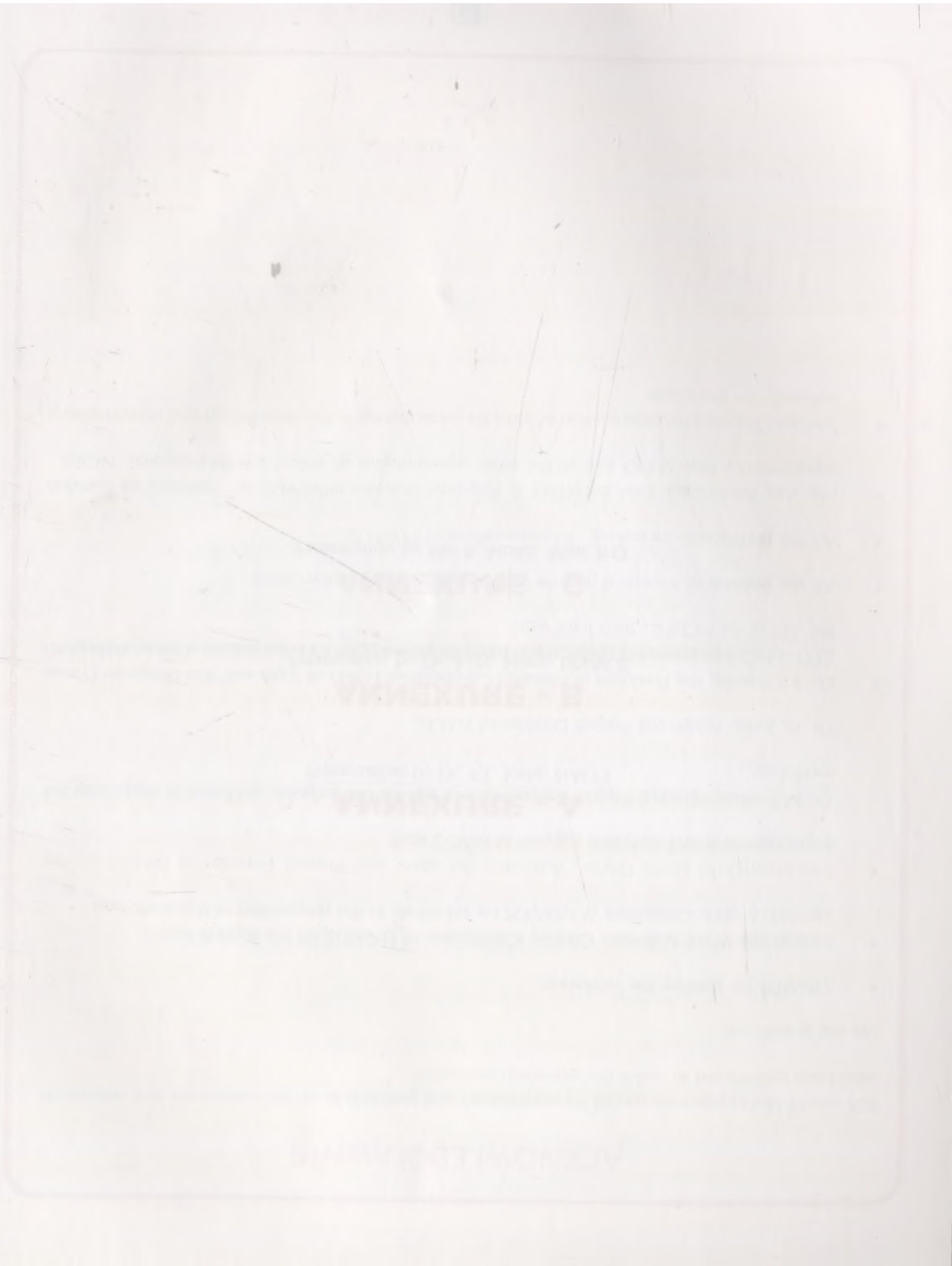
Presentation by Shri S. Mohd. Afsar, ILO

A Presentation by

Dr. B. L. Joshi

Additional Project Director  
NACCO







# HIV/AIDS Epidemic in India

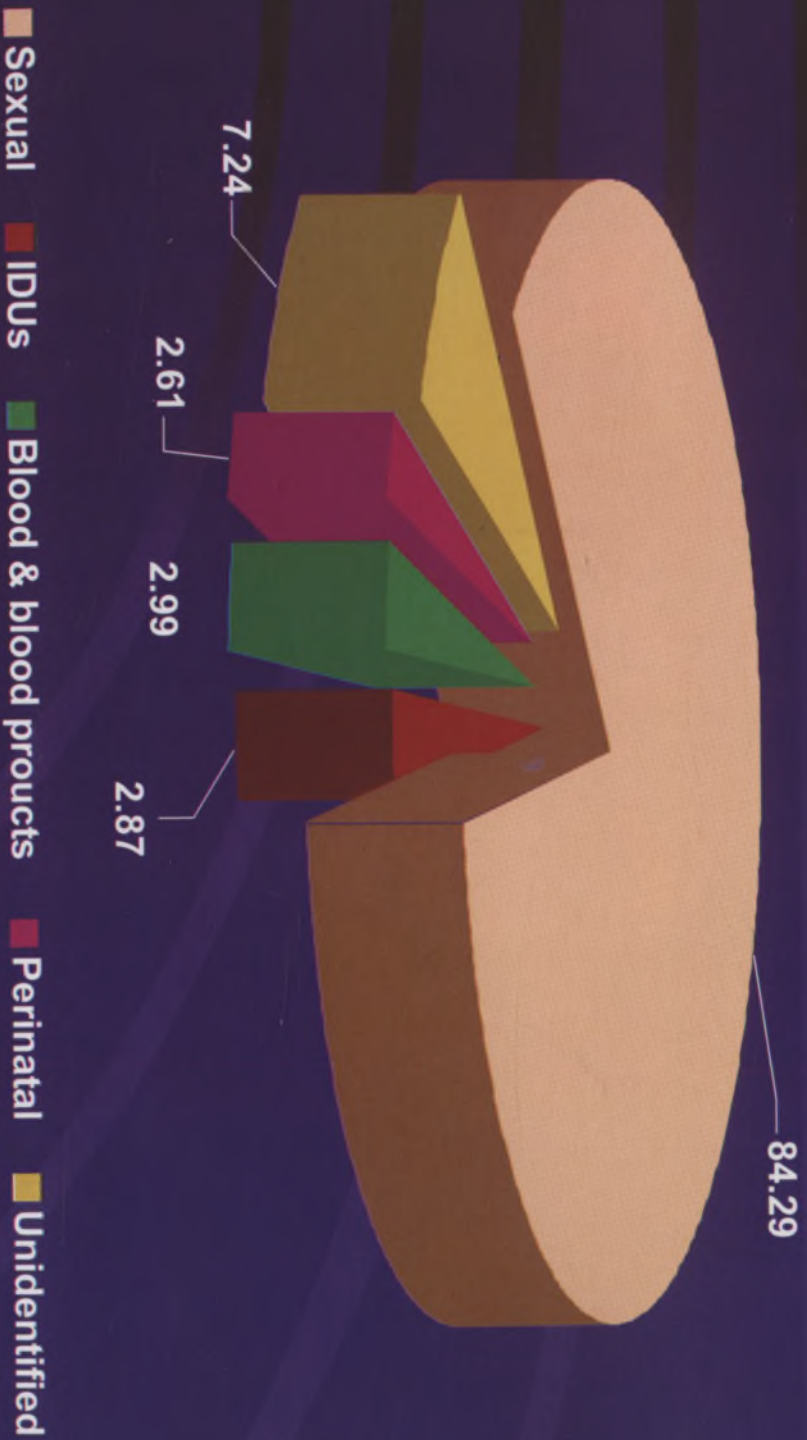


HIV ----- AIDS

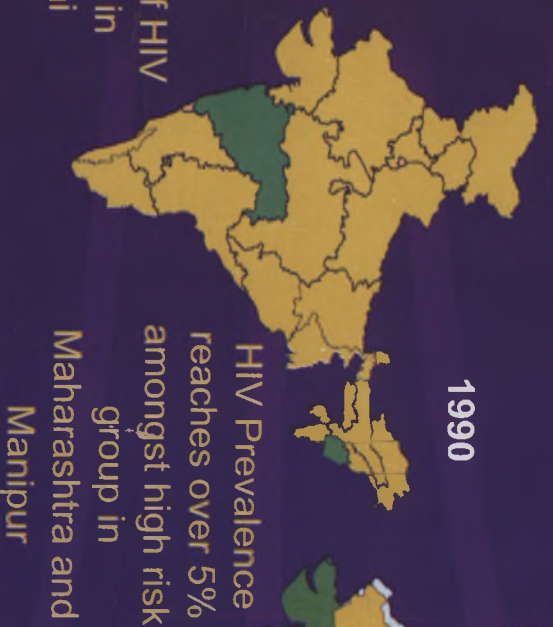
AIDS is the end stage of HIV  
infection



# Known Routes of HIV transmission 2002



# 4.58 m. Indians living with HIV



> 1 % antenatal women



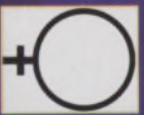
> 5 % high risk groups



5 % high risk groups



# *HIV/Sexually Transmitted Infections*



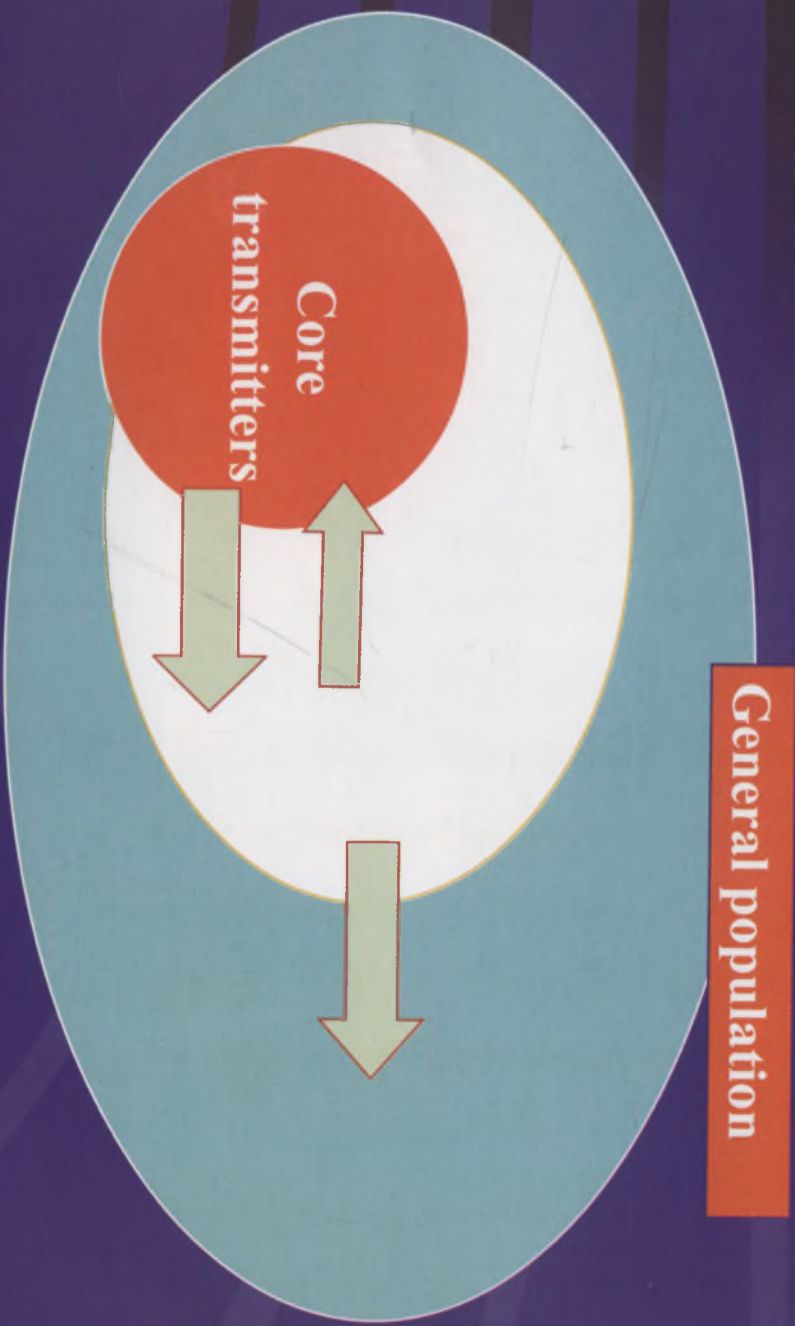
Symptomatic



Asymptomatic



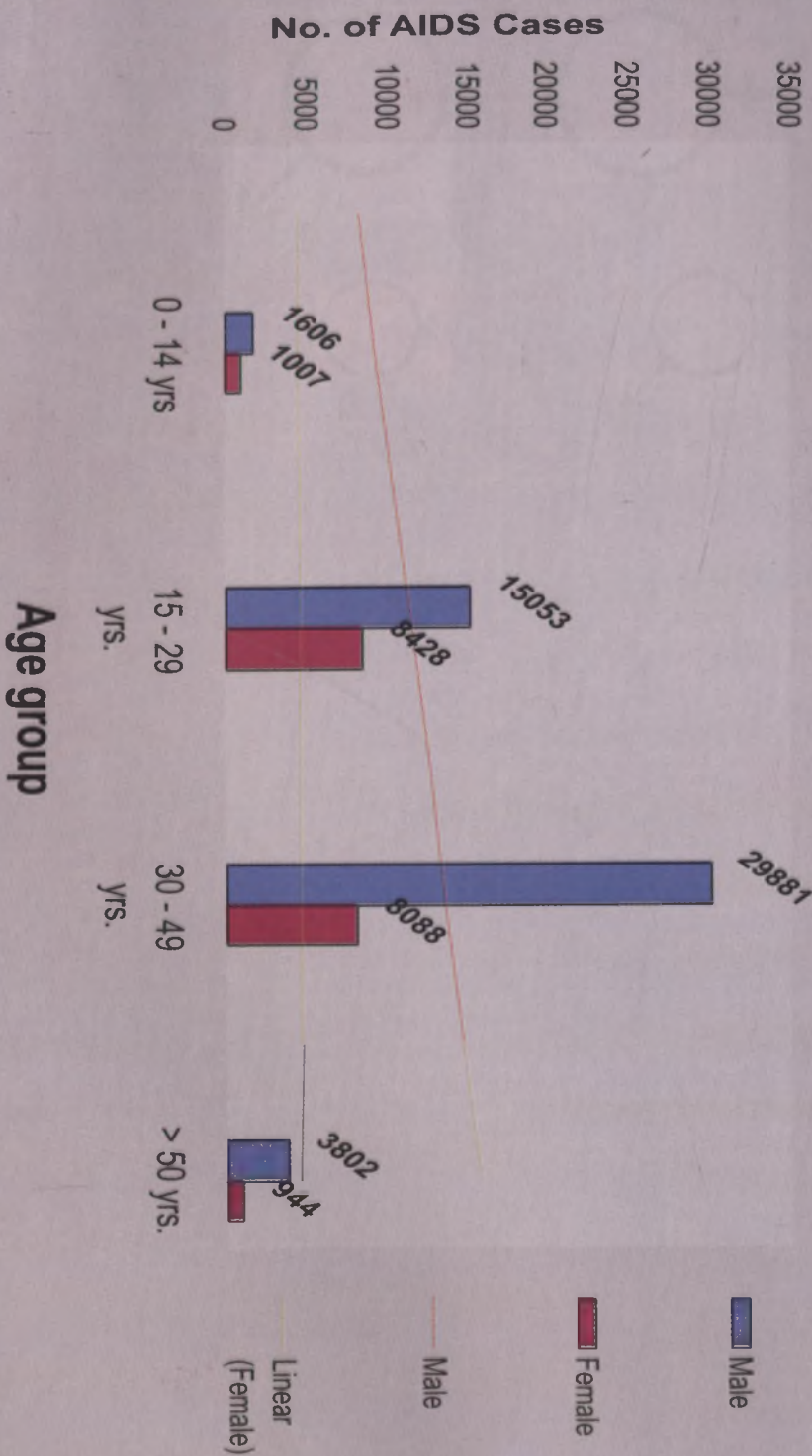
# *HIV transmission dynamics at population level*



# AIDS and Development

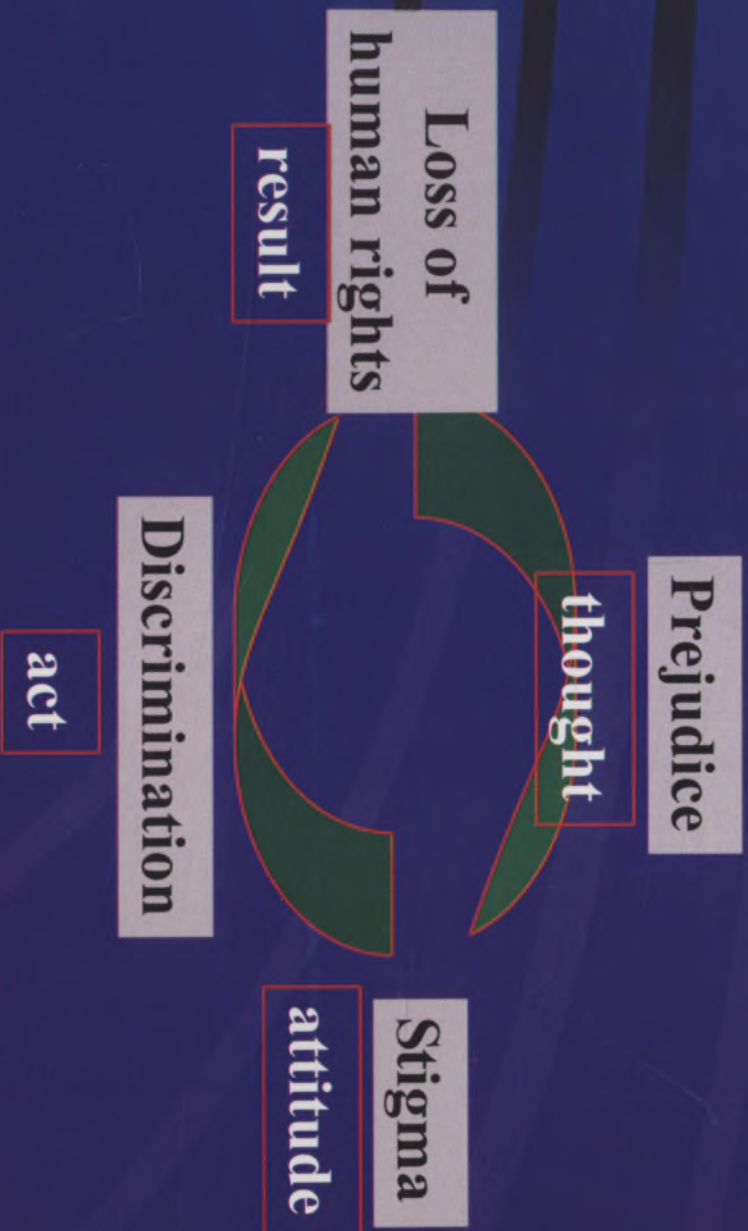
- Poverty and Gender Inequality
- Growing Economy
- Public Health Spending
- Economic Impact

# AIDS cases in India (February 2004)





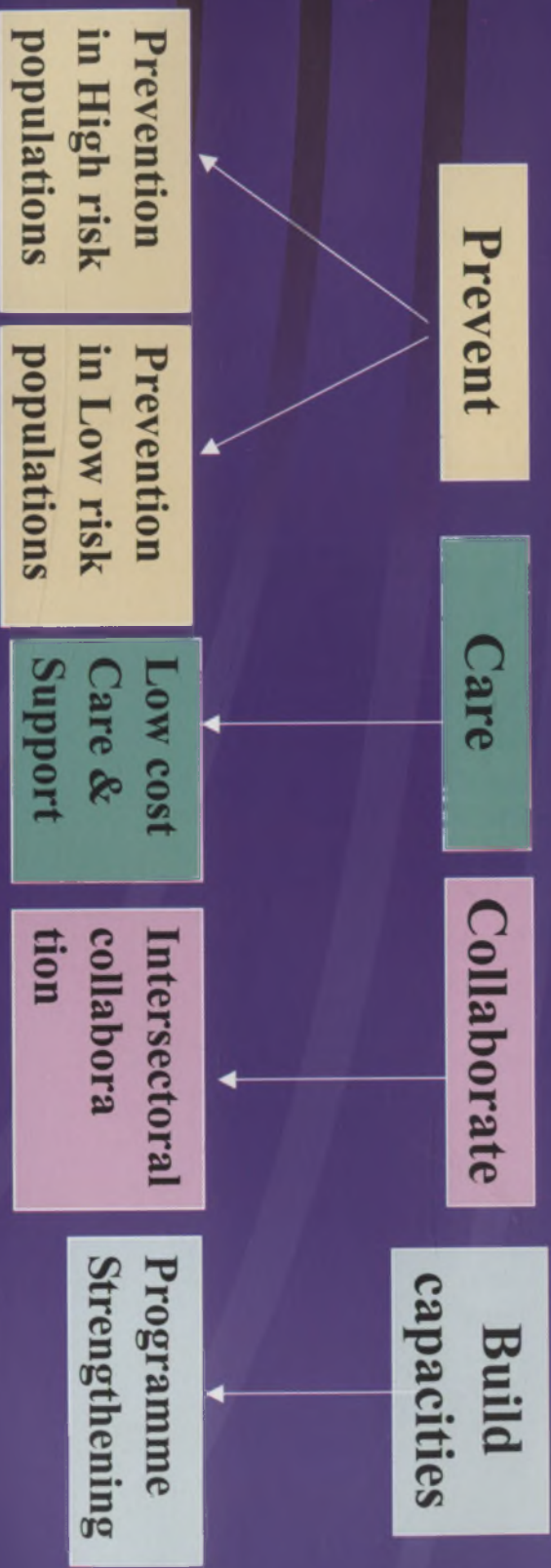
The response has to be multi-pronged to break the vicious circle of stigma, discrimination and human rights violations



# Stigma and Discrimination



# NACP Strategy



# Response



# Three-Pronged Strategy for PPTCT

I

- Prevention of HIV in young people
- Prevention of HIV infection in women of childbearing age

II

- Prevention of unintended pregnancies in HIV positive women

III

- Prevention of transmission from an HIV (+) woman to her infant
- Care for the mother and her family

# Prevention of Parent to Child Transmission



# Care and Support



# Scaling up to cover the whole country

Timing:

Pilot project:  
2000-2002

11 Centers of Excellence

11

December 2002

81 Medical Colleges in  
High Prevalence States

90

2003

159 District Hospitals/  
Maternity Hospitals in  
High Prevalence States

251

2003

79 Medical Colleges in  
Low Prevalence States

330

In 2003 2004

450+ District Hospitals/  
Maternity Hospitals in  
Low Prevalence States

780+

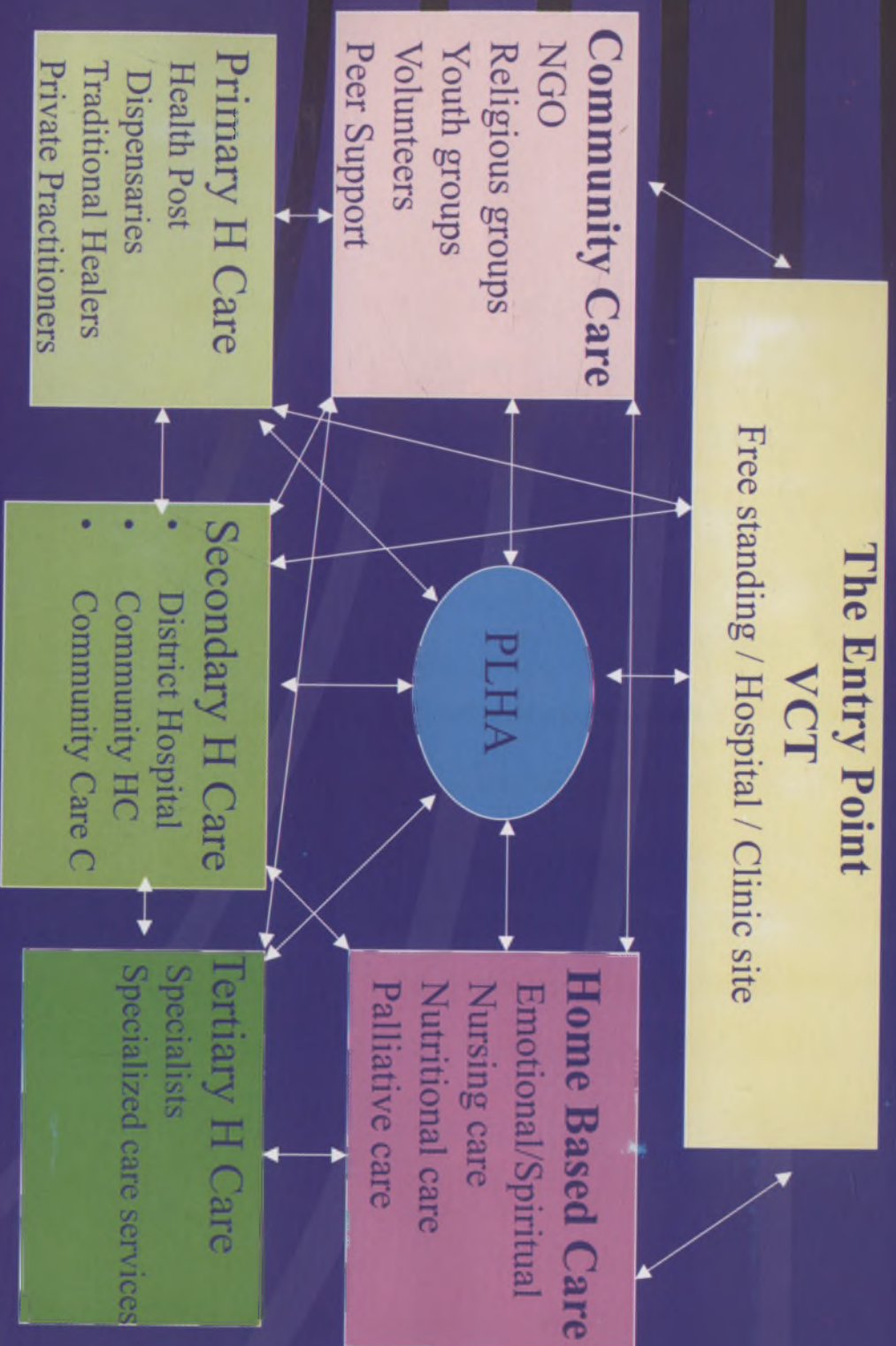
Cumulative total of medical  
centres participating:



# Greater Involvement of people living with HIV/AIDS



# Continuum of Care



# Challenges

- Scale and diversity of the response
- Gaps in knowledge
- Understanding the epidemic and responses
- New ways of working collaboration between private, public and civil society

**Scaling up while maintaining Quality**

- Appointing PLHAs as peer counsellors/educators
- Creating an environment for them to live with dignity
- Ensuring that they are provided access to health care services and are not discriminated by health care workers
- Prevention of discrimination at work place/ educational institutions
- Involving them in advocacy programmes

Thank You



# *Expanding the response*

**Keeping the yellow states yellow**

- Mainstreaming HIV/AIDS interventions Social Sector Programmes to reduce stigma and discrimination
- Increasing access to VCT
- Increasing access to PPTCT
- Need for policy on ART

# Adults and children estimated to be living with HIV/AIDS as of end 2003



## Total: 34 - 46 million

**Need for a Political Will in Prevention &  
care of HIV/AIDS**

**Dr. S. N. Misra  
UNAIDS, India**



■ About 14 000 new HIV infections a day in 2003

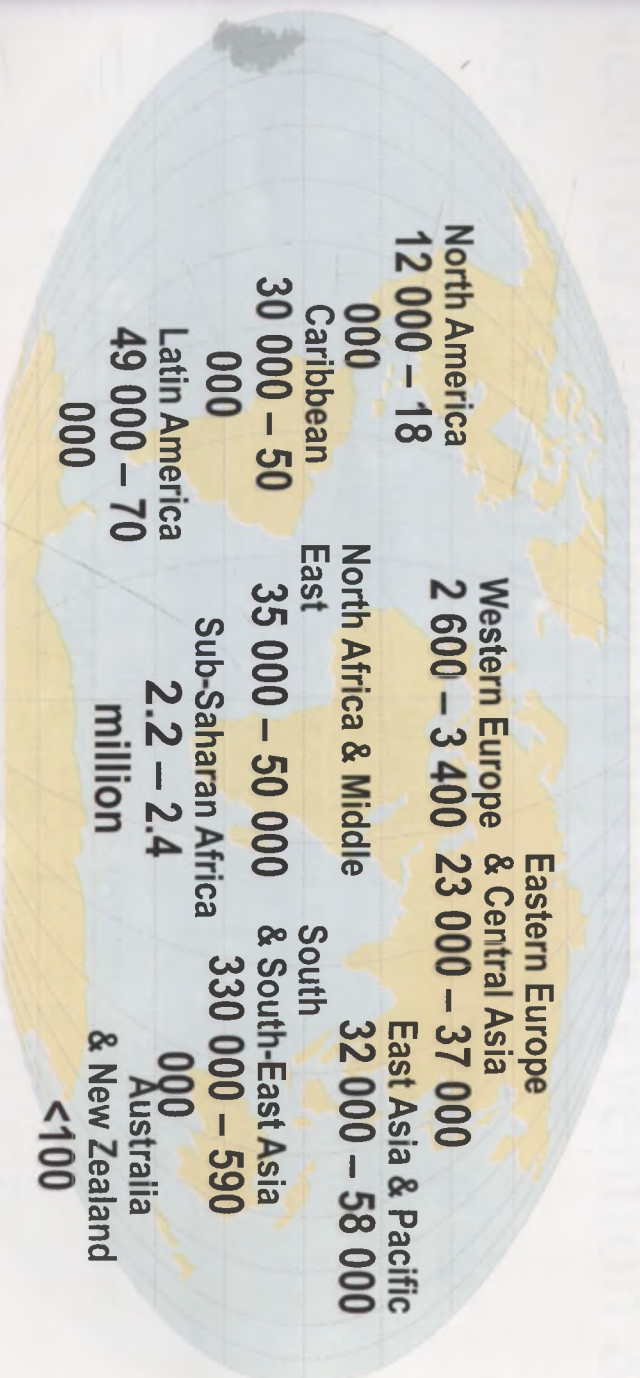
■ More than 95% are in low and middle income countries

■ Almost 2000 are in children under 15 years of age

■ About 12 000 are in persons aged 15 to 49 years, of whom:

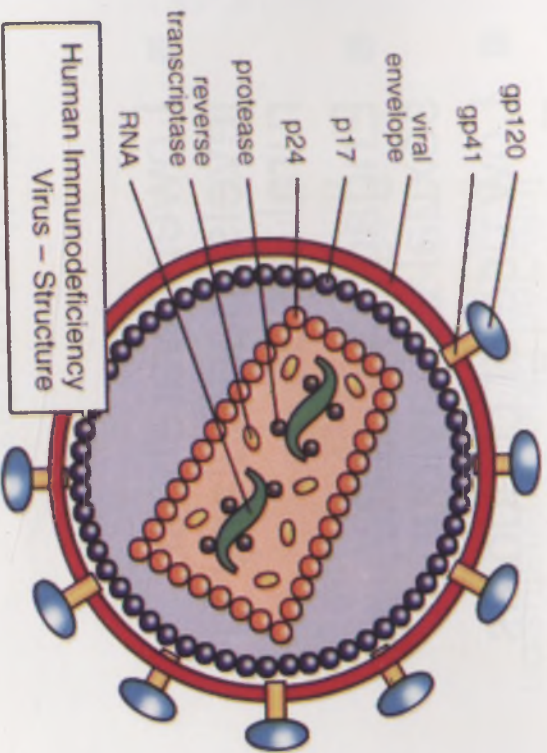
- almost 50% are women
- about 50% are 15–24 year olds

# Estimated adult and child deaths from HIV/AIDS during 2003



**Total: 2.5 – 3.5 million**

# The Virus



- **The Bad news-**
  - Failure of Recent vaccine trials
  - Increasing resistance to drugs
  - Out of reach for the majority
- **The Hope-**
  - Scientists across the globe going ahead with trials
  - More focus on newer drugs
  - Free treatment (3 by 5 initiative)

# AIDS: Worse scourge than terrorism



- Terrorism pales beside the widespread havoc and long-term harm of a more-insidious menace: HIV/AIDS.
- Like a terrorist's bomb, HIV/AIDS is an equal-opportunity killer that doesn't make distinctions about its victims.
- But HIV/AIDS cuts a much wider swath than any terrorist group could dream of doing; it is on the rise in every region of the world

# Prevention Strategies

- HIV is transmitted through-
    - Sexual contact
    - Infected Blood transfusion
    - Infected needles and syringes
    - Infected mother to infant during pregnancy and through breast milk
  - Awareness about transmission modes
  - Practice of Safe sexual behavior
  - Screening of blood/blood products
  - Using sterilised needles/syringes
  - Reducing infection from mother to child
  - Care and support for the infected and affected persons
  - Reducing stigma & Discrimination
- All other modes of transmission are myths!

## It spreads due to .....

- Lower awareness levels, particularly in rural areas
- Engaging in risky sexual behaviour
- Low use of condoms
- Early initiation into sexual relationship
- Low literacy levels
- Gender disparity
- Commercial sex and casual sex with multiple and non-regular partners
- Traditional beliefs and practices
- Poverty
- Migration & Mobility
- Stigma associated with this epidemic

# Safe sexual behaviour



- A-Abstinence
- B- Be faithful
- C-Condoms
- Treatment of other sexually transmitted infections

# Awareness towards safe behaviour



- Awareness is the only weapon
- All channels of communication for effective response
- Education in schools
- Awareness programs for illiterate and non-school youth
- Focused one -to-one communication with high risk group categories



# Care and Support for infected individuals Then.....

- Care & Support are integral to HIV/AIDS prevention & Control
- Drugs available at comfortable regimes
- Global '3 by 5' initiative to improve access to treatment
- Access to treatment a Human right issue



© AVERT

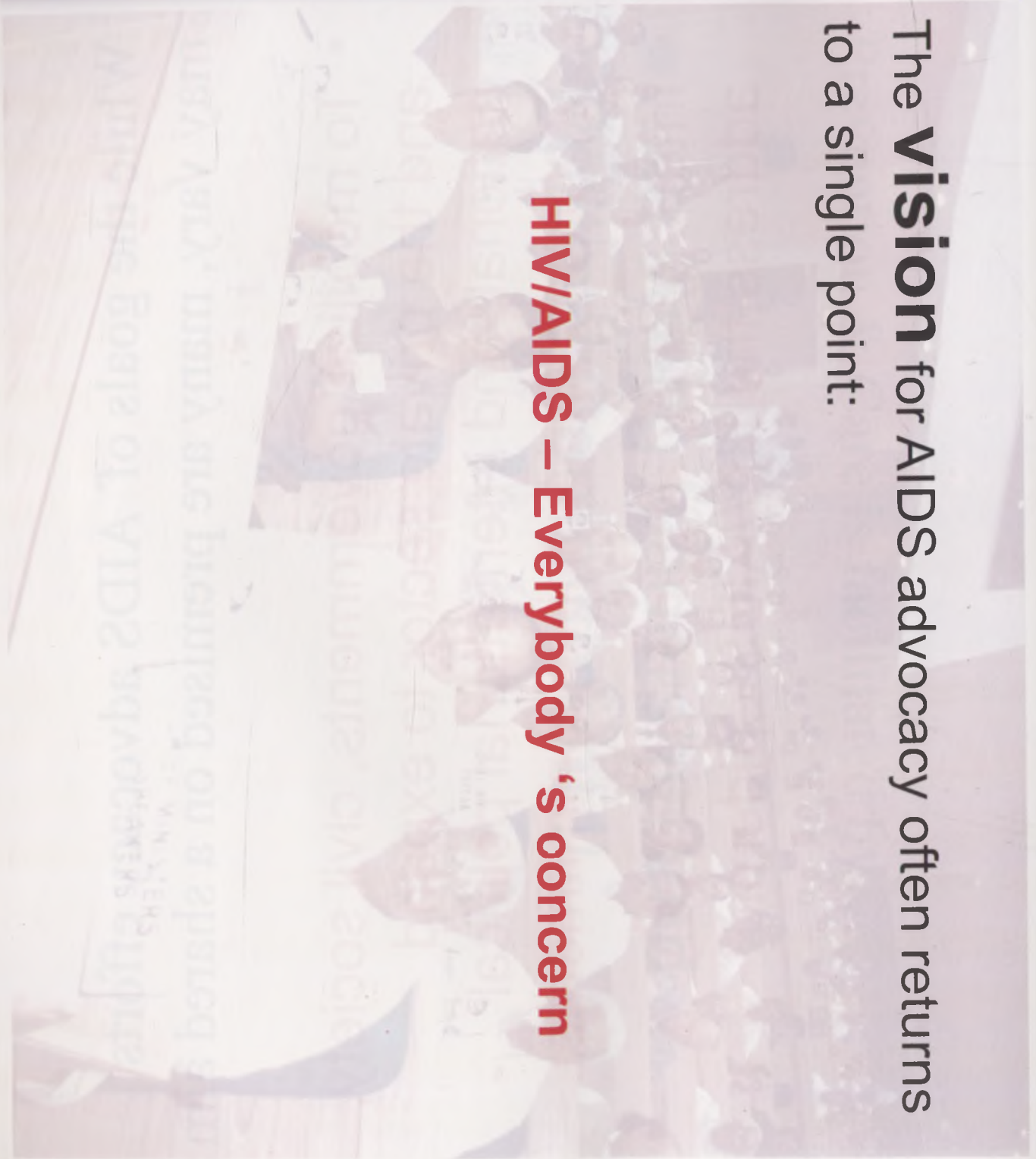
Now....



- Safe Blood Transfusion services and injection practices
- Prevention of infection from 'Parent to Child'

The **vision** for AIDS advocacy often returns to a single point:

**HIV/AIDS – Everybody's concern**



# Stigma & Discrimination

- Reducing Stigma & Discrimination at all levels
- Sensitisation of hospitals and staff very important
- Voluntary counseling and testing as part of Prevention & Care package
- *"If HIV does not kill, stigma will....."*

Kofi Annan



Doctors discussing the initial cases of AIDS - 1981

Prevention & Care is facilitated by.....

- .....a strong leadership and Political Commitment !!

While the goals of AIDS advocacy efforts may vary, many are premised on a shared aim

- To mobilize governments, civil society, and the private sector to expand national; and international political programs and funding commitments
- Intensity their action to effectively address the HIV/AIDS epidemic

# Political Commitment



UNGASS- 2001 Heads of most countries sign a 'Declaration of Commitment'

In India

- Strong political commitment for containing and controlling HIV and AIDS
- Policy articulated :
  - National AIDS Prevention and Control Policy, 2002
  - National Blood Policy, 2002
  - National Health Policy, 2002, and
  - National Population Policy, 2000 address HIV as a development challenge

**"HIV is the single largest development threat facing India"**  
Prime Minister, Shri Atal Behari Vajapayee,  
May 12, 2001

## Why Leadership?

**leader** – policy makers, educator, the media and others **can** -

Recognize the epidemic publicly and openly, and act to reduce the stigma surrounding HIV/AIDS.

Display political courage in applying sound measures to reduce the spread of the Virus.

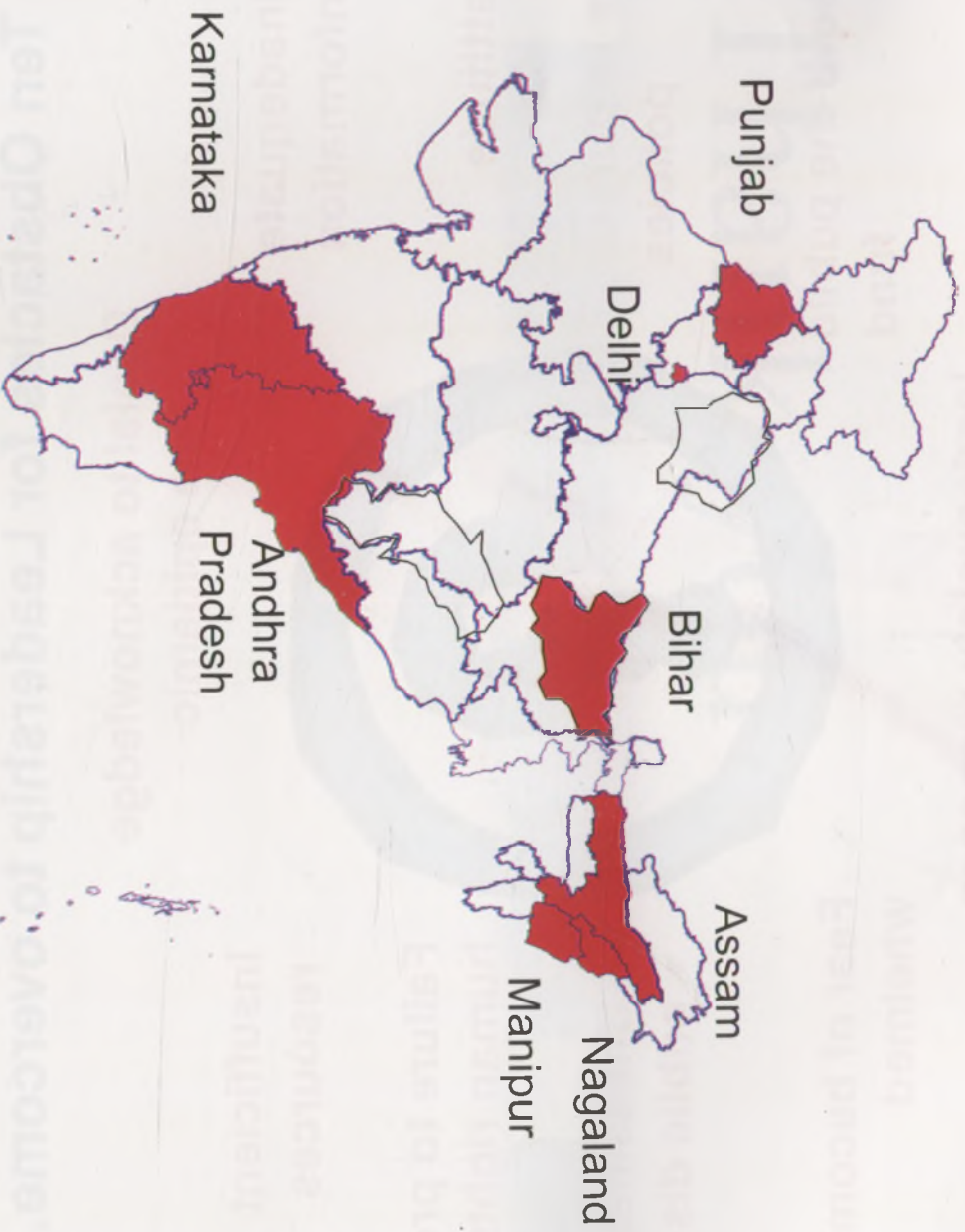
Support the commitment of national resources, which in turn may encourage increased external funding.

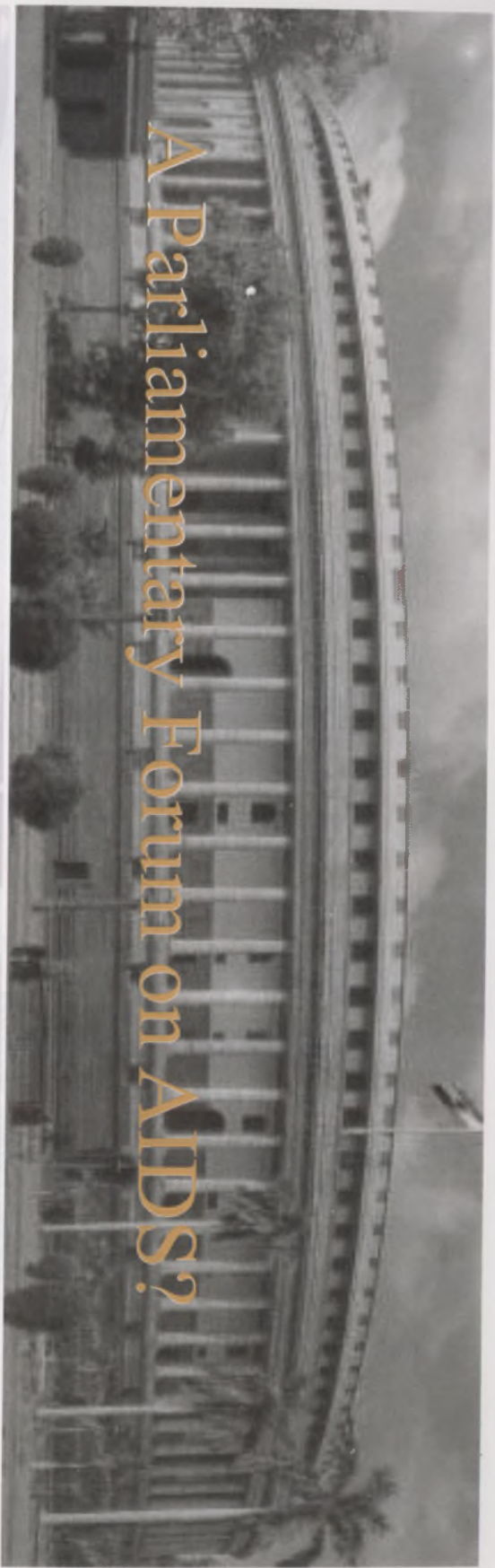
Endorse a multisectoral approach, including the involvement of people living with HIV/AIDS as a priority.

Give leadership to the fight against this global epidemic



**STATES WHERE LEGISLATURE FORUM ALREADY FORMED**





## A Parliamentary Forum on AIDS?

- Effective HIV/AIDS response calls for community mobilization on a large scale
- HIV calls for discussion on difficult issues – sex and sexuality, cultural norms
- HIV can devastate all our social and economic development gains

**HIV/AIDS needs to become a peoples movement**



Thank you



# Ten Obstacles for Leadership to overcome.....

Denial to acknowledge  
the epidemic

Inadequate  
Information

Insufficient  
resources

Failure to protect the  
human rights

Fatalist attitude

Failure to pursue  
policies

Uneasiness over  
public discussion



Absorb the public  
fund

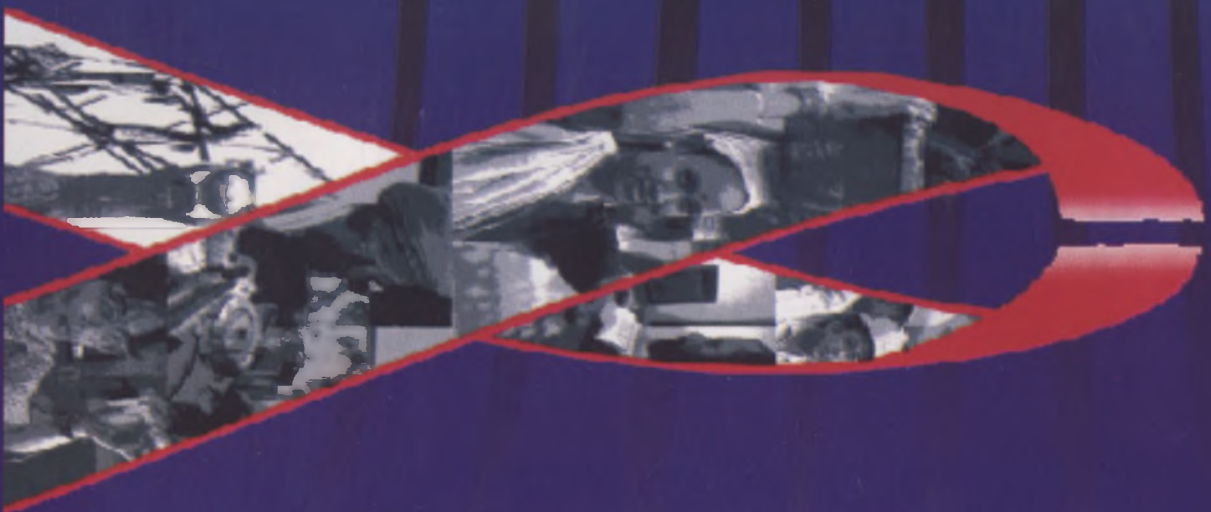
Fear of becoming over  
whelmed

Inadequately response  
by international  
community

## AIDS estimates demand attention

- Globally 42 million People Living with HIV/AIDS at the end of 2002. (nearly 50% women)
- 7.1 million in Asia
- 3.82-4.58 million in India at the end of 2002.
- India- 0.8 % prevalence among adult population
- A mere .1 % increase in prevalence rate amounts to 500,000 new infections in India.





Prevention of HIV/AIDS in the  
world of work - the need for  
action from cooperatives

*ICA workshop at NCCI, New Delhi*

6 April 2004

by

S. Mohd. Afsar

National Project Coordinator, ILO  
Subregional Office, New Delhi



Prevention of HIV/AIDS in the World of Work:  
-A Tripartite Response



## A Workplace Issue..



**How does  
HIV/ AIDS  
affect  
workers?**

Stigma and  
discrimination

Loss of income  
and employee  
benefits



## **India: A land of worsening epidemic**

- 10 % of global HIV/AIDS population;
- HIV spreading fast from high risk groups to general population;
- Six states already in the high-prevalence stage;
- Labour related migration a key factor;
- 90 % of the reported infections are from the most productive age group of 15-49 years.
- 400 million working population, 93% in the informal economy
- Reducing HIV related stigma and discrimination is a key challenge





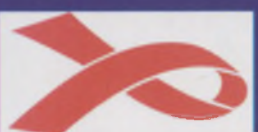
# PLWHA's key message to the world of work



**If you take away our jobs,  
you will kill us faster than  
the HIV virus...**

Do not work. Do give us risk  
to our co-workers.  
Work is more than medicine. It is  
to keep us going and enable us  
to bring home food and medicine.

**Steven Komer**  
Living with HIV



# Economic impact of AIDS on families - ILO Study in India (published in 2003)

Average monthly expenses before and after HIV detection

Items	Avg. exp before (Rs.)	Avg. exp after (Rs.)	Avg. inc./dec. (Rs.)
Food	1862	2212	+350
Medicine	444	912	+468
Education	333	166	-266
Entertainment	802	280	-522
Debts	--	--	4818

# THE ROLE OF THE ILO



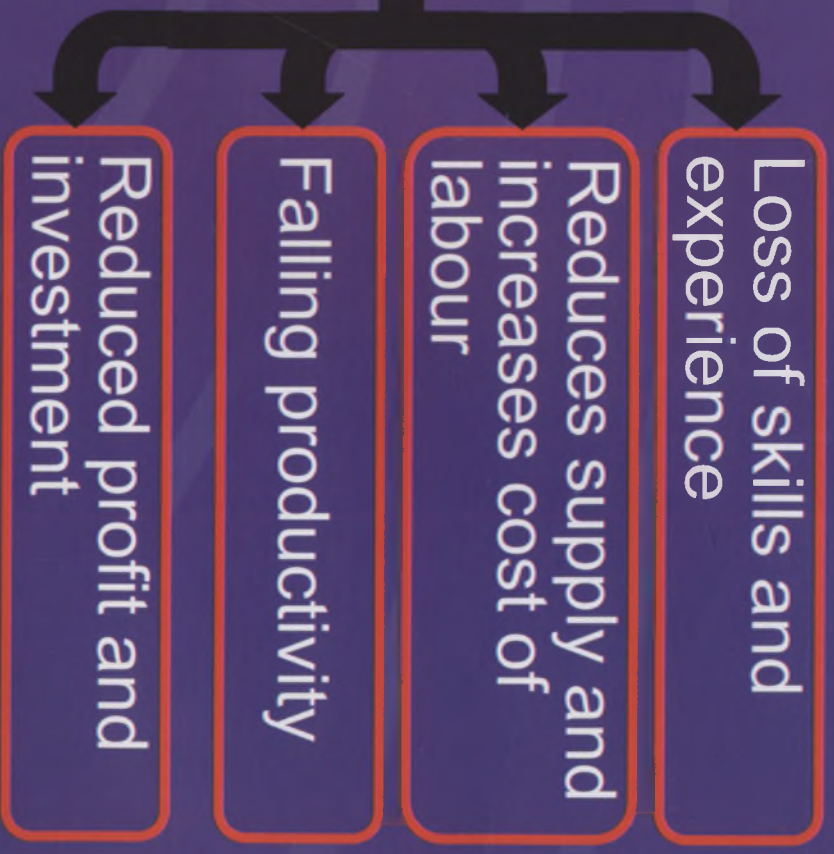
- Setting standards and guidelines:  
ILO code of practice on HIV/AIDS  
and the world of work
- Advocacy and awareness-raising
- Mobilising social partners and  
providing technical support
- Mainstreaming HIV/AIDS into ILO  
programmes and field structures



# HIV/AIDS a Workplace Issue



**How does HIV/AIDS affect enterprises?**



## Focus of the ILO India Project

- Collaboration with MOL/NACCO, Employers and Workers Organizations, UNAIDS and PLWHA networks
- Advocacy for an improved policy framework using the ILO Code
- Technical support to strengthen world of work interventions
- Strengthening enterprise-based interventions



# THE CODE ESTABLISHES PRINCIPLES FOR POLICIES AT ALL LEVELS

Non-discrimination

No screening

Confidentiality



The right to  
programmes  
of prevention  
and Care

No dismissal

Gender equality



# Enterprise kit on HIV/AIDS developed

- Documentation of selected enterprises work on HIV/AIDS
- An Operational Manual
- An enterprise film
- The ILO Code of practice
- Available at [www.ilo.org/hivaidfindia](http://www.ilo.org/hivaidfindia)







## What have we learnt about HIV/AIDS?

- People with HIV infection can live a productive life for years.
- HIV positive people pose no risk to their co-workers/society.
- Invisible nature of HIV infection keeps many in the stage of denial, which is the right time to respond.
- HIV prevention programmes work and cost less if initiated early.
- HIV programmes work best when integrated in the other welfare programmes reaching workers/communities
- Involvement of PLWHA helps
- Leadership is key to success of programmes



# ILOs Collaboration with Trade Unions



- A handbook developed for trade unions on HIV/AIDS in English and Hindi
- An advocacy film for Trade Unions to appreciate their role in HIV prevention
- A training manual developed and TOT programmes being conducted



# COOPERATIVE PROFILE OF INDIA

Total population in India	:	1,027,050,247
Rural population (%)	:	71.3
Total no. of cooperatives (all types, levels)	:	528,249
Total membership	:	228.77 million
Primary cooperatives	:	515,309
District Federations	:	12,565





## The need for action against HIV/AIDS from cooperative institutions

- Significantly large membership and reach in communities
- Effective vehicle for reaching rural areas, women
- Presence of programmes and training institutions, where HIV interventions can be easily integrated
- HIV epidemic can adversely affect years of achievement of cooperative movement



# COOPERATIVES FOR VULNERABLE

	No.	Membership
Fishery coops	13,117	2.08 million
Poultry coops	4,304	0.44 million
Labour contract & construction	29,779	1.60 million
Forest labour	3,401	0.74 million
Womens coops	8,393	0.84 million



State Federations : 353  
National Federations : 22

### Primary Agri. Credit

Cooperatives (PACs) : 140,347  
Membership in PACs : 147,35 million  
Av. Membership/PAC : 1,076  
Small farmers (%) : 42.4  
Marginal farmers (%) : 28.9  
Rural artisans (%) : 3.85  
Scheduled caste (%) : 15.32  
Scheduled tribe (%) : 9.54  
Women membership : 2.89 million  
(10 states)



## **Some ideas for enhancing action against HIV/AIDS from cooperatives**

- Sensitization of official and non -official leadership is the first key step towards integrating Cooperative Sector into the National Programme on HIV/AIDS
- Principles enshrined in ILO Recommendation 193 on Promotion of Cooperatives & ILO Code of Practice on HIV/AIDS
- Integration of HIV/AIDS in the cooperative training institutions
- Careful review of existing programmes and integrating HIV/AIDS preventive education where ever possible



## **NCUI Training Network**

- National Council for Cooperative Training (NCCT)
- VM National Institute of Cooperative Management (VAMNICO) - National level
- Institutes of Cooperative Management (ICM) - State level, 19
- Junior Cooperative Training Colleges (JCTCs) District level, 92
- Cooperative Field Education Projects, 45 Village/Block level





Thank You

