

Differentiated service delivery for HIV: A Decision Framework for HIV testing services, 2024 update

Case study 9¹ in more detail

Expanding HIV testing for people in prisons and other closed settings through an integrated service package in prisons across 13 states of India

Complementing National AIDS Control Programme efforts to end AIDS as a public health threat by 2030, Plan India has been implementing an intervention in 13 Indian states. This is under the guidance of the National AIDS Control Organization and as the principal recipient in an integrated HIV prevention project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2022, the estimated national adult HIV prevalence in India was 0.20% (0.17-0.25%), significantly higher among people in central jails at 1.93% (95% CI: 1.75-2.12)[#]. During the implementation period (August 2022 to March 2024), Plan India registered 357 prisons and 223 other closed settings for providing comprehensive HIV services, along with viral hepatitis, TB, STI and syphilis screening and care and treatment linkages.

The project followed five broad strategies to increase HIV testing and other priority disease screening among people in prisons and other closed settings:

1. Mapping and registering various categories of prisons (central jail, district jail, sub jail, special jail, open jail) and other closed settings into the project through strong coordination and collaboration with different government line departments at national and state levels
2. Sensitizing prison and other closed setting officials and orienting jail superintendents and prison wardens following prison protocols
3. Strengthening systems by building capacities of internal healthcare providers (medical and para-medical staff in prisons) in carrying out HIV and other screening, including facilitating treatment linkages
4. Rationalizing the number of health camps as per category of jails and inflow of number of people in prisons and under trial to maximize coverage
5. Ensuring sustainability through the selection of prison peer volunteers (PPVs), identified from people in prisons themselves and trained to mobilize others in prison and under trial during health camps, and addressing basic queries relating to HIV and following treatment adherence

The programme integrated HIV screening services within the existing basic health screening carried out in prisons for every new person. Following National AIDS Control Programme guidelines, people testing HIV negative and not released are facilitated for retesting every six months. As prisons have restricted access due to the nature of its ecosystem, a single-window approach was designed and implemented wherein a basket of services (HIV, TB, hepatitis, STI and syphilis screening, for example) were offered in a single health camp in coordination with different line departments. Depending on the number of people, the health camps were organized to carry out HIV and other screening at the prison.

PPVs mobilized people for health screening. Typically, a monthly health camp plan was developed in consultation with prison authorities, and all the necessary resources were mobilized for these camps,

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including HIV test kits and other consumables, in close coordination with the District AIDS Prevention and Control Unit, District Integrated Strategy for HIV AIDS, Integrated Counselling and Testing Center (ICTC) and others.

On the day of health screening, HIV pre-test counselling was carried out, and then a trained lab technician and/or jail pharmacist performed HIV screening. Based on further risk assessment criteria, other screenings were also performed. Project staff maintained all records using unique identifiers for individual clients in an HIV Counselling and Testing Service register. This data recording and management system was introduced through the project and is presently maintained by all prisons as part of their HIV and other priority screening and treatment follow-up record management system.

When a person tested reactive or any disease is suggested, the project staff facilitated transportation of drawn blood and other necessary samples to respective departments for confirmatory testing. Project staff advocated with the jail authorities and ART centres so that people were granted timely permission from the courts to go out under prison security for confirmatory testing to the nearest ICTC/district hospitals and to get the baseline tests done for ART linkages and ART treatment initiation. As a follow-up measure, all people living with HIV were visited and followed up to ensure treatment adherence and for any other disease screening and necessary treatment linkages. While PPVs followed up on regular drug administration, project staff and jail pharmacists ensured ART drug refilling through coordinating with ART centres. A total of 6,354 PPVs were identified and trained to continue mobilization, HIV education and treatment adherence support.

From August 2022 to March 2024, 490,600/782,468 (62.7%) people in prisons tested for HIV, of whom 1,927 were newly diagnosed with HIV and 1,601 (83%) were initiated on ART. This was in addition to 720 people who were previously diagnosed with HIV. A high proportion of those newly diagnosed had a history of injecting drug use, highlighting the importance of HIV testing in prisons to augment mobile community-based HTS outreach to people who inject drugs. The integrated screening approach also diagnosed TB in 66 of 388,002 people screened (0.02%), STIs in 224 of 60,775 screened (0.37%) and hepatitis C in 1,163 of 114,870 screened (1.01%).²

Index testing for spouses and biological children was offered and provided by Plan India where consent was obtained. At treatment initiation, people were registered at their closest ART centre, supporting treatment continuity after release from prison. Those residing in areas further away were supported to transfer their registration to an ART centre closer to their home. As part of post-release follow-up, 297 people living with HIV and with behaviour that increases vulnerability were linked to targeted intervention projects and 193 with Care and Support Centers run under the National AIDS Control Programme for people living with and affected by HIV. In addition, people were linked with social welfare and entitlement schemes provided by the government after release from prison.

The result suggests a significant impact created within the prison setting with the integrated HIV and other priority disease screening. Advocacy with government departments and collaboration with prison officials has resulted in ensuring increased identification and early linkage of people in prisons and other closed settings living with HIV. Plan India's prison intervention shows the pathways to expand and saturate this population with an integrated package of screening services and beyond.³

² [Breaking the barriers: opportunities for integrating HIV testing with other services for incarcerated population. Results from Plan India's Prison and OCS intervention funded by GFATM in 13 Indian states](#), AIDS 2024 abstract 9152, K. Biswas, R. Rana, A. Rawat, B. Borah, M. Asif, data updated through personal communication with Plan International India.

³ [Sankalak, Status of National AIDS and STD Response](#), fifth edition, 2023, National AIDS Control Organization