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AIDS IN TAMIL NADU: SUCCESS & WORRIES

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**India's foremost HIVAIDS researcher Dr Suniti Solomon, who documented the country's first HIV case before setting up the first voluntary testing and counseling center for the disease, died Tuesday. On her passing away, we take stock of the fight against HIVAIDS in TN**

It's a familiar sight at the traffic signal -a knock on the rolled-up car win dow and a gesture for money . Devi, who makes a living begging at this busy Chennai junction, is from Mumbai. She came along with many others to the city since Tamil Nadu, with its progressive image, had become the dream destination for transgenders like Devi.

Transgenders were recognized as a community here and promised a range of welfare benefits. Public health enthusiasts worked with them to reduce the prevalence of HIVAIDS in them since they were a high-risk group.

Devi's move to Chennai, in many ways, parallels the anti-HIVAIDS movement in which Dr Suniti Solomon played a key role. Her passing away on Tuesday is an opportunity for many stakeholders working in health and HIV to introspect on the nearly three decades of work.

It was not just in detection ­ Suniti Solomon has been credited with identifying that HIV had indeed entered India in 1986 -but also in prevention that Tamil Nadu led from the front, bringing in government as well as international action, creating a ripple effect among civil society organizations and communities. As the funds poured into campaigns, interventions and clinical services, communities considered “high-risk groups“ started becoming visible. A health and prevention exercise became a movement for communities that were hitherto living in the shadows of society and entitlements.

The success of behaviour change communication strategies -a key aspect of the campaign -in Tamil Nadu was acknowledged at the national level. Planning and implementation of the national HIV programme was taken forward from the Tamil Nadu experience.

HIV incidence in the state has more than halved, with adult HIV prevalence dropping below 1% in 2002, to less than 0.3% now. The dramatic change from being a high-prevalence state to one that had managed to halt and reverse the epidemic brought international spotlight.

The dynamics of the HIV programme in the state has seen a sea change in recent times, however. Two key donors -USAID and BMGF -phased out their intervention among high risk groups from 2010 and, in addition to handing over to the state, began to focus on documentation and sharing of “best practices“ while transferring the onus of action onto communities.

For such a successful journey , the concern now is that, progress made by Tamil Nadu must not be lost. A close look at recent district-level data shows cause for worry . There are several districts that show high-prevalence in the general population and an upward trend since 2010.Erode, Salem and Trichy districts show over 1% prevalence in the general population.

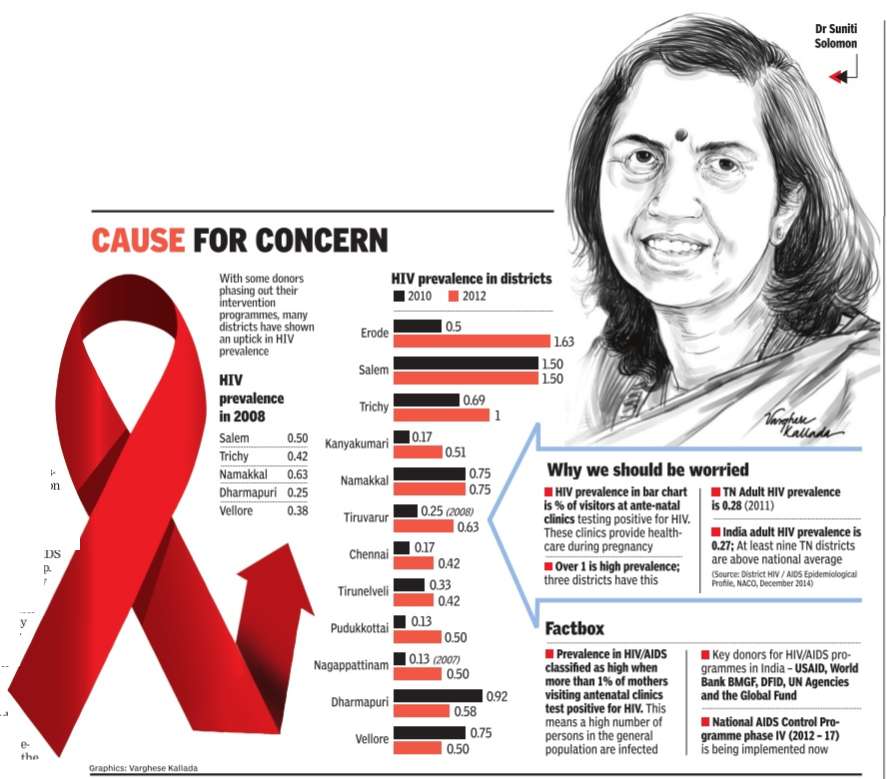
The prevalence in several other districts, such as Namakkal and Tiruvarur, are above the state and national average and it's climbing. With Kanyakumari being a new entrant into this category . Is there a reversal in a journey that has been so successful?  
It is not just the prevalence in general population that is seeing a reversal; it is also the dynamics of “high-risk groups“ ­ that had seen much change over the years ­ which is of concern. For instance, Tamilnadu was the first state to set up a transgender welfare board, the first to provide separate entitlements for them, offer sex reassignment surgeries, besides visible political engagement.

Here too, progress seems to be ebbing. Communities don't seem have developed the capacity to take over programme interventions. Consolidation has not happened and there is restlessness over withdrawal of international donors in several regions. With the withdrawal of donors, centres that were nodal points for communities to engage with one another were also handed over or shut down.

The peer education and communities' ability to protect themselves from high-risk behaviour relied heavily on drop-in centres. Now, there are only 38 drop-in centres across Tamil Nadu for counselling or rallying communities, especially those living with HIV . This limits opportunities to meet and discuss HIV .

In the euphoria of effective prevention, these are some warning signals that must not be ignored. It is at this critical point of need to consolidate that Tamil Nadu is placed.

Yes, it is still positive that Devi at the traffic signal came to Chennai looking for a better life. Only , having moved here, she should not have been begging on the streets. The state that came together for nearly three decades of an internationally shared success story, needs to pull together to finish the task on and. It is time to ensure that years of hard work are not undone. It is also time for Devi to move on, not to the next vehicle, but towards a better life. It is time -as the slogan in HIVAIDS prevention goes -to get to zero. (The author is a development communica tion professional who has worked on HIV AIDS prevention) Email us your feedback with name and address to southpole.toi@timesgroup.com

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