

State of UHC: India

This snapshot summarises the key points raised in a focus group discussion held on 9 July, 2021, with 22 representatives of different vulnerable and marginalised communities in India.

What needs to be done?

1. Ensure that UHC is inclusive of all Indians, including the LGBTQI+ community.
2. Recruit and train more health care workers to fill vacancies, including building a workforce sensitive to the needs of different marginalised groups.
3. Strengthen the resilience of the health care system in terms of preparedness, adaptability, and sustainability.
4. Engage the community and build their capacity to support community systems.
5. Conduct a census or collect additional data on the transgender or non-binary population to better understand their needs and develop appropriate support and services.
6. Be more inclusive of civil society, community leaders, and organisations representing the most vulnerable and marginalised populations to ensure that no one is left behind.
7. Increase awareness and sensitivity in wellness centres on the importance of confidentiality, and reducing stigma and discrimination for both service providers and receivers.
8. Improve accountability through regular community feedback.



UHC context

1. The Ayushman Bharat scheme is India's UHC system. It covers both public and private facilities, but the budget is insufficient to provide full coverage. It is managed by the government at the district and state level.
2. The scheme is being rolled out in a phased manner and the government has prioritised initial access for people living below the poverty line.



Challenges facing those who risk being left behind

1. The system and paperwork is set up for binary genders, and the transgender community is excluded from appropriate identification, with no separate trans-appropriate services or facilities provided.
2. LGBTQI+ communities are not adequately covered
3. While PLHIV have easy access to ART and related services from ART centres, PLHIV are not covered under the UHC package of services, resulting in PLHIV being unable to access quality health care at all levels. In particular, PLHIV face challenges accessing services during operations and surgery, for which they are dependent on public services due to financial limitations, thereby limiting their choice.
4. Lack of respect for privacy, confidentiality and dignity.



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Discussions included representatives from marginalised and vulnerable communities including people living with HIV, and LGBTQI+.



What's working



1. Support for HIV prevention and care, including ARV, are integrated into UHC, with support for LGBTQI+. In particular, HIV is integrated with NCDs at wellness centres from the grassroots to the district and state levels.
2. Hepatitis, STI, HIV, TB and NCD programs are all under one room for early diagnosis and treatment under the UHC umbrella, making services more easily accessible by all - including vulnerable and marginalised communities - at one location.
3. Some examples of compassion with hospital medical bills being waived for some vulnerable PLHIV.

What needs to be improved



1. Coverage needs to be nationwide, to ensure that people who move across districts or states are fully covered.
2. Increase the number of qualified medical personnel to staff facilities.
3. Expand the coverage of different tests, advanced treatment - including for opportunistic infections and NCDs - and in-patient services to reduce out-of-pocket expenses.
4. Address barriers to access facing some minority, tribal or remote populations, whether they are economic, geographic, or customary, e.g. requiring permission or accompaniment to seek health care.
5. Reduce discrimination in health care settings against PLHIV.
6. Improve accountability by strengthening transparency, monitoring and evaluation, particularly through working with non-governmental partners.

The impact of COVID-19



1. COVID-19 care facilities were set up in the same building as other services, increasing the risk of infection for people with potentially compromised immune systems, including PLHIV.
2. Many patients experienced reduced access to their ongoing treatments, including testing, ARV, during lockdown.
3. Many medical staff were diverted from their usual services to support COVID-19 testing, care, and now vaccination.



For further information, please contact National Coalition of People Living with HIV India (NCPI+): ncpiplus@gmail.com or daxancpi@ncpiplus.org

