

**Ministry of Health & Family Welfare
Government of India
National AIDS Control Organisation**

MTA Priority areas for evidence generation

- Declining coverage of key & bridge population through targeted interventions
- Reaching out to informal labour through employer led model and scale up of OST
- Identification of sub-groups in general population from where rest of the 90% of infections are occurring
- Contribution of distal networks to the epidemic in places where rising trends and higher levels of HIV prevalence are seen among general population while the HIV prevalence among high risk groups, especially FSW, is very low. Are there any other local general population networks and behavioural patterns that are responsible for such epidemic patterns?
- Epidemiology of new infections & characterization of at-risk groups
- Understanding dynamics of epidemic with higher levels in GP than KP
- Understanding sustained high prevalence among ANC, FSW & MSM in certain pockets despite long-standing interventions
- Capturing mobile populations and their vulnerabilities? Strategies to address the issue of sustained high prevalence among FSW in high prevalence states?
- What strategies should be put in place to improve the yield of detection of HIV positives and bring them into the fold of care & treatment? How to ensure that they are adopting prevention tools and preventing further transmission?
- Emerging drug resistant in patients on first line ART
- Emerging viral STIs among GP & high risk populations
- Emerging vulnerabilities among high risk populations and use of new technologies
- Cascade studies: PPTCT-EID cascade, CLHIV cascade
- Identifying hard-to-reach populations & their network dynamics
- Effectiveness of existing LFU prevention & tracking system
- Cost effectiveness studies on new prevention models
- Cohort studies to assess long-term consequences of treatment
- Incidence studies
- Transmission dynamics among sero-discordant couples