Mainstreaming HIV in Insurance: The Way Forward

International Conference on Mainstreaming HIV and AIDS: Role of Insurance Sector in India

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Insurance & HIV in India: Current Status

• Most of insurance products exclude HIV
• Individual diagnosed during insurance policy – excluded
• PLHIV who seek treatment for non-HIV related issues denied benefits
• Products do not cover treatment for HIV
• Post Exposure Prophylaxis for Care Givers not covered

• The role of insurance sector needs to be defined
• HIV has become a manageable condition

• Countries with higher HIV prevalence have also mainstreamed HIV: eg South Africa

• PLHIV willing to pay, but products unavailable

• Regulatory does not prevent HIV inclusion
International Experience: Learning for India

• The regulator has a key role
  – American Disability Act, Namibia
  – Human Rights Issue: Life and health products cover HIV (SA)

• Social and community health insurance schemes have been mainstreamed HIV (US, Rwanda)
Global experience

• HIV can be covered under insurance and still be profitable

• Cost for covering HIV can be lesser or equal to any other chronic condition subject to:
  – Regular follow up, Network of specialists to manage
  – Close monitoring and Consumer involvement

• Employee Health Benefits Schemes can also cover HIV (Levis covers in more than 20 Countries)
Experience from India

• India a low prevalence and declining epidemic
• With scale up and adherence to ART the cost of hospitalization has reduced
• The response to the pilot insurance programme has been promising
• Indian Railways cover HIV in their employee health programme
Social Health Insurance Schemes: Scope for mainstreaming

- Social health insurance schemes: Arogyasree RSBY do not exclude HIV
  - RSBY limited to BPL
- Mukhya Mantri Jeeven Raksha Kosh Yojana, Rajasthan does not exclude HIV
- Need to see actual benefits so far to PLHIV from these schemes
Evidence from India

- HIV related mortality has drastically declined in India and is further declining.

- Life expectancy of PLHIV is nearing normal.

- HIV has become a manageable condition like Diabetes and Hypertension where adherence is important.
Evidence from India

- Research shows insurance significantly improves quality of life of PLHIV

- It is also an indication of social acceptance and a right to be respected
Evidence from India

- Removing the current exclusion from policies given the very low incidence rate in India is commercially viable and does not have any major cost implication.

- Insurance products exclusively for PLHIV do not facilitate risk diversification and hence not the best way.

- The benefits of including HIV to be balanced against cost implications.

- Providing cross subsidies will help in mainstreaming more vulnerable to commercial products.
Issues in mainstreaming in the Indian context

• Critical data Gaps need to be bridged
  – Population characteristics of PLHIV
  – Morbidity levels and trend (Incidence of various OI and other diseases)
  – International Classifications not adhered while reporting morbidity
  – Modeling on cost of health care and utilization
Issues in mainstreaming in the Indian context

- No regulatory mandate for inclusion of HIV

- Stigma and Discrimination:
  - private health settings
  - Inclusive public settings

- Need to develop framework which ensures availability of services to those who cannot afford to pay also
Issues

• Low level of insurance literacy among PLHIV

• Insurers, service providers yet to be sensitive on the issue
Next Steps

• Engage with IRDA, the Life insurance Council and General Insurance Council

• Set up a working group to come up with a report within two months comprising of NACO, PLHIV, IRDA, Insurance companies and other experts

• Address the data gaps through gathering and consolidating the evidence
Thank you!