

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) signed on
18th day of February, 2014

Between

Department of Defence
Ministry of Defence

&

Department of AIDS Control
Ministry of Health & Family Welfare
Government of India



INTRODUCTION

India has one of the largest number of population living with HIV/AIDS in the world. Given the prevalence rate of 0.27 percent, 21 lakh people are estimated to be living with HIV/AIDS in the country¹. HIV is driven by a number of socio-economic factors; therefore, health interventions alone are not sufficient to address causes and consequences of the epidemic. It requires multi-sectoral response for reducing risk and vulnerability to HIV, integrating HIV/AIDS in the existing services and providing social protection for those infected and affected to mitigate the impact. The halt & reverse of the epidemic, which is goal of National AIDS Control Programme, is only possible with active and meaningful involvement of all stakeholders.

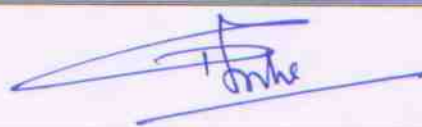
Department of AIDS Control (DAC) and Department of Defence are hereinafter referred to together as "the parties"

Article 1

1. DEPARTMENT OF AIDS CONTROL

- 1.1 Department of AIDS Control is nodal agency for coordinating response with respect to HIV (Human Immuno-deficiency Virus) and AIDS (Acquired Immuno Deficiency Syndrome) in India. Department of AIDS Control has initiated several measures towards mainstreaming and partnership with various relevant Ministries in the country.
- 1.2 The National AIDS Control Programme (NACP) is implemented through 38 State AIDS Control societies (SACS)/Municipal AIDS Control societies in states and union territories. NACP places importance on mainstreaming HIV/AIDS by a) Enhancing coverage and reach of information on STI/HIV prevention and services to large workforce, especially informal settings consisting of migrants b) Providing STI/HIV related services through existing health infrastructure available in various ministries and its departments and autonomous bodies and c) Facilitating Social protection inclusive schemes for people infected and affected with HIV/AIDS.

¹ HSS NACO, 2011



Article 2

2. DEPARTMENT OF DEFENCE

- 2.1. The Department of Defence in the Ministry of Defence is concerned with defence of the country for which it frames policies and communicate them for implementation to the Integrated Headquarters comprising of Army Headquarters, Naval Headquarters, Air Headquarters and Defence Staff Headquarters. It is required to ensure effective implementation of the Government's policy directions and the execution of approved programs with the allocated resources.
- 2.2. Role of DGAFMS: The Directorate General, Armed Force Medical Services (DGAFMS) under the Ministry of Defence is responsible for providing comprehensive primary, secondary, tertiary and rehabilitative medical and health care to the 1.3 million strong Armed Forces personnel of the Army, Navy and Air Force, their dependents, pensioner Ex-servicemen (being first referral in ECHS), Coast Guard, NCC and various Para-Military personnel and personnel of Friendly Foreign Countries as approved by Ministry of Defence. The DGAFMS is also responsible to implement the National Health Programmes as directed by the MoHFW, amongst the dependent population of the Armed Forces, in true letter and spirit.
- 2.3 The DGAFMS under the Ministry of Defence has been proactively involved in Government of India's efforts on HIV/AIDS prevention through awareness generation and mitigating its impact through care & support to infected and affected individuals through initiatives taken by the Ministry.

Article 3

3. RATIONALE FOR MAINSTREAMING HIV

- 3.1 The uniformed services, especially young men and women, are highly vulnerable to HIV/AIDS because of their work environment, mobility, age and other factors that expose them to higher risk of infection than their civilian counterparts. The key factors associated with defence force viz. young age in prime of life, difficult service conditions, prolonged separation from spouses and migrant nature of work are poses a greater risk of HIV infection. Then, there are emerging areas such as MSM behavior and IDU behavior where Department of Defence would need the technical support of Department of AIDS Control.



- 3.2 **Impacts on readiness;** Combating HIV/AIDS in the uniformed services is not a moral issue but a question of achieving maximum effectiveness. HIV/AIDS impairs readiness, valuable experience and skills will be lost, a shortage of officers and troops may result, and less experienced personnel may have to take on more responsibility. Raising awareness of HIV/AIDS and encouraging behavioral change among members of the uniformed services will save lives and improve effectiveness. If left unchecked, HIV/AIDS can impact on the readiness of personnel and compromise national and internal security. Mortality and morbidity can reduce total troop strength, deployment strength and the recruitment pool for enlisted personnel.
- 3.3 **Increased costs:** Turnover in personnel not only creates a loss of continuity of command but increases the costs of recruiting and training replacements. The increased health-care costs alone can be substantial, including additional health-care staff, medical insurance, life insurance premiums and disability payments. Absenteeism increases and productivity decreases as more people infected with HIV become ill. The lesson learnt from high prevalent countries strongly suggests that proactive and early intervention would be more cost effective.
- 3.4 **Civilian infection vector** Uniformed services can also have an impact outside their own ranks. HIV/AIDS tends to be more prevalent in countries during times of instability. Personnel stationed overseas as peacekeepers or who are a part of a military force can become infected and bring the virus back with them to their own country where infection is less prevalent.

Article 4

4. NEED FOR COLLABORATIVE EFFORTS

- 4.1. The prevalence of HIV AIDS in the Armed Forces is markedly below the National prevalence, however the lessons learnt from high prevalent countries strongly suggest that proactive and early intervention would be more cost effective.
- 4.2. The DGAFMS under The Ministry of Defence has been proactively involved in the prevention of HIV/AIDS and mitigating its impact in defence services. The Armed Forces Medical Services within Ministry of Defence has evolved a dynamic HIV/AIDS control programme in various phased manner.




- 4.2.1. Phase I (1991-1998) enunciated of surveillance policy, setting up of health education programme and establishment of Information, Education and Communication (IEC) nodes. The increase in surveillance resulted in an exponential increase in the number of cases detected².
- 4.2.2. Phase II (1999-2003) began with partnership with NACO, giving a boost to blood bank services which resulted in sharp increase in detection of infection among voluntary blood donors.
- 4.2.3. The phase III (2004-09) witnessed the introduction of screening surveillance for ante-natal cases, post exposure prophylaxis, PPTCT and introduction of Anti-retroviral therapy with specified criteria. The Ministry of Defence is proactively involved in surveillance, prevention activities, HIV counseling, testing and strengthening of blood banks. However, there is a need to strengthen the preventive drive as well as provide optimum care & support to infected and affected individuals/ groups.

Article 5

5. SCOPE FOR MAINSTREAMING HIV

- 5.1. DGAFMS under Ministry of Defence (MOD) can support the objectives of the Department of AIDS Control by a) Enhancing coverage and reach of information on STI/HIV prevention and services to large defence force and other staff members, b) Strengthen the system of providing STI/HIV related information, counseling, testing and other services through existing health infrastructure available under MoD c) Reduce social stigma and discrimination associated with PLHA and affected individuals/ groups.
- 5.2. The Armed Forces Medical Services are the largest and amongst the best organized health-care delivery systems in the country. The health infrastructure of AFMS comprises of 130 hospitals of varying sizes and facilities, spread over the length and breadth of the country, while the peripheral hospitals have basic specialist facilities, the eight Command/Army Hospitals have super specialist centers with state-of-the-art equipment and facilities. The

² Presentation of Joint Director, AFMS, during Inter-Ministerial Conference for Mainstreaming HIV, New Delhi 2012



services on ICTC/ PPTCT/STI need to be incorporated in these centres. This would help to disseminate information on HIV/AIDS, promote voluntary counseling and HIV testing, syndromic management of STIs and prevention of parent to child transmission.

5.3. Areas of Collaboration

- Inclusion of HIV/AIDS education programme in all Armed Forces Units, cross section of the society having dependent population of wives, children and parents and ex-servicemen
- Strengthen HIV/AIDS services in Armed Forces Medical Services (AFMS): The services on ICTC/ PPTCT/STI would help to disseminate information on HIV/AIDS, promote voluntary counseling and HIV testing and syndrome management of STIs and prevention of parent to child transmission.
- Research: Explore the possibility of research, needs assessment, surveillance etc. with the objective to generate evidence, strengthen need based HIV/AIDS intervention, effective campaigns, expansion of services

Therefore, in consideration of the foregoing rationale and scope, the parties Department of Defence under the Ministry of Defence and Department of AIDS Control, Ministry of Health & Family Welfare have mutually agreed to cooperate and collaborate in the overall goal of halting and reversing of epidemic.

Article 6

6. Objective of MOU

- 6.1. Reaching out to the large number of defence personnel with information on STI/HIV/AIDS and related services.
- 6.2. Integrate ICTC/STI/HIV services in existing health infrastructure of Ministry of Defence
- 6.3. Reduce social stigma and discrimination to People Living with HIV/AIDS and other affected groups.

Article 7

7. KEY DELIVERABLES

- 7.1. Improved platforms on HIV/AIDS awareness generation activities for defence personnel in States & Union Territories through enhanced collaboration of DGAFMS, DAC & SACS.
- 7.2. Issuance of directives and circulars to all units of Armed Forces by DGAFMS under Ministry of Defence for promotion of HIV/AIDS prevention activities and inclusion of HIV/AIDS activities in their priority agenda.
- 7.3. Reduction of stigma and discrimination against people living with HIV/AIDS and Most At Risk Population.
- 7.4. Provision/training of technical manpower by DAC /SACS to work in AFMS hospitals across the country, in terms of counselors and lab technicians.

Article 8

8. ROLE OF DGAFMS UNDER MINISTRY OF DEFENCE: -

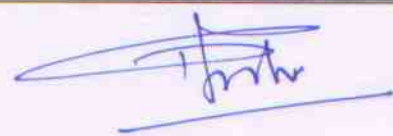
- 8.1 Promotion of awareness generation activities through various modes of Information Education and Communication (IEC) for large Armed Forces and dependent population across the country.
- 8.2 Expansion of HIV/AIDS programme in all the Armed Forces Units (AFU).
- 8.3 Inclusion of HIV/AIDS as an agenda in all the possible trainings for defence personnel, new recruits, ex- army servicemen, National Cadets Corps and young students of sainik and military schools through trainings institutions under Ministry of Defence.
- 8.4 Issues of necessary circular and advisories to all Defence Public Sector Units (DPSUs) for adoption and implementation of "National Policy on HIV/AIDS and the World of Work".

- 8.5 Inclusion and strengthening package of services STI/HIV/ICTC/PPTCT through integration within existing health infrastructure of Armed Forces Medical Services of Ministry of Defence.
- 8.6 Training of Armed Forces Medical Service Personnel in HIV AIDS in apex institutes across the country.
- 8.7 Promotion of HIV/AIDS prevention activities like awareness building, voluntary blood donation in partnership with State AIDS Control Society. Observation of World AIDS Day(WAD), Voluntary Blood Donation Day(VBDD), Voluntary Blood Donors Day (VBDD) to strengthen national response against HIV/AIDS.
- 8.8 Explore and prioritize the possible areas of research on HIV/AIDS to generate evidence and strategize appropriate interventions to mitigate the impact, if any.
- 8.9 Promote awareness generation and provision of basic services to general population in remote areas, where health services are not available.

Article 9

9. ROLE OF DEPARTMENT OF AIDS CONTROL

- 9.1. Share nationally approved treatment protocols, guidelines and standards pertaining to STI/HIV/AIDS /ART
- 9.2. Provide technical support for implementation of IEC activities for awareness generation. Sharing of artworks which can be replicated by Ministry of Defence, autonomous and affiliated institutions.
- 9.3. Provide technical support and necessary assistance to DGAFMS through Department of AIDS Control and State AIDS Control Societies in term of capacity building, action plan and other key activities on HIV/AIDS prevention.
- 9.4. Technical support and assistance to build capacity of health personnel to facilitate integration of HIV/AIDS in the Health Services. (doctors, nurses, laboratory technicians on syndromic case management of STI, which could be direct training or training of trainers as per the number of personnel.





Article 10

10. EXECUTION OF MOU

- Parties will set up a joint working group for drawing up an action plan for Department of Defence.
- Parties would decide the modalities for execution of the proposal contained in the MOU based on the recommendations of the joint working group
- Parties agree to collaborate and work closely for fulfillment of objectives set in the MOU
- Both the parties would consult each other and review the progress for implementing objectives of this MOU on biannual basis
- This MOU will be operative with effect from the date 18th February, 2014 and any alteration / modifications can be carried out with the consent of both parties.

The parties herein have appended their respective signatures the day and the year above stated.

<p>SIGNED FOR AND ON BEHALF OF</p> <p>DEPARTMENT OF AIDS CONTROL, MINISTRY OF HEALTH & FAMILY WELFARE</p>  <p>MR LOV VERMA SECRETARY, DEPARTMENT OF AIDS CONTROL, MINISTRY OF HEALTH & FAMILY WELFARE , GOVERNMENT OF INDIA</p>	<p>SIGNED FOR AND ON BEHALF OF</p> <p>DEPARTMENT OF DEFENCE MINISTRY OF DEFENCE</p>  <p>AIR MARSHAL D P JOSHI, PVSM,AVSM,PHS DIRECTOR GENERAL , ARMED FORCES MEDICAL SERVICES MINISTRY OF DEFENCE GOVERNMENT OF INDIA</p>
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List of Acronyms

ADC	Army Dental Corps
AEP	Adolescence Education Programme
AFMS	Armed Forces Medical Services
AIDS	Acquired Immuno Deficiency Syndrome
AMC	Army Medical Corps
ART	Anti Retroviral therapy
DAC	Department of AIDS Control
DoD	Department of Defence
HIV	Human Immuno-deficiency Virus
HRG	High Risk Group
ICTCs	Integrated Counselling and Testing Centres
IDUs	Injecting Drug Users
IEC	Information, Education & Communication
MARPs	Most At-Risk Populations
MoD	Ministry of Defence
MoHFW	Ministry of Health and Family Welfare
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
PLHA	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
PSU	Public Sector Undertaking
SACS	State AIDS Control Societies
STI	Sexually Transmitted Infection
TI	Targeted Intervention
ToT	Training of Trainers

