ABSTRACT

Background: Identifications of HIV-infected young people to access antiretroviral therapy (ART) and suppression of virologic load (VL) are critical steps along the HIV care cascade. Hard-to-reach groups such as injection drug users (IDUs) and men who have sex with men (MSM) have often been excluded and may fall behind other groups with respect to engagement in HIV care. In this large sample of MSM and IDUs across India, the major barrier to successful engagement in HIV care for MSM and IDUs was diagnosis—fewer than 40% of both had been diagnosed.

Methods: We recruited 1,146 MSM and 4,814 IDUs across 26 sites in India using 2-stage probability sampling. Participants had to be 18 years or older and self-identify as male and report sex with a man in the prior year (MSM) or report injection drug use in the prior 2 years (IDU). All participants underwent a survey and blood draw. HIV was diagnosed using three methods: history of needle exchange, history of receiving an HIV test, or positive VL result. All sites had at least one IDU and one MSM site, with a median of 3 sites per region (range: 2-8).

RESULTS

In this large sample of MSM and IDUs across India, the major barrier to successful engagement in HIV care was diagnosis with fewer than 40% having been diagnosed. Government-led targeted interventions in India have historically been behind other groups with respect to engagement in HIV care.

CONCLUSIONS

- There was striking regional variability in engagement in HIV care across India.
- In general, engagement in HIV care was better in states with more government-led targeted interventions.
- The major target to success for both in HIV care for MSM and IDUs was diagnosis—fewer than 40% of both groups were aware of their HIV status.
- Accessibility of ART was better for men who had received other related services—TB treatment, STI treatment, and opiate substitution.
- Awareness of care steps was significantly higher among persons who reported having broader social networks.
- Interventions should focus on improving access to HIV testing potential by linking HIV testing to other essential services.
- Additional efforts will be needed to ensure successful virologic suppression among HIV-infected MSM and IDUs in India.

ACKNOWLEDGEMENTS

This research was supported by the National Institutes of Health, NIH (R01DA035086), the Office of AIDS Research (OAR) at the National Institutes of Health (NIH), and all of our partner research organizations. We gratefully acknowledge Gangtok District, Sikkim, India, and the counterparts, without whom this research would not have been possible. This work was facilitated by the Johns Hopkins Center for AIDS Research (F31AI110478), Clinical Trials Identifiers: NCT01677479

Shruti H. Mehta, Gregory M. Lucas, Suniti Solomon, Aylur K. Sriskrishna, Allison McFall, P. Nandagopal, Pachamuthu Balakrishnan, Muniratnam S. Kumar, David D. Celentano, and Sunil S. Solomon

1 – Johns Hopkins University School of Medicine, USA; 2 – Johns Hopkins Bloomberg School of Public Health, USA; 3 – Y Raintone Centre for AIDS Research and Education, India