



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

# **Mainstreaming HIV in Insurance: The Way Forward**

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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**



# Inaugural Session



- **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 Jeevan 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!

