



सत्यमेव जयते

Statement Containing Brief Activities of the Department of AIDS Control in 2013

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

1. Introduction

In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme (NACP) as a 100% centrally sponsored scheme. The first National AIDS Control Programme was launched in 1992, followed by NACP-II in 1999. Phase III of NACP, launched in July 2007, had the goal to halt and reverse the epidemic in the country over the five-year period (2007-2012) by scaling up prevention efforts among High Risk Groups (HRG) and

general population, and integrating them with Care, Support & Treatment services. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India. The programme succeeded in reducing the number of annual new HIV infections in adults by 57% between 2000 and 2011 through scaled up prevention activities. Wider access to Anti-Retroviral Treatment has resulted in a decline of the estimated number of people dying due to AIDS related causes.

2.

Overview of HIV Epidemic in India

- a. HIV Estimations 2012 corroborate the fact that HIV epidemic in India continues to decline at the national level. There is an overall reduction in adult HIV prevalence, HIV incidence (new infections) and AIDS-related mortality in the country.
- b. India is estimated to have around 20.9 lakh persons living with HIV in 2011. Adult HIV prevalence has decreased from 0.41% in 2001 through 0.35% in 2006 to 0.27% in 2011. Similarly, the estimated number of people living with HIV has decreased from 23.2 lakh in 2006 to 20.9 lakh in 2011.
- c. India has demonstrated an overall reduction of 57% in estimated annual new HIV infections (among adult population) from 2.74 lakh in 2000 to 1.16 lakh in 2011, reflecting the impact of scaled up prevention interventions.
- d. Declines in adult HIV prevalence and new HIV infections are sustained in most of the states including all the high prevalence states of South India and North East. However, rising trends have been noted in some other low prevalence states.
- e. Analysis of the drivers of emerging epidemics in the low prevalence states points towards the possible role of out-migration from rural areas to high prevalence destinations in causing the spread of epidemic in most of north Indian states. In some of the north western states, Injecting Drug Use is identified to be the major vulnerability fueling the epidemic. In addition, long distance truckers also show high levels of vulnerability and form an important part of bridge population. Transgenders are also emerging as a risk group with high vulnerability and high levels of HIV among them.
- f. It is estimated that the scale up of free Anti-Retroviral Treatment (ART) since 2004 has saved over 1.5 lakh lives till 2011 by averting deaths due to AIDS-related causes. Wider access to ART has led to 29% reduction in estimated annual AIDS-related deaths from 2.07 lakh in 2007 to 1.48 lakh in 2011 highlighting the impact of scale up of free ART services in the country.

3. Achievements of the National AIDS Control Programme

Consolidating the gains made till now, the National AIDS Control Programme Phase-IV aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next five years. The proposed objective is to reduce new infection by 50% (2007 baseline of NACP-III) and comprehensive care, support and treatment to all persons living with HIV/AIDS by the end of NACP-IV period. The said objective will be achieved through proposed key strategies of intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with a focus on behavior change and demand generation, building capacities at national, state and district levels and strengthening the Strategic Information Management System.

The package of services provided under NACP-IV include

Prevention Services

- I. Targeted Interventions (TI) for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants)
- II. Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs
- III. Prevention Interventions for Migrant population at source, transit and destinations
- IV. Link Worker Scheme (LWS) for HRGs and vulnerable population in rural areas
- V. Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)

- VI. Blood safety
- VII. HIV Counseling & Testing Services
- VIII. Prevention of Parent to Child Transmission
- IX. Condom promotion
- X. Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) – Mass Media Campaigns through Radio & TV, Mid-media campaigns through Folk Media, display panels, banners, wall writings etc., Special campaigns through music and sports, Flagship programmes, such as Red Ribbon Express.
- XI. Social Mobilization, Youth Interventions and Adolescence Education Programme
- XII. Mainstreaming HIV/AIDS response
- XIII. Work Place Interventions

Care, Support & Treatment Services

- I. Laboratory services for CD4 Testing, Viral Load testing, Early Infant Diagnosis of HIV in infants and children up to 18 months age and confirmatory diagnosis of HIV-2.
- II. Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres, Centres of Excellence & ART plus centres.
- III. Pediatric ART for children
- IV. Early Infant Diagnosis for HIV exposed infants and children below 18 months
- V. Nutritional and Psycho-social support through Community and Support Centres
- VI. HIV-TB Coordination (Cross-referral, detection and treatment of co-infections)
- VII. Treatment of Opportunistic Infections

A summary of key achievements made under NACP IV during the current financial year (2012-13) and 2013-14 (till December) is presented in Table 1.1.

Table 1.1: Progress in Achievement of Physical Targets during 2012-13 and 2013-14 (till December 2013)

S. No	Indicator	2012-13		2013-14	
		Target	Achievement	Target	Achievement up to December, 2013
1	New Targeted Interventions established	180	218	300	246
2	STI/RTI patients managed as per national protocol	64.2 lakh	60.33 lakh	68 lakh	57.9 lakh*
3	Blood collection in the Department of AIDS Control supported blood bank	NR	NR	55 lakh	35,68,208*
4	Proportion of blood units collected by Voluntary blood donation in the Department of AIDS Control Supported Blood Banks	90%	84.3%	80%	83%*
5	Districts covered under Link Worker Scheme (Cumulative)	163	160	163	158
6	General clients tested for HIV	130 lakh	104.55 lakh	102 lakh	94.45 lakh*
7	Pregnant Women tested for HIV	90 lakh	82.94 lakh	102 lakh	71.16 lakh*
8	Proportion of HIV+ Pregnant Women & Babies receiving ARV prophylaxis	75%	94%	75%	75%
9	HIV-TB Cross Referrals	11 lakh	13.28 lakh	12 lakh	10.54 lakh*
10	ART Centres established (Cumulative)	400	400	420	409
11	PLHIV on ART (Cumulative)	6.40 lakh	6.32 lakh	7,10,000	7,34,475*
12	Opportunistic Infections treated	4.3 lakh	6.08 lakh	2.9 lakh	2,98,076*
13	Campaigns released on Mass Media - TV/Radio	9	10	9	6
14	New Red Ribbon Clubs formed in Colleges	500	531	500	772
15	Persons trained under Mainstreaming training programmes	6.5 lakh	5.19 lakh	3 lakh	3,41,013
16	Social Marketing of condoms by the Department of AIDS Control contracted Social Marketing Organisations	35 crore pieces	39.02 crore pieces	35 crore pieces	40.63 crore pieces
17	Free Distribution of Condoms	44.5 crore pieces	46.17 crore pieces	36 crore pieces	19.14 crore pieces

*Figures up to November '13, NR-Not Reported

4. Status of Implementation of Key Interventions

- I. Targeted Intervention:** Targeted Intervention programme is one of the important prevention strategies under the National AIDS Control Programme. Targeted Interventions (TIs) comprise preventive interventions working with focused client populations in a defined geographic area where there is a concentration of one or more High Risk Groups (HRGs). 80% of HRGs are planned to be covered via TIs with primary prevention services like treatment for STI, condoms, needles/syringes, Opioid Substitution Therapy (OST), BCC, enabling environment, with community involvement and linkages with care and support service. The key risk groups covered through Targeted Intervention (TI) programme include: Core High Risk Groups (HRGs)-Female Sex Workers (FSW), Men who have Sex with Men (MSM) including Transgenders (TGs), Injecting Drug Users (IDU) and Bridge Populations- Migrants and Truckers. Various components of Targeted Intervention programme includes: Behaviour Change Communication, Condom promotion, Treatment for sexually transmitted Infection, Needle Syringe Programme, abscess management, general medical services and Opioid Substitution Therapy (for IDUs), Linkage with HIV testing and treatment services, Community mobilization and Enabling Environment. During 2012-13, 218 TIs were established surpassing the target of 180. During 2013-14, 246 TIs were established till December, 2013, against the annual target of 300. The Department of AIDS Control has drafted new operational guidelines and training manual to initiate roll out of the interventions by employers for informal workers and interventions for transgender and hijra. The department has also initiated behavioral surveillance among HRGs and migrants; the results of this surveillance would be used for improving behavior change communication strategy.
- II. Link Worker Scheme:** This community-based intervention addresses HIV prevention and care needs of the high risk and vulnerable groups in rural areas by providing information on HIV, condom promotion and distribution and referrals to counseling, testing and STI services through Link workers. In FY 2012-13, the scheme was operational in 160 districts (against the target of 163), covering 1,51,764 HRG, and 26,65,738 vulnerable population. During 2013-14, in partnership with various development partners, the Link worker scheme is operational in 158 districts covering about 1,77,659 HRG and 35,60,978 Vulnerable Population till December 2013.
- III. Management of Sexually Transmitted infections (STI)/Reproductive Tract Infections (RTI) prevention and control Programme:** The STI/RTI Prevention and Control Programme aims for providing effective control of sexually transmitted infections including reproductive tract infections through continued support to the designated STI/RTI clinics (Suraksha Clinics) in public sector and those under the targeted interventions (TI) programme where most of the high risk population seeks services and other organized sectors under public undertakings (Railways, Employees State Insurance Corporation, Port Trust, Defence and Professional Associations), developing partnership with private sectors and support to the seven Regional STI Training, Research and Reference Laboratories (for providing etiological-based diagnosis).
- The programme supports about 1,136 Suraksha Clinics at district hospitals, medical colleges and select sub-district hospitals. The Programme supports training and capacity building of the staff (doctors, staff nurses, laboratory technicians and counselors), provision of a counselors, free colour coded

standardized STI/RTI drug kits and provision of standardized treatment to the patients. In coordination with the TI NGOs, STI/RTI treatment, care and prevention services are delivered for high risk groups such as sex workers, Men who have Sex with Men, migrant population such as truckers and People who inject drugs.

In 2012-13, against the target of 64.2 lakh episodes of STI/RTI treated as per national protocol, 60.33 lakh episodes were treated. During 2013-14, against the physical target of treating, 68 lakh episodes of STI/RTI, of which 57.9 lakh episodes of STI/RTI (including 44 lakh among HRGs) were treated by end of November, 2013. The Department of AIDS Control in association with the Maternal Health Division, Department of Health & Family Welfare, has conducted a national consultation workshop on 20-21 December, 2013 for evolving a strategic framework towards elimination of congenital syphilis in India.

IV. Condom Promotion: The Department of AIDS Control has successfully implemented four phases of the Condom Social Marketing Programme in 15 States. During the FY 2012-13, 39.02 crore pieces of condoms were distributed through social marketing surpassing the target of 35 crore pieces and 46.17 crore pieces of condom were distributed free against the target of 44.5 crore pieces. During 2013-14, around 40.63 crores pieces of condom have been distributed through social marketing up to December, 2013 by the Department of AIDS Control contracted social marketing organizations against the target of 35 crores pieces for 2013-14. During 2013-14, against the target of 36 crores, 19.14 crore pieces of condom were distributed free up to December, 2013.

V. Blood Safety Programme: Blood is an intrinsic requirement for health care and proper functioning of the health system. The Department of AIDS Control has been primarily responsible for facilitating provision of safe blood for the country. During NACP

III, the availability of safe blood increased from 44 lakh units in 2007 to 98 lakh units by 2012-13. During this time HIV sero-reactivity also declined from 1.2% to 0.2% in the Department of AIDS Control supported Blood Banks. Voluntary blood donation has been enhanced through concerted programme efforts.

The Department of AIDS Control endeavors to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated Blood Banking Programme.

Key strategies for the programme are

- Increasing regular voluntary non-remunerated blood donation to meet the safe blood requirements of safe blood in the country
- Promoting component preparation and availability along with rational use of blood in health care facilities and building capacity of health care providers to achieve this objective
- Enhancing blood access through a well networked regionally coordinated blood transfusion services
- Establishing Quality Management Systems to ensure Safe and quality Blood
- Building implementation structures and referral linkages

NACP is implementing a scheme for modernization of blood banks by providing one time equipment grant for testing and storage, as well as annual recurrent grant for support of manpower, kits and consumables.

The blood transfusion services supported by the Department of AIDS Control comprise a network of 1,137 blood banks, including 34 Model Blood Banks, 262 Blood Component Separation Units, 176 Major Blood banks and 665 District level Blood Banks were covered under the Department of AIDS Control support. The Department of AIDS Control has supported the establishment

of component separation facilities and also funded modernization of all major government and charitable blood banks at state and district levels. Besides enhancing awareness about the need to access safe blood and blood products, the Department of AIDS Control has supported the procurement of equipment, blood bags, test kits and reagents as well as the recurring expenditure of government blood banks and those run by voluntary/charitable organizations, which were modernized.

The annual requirement of blood for the country is estimated at 120 lakh units, out of which 55% was targeted for the Department of AIDS Control supported Blood Banks in 2012-13. During 2012-13, 98 lakh blood units were collected across the country. Of this, the Department of AIDS Control supported Blood banks collected 55 lakh units; 84.3% of this was through voluntary blood donation. During 2013-14, against the target of 55 lakh blood collection at the Department of AIDS Control supported blood bank, 35.68 lakh blood units were collected across the country, 83.3% of this was through voluntary blood donation, till November, 2013.

Practice of appropriate clinical use of blood amongst the clinicians has seen a definite rise due to the dengue epidemic. At present, component separation is 60% across the country. In order to streamline blood transfusion services in the country, National and State Blood Transfusion Councils were established as registered societies. These councils are provided with necessary funds through NACP. While the National Blood Transfusion Council provides policy direction on all issues concerning to blood and related areas, its decisions are implemented by the State Blood Transfusion Councils.

Projects in the pipeline include setting up of Metro Blood Banks as Centres of Excellence in Transfusion Medicine in Chennai, Delhi, Kolkata and Mumbai and establishment of a Plasma Fractionation Centre in Chennai.

VI. Basic Services: The Basic services include free Counseling and Testing for HIV infection. It has three main components viz: (i). Integrated Counseling and Testing Centres (ICTCs), (ii). Prevention of Parent to Child Transmission (PPTCT), and (iii). HIV-TB collaborative activities.

i. Integrated Counseling and Testing Centres: An Integrated Counseling and Testing Centre (ICTC) is a place where free counseling and testing for HIV is offered to a person on his own free will or as advised by a medical provider. The population availing these services is mainly persons engaged in the high risk behavior, STI patients, TB patients and are more prone to acquire the HIV infection. In India, ICTCs are often the first interface of citizens with the entire gamut of preventive, care, support and treatment services provided under the umbrella of the National HIV/AIDS Control Programme. HIV counseling and testing services were started in India in 1997.

With the increase in number of ICTCs, the uptake of clients who are counseled and tested in these centres has seen a commendable scale up in the past four years with 27 lakhs clients accessing these services in 2007-08 to 104 lakhs (increase of four fold) clients in 2012-13. The strategy over the past three years for scaling up of service delivery has been through establishing more and more Facility - Integrated Model ICTCs (through the existing general health system) and Public Private Partnership (PPP) Model ICTCs (through greater involvement of private sector providing health services). At present free counseling and testing services are being provided through 4,537 Stand Alone ICTCs, 9,196 Facility-ICTCs and 1,805 PPP - ICTCs. During 2013-14, 94.45 lakh general clients have been provided with free counseling and testing services for HIV till December, 2013

ii. Prevention of Parent to Child Transmission (PPTCT):

The prevention of parent to child transmission (PPTCT) of HIV transmission under NACP involves free counseling and testing of pregnant women, detection of HIV positive pregnant women, and the administration of prophylactic ARV drugs to HIV positive pregnant women and their infants to prevent the mother to child transmission of HIV. The Department of AIDS Control has decided to provide ARV drugs to Pregnant Women infected with HIV, irrespective of CD4 count nationwide, w.e.f January, 2014. During 2013-14, 71.16 lakh Pregnant Women have been provided with free counseling and testing for HIV till December, 2013. Also 75% of HIV positive Pregnant Women and their babies received ARV prophylaxis for prevention of mother to child transmission.

iii. HIV-TB collaborative activities:

TB disease is the commonest opportunistic infection among HIV-infected individuals. Further it is also known that TB being a major public health problem in India accounts for 20-25% of deaths among PLHIV. It is known that nationally about 5% TB patients registered under RNTCP also have HIV infection. In high prevalent states and districts, positivity among TB patients is more than 10% and is as high as 40% in select districts. Thus, while the country is dealing effectively with HIV burden, TB associated HIV epidemic is posing a great challenge.

In 2012-13, 13.28 lakh cross referrals have been made between ICTC & RNTCP till November as against target of 11 lakh. During 2013-14, 10.54 lakh cross referrals have been made between ICTC & RNTCP till November, 2013. These activities are closely guided through duly constituted National HIV-TB Coordination Committee, Nation Technical Working Group and State and District level Coordination Committees.

Broadly the national HIV/TB response includes, Intensified TB case finding at HIV Care Settings, Intensified TB-HIV Package, and Strategy for TB prevention among PLHIV.

VII. Care, Support & Treatment Programme:

The Care, Support and Treatment programme under NACP includes comprehensive management of PLHIV with respect to treatment and prevention of Opportunistic infections, Anti-retroviral therapy (ART), psycho-social support, home based care, positive prevention and impact mitigation.

The ART is offered free of cost to all PLHIV who are eligible clinically. Any person who has a confirmed HIV infection is subjected to further evaluation for determining whether he requires ART or not by undergoing CD4 count and other baseline investigations. All those PLHIV eligible as per technical guidelines are initiated on first line ART. Some of these PLHIV who develop resistance to first line ART are started on second line ART.

In the late nineties and early years of last decade and the ART was beyond the reach of most of positive patients due to high cost (Rs. 20,000-30,000 per month), which came down significantly due to production of generic ARV drugs by Indian pharmaceutical companies. Considering the need of patients, the Government of India launched free ART programme on 1st April, 2004 in eight government hospitals in six high prevalence states.

During 2012-13, the target of establishing 400 ART Centres was achieved and 6.32 lakh People living with HIV/AIDS received free ART in government health facilities.

Establishment of ART Centre has been scaled up to 409 ART centres by December 2013 against the target to set up 420 such centres by March 2014. 876 link ART centres were also set up to facilitate the delivery of ART nearer to residence of PLHIV. As of November 2013, 7.34 lakh People living with HIV/AIDS are receiving free ART in government health facilities.

VIII. Laboratory Services: Under NACP, routine access to quality assured HIV related laboratory services is made universally available. All testing laboratories are assessed for their performance under the External Quality Assurance Scheme. 11 National Reference Laboratories and 14 State Reference Laboratories under NACP have been accredited for HIV testing by the National Accreditation Board for Testing and Calibration of Laboratories up to December, 2013.

IX. Information Education & Communication: The Department of AIDS Control's communication strategy has moved from creating general awareness to Behaviour Change Communication. It aims to motivate behavioural change among most at risk populations, raise awareness and risk perception among general population, particularly youth and women, generate demand for HIV/AIDS related health services like condoms, ICTC/PPTCT facilities; and create an enabling environment that encourages HIV related prevention, care and support activities and to reduce stigma and discrimination at individual, community and institutional levels. The Department of AIDS Control implements integrated and comprehensive campaigns using 360° communication approach. Regular campaigns are conducted at national and state level using mass media, mid-media, outdoor, interpersonal communication, and innovative media vehicles like digital cinema, panels in metro trains, digital screens, internet, and mobile phones among others.

In 2012-13, against the target of 9 Campaign released on Mass Media-TV/Radio, 10 was achieved. During 2013-14, against the target of 9 Campaign released on Mass Media-TV/Radio, 6 has been achieved till December 2013 and Against the target of 500 new Red Ribbon Clubs (RRC) formed in colleges in during 2013-14, 772 has been achieved till December, 2013 and during 2012-13, against the target of 500 RRC formation, 531 was achieved.

X. Mainstreaming and Social Protection

The Department of AIDS Control, with an objective to formalize its partnership with the various departments/ ministries, entered into Memoranda of Understanding with the Ministry of Shipping, Department of Higher Education, Ministry of Coal, Department of Youth Affairs, Department of Sports, Ministry of Petroleum & Natural Gas and Ministry of Housing and Urban Poverty Alleviation. These are aimed at risk reduction, improved access to service and social protection.

The Department of AIDS Control, in partnership with the UNDP, organised the first international conference on HIV-sensitive social protection on 11–12 December, 2013 in New Delhi. The conference enabled sharing of the various models on access to social protection, for the infected and affected communities. It also explored the possibilities for continuous sharing and learning between countries. 250 participants including delegations, from 11 countries, attended the conference.

XI. Procurement: Procurements are done using Pool Fund, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and Domestic Funds, through M/s RITES Limited as Procurement Agent. All the main items required for the programme, including test kits {HIV (Rapid), HIV (ELISA), HBs Ag (Rapid), HBs Ag (ELISA), HCV (Rapid), HCV (ELISA)} and other items such as ARV Drugs, STI Drug kits, blood bags, etc, are centrally procured and supplied to peripheral units and State AIDS Control Societies (SACS). To ensure transparency in the procurement of goods Bid Documents, Minutes of pre-bid meetings and Bid Opening Minutes are uploaded on the websites of M/s RITES Ltd. (www.rites.com) and the Department of AIDS Control (www.naco.gov.in). Procurement at state level remained an area of importance for the Department of AIDS Control. For smooth and efficient procurement at State level, hand-holding support to the State AIDS Control Societies is being provided by the procurement division at the Department of AIDS Control.

With increasing number of facilities (ICTCs, ART Centres, Blood Banks, STI clinics) being catered in the National Programme, the issue of Supply Chain Management (SCM) has gained importance. Efforts made to streamline the Supply Chain Management of various supplies to consuming units include provision of training to the Procurement Officials of SACS.

XII. Strategic Information Management: India has a robust system of annual HIV Sentinel Surveillance (HSS) for monitoring the HIV epidemic in the country among general population as well as High Risk Groups. HSS 2012-13 was conducted at 750 Antenatal Clinic (ANC) surveillance Sites, covering 556 districts across 34 States and UTs. The methodology adopted during HSS was consecutive Sampling with Unlinked Anonymous Testing. Specimens were tested for HIV following the two test protocol. A total of 2,95,246 ANC samples were tested from 741 valid sites during HSS 2012-13. Besides epidemic trend analysis, data from surveillance is also used for strategic planning and prioritization under the programme as well as estimation of adult HIV prevalence, HIV incidence and mortality. Globally accepted models are used to estimate and project the HIV burden in the country.

The Department of AIDS Control is currently implementing The National Integrated Biological and Behavioural Surveillance (IBBS) among high risk groups and bridge population. Pre-surveillance Assessment for IBBS has been completed in 242 domains during April-August, 2013. Based on the feedback, plans and preparatory work for rollout of the field work for Sampling Frame Development and data collection are underway.

The programme generates rich data on service delivery through over 15,000 reporting units across the country. The Strategic Information Management System (SIMS), a web-based system for data management and analysis of all programme data, has been rolled out

across the country. Data quality, analytics, and integration of Geographical Information System support are being developed, which will further improve the decision support system of programme monitoring.

An overarching Knowledge Management Strategy has been developed with focus on data quality, analysis and its use for programmatic action. A National Data Analysis Plan has been rolled out to analyse the huge amount of data generated under the programme and develop analytic reports to support and for evidence based planning and programme management.

The 'Network of Indian Institutions for HIV/AIDS Research' was constituted to facilitate and undertake HIV/AIDS research; 42 reputed institutions are currently members of this Consortium. In order to address the programme needs with respect to evidence and research and make best use of the available data, a structured research plan has been developed for identifying research priorities and commissioning research studies accordingly. A detailed exercise to assess existing information gaps in the programme was conducted involving programme managers at the Department of AIDS Control, state levels and development partners and research areas prioritised. Over 30 priority topics have been identified for research covering epidemiological, socio-behavioural, operational and bio-medical areas.

XIII. Strengthening of District AIDS Prevention and Control Units

Under NACP-III, there were 189 District AIDS Prevention and Control Units (DAPCUs) across 22 states in India. Their key role is to coordinate and monitor NACP activities at the district level. Each DAPCU team is led by a District AIDS Control Officer from the Government health system.

The Department of AIDS Control has been developing the capacities of DAPCUs through continuous supportive supervision, mentoring and capacity building to DAPCUs

through DAPCU National Resource Team. Joint Directors of Basic Service division at SACS are designated as DAPCU Nodal Officers for providing technical and programmatic oversight to DAPCUs.

Review of DAPCUs progress:

National review meetings were held in June and December, 2013 with all DAPCU Nodal Officers. They provided insights into capacity building needs of DAPCUs for strengthening DAPCU as a system to monitor NACP activities at district and sub-district level. The process adopted by the national level leadership of reviewing the DAPCUs percolated to several SACS which resulted in replicating the DAPCUs review meetings at SACS. Andhra Pradesh SACS took the initiative of conducting review meetings of their DAPCUs through video conferencing facility while Tamil Nadu is also using technology (skype) for interacting with their DAPCUs.

Key Activities of DAPCUs during the year 2013-14

- a. 176 out of 189 DAPCUs prepared their Annual Work Plans for 2013-14, based on local specific needs. These Annual Work Plans could be potentially used to monitor the progress made by DAPCUs in the district.
- b. DAPCU teams have been engaged in coordinating the folk media campaigns, Red Ribbon Express in their districts including the mobile ICTC route plans for optimal utilization of resources.
- c. DAPCUs are vigilant in ensuring that facilities are reporting in SIMS and are also validating the data reported before sending to SACS/NACO.
- d. DAPCU staff from four select districts (East Godavari in Andhra Pradesh, Central Delhi in Delhi, Amravathi in Maharashtra and Bhadrak in Orissa) participated in the international conference on social protection schemes for PLHIV and HRG held in Delhi on December 11-12, 2013

to present their innovations in facilitating vulnerable population access, social protection schemes by involving district administration and other stakeholders.

- e. DAPCUs have been engaging the district administration through quarterly District AIDS Prevention Coordination Committee (DAPCC) meetings chaired by District Collector. In Tamil Nadu, and Karnataka, These meetings are held every month along with the District Health Society meetings. These meetings helped the DAPCUs to advocate for sanctioning of social benefit schemes for PLHIV and HRGs, address problems of in coordination between NACP and health facilities, mobilize resources like commodities, OI drugs, from NRHM. For instance, DAPCUs in Orissa, Nagaland were able to get these resources mobilised to ensure seamless functioning of the ICTCs in the district.
- f. DAPCU blog was initiated to serve as a platform for exchange of ideas and experiences among DAPCUs. Monthly themes were announced to facilitate contributions and discussions.

XIV. Activities in North Eastern States

There is considerable variation in the level and trend of epidemic among the north eastern states. Though there is decline in prevalence in all the North Eastern states, the number of adult new infection is showing increasing trend in six out of eight states, more importantly these states were considered otherwise low prevalent during the previous phase of National AIDS Control Programme. There are indications of gradual transition of epidemic from high risk group population to bridge and general population in most of the states, initial analysis of epidemic and coverage indicates towards at least two thirds of PLHIV know their HIV status are already enrolled in the HIV Programme, though there are state level variations in the same.

Major activities

Generating local level evidence for HIV response has been key focus in the year 2013-14. Validating the core group population number, initiative for expanding MSM identification, scaling up OST coverage, and improving focus on bridge population through programmes like ELM and commercial driver initiative has been taking shape for prevention efforts. This has resulted in coverage of 60,743 IDU including 1,400 female Injecting drug users in seven sites, 45,037 FSW, 7,385 MSM, 1,60,000 Migrant and 25,000 truckers along with 5,124 OST population. Scaling up of comprehensive Care Support and Treatment facilities has resulted in 20,225 people alive and on ART as on December 2013.

All programme personnel have been trained by the training institutions or with the help of NERO along with continuous hand-holding and supportive supervision for the states. Notable work in capacity building include planning and coordination of induction training for STI and Basic services, sharing of improvised agenda and guidelines for Full Site Sensitization Programme, Stigma reduction initiatives in Meghalaya and Mizoram, initiatives for improving Social protection for PLHIV in four states, collaborative work with NRHM at regional level and state level, particularly in Assam and Arunachal has received excellent response. Similar collaborative work with North East Police Academy, Care and Service centres, and Injecting drug user community has brought community and related stakeholders to close proximity and added value to the collective HIV response. Formation of a legislative forum on AIDS in the state of Arunachal Pradesh and holding a regional conclave of elected representatives of North East have galvanized the political response and added impetus to the programme implementation.

Ensuring availability of kits, blood bags, drugs and other logistics at the service delivery points by appropriate and timely relocation has resulted in continuous service provision with minimal wastage.

XV. Finance: Special efforts were taken to build systems both at the Department of AIDS Control and SACS levels for effectively managing resource mobilization and fund utilization. Implementation of e-transfer facility has avoided transit delays in transfer of funds to States. Payment of salary to staff in district and peripheral units is made totally through e-transfer.

The Cabinet Committee on Economic Affairs has approved a gross budgetary support of Rs. 8632.77 crore for implementation of the National AIDS Control Programme Phase-IV by the Department of AIDS Control. NACP-IV will integrate with other national programmes and align with overall 12th Five Year Plan goals of inclusive growth and development. Having initiated the process of reversal in several high prevalent areas with continued emphasis on prevention, the next phase of NACP will focus on accelerating the reversal process and ensure integration of the programme response.

During 2013-14, against R.E. of Rs. 1,785 crores for the Department of AIDS Control, a total expenditure of Rs.1350.24 crores was reported up to 31 December, 2013.

5. New Initiatives

Under NACP-IV, a number of new Initiatives have been taken. These include scale up of Opioid Substitution Therapy for Injecting Drug Users, Scale up and Strengthening of Migrant Interventions at Source, Transit and Destinations, Scaling-up interventions among Transgender (TG) population by bringing in community participation and focused strategies to address their vulnerabilities, Roll-out of Multi-Drug Regimen for Prevention of Parent to Child Transmission, earmarking budgets for HIV among all key government departments through strong mainstreaming initiatives, Employer-led model, establishment of four Metro Blood Banks as Centres of Excellence in Transfusion Medicine and a Plasma Fractionation Centre, and scale up of Second Line ART.

Scale up of Opioid Substitution Therapy for Injecting Drug Users: Based on the established model of NGO-run OST centres and the encouraging response received by the pilot of the collaborative model, a plan has been developed for nation-wide expansion of OST to cover at least 20% of the estimated IDU population. As part of this plan, 175 districts across 30 states / UTs with significant estimated population of IDUs have been identified for OST scale-up. It is planned to establish about 350 OST centres in these districts to achieve the coverage of approximately 35,000 IDUs with OST.

As of December 2013, the Department of AIDS Control, through the State AIDS Control Societies, is supporting 145 OST centres in 100 districts across 27 states/UTs of the country with a total OST coverage of about 15,000 IDUs. In addition, identification, assessment and approval have been completed for another 90 OST centres in the selected districts.

With a view to streamline clinical practices and ensure minimum standards of care, the Department of AIDS Control has developed Clinical Practice Guidelines and Standard Operating Procedures for the OST centres. The staff of the OST centres is trained on OST implementation prior to roll-out of services and refresher trainings are conducted on a periodic basis.

The Department of AIDS Control instituted the process of accreditation of OST centres during NACP III as a tool to independently assess the quality of care offered by OST centres supported under NACP. The National Accreditation Board for Hospitals & Healthcare Providers (NABH) was identified as the independent agency to conduct the independent accreditation process.

The main purpose of accreditation of OST centres is to help maintain 'minimum standards of service delivery' as prescribed in the Clinical Practice Guidelines and Standard Operating Procedures (SOP) developed by the Department of AIDS Control.

Female Injecting Drug Users

Under NACP IV, a National Consultation on HIV response to Female Injecting Drug User (FIDU) and Sexual partners of IDUs was held on 16 and 17 December 2013, so that an operational strategy that can be implemented in the national programmed is laid out.

So far, 5 FIDU TI have been already implemented. This intervention strategy is to ensure the delivery of quality HIV prevention interventions to FIDUs and female regular sex partners of IDUs in India. The main goal of this intervention would be to reach out to the population who are hidden and see to it that they access the services provided by the TIs with specific to prevention intervention of HIV/AIDS.

Transgender Intervention

Hijras and Transgender population have been recognized by the Department of AIDS Control as an important core population for whom appropriate HIV intervention programmes need to be developed. NACP strategic plan and NACP-IV working group on Hijra and Transgender populations clearly articulated the need to 'saturate' the coverage of this population by scaling up prevention interventions in all potential states in India. For effective planning and strategy building for up-scaling targeted interventions to the Hijras/ Transgender populations, it is necessary to have evidence-informed planning.

The Department of AIDS Control has conducted a mapping and size estimation study through the National Institute of Epidemiology, Chennai in the selected states with the support of UNDP. This study helped to create an unanimous and specific database of locations and population size of the Transgender and Hijra communities in 17 states of India, selected on the basis of key parameters of HIV prevalence and the presence of targeted interventions.

Representatives from the Hijra/ Transgender communities were involved at the planning and execution level of data collection. Study findings

will be taken into account for scale up of HIV prevention services to Transgender and Hijra population. Respective SACS are in the process of designing their scale plan based on the mapping estimation and programmatic data.

Employer-Led Model

Migrants bear a heightened risk of HIV infection, which results from the condition and structure of the migration process. Available evidences in India suggests that migration could be playing an important role in the spread of HIV epidemic in high out migration states such as Uttar Pradesh, Bihar, Rajasthan, Orissa, Madhya Pradesh and Gujarat, which now account for 41% of new infections.

The Department of AIDS Control has taken a strategic step to design the Employer Led Model (ELM) to reach informal migrant workers linked to the industries with comprehensive HIV/AIDS prevention to care Programme by integrating HIV and AIDS prevention to care Programme within existing systems and structures of the Employers (Industries). The department has developed a detailed operational guidelines to facilitate HIV/AIDS programme related activities by industries and corporate under Corporate Social Responsibility. Employer-led models provide an opportunity to enhance the access of informal workforce to HIV prevention, care and support programme in India to reduce their risk and limit spread of HIV epidemic.

Setting up of Metro Blood Banks

At the EFC Meeting held on 31.12.2012, for setting up of Metro Blood Banks as a Centre of Excellence in Transfusion Medicine, a revised proposal was sought from the Department. The revised proposal has been prepared and has been approved by the Project Steering Committee chaired by Secretary, the Department of AIDS Control. Meetings have been held with Health Secretaries of respective states who have,

in principle agreed for signing of MoU. Report of Standing Committee on time and cost overruns has been prepared. EFC note has been drafted for Revised Cost Estimates as per comments of EFC.

A Technical sub-committee has been set up with experts on the subject. The committee has recommended adopting Cohn and Chromatography technology which is proven and time tested. Steps are being taken to bring a Project Management Consultant on board.

More Efficacious Multi-Drug Regimen for PPTCT

The Department of AIDS Control had rolled out the more efficacious multi drug regimen replacing single dose Nevirapine for Prevention of

Parent to Child Transmission of HIV, in the states of Karnataka and Andhra Pradesh in September, 2012. In January 2013, the same was rolled out in the state of Tamil Nadu. Till December 2013, 2,638 HIV positive pregnant women in these states have been started on multi drug ARV for prevention of Parent to Child Transmission of HIV.

During the current financial year, trainings have been conducted in the States of Maharashtra, Gujarat and Madhya Pradesh. The Department of AIDS Control has decided to provide nationwide the multi drug ARV drugs to Pregnant Women infected with HIV, irrespective of CD4 count, w.e.f 1st January, 2014.

6. Conclusion

National AIDS response in India has shown remarkable success in reducing new infections, improving access to prevention services for key population and treatment services for PLHIV, reducing AIDS related mortality, reducing in mother to child transmission of HIV and creating an enabling environment. India's AIDS response has also been a fountainhead of innovative service delivery models with rich civil society

involvement. The Department of AIDS Control has taken cognizance of the emerging challenges and is focusing on region-specific strategies and evidence-based scale up of the prevention as well as treatment interventions. The programme will ensure that the growing treatment requirements are fully met while providing for the needs of prevention.



India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

6th & 9th floors, Chandralok Building, 36 Janpath, New Delhi-110001

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