



सत्यमेव जयते

# MID-TERM APPRAISAL OF NATIONAL AIDS CONTROL PROGRAMME PHASE IV

## Key Findings & Recommendations



### NACP IV

#### Mid-Term Appraisal of National AIDS Control Programme Phase IV

Dr C V Dharma Rao  
Joint Secretary

National AIDS Control Organisation  
Ministry of Health & Family Welfare  
Government of India

National AIDS Control Organisation  
Ministry of Health & Family Welfare  
Government of India

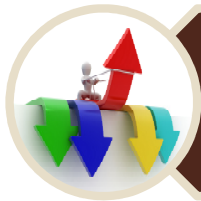
AUGUST 2016

Civil Society \* Communities \* Other government department \* Development Partners  
Technical experts and resource groups \* Civil Society \* Other government department

# OUTLINE



Context & Overarching Questions



Position against NACP IV Targets



Position against Global Fast Track Targets 2020



Major Policy Recommendations



Thinking Beyond...



# CONTEXT & OVERARCHING QUESTIONS

# CONTEXT FOR MTA OF NACP IV

- ⦿ New global targets & recent international recommendations
- ⦿ Addressing the unfinished agenda
- ⦿ Longstanding systemic issues
- ⦿ Mixed epidemic scenario with divergent prevention & treatment needs
- ⦿ Budget allocation and channel of Budgetary support to SACS

# OVERARCHING QUESTIONS FOR MTA

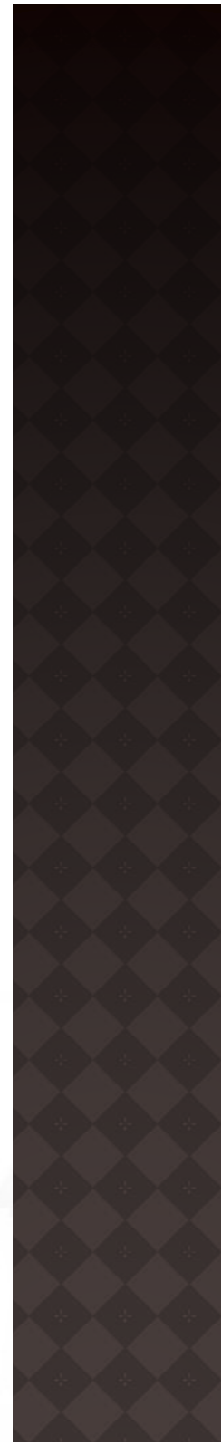
- ⦿ Scale & quantity achieved; Need for quality indicators
- ⦿ Understanding of where new infections are coming from; characterisation of at-risk population groups beyond key population
- ⦿ Rising sero-discordance among couples
- ⦿ Understanding dynamics of epidemic with higher levels in GP than KP; Need for newer strategies
- ⦿ Sustained high prevalence among ANC, FSW & MSM in certain pockets despite long-standing interventions
- ⦿ Who are the remaining PLHIV yet to be brought into care? Profiles? Geographies?
- ⦿ What should be done differently to accelerate reversal from 33% to 50%?

# OBJECTIVES OF MID-TERM APPRAISAL

- To review the progress made by the NACP IV and to document the achievements of the programme,
- To identify the opportunities and challenges of the programme with a view to sustain AIDS response in India, and
- To advise and offer recommendations for the planning of NACP V in the context of the international goals stated for the 2030 and the India's Commitments to SDG.



# POSITION AGAINST NACP IV TARGETS



# POSITION AGAINST NACP IV TARGETS

- ◎ MTA concludes that the targets set under NACP IV for various programme components will largely be achieved, while some have already been achieved
- ◎ Achieved
  - Scale up of HIV testing - facilities & number tested
  - PLHIV on to ART
  - STI episodes managed with syndromic management
- ◎ On-Track
  - HIV testing & treatment coverage among key & bridge population
  - Testing of pregnant women
  - Collection of blood units in NACO supported blood banks
  - Setting up ART centres
  - Mainstreaming efforts



# PROGRESS MADE, BUT GAPS REMAIN

- ◎ Improving testing & treatment coverage of KP, scale up of outreach to informal labour through Employer-led Model & scale up of OST; **But, Declining coverage of TIs; Gaps in access to full range of prevention services**
- ◎ Scaled up syndromic management of STI; **But, critical gaps in elimination of PTC of Syphilis**
- ◎ Scaled up counseling & testing; **But, gaps in detection; linkage losses; saturation of pregnant women testing**
- ◎ Strengthening of blood transfusion services; **But, distribution gaps at state & district levels; Limited use of components**
- ◎ Launch of national helpline; Effective social media outreach; **But, slow down of implementation of IEC activities**

# PROGRESS MADE, BUT GAPS REMAIN

- ⊙ Scaled up treatment – soon to put the millionth PLHIV on ART; But, gaps in retention cascade; Issues with quality of care; Sub-optimal use of LAC; Challenges to scale up of 2<sup>nd</sup> line ART; Adoption of new international guidelines
- ⊙ Progress in accreditation of laboratories; But, slow down of laboratory services
- ⊙ National IBBS, HIV Estimations 2015 & National Data Analysis Plan completed; SIMS strengthened to generate standard outputs for all levels; But, integration of various isolated IT systems to ensure linkages & case tracking across components; Slow down in Research activities
- ⊙ Rise in scales & harmonising HR functions; But, high staff turn over at all levels; no fresh recruitment due to fund constraints; limited training & field supervision; Slow down of field activities & quality of services affected



# POSITION AGAINST GLOBAL FAST TRACK TARGETS



# 90% PLHIV KNOW THEIR STATUS

- ⦿ Gap of 23% in the progress towards the first 90
- ⦿ Out of the estimated 21.2 lakh PLHIV, around 14.2 lakhs (67%) are aware of their status
- ⦿ Around 2.5 lakh new detections are made at the ICTCs across the country, every year
- ⦿ Likely to achieve with
  - the sustained scale up of HIV testing services with population and geo-prioritisation
  - introduction of newer strategies such as community based testing for key population
  - strengthening linkages with STD, TB, TI and
  - focus on sero-discordant couples

# 90% DETECTED ARE ON ART

- ⦿ Reached 66% in ensuring those who are aware of their status currently receiving ART
- ⦿ Out of the estimated 14.2 lakh PLHIV who are aware of their status, 9.4 lakh (66%) PLHIV are currently alive on ART.
- ⦿ Linkage losses between detection, registering for care & initiation of treatment
- ⦿ Likely to achieve with:
  - Revision of treatment eligibility criterion to CD4 500
  - Consideration of 'Test and Treat' option
  - Strengthening the implementation structure in terms of ensuring adequate human resource availability, uninterrupted supply of drugs, improving capacities, supervision and quality of care across the country
- ⦿ Less data on viral suppression (Third 90); Plans to scale up viral load testing underway

# REDUCING NEW INFECTIONS BY 75% COMPARED TO 2010

- ◎ 33% Reduction in new infections from 2007 till 2015
- ◎ Challenges:
  - Over 50% reduction in new infections at national level and over 70% reduction in the high prevalence states achieved over the last decade between 2001 & 2011; Incremental gains are always more difficult
  - Recent projections also show that there is a stabilisation of new infections at the national level
  - Low to moderate prevalence states now account for over 50% of all new infections & some of them are showing rising trends; Some of these states have weaker health systems
  - Changing transmission dynamics posing greater challenge
- ◎ May take more time to demonstrate results

# ELIMINATION OF PARENT TO CHILD TRANSMISSION OF HIV

- ⊙ Reached 42% of the total estimated pregnant women in the country, in the year 2015-16 with HIV testing
- ⊙ 29% of the estimated HIV positive pregnant women were identified in 2015-16 and 94.7% of them were put on lifelong ART; Major gap is in the detection; follow up after detection and ensuring ART is very effective
- ⊙ Challenges:
  - Lifelong ARV regimens for PPTCT being rolled out across the country only towards end of 2014
  - Low to moderate ANC utilization rates in public health system in many north Indian states
  - Significant proportion accessing private health sector
  - Weak public health systems hindering effective integration in some states
- ⊙ Certain states and districts where almost universal access and saturation has been achieved; MTA recommended undertaking validation exercises if global targets are met at the sub-national level in India

# ZERO STIGMA & DISCRIMINATION

- ⦿ Reduction in the overall number of cases of stigma & discrimination reported to the programme
- ⦿ 27% FSW, 17% MSM & 46% IDU reported disrespectful treatment by family, friends, neighbours due to their HIV/AIDS related risk behaviour (National IBBS)
- ⦿ Results from NFHS 2015 awaited
- ⦿ Multi-pronged approach
  - effective multimedia campaigns
  - mainstreaming HIV into various non-health sectors
  - sensitization of healthcare providers and
  - creating an enabling environment for PLHIV and KP
- ⦿ NACO is actively pursuing introduction of HIV/AIDS Bill, an anti-discrimination legislation, in the Parliament





**KEY POLICY  
RECOMMENDATIONS FROM  
MID-TERM APPRAISAL**

# KEY POLICY RECOMMENDATIONS (1)

- ⦿ Adapt TI strategies to match changing dynamics of key and bridge populations. Commission an Options Paper to conduct an indepth assessment of the key issues and evolve a future road map for TI strategy
- ⦿ Target to improve yield of detection through strong linkages with other components, roll out newer strategies such as community based testing, population and geo-prioritisation strategies.
- ⦿ Strengthen STI programme management through involvement of apex centres, rational use of counselors, ensuring timely and adequate supply of essential commodities, etc. and target efforts towards elimination of parent to child transmission of Syphilis
- ⦿ Strengthen the functioning of NBTC & SBTC in all states through provision of adequate resources.
- ⦿ Consider revising the eligibility criterion for treatment initiation to CD4 500 and introducing 'Test and Treat' for key population and sero-discordant couples, with due consideration to system strengthening to take the additional load.

# KEY POLICY RECOMMENDATIONS (2)

- ⦿ Strengthen SIMS as an effective integrated tool for programme management to ensure linkages across all programme components for effective individual-level case tracking over prevention-care continuum.
- ⦿ Revitalise IEC strategies by shifting to interactive formats, harnessing channels for specific audience segments such as migrants & MSM, upgrading the IEC material and making them relevant to the changing context and newer programme guidelines.
- ⦿ Focus on institutional strengthening – filling of vacancies, capacity building and strengthen supervision – to reinvigorate the programme.
- ⦿ Streamline financial management at SACS and peripheral units for effective transfer and utilization of financial resources.
- ⦿ Undertake a comprehensive uplift of procurement and supply chain functions under NACP.

# THINKING BEYOND...



# ISSUES FOR FURTHER DELIBERATION...

- ⦿ Last mile prevention strategies to address changing KP dynamics & transmission in general population
- ⦿ Strategies to address risk behaviours of PLHIV & prevent transmission to partners
- ⦿ Quality assurance mechanisms across the programme components
- ⦿ Road map & operational mechanisms to roll out newer strategies (CBT, Test & Treat, Viral load scale up, etc.)
- ⦿ Road map for Surveillance & Research activities to address evidence needs in the current context
- ⦿ Innovations in programme management, use of technology, use of evidence & community involvement

Strong Multi-stakeholder Response  
can bridge the gaps & lead  
India's NACP to achieve its goal

**THANK YOU**

