National AIDS Control Program

Facilitator:
Dr. NAVPREET
Assistant Professor, Department of Community Medicine
Govt. Medical College & Hospital, Chandigarh.
Specific Learning Objectives

- At the end of session, the learner shall be able to describe:
  - Magnitude of HIV/AIDS
  - Phases of NACP
Introduction

• Acquired Immuno Deficiency Syndrome.
• HIV (human immunodeficiency virus)
  – Blood transfusion
  – Sexual contact.
  – Infected pregnant mother to baby during pregnancy or delivery, as well as through breast-feeding.
  – Needle-stick injury.
## Magnitude of HIV/AIDS

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with HIV</td>
<td>31.8 million</td>
<td>34.2 million</td>
</tr>
<tr>
<td>Newly infected</td>
<td>2.7 million</td>
<td>2.5 million</td>
</tr>
<tr>
<td>Died from AIDS-related causes</td>
<td>2.1 million</td>
<td>1.7 million</td>
</tr>
</tbody>
</table>

UNAIDS (2011)
Indian Scenerio

• The identification of HIV positive individuals in 1986 resulted in the Government forming the National AIDS Committee (NAC) headed by the Union Health Secretary.

• The **National AIDS Control Program (NACP)**, focusing on increasing awareness of HIV/AIDS, screening of blood for HIV and testing of individuals practicing risk behavior was launched in **1987**.

• **NACP-I** was launched during the 8th Five Year Plan (**1992-1997**)
National Aids Control Programme Phase- I 
(1992-1999)

• Since AIDS has no cure, the main **objective** of this project was to slow down the spread of HIV/AIDS infection through creation of awareness.

• Assistance from World Bank to the tune of US $84 million and another US $1.5 million in the form of technical assistance from World Health Organization.
• The programme has the following components:
  1. Strengthening the Programme Management capacity at National and State levels;
  2. Surveillance & Clinical Management;
  3. Ensuring Blood Safety;
  4. Control of Sexually Transmitted Diseases;
  5. Public Awareness and Community support.
National AIDS Control Programme Phase - II (1999 - 2006)

• It was a 100% Centrally sponsored scheme
  – implemented in 32 States/UTs and 3 Municipal Corporations namely Ahmedabad, Chennai and Mumbai through AIDS Control Societies.

• Two key objectives namely:
  ➢ To reduce the spread of HIV infection in India;
  ➢ Strengthen India’s capacity to respond to HIV/AIDS on a long term basis.
• **Aimed at:**

  - To shift the focus from raising awareness to **changing behaviour** through interventions
  - To support **decentralization** of service delivery
  - To **protect human rights** by encouraging voluntary counselling and testing and discouraging mandatory testing;
  - To support **structured and evidence-based** annual reviews and ongoing operational research; and
  - To encourage **management reforms**, such as better managed State level AIDS Control Societies and improved drug and equipment procurement practices.
NACP-II Strategies:

**SURVEILLANCE**
- Evidence based planning
  - Annual Sentinel Surveillance
  - AIDS Case Detection
  - Mapping of high risk groups
  - Behavioural Surveillance

**PREVENTION**
- High risk populations
  - Targeted interventions
    - STD treatment
    - Condom promotion
    - Inter-sectoral collaboration
    - Between public private and voluntary sectors
    - Training of medical, para medical partners
- Low risk populations
  - Holistic IEC and social mobilisation
  - Blood safety
  - Voluntary counselling and testing
  - AIDS Vaccine Initiative
  - Sensitising young adults
  - Workplace interventions

**CARE**
- Low cost care & support
  - Prevention of perinatal HIV transmission
  - Management of HIV-TB Co-Infection
  - Treatment of Opportunistic Infections
  - Piloting ART
  - Post Exposure Prophylaxis
  - Community Care Centres
National AIDS Control Program Phase III (2007-2012)

• Aims to support the Government of India in achieving its goal of halting and reversing the HIV/AIDS epidemic over the next five years through integration of prevention and care, support and treatment programs.
  – It has set itself an ambitious timeframe in proposing to achieve the target of halting and reversing its HIV/AIDS epidemic by 2012 (instead of 2015)
NACP III: four main objectives

1. **Prevention of new infections** in high risk groups and general population through:
   - Saturation of coverage of high risk groups with targeted interventions (TIs)
   - Scaled up interventions in the general population
2. Increasing the proportion of people living with HIV/AIDS who receive **care, support and treatment**.
3. Strengthening the **infrastructure, systems and human resources** in prevention and treatment program at the district, state and national levels.
4. Strengthening a nation-wide strategic **information management system**
1. Prevention of new infections: Saturation of coverage of high risk groups with targeted interventions (TIs)

- Preventive services are:
  a) Promoting condom use
  b) STI services
  c) Needle/syringes & substitution treatment
  d) Creating enabling environment
  e) Prevention activities & services for MSM
  f) Increased ownership of civil societies (NGOs/PLHA networks)
1. Prevention of new infections: Scaling up interventions in the general population

**STDs Control Program**
- NACO has taken over STDs Control Program in 1992
- Syndromic approach
- Integration with STI/RTI Management of RCH-II
- Family Health Awareness Campaign

**ICTC (Integrated Counseling & Testing Centre)**
- Increasing availability
- Training grass root level health workers

**HIV Testing strategies:**
- Mandatory
- Voluntary & confidential
- Unlinked & anonymous
- With explicit contact
1. Prevention of new infections: Scaling up interventions in the general population

- **PPTCT Program**

- **Universal Precautions & Post Exposure Prophylaxis (PEP)**

- **Safe Blood Program**
  - New initiatives undertaken:
    a) Establishment of Model Blood Banks
    b) Appropriate clinical use of blood
    c) Training & personnel development
    d) Legal framework
    e) Promotion of Voluntary blood donation
1. Prevention of new infections: Scaling up interventions in the general population

- **Condom Programming**
  - to ensure easy access to good quality, affordable & acceptable condoms to promote safe sex

- **Focused Efforts On Women**

- **Focused Efforts On Children**

- **Focused Efforts On Young People**

- **Focused Efforts On Migrants, mobile & cross border population**

- **Occupational Health**
2. Care, Support and Treatment

- Improved treatment access for opportunistic infections & Continuum of care
- ANTI-RETROVIRAL THERAPY
- People living with AIDS (PLWAs)
3. Strengthening the infrastructure, systems and human resources

• In prevention and treatment program at
  ➢ District level,
  ➢ State level and
  ➢ National level.
4. Monitoring & Evaluation

- Nation-wide strategic information management system
- HIV sentinel surveillance
- HIV risk behavior surveillance survey
- Research & Development

- Indigenous System of Medicine
- AIDS Vaccine
## Milestones of the programme

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>- First case of HIV detected</td>
</tr>
<tr>
<td></td>
<td>- AIDS Task Force, National AIDS Committee</td>
</tr>
<tr>
<td>1987</td>
<td>- National AIDS Control Programme</td>
</tr>
<tr>
<td>1992</td>
<td>- NACP – I launched</td>
</tr>
<tr>
<td></td>
<td>- National AIDS Control Board, NACO set-up</td>
</tr>
<tr>
<td>1999</td>
<td>- NACP – II begins</td>
</tr>
<tr>
<td></td>
<td>- State AIDS Control Societies established</td>
</tr>
<tr>
<td>2002</td>
<td>- National AIDS Control Policy adopted</td>
</tr>
<tr>
<td>2004</td>
<td>- ART initiated</td>
</tr>
</tbody>
</table>
NACP Phase - IV

- Program reviews indicate that most of the targets set for NACP-III are likely to be achieved
  - scale-up of coverage of HRG, safe blood supply, testing services, scale-up of ART and various interventions with community ownership.
- However, consolidating the gains and ensuring quality and coverage will require attention in the next few years.
• The process to develop the plan for the next phase of the programme is being initiated.
• The next phase will continue to be inclusive and focused on marginalised, weaker sections and hard-to-reach population.
• NACP IV will continue to provide care, support and treatment to all eligible population along with focused prevention services for the high-risk groups and vulnerable populations.
Syndromic STI/RTI Color Coded Kits