NATIONAL AIDS CONTROL PROGRAMME

INTRODUCTION:

The HIV virus continues to spread, causing nearly 16000 new infections a day in the world. During 1997 alone, that meant 5.8 million new HIV infections globally. Some 2.3 million people died of AIDS during the course of 1997. In India the HIV/AIDS epidemic is now a decade old. Within this short period it has emerged as one of the most serious public health problems in the country. HIV/AIDS, therefore, must be seen as a national calamity and can only be fought unitedly by forging co-ordination, and convergence in respect of HIV/AIDS prevention control strategies between civil society, voluntary and Government sectors.

The first AIDS case in India was detected in 1986. Since then HIV infection has been reported from almost all States and Union Territories of the country. But the emerging pattern of geographical distribution is not uniform. Though the dominant mode of transmission of HIV infection in the country still remains Heterosexual contact, the pattern of transmission in North Eastern States seems to be pre-dominantly through sharing of infected needles by injecting drug users.

As per the HIV sero surveillance report available to NACO, a cumulative total of 23.6 lakh persons have been screened for HIV, of which 79574 have been found sero-positive as on October 98. The HIV sero positivity rate works out to be 23.65 (Per thousand). A cumulative total of 6609 AIDS cases have been reported in India during this period. This figure does not convey the actual magnitude of HIV/AIDS infection and represents only fraction of actual morbidity due to HIV.
Realising the gravity of epidemiological situation of HIV infection prevailing in the country, the government of India launched a National AIDS Control Programme in 1987. A comprehensive Five Year Strategic Plan was launched during the 8th Plan period with the 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 Organisation. the project has since been extended upto 31st March, 1999.

Since AIDS has no cure, the main objective of this project is to slow down the spread of HIV/AIDS infection through creation of awareness and aiming at behavioural change. 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

The status of each activity is as under:

1. PROGRAMME MANAGEMENT

At the National level, a National AIDS Committee, a National AIDS Control Board and a National AIDS Control Organisation have been created and are in operation.

At the State and Union Territory level, an AIDS Cell has been created in each State/UT. So far, 23 States have created registered societies, exclusively for the implementation of this programme.

2. SURVEILLANCE & CLINICAL MANAGEMENT

There are 131 Blood Testing Centres and 9 Reference Centres. A sentinel
Surveillance system has been set up and is functioning in almost all the States and UTs. 180 Sentinel Sites have been established to monitor the trends of HIV infection in various groups of population. The resulting system provides data in tracking the epidemic.

Training of doctors is an ongoing process and Key Trainers are conducting training programme in Clinical Management including diagnosis of AIDS cases. All the State Governments and Union Territories have been provided funds for management of AIDS patients with opportunistic infections. For protection of health care providers in Government Hospitals and health centres, provision for AZT prophylaxis has been made.

3. **BLOOD SAFETY**

The overall goal of securing a safe blood supply is being tackled through 6 major strategies, namely,

(i) Mandatory Licensing of all Blood Banks.
(ii) Establishment of 154 Zonal Blood Testing Centres (ZBTCs) where HIV testing facilities are made available which could be availed of by all the blood banks linked to these ZBTCs.
(iii) Establishment of 40 component separation facilities for the purpose of reducing the wasteful use of blood in all 815 blood banks have been modernised in public and voluntary sectors.
(iv) Establishment of 40 blood component separation facilities.
(v) Training of the blood bank staff; and
(vi) Promotion of voluntary blood donation.

As per the directives of the Hon’ble Supreme court, National Blood Transfusion Council at the National level and state Blood Transfusion Council at the State/UT level have been constituted. Professional blood donation has been abolished in the Country w.e.f. January 01, 1998.
4. CONTROL OF SEXUALLY TRANSMITTED DISEASES

Recognising the importance of STD Control measures as one of the main strategies in prevention and control of HIV/AIDS, steps have been taken to strengthen the existing STD Control Programme through provision of essential equipment to 504 STD clinics, financial assistance for STD drugs and other consumables, and also for the training of staff. Greater emphasis is placed on strategies to prevent STD through integration of STD prevention in ‘IEC for HIV prevention’. STD services are being made available through integrating STD case management at the first level of the health care delivery system.

Financial allocations have been made to States/UTs for strengthening of management of RTI & STI in all district level female hospitals in the Country.

In the area of condom programming, Schedule ‘R’ of the Drugs & Cosmetics Act has been revised and notified, in order to ensure that the quality of condoms marketed meet the international standards. In order to develop social marketing policy, market studies through independent agencies have been approved.

During year 1998-99, financial allocations have been made to States/UTs for strengthening of management of RTI & STI in all district level female hospitals in the Country.

5. PUBLIC AWARENESS AND COMMUNITY SUPPORT

To reach the goal of public awareness of HIV/AIDS and to mobilise community support, efforts have been made in the areas of mass awareness, development of inter-personnel communication support material, NGO mobilisation, inter-sectoral collaboration and pilot interventions with vulnerable groups of population.
NACO has initiated a nation wide campaign using various media to spread awareness about the HIV/AIDS. This includes the use of television, radio, print media and folk theatre. An interpersonal communication programme is also being implemented through the Directorate of Field Publicity to spread awareness in the rural areas.

Funding support has been provided to Non-Governmental Organisations to take up awareness and intervention programmes in vulnerable populations such as sex workers, truckers, intravenous drug users, street children and migrant labour.

A National Counselling Training Programme has been launched to train grassroots level counsellors. A National AIDS Helpline has been set up with a toll free number 1097 for telephonic counselling which maintains the confidentiality and privacy of the caller.

A School AIDS Education Programme has been started to provide life skills education and information on HIV/AIDS to the student youth.

A multisectoral approach has been devised by integrating an action plan of HIV/AIDS in the ongoing programmes of the social sector Ministries such as Education, Youth Affairs, Women and Child Development, Ministry of Empowerment and Social Justice, Labour, Railways and Defence.

NGO guidelines have been developed for the involvement of NGOs. These guidelines have been revised. NACO in association with the Deptt. of Youth Affairs is covering the University Students and Higher Secondary School Students through a program called “University Talk AIDS”. School health curriculum has been developed in association with NCERT. In addition, a number of training modules have been developed including one on counselling. A programme to train “Trainers” in counselling is near completion. Wherever, Trainers in Counselling have been trained, further training programme for counselling are in progress.
ACHIEVEMENTS

1. Intensive awareness campaigns through electronic and print media and the field publicity units of the Ministry of Information & Broadcasting in both the urban and rural areas has resulted in generation of awareness about the disease both in the high risk groups and the general population. Awareness levels are of the order of 60-65 per cent on an average in urban areas land 35-40 per cent in rural areas. The highest awareness levels are in Tamil Nadu where it is 95% in urban areas and 75% in rural areas.

2. Awareness programs through school and college education has been taken up on a large scale in 18 States.

3. To ensure safe blood to the population, 815 blood banks in the Government and voluntary sector have been modernises in phase and 40 blood component separation facilities have been taken up throughout the country. Mandatory testing of blood for HIV, Syphilis, Malaria and Hepatitis B, has been introduced throughout the country. Infection through blood transfusion has been brought down appreciably over the last 2-3 years.

4. For control of Sexually transmitted Diseases which have a direct correlation with HIV/AIDS, 504 STD clinics in district hospitals have been taken up for modernisation. Syndromic management of STD cases has been introduced and doctors are being put on intensive training of syndromic management techniques for STDs.

5. Training of doctors is an ongoing process and key trainers are conducting training programme in clinical management and AIDS case diagnosis. The Indian Medical Association has so far trained, more than 20,000 general medical practitioners with support from NACO.
New Initiatives


Just as the HIV infection is transcending the boundaries of high risk population and spreading into the general population, prevention and care programs have also reached a critical phase. Since Government looks at HIV/AIDS Prevention and Control Programs as a socio-economic issue touching all sections of the population irrespective of their regional, economic or social states, a concerted effort has been made to expand the National Programs through larger ownership, participation and involvement both at the Government and societies level. With this objective, a draft National AIDS Prevention and Control Policy has been framed. By following this concerted Policy, the Government hopes to control the epidemic and arrest its spread within next five years.

2. Draft National Blood Policy

The general objective of the National Blood Policy is to plan for developing a nation wide system in order to ensure easily accessible and adequate supply of safe and quality of blood and blood components for all, irrespective of economic & social states. The policy would aim to improve the quality of blood transfusion services through a comprehensive and total quality management approach.

3. Review of the project by IDA Mission

A World Bank review mission for the first HIV/AIDS Control Project visited India from July 13th to 28th, 1998. This mission reviewed overall activities of the projects viz. Epidemiological situation of HIV, Health Promotion interventions, Technical skills, Awareness, Blood Safety, control of STD etc. and recommended that since the first phase is coming to close, NACO should begin to prepare its implementation completion report.

4. State Level Planning Workshops

The World Bank appointed two Technical Liaison Officer(TLO) for the preparation of Second HIV/AIDS control project proposed to be implemented for a
period of five years beginning from April, 1999. With the objective of giving ownership to the State/UTs. States are preparing their project implementation plan (PIP) for inclusion in National PIP. The appraisal of the state level PIPs will be taken up in the month of December, 1998.

§ Setting up of State AIDS Prevention & Control Societies

With a view to provide better autonomy and flexibility to implement AIDS Control Program, a decision was taken to form State AIDS Prevention and Control Societies in all the States/UTs. So far 23 States/UTs have formed societies and other are in the process.

§ National Sentinel survey

With a view to monitor the trends of HIV infection in both high as well as low Risk groups of population, initially 55 sentinel sites were established in the 26 States/UTs of the country. The initial surveillance system because of inadequate number of sentinel sites as well as inadequate representation population by these sites, was unable to generate sufficient data over the period of time. In view of this, it was decided to expand the surveillance system by establishing 115 additional sentinel sites. The first National Sentinel Survey was conducted during the month of February-March, 1998 and the second round in September-October where all States/UTs including Jammu & Kashmir and Bihar participated.

§ Prevention of Mother to Child transmission

Realising the gravity of the increasing HIV prevalence rates amongst women
Attending ante-natal clinics in major cities and impending epidemic in Paediatric age group, several meetings of the experts were convened on this issue. It was the opinion of the experts that India should immediately start feasibility study on administering short term AZT (Azido-thymidine) intervention amongst HIV infected mothers to prevent mother to child transmission of HIV infection. Government of India is considering to start feasibility study projects in some selected hospitals of the country where HIV infection in pregnant mothers is reported to be high viz. Tamil Nadu, Maharashtra, Hyderabad, Bangalore and Manipur.

8. Development of Indigenous Preventive HIV Vaccine

Since the AIDS epidemic has taken deep roots in our country with ever worsening Scenario, it is felt by the Government to initiate HIV vaccine development programme. Meetings of the experts working in this field were convened, who unanimously opined that vaccine development and the preparation for the ultimate testing and utilisation of AIDS vaccine should be given highest priority and be considered as a mission. Government is considering to develop a strong & appropriate programme on development of indigenous HIV vaccine.