

Impact Of Aids Controlling Programmes In India

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Abstract

The Annual report-2010-11 of NACO has revealed that the number of annual new HIV infections have declined by more than 50 percent during the last decade. It shows the impact of various programmes and efforts made by National AIDS Control Programme and scaled-up prevention strategies. After inception of HIV in India, when first HIV case was detected among sex workers in Chennai, Tamil Nadu, the first great step of government of India was the establishment of NACO and initiation of National AIDS Control Programme (NACP) for controlling HIV progression in India. Thus, it is in this backdrop that present paper attempts to analyse the impact of AIDS controlling programmes in India.

Key Words: AIDS, HIV, Prevention Strategies, Steps & Programmes of Government.

INTRODUCTION

India has the second largest population after China and third largest number of people living with AIDS. According to latest data released by National AIDS Control Organisation (NACO), around 2.1 million people living with AIDS in India.

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Table 1 – HIV/AIDS in India

Epidemic Scenario (2014) - Estimated	Total
No. of PLHAs	21,16,581
Adult (15+) HIV prevalence	19,78,125
No. of CLHAs (<15)	1,38,456

Male PLHAs	12,60,094
Female PLHAs	8,56,487
No. of New HIV Infection	86,309

Source: India HIV/AIDS Estimate 2015 (NACO, 2015a)

With the implementation of National AIDS Control Programmes in collaboration with NGOs, 66% decline in new HIV infection have been estimated from 2000 to 2015 and 32 % decline from 2007 to 2015. In 2015, 86,309 new HIV infections have been estimated.

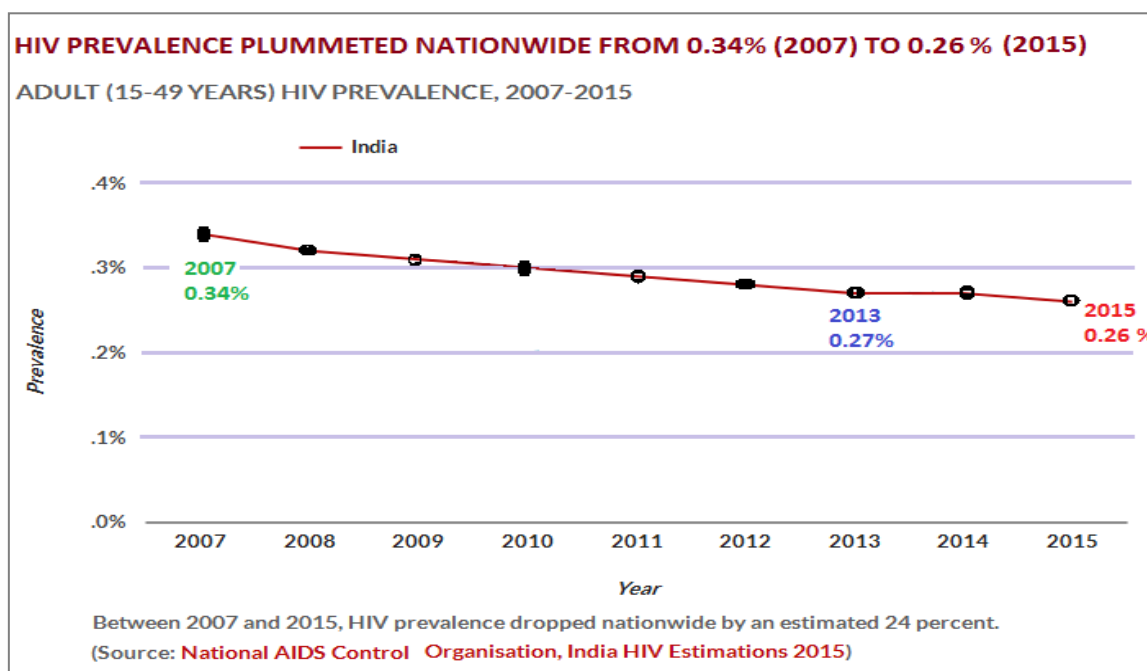


Figure 1: Decline in HIV prevalence in India (2007-2015)

HIV CONTROLLING PROGRAMME IN INDIA

First major step for controlling the progression of HIV in India, was the constitution of National AIDS Control Board (NACB) in 1992 and for the implementation of the programmes for controlling HIV, an autonomous National AIDS Control Organization (NACO) was set up. The first phase focused on spreading awareness among people about HIV, AIDS and its causes, setting up surveillance system for monitoring HIV epidemic, measures to ensure access to safe blood and preventive services for high risk group populations.

Second phase of NACP was launched in NACP II in November 1999. NACP II was basically focused on two objectives (i) to reduce the spread of HIV infection in India, and (ii) to increase India’s capacity to respond to HIV/AIDS on a long-term basis. During this phase

initiatives taken such as scale up of Targeted Interventions for High risk groups in high prevalence states; Adoption of National Blood Policy; a strategy for Greater Involvement of People with HIV/AIDS (GIPA); launch of National Adolescent Education Programme (NAEP); introduction of counselling, testing and PPTCT programmes; Launch of National Anti-Retroviral Treatment (ART) programme; formation of an inter-ministerial group for mainstreaming; and setting up of the National Council on AIDS, chaired by the Prime Minister; and setting up of State AIDS Control Societies in all states.

In response to the evolving epidemic, the third phase of the national programme (NACPIII) was launched in July 2007 with the goal of halting and reversing the epidemic by the end of project period. In 2012 NACP-IV was launched with strengthened running programmes to halt and reversal of the HIV infection in India.

SCHEMES, POLICIES, FACILITIES AND PROGRAMMES TO COMBAT HIV

It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. Much of the HIV transmission in India occurs within groups or networks of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment. These high risk groups (HRGs) of individuals who are most at risk include: (1) Female sex workers (FSWs) (2) High-risk men who have sex with men (MSM), and trans-genders (TGs) (3) Injecting drug users (IDUs).

Targeted Interventions

Main objective of the targeted Interventions is to improve health seeking behaviour of high risk behaviour groups and reducing their vulnerability and risk to acquire STIs and HIV infections. Targeted Interventions are implemented through non-government organisations and community based organizations. During NACP-I 300 targeted interventions projects were initiated while during NACP-II, 1209 projects were completed.

Link Workers 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 counselling, testing and STI services through Link workers.

Blood Safety

HIV can also be transmitted if HIV infected blood is transfused to non-HIV-infected person. Access to safe blood has been ensured through a network of around 1,149 NACO supported

Blood Banks including 171 Blood Component Separation Units and 28 Model Blood Banks. During NACP-I around 685 district blood banks were modernized for prevention of HIV infection through blood transfusion while during NACP-II, 883 district blood banks were modernized.

Management of Sexually Transmitted Infections

The Sexually Transmitted Infections (STI)/ Reproductive Tract Infection (RTI) services based on the Syndrome Case Management are being provided through STI/RTI clinics in different states in India.

Information, Education & Communication (IEC)

The focus of IEC activities is on promoting safe behaviours, reduction of HIV stigma and discrimination, on demand generation for HIV/AIDS services and condom promotion. As a follow-up to encouraging evaluation results emerging from the second phase of Red Ribbon Express project of 2009-10, the third phase of the project has been launched on 12 January 2012. Following are the some major methods and tools used to aware people about HIV:

- Radio and Television
- Media Campaign
- Television and Movies
- Articles in News Paper and Magazines
- Hoardings and Pamphlets
- Nukkad-Natak (Street Plays), Puppetry and Cultural Programmes with HIV information
- Conferences
- Public contacts as much as possible
- Encouraging HIV positive People to be Volunteer and role Model

Condom Promotion

NACO launched the fourth phase of the Condom Social Marketing Programme in July 2011 in 13 States/UTs through 7 Social Marketing Organizations (SMO). SMO distributed 21.9 crore pieces of condoms till December 2011. During NACP-II, 11,025 condom vending machines were installed while around 1.6 billion condoms were distributed.

HIV Counselling and Testing Services

The ICTC programme offering Counselling and Testing services for HIV.

Care, Support and Treatment (CST) for PLHIV

CST programme provides prevention and treatment of opportunistic infections, Anti-Retroviral Therapy (ART), psychosocial support, home-based care, positive prevention and impact mitigation.

IMPACT OF AIDS CONTROLLING PROGRAMMES IN INDIA

With the strategic and planned execution on programmes and schemes of NACO, significant decrease has been reported in year and year base HIV estimation reports.

Decrease in adult HIV Prevalence

As per the recently released, India HIV Estimation 2017 report, National adult (15–49 years) HIV prevalence in India is estimated at 0.22% (0.16% – 0.30%) in 2017. It was 0.26% (0.22%–0.32%) in 2015. In 2017, adult HIV prevalence is estimated at 0.25% (0.18-0.34) among males and at 0.19% (0.14-0.25) among Females. The adult HIV prevalence at national level has continued its steady decline from an estimated peak of 0.38% in 2001-03 through 0.34% in 2007, 0.28% in 2012 and 0.26% in 2015 to 0.22% in 2017.

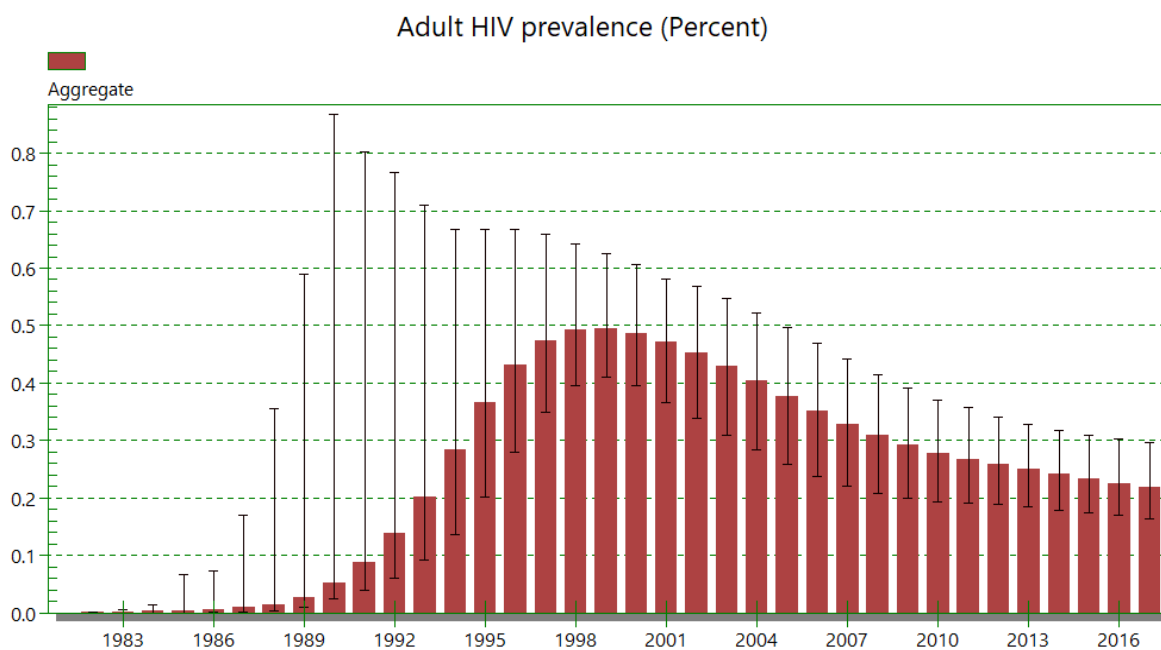


Figure 2: Adult HIV Prevalence in India during 1990 to 2017, HIV Estimations 2017 (Source: <http://naco.gov.in/hiv-facts-figures>)

Among the States/UTs, in 2017, Mizoram has shown the highest estimated adult HIV prevalence of 2.04% (1.57-2.56), followed by Manipur (1.43%, 1.17-1.75), Nagaland (1.15%,

0.92-1.41), Telangana (0.70%, 0.50-0.95) and Andhra Pradesh (0.63%, 0.47-0.85). All other States/UTs have levels of adult HIV prevalence below 0.22%.

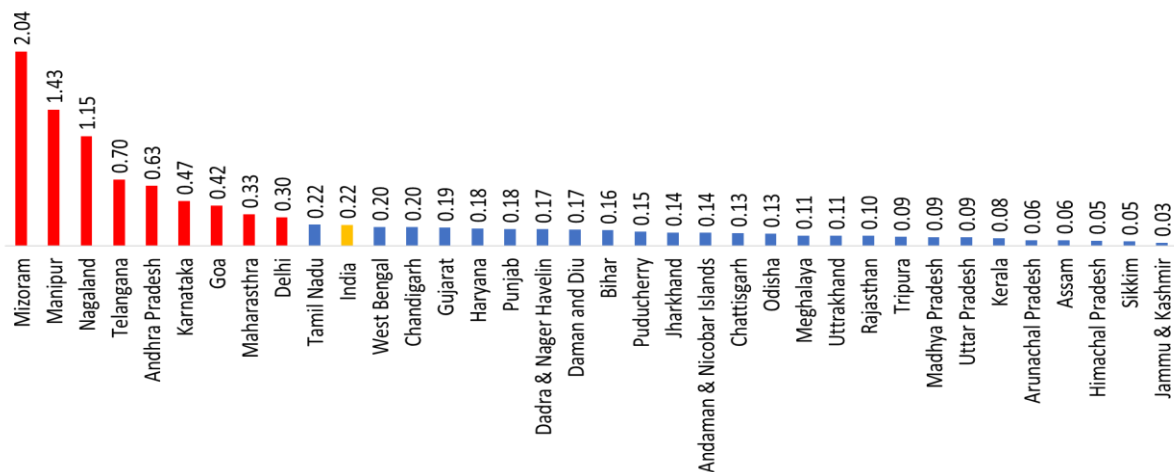


Figure 3: State wise Adult HIV Prevalence in 2017, HIV Estimations 2017

(Source: <http://naco.gov.in/hiv-facts-figures>)

Decline in number of people living with AIDS

The total number of people living with HIV (PLHIV) in India is estimated at 21.40 lakhs (15.90 lakhs–28.39 lakhs) in 2017 compared with 21.17 lakhs (17.11 lakhs–26.49 lakhs) in 2015 and 22.26 lakhs (18.00 lakhs-27.85 lakhs) in 2007. Children (< 15 years) account for 0.61 (0.43-0.85) lakh while female(15+years) accounts for 8.79 (6.61-11.62) lakh people living with HIV(PLHIV) in India. It can be concluded from the table 2 that number of people living with HIV is decreasing.

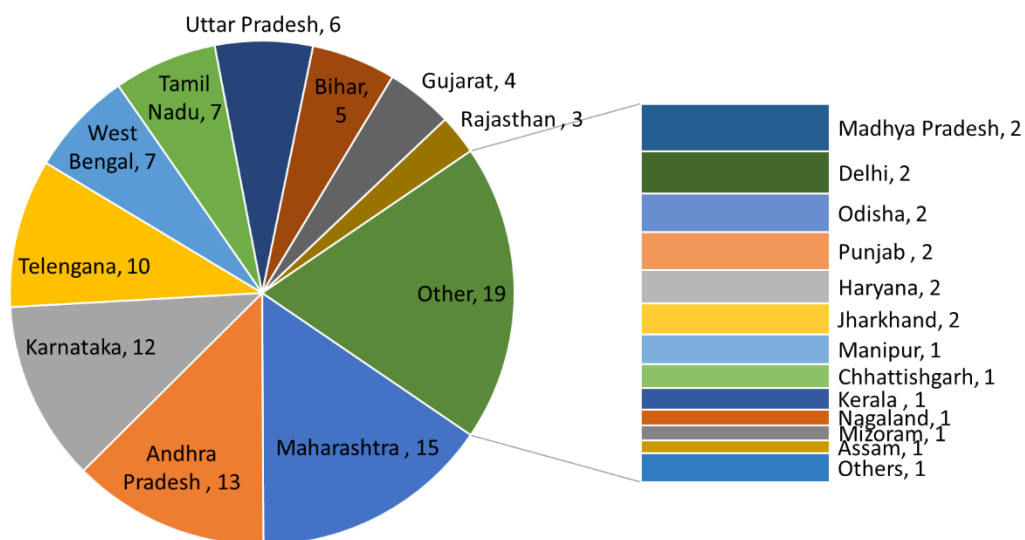


Figure 4: States/UTs wise percent distribution of total PLHIV in 2017, HIV Estimations 2017

(Source: <http://naco.gov.in/hiv-facts-figures>)

Among the States/UTs, in 2017, Maharashtra has the highest estimated number of PLHIV (3.30 Lakhs, 2.53-4.35) followed by Andhra Pradesh (2.70 Lakh, 2.00-3.58), Karnataka (2.47 Lakh, 1.91-3.23), Telangana (2.04 Lakh, 1.49-2.77), West Bengal (1.44 Lakh, 1.03-1.91), Tamil Nadu (1.42 Lakh, 0.93-1.97), Uttar Pradesh (1.34 Lakh, 1.01-1.77) and Bihar (1.15 Lakh, 0.83-1.58). These Eight States together account for almost three fourth (75.00 %) of total estimated PLHIV. Other all states have less than 1 lakh people living with HIV.

Status of new HIV infection in India

India is estimated to have around 87.58 (36.45 – 172.90) thousand new HIV infections in 2017, showing new HIV infection decline by 85% since the peak of 1995 and by 27% between 2010-2017. In 2015 the estimated number of new HIV infection was around 86 (56–129) thousand new HIV infections in 2015. Women are accounted for 40% of annual new HIV infection in 2017. Annual new HIV infections are increasing in three states of the north-east region- Assam, Mizoram and Meghalaya and also in Uttarakhand, while in Nagaland, Manipur, Delhi, Chhattisgarh and Jammu & Kashmir Decline is less than 10% in last 7 years. Ten states accounts for 71% of total annual new HIV infection: Telangana, Bihar, west Bengal, Uttar Pradesh, Andhra Pradesh, Maharashtra, Karnataka, Gujarat, Tamil Nadu and Delhi.

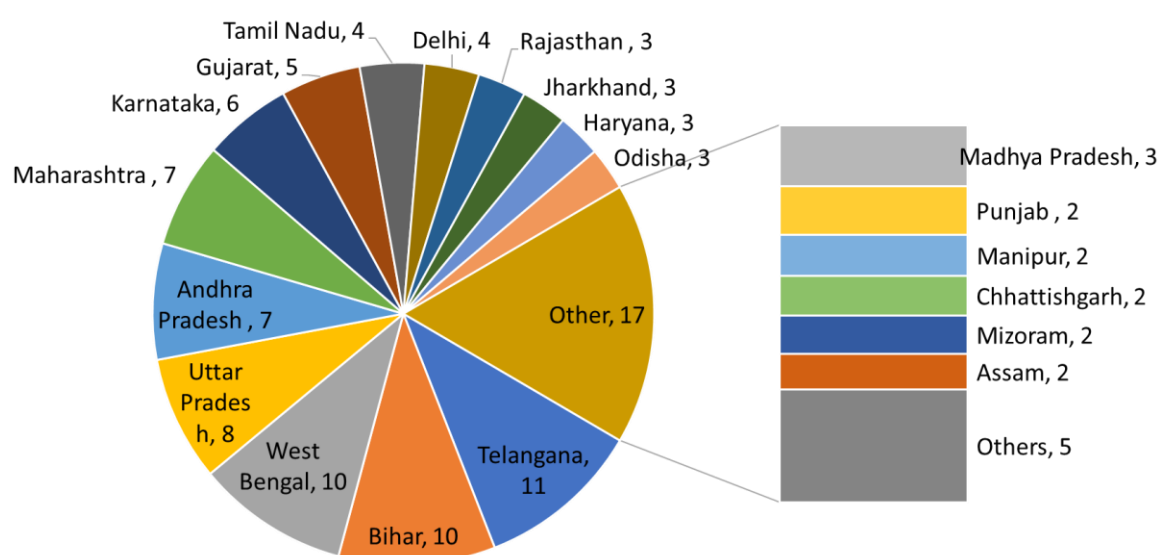


Figure: States/UTs wise percent distribution of new HIV Infections in 2017, HIV Estimations 2017

(Source: <http://naco.gov.in/hiv-facts-figures>)

Status of AIDS related deaths in India

Since 2005, when the number of AIDS related deaths (ARD) started to show a declining trend, the annual number of AIDS related deaths has declined by almost 71%. In 2017 an estimated 69.11 (29.94 –140.84) thousand people died of AIDS-related causes nationally while in 2015 around 67.6 [46.4–106.0] thousand people died of AIDS-related causes. AIDS-related deaths have dropped in all of India’s States/UT with the exception of Assam, Bihar, Jharkhand, Haryana, Delhi, and Uttarakhand.

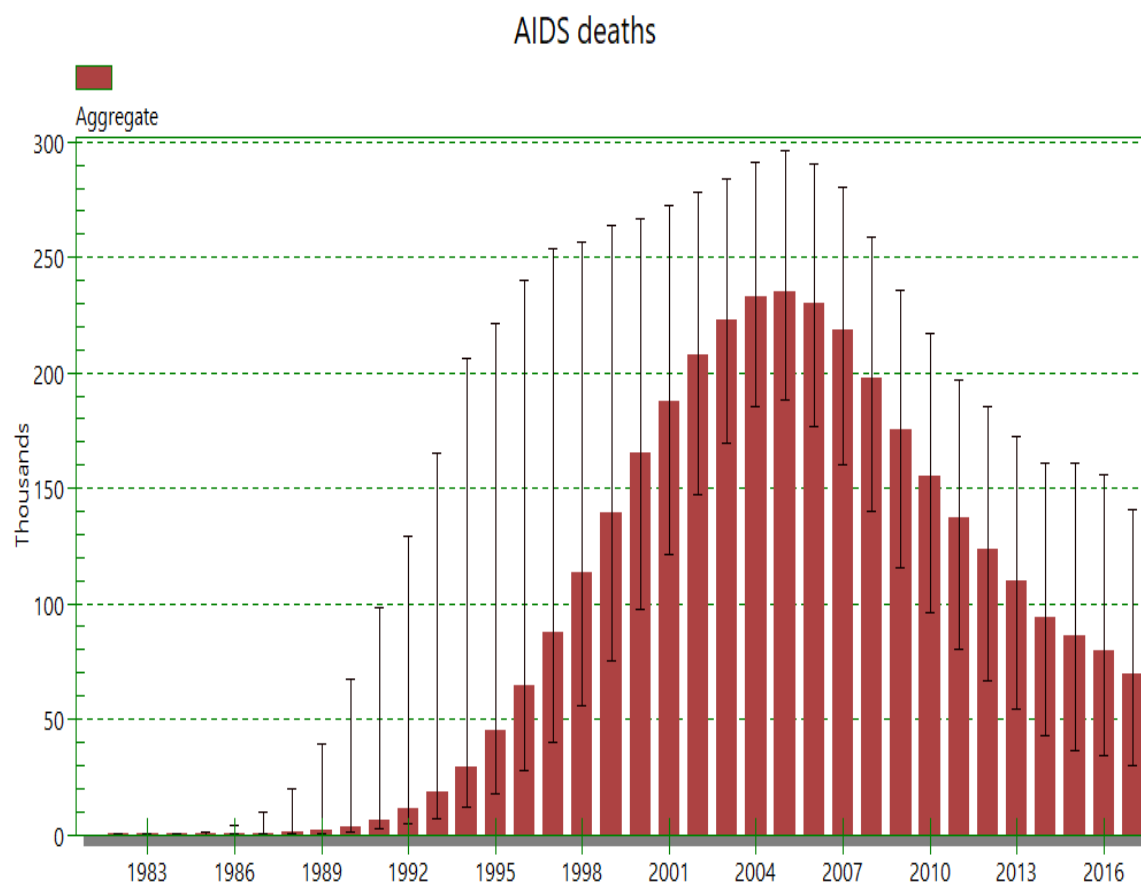


Figure 5 AIDS Related deaths over years, HIV Estimations 2017

India is estimated to have had 22.67(10.92-40.60) thousand HIV positive women who gave birth in 2017. State wise Prevention to Mother to child transmission (PMTCT) need were highest in Maharashtra (2.41 thousand) followed by Uttar Pradesh (2.29 thousands), Bihar, Andhra Pradesh, Karnataka, Telangana, West Bengal, Gujarat and Tamilnadu while least were Sikkim.

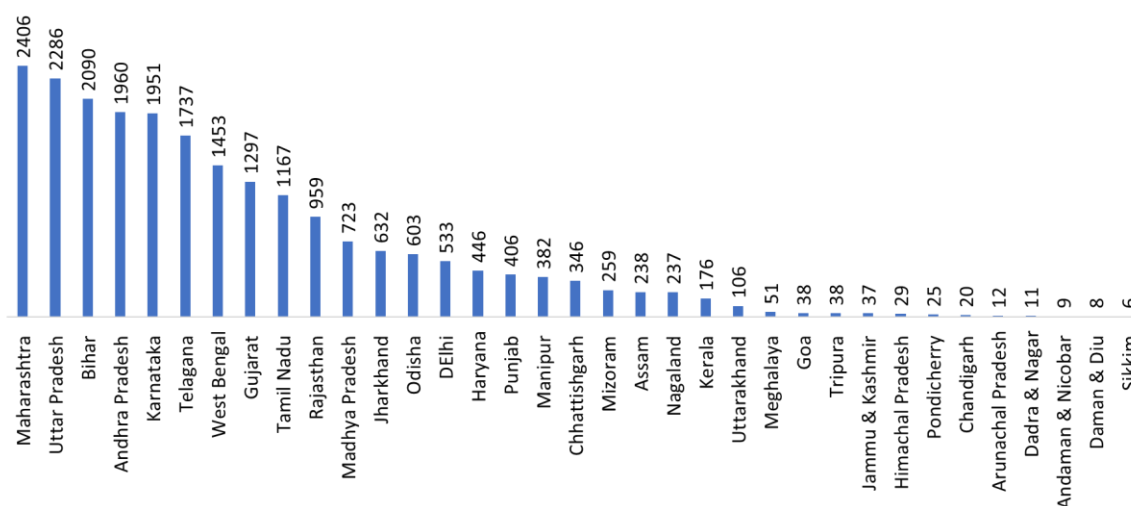


Figure 6 State/UT wise PMTCT need in 2017, HIV Estimations 2017

CONCLUSION

It can be concluded that India is towards achieving its goal of halting and decreasing the progression of HIV in India with its efforts. Step by step with NACP I, II, III and IV, India has been successful in execution of its programmes strengthening its services. Besides, providing care and support for HIV infected people, spreading awareness about HIV and AIDS through all possible ways like media, television, street plays, conferences etc is significant in reducing stigma and discrimination in India. But recent data can't be neglected that the rate of decline in annual new HIV infections has been relatively slower in recent years.

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