National AIDS Control Programme in India
National AIDS Control Organization

- First case was identified in 1986
- The National Health Committee was formed by the Ministry of Health and Family Welfare
- NACO came into being in 1992
- NACP I: 1992 – 1999 (Infrastructure)
- NACP II: 1999 – 2006
- NACP III: 2007 – 2012
NACP - I

- The objectives of NACP-I were:
  - To control the spread of HIV infection
  - To expand infrastructure of blood banks
  - To develop infrastructure for the treatment of sexually transmitted diseases in district hospitals and medical colleges
  - To initiate HIV sentinel surveillance system
  - To involve NGOs in prevention interventions with the focus on awareness generation

This programme led to the capacity-development at the state level with the creation of State AIDS Cells in the Directorate of Health Services in states and union territories.
The objectives of NACP-II were:

- To reduce the spread of HIV infection in India
- To strengthen India’s capacity to respond to HIV/AIDS on a long term basis
National AIDS Control Policy - 2002

- HIV/AIDS was considered to be a development problem and not merely a health issue.

- The policy aimed at
  - Prevention of further spread of HIV
  - Reducing the impact of HIV on people and on the health and socio-economic system
  - To integrate horizontally with other national programs (RCH, TB, PHC system)
## Shift from NACP II to NACP III

<table>
<thead>
<tr>
<th>NACP II</th>
<th>NACP III</th>
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<td><strong>Aim</strong> to shift the focus from raising awareness to behaviour change</td>
<td><strong>Aim</strong> at saturation of coverage of the core target population (80%)</td>
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<td>Through interventions, particularly for groups at a high risk of contracting and spreading HIV</td>
<td>Guiding Principles:</td>
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<td>Evidence-based planning</td>
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<td>A &amp; B districts – more focus</td>
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<td>Decentralization</td>
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Goal: To halt and reverse the epidemic in India over the next five years

The objectives of NACP-III are:
- Prevention of new infections (saturation of HRG coverage and scaling up interventions for the general population)
- Increased proportion of PLHIV receiving care, support and treatment
- Strengthening capacities at district, state and national levels
- Building strategic information management systems
NACP-III at a glance

Prevention
- Targeted Interventions
  - STI care
  - Condom promotion
  - Enabling environment
- Blood safety
  - Integrated Counselling and Testing including PPTCT
  - STI care
  - IEC and social mobilisation
  - Mainstreaming

Care, Support & Treatment
- ART
  - HIV-TB co-ordination
  - Treatment of opportunistic infections
- Community care centres
- Post-Exposure Prophylaxis

Strategic Information Management
- HIV Sentinel Surveillance
- Behavioural Surveillance
- Monitoring and Evaluation
- Operations research

Capacity Building
- DAPCU
- Technical resource groups
- Enhanced HR at NACO, SACS and districts
- Enhanced training activities

Institutional Strengthening

High risk populations
- Prevention
- Care, Support & Treatment
- Strategic Information Management
- Capacity Building

Low risk populations
- Prevention
- Care, Support & Treatment
- Strategic Information Management
- Capacity Building
Summary: Priorities under NACP-III

- Consolidate gains
- Focus on youth and adolescents
- Saturate coverage of High Risk Groups
- Normalize use of condoms
- Scale up treatment services
- Decentralize to district & sub-district level

Stigma & Discrimination