

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:3735

ANSWERED ON:27.04.2012

NATIONAL AIDS CONTROL PROGRAMME

Ananth Kumar Shri ;Mahendrasinh Shri Chauhan ;Singh Shri Dhananjay

**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

- (a) the outcome of the assessment/evaluation undertaken in respect of the National AIDS Control Programme (NACP) phase I and II;
- (b) whether the Government has assessed the performance of the ongoing NACP, phase III;
- (c) if so, the details alongwith the findings thereof;
- (d) the funds allocated and the targets set under the NACP, phase III alongwith the extent to which these have been achieved so far, State/UT-wise; and
- (e) the measures taken/proposed to plug the loopholes in NACP, phase III?

**Answer**

THE MINISTER OF STATE FOR HEALTH AND HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN)

(a) The National AIDS Control Programme (NACP) Phase-I (1992-99) at its Completion was evaluated by the World Bank. The project was found to have substantially achieved its specific objectives and often exceeded the original targets including nationwide capacity building in managerial and technical aspects of the programme in all States and UTs, and integration of project activities with the existing health care system. Efforts to target vulnerable risk groups, social marketing of condoms and condom use in targeted risk groups had increased. Screening of donated blood was almost universal.

Evaluation of NACP-II (1999-2006) carried out by the Indian Institute of Health Management Research, Jaipur; Indian Institute of Management, Kolkata and John Hopkins University, USA reported an impressive success in the convergence of female sex workers. NACO had progressively expanded the network of STD Clinics. Efforts to inform and educate people on HIV/AIDS related issues had substantially increased. Awareness and use of condom had increased in general population and in high risk groups. There had been a substantial increase in the number of pregnant women tested for HIV. The Anti-Retro Viral Therapy programme was being gradually upscaled.

(b) & (c): The performance of the NACP phase III has been assessed through the HIV estimates derived using globally comparable methods, periodical Joint Implementation Reviews involving development partners and the Government, and independent Impact Assessment studies.

The HIV estimates (2009) showed that the adult HIV prevalence at national level has steadily declined from the estimated level of 0.41% in 2000 through 0.36% in 2006 to 0.31% in 2009. The estimated number of new annual HIV infections has declined by around 56% from 2.7 lakh new HIV infections in 2000 to approximately 1.2 lakh in 2009. Wider access to Anti-Retroviral Treatment has resulted in a decline in the estimated annual AIDS related deaths.

The mid-term review of NACP-III and subsequent Join Implementation Review Missions reported that most of the targets have been achieved and even surpassed. Impressive gains have been made in Anti Retroviral Threrapy services, up scaling of Integrated Counseling & Testing Centres and identifying People Living with HIV/AIDS. There has been a significant scale-up of Targeted Interventions and Condom distribution has increased.

An independent Impact Assessment Study undertaken by a consortium of three public health institutes in India: PGIMER,Chandigarh; National AIDS Research Institute, Pune ; and National Institute of Cholera and Enteric Diseases, Kolkata reported, in November 2009, that the HIV epidemic had remained contained, and was declining in the country. Also there was significant decline in HIV prevalence among female sex workers and young women

(15-24 years) seeking antenatal care in the high-prevalence southern status. Another study showed the cost-effectiveness of targeted HIV-prevention interventions for female sex works.

(d): Physical and Financial targets and achievements under NACP phase III at national level and state-wise are provided in statements 1 and 2 respectively.

(e): The goal of NACP-III was to half and reverse the epidemic over the five year period (2007-12). In the next phase, it is proposed to

accelerate and integrate response in order to achieve complete reversal of the HIV epidemic. The key strategies include intensifying and consolidating prevention services with a focus on High Risk Groups and vulnerable population and increasing access and promoting comprehensive care, support and treatment expanding IEC services with a focus on behaviour change and demand generation, building capacities, and strengthening Strategic Information Management Systems.