

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

UNSTARRED QUESTION NO:2161

ANSWERED ON:24.08.2012

HIV/AIDS CASES

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

- (a) whether the cases of AIDS/HIV have been rising in the country;
- (b) if so, the number of new AIDS/HIV cases reported in the country during the last three years and the current year, year-wise and State-wise;
- (c) whether there has been a mark shift in the incidence of AIDS/HIV from traditionally high risk States in the Southern and North-Eastern region to States in other parts of the country;
- (d) if so, the details thereof and the reasons therefor;
- (e) whether the Government has reviewed the performance of National AIDS Control Programme (NACP)-III; and
- (f) the salient features of NACP-IV along with the time by which it is likely to be finalised?

Answer

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

(a) to (d): Based on HIV Estimations 2010, the number of new annual HIV infections has declined by around 56% during the last decade. It is estimated that India had approximately 1.2 lakh new infections in 2009, as against 2.7 lakh in 2000. Similar reduction in HIV incidence has been noted in all the high prevalence States in the Southern and North-Eastern region. However, some low prevalence States have shown a slight increase in the number of new infections over the past two years. Of the 1.2 lakh estimated new infections in 2009, the six high prevalence States account for only 39% of the cases, while the States of Odisha, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat account for 41% of new infections.

In regard to number of reported HIV/AIDS cases registered in ART centres for HIV care, during the year 2010 – 11, 320114 HIV/AIDS cases were registered against 246627 in 2009-10. However, during 2011-12, the same number has been decreased to 275377 cases.

A statement indicating number of new HIV/AIDS cases registered in ART centres during last three years and the current year, year-wise and State-wise is Annexed.

(e): The performance of NACP - 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 mid-term review of NACP-III and subsequent Joint Implementation Review Missions reported that most of the targets have been achieved and even surpassed. Impressive gains have been made in Anti Retroviral Therapy services, upscaling 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 states. Another study showed the cost-effectiveness of targeted HIV-prevention interventions for female sex workers.

(f): NACP-IV seeks to consolidate the gains of NACP-III and learn from the lessons of the previous phases of programme implementation. It aspires to further strengthen and decentralize the programme to state and district levels. NACP-IV remains a prevention-oriented plan with adequate coverage of HIV care in the context of the concentrated epidemic situation in India.

Taking into account the successful implementation of NACP III and outcome of wider consultation, the salient features of NACP IV are:

Preventing new infections by sustaining the reach of current interventions and effectively addressing emerging epidemics

Preventing Parent-to-child transmission

Focusing on IEC strategies for behaviour change in HRG, awareness among general population and demand-generation for HIV services

Providing comprehensive care, support and treatment to eligible PLHIV

Reducing stigma and discrimination through Greater involvement of PLHIV (GIPA)

Ensuring effective use of strategic information at all levels of programme

Integrating HIV services with the health system in a phased manner

Mainstreaming HIV/AIDS activities with all key central- and state-level Ministries/departments and leveraging resources of the respective departments. NACP IV in its entirety will be finalized after the allocation in XII Five Year Plan is made available to the department.