

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

UNSTARRED QUESTION NO:1837

ANSWERED ON:16.08.2013

HIV AIDS PATIENTS .

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

- (a) the number of HIV/AIDS infected people at present along with the number of HIV/AIDS cases and related deaths reported in the country during each of the last three years and the current year, State/ UT-wise;
- (b) the schemes/programmes being run by the Government for prevention, care, support and treatment of HIV/AIDS patients and the funds released/utilized for the purpose during the said period in the country, State/UT-wise;
- (c) whether the Government has assessed the performance of the above HIV/ AIDS control programmes and if so, the details and the outcome thereof;
- (d) whether the Government has prepared any action plan to control HIV/ AIDS and address the issues of discrimination and stigmatization of HIV/ AIDS infected patients during the 12th Five Year Plan; and
- (e) if so,the details thereof?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a): The estimated number of people living with HIV/AIDS (PLHIV) in India is around 20.89 lakh based on HIV Sentinel Surveillance 2011. The number of HIV/AIDS cases detected and HIV related deaths reported in the country during each of the last three years and the current year, State/UT wise is given at Annexure I and Annexure II respectively.

(b): The Department of AIDS Control is implementing the National AIDS Control Programme as a 100% Centrally Sponsored Scheme in all States/UTs through State AIDS Control Societies.. The main component includes:

Targeted Intervention (TI) among the groups at risk of HIV infection. The TI programme focuses on saturating the high risk groups - female sex workers, men who have sex with men, hijras-transgenders and injecting drug users and bridge populations namely high risk migrants and truckers with primary prevention services: treatment for sexually transmitted infections, provision of condoms, behaviour change communication, creating enabling environment, developing linkages with care and support services.

Under the ICTC component, comprehensive pre and post test counseling and HIV testing facilities are provided to high risk group population, TB patients, other clients who want to know their HIV status and patients referred by Health care providers.

The PPTCT programme involves counseling and testing of pregnant women, detection of HIV positive pregnant women and providing ARV prophylaxis to HIV positive pregnant women and their infants to prevent HIV transmission from mother to child.

Blood Safety programme aims at providing safe and quality blood and blood components for transfusion through strengthening of blood transfusion services and promotion of voluntary blood donation.

STI/RTI control and prevention programme provides universal, comprehensive and standardized quality STI/RTI services.

Awareness campaign are implemented for creating awareness on HIV/AIDS and promoting services / facilities across the country through mass media, mid media, outdoor media, folk performances etc. At interpersonal level, training and sensitization programmes for self-help groups, ASHA, Anganwadi workers and other key stakeholder are also done.

Under the Care, Support & Treatment component, ART (Antiretroviral Therapy) centres have been set up in the public health institutions, such as medicine department of medical colleges, District Hospitals and Sub-District/Area Hospitals, to provide services to eligible People Living with HIV/AIDS (PLHIV) which includes free Anti-Retroviral Therapy (ART), psycho-social support to PLHIV, prevention and treatment of Opportunistic Infections.

A statement indicating, funds released/ utilized for the programme activities during the said period in the country, State/UT-wise is enclosed at Annexure – III.

(c): The National AIDS Control Programme has been assessed through periodic Joint Implementation Reviews and Mid-term Review

involving development partners and the Government, and through independent Impact Assessment study. All the review missions reported that most of the targets under NACP have been achieved and even surpassed. An independent Impact Assessment Study, funded by the World Bank, undertaken by a consortium of three public health institutes in India, brought out that the HIV epidemic has remained contained, and has been declining in the country. Increase in condom use in sex work as a result of Targeted Interventions and IEC accounted for the declines.

A detailed review of the programme performance was undertaken as a part of the elaborate multi-stakeholder consultative planning process for National AIDS Control Programme Phase-IV (2012-17) during 2011. The strategy for the five year period highlights further scale up & strengthening of key interventions such as targeted interventions for High Risk Groups, focused IEC for demand generation and reducing stigma, condom promotion and increased access to HIV counseling, testing and treatment. In order to address the emerging challenges, newer initiatives such as revised migrant strategy focusing at source, transit & destination, Opioid Substitution Therapy for Injecting Drug Users, and multi-drug regimen for preventing mother to child transmission of HIV are being rolled out.

(d) & (e) The Department of AIDS Control plans to control HIV/AIDS and address issues of discrimination and stigmatization of HIV/AIDS infected patients through fourth phase of National AIDS Control Programme (NACP IV), which is co terminus with 12th Five Year Plan. The action plan covers the following:

- 1) Creating an overarching enabling environment which reinforces positive attitudes and practices at societal level.
- 2) Multimedia approach using strategic mediums of communications.
- 3) Communication strategies to promote better understanding among people of influence of HIV/AIDS and its stigmatizing and discriminator effects.
- 4) Addressing stigma among people living with HIV and most at risk populations including, at health care setting and at workplaces.
- 5) Facilitate support to PLHIV, marginalized and vulnerable populations by periodically reviewing /developing policies and legal framework.
- 6) Encourage greater involvement of PLHIV(GIPA).