TWENTY - EIGHTH REPORT

COMMITTEE ON PETITIONS

(SIXTEENTH LOK SABHA)

MINISTRY OF HEALTH & FAMILY WELFARE

(Presented to Lok Sabha on 16 March, 2017)

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COMPOSITION OF THE COMMITTEE ON PETITIONS
(2016-2017)

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TWENTY - EIGHTH REPORT OF THE COMMITTEE ON PETITIONS

(SIXTEENTH LOK SABHA)

INTRODUCTION

I, the Chairperson, Committee on Petitions, having been authorised by the Committee to present the Report on their behalf, present this Twenty Eighth Report (Sixteenth Lok Sabha) of the Committee to the House on the representation received from Shri D. K. Joshi regarding alleged neglect of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) patients in the country.

2. The Committee considered and adopted the draft Twenty Eighth Report at their sitting held on 14 March, 2017.

3. The observations/recommendations of the Committee on the above matters have been included in the Report.

NEW DELHI;

BHAGAT SINGH KOSHYARI
Chairperson,
Committee on Petitions

14 March, 2017
23 Phalguna, 1938 (Saka)

(v)

REPORT

REPRESENTATION RECEIVED FROM SHRI D.K. JOSHI REGARDING ALLEGED NEGLECT OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) PATIENTS IN THE COUNTRY.

Shri D.K. Joshi submitted a Representation to the Committee on Petitions alleging the neglect of Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) patients in the country (Annexure-I).

2. The representationist, in his Representation, *inter alia,* stated that HIV/ AIDS patients are not being properly treated by the Government. Elaborating on the issue, the representationist also submitted before the Committee that the National AIDS Control Organisation (NACO) of the Ministry of Health and Family Welfare, Government of India and the Department of Health and Family Welfare, Government of N.C.T., of Delhi have been giving financial assistance only to the tune of Rs. 1000 per month to the patients suffering from HIV/AIDS.

3. The representationist further stated that grant of other assistance was also announced by the Government for HIV/AIDS patients but the financial assistance from April 2015 to September 2015 had not been released to them due to insufficient availability of funds with the Government. As such, he requested the Committee to ask the Government to formulate such programmes and policies so that HIV/AIDS patients not only get the desired medical care but also financial assistance from the Government on continuous basis.

4. The Committee on Petitions took up the Representation for examination under Direction 95 of the Directions by the Speaker, Lok Sabha. Accordingly, the Representation received from Shri D.K. Joshi was forwarded to the Ministry of Health & Family Welfare for furnishing their comments on the issues raised in the Representation. In response thereto, the Ministry of Health & Family Welfare furnished their comments *inter alia* regarding details of People Living with Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (PLHIV) and receiving free Antiretroval Therapy (ART) treatment, steps taken by the Government to detect HIV/AIDS affected persons, especially, those vulnerable to the

infection or sex workers, facilities provided by the Government for persons infected with HIV/AIDS, details of financial assistance, consultation, provision of medicine, etc.

5. The Committee were informed that India's AIDS Control Programme (NACP), launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in the country. Over time, the focus has shifted from raising awareness to behaviour change, from a national response to a more decentralized response and to increasing involvement of NGOs and networks of People Living with HIV/AIDS (PLHIV).

6. In 1992, the Government launched the first National AIDS Control Programme (NACPI) with an IDA Credit of USD84 million and demonstrated its commitment to combat the disease. NACP was implemented with an objective of slowing down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country. National AIDS Control Board (NACB) was constituted and an Autonomous National AIDS Control Organization (NACO) was set up to implement the project. The first phase focused on awareness generation, setting up of surveillance system for monitoring HIV epidemic, measures to ensure access to safe blood and preventive services for high risk group populations.

7. In November 1999, the second National AIDS Control Project (NACP II) was launched with World Bank credit support of USD 191 million. The policy and strategic shift was reflected in the following two key objectives of NACP II:-

(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.

8. The major policy initiatives taken during NACP II included -

(i) adoption of National AIDS Prevention and Control Policy (2002);

(ii) scaling up of Targeted Interventions for High risk groups in high prevalence states;

(iii) adoption of National Blood Policy;

(iv) a strategy for Greater Involvement of People with HIV/AIDS (GIPA);

(v) launch of National Adolescent Education Programme (NAEP);

(vi) introduction of counseling, testing and Prevention of Parent to Child Transmission (PPTCT) programmes;

(vii) launch of National Anti-Retroviral Treatment (ART) programme;

(viii) formation of anointer-ministerial group for mainstreaming; and

(ix) setting up of the National Council on AIDS, chaired by the Prime Minister; and setting up of State AIDS Control Societies in all states.

9. The Committee were further informed that 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. NACP was a scientifically well-evolved programme, grounded on a strong structure of policies, programmes, schemes, operational guidelines, rules and norms. NACP-III aimed at halting and reversing the HIV epidemic in India over its five-year period by scaling up prevention efforts among High Risk Groups (HRG) and General Population and integrating them with Care, Support and Treatment services. Thus, Prevention and Care, Support & Treatment (CST) form the two key pillars of all the AIDS control efforts in India. Strategic Information Management and Institutional Strengthening activities provide the required technical, managerial and administrative support for implementing the core activities under NACP-III at National, State and District levels.

10. The capacities of State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCUs) have been strengthened. Technical Support Units (TSUs) were established at National and State levels to assist in the Programme monitoring and technical areas. A dedicated North-East regional Office has been established for focused attention to the North Eastern states. State Training Resource Centres (STRC) was set up to help the state level implementation units and functionaries. Strategic Information Management System (SIMS) has been established and nation-wide rollout is under way with about 15,000 reporting units across the country. The next phase of NACP will build on these achievements and it will be ensured that these gains are consolidated and sustained.

11. Thereupon the Committee, in particular, desired to know about the number of HIV/AIDS patients in the country, State/UT wise, the Ministry of Health & Family Welfare, in this regard, submitted:-

"As of December 2015, a total of 9.19 lakh patients are receiving free ART treatment at 520 ART Centres across the country. The State/UT wise details are at Annexure-I."

12. The Committee, thereafter, categorically desired to know as to whether there is an increase in the number of new cases of HIV/ AIDS reported during the last three years, the Ministry of Health & Family Welfare submitted:-

"Under the National AIDS Control Programme (NACP), a declining trend of new cases of HIV/AIDS has been reported. The number of people detected positive for HIV/AIDS at the Integrated Counselling and Testing Center (ICTC) during the last three years is as follows:-

Year	No. of persons Tested	No. of new cases of HIV/AIDS
2012-13	19,259,095	2,45,859
2013-14	22,782,728	2,40,234
2014-15	26,753,859	2,23,723

13. On being again specifically enquired about the steps taken by the Government to detect HIV/AIDS affected persons, especially those vulnerable to the infection or sex workers, the Ministry of Health & Family Welfare submitted:-

"There are a total of 5,385 standalone Integrated Counselling and Testing Centres (ICTCs) and 13,621 Facility Integrated Counseling and Testing Centres (FICTC) providing free HIV testing and counseling services in the country. The Targeted Intervention(TI) Programme focuses on saturating the high risk groups – Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgender, Injecting Drug Users (IDU), and bridge population namely high risk migrants and Truckers with primary Prevention services such as treatment for Sexually Transmitted Infections (STI), provisions of condoms, Behaviour Change Communication (BCC), creating enabling environment, developing linkages with care and support services etc. Similarly in rural areas Link Worker Scheme (LWS) is been implemented which

focuses on HIV prevention in high prevalent and highly vulnerable districts in India with the specific goal of reducing rural India's vulnerability to HIV.

The Targeted Interventions implemented by NGO / CBO motivate High Risk Group (HRGs) & Link Worker Scheme NGOs motivate Vulnerable population to get themselves tested for HIV twice in a year at the designated ICTC (Integrated Counselling and Testing Centres). The motivation of HRGs is done through Behaviour Change Communication, Inter Personal communication and Counselling. The Number of HRGs tested are monitored periodically at State and National level."

14. On being further enquired by the Committee as to whether the Government has ascertained various factors /reasons responsible for HIV/AIDS transmission in the country, the Ministry of Health & Family Welfare submitted:-

"The following major factors/reasons have been identified with respect to HIV/AIDS transmission, as per the Integrated Counselling and Testing Centres (ICTC) programme data for the year 2014-15:

- *Unprotected sexual intercourse including Men who have sex with Men (95%).*
- *HIV infected pregnant women to her foetus or infant before, during or after birth (3%).*
- *Use of improperly sterilized needles and syringes that have been in contact with infected blood can transmit HIV (0.9%).*
- *Transfusion of infected blood, blood products & transplantation of HIV infected organs or tissues (0.1%).*
- *None specified factors (1%)."*

15. The Committee further desired to know about the policy framed by the Government for the convenience of HIV+ persons in the country. The Ministry of Health & Family Welfare, in a written reply, submitted:-

"National AIDS Prevention and Control Policy, 2002 was framed by Government of India for HIV positive person in the Country."

16. The Committee, then, specifically desired to know as to whether the policy framed by

the Government is followed uniformly across all the States/ UTs in the country. The Ministry of Health & Family Welfare submitted:-

"National AIDS Prevention and Control Policy, 2002 is applicable all over country. The policy mandates National AIDS Control Programme for provision of prevention, testing and treatment services across the Country. The National AIDS Control Policy principally aims at the following strategy for prevention and control of the disease:-

I. Prevention of further spread of the disease by

(i) Making the people aware of its implications and provide them with the necessary tools for protecting themselves.

(ii) Controlling STDs among vulnerable sections together with promotion of condom use as a preventive measure.

(iii) Ensuring availability of safe blood and blood products; and

(iv) Reinforcing the traditional Indian moral values among youth and other impressionable groups of population.

II. To create an enabling socio-economic environment so that all sections of population can protect themselves from the infection and families and communities can provide care and support to people living with HIV/AIDS.

III. Improving services for the care of people living with AIDS in times of sickness both in hospitals and at homes through community healthcare."

17. On being asked by the Committee about the role of National AIDS Control Organisation in checking the spread of the disease, the Ministry of Health & Family Welfare submitted:-

"National AIDS Control Organization (NACO) under the aegis of Ministry of Health & Family Welfare is the nodal agency for coordinating the national response with respect to Human Immuno Deficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) in India. The National AIDS Control Programme (NACP) is

implemented through State AIDS Control Societies (SACS)/Municipal AIDS Control Societies (MACS) and District AIDS Prevention and Control Society.

In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme (NACP) as a 100% centrally sponsored scheme. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India. The National AIDS Control Programme Phase-IV (2012-17) was launched to accelerate the process of reversal and to further strengthen the epidemic response in India with key strategies of intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with a focus on behavior change and demand generation, building capacities at National, State and District levels and strengthening the Strategic Information Management System.

The objectives of NACP-IV are to reduce new infections and provide comprehensive care and support to all PLHIV and treatment services for all those who require it. The five cross-cutting themes that are being focused under NACP-IV are quality, innovation, integration, leveraging partnerships, and addressing stigma and discrimination."

18. The Committee further desired to know as to whether NACO monitors the disbursement of Financial assistance to the HIV+ patients across the country, the Ministry of Health & Family Welfare submitted:-

"NACO through the State AIDS Control Societies advocate with the State governments for prioritizing PLHIV in the existing schemes and programmes. The actual provision of Financial assistance to PLHIV is planned, disbursed and monitored by State Governments."

19. On being specifically enquired by the Committee about the facilities provided by the Government for persons infected with HIV/AIDS including the financial assistance, consultation, provision of medicine, etc. In response, the Ministry of Health & Family Welfare submitted:-

"Under NACP-IV, People Living with HIV/AIDS (PLHIV) are provided free Antiretroviral treatment, free treatment of Opportunistic Infections (OIs) and counselling services, as of December 2015 there are 520 Antiretroviral Treatment (ART) centres and 1,094 Link Antiretroviral Treatment centres (LAC) providing

these services. There are also 276 CD4 machines/testing facilities providing CD4 diagnostics services PLHIV. In addition, to facilitate the provision of tertiary level specialized care and treatment, second line and alternative first line ART, training & mentoring and operational research, 10 Centres of Excellence and 7 Pediatric Centre of Excellence have been established across the country. Complementing the ART services 350 Care and Support Centres (CSCs) are implemented through Civil Society Organizations (CSOs) to provide community-based outreach, follow-up, counselling, and referral services for PLHIV to strengthen treatment adherence and increase retention in care, and improve the overall quality of life for PLHIV. However no financial assistance is provided directly to the patient.

The State/UT wise list of facilities for persons infected with HIV/AIDS are at Annexure II"

20. The Committee, thereafter, categorically wanted to know as to whether all HIV/AIDS patients have access to Anti-Retroviral drugs and treatment in the country. The Ministry of Health & Family Welfare, in a written reply, submitted:-

"Yes, the Government of India is providing free ART treatments to PLHIV registered at ART Centres and are requiring treatment according to the national ART Guidelines."

21. On being asked about the present status of implementation of various programmes to prevent and control HIV/AIDS in the country along with the performance and the steps taken by the Government to fine tune the programmes, the Ministry of Health & Family Welfare submitted:-

"The status of implementation of various programmes under NACP IV is as follows:-

(1) Prevention Programmes

Facility	No. of Units
STI Clinics	1164
TIs	1691
Link Worker Schemes	129
OST centers	207

(2) Care, Support and Treatment:

Facility	No. of Units
ART Centres	520
Link ART Centres	1094
CSCs	350

(3) Blood Transfusion Services:

Facility	No. of Units
Model Blood Banks	34
Blood Component Separation Units	304
Major Blood Banks	210
District Level Blood Banks	613

(4) Basic Services:

Facility	No. of Units
Standalone ICTCs	5,385
Facility ICTCs (including 2,410 PP ICTCs)	13,621

(5) Information Related to Finance:

Financial year	BE	RE	Actual expenditure
2014-15	1785.00	1300.00	1287.00
2013-14	1785.00	1500.00	1473.16
2012-13	1700.00	1759.00	1316.07

22. The Committee further desired to know about policy of the Government to protect the interest/rights of HIV/AIDS infected people and also to address the issue of discrimination, stigmatization and denial of medical treatment relating to them in the country. The Ministry of Health & Family Welfare, in a written reply, submitted:-

"Yes, the Government has formulated number of policies and guidelines to protect the interest/ rights of HIV/AIDS infected people and also to address the issue of

discrimination, stigmatization and denial of medical treatment relating to them in the country.

- *Recently "Guidelines for privacy and Confidentiality of PLHIV in health care setting" have been submitted to the High Court of Delhi.*

- *A complaint/ suggestion box is installed at every ART centre. The box is opened weekly and all grievances that can be resolved locally are disposed at the centre itself. Serious or unresolved issues, if any, are referred to/taken up in the State Grievance Redressal Committee (SGRC). PLHIV Network/ DLN members are involved in the meetings for review of grievances at the centre. A register is maintained where in all complaints received and actions taken are entered.*

- *State Grievance Redressal Committees have been set up at state level to protect the interests/ rights of HIV/AIDS infected people. The committee meets once in four months.*

- *The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2014 was tabled in Rajya Sabha in 2014 and after the legal concurrence currently the cabinet note has been submitted to the Cabinet Secretariat for tabling it in the Cabinet."*

23. On the issue, the Committee also undertook a Study Visit to Chandigarh on 18 February, 2016 to have a realistic assessment on various aspects raised by the representationist in his Representation relating to disbursement of financial assistance to HIV/AIDS patients, facilities provided by the Government for persons infected with HIV/AIDS, present status of implementation of various programmes to prevent and control HIV/AIDS in the country, etc.

24. During the Study Visit, the Committee desired to know the magnitude of the problem of HIV/AIDS in the country and the various policy initiatives taken by the Government to give medical and financial assistance to the patients. The representatives from the Ministry of Health & Family Welfare submitted before the Committee that the Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) epidemic is now 15 years old. Within this short period, it has emerged as one of the most serious public health problems in the country. The initial cases of HIV/AIDS were reported among commercial sex workers in Mumbai and Chennai and injecting drug users in the north-eastern State of Manipur. The

infection has since then spread rapidly in the areas adjoining these areas and by 1996, Maharashtra, Tamil Nadu and Manipur together accounted for around 77 per cent of the total AIDS cases with Maharashtra reporting almost half the number of cases in the country. Even though the officially reported cases of HIV infections and full-blown AIDS cases are in thousands only, it was realized that there is a wide gap between the reported and estimated figures because of absence epidemiological data in major parts of the country.

25. The representatives of the Ministry of Health & Family Welfare further informed the Committee that soon after reporting of the first HIV/AIDS case in the country, the Government recognised the seriousness of the problem and took a series of important measures to tackle the epidemic. A high-powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched a year later. In the initial years, the programme focussed on generation of public awareness through mass communication programmes, introduction of blood screening for transfusion purposes and conducting surveillance activities in the affected areas. In 1992, the Government formulated a multi-sectoral strategy for the prevention and control of AIDS in the country. It is implemented through National AIDS Control Organisation at the National level and State AIDS Cells as the State/ UT levels. The programme concentrated on the following areas which conform to the global AIDS prevention and control strategy:-

(1) Programme Management

(2) Surveillance and Research

(3) Information, Education and Communication including social mobilisation through Non-Governmental Organisations (NGOs)

(4) Control of Sexually Transmitted Diseases

(5) Condom Programming

(6) Blood Safety

(7) Reduction of impact

26. The Committee, thereafter, specifically enquired about the total number of HIV/AIDS patients in the country and also the steps taken by the Government to detect HIV/AIDS affected persons, especially those vulnerable to the infection or sex workers. On this aspect, the representatives of the Ministry informed that as on December, 2015, a total of 9.19 lakh

patients are receiving free ART treatment. The Committee were also informed by the representatives of the Ministry of Health & Family Welfare as follows:-

"There are 5385 standalone Integrated Counselling and Testing Centres (ICTCs) and 13621 Facility Integrated Counselling and Testing Centres (FICTC) providing free HIV testing and counselling services in the country."

27. The Committee, then, wanted to know about the role of National AIDS Control Organisation. On this aspect, the representatives of the Ministry of Health & Family Welfare submitted:-

"The National AIDS Control Organisation (NACO) under the aegis of the Ministry of Health and Family Welfare is the nodal agency for coordinating the national response with respect to Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) in India. The National Aids Control Programme (NACP) is implemented through State AIDS Control Societies (SACS)/Municipal AIDS Control Societies (MACS) and District AIDS Prevention and Control Society. In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme (NACP) as a 100% centrally sponsored scheme. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India. The National AIDS Control Programme Phase IV (2012-17) was launched to accelerate the process of reversal and to further strengthen the epidemic response in India with key strategies of intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with a focus on behaviour change and demand generation, building capacities at National, State and District levels and strengthening the Strategic, Information Management System."

In this context, the witness further submitted:-

"Under NACP IV, people living with HIV/AIDS (PLHIV) are provided free Antiretroviral Treatment, free treatment of Opportunistic Infections (OIs) and counselling services. As on December, 2015, there are 520 Antiretroviral Treatment (ART) Centres and 1094 Link Antiretroviral Treatment Centres (LAC) providing these services. There are also 276 CD4 machines/ testing facilities providing CD4 diagnostics services PLHIV. In addition, to facilitate the provision of tertiary level specialized care and treatment, second line and alternative first line ART, training & mentoring and operational research, 10 Centres of Excellence and 7 Pediatric Centre of Excellence have been established across the country. Complementing the

ART services, 350 Care and Support Centres (CSCs) are implemented through Civil Society Organisations (CSOs) to provide community-based outreach, follow-up, counselling and referral services for PLHIV to strengthen treatment adherence and increase retention in care, and improve the overall quality of life for PLHIV. However, no financial assistance is provided directly to the patients."

Observations/Recommendations

Accessibility of treatment to HIV/AIDS patients

28. The Committee note that though the stigma surrounding HIV+ infection in the form of broken marriages and relationships, rejection by family, ostracism by the society, loss of employment, etc., has diminished, to a larger extent, in the country due to which the patients neither conceal their HIV+ infection from people nor hesitate in going to the doctors, yet the gaps in treatment of HIV+ are still common which are primarily related to the financial requirements for the therapy and the inability of patients to afford medication. In this connection, the Ministry of Health & Family Welfare has stated that under the aegis of National Aids Control Programme (NACP-IV), People Living with HIV/AIDS (PLHIV) are provided with free Antiretroviral treatment, treatment of Opportunistic Infections (OIs) and other Counselling Services; for which 520 Antiretroviral Treatment (ART) Centres and 1,094 Link Antiretroviral Treatment Centres (LAC) have been established. There are also 276 CD4 machines/testing facilities providing CD4 diagnostics services PLHIV. Besides, with a view to facilitating the provision of tertiary level specialized care and treatment, second line and alternative first line ART, training & mentoring and operational research, 10 Centres of Excellence and 7 Paediatric Centre of Excellence have also been established across the country. Complementing these ART Services, 350 Care and Support Centres (CSCs) are also being operated through the Civil Society Organizations (CSOs) for providing community-based outreach, follow-up, counselling, and referral services for PLHIV to strengthen treatment requirement and also improving the overall quality of life for PLHIV.

29. The Committee appreciate the efforts made by the Ministry of Health & Family Welfare in regard to providing consistent access to affordable and efficacious

medication regime for treatment of HIV+ patients. However, at the same time, the Committee urge the Government for devising a mechanism for providing an expanded access to subsidized ARV therapy for the poor people, orphan/destitute children and poor people infected with HIV+. The Committee would like to be apprised of the action taken by the Government in the matter within three months of the presentation of this Report to the House.

Disbursement of Financial Assistance to the HIV+ patients.

30. The Committee note that in a resource-deficient scenario, illness could impose a major financial burden on the HIV/AIDS patients and their families. As a matter of fact, besides the direct costs of medication, continuous monitoring and medical care, additional costs also include the substantial reduction in the overall earnings of HIV infected individuals as well as their household members - who also involved in providing care to the HIV/AIDS patients. The Committee also note that despite concerted efforts of the Government to provide low cost treatment in the country through various modes such as Global Fund to fight AIDS, production of generic ARVs, etc., many HIV infected persons in the country are still unable to access treatment due to their weak financial condition. The Committee further note that financial assistance in the form of 'Widow Pension' is being provided in a few States. Besides, in some other States, one-time financial benefit or financial assistance to orphans is being provided after the death of 'People Living with HIV/AIDS' (PLHIV).

31. In the absence of a universal policy and/or an integrated approach for providing financial assistance to the HIV/AIDS patients and later on, to the family of the deceased, the Committee urge the Government to undertake an extensive consultation process with all the State Governments to formulate a blue-print for extending some financial assistance to the HIV/AIDS patients and to the family

members of the deceased HIV infected patients. The Committee would like to be apprised of the renewed efforts of the Ministry of Health and Family Welfare in this regard.

Adoption of an effective strategy to contain the spread of the HIV/AIDS

32. The Committee observe from the submissions made by the Ministry of Health and Family Welfare that as per the Integrated Counselling and Testing Centres (ICTC) programme data for the year 2014-15, the following major factors/reasons have been identified with respect to transmission of HIV/AIDS in the country:-

- ***Unprotected sexual intercourse including Men who have sex with Men (95%).***
- ***HIV infected pregnant women to her foetus or infant before, during or after birth (3%).***
- ***Use of improperly sterilized needles and syringes that have been in contact with infected blood can transmit HIV (0.9%).***
- ***Transfusion of infected blood, blood products & transplantation of HIV infected organs or tissues (0.1%).***
- ***Non-specified factors (1%).***

33. Notwithstanding the reasons/factors as enumerated above, the Committee are happy to note the declining trend of HIV+ patients in the country. However, the Committee are of considered opinion that the Government should now implement the recommendation of World Health Organisation for 'Treat All' which primarily relates to removing limitations on the eligibility for ART treatment of HIV/AIDS patients. At the same time, the Government should also adopt an effective strategy to further contain the spread of HIV/AIDS, which could include - adoption of fast-track targets

while keeping prevention in focus, enhanced infusion of funds - both domestic and with International Assistance and cooperation as well to ensure access to affordable medicines, creating and inclusive society that values every human life, and global solidarity including all forms of cooperation including North-South, South-South cooperation, multilateral and bilateral cooperation and collaboration between Governments, Private Sector and the Civil Society. The Committee also recommend that multimedia campaigns should be planned and implemented for creating awareness on HIV+ transmission modes, including transmission through unsafe use of blades and razors, etc. The other options for attaining the above-stated objectives, viz., campaigns through mass media supported by inter-personal communications, outdoor, Information, Education and Communication (IEC) material and exhibitions should also been meticulously worked out and implemented at the National and State levels. The Committee would like to be apprised of the action taken by the Government in this regard.

Appraisal of National AIDS Control Programme (NACP-IV)

34. The Committee note that in February, 2014, the Union Government launched the fourth phase of its anti-AIDS/HIV strategy, namely the National AIDS Control Programme, under the aegis of the National AIDS Control Organisation (NACO) which falls directly under the Department of AIDS Control, Ministry of Health and Family Welfare. The Committee also note that this five year programme (2012-17) aims at sustaining and building up on the results of NACP-III Phase.

35. The Committee further note that the objectives of NACP-IV *inter alia* include; (i) reversal of AIDS epidemic through a participative/inclusive approach; (ii) targeting of High Risk Groups (HRG), i,e., truckers, migrants, pregnant women, etc.; (iii) strengthening the response in the country through a cautions and well defined

integration process, i.e., testing and counselling; (iv) wide range discussions with the stakeholders, viz., people living with AIDS, Civil Society, NGOs, Communities, Technical Experts and representatives of State Governments; (v) promotion of condoms and other preventive mechanism and awareness; (vi) up-scaling of Anti-Retroviral Therapy (ART) and administering third line of it to those who failed in the second line of treatment; (vii) social protection by curbing discrimination to reduce vulnerability of families suffering from AIDS; (viii) parent-to-child transmission prevention; and (ix) phase-wise integration of HIV services with the health system.

36. Since the Fourth Phase of NACP would conclude in the year 2017, the Committee earnestly desire that the Ministry of Health and Family Welfare would make a realistic appraisal of this Programme by taking into account the sufficiency of budgetary allocation during the five-year period (2012-17), money received from the Global Fund and the World Bank, impact of unavailability of donors on the Programme, etc. Given the fact that around 2.27 million people still suffer from AIDS in our country, the Committee also recommend that the Government should also undertake an advance planning for continuity in the National Aids Control Programme by weeding out all the deficiencies noticed by them in the earlier Programmes so that any break during the interregnum period should not affect the Programme as well as dampen the hopes of the People Living with HIV)PLHIV). The Committee would like to be apprised of the detailed appraisal exercise undertaken by the Ministry of Health and Family Welfare in the matter.

***