

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

UNSTARRED QUESTION NO:2969

ANSWERED ON:13.03.2015

HIV AIDS PATIENTS

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

- (a) the major factors/modes contributing to the transmission of HIV/AIDS infections in the country;
- (b) the number of HIV/AIDS patients in rural and urban areas, separately along with the number of them receiving free first and second line Anti-Retroviral Treatment (ART) in the country, State/UT-wise;
- (c) the schemes/programmes being implemented by the Government for prevention, care and treatment of HIV/ AIDS patients along with the funds released and spent therefor during the last year and the current year, State/UT-wise;
- (d) whether the Government proposes to link ART treatment with Aadhaar, if so, the details and the objectives thereof along with the manner in which the same is likely to be operational in the country; and
- (e) whether the National Commission for Protection of Child Rights has urged the National AIDS Control Organisation (NACO) to relook and revise its services being offered to drug users and lower the age for availing the facilities offered by them, if so, the details thereof along with the response of NACO thereto?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK)

(a): The major factors/modes contributing to the transmission of HIV/AIDS infections in the country are as follows:

Heterosexual : 88.5%
Parent to child : 4.8%
Homosexual : 1.8%
Infected Syringe and Needles : 1.3%
Blood and Blood Products : 0.8%
Not Specified : 2.7%

(b): As of January 2015 a total of 8,38,796 HIV/AIDS patients are receiving free Antiretroviral Therapy (ART), across the country, among them 10,912 are receiving second line ART . The State/UT wise details of patients on ART are at Statement I and the State/UT wise details of patients on second line ART are at Statement II. Currently the information regarding number of HIV/AIDS patients in rural and urban areas, separately is not maintained at NACO.

(c): The schemes/programs being implemented by the Government for prevention, care and treatment of HIV/AIDS patients in the country as follows:

Prevention Services:

I. Targeted Interventions (TI) for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants.

II. Opioid Substitution Therapy (OST) through NGOs and Government health facilities as prevention strategy for IDUs.

III. Prevention Interventions for Migrant population at source, transit and destinations.

IV. Link Worker Scheme (LWS) for High Risk Groups and vulnerable population in rural areas

V. Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)

VI. Blood Transfusion Services

VII. HIV Counseling & Testing Services

VIII. Prevention of Parent to Child Transmission

IX. Condom promotion

X. Information, Education & Communication (IEC) and Behaviour Change Communication(BCC) – Mass Media Campaigns through Radio & TV, Mid-media campaigns through Folk Media, display panels, banners, wall writings etc., Special campaigns through music and sports, Flagship programmes such as Red Ribbon Express.

XI. Social Mobilization, Youth Interventions and Adolescence Education Programme

XII. Mainstreaming HIV/AIDS response

Care, Support & Treatment Services:

I. Laboratory services for CD4 Testing, Viral Load testing, Early Infant Diagnosis of HIV in infants and children up to 18 months age and confirmatory diagnosis of HIV-2.

II. Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres, Centres of Excellence & ART pluscentres.

III. Pediatric ART for children

IV. Early Infant Diagnosis for HIV exposed infants and children below 18 months

V. Nutritional and Psycho-social support through Community and Support Centres

VI. HIV-TB Coordination (Cross-referral, detection and treatment of co-infections)

VII. Treatment of Opportunistic Infections

The details of funds allocation, released and spent thereof during the last year and the current year, State/UT wise is enclosed at Statement III

(d): NACO along with Delhi State AIDS Control Society (DSACS) and Unique Identification Authority of India (UIDAI) is piloting a project to seed Aadhar number with the details of people on Anti Retroviral treatment so that patients can get their ARV drugs from any centre in the city/country even when they are on move, instead of having to compulsorily visit the ART centre where they are registered. The other benefit of seeding the Aadhar number is facilitating access for Financial Assistance/Social Welfare Schemes launched by Government departments for PLHIV.

Since all the people in the country have not yet received Aadhar number, it will be some time before every beneficiary of free ARV drugs is linked with a country wide data base to reap benefits as mentioned in preceding para.

(e): Yes, A letter from Member, National Commission for Protection of Child Rights (NCPCR) received by National AIDS Control Organisation (NACO) regarding to relook and revise its services being offered to drug users and lower the age wherein he raised the following points:

Prevailing situation on substance abuse by the children in North Eastern States has been a matter of deep concern for the NCPCR. Free flow of substances, social sanction and peer pressure are believed to be the primary factors which promote initiation and continuation of substance abuse. Consumption of substance which has serious attendant consequences for children of all age groups, adolescents and adults alike takes place through oral route, smoking/inhalation/chasing route and injectible route. It has been brought to the notice of the Commission that children begin substance abuse from a very early age ; say 9 to 10 years in North East, especially in Manipur

The response from NACO on this issue is as follows:

NACO implements Targeted Interventions (TI) which provides harm reduction services to people who inject drugs. As NACO is not mandated to focus exclusively on providing services to children, currently efforts to register children to HIV-related are less. This is based on the view that children, if using drugs or susceptible to using drugs, should be counseled and taken care of through other mechanisms such as family counseling, awareness campaigns and life skills education which will require the input of other departments at the State Level (such as the Dept. of Education, Dept. of Social Welfare etc.).