OFFICE ORDER.

National AIDS Control Programme Phase III is ending in 2012 and preparatory process for NACPIV is on the anvil by forming Working Groups on key areas..

The Working Groups would facilitate the process by discussing all issues through meetings and submit recommendations within the 6-8 week time frame
The following working group is formed for   Care Support and treatment

- Dr. M. Shaukat, ADG, CST Convener & Facilitator
- Dr. B.B. Rewari, NPO (ART), NACO
- Dr. Sandhya Kabra ADG(BS), NACO
- Dr Po Lin Chan, WHO
- Dr. S. Tripathy NARI
- Dr. S. Sudhakar, CDC
- Representative of UNICEF
- Representative of GFATM
- Prof. Charles Gilks, UNAIDS
- Ms. Al;ka Narang UNDP
- PD AP
- PD Nagaland
- Dr. A. K. Gupta, APD, DSACS
- PD Bihar
- PD Maharashtra
- Dr. Rajasekaran, NACO Consultant, Chennai
- Dr. P. Chandrasekhra, Chair, TRG on ART
- Dr. S.K Guha, CoE, STM, Kolkata
- Dr. Sanjay Lewin, St. John, Banglore
- Dr. Priyokumar Singh, JN Hospital, Imphal
- Dr. Kadam, B J Medical college, Pune
- Dr. Atul Patel, Ahmedabad
- Dr. Manoj, Shevkani, Ahmedabad
- Dr. Ajith Kumar, Thrissur
- Dr Mamata Mangalni, Sion Mumbai

- Dr. Phenandru Babu, PFI
- Dr L E Hanna, TRC , Chennai
- Dr. G. Manoharan, I-Tech
- Ms. Jahnabi Goswami, INP+
- Representative of Central TB Division
- Rep. form NRHM
  Sub group- Children
- Dr. M. Shaukat, ADG, CST Convener & Facilitator
- Dr. B.B. Rewari, NPO (ART), NACO
- Dr. Sandhya Kabra, NACO
- Ms.Ivonne UNICEF
- Ms.Sangeetha Kaul USAID
- Mr.Fabian Toegel - CF
- Mr.Bithra George FHI
- PD AP,Karnataka. TN
- PD Nagaland
- Dr. A. K. Gupta, APD, DSACS
  - Ms.Hima Bindu   Nilofer
  - Mr.Sanjeeve RGICH Bangalore
- Ms.Anju Seth – KSCH
- AIDS Alliance
- CHAI

Sub Group on HIV-TB

- Dr. M. Shaukat, ADG, CST Convener & Facilitator
  - Dr. Riwari, NPO (ART)
  - PO (HIV-TB), NACO
- Dr. Ajay Kumar, WHO Consultant in CTD
- Dr. Puneet Dewan, WHO Expert
- Dr. Pauline Harvey, CDC
- Dr. Rajasekharan, National Consultant
- Rep. form NRHM
- Dr. Devesh Gupta, Nodal Officer, Central TB Division
- DDG-TB
- Mr.Vinay Kulkarni PRAYS

Support staff Ms. Manali Jain

Detailed TOR and guidelines are attached

The composition of Working group would be as under:-

Convener/Facilitator : A Senior Officer from NACO will be the facilitator and be the convener of each working group.

Chair Person : Each working group will have a chair person. The chair person will moderate the discussion and develop a consensus on subject based on the terms of reference for each working groups

Rapporteur : Chair person will identify a rapporteur for the group whose responsibility is to prepare the draft report of meetings.

Number of Meetings : It is envisaged that each group will have at least 2 meetings.

Final Report : The final report must be submitted by chairperson to NACO.

Format for Report : The final report should address all the issues addressed in the TORs and must have specific actionable recommendation. The report should be concise and not exceed 20 pages

Time Frame : The time frame for activity is 6-8 weeks

The conveners should co-ordinate with the members and start the activities immediately .

This issues with the concurrence of Secretary &DG NACO

((Benoy Choudhury)
Under Secretary to the Govt. of India
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To
1) Conveners of Working group
2) Divisional Officers, NACO
3) Officers NACO
4) Sr. PS to Secretary&DG
5) PS to AS NACO

Terms of Reference

- Review the prevailing ART/OI management facilities under the public health system and suggest measures for improved quality and coverage.
- Review the available HIV related diagnostic capabilities of the health system and suggest measures for strengthening the same.
- Review use of existing private sector facilities to support the programme at various levels from PHC onward for outsourcing.
- Review HIV, TB, co –infection and support and provide suggestions for improving collaboration and quality of coverage.
- Review the existing care and support services both for children and adults including ART with special reference to issues relating to coverage, logistics and adherence.
- Need for introduction of viral load, drug resistance and TDM in the ART programme.
- Design a strategy for maximizing synergy between prevention and care and support
- Study the scope for expansion of quality ART services and their mainstreaming with the primary health care system. The group should explore the feasibility, advantages and disadvantages of the decentralisation of ART services and suggest the level of decentralization to be done in 5 years, and pre requisite for the same.
- Assess the implication of expanding 2nd line ART in the light of maturing epidemic with special reference to TRIPS and other issues related to drug pricing.
- Review the role of NGOs in care, support and treatment with special reference to adherence issues
- Review the existing approaches for community and home based care centres and suggest strategies for scaling up of successful models.
- Suggest measures for effective community mobilization for care, support and treatment.
- Suggest ways of strengthening the surveillance system for reporting AIDS cases and AIDS deaths.
- Identify training needs for care and support, ART and OI management and suggest a technical support plan for capacity building. In particular the potential role of Centers of Excellence for comprehensive HIV care
- Expansion of fellowship programme, inclusion of ART centres in dept. Of medicine by MCI and inclusion of HIV into MBBS curriculum

- Elaborate an operational framework / scale up over 5 years to implement the continuum of care, ensuring smooth transitions and amalgamation of services for the spectrum – PMTCT-EID-pediatric and adult ART.
- Suggest the scale up of activities under the care and treatment unit to be undertaken in NACP IV, with clear mention of targets that are achievable, objectives that are SMART and also comment on the possible financial implications (yearly)
- Strategy for forecasting ARV needs, Drug calculations , kits for CD4 , Viral Load and other related supply chain management issues
- Develop strategic approach on care, support and treatment for NACP – IV.
- Suggest innovations in implementation
- Explore the possibilities of integration activities with NRHM

Deliverables: Draft Report with Annexure

Time frame: 6-8 Weeks

Terms of Reference for Sugroup on HIV TB

- Review the current status of the programme and strengths and weaknesses.
- Suggest ways to improve accessibility and integration of ICTC services, with emphasis on further integration with TB programme below district level.
- Review the existing guidelines and recommend a policy framework and guidelines for provider initiated HIV testing in all TB cases and vice-versa.
- Study the feasibility of using epidemiological surveillance data generated from ICTC& analysis.
- Study the scope of expansion of the services and its integration into the existing general health systems, including the primary health care system and the financial implications thereof.
- Review the existing Policy and Programs and suggest areas for improvement..
- Assess quality related issues of the Programmes and suggest strategies for improving safe practices
- HR issues and capacity development issues
- Suggest capacity building measures in the delivery of various services related to HIV/AIDS.
- Suggest a strategic approach in all its facets.
- Suggest innovations in implementation
- Explore the possibilities of integration activities with NRHM

Deliverables: Draft Report with Annexure

Time frame: 6-8 Weeks

NACP IV (2012 – 2017) Programme Plan Preparation
Working Group Guidelines

The National Aids Control Programme, Government of India is initiating the programme plan preparation process the NACP IV phase of the programme. Having initiated the process of reversal through focused effort on prevention linked to care support and treatment, the next phase of the NACP will focus on accelerating this reversal process and ensure integration of the next programme response.

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 management capacities to state and district levels in particular. The focus will remain as prevention oriented plan with adequate coverage of the HIV care in the context of the concentrated epidemic situation in India.

The cross cutting issues which require focus in all WG discussions are

1.   Innovation
2.   Integration and Convergence
3.   Capacity Building
4.   GIPA
5.   GENDER

Facilitators are encouraged to invite facilitators/members from other groups when issues which relate to other groups are discussed.

Separate meeting and discussion with Facilitators and core group is planned at the end of 1st and 2nd round of meetings.

Working Group Activity Guidelines:

Convener	A Senior Officer from NACO will be the facilitator and convener of each WG.
Chairperson	Each working group will have a chairperson. The chairperson will moderate the discussion and develop a consensus on subject based on the terms of reference.
Rapporteur	Chairperson will identify a Rapporteur for the group whose responsibility is to prepare the draft report of meetings.
Number of Meetings	It is envisaged that each group will have at least 2-3 meetings.
Final Report	The Chairperson and Facilitator of each working group will submit the final report to NACO.
Format for Report	The final report should address all the issues addressed in the TORs and must have specific actionable recommendation. The report should be concise and not exceed 20 pages.
Time Frame	The time frame for activity is 6-8 weeks.
Invited Members	If necessary, each WG can invite one or two key representatives of other relevant groups to discuss the cross cutting issues
Core Team	One NACP Core Team member may participate in the discussion of each WG