



National AIDS Control Organization

National AIDS Control Programme (NACP)-IV

Innovative Financing WG

May 24, 2011

Overview of NACP III (2007 -12)

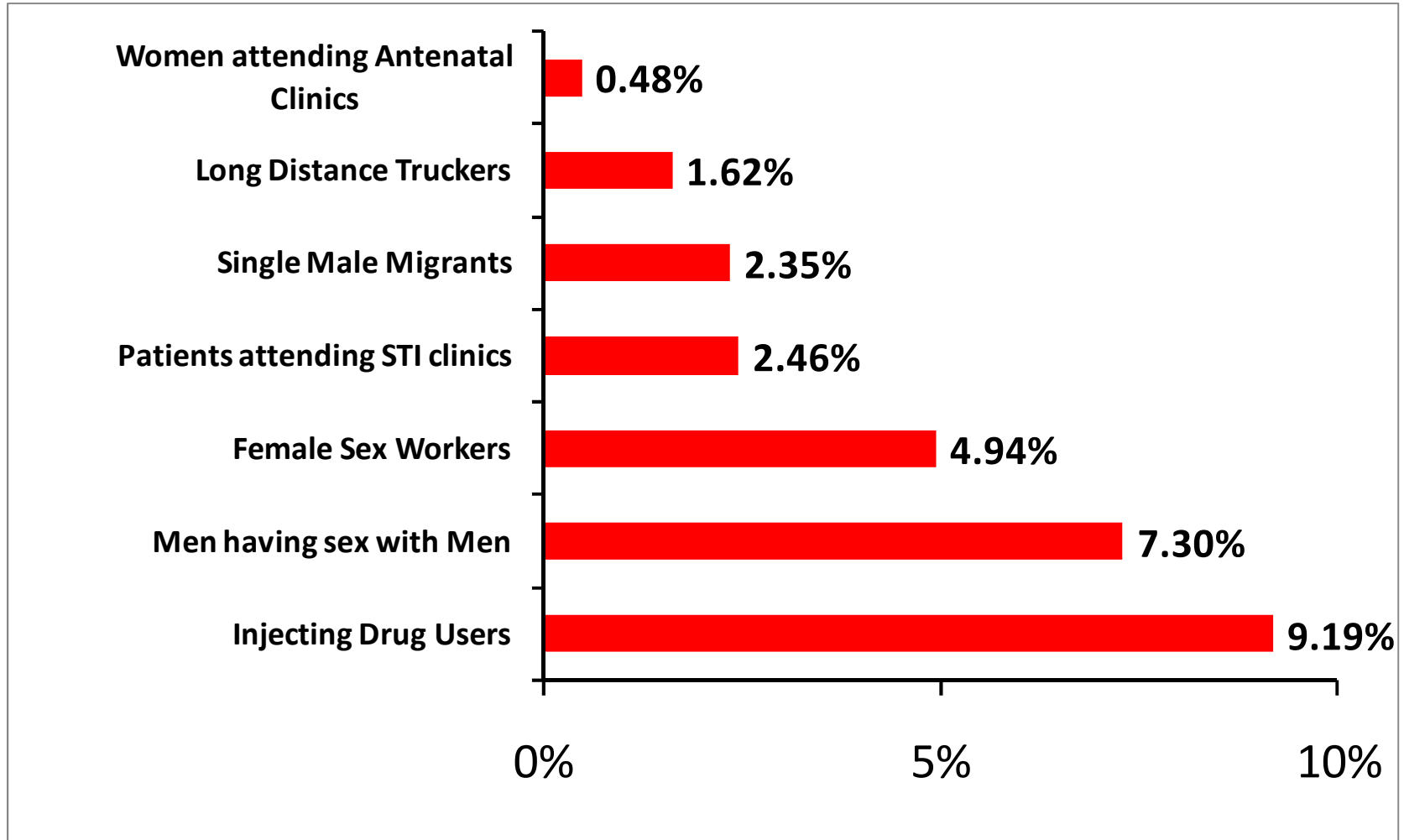
NACP III Goal

Halt and Reverse the Epidemic

Background

- Low HIV prevalence (0.31%)
- Transmission predominantly through heterosexual route (87%)
- Concentrated Epidemic :
 - High Risk Groups (Female Sex Workers, Men who have sex with men, Injecting Drug users)
 - Vulnerable Populations (migrants and truckers)

HIV Prevalence: India, 2008-09



Source: HIV Sentinel Surveillance, 2008-09

NACP III Strategies

Prevention

Care, Support and Treatment

**High risk
populations**

**Vulnerable
populations**

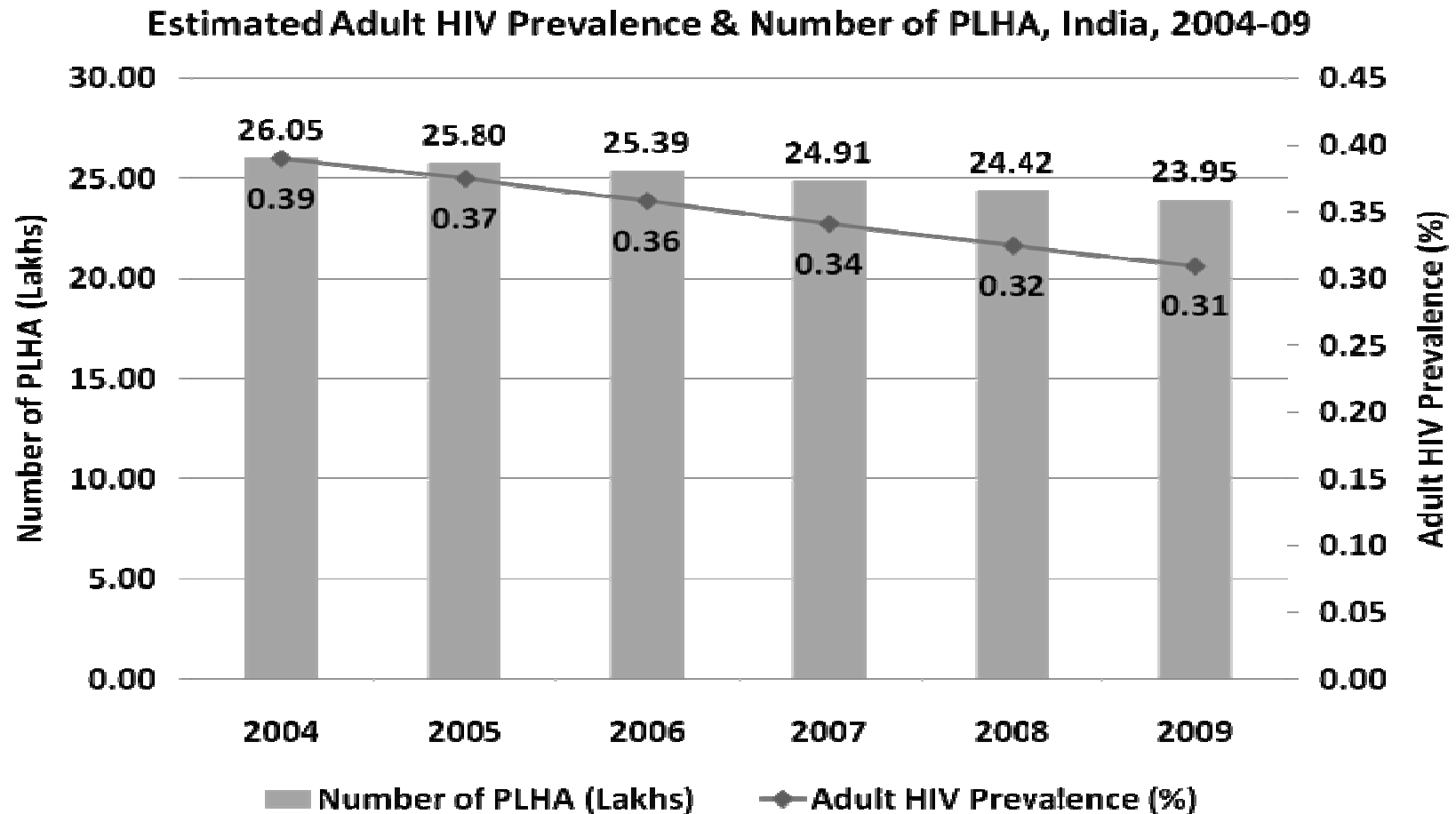
**People living with
HIV/AIDS**

- Targeted Interventions for High Risk Groups (FSW, MSM, IDU),
- Vulnerable populations (Truckers & Migrants)
- Condom promotion
- Link Worker Scheme for rural population
- Prevention & Control of Sexually Transmitted Infections
- Counselling & Testing Services (ICTC, PPTCT, HIV/TB)
- IEC, Social Mobilization & Mainstreaming
- Blood safety

- First line & second line ART
- Community Care Centres
- HIV-TB Coordination
- Treatment of Opportunistic Infections

Capacity building and M&E

Declining Trends of HIV Epidemic in India



Female: 38.7% of PLHA; Children: 4.4% of PLHA

Source: HIV Estimations, 2008-09

Guiding Principles

- Equity
- Gender
- Respect for the rights of the PLHA
- Civil society representation and participation
- Creation of enabling environment
- Improved access to services
- Evidence based and result oriented programme implementation

NACP III Achievements: Prevention

- Substantial scale-up and coverage of FSW (80%), MSM (67%) and IDU (80%) through 1447 TIs
- 70% of long distance tuckers and 45% of high-risk migrants covered
- Nearly 3 billion condoms distributed/sold
- Nearly 15 million episodes of STI have been managed in partnership with NRHM
- Ensured supply of safe blood in nearly all districts of India
- Counseling and Testing services scaled up and 74% of the 22 million program target achieved.
- IEC has been scaled up through mass-media, mid-media and interpersonal communication channels

NACP III Achievements (contd....)

Care Support and Treatment

- Scale up of ART - nearly 400,000 PLHA on ART
- Second line ART treatment initiated
- Collaboration with RNTCP well established to address HIV /TB co-infections

Capacity Building

- NACP III Implementation capacities strengthened
- Training has been provided to large number of personnel/ institutions involved in service delivery

Monitoring and Evaluation

- Computerized management system (CMIS) established up to district level
- Computerized financial management system upgraded to have better financial monitoring

NACP Scale up : Allocation of Budgetary Resources

(in crores)

Programme Components	NACP I	NACP II	NACP III
Prevention	554	1,368	5,952
Care Support and Treatment	-	190	1,584
Capacity Building and Programme Management	103	506	487
Total	658	2,065	8,023

Financing of HIV/AIDS Programme

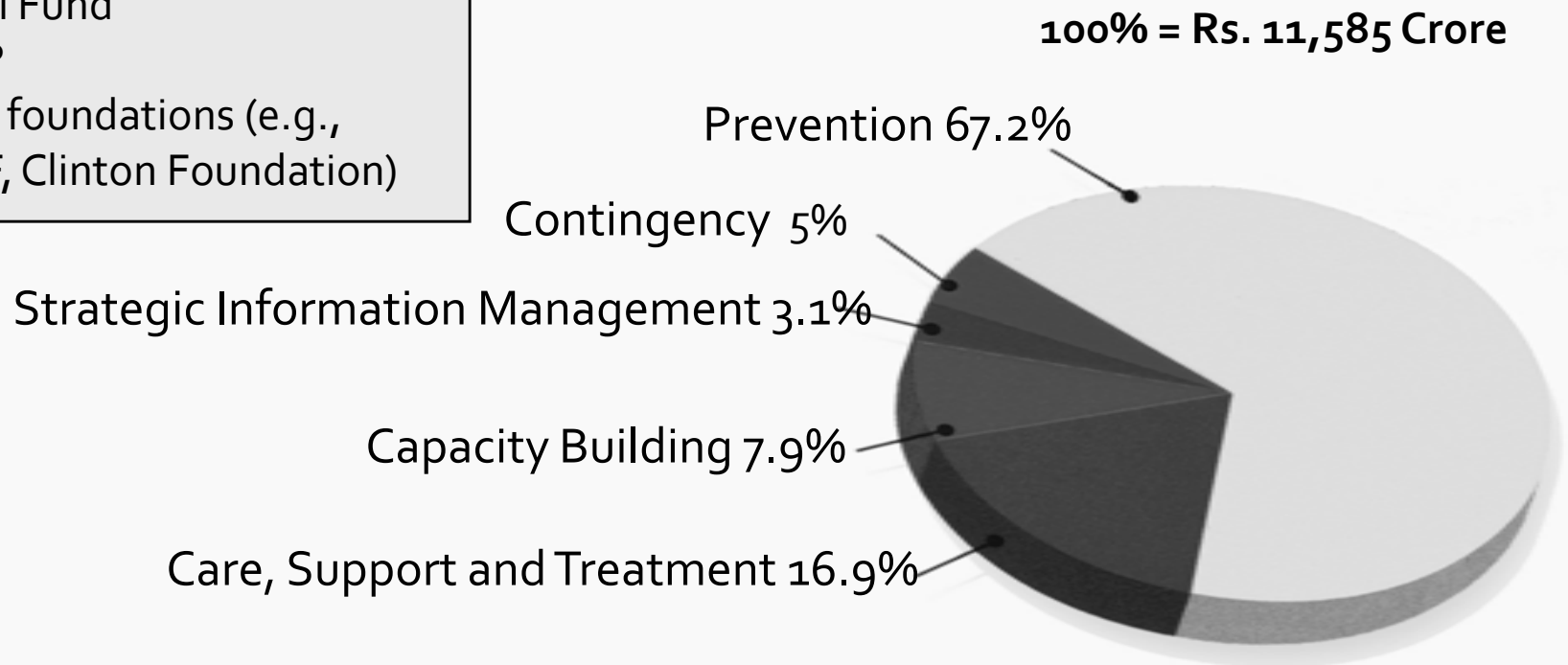
- The NACP budgets increased progressively
 - Rs 658 crores in NACP I
 - Rs 2,065 crores in NACP II
 - Rs 8,023 crores in NACP III
- So did the IDA Support
 - \$84 million in NACP I
 - \$191 million in NACP II
 - \$250 million in NACP III

Investment NACP III

Public investment	Rs. 8,023 Crore
Extra-budgetary support	Rs. 3,562 Crore
Total Requirement	Rs. 11,585 Crore

Key contributors

- World Bank
- DfID
- US Government
- Global Fund
- UNDP
- Other foundations (e.g.,
• BMGF, Clinton Foundation)



Moving on to NACP IV

- Consolidation of the gains of NACP III so that resurgence of the epidemic does not take place.
 - Emerging Epidemic in some low prevalent districts
 - Inclusive program to reach marginalized and weaker sections of the population
 - Greater focus on quality of service delivery and program implementation.

- Sustainability (Programmatic and Financial)
 - Ability to sustain the ongoing effort
 - Resource mobilization
 - Gaps in program implementation capacities

NACP IV

Goal:

**Accelerate Reversal ...
Integrate Response ...**

Potential Impact of Accelerating Reversal

- Focusing on proposed NAVP IV goal has high return on investments
 - Prevent resurgence of epidemic and prevent continued high expenditure long term
 - Reduce the disproportionate impact on poor house holds
 - Reduce out of pocket expenses for care and its impact on poverty
 - Reduce burden on health system

NACP IV Objectives

Objective 1

- 80% reduction in high prevalence states
- 60% in low prevalence states

(baseline of NACP III and with a focus on new cases)

Objective 2

- Comprehensive treatment and care to all persons living with HIV/AIDS



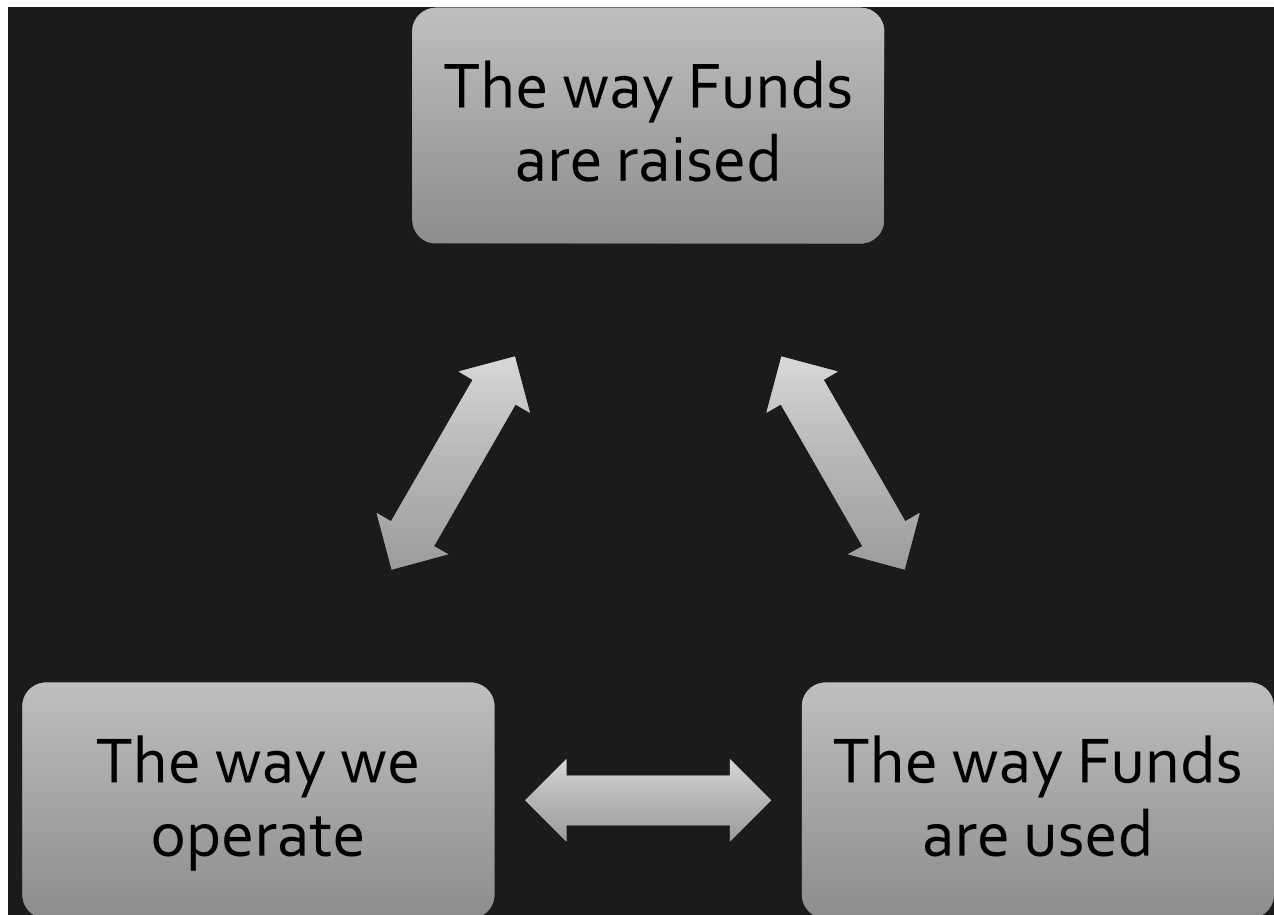
HIV/AIDS Financing: Emerging Scenario

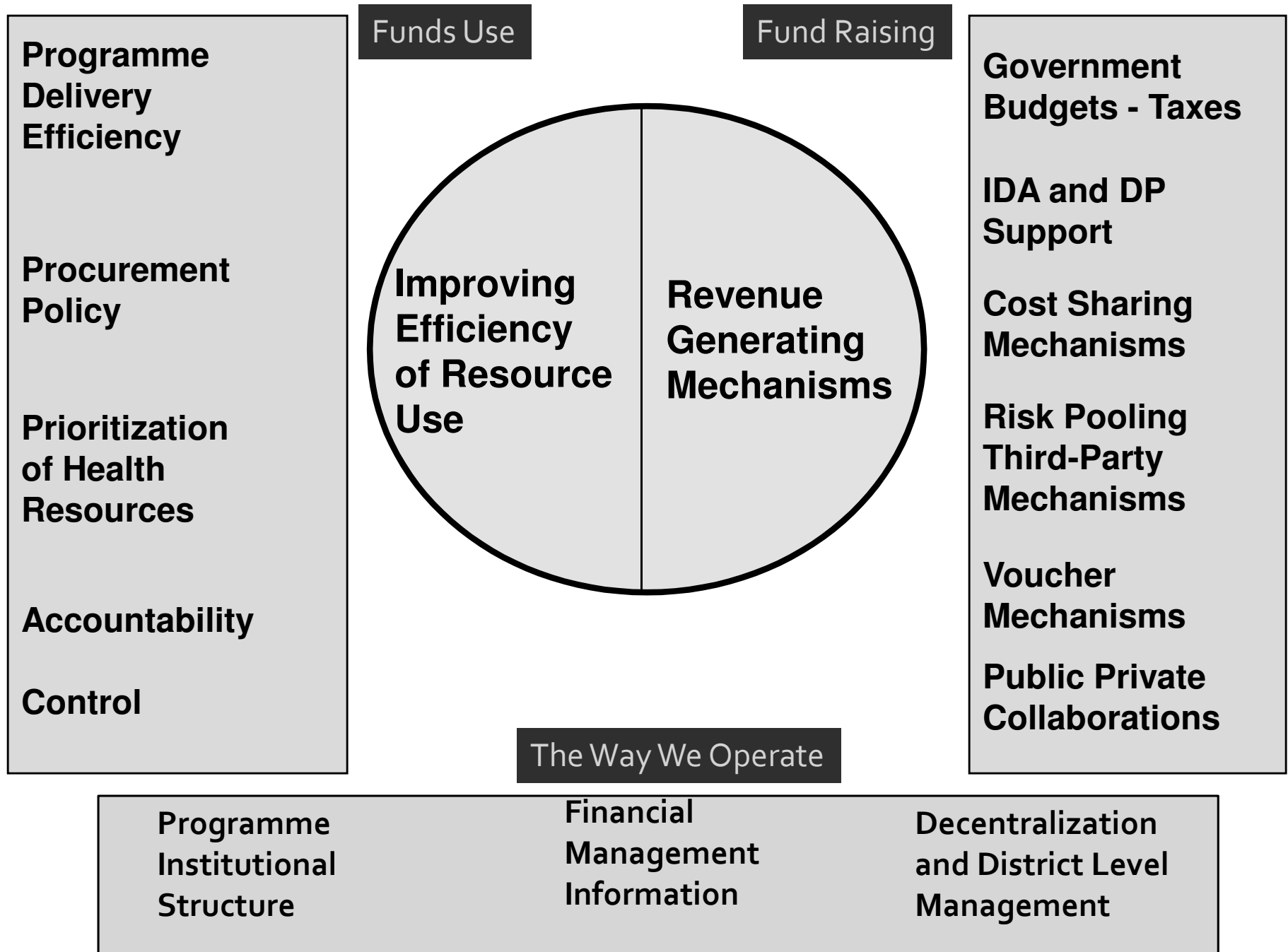
- Shrinkage of external sources of funding
 - BMGF
 - DFID
- Competing priorities at National Level
 - Health Sector
 - Other Social Sector Schemes
 - Infrastructure Development
- Convergence and integration of program components and
- innovative financial planning

Principles of innovative financing mechanisms

- **Scaling-up:** Should significantly increase funding in order to bridge the financing gap necessary to achieve the objectives.
- **Additionality:** Cannot replace Official Development Assistance nor will they be sufficient if financial agencies reduce commitments.
- **Complementarity:** Preferably raise new funds for existing organizations and not to add new actors and complexities to the program.
- **Sustainability:** In order to have a significant and sustainable impact, innovative financing mechanisms should have the ability to finance long-term programs

Three aspects of IF





Innovative Financing Mechanisms I

- Levy special tax
 - Airlines
 - Leisure
- Risk Pooling
 - Collecting health resources using different mechanisms
 - Pooling the resources together
 - Sharing financial risk

Innovative Financing Mechanisms II

- Third-party payment mechanisms
 - Group Insurance
 - Individual Insurance
- Co-payment systems
 - Partly meeting the cost of treatment, care and support
 - Fixed Co-payment systems
 - Relative (% based) Co-payment System
- Cost sharing
 - Sharing of cost of treatment, care and support by State Government
 - Cost sharing through user fees

Innovative Financing Mechanisms III

- Public-private partnerships for strengthening infrastructure with real involvement and value addition
 - Recognizing investments by private sector as infrastructure financing
- Voucher Scheme
 - For better targeting
 - For better compliance
- Leveraging on market dynamics
 - Working with pharmaceutical companies, equipment manufacturers to reduce price
 - Addressing supply-chain issues by leveraging on distribution network of private sector
 - Improving quality

Public Private Partnership

Three options

- Respond Directly
- Engage in Shoulder to Shoulder on site partnership
- Assist in setting up a viable National Level AIDS Trust

PPP: Respond Directly:

- Large corporate and industrial houses may adopt an HIV Intervention policy. NACO has developed a work place intervention policy and guidance that would protect the employees and their families.
- Go downstream – to all populations that are connected directly or indirectly beyond the regular staff such as suppliers, contractors, retailers, market place communities, truckers , their spouses, children and 'labour source communities'.

(Let the message of prevention, care and basic services percolate down to the last point.)

- NACO can provide technical support to industrial houses through its tried and tested systems that work.

Engage in Shoulder to Shoulder on site partnership

- Over the years, NACO has built a nation-wide network of systems for implementing HIV/AIDS prevention and care activities.
- Engage actively by sponsoring existing national programmes of NACO , State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCU).
- Corporate Social Responsibility (CSR) teams or marketing teams may work together with the Government teams and work out the modalities of partnership.

National AIDS Foundation Trust (NAFT)

- Provide a platform for the private sector to mobilize and channelize their resources through public-private partnerships to support and co-finance the NACP IV Program
- Support innovative HIV/AIDS interventions for addressing specific issues which match core competencies and skills of the private sector, to enhance the coverage and efficiency of provision of HIV/AIDS services for the public.
- Recognize at the national level, private and corporate excellence in strengthening the national response to HIV AIDS.

Innovative Financing WG

TOR

- Review and analyze the HIV financing scenario
- Review global best practices in alternative financing mechanisms
- Implications of TRIPS on the Program
- Assess out of pocket cost burden on individuals and families
- Examine innovative financing mechanisms including insurance, third party payment mechanisms, co-payment systems
- Assessing the role of Public Private partnerships in NACP IV interventions
- Assessing the role and potential opportunities for state governments support and co-finance some of the NACP IV activities
- CSR opportunities within private corporate sector and strategies to mobilize resources



Thank You



Table 8: NACP Resource Envelop Framework	
NRHM Support	1
Condom	
Blood Storage Units	
STD Treatment (28000 PHC/CHC)	
Direct Support to NACO	2
Surveillance	
NBT Council and other regulatory bodies	
NACO Establishment Cost	
Normal and Additional Contingencies (e.g., north-east support)	
Government: NRHM and Direct Support to NACO	1+2
External Aided Component (EAD)	3
World Bank	
DFID	
GFTAM	
USAID	
External Aided Component (EAD)	3
Government and EAD (Pooled Budget Resources)	1+2+3
Various Donor Agencies (Non-pooled Budget Resources)	4
UN	
DFID	
Gates Foundation	
USAID	
Clinton	
Other Foundations	
Other Bilateral	
EU	
Private Sector	5
Household Out-of-pocket Expenditures	
Other Private Sector	
Outside Government	4+5
Total Resources	1+2+3+4+5

