

Priority Areas for Proposals to GFATM under the New Funding Model

GFATM has come forward with a request for New Funding Model (NFM), and had called for 2 rounds of meetings in December 2013 and March 2014 with different stakeholders. The meeting was well attended by representatives from the Government, International and National organizations, NGOs, Civil Society and affected population representatives.

Background

India's AIDS Control Programme is globally acclaimed as a success story. Launched in 1992, the National AIDS Control Programme is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India. Over time, during different phases of the programme, the focus has shifted from raising HIV/AIDS awareness to behavior change, from a national response to a more decentralized response and to increasing involvement of NGOs and networks of people living with HIV/AIDS (PLHA).

The first AIDS case in India was detected in 1986 and since then HIV infection has been reported in all states and union territories. India had responded promptly to the HIV/AIDS challenge at the initial stage itself by setting up an AIDS Task Force under the Indian Council of Medical Research and a National AIDS Committee headed by the Secretary, Ministry of Health & Family Welfare. In 1990, a Medium Term Plan (1990-1992) was launched in four States - Tamil Nadu, Maharashtra, West Bengal and Manipur, and four metropolitan cities - Chennai, Kolkata, Mumbai and Delhi. The plan facilitated targeted IEC campaigns, establishment of surveillance system and safe blood supply.

In 1992, the Government of India demonstrated its commitment to combat the disease with the launch of the first National AIDS Control Programme (NACP-I) as a comprehensive programme for prevention and control of HIV/AIDS in India. The programme, implemented during 1992-1999 with an IDA Credit of USD 84 million, had the objective to slow down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country. To strengthen the management capacity, a National AIDS Control Board (NACB) was constituted and an autonomous National AIDS Control Organization (NACO) set up for project implementation.

In November 1999, the second National AIDS Control Programme (NACP-II) was launched with World Bank credit support of USD 191 million. Based on the experience gained in Tamil Nadu and a few other states, along with the evolving trends of the HIV/AIDS epidemic, the focus shifted from raising awareness to changing behaviour, decentralization of programme implementation to the state level and greater involvement of NGOs.

The third phase of National AIDS Control Programme (NACP-III) implemented during 2007-2012 is 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 HIV epidemic in India over the five-year period by scaling up prevention efforts among High Risk Groups (HRG) and General Population and integrating them with Care, Support & Treatment services. Thus, Prevention and Care, Support & Treatment (CST) form the two key pillars of all the AIDS control efforts in India.

India is committed to achieving Millennium Development Goals (MDG) in reducing HIV mortality. The country is clearly progressing towards achieving this goal through focused effort by a large number of

partners brought together through National AIDS Control Program. Having initiated the process of reversal in several high prevalence areas, the next phase of NACP i.e NACP - IV will focus on accelerating the reversal process and ensuring integration of the programme response.

Goal: Accelerate Reversal and Integrate Response

Objectives:

1. Reduce new infections by 50% (2007 Baseline of NACP III)
2. Comprehensive care, support and treatment to all persons living with HIV/AIDS

Strategies:

1. Intensifying and consolidating prevention services, with focus on HRGs and vulnerable population
2. Increasing access and promoting comprehensive care, support and treatment
3. Expanding IEC services for (a) general population and (b) high risk groups with focus on behavior change and demand generation
4. Building capacities at national, state, district and facility levels
5. Strengthening Strategic Information Management Systems

Keeping in mind the strategies and policies for NACP – IV and building on the discussions during the meetings called by GFATM for the New Funding Model (NFM), the focus areas are as under:

1. Intensifying and consolidating prevention services

- a) Sensitization of peripheral health workers under the General Health System in Prevention of Parent to Child Transmission of HIV (PPTCT) for
 - increasing uptake of services
 - outreach and follow up of HIV positive pregnant women and HIV exposed infants
- b) Sensitization of Private Sector for provision of Standardized HIV services (testing and treatment) as per National Guidelines by engaging in PPP Models

2. Care, Support and Treatment

- a) Improve access to care and support services by improving linkage of ART centres to Care and support centers
 - Scale up of care and support centres
 - Improve treatment adherence and reduce lost-to-follow-up cases of PLHIV registered in HIV care at ART Centres and Link ART Centres
 - Sustain retention of People living with HIV in HIV care settings through outreach and peer counseling
- b) Improve detection, access and retention of HIV/TB co-infected patients
 - Improve and sustain treatment adherence of HIV/TB co-infected clients through support group meeting, peer counseling and counseling on treatment adherence
 - Strengthening HIV- TB component in care and support centres
 - Increase screening of TB suspect cases amongst PLHIV registered at CSCs and their family members through community-based ICF approach.