



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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India
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Country Situation

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The third phase of the National AIDS Control Programme (NACP) (2007-2012), which provides the national framework for the coordination of the national response, was launched in July 2007. The programme is fully supported by the community of donors, coordinated through the "NACP-3 Steering Committee", chaired by the Director General of the National AIDS Control Organisation (NACO).

Over 1000 NGOs partner with the government in the national response, which is underpinned by the "Three Ones" principles. In 2007, NACO took major steps to increase the quality of NGO performance: all NGO implementing targeted interventions with government funding were evaluated, training programmes were strengthened and strong operational guidelines developed. The development of community based organizations (CBO) was encouraged among high-risk groups to increase the number and efficiency of targeted intervention for HIV prevention. In particular, CBOs were created among SW and MSM/TG. However, the situation of these groups with regard to the law did not improve; serious threats to effective AIDS prevention programmes were raised by a proposed change in the law governing sex work, which civil society mobilization could help put on hold and the article of the penal code that criminalizes MSM has not yet been repealed.

In 2007, following a National Household Survey and several meetings of experts, the estimate of HIV prevalence in India was reviewed and now stands at 2.5 million. The review has not affected the support for the programme from leaders, nor its financing. In 2007, the resources required for the implementation of NACP-3 were fully available, through the national budget, donor support and private expenditure.

The number of sentinel sites increased by over 1100 and India has a better picture of its epidemic, district by district. This improved surveillance system confirmed the trend of decreased prevalence in several states (notably Tamil Nadu, Maharashtra and to a lesser extent Andhra Pradesh) and identified districts where a progression of the epidemic could be noticed (notably in Orissa, West Bengal and Rajasthan).

In 2007, testing and counseling services were scaled-up dramatically to 4245 operational centers (as of December 2007), the number of people receiving ART increased to 123 000 (more than doubling during the year) and access for women and children improved. It is still estimated that approximately 80% of positive people are unaware of their status.

Linkages with the national TB control programme became tighter but integration of services with mother and child health programmes through the National Rural Health Missions remains insufficient, as well as integration of HIV prevention in emergency preparation.

UNAIDS Support to the National Response

UNAIDS activities at country level during 2007

The year 2007 was the commencement of the National AIDS Control Programme Phase 3. UNAIDS supported the Government of India in the successful launch of the Programme with full participation of all development partners and civil society.

Important policies were formulated as part of the NACP 3 framework with the help of UN agencies: workplace, gender and harm reduction policies.

UNAIDS engaged technical consultants and held consultations with stakeholders and civil society in development of the proposal from India for submission to GFATM for Round 7, which was successfully awarded.

UNAIDS and the Government of India launched the Joint UN northeast project in eight northeast states. Under this initiative, UNAIDS is partnering with NACO in establishing a Sub-office in Guwahati and strengthening programme implementation in eight northeast states.

With an emphasis on prevention, UNAIDS has successfully brought HIV and AIDS high on the agenda of the Ministry of Home Affairs. UNAIDS recommended a strategy for HIV programming for police and paramilitary forces, which is currently implemented with the budget of the Home Ministry with the full support of political and administrative authorities.

Successful political advocacy facilitated the establishment of three State Legislative Fora on HIV and AIDS in the high prevalence and priority states of Andhra Pradesh, Manipur and Nagaland, thereby taking the number of these fora to 13.

To increase awareness of the judiciary towards stigma and discrimination faced by PLHIV, a national-level judicial colloquium was organized for leading Supreme Court and High Court justices on the subject of HIV and law.

The United Nations Development Assistance Framework (UNDAF) 2008-2012 was developed by the UN Country Team and endorsed by the Government of India. One of the main outputs of the UNDAF is support for the implementation of NACP 3, notably in seven poor states.

UNAIDS achievements at country level during 2007

Joint UN planning and programming

Taking forward the GTT recommendations and the UN Reform policy, the UN system in India established a "One Common Financial Mechanism" under the UNRC system. The UNAIDS Secretariat manages the Fund, allocates resources in accordance with the Joint UN Plan and is responsible for reporting to donors. Bilateral donors for the Joint UN Support Plan will be

encouraged to route future funding through this mechanism. DFID has committed financial support for a period of five years (2008-2012) for the Joint Support Plan.

Technical assistance and capacity building

At union level, UNAIDS provided technical assistance to the preparation of operational guidelines in 12 subject areas. The guidelines were finalized following consultations with development partners, experts and civil society.

At state and district level, training was provided for the use of operational guidelines and strengthening of programme implementation. Technical assistance was provided for the finalization of annual plans and budgets.

Main challenges / activities for 2008

In 2008, scaling-up of prevention through Community Based Organizations will require a particular effort from all stakeholders, notably to support the capacity of these organizations to effectively manage resources, become fully accountable and report in a timely manner. The establishment of Technical Support Units in most of the State AIDS Control Societies should be of help. Scaling-up of harm reduction (including oral substitution therapy) will require particular support.

India will start access to second line antiretroviral therapy in 2008 and a training programme will be required for antiretroviral therapy centres. Issues of patents for some second line drugs will require careful monitoring. As more treatment centres are set in motion, the emphasis must increase on appropriate follow-up of patients, socio-economic and nutritional support, reduction of stigmatizing attitudes among health staff and compliance with treatment schemes.

Research will need to be conducted on the evolution of behaviours, notably among high-risk groups and young people. The spectacular prevention drive initiated with the Red Ribbon Express AIDS awareness train will need to be sustained and life-skills education programmes mainstreamed throughout the country.

The capacity of State AIDS Control Societies to implement a comprehensive and fully funded plan will require strengthening, notably in the northeast.