National AIDS Control Programme

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__Source__: National Aids Control Organisation

The **National AIDS Control Programme (NACP)**, launched in 1992, is being implemented as a comprehensive programme for the prevention and control of HIV/AIDS in India.

About NACP

The National AIDS Control Programme (NACP)-I

- **In 1992, the Government launched the first National AIDS Control Programme (NACPI) with an IDA Credit of USD84 million and demonstrated its commitment to combat the disease**
- **NACP I was implemented with an objective of slowing down the spread of HIV infections** so as to reduce morbidity, mortality, and impact of AIDS in the country.
- National AIDS Control Board (NACB) was constituted and an autonomous National AIDS Control Organization (NACO) was set up to implement the project.
- The first phase focused on awareness generation, setting up a surveillance system for monitoring the HIV epidemic, measures to ensure access to safe blood and preventive services for high-risk group populations.

The National AIDS Control Programme (NACP)-II

- In November 1999, the second National AIDS Control Project (NACP II) was launched with World Bank credit support of USD 191 million.
- **The policy and strategic shift was reflected in the two key objectives of NACP II:**

(i) to reduce the spread of HIV infection in India, and

(ii) to increase India's capacity to respond to HIV/AIDS on a long-term basis.

- **Key policy initiatives were taken during NACP II included:**
    1. Adoption of National AIDS Prevention and Control Policy (2002)
    2. Scale-up of Targeted Interventions for High-risk groups in high prevalence states
    3. Adoption of National Blood Policy
    4. A strategy for Greater Involvement of People with HIV/AIDS (GIPA)
    5. Launch of National Adolescent Education Programme (NAEP)
    6. Introduction of counseling, testing, and PPTCT programmes
    7. Launch of National Anti-Retroviral Treatment (ART) programme
    8. Formation of an anointer-ministerial group for mainstreaming; and
    9. Setting up of the National Council on AIDS, chaired by the Prime Minister; and
    10. Setting up of State AIDS Control Societies in all states.

The National AIDS Control Programme (NACP)-III

- In response to the evolving epidemic, the third phase of the national programme (NACPIII) was launched in July 2007 with the goal of Halting and Reversing the Epidemic by the end of the project period
- NACP was 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 the HIV epidemic in India over its 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.
- Information Management and Institutional Strengthening activities provide the required technical, managerial and administrative support for implementing the core activities under NACP-III at national, state and district levels.
- The capacities of State AIDS Control Societies (SACS) and District AIDS Prevention and Control Units (DAPCUs) have been strengthened.
- Technical Support Units (TSUs) were established at the National and State level to assist in the Programme monitoring and technical areas.
- A dedicated North-East Regional Office has been established for focused attention to the North-Eastern states.
- State Training Resource Centres (STRC) was set up to help the state-level implementation units and functionaries.
- Strategic Information Management System (SIMS) has been established

The National AIDS Control Programme (NACP)-IV

- **NACP IV, launched in 2012, aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well-defined integration process over the next five years.**
- Objectives:

    - Reduce new infections by 50% (2007 Baseline of NACP III)
    - Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require

it.

- **Components**

    - Intensifying and Consolidating Prevention services with a focus on HRG and vulnerable populations. a) Scaling-up coverage of TIs among HRG & a) Scaling up of interventions among other vulnerable populations
    - Expanding IEC services for (a) general population and (b) high-risk groups with a focus on behavior change and demand generation
    - Comprehensive Care, Support and Treatment
    - Strengthening institutional capacities
    - Strategic Information Management Systems (SIMS)

Key Priorities under the NACP-IV are

- Preventing new infections by sustaining the reach of current interventions and effectively addressing emerging epidemics.
- Prevention of Parent to Child transmission.
- Focusing on IEC strategies for behavior change in HRG, awareness among the general population and demand generation for HIV services.
- Providing comprehensive care, support, and treatment to eligible PLHIV.
- Reducing stigma and discrimination through Greater involvement of PLHA(GIPA).
- The de-centralizing rollout of services including technical support.
- Ensuring effective use of strategic information at all levels of the programme.
- Building capacities of NGO and civil society partners especially in states with emerging epidemics.
- Integrating HIV services with health systems in a phased manner
- Mainstreaming of HIV/AIDS activities with all key central/state level Ministries/departments will be given

a high priority and resources of the respective departments will be leveraged. Social protection and insurance mechanisms for PLHIV will be strengthened.

Mainstreaming and partnerships are the key approaches to facilitate multi-sectoral response engaging a wide range of stakeholders. The private sector, civil society organizations, networks of people living with HIV/AIDS and government departments all have a crucial role in prevention, care, support, treatment and service delivery. The technical and financial resources of the development partners are leveraged to achieve the objectives of the programme.