

HIV Estimates - NACO

Why in news?

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The National AIDS Control Organisation has recently announced the latest set of HIV estimates for 2017 for India.

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What is it all about?

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- The HIV estimation process has used the data from two successive rounds of National Family Health Surveys (NFHS) to present the most accurate data sets for prevalence, incidence and mortality due to HIV/AIDS. \n
- For the first time, sub-national data at the State level has been made available on all indicators in a fairly accurate form. \n

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What does it reveal?

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- India has been reporting a progressive decline for the last 15 years. $\ensuremath{\sc n}$
- For the first time, NACO has announced that the <u>new infections have</u> increased in 2017 from 86,000 in 2015 to a little more than 87,000 in 2017. \n
- The trend of slowing down of the rate of decrease started since 2012 when the national response to AIDS started slowing down. \n
- Even the current report shows that the new infections have fallen by only

27% from 2010 to 2017 averaging a low 4% per year decrease. \n

- The prevalence levels, which show the total number of HIV infections in the country, have also marginally increased to 21.40 lakh. \n
- The <u>mortality rates</u>, which show the number of people who died of AIDS, have shown a significant and consistent fall, due to the highly successful treatment programmes implemented by NACO covering around 1.1 million people.

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What are the reasons behind?

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• The AIDS control programme is not getting full funding based on cost estimates for prevention.

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- Administrative changes governing the AIDS control programme is also visible with the civil society partners getting disengaged in the implementation of prevention programmes. \n
- There are strong evidences presented by successive expert committees on the need to bolster prevention efforts by increasing targeted interventions (TI) coverage among vulnerable populations.
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- But the funds have not reached agencies implementing prevention programmes and many of the TIs have closed down, leaving the beneficiaries without any prevention services.
- This made prevention programme continuing to suffer from inadequate funding and bottlenecks in fund flow.
- This has resulted in number of new infections rising in the last five years. $\ensuremath{\sc n}$
- Much of it is because of governments around the world declaring victory much earlier when mortality rates started falling because of higher levels of Anti-Retroviral Therapy coverage.
- External donors and UN bodies have also played their part by branding treatment as prevention and not laying adequate emphasis on primary prevention.

- India has the best evidence to show that primary prevention works, especially when it is focussed on vulnerable populations who stand a higher risk of getting infected by HIV. $$\n$
- But these very programmes is suffering from funding crunch and losing its effectiveness in reducing new infection rates. \n
- This makes the national AIDS control programme facing the twin challenge of lack of visibility and sub-optimal funding. \n

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What could be done?

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- An alternative approach is to $\underline{bring\ convergence}$ with national TB control programme which is an equally large and important national programme. \n
- An expert committee appointed by the Health Ministry recommended specific measures to bring convergence between HIV and TB programmes which are awaiting implementation. \n
- Also, a strong commitment for elimination of TB by 2025 provides a great opportunity to bring in a resurgence in response to control both these dominating epidemics in India.
- \bullet There are also strong arguments to include all interventions, including control of major diseases, under the general health systems. \n
- But the health system in India is not in a position to achieve time-bound results in disease elimination. $\gamman{\label{eq:system} \begin{aligned} \label{eq:system} \end{aligned} \end{aligned}$
- This is shown by Leprosy Elimination in India, wherein though it was achieved nationally in 2006 it has suffered a setback after the programme was merged with the general health system. \n
- The Supreme Court's warning about neglect of leprosy elimination after merger with health systems point to the need for a rethink on this approach. \n
- Elimination of major diseases like AIDS and TB will be possible only through a governance model which adopts a <u>focussed approach</u> with greater involvement of community-based organisations and the private sector. \n

- Thus the Centre adopts this approach to bring the incidence levels of HIV below the present levels in the next two to three years, so that the target of ending AIDS by 2030 could be realised. \n

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Source: Business Line

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