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Department: Pharmacy

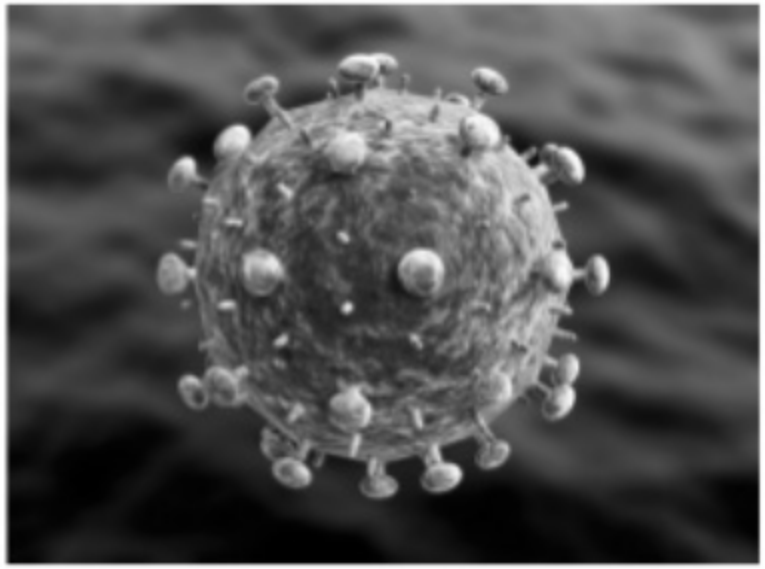
Subject: Social & Preventive Pharmacy (BP-802T)

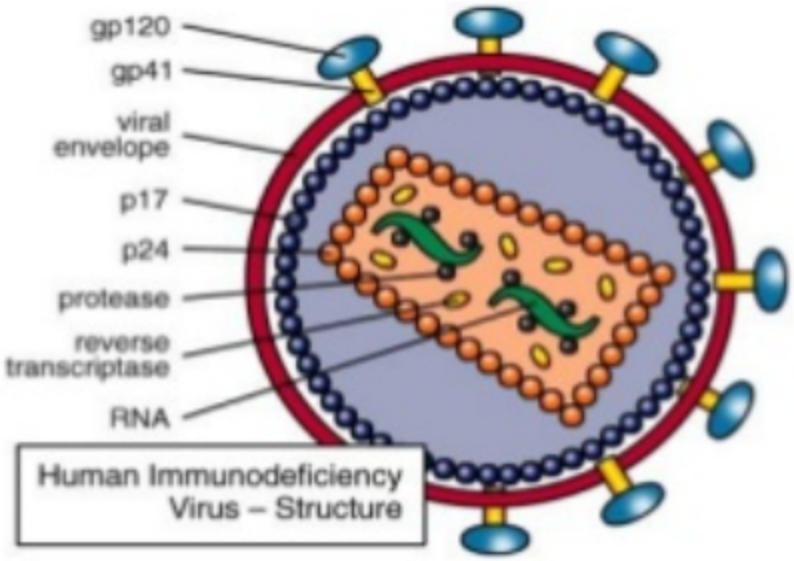
Unit: III

Topic: HIV & AIDS control programme

INTRODUCTION

- AIDS(acquired immunodeficiency syndrome)
- Caused by- HIV (Human immunodeficiency virus)
- Family- Retroviridae
- Disease characterized by profound immunosupression that leads to opportunistic infections, secondary neoplasms, neurological manifestations





Problem statement

• World

- According to WHO, HIV continues to be a major global public health issue
  - Globally Total Cases - 36.9million
  - Death -9,40,000
  - Newly infected -1.8 million
  - Adult receiving ART -59%
  - Children on ART -52%
  - Pregnant women on ART -80%
- According to report between 2000-17, new HIV infection fell by 36%, HIV related deaths fell by 38% with 11.4 million lives saved due to ART.

Milestones of the programme

- 1986- First case of HIV detected. AIDS task force set up by ICMR.
  National AIDS Committee by Ministry of Health.
- 1990 – Medium term plan for states and 4 metros.
- 1992 – NACP I launched
  National AIDS control board constituted. NACO set up.
- 1999 – NACP II began, SACS established
- 2002 - National AIDS control policy
  National blood policy
- 2004 – Antiretroviral treatment initiated
- 2006 - National council on AIDS under chairmanship of Prime Minister .
  National policy on Pediatric ART
- 2007 – NACP III launched for 5 years (2007 – 2012)
- 2012 - NACP IV launched for next 5 years

NACP I

OBJECTIVE:

Slow & prevent spread of HIV through a major effort to prevent its transmission

STRATEGIES:

- Focus on raising awareness, blood safety , prevention among high risk populations
- Improving surveillance

ACHIEVEMENTS:

- Strong partnership with WHO
- Establishment of the state AIDS control cells
- Improved blood safety
- Expanded sentinel surveillance & improved coverage and collection of data
- Improved condom promotion activities
- Development of national HIV testing policy

NACP II

OBJECTIVES:

Reduce the spread of HIV infection in India through behavioral changes & Increase capacity to respond to HIV on a long term basis

STRATEGY:

- Target interventions for high risk groups
- Preventive interventions for general populations
- Involvements of NGOs
- Institutional strengthening

ACHIEVEMENTS:

1.1033 TIs, 875 VCTC, 679 STI clinics started at district level

2.Nation wide behavioral sentinel surveillance were conducted

3.PPTCT program was expanded

4.Computerized management information system was created

5.HIV prevention & care and support networks were strengthened

6.Supports from partner agencies increased

NACP III

OBJECTIVES:

Reduce the rate of incidence by 60% in 1st year of program in high prevalence states and by 40% in vulnerable states

STRATEGY:

- Prevention by TI, ICTC, Blood safety, Communication, and condom promotion
- Care ,support & treatment- ART, CoEs, Community center
- Capacity building
- Strategic information management by monitoring & evaluation

ACHIEVEMENTS:

1. 306 fully functional ART center & 612 LINK ART center , 10 CoE, 259 Community cares were established
2. 12.5 lakh PLHIV were registered & 4.2 lakh patients were on ART
3. 3000 Red ribbon clubs were established
4. Link workers training module updated & condom promotion program was strengthened

NACP –IV

GOAL:

TO HALT AND REVERSE the epidemic in India over next 5 years by integrating programmes for preventions & care, support & treatment.

OBJECTIVE:

1.Reduce new infection by 50% (ac. To NACP III base line)
2.Provide care, support & treatment to all living with HIV/AIDS and treatment service for all who needs it.

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Key strategies

- Strategy 1: Intensifying and consolidating prevention services
- Strategy 2: Comprehensive care, support and treatment
- Strategy 3: Expanding IEC services
- Strategy 4: Strengthening institutional capacity
- Strategy 5: Strategic Information Management System

PACKAGE OF SERVICES

PREVENTION SERVICES

- Targeted Interventions For High Risk Groups and bridge population
- Needle Syringe Exchange Program and opoid substitution therapy for IDUs
- Prevention interventions for Migrant population at source, transit and destonation
- Link worker scheme for HRGs and vulnerable popoulation in rural areas
- Prevention & Control Of STI/RTI
- Blood Safety
- HIV counselling and testing services
- Prevention Of Parent To Child Transmission
- Condom Promotion
- IEC & BCC
- Social Mobilization, Youth Interventions and adolescent education programme
- Mainstreaming HIV/AIDS
- Workplace interventions

CARE, SUPPORT & TREATMENT SERVICES

- Lab services for CD4 testing and other investigations
- Free first line and second line ART
- Pediatric ART for children
- Early infant diagnosis for HIV exposed infants and children below 18 months
- Nutritional and psychosocial supports through care ans support centres
- HIV/TB coordination (cross referral, detection and treatment of co-infections)
- Treatment of oppurtunistic infection
- Drop-in centres for PLHIV networks

HIV SURVEILLANCE

•Surveillances are being carried out to detect spread of the disease & to make appropriate strategy for prevention and control i.e by area specific Targeted Interventions & Best Practice Approach.

•Types of surveillances

HIV sentinel surveillance
HIV sero surveillance
AIDS case surveillance
STD surveillance
Behavioural surveillance
Integration with surveillance of other diseases like TB etc.

- Out of the above most effective one is HIV sentinel surveillance

•The main aim of the surveillance is confined to monitor the trend of HIV infection.

Objectives of the surveillance

1. To determine the level of HIV infection among general population as well as HRGs in different states
2. To understand the trend of HIV epidemic among general population as well as HRGs in different states
3. To understand the geographical spread of infection and to identify emerging pockets
4. To provide information for prioritization of the programme resources & evaluation of program impact
5. To estimate prevalence & HIV burden in the country.

- It is done in the same place over a few years by anonymous serological tests.

  i.e HIV testing is done without identification of name of samples collected for other purposes eg. VDRL, STD clinics

- The demerit of the test is that +ve person is not identified
- In 1994 it was started with 55 sentinel sites and became 180 in 1998
- The number of HRG of people increased with increase in HIV sentinel sites .

- THE KEY FEATURES OF THIS SURVEILLANCE ARE

1. Inclusion of data from high risk population through targeted intervention sites
2. Adding rural samples through antenatal clinics

- THE STRATEGY ADOPTED WAS

Whatever be the sentinel site and amount of sample collected-the duration , frequency and age group of people in the surveillance should be same in all HRG , bridge population and general population.

PREVENTION OF PARENT-TO-CHILD TRANSMISSION OF HIV

- The prevention of parent-to-child transmission of HIV/ AIDS (PPTCT) programme was started in 2002.

- Currently there are more than 15,000 ICTCs in the country which offer PPTCT services to pregnant women.

- The aim of the PPTCT programme is to offer HIV testing to every pregnant woman (universal coverage) in the country, so as to cover all estimated HIV positive pregnant women and eliminate transmission of HIV from mother-to-child.

- In India, PPTCT interventions under NACP was started in 2002, using SD-NVP prophylaxis for HIV positive pregnant women during labour and also for her new born child immediately after birth.

- With the department of AIDS control adopting "Option B" of the World Health Organization recommendations (2010), India has also transitioned from the single dose Nevirapine strategy to that of multi-drug ARV prophylaxis from September 2012.

- The national strategic plan for PPTCT services using multi-drug ARVs in India was developed in May-June 2013 for nationwide implementation in a phased manner.

- Based on the new WHO guidelines (June 2013) and on the suggestions from the technical resource groups during December 2013, department of AIDS control has decided to initiate lifelong ART (using the triple drug regimen) for all pregnant and breast-feeding women living with HIV, regardless of CD4 count or WHO clinical stage, both for their own health and to prevent vertical HIV transmission, and for additional HIV prevention benefits.

- The PPTCT services provide access to all pregnant women for HIV diagnostic, prevention, care and treatment services.

CARE, SUPPORT & TREATMENT

The care, support and treatment (CST) component of NACP aims to provide comprehensive services to people living with HIV (PLHIV) with respect to

- free Anti-Retroviral Therapy (ART)
- psychosocial support
- prevention and treatment of opportunistic infections (OI) including tuberculosis
- and facilitating home-based care and
- impact mitigation

ACHIEVEMENTS

- Capacities of State AIDS control societies & District AIDS prevention and control units have been strengthened.
- Technical support units were established at National & State level to assist in program monitoring.
- State training resource centers were set up.
- Strategic information management system (SIMS) has been established with 15,000 reporting units across country
- ART centers, ART link centers, CoEs, ICTCs were established & Support agencies were increased.

• The 2016-21 strategy by UNAIDS is a bold call to reach all those people who were left.

•It is a call to reach 90-90-90 treatment targets to protect the health of people living with HIV.

• 90% of people should be aware of there infection → 90% of that population should start on ART→ 90% out of those taking ART should have undetectable HIV in their body till 2020.

Target-

1.75 % reduction in incidence of infection from 2010-20.

2.Reduce in annual death rates to less than 5,00,000 till 2020.