

NATIONAL AIDS CONTROL PROGRAM IV

MID TERM ASSESSMENT

TECHNICAL SUB COMMITTEE

PREVENTION

FINDINGS AND RECOMMENDATIONS

TARGETED INTERVENTION (TI)

MTA

KEY ISSUES AND CHALLENGES IDENTIFIED BY MTA

Strategy Related:

- Adaptation of design of TIs to the changing context
- Budgeting and contracting flexibilities

Operational Issues:

- Budget cuts, fund flow and financial uncertainties
- Decreased resources to Community Mobilisation, Enabling Environment, Building Community Collectives and Expansion of CBO-led TI.
- Key Population size estimates/site validation by SACS and TSU may not be accounting various typologies and sub-typologies.
- Recent decline in coverage of populations is a matter of concern as it directly affects the achievement of goals of NACP IV.

KEY ISSUES AND CHALLENGES IDENTIFIED BY MTA...

Operational Issues:

- Capacity building to TI staff are not adequate with the changing trend at TIs and turnover of staff
- Lack of IEC/BCC materials at TIs, especially emerging areas of priority, such as positive living, OST, overdose management, and women who inject drugs
- No clarity on yet pertaining to existing and future of TSUs and NTSU
- Limited engagement of partnership with communities and civil societies

KEY RECOMMENDATIONS BY MTA

Short Term/On-Course Correction

Strategy-related

- **Adaptation of design of TI programme/ projects** to local context through systematically monitoring and reflecting on their data, learning from what is working and what is not, and modifying programmes on a regular basis. Partners/spouses to be taken care of.
- Provide TIs with half year budget upfront at the beginning of the financial year, and the expenditure reported through SOEs replenished every quarter. Improve training and supervision in Financial Management for TI staff. Differentiate and flexible budget.

Operational Recommendations

- **Key population size estimates:** TIs and district level stakeholders should be encouraged to put in place more systematic and well-coordinated efforts to re-map hotspots and estimate the size of key populations annually, using multiple data sources, GIS tools, etc.
- **Improve coverage of KP:** Ensure coverage increases at macro levels through re-examining the NACP IV scale up plans and the budget availability. Guide optimal coverage at the TI level. Address resource constraints through broader allocative efficiency exercise.

KEY RECOMMENDATIONS BY MTA

- **Strengthening of referrals:** There are many critical linkages and referrals amongst different services (i.e., STI, ICTC, ART and TB) and violence prevention referrals, which remain fragmented and needs strengthening.
- **Capacity building:** Introduce innovative ways of capacity-building.
- **Reinforce community partnerships** through a policy & practice document, participation in key processes such as planning, programme monitoring, size estimation, etc., community representation in TRG, Forum at National and State levels, a Steering Committees & other decision making bodies, Community monitoring and feedback system, capacity building of community leaders, promoting CBO-led response and fora etc.
- **Other Recommendations**
 - Introduce and monitor quality indicators
 - Institutionalise qualitative knowledge capture and sharing of local level innovations
 - Expand the focus from static one-way messaging to interactive internet-based formats, as well as by incentivizing partners (TIs or others) to develop innovative IEC materials/approaches
 - Better define the role of the TSUs vis-a-vis SACS
 - Develop a comprehensive citywide plan for priority cities like Mumbai, Bangalore, Hyderabad and Delhi

KEY RECOMMENDATIONS BY MTA

Long Term Measures

Strategy-related

- **Adaptation of design of TI programme/ projects**
 - Improve community engagement mechanisms moving beyond one-to-one, one-to-group, and service delivery point interactions, to telephonic, SMS, WhatsApp and other new methods as locally relevant
 - Develop new modalities of reaching out and engaging KPs, including through social media
 - Redesigning of Link Worker Scheme
 - Focus on pull factors (specific to different populations) that are likely to mobilize people to take-up TI services
 - Strengthen the linkages of TIs with general health system and provide prevention package to KPs
 - Consider provision of additional services including sexuality and mental health counselling, anal cancer screening for HIV-positive MSM, PAP smear and cervical cancer screening for FSW, social protection/ entitlements, alcohol and drug dependency treatment, etc
- **Budgeting and contracting flexibilities:**
 - Introduce multiple/more flexible contracting and budget options that differentially cater to the experienced CSOs/CBOs
 - Introduce a small, regional (sub-state) level flexi fund which CSOs and CBOs can bid for, for taking up any innovative activities

KEY RECOMMENDATIONS BY MTA

Long Term Measures

Strategy-related

- **Community-based HIV screening** will be useful for the difficult to reach areas or difficult to reach populations like migrants, truckers or rural HRG population
- Consider 'Test and Treat' strategy for Key Population
- Greater focus on harm reduction services and formulation of a specific policy in public health

Operational:

- **Budget cuts, fund flow and financial uncertainties**
 - Implement the Public Financial Management System (PFMS)
 - Fund flow information in web site from NACO to SACS and from SACS to TIs and other peripheral units
 - Improve monitoring of pending advances at SACS level and the settlement of the old advances
 - There should be strict adherence to audit timetables and compliance by TIs
 - SACS staff must review the quality of audit reports and address any areas that are highlighted as weaknesses by the audit

KEY RECOMMENDATIONS BY MTA

Long Term Measures

Operational:

- **Budget cuts, fund flow and financial uncertainties**
 - An audit committee should be set up in all SACS as a governance mechanism
 - Explore tapping local resources of states, districts or municipalities to support & strengthen interventions
- **Community Mobilisation and Enabling Environment**
 - Reinforce the enabling environment and further address HIV-related stigma and discrimination
 - Provide refresher training to SACS and TSUs on Community Mobilisation and Enabling Environment
 - Promote more CBO-led responses
 - Flexible funding for community mobilisation and outreach
 - Ratification of HIV/AIDS Bill in the Parliament to reduce stigma & discrimination against PLHIV and KP

AREAS FOR FURTHER DELIBERATION AND REVIEW, BEYOND MTA

- Quality Assurance Mechanism
- Strengthening migrant & trucker interventions
- Condom programming and prevention strategies for general population
- Alternate/ future models of service delivery of prevention services to KP

BASIC SERVICE DIVISION (BSD)

MTA

NACP-IV KEY STRATEGIES: COUNSELING & TESTING

- Expanding and accelerating the coverage of counselling and testing services to at-risk population.
- Increasing uptake of HIV testing among identified key populations (Female sex workers, men who have sex with men, injecting drug users and other vulnerable groups like STI & TB patients)
- Strengthening linkages with CST, TI, STI and other HIV service facilities.
- Expanding access to PPTCT services to 70% of the estimated HIV positive pregnant women.
- Improving quality of counseling and testing services

TARGET & ACHIEVEMENT

Indicator	NACP IV Target	Achievement (2015-2016)
Number of People accessing ICTC services including PPTCT	28 Million	29 Million (12.5 – pregnant women; 16.5 – general client)
Stand-Alone ICTC up to CHC level	5219	5385
Mobile ICTCs	150	118
Facility Integrated Counseling and Testing Centres	8000	11780
Facility Integrated PPP model Counseling and Testing Centres	1400	2635
Total No of ICTCs	14769	19800

There is an 88% increase in number of HIV testing centers from 2011-12 (10,515 centers) to 2015-16 (19,800 centers).

NACP IV KEY STRATEGIES: PREVENTION OF PARENT TO CHILD TRANSMISSION (PPTCT)

- Expanding access to PPTCT services to all pregnant women accessing the health system.
- Promoting private-sector participation in PPTCT programme / services
- Working towards reducing mother to child transmission to less than 5% among registered ANC
- Linking 100% of HIV positive pregnant mothers who are identified by the programme to care, support and treatment services
- Reducing new HIV infections of women in the child bearing age.
- Ensuring access to family planning services to all HIV positive pregnant women.
- Linking HIV-negative women to sexual and reproductive health services offered by NRHM

KEY ISSUES AND CHALLENGES

- Coverage gaps in testing of target population
- Gaps in detection and linkage loss of HIV positive cases between ICTC & ART
- Increasing sero-discordance among spouses

SHORT TERM RECOMMENDATIONS (1/2)

A. Strategy-related

- Prioritization of Population to get High yield
- Geo-Prioritization of districts & sub-districts for HIV testing services
- Strengthen NACP and NHM integration through
 - HR- task sharing/task shifting
 - Universal screening of pregnant women for HIV/Syphilis/TB
 - Single window testing for routine pregnancy tests/ HIV/Syphilis among pregnant women
 - Single window testing for STI/HIV among general population
 - Leveraging finances, training, drugs, supply chain, kits, consumables, M & E etc.

SHORT TERM RECOMMENDATIONS (2/2)

B. Operational

- Scale up of testing services
 - Facility-level Measures
 - Community-level Measures
 - PCR Labs for EID
- Strengthen linkages across programme components
- Place strong quality control & quality assurance mechanisms for HIV/ Syphilis screening
- Focus on analysis of ICTC/PPTCT data to understand the client profiles, for prioritization and to inform future strategies for bridging the gaps in testing & detection

LONG TERM RECOMMENDATIONS

- Plan & undertake systematic evaluation/ validation of the status of elimination of mother to child transmission of HIV/ Syphilis
- Reaching the first 90 of global fast track targets in selected high prevalence states/ districts

AREAS FOR FURTHER DELIBERATION AND REVIEW, BEYOND MTA

- Strategies and mechanisms and to roll out community based testing, lay provider testing etc.
- Integration/ Development of IT systems to ensure linkages and individual level tracking of clients across various programme components – TI, STI, TB, ICTC, ART, PCR Labs

STI DIVISION

MTA

KEY ISSUES AND CHALLENGES

Critical gaps in reaching the goal of elimination of parent to child transmission of Syphilis:

- Saturation of Syphilis testing of pregnant women
- Missed opportunity of treating Syphilis among pregnant women diagnosed positive for Syphilis;
- Non-availability of Benzathine Penicillin in hospitals and

High prevalence of Syphilis amongst STI attendees in the state of Punjab, Nagaland, Arunachal Pradesh and Bihar;

Lack of recent data on burden of STI infection amongst general and HRG population;

Emergence of less sensitive strains of gonococci against the first line drug; Implementation Quality Management System (QMS) at Regional STI Training and Research and Reference Laboratories.

SHORT-TERM RECOMMENDATIONS

Strategy related

Enhance involvement of apex, regional & state STI laboratories for overall programmatic improvement and achieving goal of E-PTCT of Syphilis and HIV

Functionalise State reference centre and set up STI Surveillance system for better understanding of the STI burden, levels and trends among different risk groups.

Operational

Rational use of counselors & LTs across programme components;

‘Single Prick Single Window ‘system: Syphilis and HIV testing to be conducted through standalone ICTC for STI attendees, HRG and ANC; continue with

Roll out EQAS for Syphilis testing across the country in the same lines as HIV testing

SHORT-TERM RECOMMENDATIONS

Operational:

Introduce preparation of linelist of Syphilis positive pregnant women at all testing sites and monthly submission to higher levels for effective tracking and treatment

Incorporate indicators in HMIS to monitor the implementation of ECS programme

Ensure supply of commodity for syphilis treatment (inj Benzathine Penicillin) at all public hospitals.

Develop a new or integrate into existing software such as PALS for individual level tracking of Syphilis cases

LONG-TERM RECOMMENDATIONS

- Inclusion of point of care diagnostics for diagnosis of Syphilis in field settings, especially to reach universal coverage of pregnant women with Syphilis screening
- Explore options for introducing new and recent technology in diagnostics to enhance specificity of syndromic diagnosis. This will enhance accuracy in testing and treatment.
- Institutionalize internal and external quality assurance systems covering all testing sites for STI Programmes.
- Undertake community based study to understand prevalence of STIs in different population groups and also to undertake Operations Research on the emerging issues of STI.
- Prepare and plan for Sub-National Validation of States ready for E-PTCT of Syphilis and HIV and progress to Country wide Validation and declaration of E-PTCT of Syphilis and HIV by 2020

BLOOD TRANSFUSION SERVICES

For MTA

FOCUS OF BLOOD SAFETY UNDER NACP IV

Strengthening management structure of BTS

Increasing regular voluntary non-remunerated blood donation

Promotion of component preparation, rational use of blood & capacity building of health care providers

Establishing quality management system including the roll out of EQAS

Streamlining implementation and referral linkages.

CHALLENGES OBSERVED DURING MTA

Multiplicity of Controls at Central level for policy, regulation and programme

Inequitable distribution of blood and persistence of demand – supply gaps

Issues in strengthening component separation and use due to poor demand for blood components and contribute to high wastage

Operational

- Very low levels of EQAS participation in Immunohematology and TTI in the country.
- SBTCs are not operational/ effective in majority of states.
- Lack of coordination between BB, ICTC and DAPCU units leads to improper follow up of referrals.

WAY FORWARD- STRATEGY

Clear policy decision needs to be taken to avoid duplication of efforts and multiplication of controls at the central level, related to blood transfusion services.

Strengthen the functioning of NBTC & SBTC in all states through provision of adequate resources.

Immediate exercise for estimation of demand for blood at various regional and facility level.

Establishment of blood storage centres

Focussed strategies needed to promote component separation and rational use of blood across health settings.

Establish functional hospital transfusion committee

Augmentation of plasma to be carried out for increased self-reliance in plasma derived medicines.

WAY FORWARD- OPERATIONAL

Improve donor selection and screening methods, and related counseling.

Targeted IEC material in regional languages

Clear definitions and guidelines on VBD and replacement donation are to be made available.

Sustain capacity building initiatives among donor motivators.

Improve the coordination between Blood banks and ICTC to improve referrals of reactive donors.

Development of Quality Management System for blood banks

Implementation of EQAS for immunohematology and infection screening in all blood banks and

Strengthen overall monitoring and supervision of blood safety programme and blood banks.

THANK YOU