

## **Introduction**

The HIV/AIDS Control activities in Goa, commenced way back in 1984 with surveillance done amongst High-Risk Groups through Directorate of Health Services. The Health Education Bureau at the Directorate of Health Services was the Nodal Agency for all the Programme activities. In 1986-87, when the first HIV case came to light, the STD Control Programme at the Directorate of Health Services coordinated all the activities, which finally led to the creation of AIDS Cell at the Directorate of Health Services. As HIV/AIDS turned out to be a major Public Health Problem in Goa, in order to take multi pronged interventions, the Goa State AIDS Control Society (Goa SACS) was created and got registered in 1999 to function under the guidelines of the National AIDS Control Organization (NACO), keeping in view the national pattern. The National AIDS Control Organization (NACO) and the Goa State AIDS Control Society (Goa SACS) are the wings of Ministry of Health and Family Welfare at Government of India and State level respectively. Today, Goa State AIDS Control Society is functioning under the present Project Director, monitored by the Executive Body under the Chairmanship of Pr. Secretary (Health), Government of Goa.

Goa is a tiny State on the west coast with a total population of about 14.58 lakh surrounded by high HIV prevalent States like Maharashtra and Karnataka. Since the first detected case of HIV/AIDS in Goa in 1987, the epidemic has crossed over from high-risk groups to general population, from urban to rural areas and from adults to children. HIV is now prevalent in all parts of Goa and nearly 60% of the cases are reported from the four coastal talukas of Goa. Sexual route is predominant mode of transmission being more than 90%. Goa has been classified as a low prevalent State based on the sentinel survey data. Goa has always been in the forefront in combating HIV/AIDS. Goa SACS over the last few years has initiated various measures and also developed certain infrastructure facilities/ services for the control and prevention of HIV/AIDS.

India's response to the HIV/AIDS epidemic was initiated in the form of sero-surveillance in 1985. While initial responses (1985-1991) focused on search of HIV in different population groups and locations, screening of blood before transfusion, and targeted awareness generation; the launch of National AIDS and STD Control Programme (NACP) in 1992 institutionalized beginning of a comprehensive response to the HIV/AIDS epidemic in India. Thirty-five years since then, NACP has evolved as one of the world's largest programmes through five-distinct phases. The first phase of NACP (1992-1999) focussed on awareness generation and blood safety. The second phase witnessed launch of direct interventions across the prevention-detection-treatment continuum with capacity building of States on programme management. The third phase (2007-2012) was story of scale-up with programme management

decentralised up to the district level. The fourth phase (2012-2017) was a period of consolidation and enhanced Government funding. The NACP Phase-IV (Extension)

The NACP Phase-IV (Extension) was first approved for the period of 2017-2020 and then further extended for one more year i.e., 2020-21. Several gamechanger initiatives were taken during NACP Phase-IV (Extension). The Phase started with the passing of the HIV and AIDS (Prevention and Control) Bill, 2017 and the launch of the 'Test and Treat' policy for HIV patients in April 2017. The Bill ensured equal rights for the people infected with HIV and AIDS in getting treatment and prevent discrimination of any kind. The Act came into force in September 2018. As the 'Test and Treat' policy was being scaled-up, the Programme implemented "Mission Sampark" in 2017 to bring back People Living with HIV (PLHIV) who have left treatment after starting ART. 'Test and Treat' was complemented by the launch of universal viral load testing for on-ART PLHIV in February 2018.

The year 2020-21 witnessed the onset of the COVID-19 pandemic. The national AIDS response was challenged in the initial months like any other aspect of life. However, the Programme soon took many initiatives turning challenges into opportunities. IT systems were leveraged to enhance programme review and capacity building. This resulted in improved inter and Intra-State coordination. Initiatives like multi-month dispensation and community-based ART refill ensured continuity in service provisions.

**Context and formulation of NACP Phase-V** The impact of the national AIDS response has been significant. The annual new HIV infections in India have declined by 48% against the global average of 31% (the baseline year of 2010). The annual AIDS-related mortalities have declined by 82% against the global average of 47% (the baseline year of 2010). The HIV prevalence in India continues to be low with an adult HIV prevalence of 0.22%. Despite the significant achievements and impact, there is no place for complacency given the country's commitment to ending the AIDS epidemic as a public health threat by 2030. HIV remains a national public health priority with new HIV infections happening at a rate higher than the desired level.

The annual number of new infections among adults has declined by 48% since 2010, but still has a long way to go to achieve a 90% decline by 2030. The progress on targets of 90-90-90 to be achieved by 2020 has gauged the country's progress on ending the epidemic. The full realization of 90-90-90 by 2020 would have meant that at least 73% of PLHIV have suppressed viral loads in 2020 cutting down the transmission significantly. At the end of 2020, 78% of PLHIV knew their HIV status, 83% of PLHIV who knew their HIV status were on ART, and 85% of PLHIV on ART were virally suppressed.

The formulation of NACP Phase-V was necessitated by the need for continuous action and the vigil in context of the country commitment on ending of the AIDS epidemic as a public health threat by 2030. It was initiated in alignment with Fifteenth Finance Commission for 2021-26 of the Government of India. The formulation of NACP Phase-V coincided with formulation of UNAIDS Global AIDS Strategy 2021-2026, WHO Global Health Sector Strategies (GHSS) on HIV, viral hepatitis, and sexually transmitted infections for the period 2022-2030 and The Global Fund cycle of 2021-24. NACP Phase-V takes into account the global contexts, targets and strategies

### **NACP Phase-V (2021-26)**

NACP Phase-V is a Central Sector Scheme, fully funded by the Government of India, The NACP Phase-V aims to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010. The NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

**The specific objectives of the NACP Phase-V are as below:**

#### **a. HIV/AIDS prevention and control**

- i. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
- ii. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
- iii. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
- iv. Less than 10% of people living with HIV and key populations experience stigma and discrimination

#### **b. STI/RTI prevention and control**

- i. Universal access to quality STI/RTI services to at-risk and vulnerable populations
- ii. Attainment of elimination of vertical transmission of syphilis

Under NACP Phase-V, while the existing interventions will be sustained, optimized, and augmented; newer strategies will be adopted, piloted, and scaled-up under the programme to respond to the geographic and community specific needs and priorities. The HIV and AIDS (Prevention and Control) Act, 2017 will continue to be the cornerstone of the national response

to HIV and STI epidemic in NACP Phase-V. The Act will be the enabling framework to break down barriers driving delivery of a comprehensive package of services in an ecosystem free of stigma and discrimination.

### **Guiding Principles of NACP Phase-V (2021-26)**

Eight guiding principles will be central to strategies and activities to attain the specific targets.

1. Keep beneficiary and community in center
2. Break the silos, build synergies
3. Augment strategic information-driven planning, implementation, monitoring, and mid-course corrections
4. Prioritize and optimize through high-impact programme management and review
5. Leverage technology and innovation as critical enablers
6. Enhance and harness partnership
7. Integrate gender-sensitive response
8. Continue fostering technical arrangements and institutions

### **Collaboration with public and private sectors**

NACP Phase-V will build upon the systematized convergence with the existing schemes of Central Government including synergy with National health programme, related line Ministries as well as State Governments through mainstreaming and partnership extending the reach of various HIV related services in a cost-neutral way. The collaboration framework of NACP Phase-V includes continued strategic engagement with private sector.