Chapter 13

DELHI STATE AIDS CONTROL SOCIETY (DSACS)

13.1 Introduction

The Delhi State AIDS Control Society is an autonomous body of Delhi Govt. It became functional from 1st November,1998 and a nodal agency which is responsible for implementing the National AIDS Control Programme funded by Govt. of India. The society operates from its office situated in Dharmshala Block of BSA Hospital, Rohini. The main objective of the society is to prevent and control HIV transmission and to strengthen state capacity to respond to long-term challenge posed by the epidemic. The society is implementing various components through various departments/ institutes of Govt. and Non-Government.

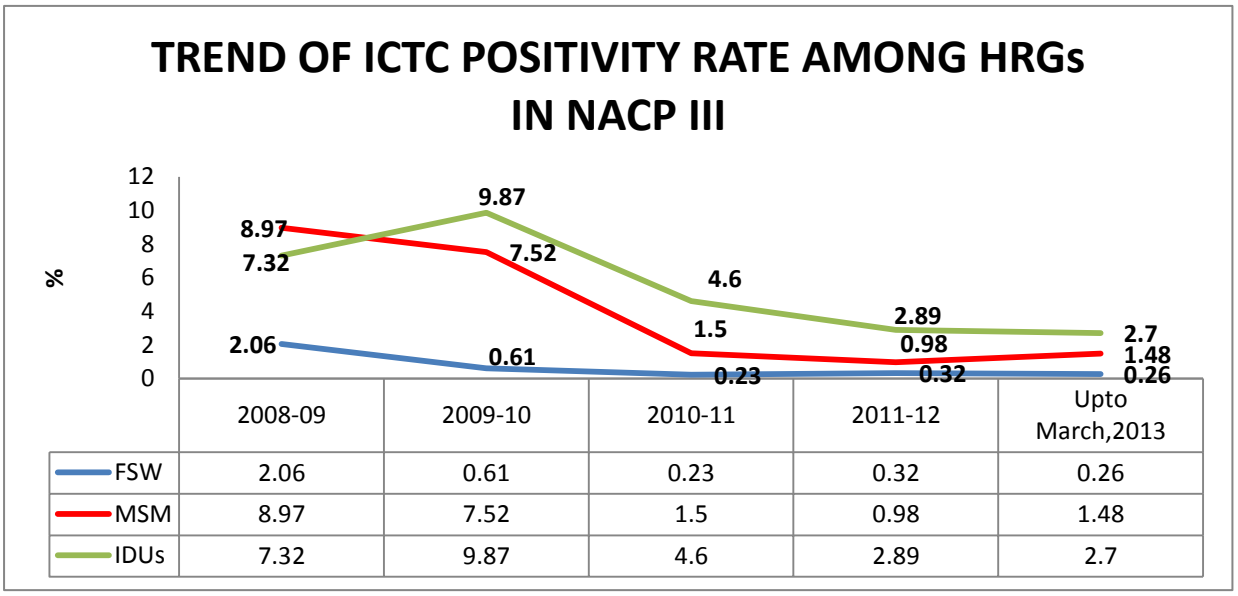
Delhi is currently implementing the Third Phase of National AIDS Control programme (2007-13).

13.2 Service Centres of DSACS

Facilities	**Number**
District AIDS Prevention Control Units in convergence with Delhi State Health Mission/NRHM	4
Targeted Intervention(TI) Projects for High Risk Groups & Bridge Population	102 (40-FSW,17-MSM,8-Transgender, 20-IDUs,4-Truckers,13 Migrant) projects
Opioid Substitution Therapy (OST) Centres for Injecting Drug Users	4 (NGO based), 3 (Public Health Facilities)
Integrated Counseling & Testing Centres (ICTCs) for HIV Counseling & Testing	89 standalone, 3 Mobile, 3 PPP ICTC, 52 F-ICTCs
Sexually Transmitted Infection (STI) Clinics	28
Apex STD Centre & Regional STD Centre (S.J. hospital & MAMC)	2
Anti retroviral treatment (ART) centres for first line ART	9
Centre for Excellence (COE) for ART, MAMC for 2nd line ART	1
Pediatric COE/RPC, Kalawati Saran Children Hospital	1
Community Support Centres (CSC)	2
PLHIV Help Desks (earlier DICs)	5
Model Blood Bank (IRCS & DDU Hospital)	2
Blood banks (DSACS supported)	20 (12BCSU, 5 MBB, 3- DLBB)
Regional Blood Transfusion Centres (RBTCs)	9
National Reference Lab (AIIMS & NCDC) + State Reference labs (LHMC, SJH, UCMS, MAMC)	2+ 4
Blood Storage Centers	10
Red Ribbon Clubs in colleges	90
Youth Friendly Health Center at Jamia Milia Islamia	1

13.3 Status of HIV/AIDS in Delhi

- Delhi is a low prevalent state but is highly vulnerable due to a large number of High Risk Population, Migrants and long distant truck drivers.
- Four of nine districts have been categorized as moderate prevalence (North, North East, East and North) districts i.e. Category 'B' Districts.
- Overall prevalence of new HIV infections in Delhi has declined by 50% & HIV related deaths by 30% in the last decade.
- The HIV prevalence in antenatal women as a representative of general population is 0.3%.
- As per the estimates there are 102 lakh sexually active people, 6.13 lakh risky behavior population, 61,621 Female Sex Workers; 28,999 Men having Sex with Men; 17,173 Injecting Drug Users; 1,07,000 high risk single male migrant workers; and 76,859 long distance truckers. The intervention of migrants and truckers has been scaled up in NACP III with coverage of 50,000 long distant truckers and 80,000 high risk migrants.
- The ICTC data show decline in HIV infections among High Risk Groups.



	2008-09	2009-10	2010-11	2011-12	Upto March,2013
FSW	2.06	0.61	0.23	0.32	0.26
MSM	8.97	7.52	1.5	0.98	1.48
IDUs	7.32	9.87	4.6	2.89	2.7

- A total number of 13044 HIV positive patients are currently on Anti Retroviral Treatment in Delhi including 7% children under 15 years of age and 39% women.
- 277 PLHIV failing first line ART are currently on 2nd Line ART at Centre for Excellence in ART, MAMC, New Delhi.

13.4 Special Achievements

(i) Tracking LFUs under Prevention of Mother to Child Transmission of HIV (PMTCT) Programame

Regarding PMTCT Programme, Delhi has been selected by NACO for new WHO (2010) guideline of Multidrug ARV Prophylaxis (Option B) to HIV positive pregnant women. PMTCT programme, Early Infant Diagnosis programmes and data of NRHM were reviewed in Jan, 2012. It has been observed that the patient attrition has been significantly reduced by convergence with NRHM through trainings of 3600 ASHA workers and 1676 ANMs and integration with MCH programme through sensitization of O&G doctors of 48

public health facilities on PMTCT programme during 2012-13. An innovative PMTCT Online /offline software tracking system has also been launched on World AIDS Day to ensure that each HIV infected pregnant women is tracked and receive HIV Care during antenatal period, institutional delivery and ARV prophylaxis to MB pair , exclusive breast feeding or replacement feeding and subsequent follow up of MB pair up to 18 months. In additional 15 ORWs deployed by IL&FS at one of the 15 PMTCT centers have been assigned duties at all ICTCs catering to HIV positive pregnant women to ensure desired follow-up of MB-pair.

(ii) Innovative Strategy of DSACS to Strengthen NACP-RNTCP Cross Referrals -

DSACS rolled out an innovative HIV-TB Cross Referral Strategy in Delhi in coordination with RNTCP in April 2013 wherein all HIV positive clients (including those suspected or diagnosed with TB) are now referred to ART centre for detailed work up for TB (in suspects & follow up cases on ART/ not on ART), CD4 count, categorization of TB (if needed) followed by referral of confirmed co-infected patients to Chest clinic for initiation of DOTS (if not started earlier) with directives to all STSs to ensure that all patients are sent back to ART centre after 2 weeks of DOTS for initiation of ART. Also, all HIV negative cases with TB or symptoms suggestive of TB are referred to RNTCP. Also, CPT to all co-infected patients is now provided through ARTC. Preliminary results of the strategy are encouraging since more than 92% of co-infected patients could be put on ART after launch of the new cross referral strategy as against 57% initiated ART during 2011-12.

(iii) Steps Undertaken to Improve Access to Anti Retroviral Treatment- DSACS launched an innovative PLHIV literacy campaign through Brochures being provided to each newly detected PLHIV through ICTCs to educate them on antiretroviral treatment. Also, a documentary film on ART was released on the occasion of launch function of financial assistance scheme for people living with HIV/AIDS which was disseminated through cable TV media. This has helped in increasing ART registration during 2012-13 to 83% from previous figure of 76% during 2011-12. Thirdly, ART centers GTB hospital, Lok Nayak Hospital and AIIMS have been assigned better infrastructure by the concerned hospitals to ensure confidentiality and give comfort to the clients.

(iv) Financial Assistance Scheme of Delhi Govt. – Delhi Govt approved DSACS proposal for financial assistance from Delhi Govt. for poor people living with HIV/AIDS on ART @ Rs.1000/pm, Orphan/destitute Children Infected with HIV/AIDS @ Rs. 2050/pm and Orphan Children Affected by HIV/AIDS @ Rs.1750/pm. This is the first Govt. sponsored financial assistance scheme for PLHIVs in the country which was launched in April 2012. Till now 1049 beneficiaries have been enrolled for the scheme. The scheme will help beneficiary by increasing access to ART, improving nutritional status, access to education and skill building. The eligibility criterion of the scheme is being amended to ease its reach to the needy.

(v) Post Exposure Prophylaxis (PEP) helpline - DSACS has launched the first Post Exposure Prophylaxis helpline of the country in Delhi to address the issue of occupational exposure to Health Care Workers. DSACS is receiving on average 5-6 calls per day from HCWs regarding guidance for post exposure prophylaxis.

(vi) Operational Research Activities: DSACS has published following research papers in reputed international journals:

a) Dr. A.K. Gupta et al. Early Diagnosis of HIV in Children below 18 months using DNA PCR Test—Assessment of the Effectiveness of PMTCT Interventions and Challenges in Early Initiation of ART in a Resource-Limited Setting. J Trop Pediatrics (U.K.), 2012, doi:10.1093/tropej/fms063
b) Dr. A.K. Gupta et al. PMTCT Cascade in Delhi -Are We Ready to Launch New WHO PMTCT Strategy to Eliminate Pediatric HIV? IOSR Journal of Dental and Medical Sciences (JDMS) ISSN: 2279-0853, ISBN: 2279-0861. Volume 1, Issue 4 (Sep-Oct. 2012), PP 17-19
c) Dr. A.K. Gupta et al. Orphan and vulnerable children infected or affected by HIV/AIDS in Delhi – situational analysis and state government's initiative of household economic strengthening. Vulnerable Children and Youth Studies (U.K.), 2012, d.o.i:10.1080/17450128.2012.738949
d) Dr. A.K. Gupta et al. Efficacy of a New Model for delivering Integrated TB & *HIV* Services for People Living with *HIV*/AIDS in Delhi – Case for a Paradigm Shift in National *HIV*/TB Cross Referral Strategy. AIDS Care (U.K), *2013,* DOI:10.1080/09540121.2013.808734