


SOCIAL ACTIVITIES FOR RURAL DEVELOPMENT SOCIETY		
Jana Chaitanya Nilayam, Tangutur, Prakasam dt, A.P. India		
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Introduction

In India the HIV/AIDS epidemic is now 22 years old. Within this short period it has emerged as one of the most serious public health problem in the country. The initial cases of HIV/AIDS were reported among commercial sex workers in Mumbai and Chennai and injecting drug users in the north-eastern State Manipur. The disease spread rapidly in the areas adjoining these epicenters and by 1996 Maharashtra, Tamila Nadu and Manipur together accounted for 77 percent of the total AIDS cases with Maharashtra reporting almost half the number of cases in the country. Even though the officially reported cases of HIV infections and full-blown AIDS cases are in thousands only, it is realized that there is a wide gap between the reported and estimated figures because of the absence of epidemiological data in major parts of the country. The overall prevalence in the country for a population of 970 million is still however, very low, a rate much lower than many other countries in the Asia-Pacific region.

Almost all parts of the available surveillance data clearly indicates that HIV is prevalent in country. In the recent years it has spread from urban to rural areas and from individuals practicing risk behavior to the general population. Studies indicate that more and more women attending ante-natal clinics are testing HIV-positive thereby increasing the risk of prenatal transmission.

About 75 percent of the infections occur from the sexual route (both heterosexual and homosexual), about 8 percent through blood transfusion, another 8% through injecting drug use. About 89% of the reported cases are occurring in sexually active and economically productive age group of 18-40 years. One in every 4 cases reported is a woman.

Source of Infections in AIDS cases in India:

The attributable factors for such rapid spread of the epidemic across the country today is labour migration and mobility in search of employment from economically backward to more advanced regions, low literacy levels leading to low awareness among the potential high risk groups, gender disparity, Sexually Transmitted Infections and Reproductive Tract Infections both among men and women. The social stigma attached to sexually transmitted infections also hold good for HIV/AIDS, even in a much more serious manner. This, coupled with lack of awareness, results in reporting of full-blown AIDS cases in cities like Mumbai and Chennai causing severe strain on the hospital infrastructure.

There have been cases of refusal of AIDS patients in hospitals and using homes both in Government and private sectors. This has compounded the misery of the AIDS patients. More often it is mistaken to be a contagious disease and patients are isolated in the wards creating a scare among the general patients. In the workplace there were cases of discrimination leading, in some occasions, to loss of employment. The active part played by some non – Governmental organizations in bringing out public interest litigations against such cases of discrimination and the judicial pronouncements by courts in support of the rights of such people has helped in alleviating the misery of the affected persons.

The treatment options are still in the initial trial stage and are prohibitively expensive. While there is no vaccine in sight at least till the year 2000 AD, multi – drug protease inhibitor therapy, popularly known as ‘cocktail therapy’, is not a cure to the disease and may help only in prolonging the life of the patient. Therapeutic trials of these drugs are still in an elementary stage and there are fears of patients developing drug resistance and side effects if the therapy is not administered under proper medical supervision. There were instances of quacks taking advantage of the situation and promising cure through so-called herbal treatment and defrauding unsuspecting people who are infected with the virus of large sums of money.

b) Limited to 8% of the cases, is also a serious Transmission of the disease through blood, through issue as unsuspecting population can get infected through this route if safeblood is not ensured. Existence of a large number of small and medium blood banks, many of them in the private sector, also compounds the problem. The Supreme Court directive of May, 1996 has helped in phasing out unlicensed blood banks by May, 1997 and the prospective phasing out of professional blood donors by December, 1997. Compulsory testing of blood for HIV along with Syphilis, Malaria and Hepatitis B, which has now been introduced throughout the country will help in checking transmission of HIV virus through blood transfusion.

c) The problem of injecting drug users is not universal and is restricted to the north eastern States and the urban pockets of metropolitan cities. The injecting needles which are the principal cause of transmission in such cases are used repeatedly by the drug users. The twin problem of drug addiction and HIV transmission pose a serious ethical and moral problem in the HIV prevention programme. Needle exchange programmes which have been taken up in other countries to ensure availability of sterile needles for drug users are frowned upon in India because of ethical and moral implications.

d) Although transmission of HIV through use of needles, razors and other cutting instruments in the thousands of beauty parlours, hair-cutting saloons and dental is insignificant, lack of hygienic practices in majority of these establishments also poses a health risk to the unsuspecting general population who visit these places every day. There is a great necessity in bringing these establishments to acceptable standards of hygiene to minimize and almost eliminate the chances of HIV transmission through the use of needles and sharp cutting instruments.

e) With about 14 million TB cases existing in India, HIV/AIDS also poses a twin challenge of HIV/TB co infection. Nearly 60% of the AIDS cases are reported to be opportunistic TB infection cases. Treatment of TB among the HIV-infected persons is a new challenge to the National TB Control Programme which has now adopted DOTS strategy for control of TB infection. Some of the drugs which are recommended for TB treatment pose complications in cases of HIV infected persons and had to be withdrawn in areas of high HIV prevalence. At the same time looking for HIV among TB infected persons will also cause the problem of scaring away of a large number of TB infected cases in the country from seeking treatment under the DOTS strategy. There is no risk of any TB patient getting infected with HIV unless he or she practices high risk behaviour or gets infected from transfusion of HIV infected blood.

f) HIV/AIDS is not a disease which spreads randomly and is transmitted as a consequence of a specific behavioral pattern and has strong socio – economic implications. It not only costs huge sums of money in terms of controlling the opportunistic infections such as TB, Pneumonia and cryptococcal meningitis, but seriously affects individuals in their prime productive years causing serious economic loss to them and their families.

g) All these aspects provide an unusual challenge of HIV infection through various routes which comes with its long period of invisibility and does not show out with opportunistic infections till a few years. In India with a large population and population density, low literacy levels and consequent low levels of awareness, HIV/AIDS is one of the most challenging health problems ever faced by the country.

2.1 Soon after reporting of the first HIV/AIDS case in the country, the Government recognized the seriousness of the problem and took a series of important measures to tackle the epidemic. A high-

powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched a year later. In the initial years the programme focused on generation of public awareness through mass communication programmes, introduction of blood screening for transfusion purposes and conducting surveillance activities in the epicenters of the epidemic. In 1992 the Government formulated a multi-sectoral strategy for the prevention and control of AIDS in India. It is implemented through the National AIDS Control Organization at the national level and State AIDS Cells/Societies at the State/UT levels. The programme concentrated on the following areas which conform to the global AIDS prevention and control strategy.

- i. Programme Management.
- ii. Surveillance and research.
- iii. Information, Education and Communication including social mobilization through NGOs.
- iv. Control of Sexually Transmitted Diseases.
- v. Condom Programming.
- vi. Blood Safety and
- vii. Reduction of impact.

2.2 Five years into the programme, the government can look back with a certain measure of satisfaction for its success in important areas like generation of awareness about HIV/AIDS among the urban and rural population of the country. Awareness levels which were almost insignificant have increased to about 70-80% in urban areas even though the level of awareness in rural areas remains low at about 30%.

2.3 Several important actions have been taken to ensure safe blood by modernization and strengthening of blood banks, introduction of licensing system of blood banks and gradual phasing out of professional blood donors. Introduction of component separation facilities has also.

Helped in reducing the use of whole blood for transfusion. Some very successful intervention programmes among the high risk groups like commercial sex workers in the Songagachi area of Calcutta, men having sex with men in Chennai and injecting drug users in Manipur were carried out through the dedicated involvement of non- Governmental organizations. Availability of good quality condoms through social marketing has made a significant increase in the last three years.

2.4 There are still many gaps left in the programme and many lessons have been learnt during the last 11 years. The inexorable spread of the disease from the initial epicenter to the rest of the country underscores the immediate need to have a paradigm shift in the response against HIV/AIDS at all levels making it imperative to formulate a comprehensive national policy on HIV/AIDS in order to cope effectively with the changed nature of the HIV/AIDS problem. The entire programme of prevention and control of HIV/AIDS needs a shift towards a more holistic approach looking at AIDS as developmental problem instead of a mere public health issue.

2.5 For this purpose a series of deliberations have been held with representatives of doctors, scientists, social workers, NGOs and other eminent personalities working in the field of HIV/AIDS prevention and control. Technical Working Groups constituted to address various aspects of HIV/AIDS prevention and control strategy have given valuable output. Finally the National AIDS Committee held deliberations on the policy guidelines and given their valuable input towards formulation of the policy document.

Objectives of AIDS Policy:

The general objective of the policy is to prevent the epidemic from spreading further and to reduce the impact of the epidemic not only upon the infected persons but upon the health and socio-economic status of the general population at all levels. The specific objectives of the policy are:

- I. To reiterate strongly the Government's firm commitment to prevent the spread of HIV

- infection and reduce personal and social impact.
- II. (ii) to generate a feeling of ownership among all the participants both at the Government and non – Government levels, like the Central Ministries and agencies of the Govt. of India, State Government, city corporations, industrial undertakings in public and private sectors, panchayat institutions and local bodies to make it a truly national effort..
 - III. To mobilize support of a large number of NGOs/CBOs for an enlarge community initiative for prevention and alleviation of the AIDS problem.
 - IV. To promote a more supportive socio-economic environment for prevention of HIV/AIDS.
 - V. To prevent women, children and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.
 - VI. To provide adequate and equitable provision of health care to the HIV- infected people and to draw attention to the compelling public health rationale for overcoming stigmatization and discrimination against them in society.
 - VII. To promote better undertaking of HIV infection among the people at large, to generate awareness about the nature of its transmission and to adopt safe behavioral practices to prevent the disease from spreading.
 - VIII. To provide proper health care both in the hospitals and at homes for the care and support of people ill with AIDS and.
 - IX. To constantly interact with international and bilateral agencies for support and cooperation in the field of research in vaccines, drugs, emerging systems of health care and other financial and managerial inputs.

Strategy of AIDS Policy:

The national AIDS control policy principally aims at the following strategy for prevention and control of the diseases:-

1. Prevention of further spread of the disease by making the people at large and specially the high risk groups, aware of its implications and provide them with the necessary tools for protecting themselves from getting infected. Control of Sexually Transmitted Diseases among sexually active, economically productive groups together with promotion of condom use a measure of prevention from HIV infection will be the most important component of the prevention strategy.
2. To provide an enabling socio-economic environment so that individuals and families affected with HIV/AIDS can manage the problem themselves with their family and community support.
3. Improving services for the care of people living with AIDS in times of sickness both in hospitals and at homes through community health care.

Policy Initiatives:

For his purpose the policy addresses the following components of the national AIDS control programme for brining in a paradigm shift in the response to HIV/AIDS at all levels both within and outside the Government.

Program Management:

AIDS control program has hitherto been seen as a public health matter dealt by the Ministry of Health and Family Welfare. However, because of the behavioral nature and the strong socio-economic implications, the diseases requires to be treated as a developmental issue which impinges on various economic and social sectors of Governmental and non-Governmental activity. As economically productive sections of the population are the most susceptible to the activity. As economically productive sections of the

population are the most susceptible to the disease, participation of Ministries like Railways, Heavy Industry, Steel, Coal and other public sector undertakings employing large workforce require to be actively involved in the programme. Organized and unorganized sector of industry needs to be mobilized for taking care of the health of the productive sections of their workforce. Social Ministries like Welfare, Women and Child Welfare, Education, etc. should devise and own up the HIV/AIDS control programs within their sectoral jurisdiction. There should be strong budgetary and managerial support to these sectoral programmes from within these ministries.

The State Governments at their levels should develop strong ownership of the HIV/AIDS prevention and control programme. As the prevalence of the disease and its implications vary from State to State, the State Governments should devise their own strategies and action programmes for tackling the disease keeping the national objectives in view. It has been observed that wherever there is strong ownership of the program from the State Government side, it has been immensely successful. As high prevalence of the disease is directly related to the degree of urbanization and consequent high risk behaviour among groups like commercial sex workers, drug users, men having sex with men in these communities, the municipal corporations of large metropolitan cities should be encouraged to draw up their own program strategy for AIDS prevention and control. Direct funding of programmes undertaken by the municipal corporations can go a long way in reducing the administrative bottlenecks and help in effective control of the disease.

As HIV/AIDS is relatively new to the country, there has been no effective field organization at the district or sub-district level to tackle the problem. In diseases like leprosy, TB, etc. the district level Societies play a very active role in implementing the programmes and receive funds directly from the national programmes. There is an urgent need to create a similar infrastructure at the district level for prevention and control of HIV/AIDS. This will not only help in quick channelisation of funds but bring in participation of elected representatives of the people from the 3-tier panchayati raj system and urban municipalities. The district administration headed by the District Magistrate/Collector and the Chief Medical Officer of Health should be able to provide the necessary administrative and technical infrastructure for supporting the programme.

It is felt that only a large scale mobilization at the Center, State, District and sub-district levels through organized sections of the community including non-Governmental organization can help in effectively prevent further spread of the disease. There is also a great need to strengthen the AIDS Control Organization at the national and the State levels by providing more number of qualified technical and managerial personnel.

Advocacy and Social Mobilization:

In spite of the strong IEC campaign on HIV/AIDS, there is still inadequate understanding of the serious implications of the disease among the legislators, political and social leaders, bureaucracy, media, leaders of trade and industry and professional agencies not to speak of.

The medical and paramedical personnel engaged in health care delivery system. A strong advocacy campaign needs to be launched at all levels for these opinion leaders, policy makers and service providers to make them understand and feel motivated about the need for immediate prevention of disease and also for adopting a human approach towards those who have already been infected with HIV/AIDS. The Government emphasizes the need to start advocacy from the topmost level in Government and spread it down throughout the country.

There is still a serious information gap about the causes of spread of the disease even among a large number of medical and paramedical personnel both within the Government and outside. This occasionally leads to situations of discrimination of HIV/AIDS-infected persons in hospitals, dispensaries and workplaces, not speak of the community at large. There is a strong need for advocacy at all levels to eliminate such discrimination and overreaction by the public against HIV/AIDS-infected people.

In educational institutions AIDS education should be imparted through curricular and extracurricular approach. The programme of AIDS education in schools and the 'Universities Talk AIDS' (UTA) programme should have universal applicability throughout the country in order to mobilize large sections of the student community to bring in awareness among themselves and as peer educators to the rest of the community.

Non-student youth should also be addressed through the large network of youth organizations, sports clubs and Nehru Yuvak Kendras spread across the country. AIDS prevention education should also be integrated into the programmes of worker education and schemes of social development.

Electronic and print media has almost reached universal coverage for dissemination of information in India. The impressive rise in the levels of awareness about HIV/AIDS in the general community can be partly attributed the electronic media which has taken this message right up to the village level. While there is general awareness about the disease, specific aspects like mode of transmission, method of protecting oneself from getting infected, etc. are still not known to a large section of the population. There is therefore an urgent need to have tailor-made programmes for targeted sections of the populations like students, youth, women, children, migrant workers, etc. The electronic media should evolve a well –coordinated media policy for dissemination of information on all aspects of HIV/AIDS including reinforcement of positive cultural values and social values like love, warmth and affection within the family. The newspapers, magazines and other print media should be use for conducting campaigns for social mobilization to generate awareness about prevention and for sharing information and expertise. The media should in general play a positive role in generating an enabling environment for AIDS prevention and control and care of the HIV-infected people. The best communication talents available in Government and private sector should be utilized in designing these media campaigns which should be developed in local languages and in tune with the local needs and ethos. Media campaigns in rural areas should lay emphasis on local cultural values and should be conducted through folk dances, jatras, puppet shows, etc.

The corporate sector should be encouraged to undertake AIDS prevention activities including provision of services for their employees both at the workplace and outside as apart of their social responsibility. The large network of ESI hospitals and dispensaries under the employees State Insurance Scheme should be effectively used for spreading the message of prevention of the disease and providing service to HIV/AIDS infected workers and families.

Participation of NGO's/CBO's

Non-Governmental organizations have made significant contribution in the health sector by their innovative genius in the areas of health, family welfare and in arresting the spread of communicable diseases. It is essential to continue to encourage the involvement of the voluntary sector in HIV/AIDS. The National AIDS Control Programme has recognized the importance of NGO participation in the programme for providing community support to people living with AIDS and their families and for providing the required care and counseling. NGOs bring with them their experience of community level work in enhancing people's participation, interpersonal approach and sensitivity, creativity and feasibility and thus benefit the HIV/AIDS programme tremendously. NACO has formulated specific guidelines for the involvement of NGOs in the NACP.

In view of the need to expand the responses to the new challenges thrown by the spread of the disease across the country, it is necessary to update and revise the guidelines for involvement of NGOs in the programme. The experience of both sides has been mixed so long. While there have been a number of successful programmes undertaken by NGOs for generation of awareness, provision of counseling facilitates and intervention projects

among commercial sex workers and other groups, there have also been occasions of failures by newly – formed NGOs due to lack of proper perspective. Very few grassroots NGOs are coming forward to

participate in the AIDS Control Programme.

On the Government side NGOs have been encountering the problem of structural and other constraints like lack of reciprocation from officials at various levels. There is also lack of uniformity in the approach and performance of various State Governments and adequate orientation among Govt. Officials towards the role of NGOs in the NACP. There are delays in handing NGO cases which sometimes leads to decline of interest and withdrawal on the part of the NGOs. Delay in disbursement of funds and over-emphasis on utilization of fiancé rather than on impact assessment of the work done are also some of the serious flaws in the system of NGO financing.

Government recognizes all these constraints and commits itself to large scale involvement and participation of NGOs/CBOs in NACP in the following manner:

- i. Involvement of NGOs at the policy making level through regular interaction and adequate representation at the National AIDS Committee.
- ii. Enlarging their participation to new areas like provision of medical facilities including home-base care, opening of hospices, etc. apart from the conventional areas of awareness and counseling.
- iii. Government will put in greater efforts to undertake training and capacity building programmes for the NGOs to empower them to take up these additional responsibilities.
- iv. Guidelines issued by NACO for involvement of NGOs will be revised and updated to facilitate greater participation of NGOs in NACO programmes and for reduction of bureaucratic delays in NGO financing.
- v. Government will encourage networking among NGOs to avoid duplication of efforts in some of the areas. Efforts will be made to identify nodal NGOs in different States for coordinating the work of all the NGOs working in that area. Governments also need to address the problem of motivation among Government officials towards involvement of NGOs in the programme.

Government will address all these issues to ensure and enhance collaboration between NGOs and the Government at the Central and State levels to ensure greater participation of non-Governmental sector in the NACP.

H.I.V Testing:

There is an active debate in the country on the issue as to whether should be mandatory testing of people suspected of carrying HIV infection. Considerable thought has been given to this issue. The Government feels that there is no public health rationale for mandatory testing of a person for HIV/AIDS. On the other hand, such an approach could be counter-productive as it may scare away a large number of suspected cases from getting detected and treated. HIV testing carried out on a voluntary basis with appropriate pre-test and post-test counseling is considered to be a better strategy and is in line with the WHO guidelines of HIV testing. Govt. of India has earlier issued a comprehensive HIV testing policy and the following issues are reiterate here:-

- i. No individual should be made to undergo a mandatory testing for HIV.
- ii. No mandatory HIV testing should be imposed as a precondition for employment or for providing health care facilities during employment.
- iii. Adequate voluntary testing facilities with pre-test and post-test counseling should be made available throughout the country in a phased manner. There should be at least.

People Living With AIDS(PLWAs):

With the spread of the infection across the country, there will be a sharp increase in the number of HIV-SARDS-HIV and AIDS Policy

infected persons in the society. They will be belonging to different social strata and from various economic backgrounds. Apart from providing counseling before declaring the HIV status, the Government would try to ensure the social and economic well being of these people by ensuring (a) protection of their right to privacy and other human rights, and (b) proper care and support in the hospitals and in the community.

The HIV-positive person should be guaranteed equal rights to education and employment as other members of the society. HIV status of a person should be kept confidential and should not in any way affect the rights of the person to employment, his or her position at the workplace, marital relationship and other fundamental rights.

HIV-positive women should have complete choice in making decisions regarding pregnancy and child birth. There should be no forcible abortion or even sterilization on the ground of HIV status of women. Proper counseling should be given to the pregnant women for enabling her to take an appropriate decision either to go ahead with or terminate the pregnancy.

The Government would actively encourage and support formation of self-help groups among the HIV-infected persons for group counseling, home care and support of their members and their families. Social action through participation of NGOs would be encouraged and supported for this purpose.

As regards the treatment, care and support for PLWAs, the policy is to build up a continuum of comprehensive care comprising of clinical management, nursing care, counseling and socio-economic support through home-base care. Resources from Government and private sectors will be mobilized for this purpose.

Government would initiate intensive advocacy and sensitization among doctors, nurses and other paramedical workers so that PLWAs are not discriminated, stigmatized or denied of services. Government expresses serious concern at instances of denial of medical treatment by doctors in their clinics, nursing homes and in hospitals which is causing enhanced stigmatization to PLWAs. With updated knowledge available on the risks or absence of risk of HIV transmission, such denial of medical care to needy victims is regrettable. The Government would expect the health service sector to rise to the occasion and display necessary concern for the welfare of the community of PLWAs and ensure proper medical care and attention. The professional organizations of medical and paramedical health workers should disseminate information about HIV/AIDS to their members up to the field level. Training of health personnel in diagnosis, rational treatment and for follow up of HIV-related illness should continue with greater vigour. An efficient referral system would be established starting from testing centers and counseling sites to hospitals or clinics, community-based services and home-base care. PLWAs would be given adequate information for home care in the form of books and documents to enable them to lead a healthier life and to promote self-help.

Clinical management of HIV/AIDS requires strict enforcement of bio safety and infection control measures in the hospitals as per the universal safety precaution guidelines. Treatment of AIDS cases do not require any specialized equipment than what is necessary for treatment of the opportunistic infections arising out of HIV/AIDS. Hospitals are required to keep adequate supply of bio safety equipments to be utilized by medical and paramedical personnel while treating HIV/infected persons. Government would ensure adequate supply of these equipments and also essential drugs for treatment of the opportunistic infections. Adequate facilities would also be created for proper disposal of plastic and other wastes and injecting needles used for treatment of HIV-infected persons.

Surveillance and monitoring to adopt the right strategy for prevention and control of HIV, it is necessary to build up a proper system of monitoring of the epidemic through surveillance activities. The Government would enlarge and refine the sentinel surveillance system for obtaining data on HIV infection rates both in high risk as well as low risk groups of the population and for monitoring the trends. A quality control mechanism through an independent agency will be evolved and adopted in order to have good quality

data. Government is aware of the inadequacy of a comprehensive epidemiological data on the prevalence of HIV/AIDS in India. This gap in information would soon be filled through a proper sentinel survey mechanism covering both the high risk groups and general population. Special surveys, indicator survey and study of the risk behavior of targeted groups will be undertaken for specified information on the prevalence of HIV/AIDS in the community.

Control of Sexually Transmitted Diseases (STDs):

The large prevalence of STDs in Indian population is cause for concern as presence of STDs, specially with ulcer or discharge, facilitates transmission of HIV infection. The risk of transmission is 8 to 10 times higher in case of persons with STDs compared with others. As

The risk behavior of persons with STDs and HIV is the same, Govt of India attaches top priority to the prevention and control of STDs as a strategy for controlling the spread of HIV/AIDS in the country.

The following approach will be adopted by the Government for STD Control:-

- i. Management of STDs through syndromic approach would be incorporated into the general health services. Once the STD case management is integrated in peripheral health system, unnecessary referral could be avoided leaving the specialized services free for management of complicated cases and operational research and supervision of sites where STD patients are treated.
- ii. STD among women though highly prevalent, is suppressed because of the social stigma attached to the diseases. It has therefore been decided to incorporate services for treatment of reproductive tract infections (RTIs) and sexual transmitted diseases (STIs) at all levels. Department of family welfare and the NACO would coordinate for an effective implementation of such integration. STD clinics at district/block/ FRU level would function as referral centers for treatment of STDs referred from peripheries. STD clinics in all district hospitals, medical colleges and other centers would be strengthened by providing technical equipment, reagents and drugs. A massive orientation training programme would be undertaken to train all the medical and paramedical workers engaged in providing STI/RTI services through a syndromes approach. All STD clinics would also provide counseling service and good quality condoms to the STD patients. Service of NGOs would be utilized for providing such counseling services at the STD clinics.

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Use of condoms as a HIV/AIDS Prevention Measure.

In the absence of proper sure of prevention by vaccination, the only effective physical barrier against transmission of HIV is the use of condoms. Condoms have been advocated earlier as a safe method of population control under the family welfare programme. Use of condoms now assumes special significance in the AIDS-related scenario, as it is the only effective method of prevention of HIV/AIDS through the sexual route apart from total abstinence. Government feels that there should be no moral, ethical or religious inhibition towards propagating the use of condoms amongst sexually active people specially those who practice high-risk behaviors.

The government has adopted a conscious policy of use of condoms through the social marketing and community –based distribution system. It has been observed that the social marketing strategy has helped in increasing use of condoms in the country at large. There is greater need to ensure availability of condoms at places and times where they are needed. Hospitals, STD clinics, counseling centers, nursing homes and even private clinics of medical practitioners should have adequate supply of condoms for use of the patients. General availability of condoms in the community drug stores, important road and railway junctions, public places, luxury hotels, etc. should also be ensured for use among sexually active people. This will help in achieving the twin purpose of control and prevention of HIV and as a useful tool for promoting the small family norm. Government would promote development of culturally acceptable information packages about the efficacy of condoms too achieve both these objectives.

While ensuring availability of condoms, it is equally necessary to see that the quality and reliability is also guaranteed. Schedule R of drugs and cosmetic act has been amended recently to include condoms for ensuring adequate quality control in their manufacture and distribution. There are adequate numbers of manufacturers both in the public and private sectors in the.

Policy on blood safety

Till recently about 6-8 per cent of HIV infections occurred through transfusion of blood and blood products in the country. To minimize the risk of transmission of HIV through blood, government has taken a series of measures.

- i. Testing of all blood units used in the blood bank for HIV, Hepatitis B, Malaria and Syphilis has been made mandatory.
- ii. Under the Supreme Court's directive, a proper licensing system has been introduced for licensing of all blood banks and stopping operation of all unlicensed ones.
- iii. Government has undertaken large scale mobilization efforts to increase voluntary blood donation through involvement of governmental and non-governmental agencies. Simultaneously the system of collection of blood through professional blood donors will be phased out by December 1997 under the Supreme Court order.
- iv. Government would ensure establishment of adequate blood banking services at the state/District levels including provision of trained manpower.
- v. To ensure rational use of blood, more and more blood component separation facilities would be established in the country for availability of blood products instead of whole blood.
- vi. Government has set up National and state blood Transfusion Councils to oversee blood transfusion services as independent autonomous bodies. The facility of tax exemption for contributions to these Councils has also been given. These councils will play a very important role in augmenting blood transfusion services in the country and to insure safe blood to the people. To ensure generation of adequate medical and paramedical personnel specialised in blood banks, states are required to open separate Departments of Hematology and transfusion Medicine in the Medical colleges. With the modernization of blood bank services, it is expected that the demand for blood will be fully met through the small but more modernized and efficient network of blood banks in the public, private and voluntary sectors thus minimizing the risk of HIV transmission through blood.

Country to take care of the increased demand for condoms among sexually active people.

RESEARCH AND DEVELOPMENT

The research and development efforts in the field of HIV/AIDS have been very limited in the country. With the possibility of a vaccine emerging by the turn of the century. Government recognizes the need to encourage and support research and development in the following areas.

- i. the government will look out for collaborative research with scientific groups in developed countries for development of vaccines suitable for the strains of HIV virus prevalent in India. It is also necessary

to develop protocols for vaccine trials in the country. At present R&D in HIVB vaccine is regarded as an expensive proposition but because of the enormity of the problem involved, the is worth the investment.

- ii. Development of anti-retroviral drugs in USA and other developed countries has also given hope to the large number of HIV- infected persons for greater longevity and a possible cure for the disease. However, these drugs are extremely expensive even by the standard of the development world. The government is at present following a policy of allowing these drugs to be imported freely into county to ensure their free availability to those who can afford. Efforts will be made to indigenise manufacture of these drugs by encouraging the private sector drug industry to get into collaborative arrangements. The efficacy of anti-retroviral like AZT in prevention of preinstall transmission from mother to the child has also raised the hope of saving children from getting the infection from their mothers. However, pilot studies have to be conducted on the use of these drugs on expectant mothers before they can be officially introduced for treatment at the pre-natal stage. Government will be sponsoring pilot studies on the efficacy of anti-retroviral for clinical trials among persons including pregnant women.

Government would also encourage indigenisation of the HIV-related equipment like testkits which will help in reducing the cost of service to a considerable extent.

Conclusion

Just as the HIV infection is transcending the boundaries of high risk population and spreading into the general populace, prevention and care programmes have also reached a critical phase. Govt. of India is fully committed to prevent the HIV/AIDS epidemic at the initial state itself before it emerges into a catastrophic epidemic. Instead of a simple public health measure, the government looks at HIV/AIDS prevention and control programme as a socio-economic issue touching all sections of the population irrespective of their regional, economic or social status.

A concerted effort will be made to expand the national programme though larger ownership, participation and involvement both at the government and societal level. Govt. of India reiterates its firm resolves to confront the key issues by committing adequate financial and other resources for this important national programme. By following a concerted policy and an action programme that emerges out of it, the government hopes to control the epidemic and arrest its spread within the next five years. Government hopes that all participating agencies whether in the government or non- government sectors, international and bilateral agencies, would adopt policies and programmes in conformity with this national policy in their to prevent and control HIV/AIDS in India.
