



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

INDIA

With a population of over one billion, and more than 4.5 million people infected with HIV/AIDS, the HIV epidemic in India will have a major impact on the overall spread of HIV in Asia, the Pacific, and around the world. India is second only to South Africa in terms of the overall number of people living with the disease. Although the overall average adult prevalence rate is 0.8 percent, there are considerably

higher prevalence rates in some geographic areas around trucking routes, the brothel-based commercial sex industry, and in vulnerable populations. Transmission of HIV within and from these groups drives the epidemic, but the infection is spreading to the general community. The epidemic is shifting toward women and young people, with about 25 percent of all HIV infections occurring in women.

HIV/AIDS is present throughout the country, although there is substantial variation in prevalence across India's 32 states. Four large states have HIV prevalence rates greater than 1 percent in pregnant women (a proxy for prevalence in the general population) and greater than 5 percent in vulnerable groups: Maharashtra (with a population of 98 million), Andhra Pradesh (76 million population), Tamil Nadu (62 million), and Karnataka (52 million). The other most significantly affected areas are two smaller states in the northeast, Manipur and Nagaland, which have high rates of injecting drug use and lie on the trade routes for illegal drugs from Thailand and Burma to India, Bangladesh, Nepal, and countries farther west.

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| Estimated Number of Adults and Children Living with HIV/AIDS (end 2002) | 3.82 – 4.58 million |
| Total Population (end 2001) | 1,025,096,000 |
| Adult HIV Prevalence (end 2002) | 0.8% |
| HIV-1 Seroprevalence in Urban Areas (end 2000) | |
| Population most at risk (prostitutes and clients, patients seeking treatment for a sexually transmitted infection, or other persons with known risk factors) | 4.8% |
| Population least at risk (pregnant women, blood donors, or other persons with no known risk factors) | 0.1% |

Sources: UNAIDS, U.S. Census Bureau



Map of India: PCL Map Collection, University of Texas

Vulnerable populations with high prevalence rates include commercial sex workers (male and female) and their clients; truck drivers; men who have sex with men; and injecting drug users. Surveillance data indicate that in some regions the epidemic is moving beyond these groups into the general population. Prevalence of HIV/AIDS is increasing in rural areas, as male migrant workers, who acquire the infection in high-prevalence urban areas, move back home.

One factor with potential to aggravate the spread of HIV is the widespread lack of awareness about HIV/AIDS in general and about how HIV is transmitted. Surveys show wide variation across states, but overall, the awareness of AIDS is very low; 60 percent of women in India have never heard of AIDS. More

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than 90 percent of people in India living with HIV/AIDS do not know they are infected. Gender inequalities and stigmatization of HIV-positive individuals are widespread. Open discussion of sexuality and risk of infection is uncommon.

NATIONAL RESPONSE

As early as 1986, the Government of India initiated steps focusing on vulnerable populations with HIV screening and prevention efforts. In 1992, India established the National AIDS Control Organization (NACO) as part of the first National AIDS Control Program. The NACO provides national leadership on HIV/AIDS issues and works with state and district AIDS societies, which have the primary responsibility for developing HIV/AIDS activities at the state and local levels. In 1994, a systematic sentinel surveillance system was established with 55 sentinel sites. The system was expanded to 180 sites in 1998, and to 455 sites by the end of 2003. The system collects data from sexually transmitted disease clinics, antenatal clinics, injecting drug users, and men who have sex with men.

The NACO is now implementing phase II (1992–2004) of its program. The objectives of this phase are twofold: to reduce the spread of HIV infection in India, and to strengthen India's capacity to respond to HIV/AIDS on a long-term basis.

The program has the following specific components:

- Focused interventions for populations at high risk
- Preventive interventions for the general population
- Low-cost, community-based care for people living with HIV/AIDS
- Strengthening of the technical, managerial, and financial impact of national, state, and local HIV/AIDS programs
- Promotion of collaboration among public, private, and voluntary sectors

Through the NACO, the Government of India has developed a sound implementation plan and strong donor coordination. The government provides central leadership but recognizes that state-level action is key to success. Phase II of the plan places greater emphasis on care and support.

USAID SUPPORT

USAID is one of the largest donors to HIV/AIDS prevention and control programs in India, allocating \$13.5 million in 2003, an increase from \$12.2 million in 2002. Historically, USAID/India's primary objective has been to focus on HIV prevention and containment of the epidemic. Because of India's size, USAID has focused not on national activities but on key states with adult prevalence levels greater than 1 percent; specifically, Tamil Nadu and Maharashtra. The goal is to stabilize or even reduce HIV transmission by focusing on behavior change among high-risk populations and curtailing spread of the epidemic to low-risk and rural populations.

USAID support for HIV prevention and control in India began in the state of Tamil Nadu in 1995, with the AIDS Prevention and Control Project (APAC). Initially targeted at truckers, sex workers, and their clients, the project has been expanded to cover additional risk groups, including men who have sex with men and injecting drug users. This past year the project initiated care and support interventions and has expanded geographically to the neighboring state of Pondicherry. In 1999, the APAC program was replicated in Maharashtra, targeting risk behavior in urban and peri-urban environments. In both Tamil Nadu and Maharashtra, USAID provides financial and technical assistance to develop the capacity of nongovernmental organizations to conduct HIV/AIDS activities. USAID has developed a model for public-private sector cooperation that can be replicated in other states.

The major activities of these projects have included raising awareness, behavior change communication, condom promotion, sexually transmitted infection treatment, capacity building, and surveillance. Recent additions include voluntary counseling and testing; development of new models for care and support; and cross-border activities with contiguous states.

In addition to the large state-level projects, USAID provides support through a number of international nongovernmental organizations for a range of activities, including programs aimed at orphans and street children, AIDS in the workplace, prevention activities in and around India's ports, research, and development of new products for diagnosis of HIV and sexually transmitted infections.

The new USAID strategy, approved in December 2003, builds on previous successes and lessons learned, and features the following desired results:

- Increased access to HIV prevention services in selected states
- Increased access to community care and support in selected states
- Improved enabling environment related to HIV/AIDS in selected states

Selected objectives include:

- Limit the transmission of HIV/AIDS among at-risk groups, especially sex workers and their clients, truckers, men who have sex with men, and injecting drug users. Although the focus on Tamil Nadu and Maharashtra will be maintained, there has been expansion to the state of Pondicherry (whose population of nearly one million has close links to Tamil Nadu); expansion to India's twelve largest port communities to target the port community and high-risk groups; and there is support for nongovernmental organization efforts to help children affected by AIDS through programs focusing on street children, orphans, and children of sex workers.
- Integrate HIV/AIDS prevention activities in urban areas into other health services and food aid programs.
- Promote more consistent and correct use of condoms to reduce the risk of transmitting the virus.
- Improve diagnosis and treatment of sexually transmitted infections and expand voluntary counseling and testing services.
- Strengthen the capacity of governmental and nongovernmental organizations to provide prevention, treatment, care, and support services.
- Provide specific technical assistance to the Government of India in its roll out of antiretroviral treatment for HIV-positive people.
- Increase private sector involvement in prevention and care activities.
- Support the development of new models for HIV/AIDS prevention, treatment, care, and support.
- Improve HIV surveillance.
- Enhance the response to tuberculosis and HIV/AIDS detection and treatment.

USAID Efforts Are Showing Results

Survey data show that the frequency of safe-sex behaviors has increased. For example, in Tamil Nadu, condom use among commercial sex workers at the last sex act increased from 56 to 88 percent; truckers' contact with non-regular partners was reduced from 44 percent in 1996 to 27 percent in 2002; condom distribution outlets increased from 19,000 in 1996 to 27,000 in 2002; and HIV prevalence among women seeking antenatal care declined from 1.63 percent in 1999 to 0.88 percent in 2003.

In Maharashtra, the Avert Project has gained momentum and has awarded 45 nongovernmental organization grants for targeted interventions, and care and support. Four research studies are underway: a behavior surveillance survey; mapping of high risk groups; a study to determine the effectiveness of health services providers; and a facility survey of voluntary counseling and testing services. A statewide condom promotion and communication strategy has been developed.

Results of other programs through Family Health International show progress. Children Affected by AIDS projects have grown from six to 20. Other projects in place include support for programs for injecting drug users and men who have sex with men; and projects with people living with HIV/AIDS. Two national collaborative projects have been developed with NACO on migration and injecting drug use in the northeastern states. A needs and opportunity assessment was completed to implement an expanded comprehensive response in a district in Tamil Nadu. A life-skills toolkit for children affected by AIDS, protocols for counseling and HIV testing, and behavior change communication strategies for the Children Affected by AIDS projects have also been developed.

The interventions at ports through Populations Services International have shown remarkable progress: an additional ten voluntary counseling and testing centers in different port cities have opened; and HIV/AIDS telephone help lines were established in Mumbai and Vizag. Condoms are now available in 8,000 additional retail outlets. An HIV/AIDS workplace policy for ports has been drafted and is awaiting approval by the Government of India. A remarkably popular mass media campaign implemented in Mumbai is now being replicated in Tamil Nadu and Andhra Pradesh.

FOR MORE INFORMATION

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USAID HIV/AIDS Website, India:
http://www.usaid.gov/our_work/global_health/aids/Countries/ane/india.html

*Prepared for USAID by TvT Global Health and Development Strategies/Social & Scientific Systems, Inc.,
under The Synergy Project*

For more information, see http://www.usaid.gov/our_work/global_health/aids or <http://www.synergyaids.com>.

December 2003

