

HIV/AIDS in India and USAID Involvement

Although prevalence is less than 1 percent nationwide, India is home to the world's second largest number of people living with HIV/AIDS, at approximately 3.7 million adults. With a population of more than 1 billion, even a relatively low prevalence of HIV infection in India translates into staggering numbers.

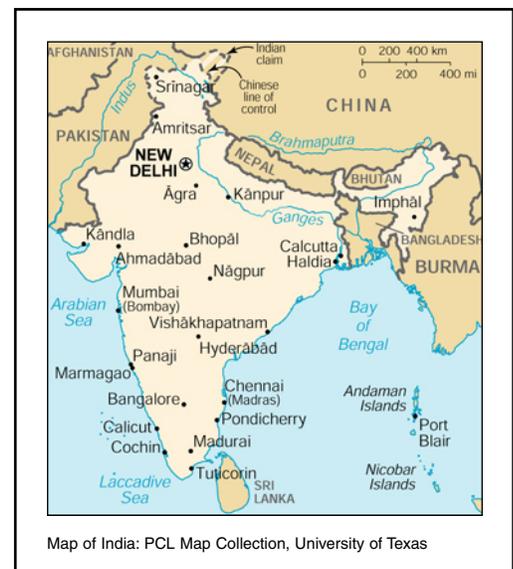
- At the end of 2000, the Joint United National Programme on HIV/AIDS (UNAIDS) reported that 3.9 million adults — or 0.7 percent of the adult population — were living with HIV/AIDS in India.
- As of September 30, 2001, 28,215 AIDS cases had been reported to India's National AIDS Control Organization (NACO). Health officials concede that this number represents only a fraction of AIDS morbidity in India.

The first case of AIDS in India was detected in 1986. Since then, HIV/AIDS has been reported throughout the country. The Indian epidemic varies from state to state, with the highest HIV prevalence reported in Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur, and Nagaland. Although HIV/AIDS is largely concentrated in groups at high risk of infection, including sex workers and injecting drug users, surveillance data indicate that the epidemic is moving beyond these groups to the general population. As prevalence increases among women and young people, corresponding increases in mother-to-child transmission of HIV and cases of pediatric HIV/AIDS have been reported.

Factors contributing to the spread of HIV/AIDS include widespread labor migration, low literacy levels leading to low awareness of HIV/AIDS, gender disparities, and a high prevalence of sexually transmitted infections (STIs) and reproductive tract infections.

NACO surveillance data illustrate the latest trends in India's HIV epidemic:

- Data from various sentinel sites in Maharashtra show that over the years, HIV has increased sharply among sex workers, has rapidly progressed among STI clinic attendees, and has spread into the general population.
- Rapid spread of HIV among injecting drug users has been reported in Manipur, with prevalence levels reaching more than 70 percent.
- Surveillance data from antenatal clinics point to an increase in HIV infection in the general population. Prevalence among women visiting antenatal clinics is more than 2 percent in Mumbai; more than 1 percent in Hyderabad, Bangalore, and Chennai. Data show an



increase in prevalence among pregnant women in Calcutta, Ahmedabad, and Delhi.

- The epidemic is spreading beyond the major cities; prevalence is also on the rise in rural areas.

According to NACO, epidemiological analysis of reported AIDS cases as of March 2001 indicates that:

- 88 percent of AIDS cases occur among those ages 15-44.
- 83.9 percent of reported cases were transmitted sexually, followed by 3.6 percent through injecting drug use, 3.5 percent through blood and blood products, and 2 percent from mother to child. An additional 7 percent of cases had no reported modes of transmission.
- The male-to-female ratio among AIDS cases is 3:1 in adults. Males account for 74.7 percent of AIDS cases, and females account for 23.3 percent.
- Tuberculosis (TB) is the primary opportunistic infection among people living with HIV/AIDS, which could lead to a dual epidemic of TB and HIV in the future.

NATIONAL RESPONSE

When the first reported cases of HIV/AIDS were detected in 1986, the government of India initiated steps to target populations at high risk of infection for screening and prevention efforts. In 1992, the government established NACO to combat the esca-

lating epidemic more effectively. NACO has provided national leadership and has facilitated the development of state AIDS societies to direct activities at the state level. Knowledge about HIV/AIDS, especially in urban areas, has increased, though only 40 percent of married women in India have ever heard of AIDS. NACO recently developed the next phase of its National AIDS Control Program (NACP) with financial assistance from the World Bank. The objectives of this phase are:

- Reduce the spread of HIV infection in populations at high risk of infection;
- Reduce the spread of HIV in the general population;
- Strengthen the impact and sustainability of national, state, and local HIV/AIDS programs;
- Build capacity for provision of low-cost, community-based care; and
- Promote intersectoral links to combat HIV/AIDS.

USAID SUPPORT

The **U.S. Agency for International Development (USAID)** is one of the lead HIV/AIDS donors in India, and is a member of the donor coordination committee established by the government. In FY 2001, USAID allocated \$7 million for HIV/AIDS prevention and care activities in India, and an additional \$1 million for programs to assist orphans and vulnerable children.

Key Population, Health, and Socioeconomic Indicators		
Population	1.01 billion	U.S. Census Bureau 2000*
Growth Rate	1.6	U.S. Census Bureau 2000*
Life Expectancy	Males: 62 Females: 63	U.S. Census Bureau 2000*
Total Fertility Rate	3.1	U.S. Census Bureau 2000*
Infant Mortality Rate	65 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Rate	440 per 100,000 live births	World Bank 1997
GNP per capita (US\$)	\$440	World Bank 1999
Govt. health expenditure as % GDP	0.7%	World Bank 1997
Adult Literacy (% of people 15 and above)	Males: 68% Females: 44%	World Bank 1999

*From U.S. Census Bureau 2000 HIV/AIDS country profiles, which include data from U.S. Census Bureau, UNAIDS, Population Reference Bureau and the World Health Organization.

USAID HIV/AIDS prevention and awareness activities focus on the states with the largest number of HIV-infected individuals — Tamil Nadu and Maharashtra — and address prevention in groups at high risk of infection; care and support of children affected by HIV/AIDS; and prevention of AIDS in the workplace. USAID plans to expand HIV prevention programs to rural areas, and to increase support for social marketing of condoms. In addition, HIV/AIDS programs are being extended to Pondicherry and, as resources permit, to Goa.

- **Tamil Nadu:** USAID initiated HIV/AIDS activities in India in 1992 with the development of the AIDS Prevention and Control (APAC) activity in Tamil Nadu. The 10-year APAC activity targets transmission in groups at high risk of infection by: 1) using proven strategies of behavior change; 2) increasing access to, and utilization of, high-quality condoms; and 3) expanding access to, and utilization of, quality treatment for STIs. The project was recently extended for 5 years. **Family Health International/IMPACT, Program for Appropriate Technologies for Health (PATH), the Centers for Disease Control and Prevention (CDC), the International Clinical Epidemiology Network,** and other medical and research institutions work in collaboration with the APAC activity.
- **Maharashtra:** In FY 1999, USAID expanded its program to include funding for comprehensive prevention and care programs in Maharashtra, where antenatal HIV prevalence approaches 2 percent. The 7-year, \$41.5 million AVERT activity will strengthen the capacity of the state government and NGOs to respond to the epidemic, with particular emphasis on addressing issues affecting women and children.
- USAID currently funds six programs for children affected by HIV/AIDS, providing assistance to NGOs to establish shelters; education and health awareness programs; counseling; medical care; and advocacy initiatives. This network of NGOs is expected to double in 2002.

- Additional USAID HIV/AIDS activities include: collaboration with private-sector manufacturers to improve both the distribution and quality of condoms; grants to medical colleges and institutions to improve HIV/AIDS and STI training for health care providers; and epidemiological, clinical, and behavioral research.

OTHER SUPPORT

Although the World Bank is the major donor to India's NACP, UNAIDS and other UN agencies also work at the national level. In addition to USAID's programs, other bilateral agencies are carrying out state-based activities. For example, the U.K. Department for International Development (DFID) is implementing HIV/AIDS prevention programs in Andhra Pradesh, West Bengal, Kerala, Gujarat, and Orissa, and the Canadian International Development Agency (CIDA) is carrying out programs in Rajasthan and Karnataka. All donor programs are carefully coordinated under the leadership of NACO.

CHALLENGES

According to the government of India, the nation faces the following challenges in confronting its HIV/AIDS epidemic:

- Improving the State AIDS Control Society's capacity for program management;
- Enhancing the role of NGOs in providing HIV/AIDS services to marginalized populations;
- Encouraging voluntary HIV counseling and testing;
- Promoting community mobilization for HIV/AIDS prevention in the general population;
- Preventing and treating opportunistic infections, such as TB;
- Improving HIV/AIDS surveillance and data collection; and
- Improving access to management of STIs.

SELECTED LINKS AND CONTACTS

1. National AIDS Prevention and Control Organization (NACO), J.V.R. Prasada Rao, Project Director; Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi 110 001, India. Tel: (91) 11 301 7706, Fax: (91) 11 379 3320, E-mail: nacodel@del2.vsnl.net.in. Website: <http://www.naco.nic.in>
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