



2008 Country Profile: India

National HIV prevalence rate among adults (ages 15 to 49): 0.36 percent¹
Adults and children (ages 0-49) living with HIV in 2006: 2,500,000¹
AIDS deaths (adults and children) in 2005: 270,000-680,000²
AIDS orphans at the end of 2005: not available²

Under PEPFAR, India received nearly \$20.8 million in Fiscal Year (FY) 2004, more than \$26.6 million in FY 2005, and approximately \$29.3 million in FY 2006 to support an integrated HIV/AIDS prevention, treatment and care program. PEPFAR is providing \$29.9 million in FY 2007.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed “donor-recipient” mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

Partnership to Fight HIV/AIDS

Through the Emergency Plan, the U.S. Government (USG) and its partners are working in partnership with the Government of India to support the third National AIDS Control Plan (2006-2011).

The USG's strategic priorities are:

- To support the efforts of the Indian National HIV/AIDS Control Program to achieve its key HIV prevention, treatment, care, capacity building, and monitoring and evaluation objectives;
- To work with other partners and leverage resources to bring programs to scale;
- To continue to implement prevention programs for most-at-risk populations;
- To promote a sustainable network model that integrates prevention, treatment, care and support services in the public and private sectors;
- To support the efforts of the Government of India to build capacity for policy and program development at the national and state level;
- To build indigenous capacity for program management and implementation; and
- To implement programs within the framework of the “Three Ones,” which calls for one agreed upon AIDS action framework, one national AIDS coordinating authority, and one national monitoring and evaluation system.

Emergency Plan Results in India	
# of individuals receiving antiretroviral treatment in fiscal year 2007	6,100
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services in fiscal year 2007	115,600
# of pregnant women receiving antiretroviral prophylaxis for PMTCT in fiscal year 2007	300
# of counseling and testing encounters (in settings other than PMTCT) in fiscal year 2007	241,800
<p>Note: All USG bilateral HIV/AIDS programs are developed and implemented within the context of multi-sectoral national HIV/AIDS strategies, under the host country's national authority. Programming is designed to reflect the comparative advantage of the USG within the national strategy, and it also leverages other resources, including both other international partner and private-sector resources. The numbers reported reflect USG programs that provide direct support at the point of service delivery. Individuals receiving services as a result of the USG's contribution to systems strengthening beyond those counted as receiving direct USG support are not included in this total. Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.</p>	

HIV/AIDS in India

Approximately 2.5 million people were living with HIV/AIDS in India in 2006, with the overall adult prevalence rate estimated at 0.36 percent.¹ The epidemic in India is considered to be a concentrated epidemic, with an estimated 1.63 million infections among high-risk groups.³ There is substantial variation in HIV prevalence among and even within states. Sexual transmission accounts for the vast majority of HIV infections in India. Prostitution is a driving factor of the epidemic. In the North East and increasingly in cities, injecting drug use is also fueling the epidemic.

¹ UNAIDS, AIDS Epidemic Update, 2007.

² UNAIDS, Report on the Global AIDS Epidemic, 2006.

³ Indian National AIDS Control Organization, *Sentinel Surveillance Report*, 2003.



The Emergency Plan at Work in India

Challenges to Emergency Plan Implementation

Meeting the demand for high quality HIV/AIDS services for a population of over one billion is a major challenge. It is particularly difficult to reach the most-at-risk groups within this large population. HIV-related stigma remains strong in India, contributing to denial about the epidemic and deterring access to HIV/AIDS services. Stigma is compounded by the association of HIV/AIDS with socially unacceptable or illegal behaviors among marginalized populations. Additional efforts to educate Indians about HIV/AIDS are needed to combat the stigma that hinders efforts to fight the epidemic.

Providing Support and Care through Community Outreach

The Emergency Plan assists efforts to pioneer a new comprehensive care model, through which people living with HIV/AIDS and their families are provided with improved health care, prevention services, and psychosocial and economic support. Since the project began in 2001, it has registered 6,028 people living with HIV/AIDS, of whom 513 are children, with the goal of improving the quality of life for these individuals and their families. Reaching into the community, the project has established and trained a cadre of community members, many of whom are HIV-positive themselves, to serve as “peer” community health workers. Community health workers provide critical information on counseling, treatment of opportunistic infections, and antiretroviral treatment. This program highlights the important role that trained community health workers play in HIV prevention and care for people living with HIV/AIDS.



A community health worker provides home-based care to a client.



Indian truck drivers learn about HIV prevention at social centers.

Social Hubs Help Teach About AIDS

Every day, 6,000 long-distance truckers and their assistants travel along India’s Chennai-Bangalore highway, often stopping for up to two weeks along the way to wait for their next assignments. Separated from their families for long periods of time, these drivers are considered a population at risk for HIV infection. With support from the Emergency Plan, the U.S. Government is working in partnership with the Government of India to design social hubs that attract truck drivers and educate them about HIV prevention. The Chennai-Bangalore highway has four social centers where peer educators — including mechanics, telephone operators, bicycle repairmen and tea-shop owners — share information about HIV prevention between socializing and games of carom. Each driver leaves the drop-in center with a handy kit to hold the paperwork required for highway inspections. The kit is lined with illustrations and information on HIV/AIDS prevention.

Innovative Workplace Program Carries HIV Prevention Messages

Reaching Mumbai office workers with HIV/AIDS prevention messages in their lunchboxes is just one element of an innovative workplace program supported by the Emergency Plan. On World AIDS Day 2005, the project delivered lunches containing information about HIV/AIDS to approximately 200,000 offices. The lunches, known as “dabbas,” were delivered by about 5,000 “Dabbawalas,” who make daily deliveries throughout Mumbai through an efficient delivery system. The Emergency Plan supported efforts of the Dabbawala association to include in the lunches creatively designed materials and coasters bearing messages reflecting the World AIDS Day theme, “Stop AIDS, Keep the Promise.” In addition to these World AIDS Day activities, the program works throughout the year to reach out to corporations to address HIV/AIDS in the workplace.



This sticker was distributed in lunches on World AIDS Day 2005.