

Global AIDS Technical Assistance Program—Country Profile

INDIA

HIV/AIDS IN INDIA

India has the second largest population in the world and is the world's largest democracy. The country has a growing economy, yet 25%¹ of the population lives below the national poverty line. There is a sizeable amount of poverty-related mobility, including rural to urban, across states within India and across countries in the region. The country remains predominantly rural (72%)², but is becoming increasingly urban. This trend has increased the number of urban poor, resulting in large slum populations. HIV was first documented in India in 1986. Today, India has the largest number of people living with HIV outside South Africa with an estimated 5.1 million cases.³ Nevertheless, knowledge about the virus and its transmission is still scant and incomplete, and there is concern that many men who have sex with men may be infecting women with whom they also have sex.⁴ The adult population prevalence rate of approximately 0.9%⁵ is deceiving if you take into account the country's large population of 1.1 billion people. Moreover, HIV infection rates vary substantially between and within the 29 states and 6 Union Territories of India.

By the end of 2003, the National AIDS Control Organization of India (NACO) reported 61,201 cases of AIDS, a large proportion of which is found in six high prevalence states (Maharashtra, Tamil Nadu, Manipur, Andhra Pradesh, Karnataka, and Nagaland). NACO also reports that the predominant mode of transmission of infection is through heterosexual contact (85.7%), followed by perinatal transmission (2.7%), blood transfusion and blood product infusion (2.6%), and injecting drug use (2.2%). Almost 90% of the reported cases were in people 15–45 years of age. One in four cases is female.⁶

In order to effectively plan for the prevention and control of HIV/AIDS in India, the Ministry of Health and Family Welfare established the National AIDS Committee in 1986, under the leadership of the Union Ministry of Health and Family Welfare with representatives from various sectors. The committee was formed to bring together

various ministries, non-government organizations, and private institutions for effective coordination in implementing the country's National AIDS Control Program (NACP), launched in 1987. The committee acts as the highest-level deliberation body to oversee the performance of the NACP and to provide overall policy direction, and to forge multisectoral collaboration. NACO is the implementing arm of the NACP office, overseeing implementation of the activities of State AIDS Control Societies (SACS) in the 35 jurisdictions in the country. NACO's priorities are targeted interventions; blood safety; information, education, communication, and prevention among youth; voluntary counseling and testing; STD diagnosis and treatment; low cost care; multisectoral collaboration; social mobilization; and advocacy.

The U.S. Health and Human Services Centers for Disease Control and Prevention Global AIDS Program India field office (HHS/CDC-India) supports the efforts of NACO in the implementation of quality HIV/AIDS care and prevention activities. HHS/CDC-India focuses their technical support in the following areas: 1) HIV prevention, 2) HIV/AIDS care and treatment, 3) surveillance, and 4) infrastructure development.

NASTAD'S ROLE

The National Alliance of State and Territorial AIDS Directors (NASTAD), is a national non-profit association of U.S. state health department HIV/AIDS directors based in Washington, D.C. Its membership of U.S. AIDS directors and their program staff bring over 20 years of experience in developing, implementing, and evaluating HIV prevention and care programs. Under a cooperative agreement with the HHS/CDC Global AIDS Program, NASTAD has undertaken a role in linking state HIV/AIDS programs in the U.S. to HIV/AIDS programs around the world. As part of a strengthened, unified U.S. government response to the HIV/AIDS pandemic, NASTAD provides evidence-based HIV/AIDS program planning technical assistance to in-country partners. Evidence-based planning allows programs to use limited

resources in a strategic manner by compiling, understanding, and applying lessons learned from data. In India, NASTAD's work facilitates the use of surveillance data to make programmatic decisions about HIV prevention, care, and treatment activities, primarily in the state of Andhra Pradesh.

ACTIVITIES

NASTAD has collaborated with HHS/CDC-India, NACO, and the State AIDS Control Societies (SACS) of Andhra Pradesh (AP), Bihar and Madhya Pradesh since April 2001 by providing technical support in evidence-based planning, home/community based care activities, and surveillance. The NASTAD India program activities to date have included the following:

- As a pilot, developed an HIV/AIDS epidemiologic profile⁷ in the district of Visakhapatnam, AP in coordination with the Andhra Medical College (AMC), District Leprosy Office (DLO), King George Hospital Blood Bank, and Green Vision. Data for the period of April 2002 to December 2003 was collected from a variety of sources and analyzed to describe the magnitude and characteristics of the HIV/AIDS epidemic in Visakhapatnam. The purpose of the profile is to assist AP SACS to prioritize prevention and care needs for program planning in the district. This process included placing an on-the-ground consultant for three months in Visakhapatnam from July through September 2003 to develop the preliminary profile. Products from this TA activity include the HIV/AIDS profile for Visakhapatnam, a document that outlines the process for developing epidemiologic profiles, and a "marketing" presentation and report of the profile to use with lay audiences⁸.
- Hosted a delegation from NACO to visit the Pennsylvania Department of Health. The delegation was introduced to the state's media campaign, counseling and testing system and the Ryan White consortium for service delivery. (Summer 2003)
- Hosted a delegation from the Manipur Network of Positive People, to attend Washington State's CAREvent and site visits to three different programs for harm reduction activities, emotional support, and job training for PLWHAs. (Spring 2002)
- Hosted a delegation from AP, Madhya Pradesh, and Bihar to participate in the NASTAD Annual

Meeting to gain lessons learned in HIV prevention and care programs and to see a national AIDS director network in action. The delegation visited Maryland's Department of Health and Mental Hygiene and Hawaii's Department of Health STD/AIDS Prevention Branch to learn from their current activities in HIV prevention and care services. (Spring 2002)

- Hosted a delegation from the AP SACS and the Indian Network for People Living with HIV/AIDS, along with delegates from Ethiopia and Nigeria, to participate in the NASTAD Annual Meeting and a study tour to the Maryland and Delaware Departments of Health. (Spring 2001)

NEXT STEPS

NASTAD will continue to reinforce the efforts of the AP SACS in utilizing data to make programmatic decisions and expand the epidemiologic profile development and application to other districts in Andhra Pradesh.

NASTAD

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¹ CIA. *World Factbook 2004*

<http://www.cia.gov/cia/publications/factbook/index.html>

² Population Reference Bureau. *DataFinder*

<http://www.prb.org/datafind/datafinder.htm>

³ UNAIDS. *2004 Report on the Global HIV/AIDS Epidemic: 4th global report*. English original, June 2004

⁴ *Ibid*

⁵ UNAIDS. Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections - India. http://www.who.int/GlobalAtlas/PDFFactory/HIV/EFS_PDFs/EFS2004_IN.pdf

⁶ *Ibid*

⁷ An HIV/AIDS epidemiologic profile is a document that describes the HIV/AIDS epidemic by identifying characteristics of defined populations infected with HIV and those not infected with HIV in a geographic area, as well as indicators of HIV infection risk. An epidemiologic profile is created using existing data to describe the sociodemographic, geographic, behavioral, and clinical characteristics of populations.

⁸ These documents can be accessed from the NASTAD website: http://www.nastad.org/pro_gap.asp?menu=pro