

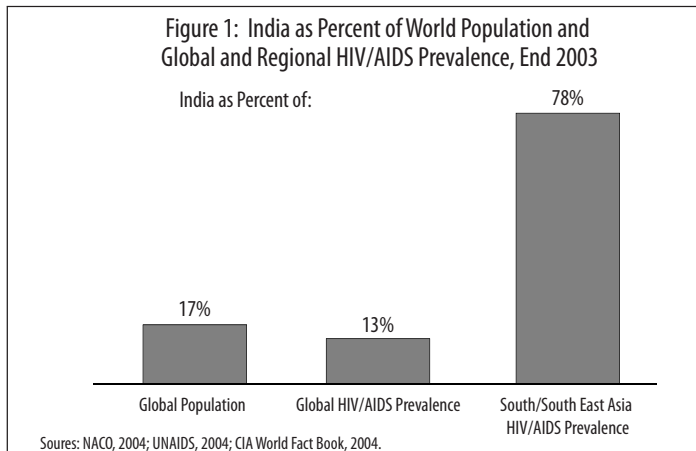
HIV/AIDS in India

May 2005

With more than 5 million people estimated to be living with HIV/AIDS, India's HIV/AIDS prevalence is second in the world only to South Africa, and there are signs that the epidemic may be spreading.^{1,2} India is considered to be a "next wave" country; that is, it stands at a critical point in its epidemic, with HIV poised to spread quickly, but where large-scale prevention and other interventions today can help to avert a major epidemic in the future.³ As the second most populous nation in the world⁴, even a small increase in India's HIV/AIDS prevalence rate will represent a significant component of the world's HIV/AIDS burden.

Background^{5,6,7,8}

- The first case of HIV disease was reported in India in 1986.
- Later that year, the Government of India established a National AIDS Control Committee under the Ministry of Health and Family Welfare to formulate a strategy for responding to HIV/AIDS in the country; it launched a National AIDS Control Programme in 1987.
- India's National AIDS Control Organization (NACO), established in 1992 by the Ministry with major support from the World Bank, is the implementing entity of the National AIDS Programme. Phase I of the Programme spanned 1992-1999. Phase II will span 1999-2006.
- NACO has facilitated the development of 38 State AIDS Control Societies (SACS), which operate in all states and Union Territories and in three cities.
- The Indian Government reports that it will provide 196 Crore (about \$45 million) to Phase II of the National AIDS Programme, which is also supported by other donors.



Current National Estimates

NACO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other international experts develop estimates of HIV prevalence (*people living with the disease*) and incidence (*new HIV infections*) in India:

- As of the end of 2003, there were an estimated 5.1 million people living with HIV/AIDS in India.²
- HIV/AIDS prevalence among adults⁹ in India is still relatively low, at just below 1%.² Because of India's large population size, a small increase in prevalence represents a large number of people. Once a country's prevalence is greater than 1%, it is considered to have a "generalized epidemic" and HIV may spread rapidly.

- HIV/AIDS prevalence in India represents approximately 78% of HIV/AIDS prevalence in the South/South East Asian region, and 13% of global prevalence.² By comparison, India represents 17% of the world's population⁴ (see Figure 1).
- Six Indian states are considered to have high HIV/AIDS prevalence (>1%) – Manipur, Nagaland, Andhra Pradesh, Tamil Nadu, Karnataka and Maharashtra – as are 49 districts within states.⁸
- Most HIV infections in India are due to sexual transmission (84-86%). In the North East, however, injection drug use is the main mode of transmission.^{6,7}
- Women account for 38% of India's estimated adult⁹ HIV/AIDS prevalence; HIV prevalence has been increasing among pregnant women in many regions within the country.¹
- Among young people, ages 15-24, the estimated number of young women living with HIV/AIDS was almost twice that of young men.¹⁰
- Tuberculosis (TB) plays a role in fueling India's HIV epidemic. NACO reports that TB is the most common opportunistic infection among people living with HIV.⁸

Key Trends

- NACO estimates that HIV/AIDS prevalence increased by 46% since 1998, including an increase of 11% in the most recent period (2002-2003) (see Figure 2). This recent increase was not as sharp as the increase between 2001 and 2002 (15%), which NACO believes indicates no significant upsurge in new infections.⁷ However, data on new infections are not currently available. One way to approximate the number of new HIV infections in India is to apply India's share of the global total of people estimated to be living with HIV/AIDS (13%) to the global total of estimated new HIV infections (5 million), yielding an estimate that more than 600,000 Indians were newly infected with HIV last year.^{1,2}
- India's share of people living with HIV/AIDS has grown as a proportion of global HIV/AIDS prevalence, rising from 11% at the end of 2001 to 13% at the end 2003. Similarly, India's prevalence as a proportion of South/South East Asian prevalence rose from 67% to 78% over this period.²
- NACO also collects AIDS case surveillance data from SACS^{7,8} but these data only provide a snapshot of the epidemic, given the delay in progression from HIV infection to an AIDS diagnosis and the large number of people living with HIV who do not know their status. This is the case in every country, including the United States.

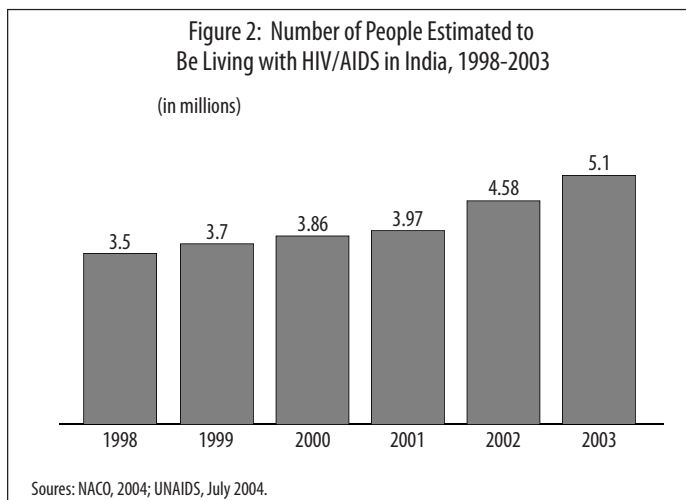
Projections

Several different projections have been developed to model the potential impact of the epidemic in India over time, including:

- *U.S. National Intelligence Council (NIC)*: A 2002 report by the NIC projected that by 2010, India could have 20 to 25 million people living with HIV/AIDS, the highest number of any country in the world.¹¹
- *Eberstadt*: Researcher Nicholas Eberstadt of the American Enterprise Institute modeled several scenarios to project the epidemic's impact between 2000-2025. For example, he projects that life expectancy in India in 2025 could fall by 3-13 years, depending on epidemic severity.¹²
- *World Health Organization (WHO)*: The WHO estimated that HIV/AIDS caused 2% of all deaths and 6% of deaths due to infectious diseases in India in 1998. If current HIV/AIDS trends

continue, by 2033, HIV could account for 17% of all deaths and 40% of deaths from infectious disease.¹³ The United Nations recently estimated that life expectancy gains in India are expected to be lower than they otherwise would be due to HIV/AIDS.¹⁴

- **World Bank:** A recent World Bank report examined alternate scenarios for expanding antiretroviral therapy in India, concluding that such an expansion is cost effective. However, without strengthened prevention efforts, the epidemic will not substantially slow.¹³



HIV/AIDS Services/Activities

- **Support Groups and Networks:** As of 2003, there were 51 community care centers run by non governmental organizations (NGOs) in India. NACO supports 17 networks of people living with HIV/AIDS.⁷
- **HIV Counseling and Testing:** There were 709 voluntary counseling and testing (VCT) centers in India as of June 2004, 628 of which are supported by NACO through SACS. NACO and WHO established 3 model VCT sites in Chennai, Imphal and Mumbai.⁷
- **Antiretroviral Therapy (ART):** In 2003, the Indian Government announced its intention to provide free ART at government hospitals to people living with HIV/AIDS in the six high prevalence states and in the city of Delhi, beginning in April 2004. The WHO is procuring ARVs for the treatment roll-out. Eight government hospitals were selected for the initial launch (expected to increase to 25 in 2005).⁷ As of December 2004, an estimated 28,000 people were receiving ARV therapy, including 2,841 people receiving treatment through the public sector. This represents 4% of the estimated 770,000 adults in need of ART in India.¹⁵
- **Public Education Initiatives:** The Heroes Project, a national initiative co-chaired by Richard Gere and Parmeshwar Godrej in partnership with the Kaiser Family Foundation and supported by a grant from the Bill & Melinda Gates Foundation's Avahan Initiative, works with a cross-section of Indian media and societal leaders on a coordinated HIV/AIDS campaign. Population Services International (PSI) has social marketing activities on HIV/AIDS that span 22 States and Union Territories as well as the national highway system in the southern states.¹⁶ The BBC World Service Trust has a co-production partnership with NACO and Doordarshan, the government-supported broadcaster, on HIV/AIDS programming.¹⁷ There are other national and regional efforts to work with media on HIV/AIDS, including journalism programs developed by the Kaiser Family Foundation and the Avahan Initiative.
- **Generic Drugs:** India is one of the key manufacturers of generic antiretroviral drugs in the world,⁷ which are sold within India and in other countries, including those in sub-Saharan Africa. India is expected to soon comply with World Trade Organization requirements to protect product patents on medicines, which some fear may drive up prices for these generics.^{18,19}

- **HIV Vaccine Trials:** The first Phase I clinical trial for an HIV vaccine recently began in India. Conducted by NACO, the Indian Council of Medical Research, and the International AIDS Vaccine Initiative (IAVI), the trial will take place at the National AIDS Research Institute in Pune.²⁰

Major Donors/Other Support

- The U.S. Government provides bilateral assistance to India for HIV/AIDS, and support through its contributions to the Global Fund. USAID has supported activities in India since 1995²¹ and the CDC since 2001.²² India is not one of the 15 focus countries of the President's Emergency Plan for AIDS Relief (PEPFAR), but has been identified as a country of "concern outside of the focus countries".²³ U.S. bilateral aid for India was \$36 million in FY 2004, the largest outside of the 15 focus countries.²⁴
- The United Kingdom, Australian, and Canadian governments also provide donor aid to India.⁷
- The Global Fund has approved the following grants in India:²⁵
 - HIV/AIDS Round 2 (signed): \$100,081,000 requested; two year funding of \$26,116,000 approved.
 - HIV/AIDS Round 4 (one component signed): \$140,878,119 requested; two year funding of \$25,831,024 approved.
 - HIV/TB Round 3 (signed): \$14,819,773 requested; two year funding of \$2,667,346 approved.
- The World Bank has been a main financier of NACO, providing \$84 million for Phase I of the National AIDS Programme and \$191 million for Phase II.²⁶
- UNAIDS, WHO, UNICEF, UNDP, and the other UNAIDS co-sponsors provide technical assistance and other support, through in country offices and partnerships.
- The Bill and Melinda Gates Foundation has committed \$200 million through its Avahan Initiative.²⁷

References

- UNAIDS, *AIDS Epidemic Update*, December 2004.
- UNAIDS, *2004 Report on the Global AIDS Epidemic*, July 2004.
- CSIS, *India at the Crossroads: Confronting the HIV/AIDS Challenge A Report of the CSIS HIV/AIDS Delegation to India*, 2004.
- CIA, *World Fact Book*, 2004.
- UNAIDS India Country Page: www.unaids.org/en/geographical+area/by+country/india.asp.
- UNAIDS India: www.unaids.org.in.
- NACO, *Annual Report 2002-2004*.
- NACO: www.nacoonline.org/facts.htm.
- Ages 15-49.
- UNAIDS, *Youth and HIV/AIDS: Opportunity in Crisis*, 2002.
- U.S. NIC, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China*, 2002.
- Eberstadt, N., "The Future of AIDS", *Foreign Affairs*, 2002.
- The World Bank, *HIV/AIDS Treatment and Prevention in India: Modeling the Costs and Consequences*, 2004.
- UN Population Division, *World Population Prospects, The 2004 Revision*, 2005.
- WHO, *3 x 5 Progress Report, December 2004*, January 2005.
- PSI: www.psi.org/where_we_work/india.html.
- BBC: www.bbc.co.uk/worldservice/trust/pressreleases/story/2004/01/040119_doo_rdarshanprojectextended.shtml.
- MacNeil, D., "India Alters Law On Drug Patents", *NYT*, March 24, 2005.
- Health Gap, *Fact Sheet: Changes to India's Patents Act and Access to Affordable Generic Medicines after January 1, 2005*.
- NACO, *NACO News*, Vol. 2, February 2005.
- USAID: www.usaid.gov/our_work/global_health/aids/Countries/ane/indianew.pdf.
- CDC: www.cdc.gov/nchstp/od/gap/countries/india.htm.
- U.S. Department of State, *Congressional Budget Justification, Foreign Operations, Fiscal Year 2006*.
- U.S. Department of State, Office of the Global AIDS Coordinator, *Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief First Annual Report to Congress*, March 2005.
- The Global Fund: www.theglobalfund.org/search/portfolio.aspx?lang=en&countryID=IDA#HIV/AIDS.
- The World Bank: www.worldbank.org/in/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN/0,contentMDK:20161744~pagePK:141137~piPK:217854~theSitePK:295584,00.html.
- The Gates Foundation: www.gatesfoundation.org/GlobalHealth/HIVAIDSTB/IndiaAIDSInitiative/IAI.htm.

The Kaiser Family Foundation is a non-profit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Additional copies of this publication (#7312) are available on the Kaiser Family Foundation website at www.kff.org