



INDIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

India

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Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 — the largest international public health initiative aimed at a single disease that any nation has ever undertaken. Working in partnership with host nations, over ten years PEPFAR plans to support treatment for at least 3 million people; prevention of 12 million new infections; and care for 12 million people, including 5 million orphans and vulnerable children. To meet these goals, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.

Through PEPFAR

Through PEPFAR, 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.

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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 U h.c]h]hDfc]fUa a]b]]gXy]b]Xlc fYUWmHYWa dUfUj YUj UbU] YcZ h.YI G k]h]b]h YbUhc]bU'g]fU] n]UbX]hUg: Y YU] Ygch Yf Yg'i fWg]bW X]b] Vch ch Yf]bhfbU]cbU' dUfhYf'UbXdf] U]gYf'fYg'i fWg]h.Ybi a VrgfYdcf]XfYUWmI G 'dfc]fUa g]hUdfc]]X]fYW]g ddcf]hU]h.Ydc]bh'cZ'gyf]WXY] Yf'h=bX]]i UgFYWj]b] gyf]Wg]UfYg 'hcZ 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 fYdcf]b]]g]h'gUfYfYbX'Bi a VrgUc] Y%SS'fYfci bXXlc b]UfYg%SS"	

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Approximately 2.5 million people were living with HIV/AIDS in India in 2007, with the overall adult prevalence rate estimated at 0.3 percent.¹ The epidemic in India is considered to be a concentrated epidemic, with an estimated 1.63 million infections among high-risk groups.² 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, Report on the Global AIDS Epidemic, 2008.
² Indian National AIDS Control Organization, Sentinel Surveillance Report, 2003.

