Partnership to Fight HIV/AIDS in India

The United States provides strategic, targeted support to strengthen the quality and impact of India's strong government-led response to HIV/AIDS. Although national HIV prevalence is low (0.3%), India's large population results in the world's third largest epidemic, with an estimated 2.4 million people living with HIV. India's epidemic is concentrated among key populations, which include sex workers and their clients, men who have sex with men, transgender individuals, people who inject drugs, and mobile populations. Sexual transmission accounts for nearly 90% of new infections.

India has shown remarkable success in limiting HIV transmission, owing to long-term strategic use of resources to target prevention efforts to key populations, and bolstered by the strong technical support of partners, including PEPFAR. India allocates more than two-thirds of its HIV resources for prevention, a smart investment to stem the tide of HIV. PEPFAR is fully aligned with this approach, focusing its work on key populations and strengthening health systems. USG provides high-impact, high-level technical support to the Government and its partners, focusing investments on building capacity at district, state and national government levels; improving quality and innovation in service delivery; strengthening strategic information and laboratory systems; leveraging the efforts of the private sector; and supporting development of effective policies.

HIV/AIDS in India

- Adult (15–49) HIV prevalence, 2009: **0.3%**[3]
  - Female Sex Workers: **4.9%**[5]
  - Men who have sex with men: **7.3%**[5]
  - People who inject drugs: **9.2%**[5]
- Estimated adults and children (ages 0-49) living with HIV, 2009: **2,400,000**[3]
- HIV-related deaths, 2009: **170,000**[3]

Saving Lives: PEPFAR Program Results

In most concentrated epidemic countries, PEPFAR does not deliver services directly. Instead, support focuses on provision of technical support, and may include development of innovative program approaches and technically sound guidelines, and policy and advocacy, especially to enable key populations to access HIV services. Because PEPFAR does not provide direct service delivery, reports typically represent achievements of only small-scale model programs.

Progress achieved in India through direct PEPFAR support during fiscal year (FY) 2011[1]:

- **2,400** individuals receiving antiretroviral treatment
- **85,700** HIV-positive individuals received care and support (including TB/HIV)
- **22,300** orphans and vulnerable children (OVCs) received support
- **175,900** individuals received counseling and testing
- **71,800** pregnant women with known HIV status received services
- **300** HIV-positive pregnant women received antiretroviral prophylaxis for PMTCT
- **66** estimated infant HIV infections averted

U.S. Support for India

PEPFAR Bilateral Funding for India (US$ in millions)[2]

FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Total FY04-11
$ 21.2	$26.6	$29.6	$29.9	$ 29.8	$ 30.0	$33.0	$ 33.0	$233.1

India has also benefitted from grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which the U.S. is the largest single contributor. For more information on grants from the Global Fund, visit *www.theglobalfund.org*

Additional Information

- PEPFAR India Page: *www.pepfar.gov/countries/india/*
- India Global Fund Grant Portfolio: *http://portfolio.theglobalfund.org/en/Country/Index/IDA*

1 PEPFAR defines direct support as data that captures the number of individuals receiving prevention, care, and treatment services through service delivery sites or providers directly supported by U.S. Government (USG) interventions or activities at the point of service delivery. An intervention or activity is considered to be direct support if it can be associated with counts of uniquely identified individuals receiving prevention, care, or treatment services at a unique program or service delivery point benefiting from the intervention or activity.

2Total bilateral planned funding does not include funds programmed to central initiatives and allocated for use in country. Funding levels include all sources of PEPFAR funding. All funding levels are planned and subject to change due to reprogramming or the allocation of additional funds upon the Global AIDS Coordinator's approval.

3UNAIDS, Report on the global AIDS epidemic, 2010.

4WHO, UNAIDS and UNICEF, Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector, 2010.

5Department of AIDS Control (2010, March) 'National AIDS Control Organisation (NACO) Annual Report 2009-2010'