India

Snapshot (2017 – 2024)

Executive Summary

Overview

The vision of the national strategic plan is "An AIDS Free India". The strategy proposes that a differentiated approach be adopted between states/union territory (UTs) of India based on the epidemic context. A multisectoral approach is promoted with community organisations leading the delivery of prevention services for key populations as well as implementing community-based testing and providing support for people living with HIV (PLHIV).

Key Populations

Key populations are identified as female sex workers (FSW), men who have sex with men (MSM), hijra/transgender (TG), people who inject drugs (PWID), long-distance truck drivers and migrants. Key population size estimates are outdated and unrealistically low for MSM and Hijra/transgender populations.

HIV Epidemic and Behavioural Data

HIV prevalence among adults is estimated at 0.26% (approximately 2.1 million people) in 2015 and has been declining since the mid-2000s. India has a 'concentrated' epidemic with much higher prevalence among KP than the general population. HIV prevalence amongst FSWs is 2.2%, men who have sex with men (MSM) is 4.2%, Hijra/transgender (H/TG) is 7.5% and PWID is 9.9%.

Program Coverage

It is estimated that 76% of PLHIV know their HIV status and that 63% of all PLHIV are on anti-retroviral treatment (ART).

Prevention program coverage is high for MSM, H/TG and FSWs. Over 90% are reported to have received at least one service in the past three months.

However, the reported coverage of MSM and H/TG should be viewed with caution given the very low population size estimates. The use of Pre-Exposure Prophylaxis (PrEP) and self-testing is minimal.

National Strategy Funding

In 2018 it was anticipated that just over 80% of funding provided to implement the national strategy would be from domestic sources. It was anticipated there would be a shortfall of 26.6% in funding required to implement the national strategy.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Homosexuality was decriminalised in 2018. The Transgender Persons (Protection of Rights) Bill, 2016 prohibits discrimination against a transgender person in areas such as education, employment and healthcare among others.

The Narcotics Drugs and Psychotropic Substances (Amendment) Act (NDPS Act) 2014 allows for "management" of drug dependence, legitimising opioid substitution, maintenance, and other harm reduction services in the country.
The HIV & AIDS Bill lists the various grounds on which discrimination against people living with HIV is prohibited.

Meaningful involvement of the Community

A strategic multi-sectoral partnership involving various areas in the public sector, the private sector, civil society and community-based organisations is one of the guiding principles of the national strategy.

Overview of the National Strategic Plan

The vision of the national strategic plan is "An AIDS Free India". The objectives are as follows:

Objective 1: Reduce 80% new infections by 2024 (Baseline 2010)
Objective 2: Ensure 95% of estimated PLHIV know their status by 2024
Objective 3: Ensure 95% PLHIV have ART initiation and retention by 2024, for sustained viral suppression
Objective 4: Eliminate mother-to-child transmission of HIV and Syphilis by 2020
Objective 5: Eliminate HIV/AIDS related stigma and discrimination by 2020
Objective 6: Facilitate sustainable National AIDS Control Program (NACP) service delivery by 2024

The national strategy has the following priorities:

Priority 1: Accelerating HIV prevention in 'at risk groups' and key populations
Priority 2: Expanding quality assured HIV testing with universal access to comprehensive HIV care.
Priority 3: Elimination of mother to child transmission of HIV and syphilis
Priority 4: Addressing the critical enablers in HIV programming
Priority 5 Restructuring the strategic information system to be efficient and patient centric. [1]

The strategy proposes that a differentiated approach be adopted between and with States/Union Territory (UTs) of India based on the epidemic context. Those contexts are described as:

- States/UT with a 'mature' epidemic where HIV incidence and prevalence are high in key, bridge and other at-risk populations and, in some cases, in other segments of the general population.
- those States/UT where there are 'emerging' epidemics with relatively new and rising rates of infection among key, bridge and other at-risk populations.
- States/UT with 'low' or stable epidemics.

The national strategy notes that an 'expanded group' of FSWs, MSM and PWID that is yet to be clearly identified and reached, could fuel the epidemic in the future. [2]

Key Populations

Key populations are identified as female sex workers (FSW), men who have sex with men (MSM), hijra/transgender (TG), people who inject drugs (PWID), long-distance truck drivers and migrants. [3]

Key population size estimates are outdated. The last official mapping and population size estimates were done in 2009. The estimated number of MSM is significantly lower than the proportion of MSM estimated by most countries (usually at least 2 % of the adult population). The study estimated 0.16% of the age group 15-49. [4] A recent estimation study has reported higher numbers [5].

Key Population Size Estimates		
Population Groups	**Population Size estimate** *(reported to UNAIDS for 2016)*	**Population size estimate** *(study published 2020)*
MSM	238,200	569,346
Female Sex Workers	657,800	1,820,826
Hijra/Transgender	26,000	
people who inject drugs	127,500	391,136

HIV Epidemic and Behavioural Data

HIV prevalence among adults is estimated at 0.26% (approximately 2.1 million people) in 2015 and has been declining since the mid-2000s. The estimated number of new HIV infections per annum is also decreasing, though not uniformly, across the nation. Some states and districts continue to record an increase in new infections, confirming the heterogeneity of the epidemic. [7]

India has a 'concentrated' epidemic with much higher prevalence among KP than the general population. HIV prevalence amongst female sex workers (FSW) is 2.2%, men who have sex with men (MSM) is 4.2%, Hijra/transgender (H/TG) is 7.5% and People who Inject Drugs(PWID) is 9.9%.

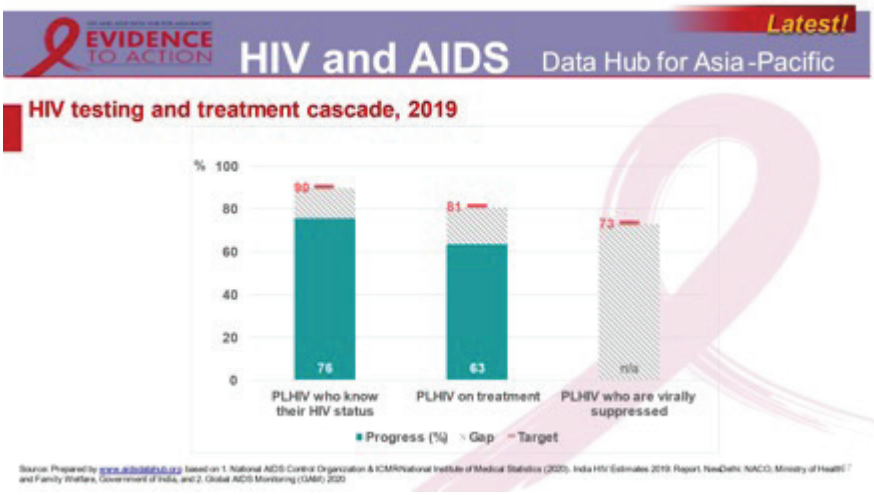
The 2015 HIV estimates suggest that the State of Manipur has an adult prevalence rate of 1.15% and, thus, is the only State in India that currently has a 'generalised' epidemic. Other states with higher HIV prevalence are Andhra Pradesh, Karnataka, Maharashtra, Mizoram, Nagaland and Tamil Nadu. [8]

The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations [9].

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	83.9%		NO COUNTRY DATA FOR THIS INDICATOR	64.8%
Transgender people	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR
Sex workers	90.8%			68.6%
People who inject drugs	77.4%	86.4%	NO COUNTRY DATA FOR THIS INDICATOR	49.6%

Program Coverage

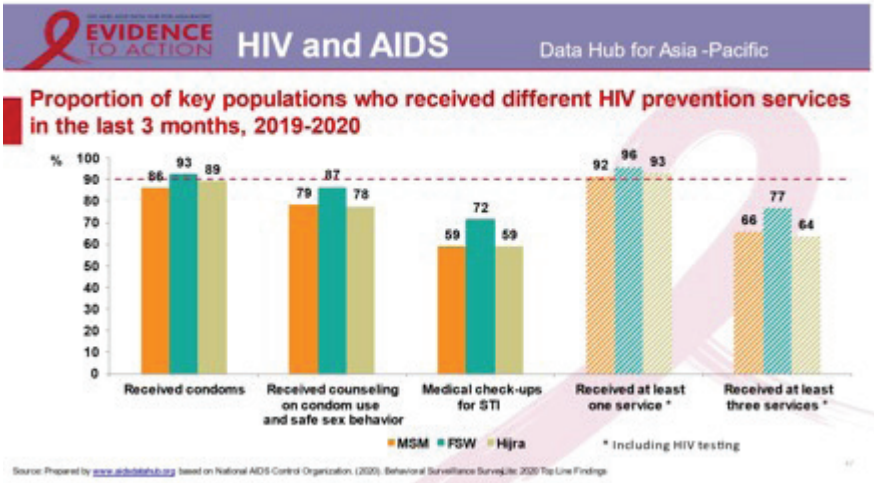
It is estimated that 76% of PLHIV know their HIV status and that 63% of all PLHIV are on ART.



Prevention program coverage is high for MSM, H/TG and FSWs. Over 90% are reported to have received at least one service in the past three months. However, the reported coverage of MSM and H/TG should be viewed with caution given the very low population size estimates.

The use of PrEP is minimal. As of July 2021, there were an estimated 1500-2000 people on PrEP. [10] Development of a model to identify districts requiring introduction of PrEP is included in a list of Priority areas for evidence generation under NSP 2017-24. [11]

The piloting and scale up of self-testing are included as a testing strategy in the national strategic plan. [12]



National Strategy Funding

In 2018 it was anticipated that just over 80% of funding provided to implement the national strategy would be from domestic sources. It was anticipated there would be a shortfall of 26.6% in funding required to implement the national strategy [13].

	US$	% of funds required to implement the national strategy
Total Funding needs for the National Strategic Plan	591,466,354	
Domestic source: Government revenues	348,255,299	58.9%
Total previous, current and anticipated EXTERNAL Resources (non-Global Fund)	26,212,121	
Global Fund Allocation	59,511,093	
External Resources	85,723,214	14.5%
Annual anticipated funding gap	157,487,840	26.6%

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Homosexuality was decriminalised in 2018.

The Transgender Persons (Protection of Rights) Bill, 2016 prohibits discrimination against a transgender person in areas such as education, employment and healthcare among others. [14]

The Narcotics Drugs and Psychotropic Substances (Amendment) Act (NDPS Act) 2014 allows for "management" of drug dependence, legitimising opioid substitution, maintenance, and other harm reduction services in the country [15].

The HIV & AIDS Bill lists the various grounds on which discrimination against people living with HIV is prohibited such as: (1) employment; (2) educational establishments; (3) health care services; (4) residing or renting a property; (5) standing for public or private office; (6) provision of insurance

Meaningful involvement of the Community

A strategic multi-sectoral partnership involving various areas in the public sector, the private sector, civil society and community-based organisations is one of the guiding principles of the national strategy. [16]

The role of communities described in the national strategy includes [17]:

- Support an enabling environment including moving towards zero stigma and discrimination.
- Demand generation for prevention and increasing testing.
- Care and support for those on ART including social protection, treatment literacy, adherence.
- Community monitoring and ensuring effective and quality programme delivery including civil society and community organisations.

Care and Support Centres (CSC) provide support to PLHIV on ART. These centres are managed by the civil society and community-based organisations and provide support and linkages to various social sector schemes, loss to follow up (LFU) tracking, peer and psychosocial counselling, treatment literacy/ adherence, home visits, stigma reduction, advocacy with other departments to increase access, partner testing, local resource mobilisation, and intensive case finding for tuberculosis (TB). [18]

1. National AIDS Control Organisation Ministry of Health and Family Welfare Government of India. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. P33
2. National AIDS Control Organisation Ministry of Health and Family Welfare Government of India. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. P40
3. National AIDS Control Organisation Ministry of Health and Family Welfare Government of India. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. Pxxi
4. Ibid
5. Arumugam E, Kangusamy B, Sahu D, Adhikary R, Kumar P, Aridoss S. Size Estimation of high-risk groups for hiv infection in india based on data from national integrated bio-behavioral surveillance and targeted interventions. Indian J Public Health [serial online] 2020 [cited 2021 Jul 6];64, Suppl S1:39-45. Available from: https://www.ijph.in/text.asp?2020/64/5/39/282415
6. https://kpatlas.unaids.org/dashboard#/home accessed June2021
7. National AIDS Control Organisation Ministry of Health and Family Welfare Government of India. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. P9
8. Ibid p12
9. UNAIDS 'AIDSinfo' https://kpatlas.unaids.org/dashboard (accessed July 2021)
10. https://www.prepwatch.org/country/india/ accessed July 2021
11. National AIDS Control Organisation Ministry of Health and Family Welfare Government of India. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. P101
12. Ibid. pxxiv
13. Myanmar CCM. Funding Request Form Allocation Period 2017-2020. Funding Landscape annex
14. National AIDS Control Organisation Ministry of Health and Family Welfare Government of India. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. P4
15. Ibid p4
16. Ibid p32
17. Ibid p88
18. Ibid p18