

Global Program Country Profile: INDIA

NASTAD

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the United States chief state and territorial health department program directors responsible for coordinating, administering, and managing HIV prevention, care, and support services. NASTAD's Global Program works to build the organizational, programmatic and human resource capacity of its regional/state public sector AIDS program counterparts across the world. In India, NASTAD works in partnership with the U.S. Centers for Disease Control and Prevention Global AIDS Program (CDC/GAP) as part of the unified U.S. response to the HIV pandemic through the U.S. President's Emergency Plan for AIDS Relief.

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 44 percent¹ of the population lives on pm \$1/day or less. 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 percent), 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, the adult population prevalence rate of approximately 0.3 percent, translates into an

estimated 2.5 million people living with HIV/AIDS.

The HIV epidemic in India is concentrated with prevalence among high risk groups continuing to be high (six to eight times that of the general population), and although sexual contact remains the major mode of HIV transmission, injecting drug use is also emerging as an important mode of transmission in some parts of the country. Higher HIV prevalence among Injecting Drug Users (IDU) is an important feature of north eastern states.

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. 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. 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.

In 2006, NACO released its NACP Strategic Plan III, documenting NACO's priorities which include targeted interventions; blood safety; information, education, communication, and prevention among youth; voluntary counseling and testing; STD diagnosis and treatment; low cost care; multi-sectoral collaboration; social mobilization; and advocacy.

¹ Population Reference Bureau (<http://www.prb.org>)

ACTIVITIES

NASTAD has collaborated with CDC/India, NACO, and the State AIDS Control Societies (SACS) of Andhra Pradesh, Bihar and Madhya Pradesh since April 2001.

Building Public Health Human Resource Capacity

In 2006, NASTAD began to develop an HIV Leadership Project, which outlines a methodology and curriculum for the rapid training of program officers in NACO, SACS, District AIDS Program Control Units and Technical Support Units for the implementation of NACP III.

Many SACS Project Officers come to their work from the Indian Administrative Service, extremely well versed in public sector management, but in some cases, unfamiliar with the specific skills and knowledge needed to manage a comprehensive state-wide HIV program. The HIV Leadership Project uses case studies, mentorship and peer education and support to provide on-the-job training and tools for public health professionals.

In 2008, NASTAD drew upon its experiences in developing the HIV Leadership Project as it worked with the Public Health Management Institute (PHMI) of Hyderabad to develop the Public Health Field Leader Fellowship (PHFLF). This fellowship is designed for mid-level public health professionals from across India, to build their capacity to design, implement, evaluate and manage comprehensive HIV prevention and control interventions.

Epidemiologic Profile

In 2004, NASTAD developed an HIV/AIDS epidemiologic profile² in the district of Visakhapatnam, AP in coordination with the

² 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.

Andhra Medical College (AMC), District Leprosy Office (DLO), King George Hospital Blood Bank, and Green Vision. The purpose of the profile was to assist AP SACS to prioritize prevention and care needs for program planning in the district. 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.

Products

- *District of Visakhapatnam. An Epidemiologic Profile of HIV/AIDS, May 2004*
- *Epidemiologic Profile Development Guidelines. Based on Lessons Learned from Development of the Visakhapatnam District Epidemiologic Profile, May 2004*
- *HIV Project Director Leadership Development Project, November 2006*



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