

India

UNICEF HIV and AIDS Programming Country Profile 2006

UNITE FOR CHILDREN
UNITE AGAINST AIDS

HIV and AIDS in India

The first reported case of HIV infection in India was reported in 1986. Since then HIV/AIDS has become one of the most serious health problems affecting India. With approximately 40% of Asia's population, India has more than 60% of the continent's estimated HIV infections¹. According to UNAIDS estimates at the end of 2005 there were 5.7 million living with HIV in India.

The heterogeneity of the HIV epidemic in India is critically important. The epidemic is largely concentrated in six states with over 1% antenatal prevalence in the south, west and northeast: Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Manipur and Nagaland². With less than 30% of India's population living in these 7 states have almost 70% of its HIV cases.

Though heterosexual transmission is the primary mode, unsafe drug injecting also presents a problem in India. With a high prevalence of tuberculosis infection, the problem of HIV/TB co-infection also poses a major challenge.

Young people in India, especially young women, are becoming more likely to be infected. Almost half of all new infections are reported among people between 15 and 29 years of age. Women account for 38% of new infections: a trend with serious implications as more HIV positive mothers will unknowingly pass the virus on to their children. It is estimated that 55,000 to 60,000 children are born every year to mothers who are HIV positive.

Strategy and Objectives

As part of the joint UN response to HIV and AIDS within the context of India's Tenth Five-Year Plan (2003-2007), UNICEF collaborates with partners in four key areas:

- ✘ Adolescent HIV Prevention
- ✘ Prevention of Mother to Child transmission of HIV (PMTCT)
- ✘ Paediatric AIDS treatment, care and support
- ✘ Protection, care and support for children affected by HIV and AIDS



Girls during a meeting of peer educators from various schools in Bangalore, Karnataka. They participate in the State Government's peer education programme that is supported by UNICEF.

HIV and AIDS Estimates

(Source: UNAIDS, Report on the Global AIDS Epidemic 2006)

Number of people living with HIV	5,700,000
Adults aged 15 to 49 HIV prevalence rate	0.9
Adults aged 15 and over living with HIV	5,600,000
Women aged 15 and over living with HIV	1,600,000
Deaths due to AIDS	[270,000 – 680,000]



Vulnerabilities and risks facing children and young people

- ✘ Socio-economic disadvantage and exclusion – particularly of girls and young women
- ✘ Traditional practices, including gender inequality
- ✘ Low levels of literacy and education
- ✘ Trafficking of girls into sex trade
- ✘ High-risk behaviours
 - low condom use
 - needle sharing among drug users
 - Men having sex with men/boys
- ✘ Inadequate blood transfusion screening and a high number of professional blood donors

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¹ UNAIDS 2004

² NACO, 2005

UNICEF's HIV and AIDS Programme Areas

Prevention: Reduce adolescent risks and vulnerability to HIV by increasing access to and use of gender-sensitive prevention information, skills and services.

In India, current HIV programmes are reaching only 15% of young people and 17% of high risk group sub-population such as sex workers, men who have sex with men and injecting drug users.

Less than one quarter of young people have accurate information on how to protect themselves from HIV which, coupled with profound gender inequalities, make change in sexual attitudes and practices very difficult. It is estimated that there are 200 million young people in high prevalence/highly vulnerable districts who need access to information, skills and services to reduce their risk and vulnerability to HIV infection.

Primary prevention among young people is the greatest hope to change the course of the growing epidemic in India. UNICEF and other agencies, working to support and strengthen the government response, have put the energy, creativity and leadership of young people at the centre of the fight against HIV/AIDS.

Current programmes

⌘ Adolescent Education Programme (AEP)

AEP within schools starts at Grade IX and delivers a curriculum which includes growing up, HIV/AIDS, life skills and extra curricular activities. Already, 96,000 of the 150,000 high schools in India train teachers and peer educators to pass on life skills and preventive messages.

The National and State Adolescence Education Plans, developed by the Department of Education, aim at:

- 100% coverage of schools by 2006-7 (33 million students every academic year)
- inclusion of HIV prevention education in the curricula of students (Grade I-XII) by 2007.
- inclusion of HIV prevention education in the curricula of pre-service and in-service teacher training by 2007.
- Inclusion in the curricula of alternate innovative education schemes and adult learning programmes
- Incorporating measures into the education policy to prevent stigma and discrimination against learners/students and educators and ensure access to life skills education for HIV prevention

Skills-based school programmes that shape the ideas and attitudes of a generation in gender equality, compassion towards people living with HIV/AIDS, and taking responsibility for one's choices and sexual behaviour, will be critical to the effort to lower prevalence rates.

New Programming Priorities 2006-08

UNICEF has recently started programming actions aimed at reaching out-of-school children and most at risk adolescents in 79 high priority and high-prevalence districts by focusing on behaviour change peer education outreach and strengthening links to youth-friendly health services. This is and supplemented by mainstreaming HIV prevention, care and support through ongoing programmes, mass media communication to reinforce peer educators on social mobilisation to strengthen parents and community

⌘ Comprehensive District Package for HIV prevention in 79 districts including:

- Program Management Systems
- NGO supported peer led behaviour change education.
- Youth Friendly Health Services
- Integration of HIV prevention into child protection activities
- Intensive mass media campaigns aimed at parents and community



Amrutha Varsha, 14, a peer educator at Bangalore's Frank Anthony Public School, doing schoolwork in her room

Targets

⌘ Increase coverage of young people in vulnerable communities in 79 high priority districts

⌘ Reaching all young people (Grades IX onwards – 35 million students) in schools with LSBE

⌘ Reaching all most at risk adolescents in 50 out of 79 high prevalence districts



Prevention of parent-to-child transmission sign at the entrance to the civil hospital in Latur town, Maharashtra state.

Targets

✘ 50% of mothers accessing PMTCT service network will have access to ART

✘ PMTCT services in public health system to expand 780 facilities by 2006, 2,100 centres by 2007, 4,100 centres by 2010 and through private sector health facilities

PMTCT Plus: Reduce HIV infection among pregnant women and prevent transmission of HIV to their infants.

There are 307 government facilities in 15 states that are providing comprehensive PMTCT services. This needs dramatic scale up: last year, less than 4% of the estimated 27 million pregnant women were counselled and tested. Of the estimated 189,000 HIV-positive pregnant women, less than 3% received ARV prophylaxis.

PMTCT centres offer:

- confidential testing and counselling for women and their partners
- anti-retroviral drugs for HIV positive mothers and their babies during labour, and
- follow-up care to minimise the risk of transmission through breastfeeding.

The programme ensures that women and children continue to take life saving drugs and communities provide a more caring and supportive environment to families living with HIV/AIDS.

Future Programming Priorities

- ✘ PMTCT centres established in the district and sub-district health facilities
- ✘ Counselling and testing facilities for HIV and systems for ensuring safe deliveries and administration of antiretroviral prophylaxis are in place.
- ✘ Systems for follow up of women and children, screening for eligibility for ART, uninterrupted supplies of ART drugs and proper monitoring are established.
- ✘ Strengthen primary prevention (counselling and offer of testing) in ANC and family planning settings
- ✘ Linkages with Positive Peoples' Networks / care and support NGOs are established
- ✘ Capacity of personnel for planning, implementation and monitoring & evaluation of the district plan teams is built.
- ✘ Sensitization and advocacy with key policy makers and stake holders
- ✘ Communication to enhance access to and utilization of PMTCT services

Paediatric treatment: Universal access of HIV infected children to treatment, care and support.

Paediatric HIV/AIDS is a serious concern as the rate of mother-to-child transmission increases. Among the estimated 5.1 million in India with HIV/AIDS, 220,000 (15 per cent) are children below 15 years of age (2004). Most children got the virus through HIV positive mothers during pregnancy, labour, or breastfeeding. Official figures estimate that the rate of parent-to-child transmission has jumped from 2.7 per cent in 2003 to 3.5 per cent in 2004.

At present, the National ART Programme provides treatment to 400 children below 15 years of age. Cotrimoxazole prophylaxis is not yet part of the national policy.

Future Programming Priorities

- ✘ Build capacity of paediatricians to treat children with HIV and AIDS in all states
- ✘ Capacity of personnel for planning, implementation and monitoring & evaluation of the district plan teams is built
- ✘ Systems for follow up of children, screening for eligibility for ART and cotrimoxazole, uninterrupted supplies of ART drugs and cotrimoxazole and proper monitoring are established.
- ✘ Linkages with Positive Peoples' Networks / care and support NGOs are established and an enabling and supportive environment created.
- ✘ Sensitization and advocacy with key policy makers and stake holders.
- ✘ Communication to enhance access to and utilization of services in the catchment areas and for patient literacy for adherence to treatment.



A pregnant woman having a blood test at the PPTCT centre at the Government Maternity Hospital in Hyderabad, Andhra Pradesh state.

Targets

- ✘ In 79 high priority districts:
 - All HIV-exposed babies receive cotrimoxazole prophylaxis (target 18,000 by 2010)
 - All identified HIV-positive children have access to drugs, medicines and treatment for opportunistic infections.
 - All identified HIV-positive children who require it, have access to appropriate ARVs.



A grandmother holding her grandchild at the entrance to their home in Boregaon village, Maharashtra state which has the highest estimated number of people living with HIV.

Targets

- ✘ 50% of families in vulnerable communities are providing basic care and protection for affected children
- ✘ 80% of institutional settings e.g., homes, residential schools are providing minimum standards of care and protection.
- ✘ 50% of affected children are in schools and accessing health services.

Protection, care and support for children affected by HIV/AIDS:

Increase the proportion of children orphaned and made vulnerable by HIV/AIDS receiving quality family, community and government support, including education, healthcare, nutrition and psycho-social support.

There are no official estimates of children affected by HIV/AIDS in India. It is estimated that 35 million Indian children are orphans (single or double orphans), however, it is not known how many of these were orphaned due to AIDS.

Protection, care and support for affected children were at the heart of the Delhi Commitment, April 2005, a resolution supported by the Government of India, UNICEF, UN agencies, faith-based and other non-government organisations, and people living with HIV/AIDS. A plan of action to prevent and mitigate the impact of HIV/AIDS on young lives was drawn up. Gaps in services for prevention and treatment especially for children were identified. A commitment for sustained funding to expand child-specific initiatives that involve communities and families are to be part of a comprehensive strategic framework to protect, care, and support children.

Future Programming Priorities

- ✘ Support NGOs to develop and implement home-based and community based care and support in high priority districts
- ✘ Improve standards of care in government and NGO run homes and residential schools for affected children
- ✘ Communication to increase community awareness on care and protection issues and combat stigma and discrimination
- ✘ Networking with departments, institutions, and help lines

Action through Partnerships

- ✘ CHARCA – a joint UN programme that address women's vulnerability in six districts
- ✘ Scale up HIV prevention and treatment for affected children and young people who are at highest risk through a partnership with the Ministries for Women and Child Development & Social Justice and Empowerment, civil society and faith-based organisations
- ✘ Increase participation of networks of people living with HIV/AIDS and NGOs in policy advocacy, planning and implementation
- ✘ Mobilise youth participation and build capacity of teachers and youth for peer outreach with the help of young people, NGOs, Scouts and Guides, and teachers' unions
- ✘ Strengthen capacity of paediatricians in the public and private sectors to manage children with AIDS; increase access to paediatric antiretroviral therapy drugs available through partnerships with the Indian Academy of Paediatrics and pharmaceutical companies

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Lata (in the green dress), Raguvarna (at the back) and friends with the President of India at the Global Campaign on Children and HIV/AIDS in India