

INDIA

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) established an office in India in 2001 to assist the National AIDS Control Organization (NACO) in addressing a concentrated HIV epidemic affecting key populations (KP) and ending HIV as a public health threat by 2030. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC focuses on evidence-based, high impact, sustainable interventions in prevention, testing, linkage to treatment, retention, and lab system strengthening to reach people at risk of HIV and people living with HIV (PLHIV), including KPs and works closely with the National Tuberculosis (TB) Elimination Program (NTEP).

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Treatment: CDC works closely with NACO in developing and implementing initiatives to increase access and coverage to highly potent antiretroviral therapy (ART), treatment continuity, and viral load (VL) suppression. In collaboration with NACO, State AIDS Control Societies (SACS), and community-based organizations, CDC has successfully demonstrated and scaled strategies to improve decentralized service delivery and treatment options. CDC supported treatment optimization and successfully demonstrated patient-centered differentiated service delivery strategies such as expanding advanced disease management, rapid ART initiation, community ART refill groups, decentralized community-based ART services, and multi-month dispensation, later adopted by NACO across the country across 680 ART centers. CDC supported NACO in drafting the National Guidelines for HIV Care and Treatment and the Operational Guidelines for the ART centers (2021) and disseminating the guidelines through Distance Learning Seminars.

Strengthening Laboratories: CDC collaborates with NACO in lab system strengthening with a focus on VL scale-up efforts to build capacity of 64 molecular labs to provide routine VL test services for treatment monitoring and early diagnosis of treatment failure; to establish an optimized VL lab network through a laboratory quality improvement (QI) and program accreditation to provide 100 percent access to quality-assured VL testing; to strengthen the lab-clinical interface for rapid result utilization; to build lab capacity with improved access to diagnosis of opportunistic infections; and to strengthen information systems to provide lab data to support the effectiveness of viral suppression. CDC has provided technical assistance (TA) in implementing a structured program of laboratory QI toward ISO accreditation for 130 HIV national and state level labs and supported national adoption and scale-up of lab certification program at over 5,000 HIV testing sites, leading to a marked improvement in quality and timely diagnosis of HIV through a tiered laboratory network. All 13 of 13 (100 percent) national reference labs and 83 of 117 (71 percent) state reference labs are International Organization for Standardization (ISO) accredited; June 2022.

Strengthening National Surveillance Systems: CDC supports NACO and other partners to ensure the quality of HIV annual sentinel surveillance and provide TA for nationwide integrated biological and behavioral surveillance of KP. CDC has supported NACO in developing national guidelines for community-led mapping, KP size estimation, national strategic information management system, secondary data analysis, data use, and the development of technical policy briefs and dashboards for program divisions for real-time decision-making, including Targeted Interventions.

HIV Prevention Among KP: CDC, under Project Sunshine and Project ASPIRE, successfully demonstrated and scaled strategies to improve a package of services for HIV prevention, including pre-exposure prophylaxis (PrEP) and low threshold harm reduction. CDC has partnered with NACO, States, and communities on HIV case finding initiatives with index testing services, network testing, and partners to link people to care services in the high HIV prevalence states of Manipur, Mizoram, Nagaland and Andhra Pradesh. Integrated care models such as the transgender clinics, night shelters, day homes, night clinics for the KP, statewide 'know-your-status' campaign, virtual outreach interventions, and U=U messaging are high impact approaches for expanding the reach of HIV prevention and testing services. Through CDC, these successes are being amplified for national scale-up. CDC is providing TA to the Government of India on capacity building modules for the health care personnel.

TB: CDC supports NACO and the NTEP to meet their 2025 End TB goals through four program strengthening strategies: find, treat, prevent, and build. CDC strengthened NTEP laboratory capacity through the national implementation of external quality assessment of the two rapid molecular based TB tests used: GenXpert and TRUNAT. End MDR-TB in Dharavi kept 787 migrant MDR-TB patients on treatment and screened 3,000 household contacts for TB; this model is now used in two other areas. Two projects in Maharashtra successfully tested and treated 1,500 household contacts for latent TB infection; the weekly 12-dose regimen was used for TB prevention treatment. The Expand ELEVATE project builds capacity for local staff to improve data quality and use for strategic planning in 11 states.

Our success is built on the backbone of science and strong partnerships.

September 2022 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

Key Country Leadership

Prime Minister:
Narendra Modi

Minister of Health:
Harsh Vardhan

U.S. Chargé d'Affaires:
Patricia A. Lacina

CDC/DGHT Director:
Melissa Nyendak

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$2,170 (2021)

Population (millions):
1,393.4 (2021)

Under 5 Mortality:
32.6/1,000 live births (2020)

Life Expectancy:
69.9 years (2020)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 0.2% (2021)

Estimated AIDS Deaths
(Age ≥15): N/A (2020)

Estimated Orphans Due to
AIDS: N/A (2020)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 1,495,004 (2021)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence :
188/100,000 population (2020)

TB Patients with Known HIV
Status who are HIV-Positive:
2.0% (2020)

TB Treatment Success Rate:
84% (2019)

DGHT Country Staff: 18
Locally Employed Staff: 15
Direct Hires: 3
Fellows & Contractors: 00

