

## 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 (KPs), such as female sex workers (FSW), men who have sex with men (MSM), transgender individuals, and people who inject drugs (PWID). CDC has worked with the Revised National TB Control Program (RNTCP) to address tuberculosis (TB), a major co-morbidity. Under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC focuses on preventing new HIV infections, increasing access to care and treatment services for persons living with HIV (PLHIV) and TB, building a strong surveillance system, and strengthening the work of civil society organizations. To reach these goals, CDC assists the Government of India in achieving HIV epidemic control under the framework of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets by increasing case detection, linkage, treatment, and retention in high priority districts with specialized programming for KP. The UNAIDS 90-90-90 targets are, by 2020: 90 percent of all PLHIV will know their HIV status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 90 percent of all people receiving ART will have viral suppression. Further, CDC serves as leading partner in strengthening laboratory systems; and it supports public sector viral load (VL) scale-up and implementation of quality assurance measures for HIV testing including training India's laboratory workforce. CDC serves as a leading partner in national HIV surveillance efforts, which include using a single monitoring and evaluation system for effective, data-driven decision-making. CDC also works to enhance HIV-TB coordination to effectively diagnose and treat TB, multidrug-resistant (MDR) TB, and provide TB preventive treatment (TPT); and it supports RNTCP to end TB through improvement of diagnosis, treatment and prevention of TB and MDR TB through strengthening laboratory, surveillance and clinical capacity.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**HIV Treatment:** CDC works closely with NACO in the development and implementation of programs to increase ART coverage, retention in care, and VL suppression; supports Treat All and rapid ART initiation; innovates differentiated service delivery models for national scale-up including KP and adolescent friendly services; advocates for ART regimen optimization; improves the quality of care and retention at ART centers through staff training and mentoring; strengthens the monitoring and evaluation framework supporting clinical and programmatic decisions; and provides support for VL utilization including enhanced adherence counseling and referral for second or third line ART.

**Strengthening Laboratories:** CDC collaborates with NACO in VL scale-up efforts including building laboratory capacity of 64 molecular labs to provide routine VL test services to PLHIV for treatment monitoring and early diagnosis of treatment failure; establishes a VL lab network through a laboratory quality improvement and accreditation program to provide 100 percent access to quality-assured VL testing; strengthens the lab-clinical interface for rapid result utilization; builds lab capacity and improves access to diagnosis of opportunistic infections for quality care and retention at ART centers; and strengthens information systems to provide lab data to support the effectiveness of viral suppression.

**National Surveillance Systems:** CDC ensures the quality of HIV annual sentinel surveillance in collaboration with NACO and other local partners and provides technical assistance for nationwide integrated biological and behavioral surveillance of key populations.

**TB/HIV:** CDC supports NACO and the RNTCP in rolling out single-window services through ART centers to manage TB in PLHIV, including full TPT implementation.

**HIV Prevention Among KP - Northeastern India:** CDC is implementing Project Sunrise to accelerate harm reduction services, testing, and linkage to care among PWID to achieve HIV epidemic control in the high burden states of the northeastern (NE) region, and to improve access to prevention, testing and linkage for all KP in the NE states of Manipur, Mizoram and Nagaland.

**TB (non-PEPFAR):** In partnership with RNTCP, CDC: Improves MDR TB diagnosis by conducting drug susceptibility testing for private sector patients; ensures appropriate and timely MDR TB treatment by linking diagnosed MDR TB patients to public sector services; establishes airborne infection control units to prevent TB transmission in health care facilities; develops clinical capacity of local providers through Extensions for Community Health Outcomes (ECHO™) tele-mentoring; facilitates Xpert® MTB/RIF proficiency testing and technology transfer; conducts next generation sequencing to surveil mutations conferred in MDR TB and understand MDR TB transmission in contacts; builds a strong laboratory network of quality assurance through the Laboratory Quality Improvement and Accreditation Mentoring Program; improves TB prevention through contact tracing and TPT; and links surveillance and laboratory data to effectively target populations and locations for enhanced TB response.

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

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## Key Country Leadership

Prime Minister:  
Narendra Modi

Minister of Health:  
Jagat Prakash Nadda

U.S. Ambassador:  
Kenneth I. Juster

CDC Country Director:  
Meghna Desai

**Country Quick Facts**  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$2,020 (2018)

Population (million):  
1,352.62 (2018)

Under 5 Mortality:  
39/1,000 live births (2017)

Life Expectancy:  
69 years (2017)

**Global HIV/AIDS Epidemic**  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): N/A (2018)

Estimated AIDS Deaths  
(Age ≥15): N/A (2018)

Estimated Orphans Due to  
AIDS: N/A (2018)

Reported Number Receiving  
Antiretroviral Therapy (ART)  
(Age ≥15): N/A (2018)

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

Estimated TB Incidence:  
204/100,000 population (2017)

TB Patients With Known HIV-  
Status Who Are HIV-Positive:  
3% (2017)

TB Treatment Success Rate:  
69% (2016)

TB Mortality:  
31/100,000 population (2017)

## DGHT Country Staff: 16

Locally Employed Staff: 12  
Direct Hires: 4  
Fellows & Contactors: 0

