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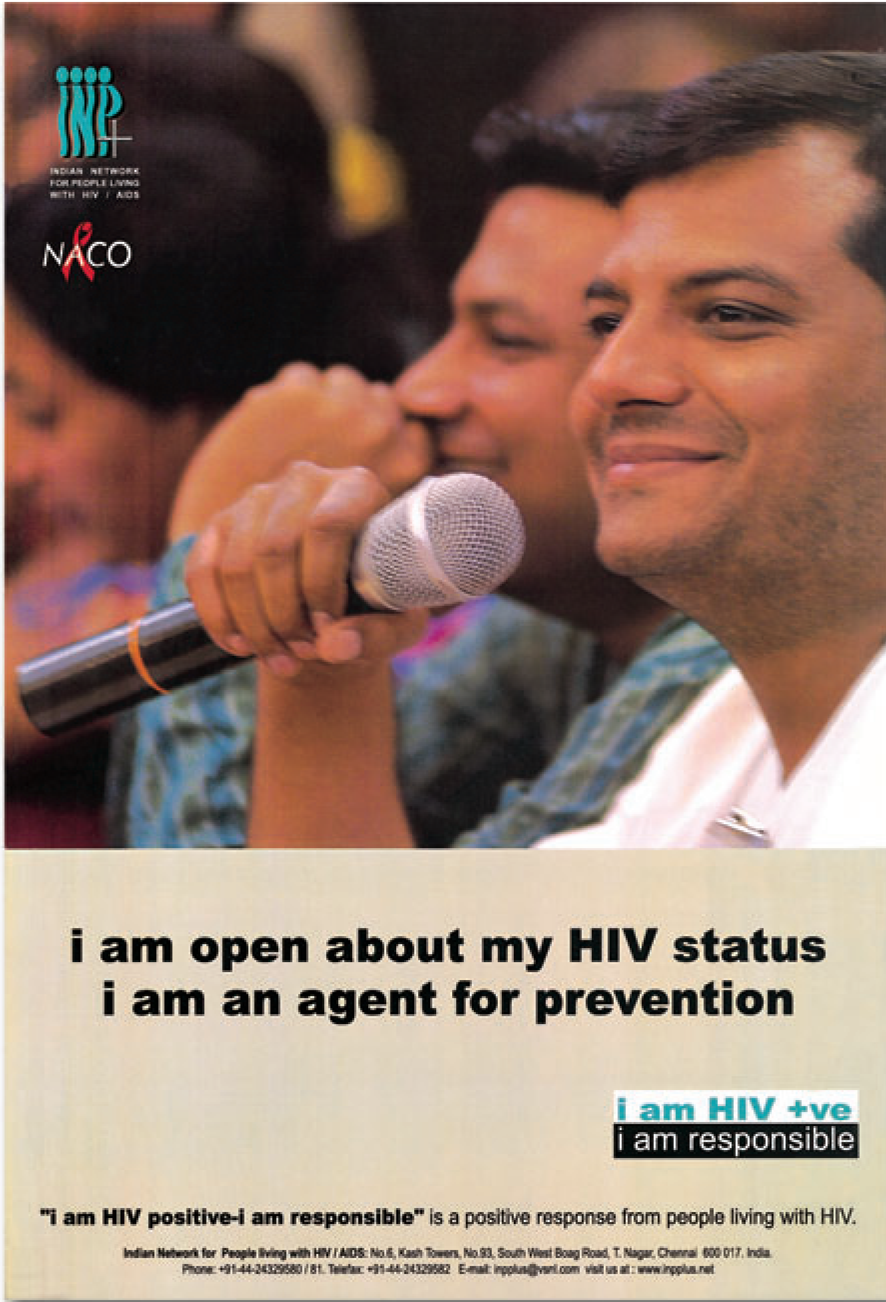
INP+
INDIAN NETWORK FOR PEOPLE LIVING WITH HIV / AIDS
NACO
i am open about my HIV status
i am an agent for prevention
i am HIV +ve
i am responsible
"i am HIV positive-i am responsible" is a positive response from people living with HIV.
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A SPIRALLING EPIDEMIC

IN the 10 seconds that it takes to read this paragraph, the HIV/AIDS epidemic would have claimed one more life somewhere in the world. Worldwide, 3.1 million people died of AIDS in 2004. Every sixth death (one every minute) is of a child below the age of 15.

Every six seconds, one more person is infected with HIV—this is 10 infections per minute.

At the end of 2004, there were 39.4 million people around the world living with HIV/AIDS, according to UNAIDS. Sub-Saharan Africa (44 countries, totalling 10% of the world's population) contributes almost two-thirds (64%) of this alarming figure, with 25.4 million infections and an adult prevalence rate of 7.4%.

About one-third of those living with HIV/AIDS in the world today are young—between 15 and 24 years old. At the end of 2004, 2.2 million children below the age of 15 years were living with HIV/AIDS.

The HIV/AIDS epidemic killed 3.1 million people globally in 2004, but the year also saw 4.9 million people newly infected by the virus. Around 640,000 of these new infections were children, over 90% of them infected through mother-to-child transmission (MTCT). Africa has almost 90% of the new child infections, but the numbers are rising just as frighteningly in Asia.

India: Cause for Concern?

There is only one country that has a larger number of HIV-infected people than India—South Africa, which had 5.3 million infected people at the end of 2003.

Though the prevalence rate in India (in percentage terms) is low, the sheer numbers are cause for concern.

In India, 5.134 million people were estimated to be living with HIV at the end of 2004. This is a prevalence rate of 0.91% among adults aged 15-49. More than 1,130,000 infections were added in 2002 and 2003. In contrast, a mere 28,000 new infections were added in 2004, according to the National AIDS Control Organization (NACO). There are many, including the executive director of the Global Fund To Fight AIDS, Tuberculosis and Malaria, Richard Feachem, who dispute these figures.

The cumulative number of AIDS cases reported to NACO till July 2005 is 111,608. In contrast, UNAIDS estimates that between 160,000 (low estimate) and 560,000 (high estimate) Indians died of AIDS in 2003 alone, but this figure is hotly disputed by NACO.

There is reason to believe that figures are grossly underreported because of factors such as the stigma associated with HIV/AIDS, reluctance to talk about sex or drug use, lack of knowledge, and uneven monitoring. AIDS deaths could go unreported because people die without access to medical aid or because their deaths are attributed to opportunistic infections instead.

There are various projections for the future. The National Intelligence Committee of USA believes there will be 20-25 million HIV+ people in India by 2010. The Government of India considers these figures alarmist.

Global Summary of the HIV/AIDS Epidemic, December 2004

	Adults	Women	Children under 15 years	Total
Number of People Living with HIV in 2004	37.2 million	17.6 million	2.2 million	39.4 million
People Newly Infected with HIV in 2004	4.3 million		640,000	4.9 million
AIDS Deaths in 2004	2.6 million		510,000	3.1 million

Source: UNAIDS

GEOGRAPHICAL SPREAD

Africa

The HIV/AIDS epidemic is at its peak in Southern Africa. Leaving aside Angola, each of the other eight countries in this region displays alarming adult prevalence rates: Swaziland (38.8% HIV prevalence), Botswana (37.3%), Lesotho (28.9%), Zimbabwe (24.6%), South Africa (21.5%), Namibia (21.3%), Zambia (16.5%), and Malawi (14.2%).

HIV prevalence here appears stable, but the reason for that is frightening: The number of new HIV infections in a year practically equals the number of AIDS-caused deaths.

The region displays several factors that are keeping the HIV epidemic going—poverty and social instability that result in family disruption, high levels of other sexually transmitted infections, low status of women, sexual violence, high mobility that is linked for the large part to migratory labour, and ineffective leadership during critical periods in the spread of the epidemic.

Asia

Some of the world's fastest growing epidemics are to be found in Asia—8.2 million infected people and half a million deaths in 2004.

China and India have a seemingly low HIV prevalence—0.1% and 0.9%, respectively. But these are also the world's two most populous countries, which means the epidemics here are serious enough. China alone will have 10 million infections by 2010 unless effective action is taken.

Inadequate monitoring and lack of awareness are spurring the epidemic in Indonesia, Cambodia, Myanmar, and Thailand. For example, in Indonesia, a UNAIDS study found that 88% of injecting drug users (IDUs) were using non-sterile equipment, but did not feel they were at high risk of HIV infection. In Cambodia, which has the highest prevalence figures in Asia of 3%, there is little effort to monitor IDUs and males who have sex with males.

In Central Asia, 80% of those infected with HIV are below the age of 30. In contrast, in North America and Western Europe, only 30% of infected people are under 30.

Europe and America

Estonia, Latvia, and Ukraine are the worst affected in Eastern Europe. Drug use and unsafe sex, separately, are the prime factors here. Sex between males is the primary mode of infection in this region. Poland is recording most of the new infections here.

Interestingly, in the UK, the recent rise in new HIV diagnoses is being partly attributed to increases in HIV testing—of the males who had sex with males diagnosed with the virus in 2002, about half had been

When a lion comes to the village, you don't make a small alarm. You make a very loud one. When I knew of AIDS, I said we must shout and shout and shout and shout.

— Yoweri Museveni
President, Uganda

Regionwise HIV/AIDS Statistics and Features, End of 2004

Region	Adults & Children Living with HIV/AIDS*	Adults & Children Newly Infected*	Adult Infection Rate (%)	Deaths of Adults & Children*
Sub-Saharan Africa	25.4	3.1	7.4	2.3
East Asia	1.1	0.29	0.1	0.051
South and South-East Asia	7.1	0.89	0.6	0.49
Oceania	0.035	0.005	0.2	0.0007
Eastern Europe & Central Asia	1.4	0.21	0.8	0.060
Western & Central Europe	0.61	0.021	0.3	0.0065
North Africa & Middle East	0.54	0.092	0.3	0.028
North America	1.0	0.044	0.6	0.016
Caribbean	0.44	0.053	2.3	0.036
Latin America	1.7	0.24	0.6	0.095
Global Total	39.4	4.9	1.1	3.1

Source: UNAIDS — ** millions*

infected for more than six years.

A welcome trend is emerging in Western and Central Europe and North America. In these developed regions, the number of people living with HIV/AIDS is actually rising, not because of new infections, but because people here have access to anti-retroviral treatment and are living healthily longer than before.

African Americans, who form just 12% of USA's population, accounted for at least 25% of all AIDS cases in 2003; 54% of new HIV infections came from this group. African American women accounted for 72% of new HIV diagnoses in all American women.

The Caribbean is the second most HIV-affected region in the world, with 2.2 million infected people. AIDS is the leading cause of death here among those aged 15-49 years. In the Caribbean, Haiti is at most risk with 2% of its population infected with HIV. Though still concentrated among sex workers here, the epidemic is spreading in the general population, too.

India

Outside South Africa, India has the largest number of people living with HIV/AIDS—estimated to be 5.134 million in 2004. The first case of HIV in India was reported in Chennai, Tamil Nadu, in 1986.

India is one of the few countries that initiated HIV-prevention activities in the very early stages of the epidemic and has maintained its commitment to prevention efforts. Despite these efforts, however, HIV knowledge is still scant and incomplete in

Rural vs Urban: Distribution of HIV+ Population in India

Residence	Male	Female	Infected Population (Lakhs)	Percentage
Urban	13.29	7.98	21.27	41.43
Rural	18.03	12.04	30.07	58.57
Total	31.32	20.02	51.34	100.00

Source: NACO; Figures for 2004

India. India's socioeconomic status, traditional social norms, cultural myths on sex and sexuality, large-scale migration, and its huge population of marginalized people make it vulnerable to the HIV epidemic.

The pattern of HIV infection in India has the following characteristics:

- HIV is affecting mainly young people in the sexually active age group. The age group of 15-44 years has 87.7% of the HIV infections in India;
- The predominant mode of transmission of HIV infection is through sexual contact (85.7%), followed by injecting drug use (2.2%), blood transfusion and blood product infusion (2.6%), and perinatal transmission (2.7%);
- Women are estimated to account for about 39% of HIV infections; and
- The predominant opportunistic infection among AIDS patients is tuberculosis, indicating a potential future high spread of the HIV-TB co-infection.

AIDS Cases in India as Reported to NACO

Total Number of AIDS cases: 111,608

STATE	AIDS CASES	
Andhra Pradesh	12,349	11.1%
Gujarat	5,636	5.05%
Karnataka	2,896	2.6%
Maharashtra + Mumbai	21,231	19.02%
Manipur	2,866	2.56%
Tamil Nadu	52,036	46.6%

Source: NACO; Figures till July 2005

The Indian states with the highest HIV/AIDS prevalence are Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Nagaland, and Manipur.

Pushed by injecting drug use, the epidemic has been in full swing in Manipur for more than a decade and now has a firm presence in the wider population as well. Interpreting data from antenatal clinics in the cities of Imphal and Churachandpur, HIV prevalence has been found to have risen from below 1% to over 5% in 2003.

Injecting drug use is playing a bigger role than previously thought. In Chennai, Tamil Nadu, for example, 26% of drug injectors were already infected with HIV when a sentinel site was established there in 2000; by 2003, 64% were infected.

In most Indian cities where injecting drug users have been surveyed, a quarter of them said they

Risk/Transmission Categories for AIDS Cases Reported to NACO

Risk/Transmission Categories

	NO. OF CASES	PERCENTAGE
Sexual Intercourse	95,941	85.96
Perinatal Transmission	4,059	3.64
Blood and Blood Products	2,231	2.00
Injecting Drug Users	2,672	2.39
Others (Not Specified)	6,705	6.01
Total	111,608	100.00

Source: NACO; Figures till July 2005

lived with a wife or regular sex partner; in Chennai, 46% said so, which probably explains why Chennai also has one of the highest HIV rates among pregnant women in India. In Andhra Pradesh, Karnataka, Maharashtra, and Nagaland, HIV prevalence has crossed the 1% mark among pregnant women.

The HIV/AIDS epidemics in Maharashtra, Tamil Nadu, and Andhra Pradesh are driven by commercial sex. Sentinel surveillance finds no significant drop in HIV prevalence among the sex workers in Mumbai despite decades of safer-sex programmes. HIV prevalence among sex workers in Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu is more than 50%.

HIV Prevalence among Antenatal Clinic Attendees

Antenatal clinic attendees are considered to be representative of the general population

STATE	%
Andhra Pradesh	2.25
Goa	1.13
Karnataka	1.25
Maharashtra	1.25
Mumbai	1.12
Manipur	1.50
Mizoram	1.25
Nagaland	1.43

Source: NACO; Figures for 2004

In Gujarat, Pondicherry, and Goa, HIV prevalence among groups such as STD clinic attendees and intravenous drug users shows a rate of more than 5%.

India does boast of some significant successes: In Tamil Nadu, after several prevention programmes, the number of truck drivers reporting unprotected sex with a sex worker has fallen from 14% in 1996 to 2% in 2003.

Prevention and Control Measures

The second phase of the National AIDS Control Programme (NACP-II) has been established through the National AIDS Control Organization (NACO), the Ministry of Health and Family Welfare, and State AIDS Control Societies in every state.

In 2004, India introduced free anti-retroviral treatment in government hospitals. The programme initially began in the six high-prevalence states. In addition, India is deploying evidence-based planning of all interventions for HIV prevention, care, treatment, and support, by mapping the sections of the population that are the most vulnerable to HIV infection.

Consultations are currently underway for the launch of NACP-III, the third phase of the National AIDS Control Programme, scheduled to begin in 2006.

LONG-TERM IMPACT

HIV is a lentivirus—it has a slow incubation period—which means infected persons are active (and thus, infectious to others) for many years. The true impact of the epidemic is often felt years later.

Since HIV is mainly transmitted sexually, it affects those who are in the prime of their lives—those who are the most socially and economically productive. HIV changes the ratio of dependents to producers.

The HIV epidemic is wiping out development gains, decreasing life expectancy, increasing child mortality, orphaning millions, setting back the situation of women and children, and threatening to undermine national

security in highly affected societies.

ECONOMIC IMPACT

AIDS constitutes a grave threat to development by the mere fact that it kills people in the prime of their working and parenting lives. According to a World Bank calculation, AIDS costs 24 African countries 0.5-1.2% of per capita growth each year. In some countries, conservative estimates indicate that the number of people living in poverty has increased by 5% as a result of the epidemic. The epidemic is causing these countries to slide back.

Governments are suffering a drain on skills, reduced revenues, lower return on social investment, and reduced national security, while facing vast expenses on health and orphan care. Businesses face higher costs in training, insurance, benefits, absenteeism, and illness. Reports are common of healthcare costs rising five or 10 times within a few years. HIV may cut productivity growth by as much as 50% in the worst-hit countries.

SOCIAL IMPACT

HIV overtaxes social systems and impedes the development that enables poor people (especially children) to escape poverty. Life expectancy has plummeted by 20 years in some countries and the number of orphans is expected to more than double by 2010. This will pose unprecedented social welfare demands.

Women in general, and girls in particular, are more vulnerable to HIV/AIDS and are disproportionately affected by the epidemic. Families remove girls from school to care for sick relatives or assume family responsibilities, thereby jeopardizing gains in female health, nutrition, and education. Girls who have not completed their schooling are less likely to obtain the earning power to increase their economic independence, and more likely to resort to transactional sex in order to survive.

Estimates of HIV in India from 1998 to 2004

1998	1999	2000	2001	2002	2003	2004
3.5 million	3.7 million	3.86 million	3.97 million	4.58 million	5.106 million	5.134 million

Source: NACO