



### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]</sup> *	0.3% [0.3%-0.4%]	2009
HIV prevalence - pregnant women (all ages)*	–	–
Number of women living with HIV delivering <sup>[2]</sup> *	[22,000-61,000]	2010
Est. # children (ages 0-14) living with HIV <sup>[1]</sup> *	–	–
Maternal mortality ratio <sup>[3]</sup>	200/100,000	2010
Est. annual births <sup>[4]</sup>	27,165,000	2010
Infant mortality rate <sup>[5]</sup>	48/1,000	2010
Under-5 mortality rate <sup>[6]</sup>	62/1,000	2010

HIV prevalence among adults (ages 15-49) in India was estimated at 0.3% in 2009, with higher rates in the south and southeast regions<sup>[7]</sup>. India has the greatest number of people living with HIV/AIDS in Asia—an estimated 2.4 million as of 2009<sup>[1]</sup>.

It is estimated that there are between 22,000 and 61,000 HIV pregnant women living with HIV in India. Although the percentage of pregnant women tested for HIV increased from 2% in 2005 to 23% in 2010, testing coverage is still low<sup>[2]</sup>.

India has adopted the WHO PMTCT Option A regimen for PMTCT and discussions are underway on whether to shift to the Option B regimen. A costed national PMTCT scale up plan (2010-2015) is in place<sup>[8,9]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

**Figure 1:** Number of new child HIV infections due to mother to child transmission, by scenario, India

Data not available

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[2]</sup> *	[7,900-23,000]	[7,300-21,000]	–	–	–	–	–
	Number HIV-associated maternal deaths <sup>[3]</sup>	2,000 (2005)	1,700	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	–	–	–	–	–	–	–
	ART coverage among children (ages 0-14) <sup>[2]</sup> *	[24-59%]	[24-59%]	–	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) <sup>[2]</sup> *	[0.01-0.02%]	[0.01-0.02%]	–	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) <sup>[10]</sup>	21% (2008)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate <sup>[2]</sup> *	[12-100%]	[12-97%]	–	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[2]</sup> *	–	–	–	–	–	–	–
	Breastfeeding ARV Coverage <sup>[2]</sup> *	–	–	–	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[2]</sup> *	–	–	–	–	–	–	–

## PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

### Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

#### Background Statistics

Young people (ages 15-24) HIV prevalence <sub>[1]</sub> *	Female: 0.1% [0.1-0.2%]	2009
	Male: 0.1% [0.1-0.2%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sub>[11]</sub>	Female: 17% <sub>[11]**</sub>	2005/2006
	Male: 32%	2005/2006
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49) <sub>[11]</sub>	Female: 21%	2005/2006

\*\* Based on small denominator (25-49 unweighted cases)

### Key Points

Among both young men and young women (15-24 years), HIV prevalence was estimated to be 0.1% in 2009. Contraceptive prevalence in India is low, with only about half (54%) of married women (ages 15-49) reporting using any method in 2007-2008<sub>[10]</sub>, and the rate of unintended pregnancies was an estimated 21% in 2005-2006.

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

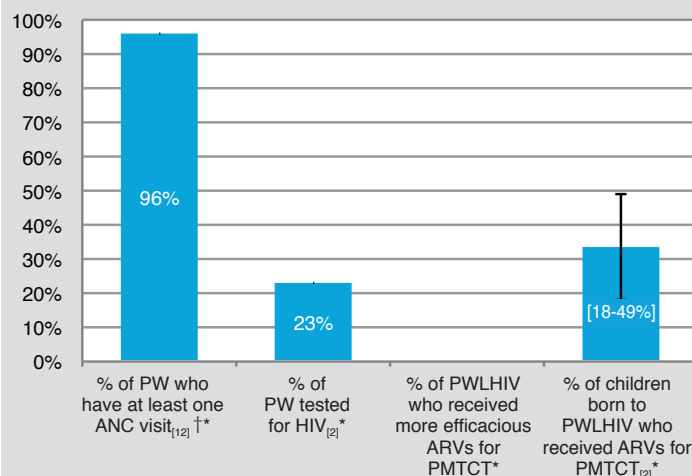
### Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months) <sub>[11]</sub>	No ANC: 23%	2005/ 2006
	<4 months: 44%	
	4-5 months: 22%	
	6-7 months: 8%	
	8+ months: 2%	
	DK: 1%	
Percentage of women attending at least 4 ANC visits during pregnancy <sub>[10]</sub>	Total: 51%	2007/ 2008
	Urban: 69%	
	Rural: 44%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sub>[2]</sub> *	23%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sub>[2]</sub> *	[18-49%]	2010
Skilled attendant at delivery (%) <sub>[10]</sub>	53%	2007/ 2008
Exclusive breastfeeding for infants <6 months <sub>[10]</sub>	46%	2007/ 2008

**Figure 2: Coverage of selected PMTCT interventions (2010)**



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

### Key Points

According to health facility data, the majority of pregnant women (96%) attended at least one ANC visit in 2010; however, survey data suggests significantly fewer attend at least four ANC visits, as recommended by WHO. Survey data from 2007-2008 indicate that 75% of women attended at least one ANC visit while only half (51%) attended at least four and women in urban areas were more likely than women in rural areas to attend four (70% vs. 41%)<sub>[10]</sub>. Despite good ANC coverage, only 53% pregnant women accessed skilled birth attendance at delivery in 2007-2008 and, in 2010, only 23% were tested for HIV. An estimated 18% to 49% of HIV-exposed infants received ARVs for PMTCT in 2010.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

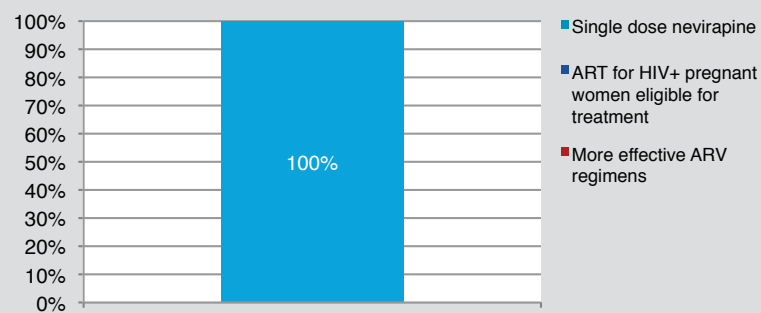
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing <sup>[13]*</sup>	63%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth <sup>[2]*</sup>	[2-5%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[2]*</sup>	[3-7%]	2010

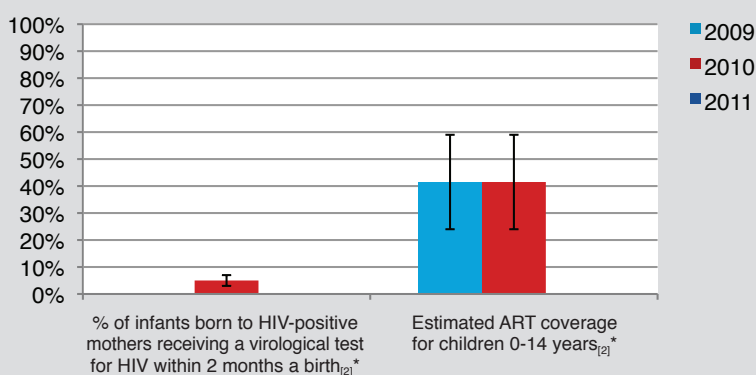
### Key Points

In 2010, nearly two-thirds (63%) of pregnant women identified as living with HIV were assessed with CD4 testing to determine if they were in need of treatment for their own health. The availability of early infant diagnostic services is very limited—between 2% and 5% of HIV-exposed infants were tested for HIV within two months of birth in 2010 and between 2% and 7% received co-trimoxazole prophylaxis. For HIV-positive children (ages 0-15), paediatric ART coverage (ranging between 25-49%) was still very low in 2010. India's PMTCT guidelines were revised in 2010 to provide more efficacious ARV regimens for pregnant women living with HIV, however in 2010 single dose nevirapine was the primary regimen available.

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010<sup>[13]\*</sup>



**Figure 4:** Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



## Key Challenges & The Bottom Line

### Key Challenges

Limited access to PMTCT services, despite good ANC coverage

Single dose nevirapine is still widely used

Very few infants born to HIV-positive mothers receive ARVs for PMTCT, CTX prophylaxis, or are tested for HIV within two months of birth.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

### The Bottom Line

*If national EMTCT targets for India are to be met by 2015, the following actions should be considered:*

Given the number of pregnant women living with HIV in India, expansion of PMTCT services is urgently needed to improve intervention coverage. To do this effectively, India needs to define optimal programming approaches for achieving Global Plan Targets in a low prevalence and populous setting.

Phase out single dose nevirapine and replace with more effective regimens.

Identify bottlenecks to MCH service access and improve ANC visit retention and skilled delivery access is critical, including engagement of the private sector and community groups.

Expand the provision of CTX prophylaxis, EID, ARVs for PMTCT and ART for children with HIV.

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

## References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 3 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 4 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World*, 2012
- 5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011*
- 6 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 7 Government of India, Ministry of Health and Family Welfare, *United Nations General Assembly Special Session Country Report: India, 2010*.
- 8 Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive 2011-2015*, 2011
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, *The Treatment 2.0 Framework for Action: Catalysing the Next Phase of Treatment, Care and Support*, 2010
- 10 Government of India, Ministry of Health and Family Welfare, District Level Household and Facility Survey 2007-2008, Final Report
- 11 India National Family Health Survey 2005-2006, Final Report
- 12 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 13 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011

## Notes:

- \* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- \*\* Based on small denominator (25-49 unweighted cases)
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.

## Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization