



AIDS INDIA INITIATIVE

USINPAC is a united, strong and clear voice representing the Indian American community on Capitol Hill and the White House. The mission of USINPAC is to ensure that we impact policy on issues of concern to the Indian American community.

USINPAC is a conduit for the Indian American community to effectively raise and resolve their issues of concern with decision makers with Federal, State and local governments.

In pursuit of this mission, we support all candidates for public office who address the concerns of the Indian American community. Our approach is bipartisan.

USINPAC has identified HIV/AIDS crisis in India as a major concerns to the Indian American community. So, we are launching AIDS India Initiative to draw the attention of policy and decision makers of US government to this issue.



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HIV/AIDS in India: A Narrow Window of Opportunity

Strategic relations between the United States and India have dramatically strengthened in the past decade, especially since September 11, 2001. India occupies a key space—and has become a key U.S. friend—between the two traditional areas of heavy U.S. security involvement in the Persian Gulf and the western Pacific. The deeply troubled relations between India and Pakistan, both now nuclear powers, make South Asia a dangerous neighborhood. There is good evidence that India's economic growth and political stability provide the most promising backdrop for India to manage its regional relationships peacefully and, one hopes, try to work out a more lasting settlement with Pakistan. Acceleration of the spread of HIV/AIDS in India puts all this at risk, with potentially disastrous consequences for U.S. strategic interests. The parts of India that have been the engine of its impressive economic growth for the past 20 years include the states where the epidemic has already moved into the general population.

This is a critical moment for India, a moment of both hope and danger. India faces the threat of a generalized epidemic that, if not forestalled, will have grave consequences for its national interests, that of the United States, and the region as a whole. The epidemic has begun to spread into the general population in several parts of India. Given India's size and the mobility of its population, the risk of further spread is real

Source: India at the Crossroads, Confronting the HIV/AIDS Challenge, A report of the CSIS HIV/AIDS Delegation to India, January 2004

The United States and India: Partners in Life Science Innovations and Affordable Health Care in the 21st Century

In South Asia and beyond, India stands as a bulwark for values of democracy, pluralism, and global economic interconnectivity that the US recognizes as a vital source of stability. An increased US investment in all aspects of the US-India relationship will pay enormous dividends to US interests throughout Asia for decades to come.

Life Sciences, Pharmaceuticals, and Health Care Policy Objectives

USINPAC has identified the issue of HIV/AIDS in India as one where proactive approach through the collaboration of US policy makers and Indian Americans can make dramatic contributions to reducing the threat of the HIV/AIDS epidemic in India and worldwide.

Background: HIV/AIDS Crisis in India

India's socio-economic status, cultural myths on sex and sexuality and a huge population of marginalized people make it extremely vulnerable to the HIV/AIDS epidemic. In fact, the epidemic has become the most serious public health problem faced by the country since Independence. A report from the CIA's National Intelligence Council projects that the number of people infected with HIV in India will jump to 20-25 million by 2010 unless effective prevention methods are put into place.

Since the first case was reported in Chennai, the capital of the South Indian State of Tamil Nadu, HIV has spread rapidly from urban to rural areas and from high-risk groups to the general population. Although the current national infection rate which is less than 1 per cent seems low compared to some nations in Africa, according to revised estimates of India's National AIDS Control Organization, (NACO), an estimated 3.82-4.58 million people are living with HIV/AIDS in the country.¹ HIV/AIDS has been reported from almost all the states and union territories of the country. The second decade of the epidemic is marked by visible heterogeneity. In fact, India's epidemic is made up of a number of epidemics. For example, the rate of infection has been more than 5% in some prenatal clinics and 50% or higher among sex workers and injection drug users, even though the overall or average rates are much lower. Moreover, one in every four reported cases occurs in women, who are often married with a single partner but become infected through the sexual activity of their husbands outside the marriage.

Population increase, illiteracy, lack of information, stigma, and poverty are the some of the important factors that fuel the epidemic in India. Other factors include rural to urban and interstate migration, myths about monogamous sex and same sex relationships, lack of openness in discussions about sex, drug use and inadequate health care and benefits.

The epidemic has become a major developmental challenge that goes beyond the realm of public health. The emerging complexity of the epidemic has made it an issue that touches all aspects of human life. The perspectives are also key drivers: medical, human rights, ethical, legal, religious, cultural and political. ***The need to prevent HIV and provide care and support to those already infected and affected calls for an unprecedented response from all sectors and nations.***

Overview of the Need

India currently lacks enough supportive programs for vulnerable groups such as sex workers, MSM, drug users and housewives. The country also has limited access to critical health services, including treatment for STDs, and confidential HIV/AIDS testing. For example, public health expenditures for India fall below 6 percent of the gross domestic product. In India, the government spends a total of \$12 per year per person on health care. Per capita, each individual receives less than \$1 per year for AIDS. Despite stepped-up efforts by the Government of India, many local NGOs in India, and a number of international agencies, there remain significant gaps requiring attention.

Sources: UN Agencies, World bank, UNAIDS Epidemiological Fact Sheet - 2000, Census of India - 2001, NACO-India Responds to HIV/AIDS

Specific needs include:

- a. Awareness campaigns among the mainstream public [main mode of transmission is heterosexual transmission] – majority of the prevention efforts are targeted at the high-risk population including sex workers, truckers and migrant workers.
- b. Awareness campaigns in the rural areas.
- b. Awareness campaigns to reduce stigma about the disease.

¹ Data presented on December 1, 2003, by Indian Government.

- c. Strengthen programs in low prevalence States; if not, they will eventually become high prevalence States.
- d. Accelerated work in the Private sector in relation to blood products and unsafe injection practices.
- e. Scale up PMTCT programs in the Private and the NGO sector
- f. Scale up care, support and treatment in Government, Non-Government and Private sector (including HAART)
- g. Develop Human Rights protection programs for women and children
- j. Develop policies and programs for orphan care: 300,000- 500,000 orphan children projected within the next ten years.
- k. Advocacy with and involvement of the religious sector
- l. Scale up of workplace interventions and greater involvement of the business sector

Additional Perspectives

The impact of preventive efforts is strengthened by the availability of treatment, because lack of hope fuels the epidemic, and hope supports safer practices.

Grappling with the ever-spinning spiral of rising health care costs is one of the most prominent issues on the minds of government officials in the U.S and India. Among these high costs are those for HIV/AIDS antiretroviral drugs (ARVs). Recent efforts have focused on distributing these antiretroviral drugs to developing nations, and within developing nations, on reducing the cost through local production and international agreements. However, even when prices are reduced the costs are beyond the reach of most of the population of India.

- Public health expenditures for India fall below 6 percent of the gross domestic product.
- In India, the government spends a total of \$12 per year per person on health care. Per capita, each individual receives less than \$1 per year for AIDS.
- Funding for prevention efforts is in direct competition with funding for anti-retroviral (ARV) drugs, but this need not be so. Currently, 60 percent of the \$378 million in grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria has gone towards HIV projects, and 21 of 28 countries receiving those grants will use the money to purchase ARV drugs.
- It has been demonstrated in Brazil that the distribution and use of ARVs in resource-poor communities need not be as difficult as previously feared. In India, a commitment has been made to provide ARVs to pregnant women in order to prevent mother-to-child transmission. Scheduled to begin in April 2004, provision of ARVs will be targeted to 100,000 women, children, and people living with HIV/AIDS, currently attending government hospitals.
- Spending scarce funds on small AIDS prevention projects will not be useful unless they can be coordinated and used to demonstrate effectiveness, and the knowledge gained

must then be made publicly available both in international scientific forum and to the larger public domain.

- The use of foreign donor funds by the Indian government can be strengthened through better coordination and management of funds at the central and state levels.

How United States Government Can Help Stabilize and Reverse HIV/AIDS in India

The HIV/AIDS epidemic in India is not only an Indian problem, and not only an American problem; rather, it is one of the most dangerous epicenters of a global crisis that threatens the health systems, economies and lives of citizens worldwide. Nations such as India require programs that proactively prevent infection, and that meet the nations' requirements for a healthy society, before disease and illness undermine local and international productivity as they have begun to do in some regions of Africa. Evidence shows that focusing efforts on prevention, while strengthening treatment programs can avert more infections and deaths from AIDS in developing nations than by focusing on prevention alone.

The HIV/AIDS epidemic finds its deep roots in developmental needs within a nation: education, empowerment for women, overcoming poverty, and promoting gender and sex education. These issues must be addressed by developing sustainable programs that will put an end to this epidemic in the long term.

The existing bilateral relationships between various counterparts in The Government of India (GOI) and the United States Government (USG) are very strong. The relationship spans several decades, and involves many different USG agencies, including the U.S. Agency for International Development (USAID), the National Institutes of Health (NIH), and the U.S. Centers for Disease Control and Prevention (CDC). Despite the many successes of current HIV/AIDS programs, Fiscal year 2004 and Fiscal year 2005 budget levels for both USAID and CDC have been straightlined. Consequently, many new opportunities for scaling up HIV/AIDS preventions and treatment programs have been put on hold.

Recommendations:

- United States should make the HIV/AIDS epidemic in India *a foreign policy priority*, increasing funding for prevention and treatment, bridging identified gaps in funding and program needs.
- A thorough review of funding mechanisms (process and effectiveness) be executed to ensure that grassroots organizations and state and national agencies receive the necessary funds and management expertise to combat HIV/AIDS effectively at all levels.

- Review best practices for combating TB in India, and build on these successes, combining efforts in the fights against TB and HIV/AIDS.
- The U.S. Peace Corps consider adopting the HIV/AIDS crisis in India as part of its agenda.

How Indian American Community can Help: Potential Contribution from Indian American Organizations

- Mobilize the Indian American community, especially the medical, public health and business community, to participate in combating the HIV/AIDS crisis in India through financial contributions, public awareness, and volunteerism.
- Encourage the Indian American community to become a strong voice with the US policy makers and other major donors on the issue of HIV/AIDS issue in India.
- Mobilize young people for volunteer work in India.
- Increase political awareness in India and amongst the Indian American community to leverage more GoI resources in the fight against HIV/AIDS.
- Select target areas where Indian Americans can work in support of work in India.
- Work with organizations that are well connected with India's leadership, to make the fight against HIV/AIDS a priority.

The mission of USINPAC is to impact US policy on issues of concern to Indian Americans. These issues, like the constituency, span the areas of life sciences, strategic defense, economic development, foreign relations, and high tech. Accordingly, many Indian Americans have professional involvement in medical, life sciences and pharmaceutical fields. These sectors represent an important opportunity for strengthening the US-India relationship.

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