

## Press release

### **2.5 million people in India living with HIV, according to new estimates**

*Improved data from more sources gives better understanding of AIDS epidemic in India*

**New Delhi, 06 July 2007** – The new 2006 estimates released today by the National AIDS Control Organization (NACO), supported by UNAIDS and WHO, indicate that national adult HIV prevalence in India is approximately 0.36%, which corresponds to an estimated 2 million to 3.1 million people living with HIV in the country. These estimates are more accurate than those of previous years, as they are based on an expanded surveillance system and a revised and enhanced methodology.

As part of its continuing effort to know its epidemic better, the Indian Government has greatly expanded and improved its surveillance system in recent years and increased the population groups covered. In 2006, the government created 400 new sentinel surveillance sites and facilitated National Family Health Survey-3, which is a population based survey.

Launching the third phase of the National Programme, Dr. Anbumani Ramadoss, Union Minister for Health and Family Welfare said, "Revision of estimates based on more data and improved methodology marks a significant improvement in systems and capabilities to monitor the spread of HIV, a sign of the progress we have made in understanding the epidemic better. This is welcome progress. Unfortunately, the new figures still point towards a serious epidemic with the potential to trigger off if the prevention efforts identified in the NACP III are not scaled up rapidly and implemented in the desired manner. We must remember that India has nearly 30 lakh<sup>1</sup> people living with HIV. These are people facing stigma, discrimination and irrational prejudice everyday of their lives and need all our support and understanding." The Minister called upon his colleagues in the medical profession and civil society organizations to fight stigma and discrimination.

Resulting from a more robust and enhanced methodology, the revised estimates will be used to improve planning for prevention, care and treatment efforts. "While it is good news that the total number of HIV infections is lower than previously thought, we cannot be complacent. The steady and slow spread of the HIV infection is a worrying factor. The better understanding of India's epidemic has certainly enabled us to have more focused HIV prevention and treatment strategies and more effective deployment of resources," said Mr. Naresh Dayal, Secretary Health and Chair of the National AIDS Control Board.

The new methods developed for the revised estimates has also been used to "back-calculate" the prevalence for years since 2002 based on the new set of assumptions and measures. These figures allow a fair comparison of year-on-year trends in HIV prevalence. They show an epidemic that is stable overtime with marginal decline in 2006.

Commenting on the new estimates and guarding against their misinterpretation, Sujatha Rao, Additional Secretary and Director General, National AIDS Control Organization said, "The calculation of figures for several years, using the new model helps us understand that the new lower estimates do not mean a sharp decline in the epidemic." Cautioning against

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<sup>1</sup> 1 lakh=100,000

an easing off the momentum of the HIV response she added, "Using a similar methodology led to downward revision in estimates in some countries such as Zambia and Rwanda. We will convince all stakeholders to stay energized and to retain the hard-fought gains of the last decade."

Showing confidence in the commitment of the Indian leadership, Dr. Denis Broun, UNAIDS Country Coordinator said, "The trends evident from the latest estimates validate India's national AIDS strategy. Taking encouragement from the new lower estimates the national authorities should increase the strength of their HIV programmes. We must scale-up efforts to reach universal access to HIV prevention, care and treatment. Though the proportion of people living with HIV is lower than previously estimated, India's epidemic continues to be substantial in numbers. Despite the lower prevalence estimate the cost of prevention efforts required to control the epidemic remains the same."

WHO Representative, Dr. Salim Habayeb commended the vision of the Government of India in the last 15 years for addressing the HIV epidemic. He also commended the efforts of the states, civil society, partner agencies as well as the valuable role of the media in facilitating the creation of an enabling environment. "The HIV burden remains substantial. India's efforts, especially those in prevention, are noteworthy and should be further scaled up along with provision of Universal Access to treatment for those who need it."

### **HIV prevalence shows signs of slight decline among general population**

While overall, the HIV epidemic shows a stable trend in the recent years, there is variation between states and population groups. The good news is that in Tamil Nadu and other southern states with high HIV burden where effective interventions have been in place for several years, HIV prevalence has begun to decline or stabilize.

### **New pockets of high HIV prevalence identified**

HIV continues to emerge in new areas. The 2006 surveillance data has identified selected pockets of high prevalence in the northern states. There are 29 districts with high prevalence, particularly in the states of West Bengal, Orissa, Rajasthan and Bihar.

### **HIV prevalence continues to be high among vulnerable groups**

The 2006 surveillance figures show an increase in HIV infection among several groups at higher risk of HIV infection such as people who inject drugs and men who have sex with men. The HIV positivity among Injecting Drug Users (IDU) has been found to be significantly high in metro cities of Chennai, Delhi, Mumbai and Chandigarh. Besides, the states of Orissa, Punjab, West Bengal, Uttar Pradesh and Kerala also show high prevalence among IDUs.

While data does suggest that HIV prevalence levels are declining among sex workers in the southern states, overall prevalence levels among this group continue to be high, necessitating a scaling up of focused prevention efforts among these groups.

"Only by controlling the epidemic among the vulnerable groups can the dynamic of the epidemic be broken," said Sujatha Rao, Additional Secretary and Director General, NACO.

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