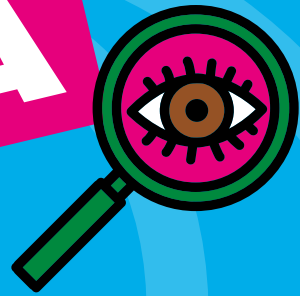


INDIA



**HIV PREVENTION
& ACCOUNTABILITY
A COMMUNITY
PERSPECTIVE
2023**

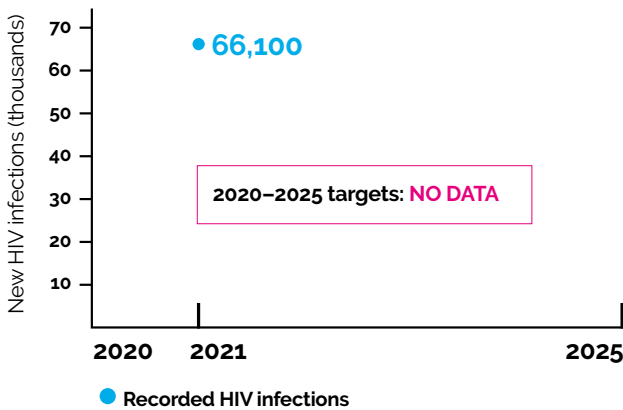
SUMMARY OF CIVIL SOCIETY ANALYSIS

India has made notable progress on enhancing its data collection efforts and now has accurate population size estimates (PSEs) for all key groups, including prisoners and transgender people.

However, significant challenges persist. Greater attention and investment is needed to address gender-based violence (GBV) effectively. While the government has been a vocal champion of harm reduction, legislation that criminalises drug use and personal possession needs to be revised. Other legislation that seeks to protect and uphold the basic rights of communities living with and most affected by HIV needs to be enacted to create an enabling environment.

One of the most critical steps is to share information and engage meaningfully with communities and key populations in monitoring and tracking progress on HIV prevention.

NEW HIV INFECTIONS FOR ALL AGES



Source: UNAIDS, The Global HIV Prevention Coalition

NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

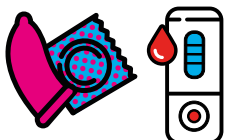


KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2022	2022	2022	2022
Estimated HIV prevalence	1.9%	3.3%	9%	NO DATA
HIV prevention service coverage	77%	66%	46%	NO DATA
Avoidance of healthcare due to stigma and discrimination	27%	29%	29%	9%

Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)

✗ No they are delivered separately

Source: [National Commitments and Policy Instruments Database](#)



NO DATA

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

STRUCTURAL BARRIERS



LEGAL ENVIRONMENT	Criminalised?
Same-sex sexual acts	NOT CRIMINALISED
Sex work	NOT CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	NOT CRIMINALISED
HIV transmission, non-disclosure, or exposure	NO DATA

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

INDIA



GENDER VIOLENCE



24%

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

STIGMA



Latest stigma index report conducted in

2011

Source: [Global Network of People Living with HIV \(GNP+\)](#)

FINANCING



15% Abuja Declaration target

2% of government budget to health expenditure

Source: [PRS Legislative Research](#)



International funding for HIV prevention

0%

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

100%

ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✗ No, for adolescents under 18 years old



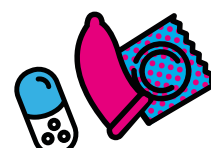
HIV testing without parental consent

✗ No, for adolescents under 18 years old



National CSE curricula in place

✓ Only in secondary



26.17%

Knowledge of HIV prevention amongst adolescents (aged 15–24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)

PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



ACTION

1

EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



India's National AIDS and Sexually Transmitted Disease (STD) Control Programme (NACP) has a new strategy in place (Phase V 2021–2026), which builds on past successes, with a focus on eliminating the vertical transmission of HIV, syphilis and hepatitis B.

The Phase V Plan is aligned with other global initiatives such as the Joint United Nations Programme on HIV and AIDS (UNAIDS) Global AIDS Strategy (2021–2026) and the Global Fund Strategy (2023–2028). Priority areas have been identified, including strengthening India's flagship Targeted Intervention (TI) Programme, rapidly reducing stigma and discrimination, enhancing treatment literacy, involving communities in decision-making and developing new community-led monitoring systems.

An Integrated Biological and Behavioural Surveillance (IBBS) survey was completed in 2022, which provided a mapping of high-risk areas and population size estimates (PSE) for all key populations. The government worked collaboratively by creating Community Advisory Boards in each district to ensure the active participation of high-risk groups at every stage of the process.

The IBBS data has been supplemented with the 2021 HIV Sentinel Surveillance Survey (HSS) among pregnant women, single male migrants, long distance truckers, prisoners, female sex workers, men who have sex with men, hijra/transgender, and people who inject drugs. For the first time, biomarkers for the hepatitis B virus and hepatitis C virus were integrated in HSS for pregnant women and prisoners. However, these are needed across all key and vulnerable populations in India. The National Family Health Survey (2019–21) also includes sections on HIV, AIDS and domestic violence.

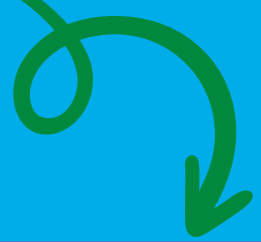
RECOMMENDATIONS

- ✓ Incorporate mapping and PSEs into existing programme structures within the NACP (e.g. India's targeted intervention programmes) every two years.
- ✓ Document syphilis and hepatitis B and C data in programmes routinely, as ongoing prevalence estimates amongst key and vulnerable populations in India.

ACTION

2

PRECISION PREVENTION APPROACH



The NACP Phase V Strategy aims to reduce new HIV infections by 80% by 2025–26 among high-risk groups through existing peer-led TI Link Worker Schemes and other integrated service delivery approaches. India has made progress by reducing new HIV infections by 46% from 2010 to 2021, but it still falls short of the reductions needed to meet the 2025 targets. As of 2022, the progress against the UNAIDS' [95-95-95](#) target is 79-86-93.

Output and outcome target estimates have been established at the national, state and district levels. Community networks are included, but there is scope to engage them more meaningfully.

However, these targets do not fully address the structural barriers that drive new HIV infections in India. While the Phase V Plan seeks to eliminate stigma and discrimination, there is no baseline data for most high-risk groups, making it difficult to monitor progress. The strategy also intends to enhance support for women living with HIV, adolescents and hijra/trans women by expanding access to gender-sensitive approaches. However, it does not have specific targets for reducing GBV, nor does it outline clear objectives around legal change.

Several forums exist to oversee progress and track programme quality, which includes various Technical Resource and Technical Working Groups (TWGs). However, the meeting schedules for these groups are determined by the National AIDS Control Organization (NACO), a division of the Ministry of Health and Family Welfare, as and when required. Civil society is calling for the groups to meet quarterly. The representation of key and vulnerable populations within TWGs is also a concern, with youth advocates and women who use drugs advocating for greater inclusion.

RECOMMENDATIONS

- ✓ Establish targets for structural interventions aligned with UNAIDS' [10-10-10 goals](#), including the elimination of legal barriers, reduction of GBV and addressing human rights barriers to service.
- ✓ Organise quarterly TWG meetings and strengthen efforts towards meaningful community engagement, including representation by youth networks and women who use drugs.

ACTION

3

COUNTRY INVESTMENT NEEDS



The estimated expenditure of the Department of Health and Family Welfare in 2023–2024 is approximately 2% of total central government expenditure. This is a 13% increase in the funding available compared to last year, but it is marginal as a percentage of overall annual government budget. So India's expenditure on health still does not meet national policy targets.

NACP Phase V also received an increased budget allocation, with the overall budget mostly financed domestically. This will support the scale-up and consolidation of existing services. The largest share of HIV funding goes to antiretroviral treatment (ART), followed by the TI programme for high-risk groups. However, there is no information regarding funding for social enablers or human rights-focused programming.

Tracking current HIV expenditure remains a challenge. Historically this was done through the NACO Annual Report but this information is now subsumed within the Ministry of Health and Family Welfare's annual report, which makes it more difficult to track the breakdown of spending. There has been no National AIDS Spending Assessment (NASA) for several years, making it hard to assess the levels of investment.

As domestic financing increases, external donor investment

for HIV is seen as more catalytic within a broader landscape. The focus for the current Global Fund investment is to align with national priorities, with the aim of transferring key activities to domestic funding. However, due to a delay and operational challenges, there is considerable risk to the programme's sustainability.

For the next Global Fund grant cycle (2024–2027), the HIV prevention budget seems to be approximately US\$7 million, although this is yet to be finalised. It is notable that civil society has limited oversight and influence over financing discussions.

RECOMMENDATIONS

- ✓ Publish an annual budget, and monitor/report on expenditure for HIV prevention. This includes budget allocations and spending for each of the five pillars/ community groups.
- ✓ Increase investment for programmes on social enablers and address human rights barriers to services.
- ✓ Strengthen preparations for transitioning HIV prevention programmes from external donors to domestic funding in order to mitigate risks to sustainability and engage civil society in transition preparedness and sustainability planning.

ACTION

4

HIV PREVENTION POLITICAL LEADERSHIP



NACO coordinates the national AIDS response, crafting annual action plans with targets and budgets at national and state levels. Under the mainstreaming programme, NACO has signed Memorandums of Understanding (MOUs) with 18 government ministries and departments. The MOUs are designed to generate additional resources, encourage service integration, support the establishment of new social protection mechanisms for high-risk groups and ensure multi-stakeholder ownership by various sectors, including civil society.

However, a change in how funding is allocated has caused problems. Previously, NACP received 100% of its funds directly from central government, but when the government transitioned it into a centrally sponsored scheme, requiring states to contribute 40%, this caused disruptions and programme closures. Although this unpopular decision was reversed in 2017–2018, the impact is still being felt and this has slowed the pace of implementation.

Another challenge has been interruptions in the supply of screening kits, essential diagnostic equipment and ART. These challenges have been worsened by slow government responsiveness, high staff turnover in the health system and the slow disbursement of funds within government. Greater coordination between National Health Missions (NHMs) and State AIDS Control Societies (SACS) is also needed.

RECOMMENDATIONS

- ✓ Strengthen the supply chain for essential screening kits for both HIV and AIDS, as well as diagnostic equipment and ART.
- ✓ Increase coordination between NHMs and SACS, in order to ensure HIV prevention services are provided without delay or disruption.

ACTION

5

COMMUNITY-LED HIV PREVENTION SERVICES



The NACP recognises the importance of civil society and community participation. In partnership with civil society, NACO provides HIV prevention services, primarily through the TI programme. The new Global Fund grant (GC7) will also play a catalytic role by investing 61% of the funding directly to community-led organisations.

The government is keen to build on this success and has developed a new framework on community system strengthening (CSS). This is centred on piloting and up-scaling integrated service delivery models or "one-stop centres", which provide comprehensive healthcare, including mental health and social protection for high-risk groups. There is also a focus on fostering an enabling environment, boosting access to prevention and testing services and increasing programme quality through community-led monitoring (CLM).

The government is operationalising this approach through a range of activities. These include training "community champions" from key and vulnerable populations and people living with HIV to support their communities and bridge the gap between service users and the healthcare

system. However, these champions are unpaid, highlighting the need for more resources for community-led interventions.

Technical support is provided at various levels, including through Strategic Expertise Technical Units (SETU). Established by the NACP and implemented by the non-profit organisation FHI360, these units cover all states and union territories, offering strategic guidance and capacity building to NACP stakeholders, including civil society. NACO also conducts capacity-building programmes for community-based organisations. Continued gaps in providing sufficient technical assistance and capacity building to community-led networks to qualify for funding has been flagged as a major concern.

RECOMMENDATIONS

- ✓ Work alongside government and donors to develop targets that capture civil society's contribution to the HIV prevention response.
- ✓ Provide technical support and capacity building to community-based organisations to ensure that they can meet the criteria for donor and government funding.

ACTION

6

REMOVE SOCIAL AND LEGAL BARRIERS



While there have been some progressive legal reforms, the Foreign Contribution Regulation Amendment (FCRA) Act (2020) has imposed stricter rules on internationally funded civil society organisations (CSOs), preventing the transfer of funds between organisations and therefore hitting smaller organisations hardest. Over 20,000 organisations, including large international organisations, lost their FCRA licences.

Despite laws against GBV, levels of violence have been increasing in recent years, especially against women from marginalised groups and children. Most GBV cases go unreported and even when reported, there is often no redress. The government must urgently address GBV as a public health issue, including by developing a dedicated GBV strategy that can challenge GBV and harmful practices, address impunity and ensure services for survivors are standard across states.

The Transgender Persons (Protection of Rights) Act (2019) prohibits discrimination in healthcare settings. However, it has not been implemented at scale. According to trans and gender diverse groups, the legislation does not go far enough.

The legal environment for people who use drugs is also problematic. A staggering 75% of people who are eligible for drug treatment services are unable to access them. Civil society welcomes the Supreme Court's acknowledgment of sex work as a profession and its emphasis to protect the rights of sex workers. Brothels and sex trafficking remain illegal. Despite this advancement, high levels of stigma and police harassment remains a huge problem for sex workers.

People living with HIV are protected under the HIV Prevention and Control Act (2017). However, stigma

continues to be a barrier in accessing services. In 2022, NACO introduced a Handbook on Stigma and Discrimination Prevention in settings related to HIV and AIDS. The handbook emphasises understanding the specific needs of high-risk groups in health, work, community, education and media. Training programmes are underway for staff across state AIDS control societies and prevention units, with the monitoring of complaints led by the state ombudsman.

Education is often overlooked in the HIV prevention response in India. The current school-based sexuality education programme aimed at 13 to 18-year-olds, introduced in 2009, has been praised for its comprehensive approach. However, a 2011 evaluation revealed poor implementation and minimal follow-up. No further assessments have been done, leaving the programme's impact unclear. Programmes for out-of-school youth also exist, but greater funding, coordination and oversight is needed.

RECOMMENDATIONS

- ✓ Develop a national, multi-sectoral GBV strategy and invest in preventing GBV, ending impunity and scaling up quality services for GBV survivors.
- ✓ Establish a committee, including community members, to reform the outdated Narcotics Drugs Psychotropic Substances Act (1985).
- ✓ Work with the Ministry of Education, UN partners and youth networks to improve and update the school-based sexuality education programme.



ACTION

7

PROMOTE HIV PREVENTION INTEGRATION



Condom use varies among key populations, with use among sex workers at 74.2%. A national condom programme was launched in 2008. However, demand has decreased in some states due to supply issues and a reduction in face-to-face counselling as a result of the shift to virtual spaces.

Oral pre-exposure prophylaxis (PrEP) was added to the national guidelines in 2021 but is not covered by government programmes. The monthly cost of PrEP remains unaffordable for many. There are no costed implementation plans or demand creation activities. A PrEP trial was conducted in India focused on sex workers, but has not resulted in the routine availability of PrEP for sex worker communities.

NACO has adopted a “test and treat” policy, involving regular viral load testing for patients on ART. Index testing for sero-discordant couples has also been prioritised to fast-track the detection of HIV. Although resource limitations remain a barrier, NACO has scaled up access to routine viral load testing by expanding the capacity of public sector laboratories and outsourcing this process to other laboratories using public-private partnerships.

Minimum service packages exist for all key populations, including men who have sex with men, sex workers, people

who use drugs and hijra/transgender people. NACO recognises prisoners as a high-risk group and has initiated a nationwide testing and treatment campaign in prisons and other closed settings.

The integration of HIV services into primary healthcare is expanding across India, specifically for people living with HIV and high-risk populations, through a “shared responsibility” principle. NACP is also emphasising the need for greater collaboration with the private sector. Despite this progress, integration strategies at the state level vary based on context and funding. An Advisory Committee has been proposed to oversee integration efforts, with the private sector also reporting into the national programme.

RECOMMENDATIONS

- ✓ Improve condom distribution and the supply chain in states where there are concerns.
- ✓ Develop, fund and implement a costed implementation plan for PrEP and promote its availability to high-risk individuals.
- ✓ Set up state-level Advisory Committees to oversee service integration and improve access to high-risk groups.



ACTION**8****NEW HIV PREVENTION TECHNOLOGIES**

Aurobindo Pharma Limited has signed a voluntary sub-licensing deal with the Medicines Patent Pool to develop and market Cabotegravir Long-Acting Injectable PrEP (CAB-LA) for distribution in 90 low and middle-income countries, including India. However, the costs remain high and there are currently no plans for implementation studies.

Registering new products in India has always been a challenge due to bureaucracy, lengthy reviews and requests for local clinical trial data. While recent reforms designed to help streamline these processes are welcome, the full impact of these changes are yet to be felt.

The COVID-19 pandemic disrupted HIV product supply chains and reduced capacity – leading to higher production costs. Shortages in materials and increased freight costs have resulted in a predicted 10-25% increase for antiretrovirals (ARVs), exacerbating rising costs of HIV treatment and prevention. Civil society has tried to combat these challenges and reach communities with support and services and the use of innovations has increased since the pandemic. For example, increased virtual outreach initiatives reached a greater number of young people engaging in risky behaviours, including many who did not want to register for the government TI programme. However, advocates emphasise the need for further adjustments to the national strategy, to respond to these ongoing shifts.

NACP IV's mid-term appraisal recognised the need for internet-based approaches to support changing dynamics

in Indian society. As a result, virtual drop-in centres, social media risk awareness campaigns, incentives on dating apps for HIV prevention, chatbot support and online healthcare platforms have all been piloted.

Another notable innovation is the STAR HIV Self Testing project, which assessed the feasibility of HIV self-testing (HIVST) in India with high-risk groups. The results revealed that HIVST was convenient and effective, reduced stigma associated with seeking care and made testing more accessible. These promising results have generated enthusiasm for its continued use.

Revised guidelines for Multi Month Dispensing (MMD) of ART have recently been developed. Three-month MMD is already being rolled out across healthcare facilities and a six-month MMD approach is being trialled at selected PEPFAR sites.

RECOMMENDATIONS

- ✓ **Urgently approve CAB-LA in order to pave the way for national implementation studies and rollout, as well as accelerating dialogues with donors and developers on price reductions for these new technologies.**
- ✓ **Develop a national policy on HIVST, including a funding plan, to facilitate its introduction for key populations and their partners.**
- ✓ **Continue to scale up virtual initiatives to reach those who are hardest to reach through the TI programme.**

ACTION**9****REAL-TIME PREVENTION PROGRAMME MONITORING**

NACO actively monitors progress toward the 95-95-95 targets through TWG meetings and appraisals. It also contributes to the National Data Analysis Platform (NDAP), which holds data across different government departments. NACO produces an annual status report, which tracks progress against key indicators at both national and sub-national levels. The State/Union Territories Scorecard for the NACP is also prepared biannually and evaluates regional performance, highlighting areas for improvement across 30 indicators.

NACP Phase V calls for collaboration with various partners to capture HIV-related services accurately. Data collection primarily occurs through the Strengthening Overall Care for HIV beneficiaries (SOCH) Portal, with HIV Counselling and Testing Service (HCTS) facilities, designated STI/RTI Clinics (DSRC), Anti-Retroviral Therapy Centres (ARTC), District Integrated Strategy for HIV/AIDS units (DISHA), civil society and community-based organisations all reporting into this.

The data is disaggregated by sex, age, location and community. NACO is committed to enhancing data quality

and has expanded collection to the sub-district level, although some gaps remain. Data collection is a vital component of programme management under NACO's performance-based model for Technical Support Units (TSUs), non-governmental organisations and community-based organisations. Civil society has been trained to enter data on the system, although some gaps remain, particularly at the district level.

Both NACO and NACP prioritise data security through robust Standard Operating Procedures (SOPs). Data validation is integrated into the systems, although challenges persist due to software transitions, infrastructure limitations and technical capacity issues. There is no separate validation process for civil society.

RECOMMENDATIONS

- ✓ **Build the capacity of staff, especially field staff of community-based organisations, on the use of SOCH.**
- ✓ **Develop a system that will periodically triangulate data between civil society and community-led organisations implementing prevention programmes, SACs and NACO.**

**ACTION****ACCOUNTABILITY FOR HIV PREVENTION****10**

In collaboration with the Ministry of Health and Family Welfare and NACO, the government has identified priorities and provided guidance through the NACP Phase V strategy. However, a comprehensive national Road Map with clear milestones is yet to be developed.

Government accountability could be strengthened in processes related to the submission of data to the Global HIV Prevention Coalition (GPC) by sharing it with civil society before submission. Participation of civil society and communities in data validation has decreased over the last five years, exacerbated by COVID-19. In 2023, civil society was not asked to validate the data provided to UNAIDS as part of the Global AIDS Monitoring (GAM) process.

Civil society is also dissatisfied with the data presented in the annual GPC scorecards. While advocates appreciate the focus on key populations and ARV-based prevention, significant gaps remain with prevention of mother-to-child transmission and progress in eliminating structural barriers. The lack of data is worrying given the robust monitoring systems. India's engagement in the GPC events and processes is critical and it is integral that this is addressed.

Achieving a more transparent and inclusive approach to HIV

prevention accountability is essential to help India meet its goals to end AIDS by 2030.

After a successful pilot, the government has lengthened a community-led monitoring (CLM) project in Delhi, Maharashtra and Telangana. This initiative involves interviewing service users, evaluating facility performance through scorecards, identifying best practices and developing action points for healthcare providers, but it primarily focuses on treatment. To ensure accountability, the government must be receptive to this information and use it to build a stronger HIV response.

RECOMMENDATIONS

- ✓ **Develop a national HIV Prevention Road Map with clear milestones, in collaboration with civil society and community networks.**
- ✓ **Meaningfully and actively involve CSOs and community networks in all reporting to UNAIDS, including the scorecard data, the annual survey and the GAM data.**
- ✓ **Work with donors to scale up CLM projects that focus on HIV prevention.**



METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

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