



THE INDIA PROGRAM

Working with Women, Children, and Families to End Pediatric AIDS

EGPAF IN INDIA

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been in partnership with Solidarity and Action Against The HIV Infection in India (SAATHII) since 2002. Together we are working to prevent mother-to-child transmission (PMTCT) in the private health sector, filling a gap expressed by the Ministry of Health (MOH). The program supports services in 364 private and faith-based hospitals spread across four high HIV prevalence states in Andhra Pradesh, Maharashtra, Manipur, and Karnataka. Together, we have provided HIV testing to over one million women.

The EGPAF/India program complements government programs by reaching unreached populations, specifically women accessing the private and faith-based maternity hospitals. The EGPAF/India program accounts for 10-20% of total coverage of PMTCT services in the private sector, and 80% of the private sector reporting in the states of Andhra Pradesh, Karnataka, and Maharashtra.

COUNTRY PROFILE*

Population	1,324,171,000
Number of people living with HIV	2,100,000
Adult (15-49 years of age) HIV prevalence	0.3%
Women aged 15 and older living with HIV	800,000
New HIV infections in 2016	80,000
Deaths due to AIDS in 2016	62,000
Coverage of adults and children receving ART	49%

EGPAF AND SAATHII PROGRAM GEOGRAPHIC COVERAGE

KEY PROGRAM ACCOMPLISHMENTS**

Since 2002, EGPAF and SAATHII have:



Through EGPAF-supported programs, averted HIV infections in **over 1,100 babies**



Started over **6,000 pregnant women** on antiretroviral treatment (ART)



Provided **more than 3,091,000 women** with critical PMTCT services

- Sources: Joint United Nations Programme on HIV and AIDS (UNAIDS), India HIV and AIDS estimates (2016); World Bank, India, population estimates (2016)
- ** Data as of May 2018



PROGRAM IMPLEMENTATION

Catalyzing Pediatric Tuberculosis Innovations (CaP TB) Project (2017-2021)

This Unitaid-funded project aims to improve TB screening in children, accelerate access to TB diagnosis and new child-friendly treatments for both active and latent tuberculosis - a disease which affects one million children worldwide. This project, launched in 2017, will bring new child-friendly TB drug formulations and improved diagnostic technology to ten countries, including India. The project is implemented in India through a collaboration with SAATHII.

Complementary Project for Elimination Project (2017-2018)

As an EGPAF sub-recipient, SAATHII is implementing the Complementary Project for Elimination (COPE) Reaching Women and Children with HIV Services in India project through support from Gilead. EGPAF and SAATHII have partnered since 2002 to provide technical assistance to the Indian government and private sector. These life-savings efforts have resulted in EGPAF and SAATHII becoming one of the largest supporters of PMTCT efforts in India, complementing government programs with specific focus on women accessing the private health sector and filling a critical gap in PMTCT services in private sector health facilities. SAATHII has gained expertise in the implementation of outreach services to HIV positive pregnant women through COPE project. This project has contributed to tracking and retention of HIV positive pregnant women/mother-baby pairs through an increase in HIV status confirmation of single test reactive pregnant women, timely initiation of antiretroviral therapy and early infant diagnosis of HIV exposed babies from 6 weeks to 18 months.

Through the current Gilead COPE project, SAATHII is implementing outreach services to HIV positive pregnant women and assists The Global Fund to fight AIDS, Tuberculosis, and Malaria-funded PMTCT project "Svetana" in the scale-up of outreach services in 361 districts across 22 states/Union Territories in India, while continuing outreach services in 35 districts from previous project years. Additionally, EGPAF and SAATHII are emphasizing improvements in the quality and implementation efficiency of Svetana and SAATHII's other programs through provision of customized technical assistance by EGPAF teams.



The activities described here were made possible by the generous support of the American people through the U.S. Centers for Disease Control and Prevention under the U.S. President's Emergency Plan for AIDS Relief and with funding from Unitaid and Gilead. The content included here is the responsibility of EGPAF and does not necessarily represent the official views of these donors.





