India

Operational Plan Report

FY 2013

Operating Unit Overview

OU Executive Summary

I. THE CONTEXT OF THE HIV RESPONSE IN INDIA

Epidemiology of the HIV Epidemic in India

India has the world's third largest HIV epidemic in terms of numbers of people infected. In 2011, there were an estimated 2.1 million people living with HIV (PLWH), and 116,000 new HIV infections among adults, 14,500 new infections among children, and 148,000 AIDS-related deaths. Women account for 39% of reported HIV cases.

India's epidemic is characterized by concentrated transmission and heterogeneous geographic spread. Sexual transmission is estimated to account for nearly 90% of new infections (88.5% heterosexual, 1.5% homosexual). Injecting drug use is the main mode of transmission in northeastern states, but there are also large numbers of people who inject drugs (PWID) in four of India's biggest cities, and significant pockets in smaller cities. The relatively low overall HIV prevalence (0.27% of a population of over 1.2 billion) masks the actual magnitude, as well as substantial variance by district, state, and region, including higher prevalence in some rural communities. India's epidemic is driven by infections among Key Populations, which in India include men who have sex with men (MSM), female sex workers (FSW), transgendered individuals, and PWID. Single male migrants and truckers have been identified as behaviorally vulnerable to HIV, and also serve as bridge populations facilitating HIV transmission between Key Populations and lower-risk, often rural populations. HIV prevalence is 2.7% among FSWs, 4.4% among MSM, 7.1% among PWID, and 8.8% among transgendered individuals. Size estimates of Key Populations in India indicate that there are about 868,000 FSW, 412,000 high-risk MSM, and 177,000 PWID.

The geographic focus of new infections is shifting in India, with some low-prevalence states showing troubling increases in new infections over the past two years. Of the 116,000 estimated new infections among adults in 2011, 31% were from the six high-prevalence states (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu). Ten low prevalence states accounted for 57% of new infections (Bihar, Chhattisgarh, Gujarat, Jharkhand, Odisha, Punjab, Rajasthan, Uttarakhand, Uttar Pradesh, and West Bengal). REDACTED

Status of the National Response: India's National AIDS Control Program (NACP)

The Government of India (GOI) has achieved substantial progress in containing the spread of HIV, with an overall reduction of 58% in estimated annual new HIV infections (among the adult population) during the last decade: from 274,000 in 2000 to 116,000 in 2011 (with a 76% decline in high HIV-prevalence states). The National AIDS Control Program, currently entering its fourth phase (NACP-IV, 2012-2017), is implemented through the leadership of the National AIDS Control Organization (NACO), which has prioritized prevention among Key Populations in 195 higher-prevalence districts (of 611 total districts in India), and has adopted a phased approach to scaling up HIV care and treatment, prioritizing these geographical areas with the highest HIV burden. NACO is also committed to mediating the epidemic's impact on migrant communities, based on data indicating increasing prevalence in source communities for male migrants.

Targeted prevention interventions, including HIV testing and counseling, have reached 81% of FSWs, 64% of MSM and transgenders, and 80% of PWID, as of December 2011. Of the 860,000 adults and children estimated to be in need of antiretroviral therapy (ART) in 2011, approximately 52% of adults and 34% of children received ART. In 2011, the ratio of new infections to new patients on treatment was nearing 0.6, with an estimated 130,500 new HIV adult and pediatric infections, and over 200,000 adults and children initiated on ART. Prevention of mother-to-child transmission of HIV (PMTCT) coverage is still low; it was estimated as 32% in 2011 (up from 18% in 2007). In 2012, India began phasing in the World Health Organization multi-drug PMTCT regimen, "Option B", with its introduction in two high-prevalence states (Andhra Pradesh and Karnataka). Full implementation of Option B is an important step in improving the quality of India's program.

A notable development is that under NACP-IV (2012-2017), domestic resources will fund an estimated 80-90% of the HIV response in India, a major increase from the previous five years, where international donors -- including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Bill and Melinda Gates Foundation (BMGF), the World Bank, United Kingdom's Department for International Development (DfID) and PEPFAR -- supported approximately 75% of overall costs. The World Bank recently provided a credit of $250 million to support prevention programs under NACP-IV, and the Global Fund continues to provide significant funding for PMTCT, HIV care and support, and ART drug procurement (over $700 million dispersed since 2004).

Final approval of NACP-IV has been delayed as part of overall GOI discussions on priorities and budgeting for India's 12th Five-Year Plan. NACP-IV is expected to be formally approved in early 2013, with a continued focus on prevention, including accelerated coverage and improved quality of services for Key Populations, and investments in innovations and technology to increase impact. NACP-IV is also expected to recommend phased integration of HIV services into the National Rural Health Mission, while

maintaining NACO's management of Targeted Interventions for Key Populations.

USG Role in the National Response, and Coordination with Stakeholders

NACO works in close partnership with international donors and effectively coordinates their technical and financial inputs. Both CDC and USAID have bilateral agreements with the GOI that identify specific areas of focus based on the technical strengths of the agency, and the prioritized needs of the national program. CDC's agreement (signed May 2010) is to expand and deepen technical assistance (TA) to the GOI in laboratory systems, strategic information (SI), and human capacity development. USAID's agreement (signed September 2010) is to provide TA to improve quality and coverage of services to Key Populations and vulnerable populations, enhance private sector engagement to complement GOI's prevention-to-care continuum efforts, strengthen supply chain management systems, strengthen national capacity on behavior change communication programming and support the global transfer of best practices.

All PEPFAR/India investments are identified and developed through an ongoing consultative process with the GOI, in close coordination with other development partners, to ensure that donor resources, including Global Fund monies, are leveraged to optimize efforts in a range of program areas. The USG is a member of the Development Partner Joint Review Team that reviews the progress of NACP every six months, and which collaborated with the GOI and other development partners in designing NACP-IV. The USG also represents the bilateral constituency on the Global Fund Country Coordinating Mechanism (CCM), overseeing India's large Global Fund programs, and serves on its Oversight Committee. Most large donors, including BMGF, the Clinton Health Access Initiative and DfID, have phased out most of their targeted HIV support in India.

II. PEPFAR/INDIA FOCUS IN FY 2013

USG Priorities

Given India's vast size, huge population, and substantial domestic resources, PEPFAR/India maintains a highly focused portfolio that provides high-level, high impact TA to the GOI and its partners, to facilitate implementation of the NACP. PEPFAR/India makes strategic choices about USG investments based on broad and sustained dialogue with a range of partners, including government, civil society, the private sector, foundations and multilateral institutions. These discussions are framed by the PEPFAR/India Five-Year Strategy for 2011-2015, and informed by continuing negotiations to ensure that investments leverage additional resources, capitalize on evolving opportunities, and optimize program sustainability. All PEPFAR/India investments are designed to provide targeted TA that maximizes impact on the HIV epidemic in India, by strengthening capacity in critical program areas within the GOI, the private sector,

and with civil society partners. This partnership approach to programming should continue to result in strategic, scientifically-sound investments that maximize program results.

India continues to be in a dynamic stage of its HIV response. The country's nationally mandated, phased transition to service integration with the National Rural Health Mission is an excellent opportunity for the USG to achieve our own transition goals. The highest USG priorities for FY 2013 are thus: (1) Continue to build core systems through high-level TA to support the NACP-IV roll-out, capitalizing on USG strategic advantages in the key areas of laboratories, supply chain management, capacity strengthening, SI, strategic communications, private sector engagement, and comprehensive HIV services among Key Populations and infected migrants; (2) Support the GOI to identify, assess, prioritize and implement "smart integration" with other health programs, that is appropriate in the context of India; and (3) remain flexible enough in programming to meet emerging needs identified by the national program, thus helping it maintain forward momentum in reversing the epidemic.

Major Changes from What Was Projected in the FY 2012 COP

Several investments in the FY 2013 COP have emerged as a result of ongoing discussions with the GOI during the past year, and the ongoing development of NACP-IV. Additional changes are in response to priorities outlined in the OGAC FY 2013 funding-level letter. PEPFAR/India proposes a total of six new mechanisms in FY 2013. In addition, three new mechanisms were recently added to the portfolio through reprogramming actions; these will complement FY 2013 investments. All new Implementing Mechanisms address emerging NACO priorities, and take advantage of new opportunities to leverage USG funds through partnerships with key institutions, foundations and the private sector.

CDC has proposed three new Implementing Mechanisms: Strategic Assessments for Strategic Action; Technical Assistance to India's National AIDS Control Organization; and Technical Assistance for Strengthening of Blood Transfusion Services and Increasing Access to Safe Blood. USAID proposes one new mechanism, Grant Management Solutions (GMS), which will marshal support from a USAID project that provides Global Fund TA worldwide. REDACTED additional USAID mechanisms were approved under reprogramming actions in 2012: AIDSTAR II, REDACTED the Tuberculosis (TB) Alliance; REDACTED ; and the Reproductive Maternal Neonatal Child Health (RMNCH) Alliance. These Implementing Mechanisms are mentioned here as changes as they were not reported in the FY 2012 COP.

Funds allocated for USAID's Civil Society mechanism, approved in FY 2012, will be reprogrammed at the next opportunity, since the activities planned for this Implementing Mechanism, HIV advocacy with civil society organizations, have been integrated as a cross-cutting theme in other mechanisms for greater

synergy.

During 2012, the Office of Defense Cooperation/India phased out its HIV programming with the Indian Armed Forces Medical Services, and all remaining PEPFAR funds allocated through the Department of Defense were reprogrammed to priority activities implemented through CDC. Finally, in an effort to allocate resources towards high-impact interventions by tightening its programmatic focus on Key Populations and high-level technical assistance, PEPFAR/India is not requesting FY 2013 funding for the International Labor Organization (ILO) project on HIV in the World of Work.

PEPFAR/India Response to Priorities Outlined in the OGAC FY 2013 Funding Level Letter

PEPFAR/India's responses to the seven issues raised in the FY 2013 funding letter are summarized below, with detailed information provided in a supplemental document submitted as part of PEPFAR/India's COP FY 2013 package.

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2. HIV/AIDS Partnership: Impact through Prevention, Private Sector, and Evidence-Based Programming (PIPPSE) activities: The PIPPSE annual action plan for 2013, consisting of 24 concept notes detailing activities in Prevention (10) and Private Sector (14) components, was recently approved by NACO. These activities include networked models, migration models, national prevention support, technical support unit models, integrated biological and behavioral assessments (for migrants) and private sector interventions including evidence generation, public-private partnership (PPPs) models, and capacity building. The activities have begun rolling out, and PHFI has developed a performance monitoring plan for impact, outcome and output level indicators. A detailed description of activities agreed and costed in close consultation between NACO, the implementing partner (Public Health Foundation of India), and USAID is provided in the supplemental document.

3. Collaboration with the GOI on Key Populations: PEPFAR/India supports GOI programs through targeted TA and development of model programs for Key Populations, to improve the quality of services being scaled up by GOI. USG also participates actively as members of NACO's Technical Resource Groups and advisory panels that review progress, and develop national guidelines.

4. Gender: NACO's gender policy remains in draft form, but is implemented as a cross-cutting element in all program areas. Three Implementing Mechanisms proposed for continued funding in FY 2013 (PIPPSE, DAKSH and Pratibha) include components to develop models that will integrate gender across prevention and care programs.

5. “Country Ownership and Transition Roadmap”: In FY13 PEPFAR/India will undertake a country ownership analysis to identify specific areas where further USG investments could result in a stronger long-term response. PEPFAR/India will develop a Transition Roadmap for key areas of the portfolio based on this analysis.

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III. PROGRESS AND FUTURE PLANS

Monitoring Implementation of the Five-Year Strategy

In lieu of a Partnership Framework, PEPFAR/India developed a Five-Year Strategy (2011-2015). Annual COPs serve as the implementation plans, and monitoring is conducted through Annual and Semi-Annual Progress Reports, supplemented by the Monitoring and Evaluation (M&E) framework established in the strategy. PEPFAR/India has recently updated the M&E framework based on a detailed analysis of capacity strengthening activities, and the evolving technical partnership with the GOI.

Update on Country Ownership

The sheer size of the country and its population of over 1.2 billion, as well as the breadth of India’s decentralized health system, preclude full “ownership” of the country program by NACO at all levels. However, through strong national leadership and coordinated management of prioritized state and district programs, India has done remarkably well in rolling out its program and policies throughout the country. In particular, NACO continues to effectively manage the contributions of development partners to ensure optimal support for priority programs.

Two significant milestones in country ownership have been achieved since COP FY 2012. Through a consultative process, NACO developed a prioritized HIV/AIDS research agenda to support implementation of NACP-IV, reflecting a continued commitment to use data to make programmatic adjustments to improve results. Most important is the expected increase of more than 800% in domestic funding for NACP-IV, to continue to expand services and to offset decreased funding by development partners.

PEPFAR/India Trajectory for FY 2014 and Beyond

PEPFAR/India anticipates continuing its important supportive role to the national program throughout

NACP-IV. To optimize sustainability prospects for the national response, the USG role will focus on continued targeted policy and strategic inputs, including support to: (1) systems strengthening (SI, laboratory quality, supply chain management, human resources for health, and “smart integration” of HIV services); (2) development and assessment of model programs that improve service demand, uptake and quality, particularly for Key Populations and OVC; (3) increasing capacity of national and state-level institutions to roll out NACP-IV prevention priorities; and (4) increasing government engagement with the private sector. The USG will also monitor and support the transition of activities covered under current Global Fund grants to the GOI, the private sector and other funding sources, and will strengthen the capacity of institutions providing TA to the national program.

In addition to the programmatic transition, during FY 2013 PEPFAR/India is committed to developing an evidence-based financial transition plan for gradual reductions in USG funding during the next five years, following guidance from OGAC on this process.

IV. PROGRAM OVERVIEW

All PEPFAR/India investments are designed to provide targeted TA that further increases the capacity of the GOI, and of private sector and civil society partners, to plan, implement, monitor, and evaluate the national program. The USG supports direct services only in the context of demonstration projects, designed to test interventions and service delivery models for adoption and scale up by the GOI. Technical collaboration at the national level also continues to support development of evidence-informed policies and guidelines.

As described in the March 1, 2013 letter from Ambassador Powell to Ambassador Goosby, PEPFAR/India’s proposed program reflects a strong commitment to the priorities laid out in the PEPFAR Blueprint: Creating an AIDS-Free Generation. PEPFAR/India’s program focuses on four major areas, in alignment with PEPFAR guidance for investments in the context of a concentrated epidemic: (A) Improved access to the continuum of quality care among Key Populations, OVC and PLWH; (B) Stronger health systems; (C) Strengthened capacity; and (D) Country ownership and sustainability.

A. Improved Access to the Continuum of Quality Care among Key Populations, OVC, and PLWH

The USG targets Key Populations, PLWH, and other vulnerable populations through investments that strengthen national and state programs to: (1) effectively use data and high-quality evidence to plan and assess well-targeted and high-impact interventions; (2) identify, pilot, and assess service delivery innovations that contribute to the effectiveness and efficiency of prevention programs and their linkages to a quality continuum of care; and (3) strengthen systems at national and state levels to improve the quality

of planning, implementation, monitoring and evaluation of the prevention-to-care continuum program.

USG contributions to quality care begin at the policy level, through investments in evidence generation and technical collaboration, and continue with support for expert training and capacity strengthening for a range of clinical and public health service providers. Service access is improved through targeted efforts to create models of partnership with the private sector, and programmatic interventions that increase HIV service delivery competencies to provide care and support to women and sexual minorities.

Prevention among Key Populations

The GOI's comprehensive Targeted Interventions for Key Populations include the range of HIV testing and counseling (HTC), condom provision, and other evidence-based targeted prevention activities; sexually transmitted infection (STI) and TB screening; and effective linkages to further care and treatment services. The USG will continue to invest in developing prevention-to-care continuum models and in capacity strengthening of the national and state systems that oversee implementation of the Targeted Interventions (described under institutional capacity strengthening, below). A USG commitment to support expanded access to services for Key Populations is reflected in projects through the private sector, through innovative uses of technology to serve hard-to-reach populations, as well as by demand-generation activities supporting services through communications strategies.

Migrants are a priority group for NACO; however, insufficient epidemiologic evidence about this population limits strategic targeting to address the prevention needs of this diverse group. The USG's investments will support NACO to generate evidence on HIV risk and prevention opportunities in migrant communities (including their spouses and partners), both at source and destination, and will inform the government's future strategy and investments in these communities.

Continuum of Quality Services for Key Populations, PLWH, and OVC

USG staff and partners provide technical input that informs national policies and guidelines, through participation in NACO Technical Resource Groups, including PMTCT, Care and Support, Treatment, Key Populations, and Mainstreaming. USG input supports policy development consistent with international standards that, in turn, impacts the quality of HIV services in India. The USG also supports policy implementation through several Implementing Mechanisms, including: (1) continued investments in the expanding network of HIV Centers of Excellence (COEs) and State Nursing Councils, which strengthen the HIV skills of trained health care professionals through a range of model in-service training programs; (2) targeted TA to NACO and the Revised National Tuberculosis Control Program (RNTCP) to further consolidate HIV-TB collaborative activities and scale up successful models for integrated services;

REDACTED The USG will also support NACP-IV efforts to test innovations in technologies, products and business models, as well as innovative approaches to smart service integration, quality assurance, coverage saturation, and partnerships. Innovations are supported in most Implementing Mechanisms, and are a particular focus of PIPPSE, HIV Innovations (in supply chain management), and the RMNCH and the TB Alliances.

Gender: Given their role in both service quality and access, gender considerations -- women's and girls' equality, male norms and behaviors, and violence and coercion – are programmatically incorporated as part of strengthening competencies in service delivery. Additional USG investments include support for training modules and models to reduce service barriers to women and Key Populations, and strategic partnerships (including with police) to reduce risk for gender-based violence (GBV).

Leveraging the Private Sector: Since approximately 80% of the public access services through the private sector, the USG continues to build on its significant role in (1) engaging the private sector in health programs in India, and (2) strengthening national and state government capacity to engage the private sector in HIV programs. USG support is facilitating establishment of a dedicated national health private sector coordination unit that will manage partnerships (coordinating with World Bank efforts in this endeavor), and provide TA to NACO and the State AIDS Control Societies (SACS) to marshal private sector partnerships effectively for scaling up STI, Integrated Counseling and Testing (ICTC), and PMTCT services. PEPFAR funding will build the capacity of the GOI to provide strategic oversight of the private sector in HIV programs; reviewing policies, identifying and addressing capacity and structural gaps, facilitating innovative partnerships, and leveraging resources from the Indian diaspora. National and state level TA will generate evidence regarding the private sector's influence on health outcomes, and support its increased engagement in HIV programs.

B. Stronger Health Systems

The USG continues to invest in critical cross-cutting systems strengthening interventions that enhance national program outcomes. Health systems priorities include ongoing investments in successful SI, laboratory strengthening, and human resource planning activities, and new investments to improve logistics and supply chain management.

Strategic Information (SI)

The USG is the GOI's lead technical partner on SI, and works closely with NACO's SI Management Unit, whose portfolio includes M&E, surveillance, and operations research. USG SI priorities focus on NACO's SI Management System (SIMS), on availability of quality data and evidence, and on data use. USG

investments will support NACO's recently-launched prioritized research agenda for NACP-IV, including TA and research collaboration for a range of prioritized data analyses, operational research, and surveys.

SIMS: The USG continues to invest in development and roll-out of SIMS, as the primary reservoir for India's HIV programmatic and service data. This support includes planning and quality monitoring of SIMS training and deployment across the country, strengthening capacity for routine reporting, analysis and use of data from the SIMS, and integrating existing public health data information systems into the SIMS core architecture. The USG will also continue to provide crucial provisional SI staff support at national and state levels, including epidemiologists and M&E officers, to ensure the availability of optimal human resources to manage the volume and complexity of data that the system generates.

Data quality and use: USG investments facilitate evidence-based planning through support for development of data quality tools and policies, M&E toolkits, and processes and systems tools to improve the quality of program data. USG investments will continue to strengthen the SI capacity of national and state-level Technical Support Units (TSUs), and will help develop a strong cadre of M&E officers across program components, by supporting in-service training at state and district levels, and promoting post-training mentoring in qualitative evaluations, data triangulation and economic evaluations. REDACTED
The USG will continue to work with partners on HIV prevalence estimates, projections and trend analyses, ART and PMTCT monitoring, cohort analyses, operations research, and district epidemiological profiling. The USG will also assist in incidence analyses, and support Integrated Biological and Behavioral Assessments (IBBA), formative studies, and social science research on Key Populations, including factors affecting the utilization of testing and counseling and care and treatment services. REDACTED

Laboratory Strengthening

The USG will continue its strong partnership with NACO's Laboratory Services Division and India's network of 13 national and 117 state reference labs (NRLs, SRLs), through ongoing work on laboratory accreditation and quality assurance for HIV, STI, and Hepatitis A and B virus diagnostics. USG investments will include training and mentoring of senior-level laboratory personnel on laboratory management, innovative techniques, and technical and quality issues related to testing and diagnosis. New FY 2013 investments will expand lab strengthening activities to support capacity and quality assurance in laboratories of the National Blood Transfusion Council.

Supply Chain Management (SCM)

New investments will provide targeted TA to the GOI's supply chain management systems for HIV drugs and commodities. REDACTED The activity will build on existing support through the Clinton Health

Access Initiative, which is ending in 2013, and will focus on forecasting, inventory management, and distribution systems, which are key to effective functioning of all NACO programs.

Human Resource Planning

USG investments in a Human Resource Health Management Information System address gaps in human resource planning in key states. Initially working through TA to Nursing Councils and in partnership with the National Informatics Institute, this successful system is currently under consideration for national scale up through the Ministry of Health and Family Welfare.

C. Capacity Strengthening

As in all intervention areas, PEPFAR/India works through high-level policy and technical advice to strengthen the GOI's capacity to plan, implement, and evaluate its HIV prevention, care and treatment programs at the national, state, and district levels. In addition to the investments described above, the USG prioritizes investments in public health management and institutional strengthening, to increase the capacity of the public, private, and civil society sectors to manage the national program efficiently.

Capacity Strengthening for Public Health Management

USG investments focus on strengthening competencies and skills in program management and implementation, including improved integration and linkages at national, state, district and community levels, in both the public and private sectors. The USG prioritizes management training at state and district levels, to help national and state programs strengthen: (1) evidence-based planning; (2) implementation, monitoring, and evaluation; (3) management skills of health sector personnel for more effective use of resources; (4) smart integration of HIV with appropriate health services; and (5) HIV program efficiency.

Institutional Capacity Strengthening

The USG is continuing its programmatic transition with additional investments in strengthening local institutions to take on TA provider roles. The USG supports key government, civil society, and private sector technical institutions, including reference labs, COEs and several local prime partners, to provide leadership in India's HIV response. The USG will support a national prevention team to enhance NACO's capacity in achieving the NACP-IV prevention goals, continue to support the state TSUs in four focus states (Uttar Pradesh, Uttarakhand, Odisha, and Maharashtra), and demonstrate models for TSU functional integration with the SACS. This integration will include the tracking of benchmarks for the

SACS' successful absorption of TSU operations; this process will assist NACO in taking the model to scale.

D. Country Ownership and Sustainability

The GOI already leads and substantially funds its national program. REDACTED
Policies and Guidelines: Through direct participation by USG staff and support for senior technical consultants, the USG continues to support the GOI to strengthen HIV policies that create an enabling environment for effective implementation of NACP-IV. USG contributions include identification of HIV policy issues; evidence generation; and support for policy development, policy implementation, and evaluation. As NACP-IV is rolled out, and especially as increased HIV mainstreaming and service integration with the National Rural Health Mission occur, the USG anticipates that NACO and its partners will identify new gaps in the policy framework that will need to be addressed, including for example additional guidelines related to human resources for health, stigma and discrimination, and service quality improvement. Through existing staff and TA mechanisms, the USG will support NACO and the SACS to develop and implement policies and operational guidelines to improve services, supportive supervision, monitoring, laboratory systems, information management, and SCM.

Technical Exchange: The USG continues to support efforts by the GOI and civil society to share best practices. In collaboration with other development partners, the USG promotes South-to-South technical exchanges between India and African countries, showcasing best practices, particularly for Key Populations, and strengthening India's capacity to provide TA in HIV globally. Additional USG investments will support exchanges within India to share practices between states.

Global Fund: The USG is critically engaged in supporting Global Fund processes in India, as these play a crucial role in key areas of the national program. Through participation in the India CCM and its Oversight Committee, and through strong linkages with the Global Fund Secretariat in Geneva, the USG will also continue to strengthen the CCM to provide effective leadership and oversight to the substantial Global Fund investments in India in HIV prevention, care, support, and treatment. The new Global Management Solutions mechanism proposed under this year's COP will provide flexible options for this support as needs are identified.

V. PEPFAR/INDIA CONTRIBUTIONS TO GHI PRINCIPLES

India does not have a stand-alone GHI strategy. FY 2013 COP investments are guided by PEPFAR/India's Five-Year Strategy, which prioritizes the GHI principles to: (1) increase impact through strategic coordination and integration; (2) strengthen and leverage key multilateral organization and global

health partnerships, as well as private sector engagement; (3) encourage country ownership and invest in country-led plans; (4) build sustainability through health systems strengthening; and (5) improve metrics and monitoring and evaluation. The remaining two GHI principles, implementing a woman/girl-centered approach, and promoting research and innovation, are also incorporated into programming with the GOI. For example, innovation has been a cornerstone of USG investments in India, including through the private sector. In addition, the USG strongly supports NACO's recently-launched HIV research agenda.

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PEPFAR/India is highly integrated, embodying the "one USG" approach in planning and implementation of programs, with activities implemented on the basis of strengths of individual agencies. Major parts of the PEPFAR/India team have been structurally organized to support an integrated programming approach, which leverages strong existing platforms for supporting maternal-child health, TB and reproductive health/family planning programs. Several new and continuing investments promote smart integration of activities that were previously vertical in these areas, including investments in behavior change communication, access to quality health services, TB, reproductive/maternal/newborn/child health, health systems strengthening, and private sector engagement. REDACTED

VI. UPDATE ON CENTRAL INITIATIVES

PEPFAR/India's program has been bolstered by funding from two central Initiatives to support new and innovative work in gender, and to strengthen Global Fund mechanisms in country. Updates for these are included below. In addition, PEPFAR/India is submitting with the FY 2013 COP a proposal for the centrally-funded Local Capacity Initiative.

Gender Challenge: In February 2012, PEPFAR/India received approval for a Gender Challenge proposal through which it will invest $150,000 of FY 2012 COP funds, and will receive an additional $300,000 through central funding. In October 2012, Implementing Partner FHI 360 received funding to begin work on the project ("SETU"), as part of the DAKSH Implementing Mechanism. The overarching aim of the project is to ensure equitable access to HIV services for priority populations, by addressing specific gender issues that may heighten vulnerability to HIV and/or contribute to barriers to HIV service access for women. REDACTED Within this context, national priorities for gender programming are still evolving; REDACTED

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NACP-IV: A Unique Opportunity for Investments by PEPFAR/INDIA

As India rolls out its fourth NACP (2012-2017), the USG, now as the largest bilateral technical and

funding partner, has a unique opportunity to support the continued strong technical collaborations that have contributed to dramatic successes in India's HIV response. PEPFAR/India looks forward to continuing to strengthen its relationship with the GOI and other partners to meet the challenges of this transition period.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	27,165,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	39,500	2011	WHO			
Number of people	00	2011	AIDS Info,			

living with HIV/AIDS			UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	1,249,514	2011	WHO			
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	We have uploaded the Country Strategy Goals and Objectives in the 'document library'.		
1.1	We have uploaded the Country Strategy Goals and Objectives in the 'document library'.	P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?

USG staff, both as members of the CCM and of the National AIDS Control Organization's (NACO) Technical Resource Groups on a range of subjects, has contributed to the development and review of most Global Fund proposals. REDACTED

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?

Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).

The Round 7 grant supporting Link Workers (ensuring continuity of care) is scheduled to close in August 2013. Some activities will be continued through consolidation with the Round 4 grant that was extended in a December 2012 Board decision. The Round 3 TB grant is currently in closure, but key HIV/TB activities will continue through the Round 2 RCC grant. USG is making additional investments in HIV/TB to complement these activities.

On March 31st 2012, the Principal Recipient of the Round 4 RCC grant supporting HIV care and support will transition to the India HIV/AIDS Alliance. In November 2012, the USG was asked by the Global Fund Portfolio Manager, exceptionally, to financially support the transition of this grant to the new Principal Recipient. The goal of this three-month support is to facilitate the smooth transition of crucial services under the grant by funding preparatory activities of the India HIV/AIDS Alliance that will ensure the continuity of project activities at the state and district level. USG funding supports a well-defined set of transitional activities in the period January-March 2013.

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2013 COP	Partnership for Institutionalizing PPP training	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programmin	TBD	Redacted	Redacted	Knowledge, skills, and capacity to effectively forge and manage Public Private Partnerships (PPP) are limited in both public and private sector in India.

		g (PIPPSE)				Stakeholder consultations revealed the need to strengthen individual and institutional capacities to forge and manage PPPs. To ensure long-term sustainability of capacity building efforts, the project endeavours to institutionalise a PPP training course in collaboration with a private Institution. The partnership will leverage the infrastructure and technical skills of the private institution for designing and executing the PPP training course for the public and private sectors.

						The partnership will be executed from year two of the program and will aim at enhancing skills and capacities of national and state level public and private sector functionaries on various models of PPP, assessing the feasibility of PPP proposals, and designing and managing PPPs.
2013 COP	Partnership for National HIV PPP Foundation	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD	Redacted	Redacted	In India, many industries are supporting health care programs including HIV prevention, care, support and treatment services. India is the first country to make Corporate Social Responsibility (CSR) contributions mandatory for industries. What

						has been found to be lacking is the synchronization of ongoing efforts and a dedicated high level platform to drive the PPP agenda. With the objective of generating greater commitment and leveraging resources for HIV/AIDS programs from the private sector, the PIPPSE Project will work closely with the Department of AIDS Control (DAC), professional management groups, industry associations, and industry foundations in the field to establish a National HIV

						PPP foundation. The National HIV PPP Foundation will be active from year two of the project, and is expected to increase pooling of private sector resources for HIV programs, and provide a platform for PPP efforts in HIV/AIDS.
2013 COP	Partnership with Industries for reaching vulnerable migrant workers with HIV/AIDS Prevention-to-Care program	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD	Redacted	Redacted	The latest HIV epidemic trends in India show higher HIV prevalence among pregnant women with a migrant spouse in pockets of northern India with large male out-migration. Data from India's HIV Surveillance Survey (HSS-2011) suggest a 4-fold increase in risk of HIV infection among single

						male migrants, compared to the general population. Industries and economic sectors with a vulnerable migrant workforce can serve as effective intervention points for comprehensive HIV/AIDS prevention to care continuum programs.
2013 COP	Partnership with Private Sector for National HIV/AIDS Helpline	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD	Redacted	Redacted	India has a very large migrant population, and migrants are involved in diverse work/occupations (including construction, power looms, transport, agriculture etc.). HIV/AIDS being a sensitive subject, there is a strong preference to receive HIV

						information and counseling anonymously. Within this context, the PIPPSE Project will promote a national helpline to migrants at migration destination sites. The helpline will offer information on health, HIV/AIDS and social services. The helpline will be accessed on a low-cost, pay-per-call basis and the project will forge linkages with the industries that employ a high proportion of migrant labor to ensure its maximum reach. To ensure sustainability, innovative financing and resource mobilization strategies will be

						considered, such as 30-second advertisements.
2013 COP	PPP with Private Health Providers for HIV/STI/TB Services	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD			In India, the private for profit sector accounts for more than 60% of overall outpatient services. Secondary data show that private medical doctors are the preferred providers among key populations. However, evidence shows that the quality of treatment and services provided by private practitioners is not regulated, resulting in incomplete or irrational treatment that may in turn lead to HIV and TB drug resistance. Stakeholder consultations indicated that there is a need

						for an effective, sustainable, and replicable model of engaging those private providers preferred by the key populations. The PIPPSE Project will forge a partnership with preferred private providers in the targeted intervention areas, by creating demand-side financing models in selected high-prevalence districts in priority states.
2013 COP	PPP with Private Health Sector for HIV Counseling and Testing services	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD			The private-for-profit health sector provides over 50% of HIV testing in India. However, there is no mechanism to ensure the quality of CT services provided at private health services.

						Currently, the participation of the private health sector in the National HIV/AIDS Program is limited due to a lack of sustained efforts to engage the private sector and lack of clarity in their roles and responsibilities. The PIPPSE Project will engage the private health sector in selected high-prevalence districts in priority states, to demonstrate sustainable and replicable models of CT services. It will forge partnership with private hospitals and laboratories in collaboration with DAC and private interface agencies to

						expand CT services. The contributions from different partners will be determined and the partnership is expected to be operational from year two of the project.
2013 COP	PPP with Private Insurance Companies for Health and Social Security of PLHIV and at Risk Population	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD	Redacted	Redacted	Of the total workforce in India, 93% is in the unorganized/informal labor sector. The majority of these workers are migrants and have increased vulnerability to HIV due to social, behavioral and financial conditions. This calls for special efforts to reduce their social vulnerability and reduce the risky behaviours. It is critical to develop PPP programs with

						ministries through mainstreaming for improving awareness and access to social protection schemes of the government. Additionally, the project will also develop special health insurance packages for the workers.
2012 COP	Private Sector Partnerships for Health (PSP4H)	14841:The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE)	TBD			PEPFAR/India has invested in many PPPs, demonstrating innovative models that contributed to achieving HIV-related goals in India, and that informed national dialogue on private sector engagement in the NACP. In FY12, PEPFAR/India built on these successes through a new mechanism

						–PIPPSE* - to strengthen the GOI's capacity to identify, attract and manage PPPs. The objectives of this project are to: (1) strengthen the stewardship role of Department of AIDS Control (DAC) and SACS to foster and monitor PPPs; (2) strengthen evidence of PPP impact on HIV outcomes; and (3) demonstrate scalable PPP models to improve access to quality and affordable HIV services. PIPPSE will also support the GOI to establish a platform within DAC for enabling, identifying and managing future PPPs that

						support achievement of NACP goals. *Private sector activities under PIPPSE were originally approved in the FY11 COP under the IM PSP4H, and subsequently consolidated under the IM PIPPSE in the FY12 COP submission

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Surveillance	Adult and Pediatric Case Reporting - not PEPFAR funded	AIDS/HIV Case Surveillance	Pregnant Women	Other	11/01/2014
Surveillance	ANC Sentinel Surveillance/PMTCT	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Implementation	01/01/2013
Surveillance	Behavioral Surveillance	Behavioral Surveillance among MARPS	Drug Users, Female Commercial Sex Workers, Injecting Drug Users, Male Commercial	Planning	05/01/2013

			Sex Workers, Migrant Workers, Men who have Sex with Men		
Surveillance	HIV Drug Resistance Surveillance - not PEPFAR funded	HIV Drug Resistance	Other	Planning	12/01/2013
Surveillance	HIV Incidence	Other	Injecting Drug Users, Migrant Workers, Men who have Sex with Men, Pregnant Women	Planning	11/01/2013
Survey	India Demographic and Health Survey	Population-based Behavioral Surveys	General Population	Planning	10/01/2013
Surveillance	Integrated Biological and Behavioral Surveillence Survey (IBBS) among migrants	Other	Migrant Workers	Planning	05/01/2013
Survey	Laboratory Support	Other	Other	Implementation	11/01/2013
Survey	Nationa Prevalence Estimates	Other	Other	Planning	12/01/2013
Surveillance	Pediatric Surveillance - not PEPFAR funded	Other	Other	Implementation	12/01/2014
Surveillance	TB/HIV Surveillance - not PEPFAR funded	TB/HIV Co-Surveillance	Other	Implementation	12/01/2014

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOL		0		**0**
HHS/CDC	1,350,029	6,657,421		**8,007,450**
HHS/HRSA		750,000		**750,000**
USAID		0	0	**0**
Total	**1,350,029**	**7,407,421**	**0**	**8,757,450**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	HHS/CDC	HHS/HRSA	DOL	USAID	AllOther	
HBHC	0			0		**0**
HKID				0		**0**
HLAB	509,559					**509,559**
HMBL	1,474,026					**1,474,026**
HTXS	305,733	0		0		**305,733**
HVCT	0			0		**0**
HVMS	1,436,098			0		**1,436,098**
HVOP			0	0		**0**
HVSI	2,565,821			0		**2,565,821**
HVTB				0		**0**
IDUP				0		**0**
MTCT				0		**0**
OHSS	1,716,213	750,000	0	0		**2,466,213**
	8,007,450	**750,000**	**0**	**0**	**0**	**8,757,450**

Policy Tracking Table

Policy Area: Gender						
Policy: Mainstreaming HIV/AIDS for Women Empowerment						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date						
Narrative	The purpose of these policy guidelines is to facilitate increased and improved action on the intersecting issues of HIV/AIDS and women by NACO, SACS,DAPCUs and all developme nt partners.	The guidelines have been developed and framed in consultation with policy and programme personnel from the government , civil society including PLWH, women's organization s and the UN system. The policy may be periodically reviewed by a Committee comprising	The guidelines were peer reviewed in 2007 and validated in April 2008 by experts on gender and HIV (Officials from NACO and SACS, senior government bureaucrats , civil society partners, PLWH networks, and donor and UN agencies). As of February 2013, the			

		representatives from the government, development partners and civil society.	guidelines are still in draft version.			
Completion Date		2007	2012-13			
Narrative			The Gender policy drafted in 2009 with TA from USG and development partners is currently being revisited by NACO. The Gender TWG of the NACP IV planning process concluded that Gender should be mainstreamed in all NACP program components. NACO plans to			

			develop collaborative frameworks with other Ministries including Ministry of Women and Child Development and Ministry of Social Justice to ensure access and equity to a range of services for PLHIV and MARPs, and support women's empowerment.			

Policy Area: Most at Risk Populations (MARP)						
Policy: National Migrant Intervention Strategy: Operational Guideline						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	2007-08	2007-08	2007-08		2010	
Narrative	Single male migrants and	An important source of	NACO developed these		NACO has rolled out the	

	truckers have been identified as behaviorally vulnerable to HIV, and also serve as bridge populations facilitating HIV transmission between key populations and lower-risk, often rural populations.	HIV-related vulnerability is mobility and migration. Migrant populations have higher levels of HIV infection than those who don't move. India, home to the 3rd highest number of HIV positive people in the world, is characterized by widespread migration. Male migrants in India often migrate alone, leaving their wives and families behind, usually to work in the informal sector,	Operational Guidelines after a series of consultations with Technical Resource Groups (MARPs), representatives of civil society, Government, core groups, donors and other stakeholders.A USAID partner led the development of the National Migrant Guidelines.		guidelines to scale up and improve the quality of HIV/AIDS migrant interventions. PEPFAR is supporting Integrated Behavioral and Biological Surveillance (IBBS) for migrants. The guidelines may be revised based on the new evidence generated from the IBBS.	

		which is unorganised, unprotected and unregulated and accounts for 93% of total workforce in India.				
Completion Date					2012-13	
Narrative					In the 4th phase of the NACP (2012-2017), NACO has prioritized interventions among migrants. NACO is planning to enhance the evidence on HIV epidemic among migrants, and to test intervention strategies tailored to migrant typology and	

					vulnerability .	

Policy Area: Orphans and Other Vulnerable Children						
Policy: Policy Framework for Children and AIDS						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date					2012-13	
Narrative	The Government of India is committed to preventing HIV infection and mitigating the medical impact of the virus on the lives of those already infected. There is a need for a simple yet comprehensive policy covering a broader agenda, spanning both the	The Policy Framework adopts a rights based approach. It takes into account recent changes in the global understanding of the adverse impacts of HIV/AIDS on children, and of the best ways to address them. It is cognisant of advances in medical science.	The first priority of this Policy is to prevent HIV infection, in order to ensure an AIDS-free generation. In addition to prompt diagnosis, the focus will also be to ensure access to treatment to prolong life.	USG led the task force on Children affected by AIDS (CABA) in designing national operational guidelines. Following the launch of the Policy Framework for Children and AIDS further discussions with NACO and the Task Force Agencies for CABA led to consideration of the multi-sector	Implementation of CABA pilot scheme in ten districts of six states. State level OVC cash transfer schemes initiated in the states of Karnataka (OVC cash transfer scheme), Tamil Nadu (OVC Trust) and Delhi (Cash transfer for OVC).	

	medical and socioeconomic dimensions of the epidemic as it affects children.			al mainstreaming approach for implementation of the operational guidelines for CABA.		
Completion Date			2010		2012-13	
Narrative					The Policy framework for OVC is currently being implemented in a few states (Andhra Pradesh, Karnataka, Tamil Nadu and Delhi). NACP IV has identified the provision of Care, Support and Treatment services for adults & children as one of the key priority	

					areas. It is expected that the implementation of the policy framework for OVC will be integrated with the revised national Care and Support guidelines that are currently being developed by NACO with technical assistance from USG.	

Policy Area: Other Policy						
Policy: GIPA Policy Guidelines for HIV Programs						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date			2013-14			
Narrative	In the late 1990s the first national	The application of the	USG supported the			

	network of people living with HIV/AIDS (PLWH) was formed. The network has since grown to have many state level and district level branches. However, the involvement of PLWH and those directly affected needs further strengthening to make it meaningful, consistent and systemic, thereby accelerating the national HIV response to HIV/AIDS.	principle of GIPA is an organic and ongoing process that demands different levels of readiness. This policy aims to effectively harness the meaningful involvement of PLWH in order to reduce the spread of HIV and mitigate its impact in India.	development of draft national GIPA policy/guidelines in 2010. As of February 2013, these policy/guidelines are still in draft form.			
Completion Date			2012-13			

Narrative			GIPA continues to be a priority area for NACO, and features strongly in NACP-IV. With the delay in NACP-IV roll out (originally planned for July 2012), no action has been taken on a GIPA policy. However, it is expected that the NACP-IV implementation plan will be approved by December 2012 and will facilitate the formal approval of the GIPA policy by March			

			2013.			

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		0	0	0
ICASS		0	0	0
Management Meetings/Professional Developement		0	0	0
Non-ICASS Administrative Costs		0	0	0
Staff Program Travel		0	0	0
USG Staff Salaries and Benefits		0	0	0
Total	**0**	**0**	**0**	**0**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		0
Computers/IT Services		GHP-USAID		0
ICASS		GHP-State		0

ICASS		GHP-USAID		0
Management Meetings/Professional Developement		GHP-State		0
Management Meetings/Professional Developement		GHP-USAID		0
Non-ICASS Administrative Costs		GHP-State		0
Non-ICASS Administrative Costs		GHP-USAID		0

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		258,372		258,372
Computers/IT Services		30,000		30,000
ICASS		250,000		250,000
Institutional Contractors	250,000			250,000
Non-ICASS Administrative Costs	20,500	266,500		287,000
Staff Program Travel	15,739	278,203		293,942
USG Staff Salaries and Benefits	1,008,761	196,340		1,205,101
Total	**1,295,000**	**1,279,415**	**0**	**2,574,415**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security		GHP-State		258,372

Cost Sharing				
Computers/IT Services		GHP-State		30,000
ICASS		GHP-State		250,000
Non-ICASS Administrative Costs		GAP		20,500
Non-ICASS Administrative Costs		GHP-State	Transportation of things: $1,000; Rent, communication and utilities: $266,500; Printing & reproduction: $500; Contractual (maintenance office/vehicle): $9,000; Material & supplies: $5,000; Equipment: $5,000	266,500