India **HIV** Estimations 2017

FACT SHEETS

National AIDS Control Organization & ICMR-National Institute of Medical Statistics
Ministry of Health & Family Welfare
Government of India

सत्यमेव जयते

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स्वास्थ्य एवं परिवार कल्याण मंत्री
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MESSAGE

It is my pleasure to note that National AIDS Control Organization is releasing publications from its biennial HIV estimations exercise. The publications (Technical Report and Fact-Sheets) provide a detailed update on the status of HIV/AIDS epidemic as well as progress made on the commitment of 'Ending AIDS' under Sustainable Development Goals in India.

Evidence driven National AIDS Control Programme has steered a very strong response to HIV/AIDS epidemic in India. In recent past, the response has been further augmented through game changer policies of 'Test and Treat', 'HIV/AIDS Prevention and Control Act' and 'Viral Load Testing'. Reports from HIV Estimations 2017 have quantified the successes as well as challenges of AIDS response in the country.

I take this opportunity to commend all organizations involved, especially the team of National AIDS Control Organization and Indian Council of Medical Research-National Institute of Medical Statistics for timely publication of this 14th edition of HIV Estimations. I am sure that the publications would be extremely useful for all stakeholders engaged under NACP in taking stock of status of AIDS epidemic, progress made till now and further augmenting the national AIDS response as we work together towards achieving 'End of AIDS'.

(Jagat Prakash Nadda)

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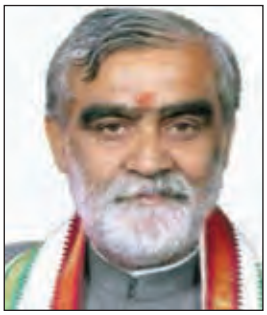

MESSAGE

Indian's response to AIDS epidemic has been almost three decades old. The response, which is designed for scale and backed by strong institutional arrangements, financial commitments and political willpower, has yielded rich dividends. The success story has been duly quantified through extremely scientific and periodic exercises of HIV Estimations and it gives me immense pleasure to see that reports from HIV Estimations 2017 are being released by National AIDS Control Organisation.

Evidence driven response has been one of the fundamental cornerstones of National AIDS Control Programme (NACP) since its inception in 1992. Programme monitoring, epidemic surveillance and research are key components of spectrum of strategic information under national AIDS Control Programme. HIV Estimations 2017 is an outcome of extremely strong and complementary strategic information activities under NACP.

I commend the efforts of all stakeholders involved in HIV Estimations process for bringing out the reports. I am confident that the reports shall be of immense support to all concerned for further enhancing of strong and efficient AIDS response in India.

(Ashwini Kumar Choubey)

New Delhi
August, 2018

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Anupriya Patel

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I/3178610/2018
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MESSAGE

India is committed to achieve 'End of AIDS' by 2030. Enabling the realization of this vision, strategic information management continues to be the mainstay of national AIDS response across the prevention-detection-treatment continuum. Biennial HIV Estimations is a critical piece of strategic information under National AIDS Control Programme.

It is indeed heartening that National AIDS Control Organization (NACO) is releasing the report and fact-sheets of 14th round of HIV estimations. The report and fact-sheets from 2017 round provide detailed information on status of HIV/AIDS epidemic in country on various indicators. NACO has put in tremendous efforts to institutionalize HIV estimations exercise which uses varieties of data that provide a very reliable and updated evidence on HIV epidemic.

I congratulate National AIDS Control Organization and Indian Council of Medical Research-National Institute of Medical Statistics for their enormous efforts in carrying out this important exercise. I hope the HIV Estimations 2017 report and fact-sheets will be used by all stakeholders in policy planning and decision making and contribute towards achieving 'End of AIDS'.

(Anupriya Patel)

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Department of Health and Family Welfare
Ministry of Health & Family Welfare

Dated : 23rd August, 2018

MESSAGE

I am pleased to present the reports from HIV Estimations 2017 providing latest information on the Status of AIDS epidemic in country. The reports detail magnitude and direction of all key major HIV/AIDS epidemic indicators in a comprehensive way. All the indicators are presented State/UT wise providing important insights for policy makers and programme implementers for strengthening the AIDS response.

Strong epidemic monitoring has been integral to National AIDS Control Programme (NACP) since beginning. NACP has one of the world's largest HIV sentinel surveillance covering almost all districts in India. Every round of HIV sentinel surveillance is followed by HIV estimations providing detailed and updated information on the Status of AIDS epidemic. The epidemic monitoring is implemented through strong institutional arrangement comprising AIIMS (New Delhi), ICMR-NIMS (New Delhi), ICMR-NARI (Pune), ICMR-NICED (Kolkata), ICMR-NIE (Chennai), PGIMER (Chandigarh) and RIMS (Imphal). This ensure high quality data generation, analysis and quick dissemination of epidemiological evidences for action.

I applaud all institutes and stakeholders involved, for their contribution in robust epidemic monitoring and bringing out the publications from HIV Estimations 2017. I am confident that the publication would be found relevant and action oriented to policy makers, implementers, administrators, civil societies, researchers and academicians involved with national AIDS response.

(Preeti Sudan)

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Dated the 16th July, 2018

FOREWORD

'Know your epidemic, know your response' has been fundamental to the national AIDS response in India. The approach has resulted in location and population specific responses and has yielded rich dividends. HIV Estimation and Projection activities have been one of the core components of a comprehensive strategic information system under the National AIDS control Programme.

The HIV Estimations 2017 provide a comprehensive update on the status of the AIDS epidemic from 1981 to 2017 in 35 States and UTs in India. The exercise has been done through use of UNAIDS recommended and globally accepted modelling tool (Spectrum 5.63) with a consistent set of definitions, approaches to data and methods. This is the most robust round of HIV Estimations to date as the latest National Family Health Survey and HIV Sentinel Surveillance data has been used in the modelling. Both had a significant impact and have contributed to improvements of India's and States/UTs HIV Estimations.

Equipped with most recent evidences and tools, the exercise has produced not only an estimate of the magnitude of the HIV epidemic, but also of the impact of prevention and treatment interventions. The estimation results confirm that India's AIDS response with its widest possible spectrum of interventions, particularly the scale-up of ART; continue to be an extraordinary success story that can teach lessons to other public health programmes. Today, the National AIDS Control Programme offers free ART to People Living with HIV (PLHIV) as soon as they are detected HIV positive, a policy that has resulted in 1.2 million PLHIV who are already on ART.

While the treatment programme is on track, HIV Estimations 2017 has once again highlighted important challenges on the prevention front. It has indicated that annual new HIV infections have almost stabilized in recent years. The HIV incidence rate among key population continues to be very high. In addition, there are States where the new infections have either increased or not decreased as desired under the programme. Therefore, there is a need for a much more intensified and strategic prevention approach.

HIV Estimations 2017 provides a unique opportunity to see the national AIDS response in wider context. Despite tremendous progress, the message is clear the epidemic is not yet over. We all must unite efforts to achieve the end of the AIDS by 2030. I am confident that policy makers, programme managers and all other stakeholders will study this report to make themselves aware of the larger perspective of the magnitude and directions of national and State/UTs epidemics and take prompt action to further reinforce efforts for leading a comprehensive, effective and efficient AIDS response in India.

(Sanjeeva Kumar)

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PREFACE

The HIV estimates exercise has been carried out in the country for the last 20 years, since 1998. It is a technically rigorous scientific process led by the National Institute of Medical Statistics (ICMR-NIMS) with the National AIDS Control Organisation (NACO, MoHFW).

The 2017 HIV estimates have been generated in a true partnership approach involving demographers, epidemiologists, clinicians, scientists and programme personnel from ICMR Regional Institutes, State AIDS Control Society and independent experts participating in this exercise. As members of the 'National Working Group on HIV Estimates,' they work collectively as an independent body with the mandate to generate estimates under the oversight of the 'Technical Resource Group on HIV Surveillance and Estimations.' The Technical Resource Group validate the process, methodology and results before they are finalised.

Since 2006, India has been generating HIV estimates using globally recommended tools and methods proposed by the 'UNAIDS Reference Group on HIV Estimates, Modelling and Projections' which is the Spectrum software having an inbuilt EPP component. Spectrum supports advanced demographic, mathematical and epidemiological modelling functions; and, over the years, the software has increasingly been nationalised with India-specific-data used to inform specific parameters and assumptions for modelling as they have become available. There is close technical collaboration with the UNAIDS Reference Group, and well as the UNAIDS country office in India and regional and global offices in Bangkok and Geneva respectively, WHO India throughout the process. Experts from these organisations are also members of the 'National Working Group on HIV Estimates.'

Like the 2012 round, the 2017 round has had a strong focus on human resource capacity development. Through a national level training executed with international trainers and followed-up by series of national workshops—where hands-on supportive supervision and mentoring was provided as the estimates were generated—a pool of national human resources adept in the estimations exercise have been created. Such a participatory approach and focus on skill building will be ensued in subsequent rounds as well.

I congratulate all members of the National Working Group on HIV Estimates for this key strategic work on 2017 HIV estimates. The 2017 HIV estimates provides the latest and most critical information on the HIV epidemic at the national level and across 35 states / Union Territories. I encourage all AIDS programme stakeholders to refer to this technical report.

Dr. M Vishnu Vardhana Rao
Director, ICMR-NIMS

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MESSAGE

The use of epidemiological evidences to gauze the magnitude and directions of HIV/AIDS epidemic have been the cornerstone of the National AIDS Control Programme (NACP) since its inception. Initiated in 1985 as the first activity under the national AIDS response, action-oriented HIV epidemic monitoring in country has evolved as one of the most robust and functional disease surveillance system. Currently, with more than 1300 surveillance sites, almost the entire country is covered under HIV Surveillance system.

One of the key characteristics of India's HIV Surveillance is its evolving morphology in line with the programme needs and technological advances. HIV Sentinel Surveillance has been complemented with periodic bio-behavioural surveillance survey that also included world's largest national integrated bio-behavioural surveillance (IBBS) implemented among high risk population in 2014-15. National Family Health Survey-4 provided critical insights into HIV related risk behaviour and HIV prevalence in the general population. This evolved system with HIV sentinel surveillance, integrated biological and behavioural Surveillance, national family health survey and programme monitoring data piece together a comprehensive system providing the insights into the level, trends and drivers of the HIV epidemic. The HIV Estimations 2017 is an excellent outcome of these complementary systems that allow us to understand the current status of HIV epidemic across locations and populations.

Consistent with the emerging needs and country commitments towards achieving the end of AIDS as a public health threat by 2030, epidemic monitoring systems are being augmented to further enhance the insights into the level, trend and drivers of the HIV. District level HIV burden estimations, HSS plus for enabling the more frequent behavioural surveillance, dovetailing syphilis and Hepatitis as a biomarker into the existing surveillance, update the size-estimation of high risk population and development of patient centric IT enabled integrated M&E system for case-based surveillance are being worked out to strengthen the epidemic monitoring at the front-end of national AIDS response.

Within this vast landscape of the epidemic monitoring, HIV Estimation 2017 is a critical piece of evidence. Every stakeholders of national AIDS response or organization working in this field need to use this report to finetune their policy, implementation design and impact monitoring as we move ahead, collectively, to achieve the end of AIDS as public health threat.

(Alok Saxena)

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Dr. D.K. Shukla
Ex-Director-in-Charge

MESSAGE

This report marks the culmination of a technically rigorous and iterative work done over nearly twelve months with members of the National Technical Working Group on HIV Estimates that include: experts from all ICMR Regional Institutes, UNAIDS, WHO, CDC, State AIDS Control Societies—in addition to ICMR-NIMS who provide technical leadership to the national HIV estimations process with NACO.

The 2017 HIV estimates have been generated using the latest tool and method recommended by the UNAIDS Reference Group on Estimations, Projections and Modelling version Spectrum 5.63. This tool has the Population Projection in DemProj module and several other parameters in the AIDS Impact Model (AIM) module of Spectrum customised to India using national data. There has been close partnership with international experts John Stover (Avenir Health) and UNAIDS (Bangkok and Geneva) offices during this process.

A key data used in the estimations exercise is HIV Sentinel Surveillance (HSS). The National AIDS Control Organization (NACO) conducts HSS across a network of sites in the country to understand HIV level in various population groups. HSS is conducted by NACO with the help of National Institute of Health and Family Welfare (NIHFW), and National Institute of Medical Statistics (NIMS-ICMR). The data generated through HSS is input for the estimates modelling tool to understand the disease burden in the population. As the data from HIV Sentinel Surveillance is not representative of the general population, certain assumptions—which have been gradually refined with the help of available data sources—are used to generate estimates on key indicators.

Another key data used in this estimations round is HIV prevalence data from NFHS 4. For the first time both NFHS 3 and NFHS 4 prevalence data have been used as two survey points in the respective state models. For the first time also, separate projections for Andhra Pradesh and Telangana have been created—post the states bifurcation—and individual state estimates on HIV prevalence, people living with HIV, annual new HIV infections and AIDS-related deaths made available.

The 2017 HIV estimates have been validated by the Technical Resource Group on HIV Surveillance and Estimations. The 2017 report on HIV estimates provides critical knowledge on the status of the HIV epidemic in India: at national and sub-national level. The method and process used in India, and as described in this report, will add to the existing global scientific knowledge on HIV estimations. The results and key findings will also be incredibly useful to national and state M&E officers, programme managers, implementers, community representatives, and other stakeholders to refer to, as national efforts to reduce new infections and AIDS related deaths are Fast-Tracked.

Dr. DK Shukla
Scientist G & Chairman, HIV Estimation 2017

MESSAGE

The way HIV estimations are produced in India is praiseworthy given the rich expertise and significant time that are invested in this important task round after round. The process is led by the National AIDS Control Organization (NACO) in close collaboration with the Indian Council of Medical Research (ICMR), the National Institute for Medial Statistics (NIMS) with the support of UNAIDS and partners. It has improved over time by resulting in better estimation results. In the current estimation round, beyond the broader participation of statisticians, public health specialists, epidemiologists, demographers, behavioural and social scientists, monitoring and evaluation and strategic information staff working at different levels and from different parts of the country, capacity has been built to improve understanding and use of estimation results.

UNAIDS has led the development of HIV estimations globally through provision of technical tools and assistance and coordination support. Regular update of estimations of HIV prevalence, incidence and other key numbers such as the people living with HIV (PLHIV) and new HIV Infections among adults and children, women and men, AIDS-related deaths to track the impact of the epidemic and monitor and evaluate responses. As new data becomes available and modelling tools are refined, estimations results are upgraded.

India faces more challenges than most other countries in producing HIV modelled estimations, because of the country's large size and heterogenous epidemic levels, trends and patterns.The strategy of developing Spectrum models for individual States or Union Territories and then combining them in a national model to generate overall indicator measurements is sound. Experts must work over months to produce estimation results, which are rigorously reviewed by the India's National Working Group on Estimations before being vetted by the Technical Resource Group in Estimations.

While the estimation results in this round confirm the overall decline in new HIV infections and AIDS-related deaths in India, they show that there is no room for complacency as in some States HIV infections are on the rise, these trends need to be carefully monitored and drivers of the local epidemic addressed with greatest urgency. This is needed so that India will deliver on its high-level commitments by 2020 and it will put the country on track to end AIDS by 2030. Hence, the need to scale-up effective interventions in an efficient approach to accelerate progress towards these targets.

Many new initiatives have been introduced by the Government of India in recent times, which is laudable. Some are already showing results e.g. the Test and Treat Policy and Mission 'Sampark' which are helping to fill the gap to reach 90-90-90. However, more efforts are needed to reduce new HIV infections. This is and must remain a top priority to break the epidemic cycle and ensure India will be AIDS-free.

Dr Bilali Camara
UNAIDS Country Director for India

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ACKNOWLEDGEMENT

HIV Estimations is a biennial exercise undertaken by National AIDS Control Organization (NACO) since 1998 to provide the latest status of AIDS epidemic and programmatic needs in terms of prevalence, PLHIV size, incidence, AIDS related deaths and PMTCT needs. In continuation of this institutionalized activity, HIV Estimations 2017 was undertaken under the guidance of 'Technical Resource Group (TRG) for HIV Surveillance and Estimation'.

NACO gratefully acknowledges the contributions made by various stakeholders that helped the completion of the 2017 round of HIV Estimations in India.

The TRG for HIV Surveillance and Estimation is chaired by Shri Sanjeeva Kumar, Addl. Secretary & DG (NACO & RNTCP) and co-chaired by Dr Sanjay Mehendale (Addl. DG, ICMR). We place on record our sincere thanks to them for providing vision, insights and support for the HIV Estimations 2017.

We gratefully acknowledge the leadership and guidance of Dr S Venkatesh (the then Addl. DG, NACO and now DGHS, Officer In-Charge, MoHFW, Govt. of India) for his leadership and guidance to this exercise.

National Working Group (NWG), constituted by NACO, was instrumental in planning, organization and execution of the HIV Estimations 2017. Excellent leadership to the working group was provided by Dr D K Shukla (ICMR-NIMS, New Delhi).

Dr Damodar Sahu acted as the focal person for the HIV estimation 2017 at NIMS-ICMR, New Delhi. Dr Anil Kumar, Dr Jitenkumar Singh, Dr Sarita Nair and Mr Srikant Reddy actively contributed in the timely completion of the process under the guidance of the Dr. M. Vishnu Vardhan Rao (Director, ICMR-NIMS).

Dr DCS Reddy (Independent Technical Expert), Prof. Arvind Pandey (Advisor, NIMS-ICMR, New Delhi), Dr John Stover (Vice President, Avenir Health and member UNAIDS HIV Estimation Reference Group), Dr Shashi Kant (Professor and Head, Centre for community Medicine, AIIMS, New Delhi), Dr Laishram Ladu Singh (Officiating Director, IIPS, Mumbai), Dr S.K. Singh (Professor, IIPS, Mumbai) and Dr Yujwal Raj (Former NPO, NACO) augmented the HIV Estimations 2017 process with their expertise and provided critical technical guidance at all stages. Shri Biswajit Das (Director, Evaluation, MoHFW) provided critical data from NFHS-IV that enabled implementation of HIV Estimations 2017 with most updated and comprehensive set of epidemiological data.

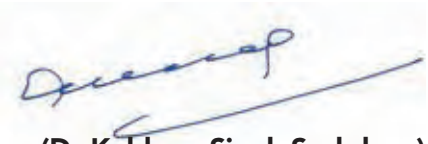
Dr Pushpanjali Swain (NIHFW, New Delhi) represented nodal institute for HIV Surveillance. Dr Sheela Godbole (NARI, Pune), Dr A. Elangovan (NIE, Chennai), Dr M.K. Saha (NICED, Kolkata), Dr Sanjay Rai (AIIMS, New Delhi), Dr P.V.M. Lakshmi (PGIMER, Chandigarh) and Dr T Gambhir (RIMS, Imphal) enriched NWG with their insights into the epidemic in their respective regions. Dr Amitav Das (Odisha SACS), Ms Poonam Bakshi, (Chandigarh SACS), Mr Sabyasachi Chakraborty (Delhi SACS) and Mr Amol Palkar (Mumbai DACS) provided crucial programmatic data during estimation exercise.

Mr Taoufik Bakkali (UNAIDS RST for Asia and the Pacific, Bangkok), Dr Savina Ammassari (UNAIDS India), Ms Nalini Chandra (UNAIDS India), Dr Nicole Seguy (WHO India), Dr BB Rewari (WHO SEARO), Dr Henita Kuntawala (PEPFAR India), Ms Deepika Joshi (CDC India) and Mr Jiban J Baishya (USAID, India) brought international perspectives to ensure that India's HIV Estimation process is at par with global benchmarks.

UNAIDS India, under the leadership of Dr Bilali Camara (Country Director, UNAIDS India) provided holistic support to this exercise from the inception till publication.

Dr Naresh Goel (DDG, NACO), Dr R.S. Gupta (DDG, NACO) and Dr Shobini Rajan (ADG, NACO) provided programmatic insights during the exercise. Dr Asha Hegde (NACO), Dr Manish Bamrotiya (NACO), Dr Suman (NACO), Ms Mariyam (NACO) and Ms H. ManngaihKim (NACO) shared critical programme data and provided technical support during the various stages of the exercise. Dr Pradeep Kumar coordinated the operational and technical aspects of this exercise from conceptualisation till dissemination.

Surveillance is information for action. In the spirit, we present findings from "HIV Estimations 2017" to the nation with great pride and belief that insights provided in this report will be used by all stakeholders including the policy makers, programme managers researchers and academicians to fast-track the AIDS response to have an AIDS free India.



(Dr Kuldeep Singh Sachdeva)

CONTENTS

INTRODUCTION

India undertakes periodic HIV estimations exercise—under the aegis of the National AIDS Control Organisation (NACO) and with technical assistance of the Indian Council of Medical Research-National Institute of Medical Statistics (ICMR-NIMS)—to make the most critical evidences on the HIV epidemic at national and state/Union Territory (UT) level available for programme planning. Initiated in 1998, the exercise is being carried out biennially since 2008-09 in line with the HIV Sentinel Surveillance rounds which is one of the primary epidemiological data inputs used in the modelling exercise—in addition to other demographic data and programme data.

Adult HIV prevalence, HIV population size, HIV incidence, annual new HIV infections, annual AIDS-related deaths and need for prevention of mother to child transmission (PMTCT) of HIV services are critical epidemiological estimates generated at national and state/UT level. Adult prevalence and HIV population estimates provide insight to the status of HIV in the geographic area: its level, trend, and overall burden of disease at the inter-state level.

The indicator annual new HIV infections highlight the impacts of the prevention programme and areas where the new infections are estimated to be increasing—or not declining as rapidly as it should be to achieve the targets of 75% decline in annual new HIV infections from 2010-2020 are areas of concern. These are areas where HIV prevention need to scale up. Estimates of AIDS related deaths point to the impact of treatment services and by how much these efforts need to be stepped-up. PMTCT need is also a critical indicator and for India to achieve the national goal of elimination of mother to child transmission of HIV by 2020, it is essential that 95% of pregnant women in need of PMTCT are receiving treatment.

This compendium of 35 state/UT fact sheets provides a visual presentation on the following: epidemic snapshot on key indicators as of 2017, trend for annual new HIV infections from 2010-2017, trend for annual AIDS-related deaths from 2010-2017, adult HIV prevalence trend from 1990-2017, and PMTCT need in 2017 and coverage.

These estimates are based on the latest round carried out in 2017 by NACO, ICMR-NIMS and members of the National Working Group on HIV Estimates which include Regional Institutes, State AIDS Control Societies, UNAIDS, WHO and other partners. The estimates have been generated using the latest modelling software Spectrum 5.63 recommended by UNAIDS.

It is hoped that all programme personnel, technical officers and stakeholders involved in the HIV programme will refer to this compendium of state/UT fact sheets and use it in local programme planning.

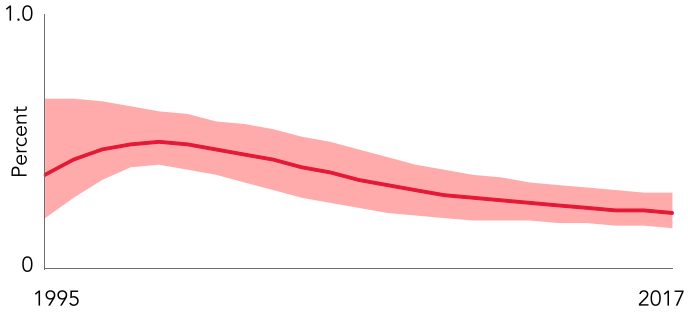
FACT SHEET 2017

India

Epidemic overview

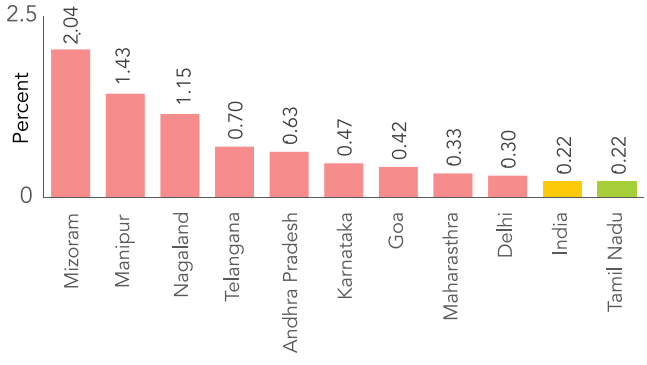
Adult (15-49 yrs.) HIV Prevalence (%)			**0.22**
Low estimate	0.16	High estimate	0.30
People living with HIV (PLHIV)			**21 40 000**
Low estimate	15 90 000	High estimate	28 39 000
Women living with HIV			**9 08 600**
Low estimate	6 84 400	High estimate	12 02 900
New HIV Infections			**87 580**
Low estimate	36 450	High estimate	1 72 900
People on ART (March 2018)			**11 81 129**
AIDS-related deaths			**69 110**
Low estimate	29 940	High estimate	1 40 840

Adult HIV Prevalence (15-49 years), India, 1995-2017



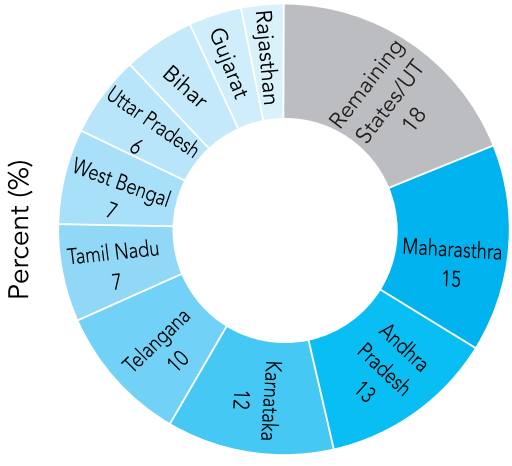
Adult HIV Prevalence at national level is declining since attaining peak in 1999

States with Adult (15-49 years) HIV Prevalence above the National Average, 2017



Nine states have adult HIV prevalence greater than the national average.

People Living with HIV, Percent distribution among States, 2017

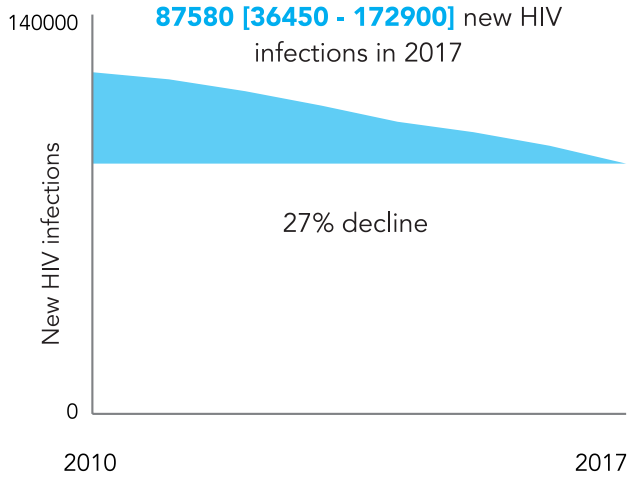


Remaining 25 States/UT:

- Madhya Pradesh (2%)
- Delhi (2%)
- Odisha (2%)
- Punjab (2%)
- Haryana (2%)
- Jharkhand (2%)
- Chhattisgarh (1%)
- Kerala (1%)
- Nagaland (1%)
- Mizoram (1%)
- Assam (1%)
- Others (1%)

Ten states account for 82% of the total estimated people living with HIV in the country: Maharashtra, Andhra Pradesh, Karnataka, Telangana, West Bengal, Tamil Nadu, Uttar Pradesh, Bihar, Gujarat, Rajasthan.The remaining states account for 18% of the total people living with HIV

Annual new HIV infections, India, 2010-2017



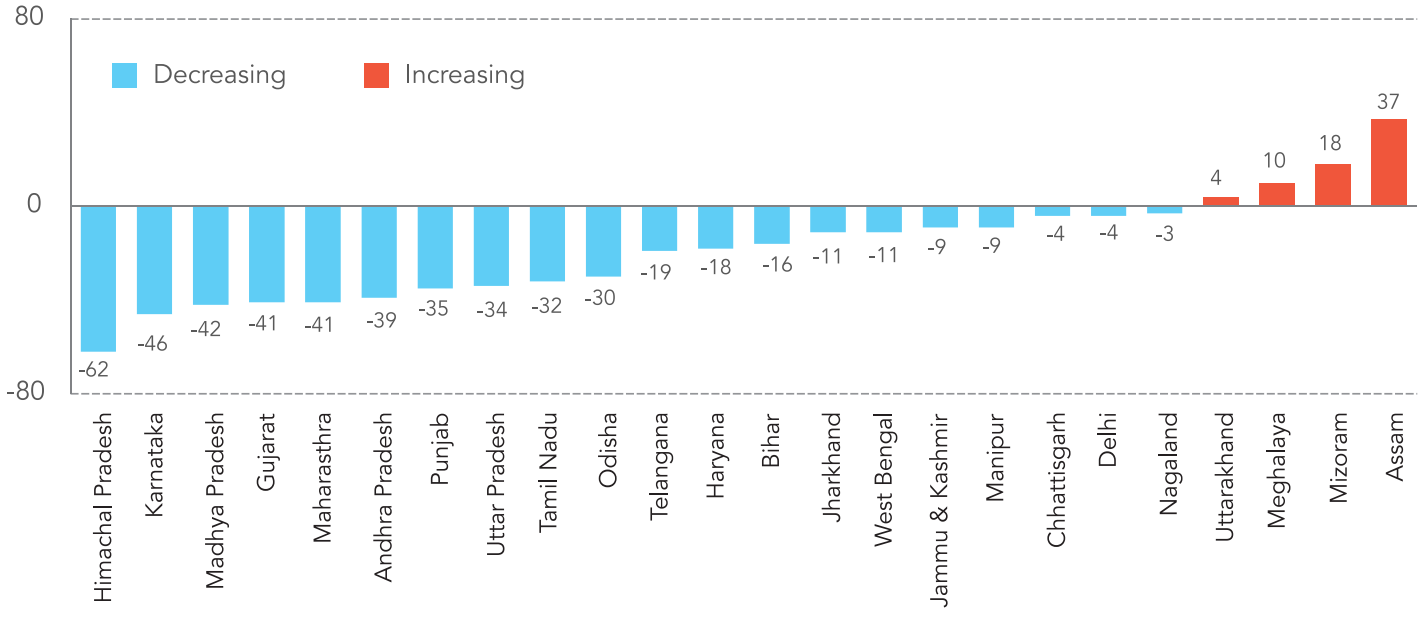
40% of new HIV infections among **women**

Annual new HIV infections declined by 27% between 2010-2017. Target is to achieve a 75% decline between 2010-2020. Forty percent of annual new HIV infections are among women.

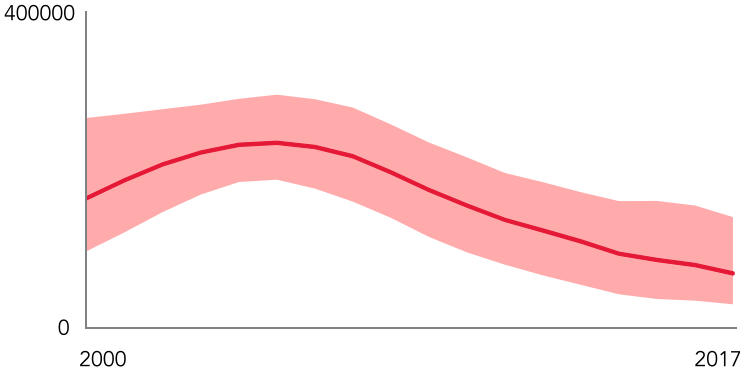
Annual new HIV infections are increasing in three states of the north-east region—Assam, Mizoram & Meghalaya and also in Uttarakhand. The decline is less than 10% in Nagaland, Manipur, Delhi, Chhattisgarh, and Jammu & Kashmir in the last 7 years.

Ten states account for 71% of total annual new HIV infections: Telangana, Bihar, West Bengal, Uttar Pradesh, Andhra Pradesh, Maharashtra, Karnataka, Gujarat, Tamil Nadu and Delhi.

Annual new HIV infection trend States, 2010-2017

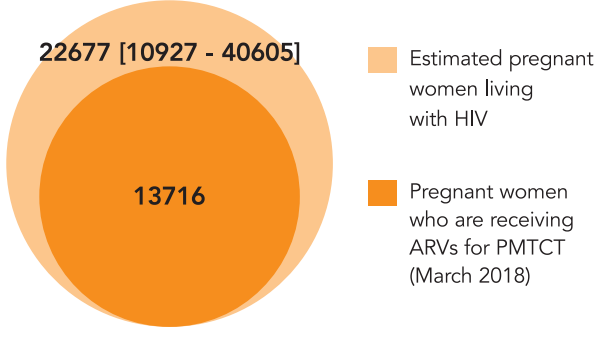


Annual AIDS-related deaths, India, 2000-2017



Estimated annual AIDS related deaths declined by 56% between 2010-17. This trend will be further Fast-Tracked through the implementation of 'Test and Treat' and 'Mission SAMPARK' policies.

PMTCT need, India, 2017

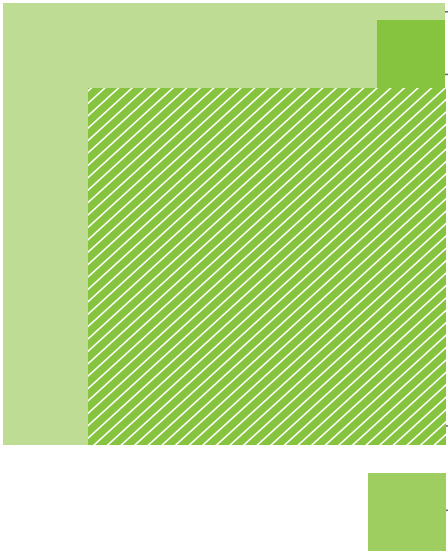


60% of the total estimated pregnant women living with HIV in India are on treatment. In many states coverage is over 70% and within striking distance of achieving the elimination goal by 2020, while in other lower coverage states services are being rapidly reinforced.

FACT SHEET 2017

Andhra Pradesh

Epidemic overview



Adult (15-49 yrs.) HIV Prevalence (%) **0.63**
Low estimate 0.47 High estimate 0.85

People living with HIV (PLHIV) **2 69 973**
Low estimate 2 00 547 High estimate 3 58 105

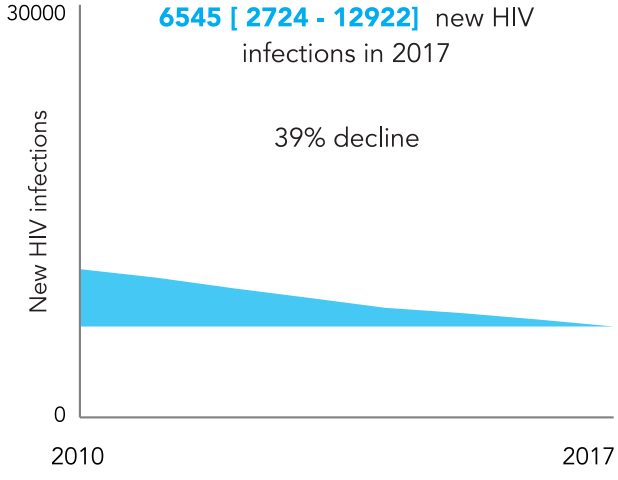
Women living with HIV **1 22 298**
Low estimate 92 123 High estimate 1 61 921

New HIV Infections **6 545**
Low estimate 2 724 High estimate 12 922

People on ART (March 2018) **1 77 273**

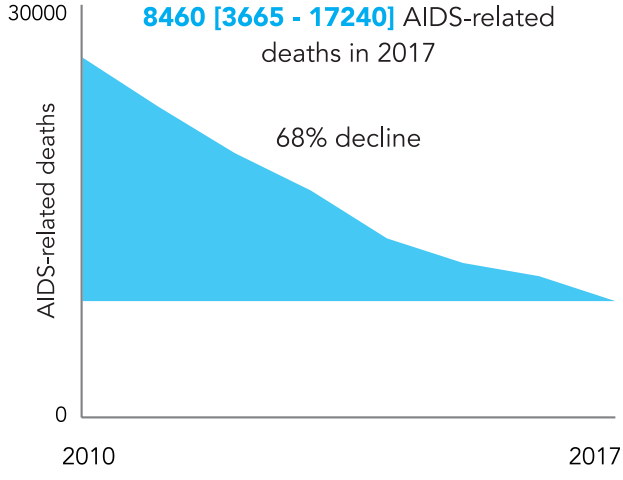
AIDS-related deaths **8 460**
Low estimate 3 665 High estimate 17 240

New HIV infections trend



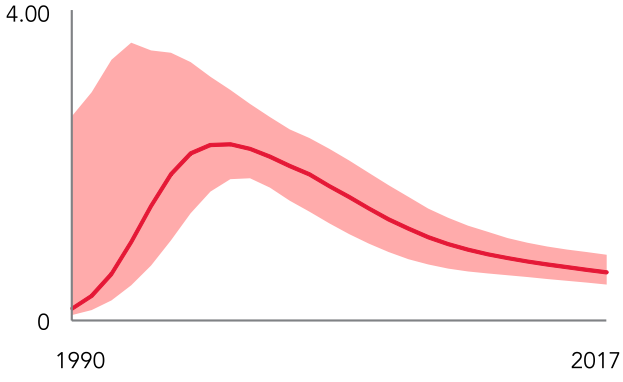
43% of new HIV infections among **women**

AIDS-related deaths trend

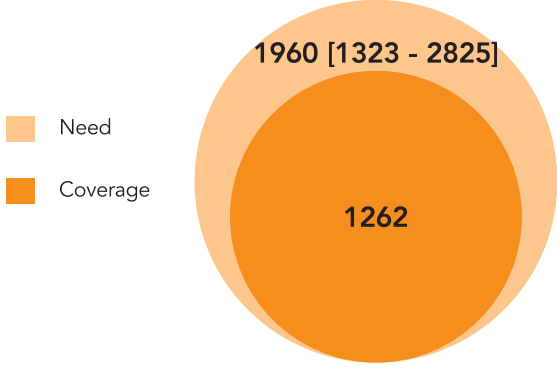


26% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



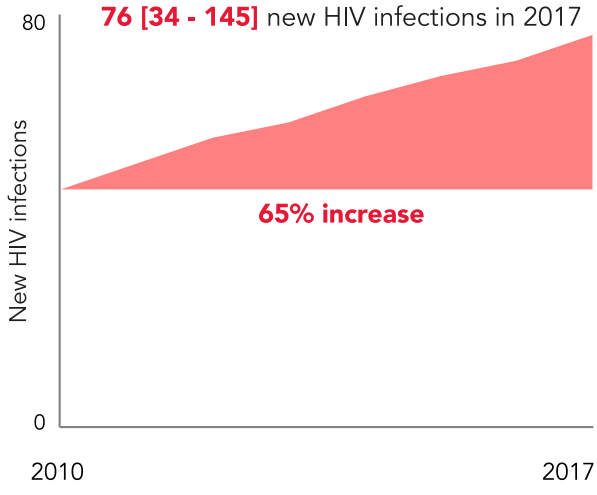
FACT SHEET 2017

Arunachal Pradesh

Epidemic overview

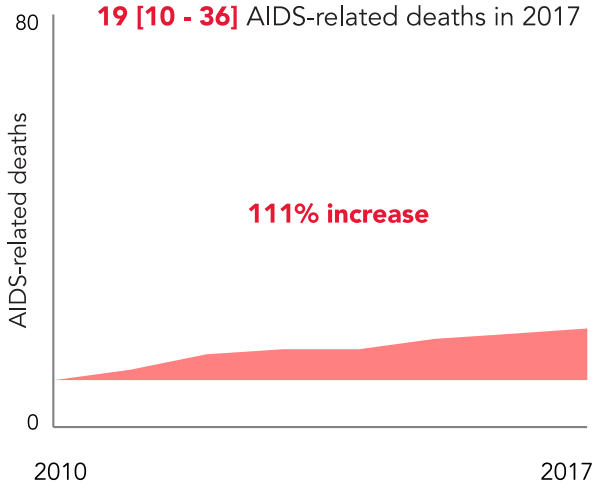
Adult (15-49 yrs.) HIV Prevalence (%)			**0.06**
Low estimate	0.03	High estimate	0.10
People living with HIV (PLHIV)			**588**
Low estimate	349	High estimate	1 005
Women living with HIV			**237**
Low estimate	140	High estimate	395
New HIV Infections			**76**
Low estimate	34	High estimate	145
People on ART (March 2018)			**96**
AIDS-related deaths			**19**
Low estimate	10	High estimate	36

New HIV infections trend



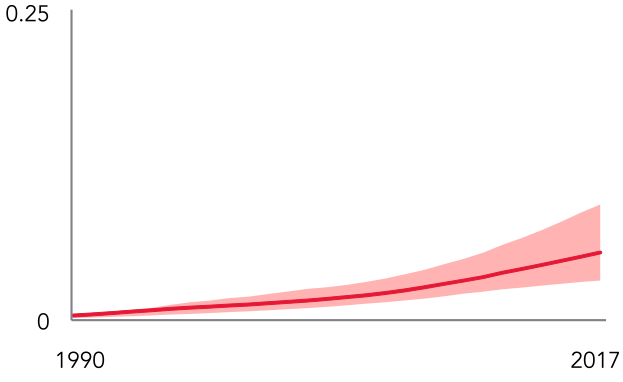
39% of new HIV infections among **women**

AIDS-related deaths trend

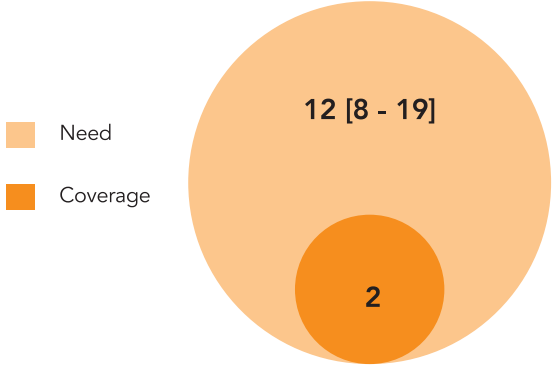


37% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



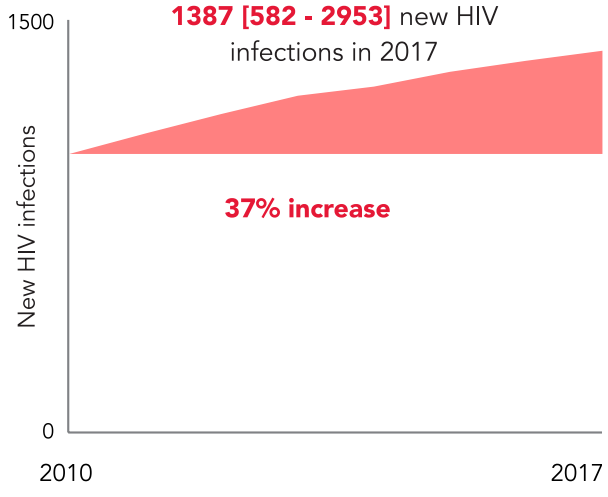
FACT SHEET 2017

Assam

Epidemic overview

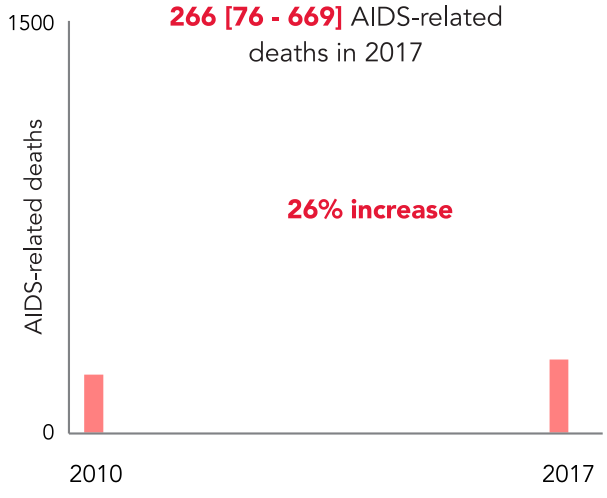
Adult (15-49 yrs.) HIV Prevalence (%)	**0.06**		
Low estimate	0.03	High estimate	0.10
People living with HIV (PLHIV)	**13 539**		
Low estimate	7 838	High estimate	23 567
Women living with HIV	**5 481**		
Low estimate	3 147	High estimate	9 684
New HIV Infections	**1 387**		
Low estimate	582	High estimate	2 953
People on ART (March 2018)	**5 846**		
AIDS-related deaths	**266**		
Low estimate	76	High estimate	669

New HIV infections trend



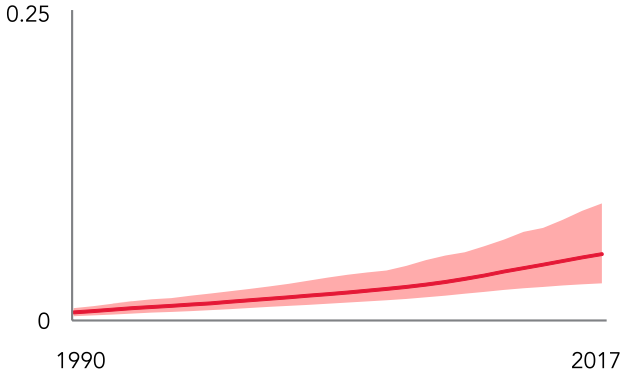
41% of new HIV infections among **women**

AIDS-related deaths trend

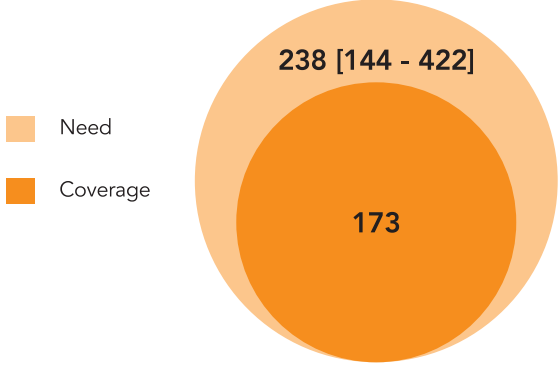


38% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



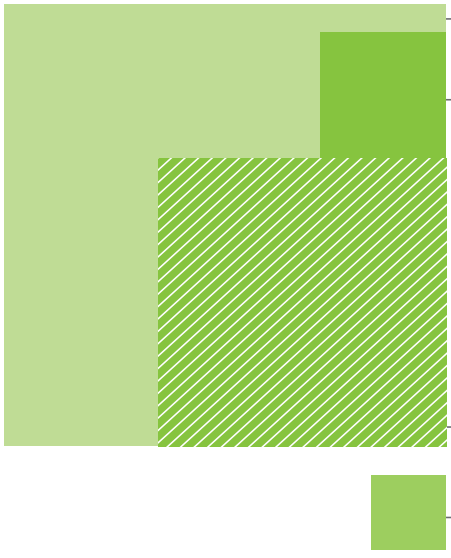
PMTCT 2017



FACT SHEET 2017

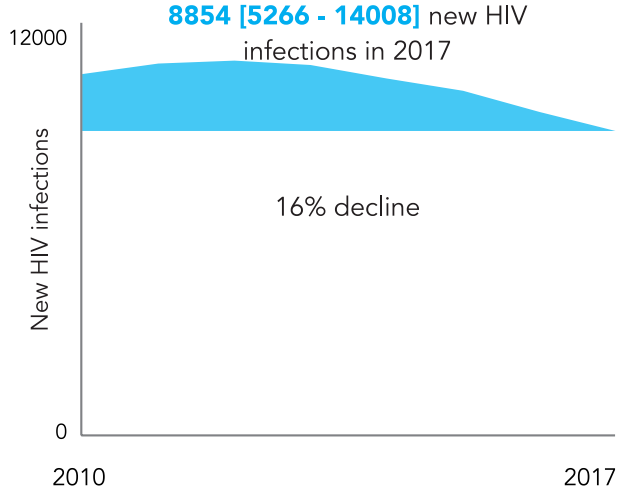
Bihar

Epidemic overview



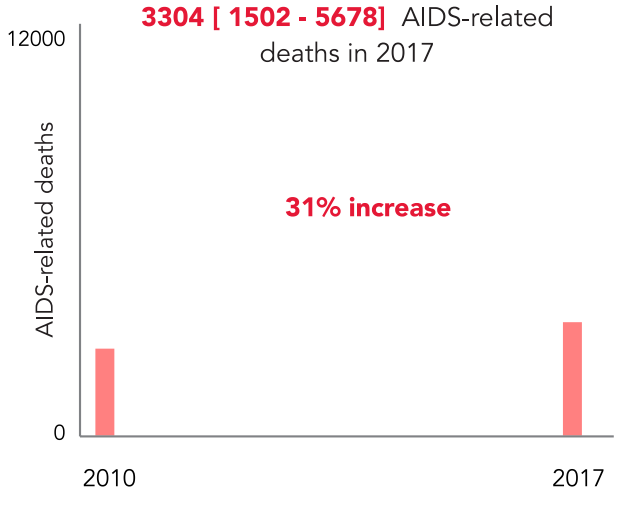
Adult (15-49 yrs.) HIV Prevalence (%)	**0.16**	
Low estimate 0.12		High estimate 0.23
People living with HIV (PLHIV)	**1 15 448**	
Low estimate 83 806		High estimate 1 58 675
Women living with HIV	**47 512**	
Low estimate 34 256		High estimate 65 404
New HIV Infections	**8 854**	
Low estimate 5 266		High estimate 14 008
People on ART (March 2018)	**46 047**	
AIDS-related deaths	**3 304**	
Low estimate 1 502		High estimate 5 678

New HIV infections trend



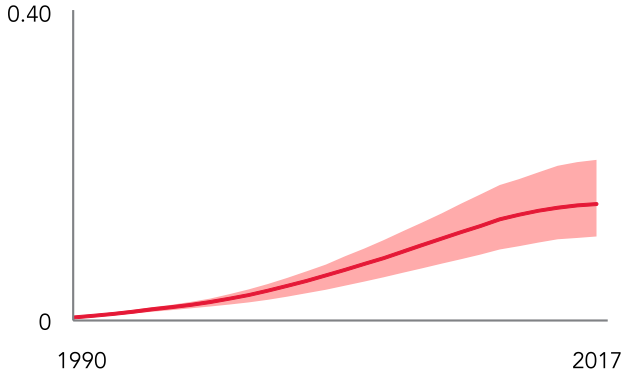
41% of new HIV infections among **women**

AIDS-related deaths trend

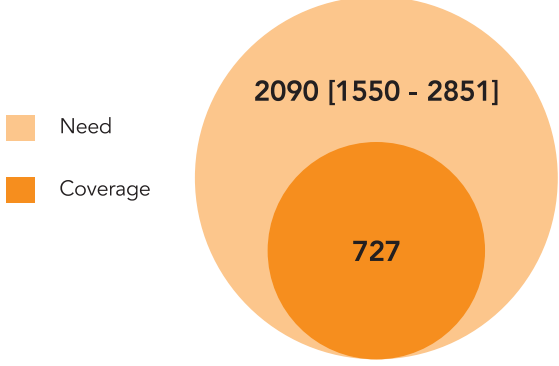


37% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



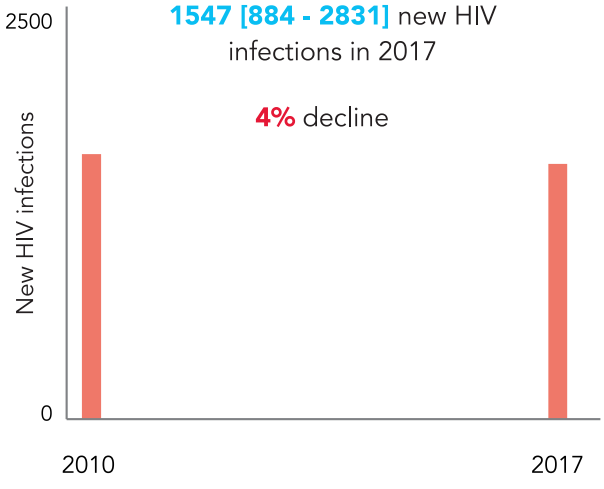
FACT SHEET 2017

Chhattisgarh

Epidemic overview

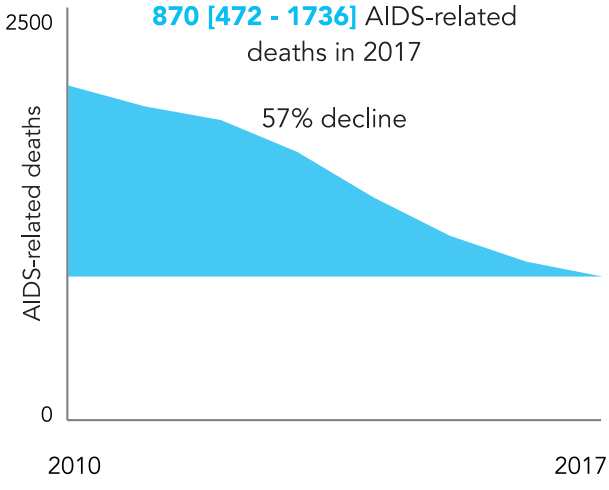
Adult (15-49 yrs.) HIV Prevalence (%)		**0.13**
Low estimate	0.10	High estimate 0.21
People living with HIV (PLHIV)		**26 206**
Low estimate	19 390	High estimate 41 533
Women living with HIV		**11 311**
Low estimate	8 423	High estimate 17 755
New HIV Infections		**1 547**
Low estimate	884	High estimate 2 831
People on ART (March 2018)		**12 235**
AIDS-related deaths		**870**
Low estimate	472	High estimate 1 736

New HIV infections trend



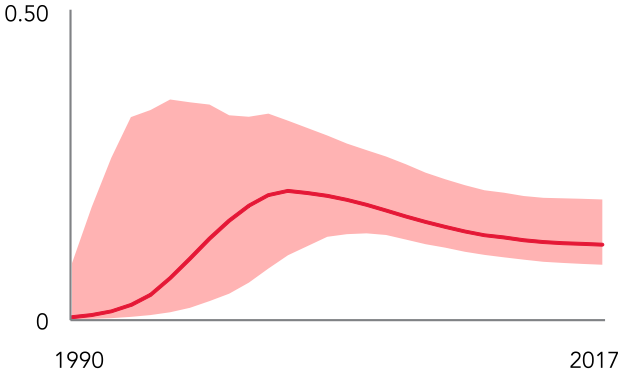
44% of new HIV infections among **women**

AIDS-related deaths trend

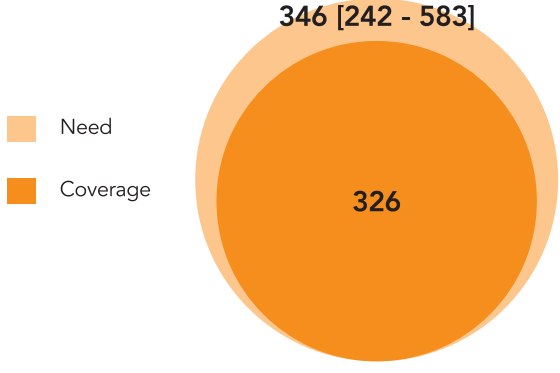


42% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



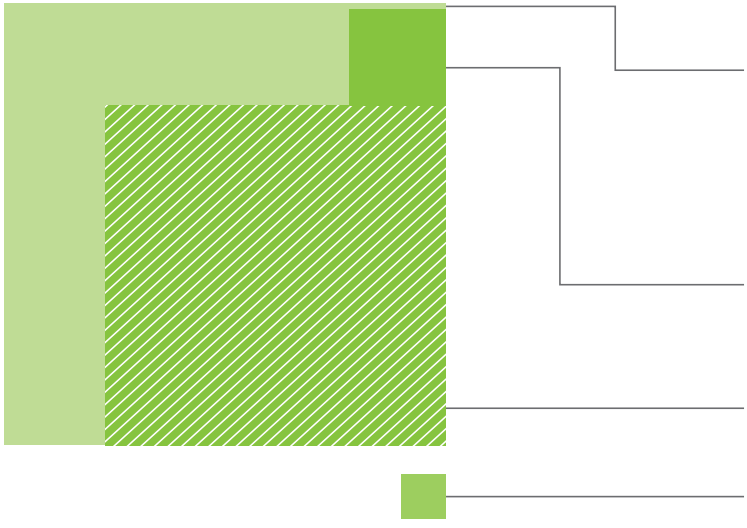
PMTCT 2017



FACT SHEET 2017

Delhi

Epidemic overview



Adult (15-49 yrs.) HIV Prevalence (%) **0.30**
Low estimate 0.18 High estimate 0.47

People living with HIV (PLHIV) **45 726**
Low estimate 28 584 High estimate 71 100

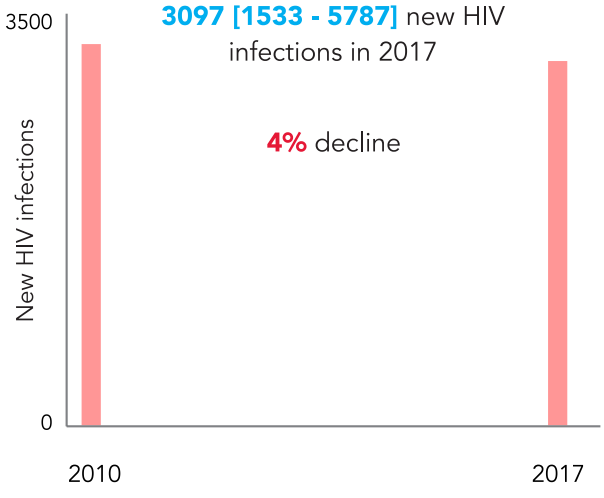
Women living with HIV **14 875**
Low estimate 9 214 High estimate 23 556

New HIV Infections **3 097**
Low estimate 1 533 High estimate 5 787

People on ART (March 2018) **27 250**

AIDS-related deaths **575**
Low estimate 165 High estimate 1 681

New HIV infections trend

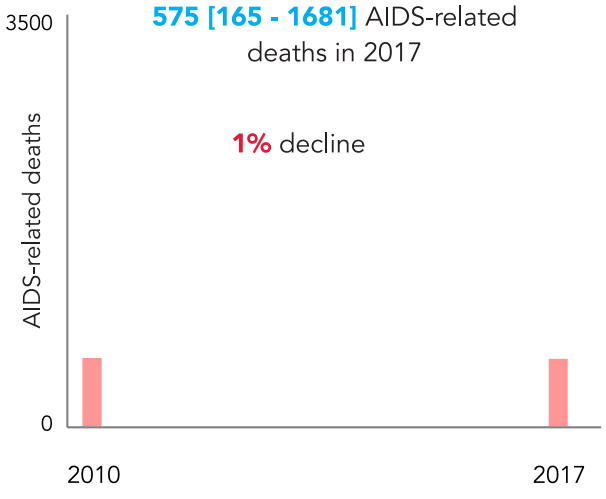


3097 [1533 - 5787] new HIV infections in 2017

4% decline

32% of new HIV infections among **women**

AIDS-related deaths trend

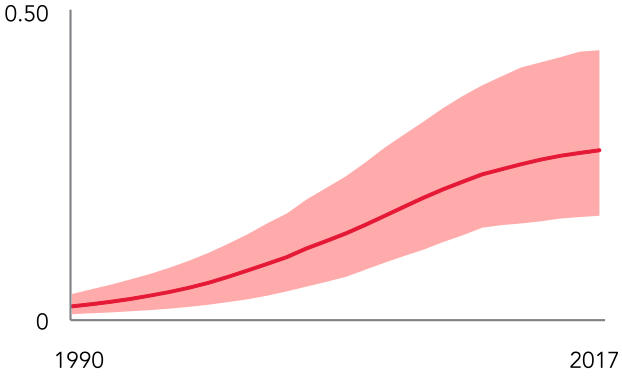


575 [165 - 1681] AIDS-related deaths in 2017

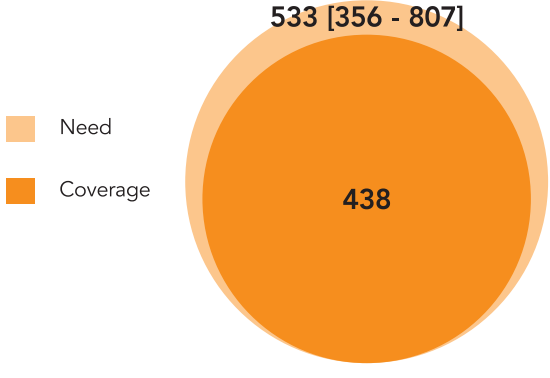
1% decline

24% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



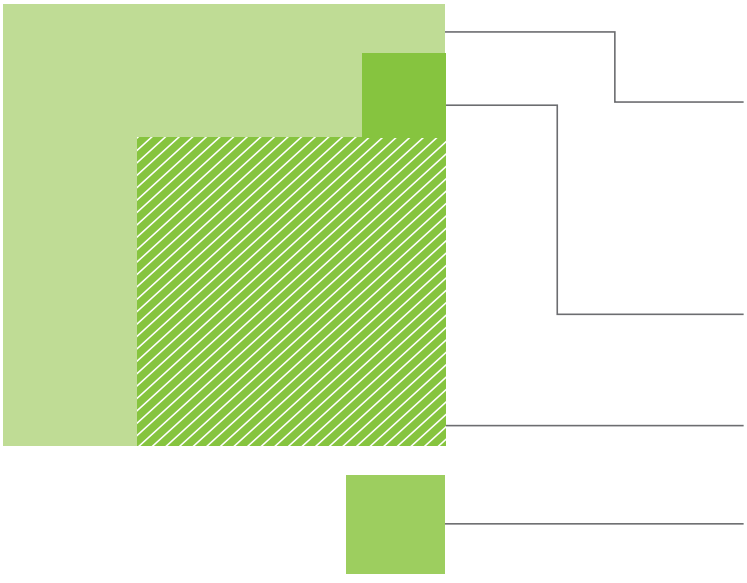
PMTCT 2017



FACT SHEET 2017

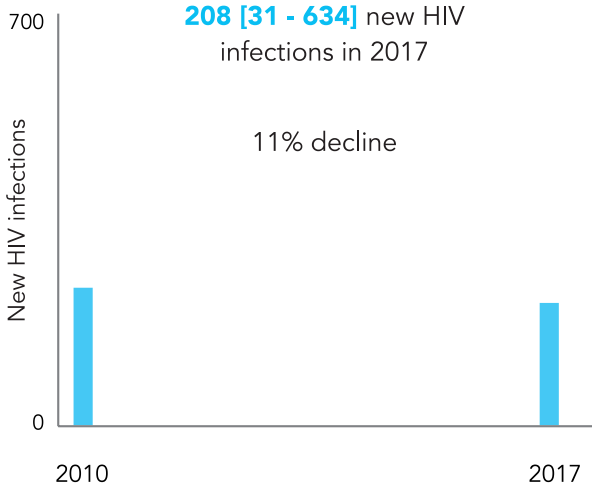
Goa

Epidemic overview



Adult (15-49 yrs.) HIV Prevalence (%)			**0.42**
Low estimate	0.21	High estimate	0.79
People living with HIV (PLHIV)			**5 944**
Low estimate	3 184	High estimate	11 019
Women living with HIV			**2 375**
Low estimate	1 305	High estimate	4 296
New HIV Infections			**208**
Low estimate	31	High estimate	634
People on ART (March 2018)			**2 884**
AIDS-related deaths			**307**
Low estimate	64	High estimate	772

New HIV infections trend

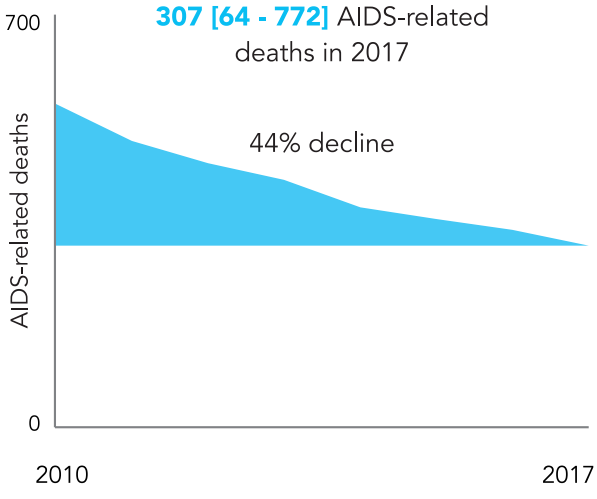


208 [31 - 634] new HIV infections in 2017

11% decline

38% of new HIV infections among **women**

AIDS-related deaths trend

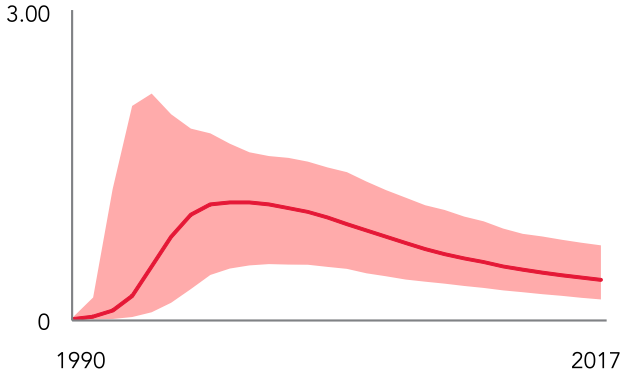


307 [64 - 772] AIDS-related deaths in 2017

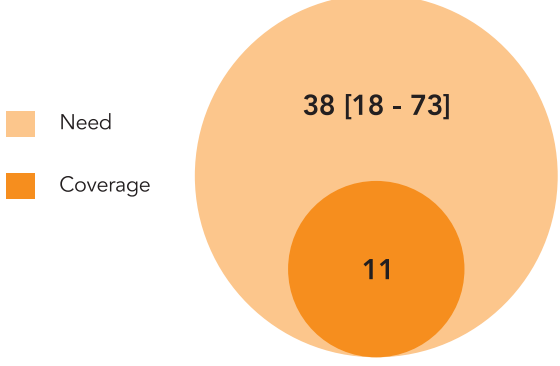
44% decline

28% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



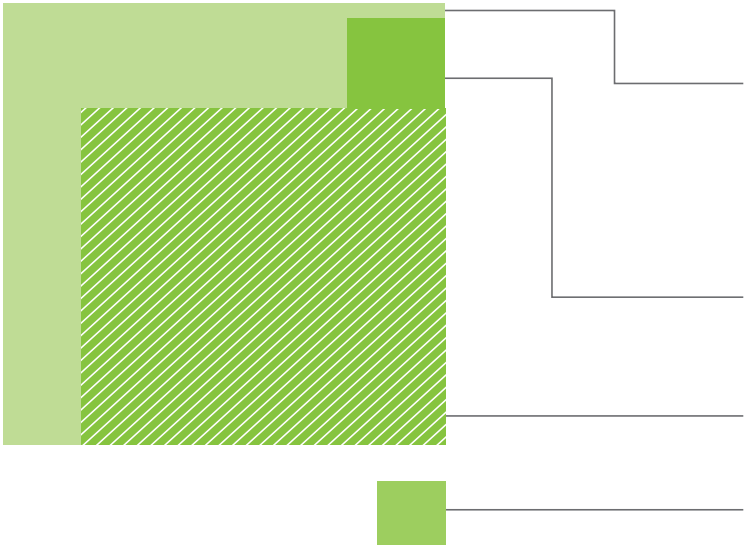
PMTCT 2017



FACT SHEET 2017

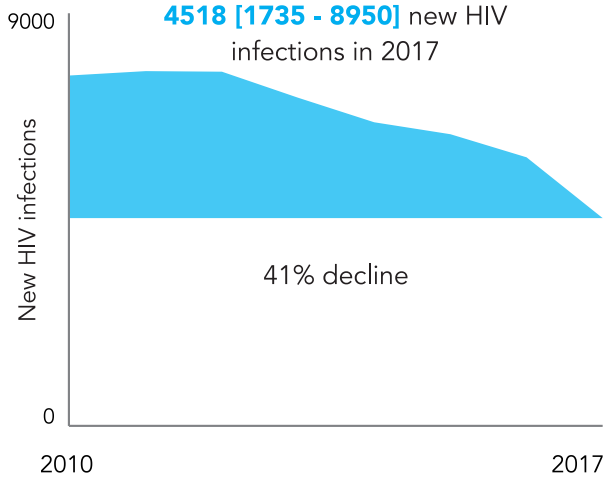
Gujarat

Epidemic overview



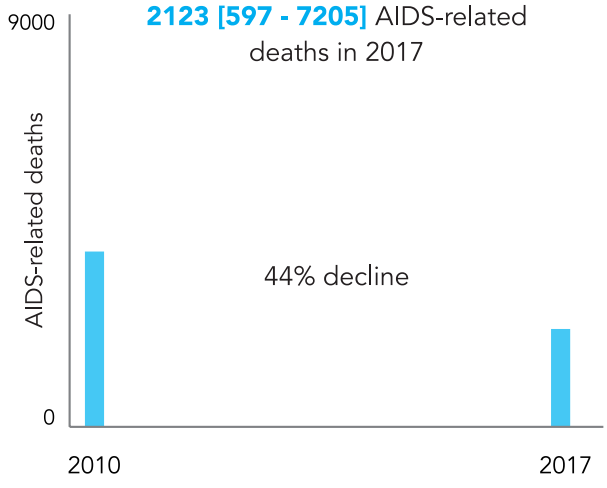
Adult (15-49 yrs.) HIV Prevalence (%)			**0.19**
Low estimate	0.10	High estimate	0.33
People living with HIV (PLHIV)			**91 766**
Low estimate	50 665	High estimate	1 55 291
Women living with HIV			**37 103**
Low estimate	20 450	High estimate	63 371
New HIV Infections			**4 518**
Low estimate	1 735	High estimate	8 950
People on ART (March 2018)			**62 752**
AIDS-related deaths			**2 123**
Low estimate	597	High estimate	7 205

New HIV infections trend



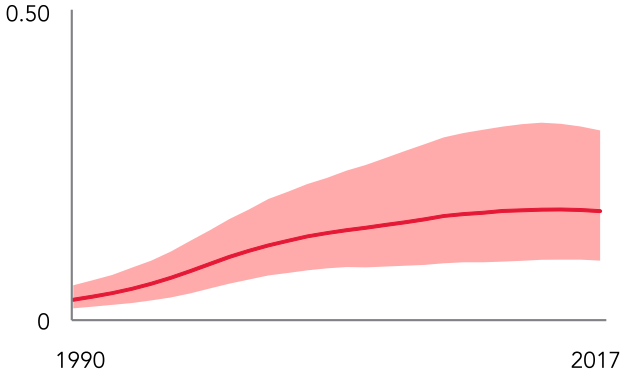
40% of new HIV infections among **women**

AIDS-related deaths trend

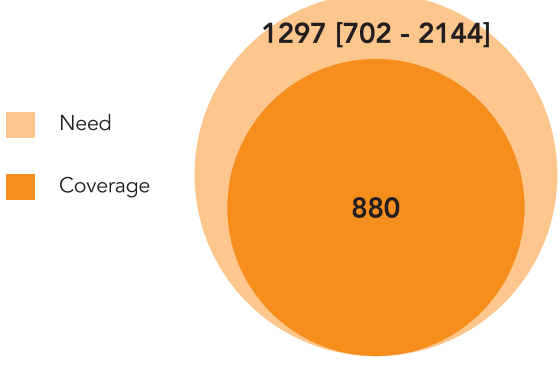


39% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



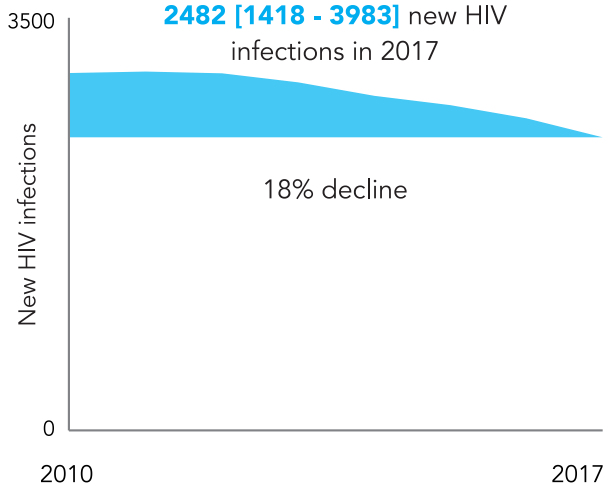
FACT SHEET 2017

Haryana

Epidemic overview

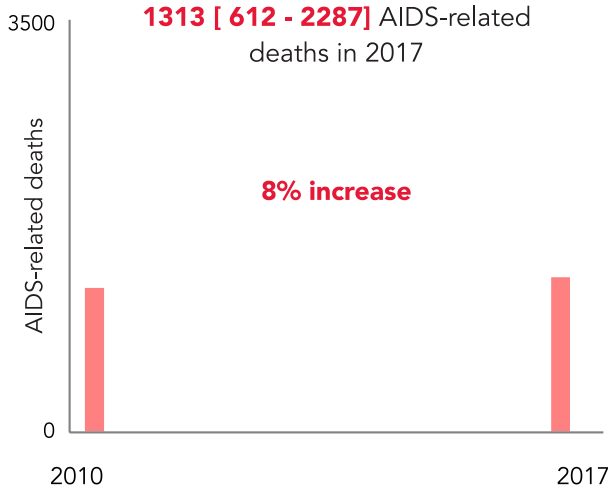
Adult (15-49 yrs.) HIV Prevalence (%)			**0.18**
Low estimate	0.12	High estimate	0.26
People living with HIV (PLHIV)			**36 286**
Low estimate	25 294	High estimate	51 141
Women living with HIV			**12 475**
Low estimate	8 845	High estimate	17 565
New HIV Infections			**2 482**
Low estimate	1 418	High estimate	3 983
People on ART (March 2018)			**11 059**
AIDS-related deaths			**1 313**
Low estimate	612	High estimate	2 287

New HIV infections trend



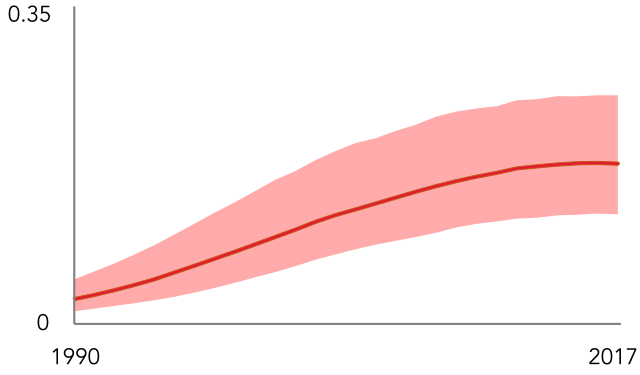
33% of new HIV infections among **women**

AIDS-related deaths trend

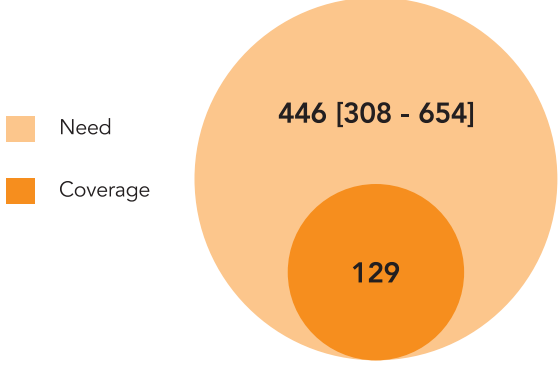


28% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



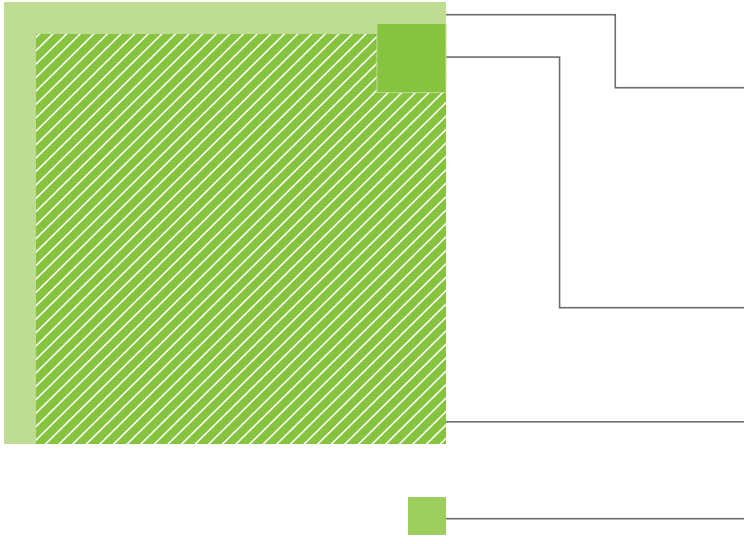
PMTCT 2017



FACT SHEET 2017

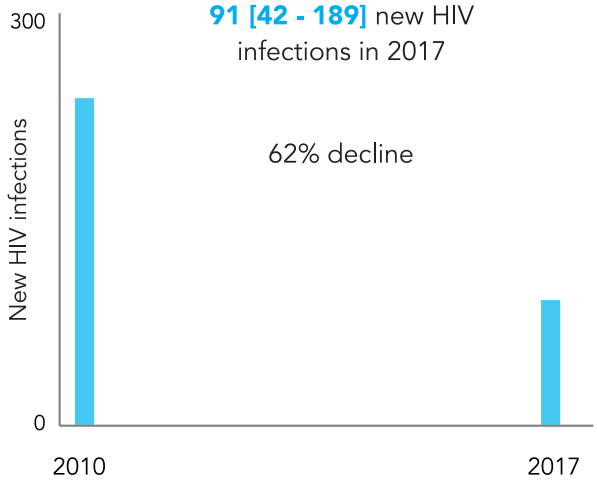
Himachal Pradesh

Epidemic overview



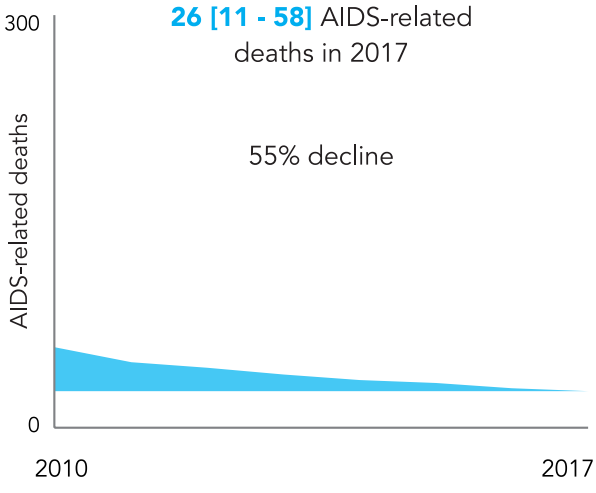
Adult (15-49 yrs.) HIV Prevalence (%)			**0.05**
Low estimate	0.03	High estimate	0.09
People living with HIV (PLHIV)			**3 148**
Low estimate	1 762	High estimate	5 397
Women living with HIV			**1 040**
Low estimate	550	High estimate	1 831
New HIV Infections			**91**
Low estimate	42	High estimate	189
People on ART (March 2018)			**>95%**
AIDS-related deaths			**26**
Low estimate	11	High estimate	58

New HIV infections trend



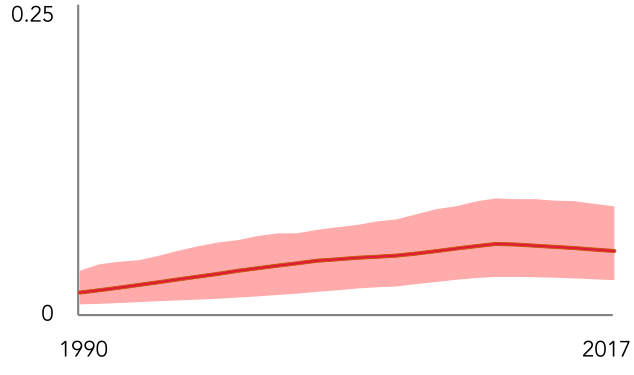
32% of new HIV infections among **women**

AIDS-related deaths trend

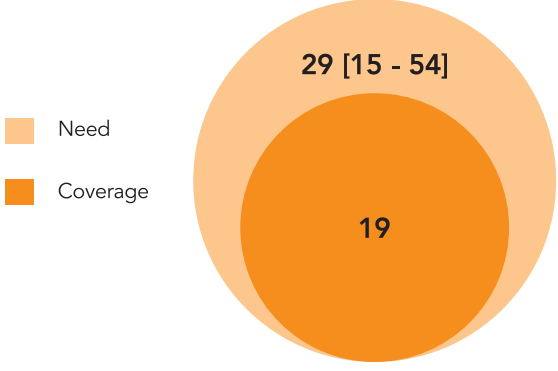


19% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



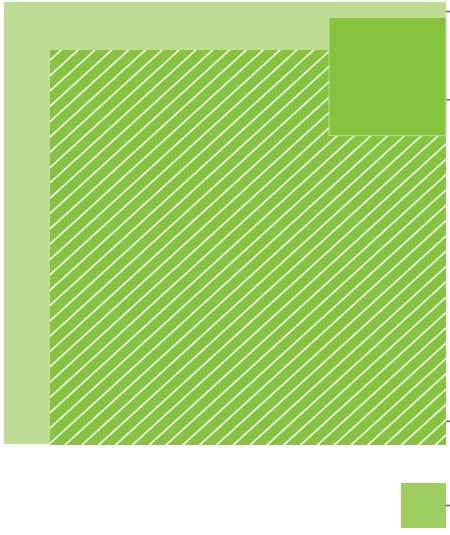
PMTCT 2017



FACT SHEET 2017

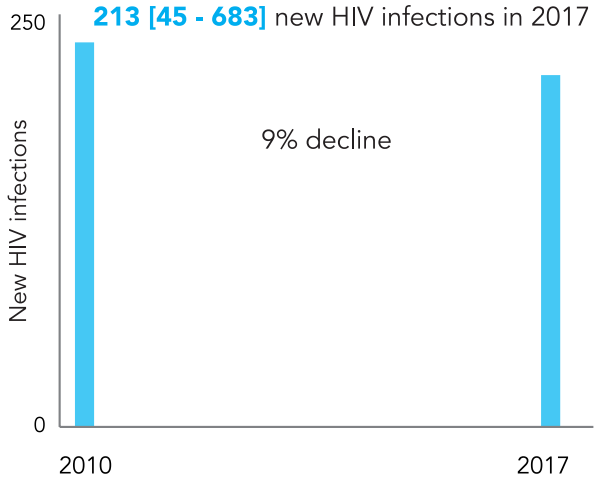
Jammu & Kashmir

Epidemic overview



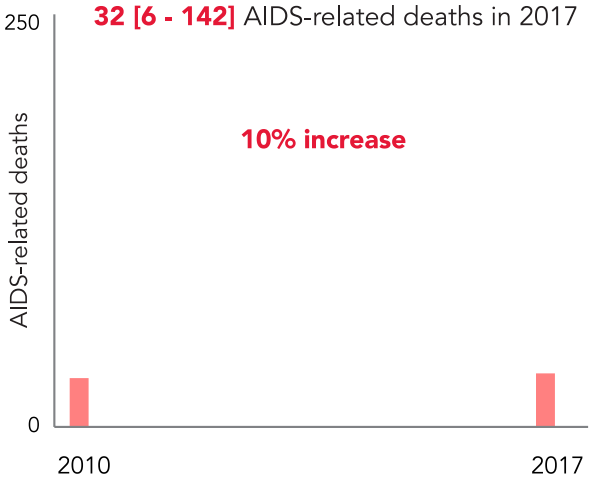
Adult (15-49 yrs.) HIV Prevalence (%)			**0.03**
Low estimate	0.01	High estimate	0.07
People living with HIV (PLHIV)			**2 954**
Low estimate	1 336	High estimate	6 116
Women living with HIV			**909**
Low estimate	399	High estimate	1 854
New HIV Infections			**213**
Low estimate	45	High estimate	683
People on ART (March 2018)			**2 350**
AIDS-related deaths			**32**
Low estimate	6	High estimate	142

New HIV infections trend



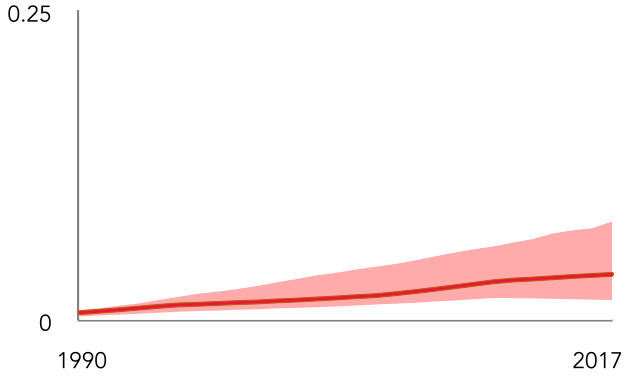
30% of new HIV infections among **women**

AIDS-related deaths trend

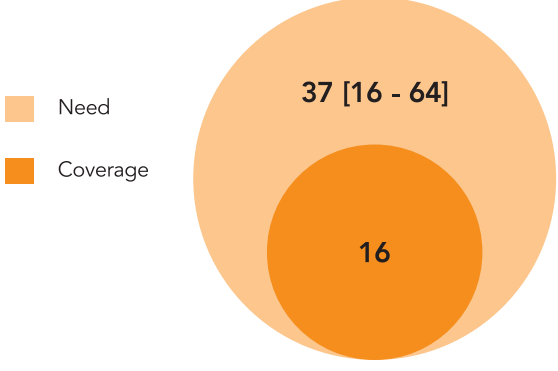


16% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



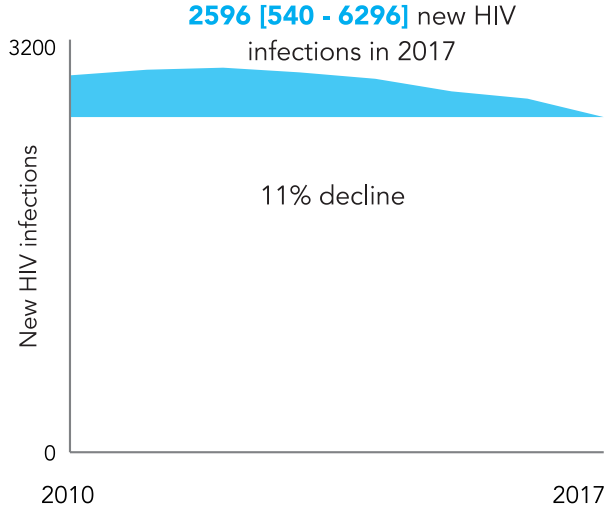
FACT SHEET 2017

Jharkhand

Epidemic overview

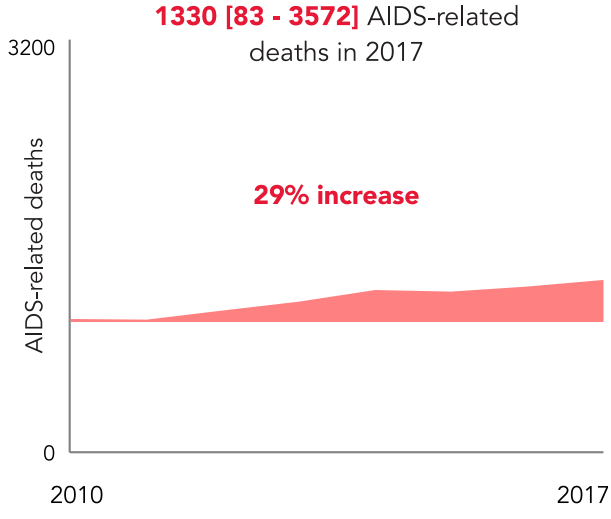
Adult (15-49 yrs.) HIV Prevalence (%)			**0.14**
Low estimate	0.04	High estimate	0.31
People living with HIV (PLHIV)			**33 367**
Low estimate	9 695	High estimate	72 555
Women living with HIV			**13 791**
Low estimate	4 046	High estimate	29 775
New HIV Infections			**2 596**
Low estimate	540	High estimate	6 296
People on ART (March 2018)			**9 471**
AIDS-related deaths			**1 330**
Low estimate	83	High estimate	3 572

New HIV infections trend



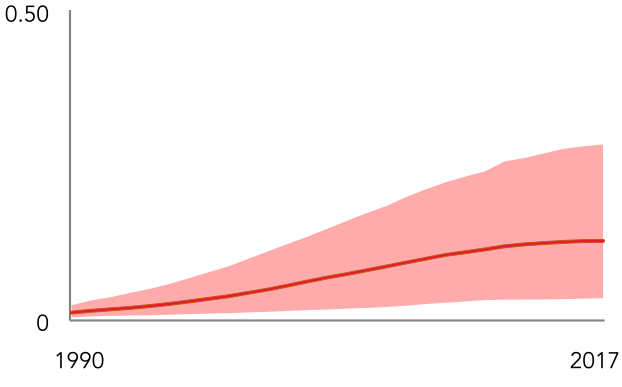
41% of new HIV infections among **women**

AIDS-related deaths trend

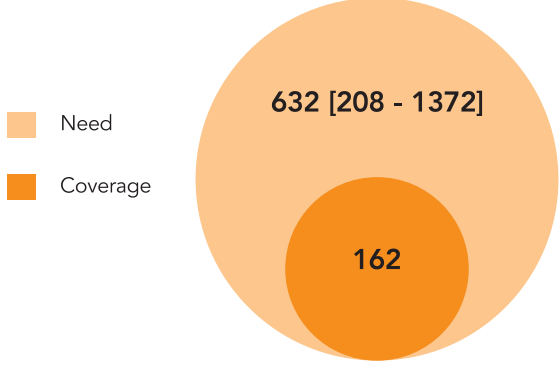


39% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



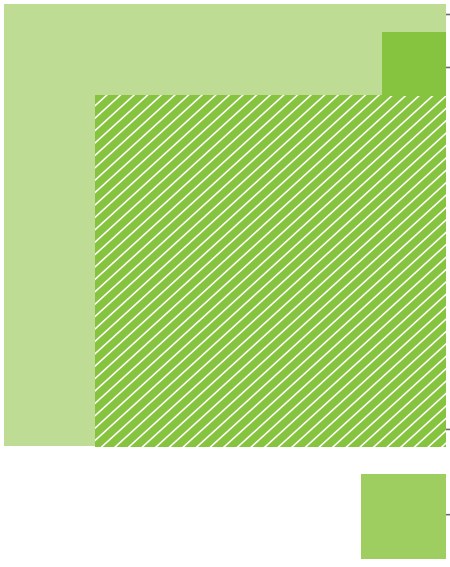
PMTCT 2017



FACT SHEET 2017

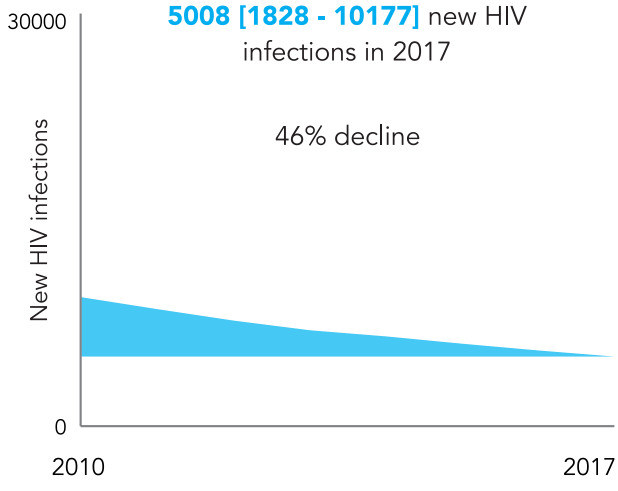
Karnataka

Epidemic overview



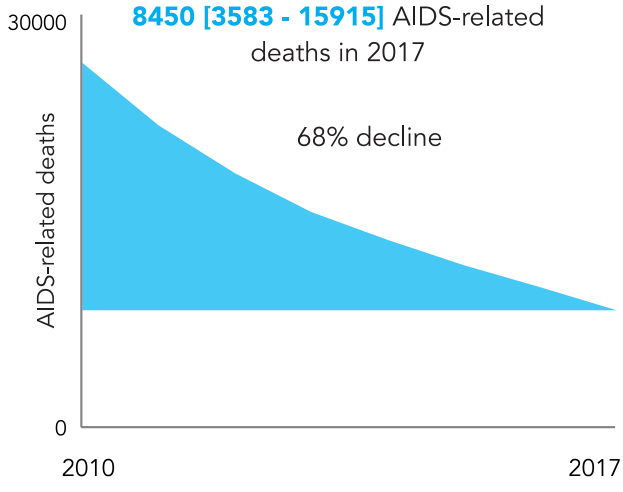
Adult (15-49 yrs.) HIV Prevalence (%)	**0.47**		
Low estimate	0.37	High estimate	0.63
People living with HIV (PLHIV)	**2 47 413**		
Low estimate	1 91 384	High estimate	3 23 467
Women living with HIV	**1 23 821**		
Low estimate	96 638	High estimate	1 60 769
New HIV Infections	**5 008**		
Low estimate	1 828	High estimate	10 177
People on ART (March 2018)	**1 55 411**		
AIDS-related deaths	**8 450**		
Low estimate	3 583	High estimate	15 915

New HIV infections trend



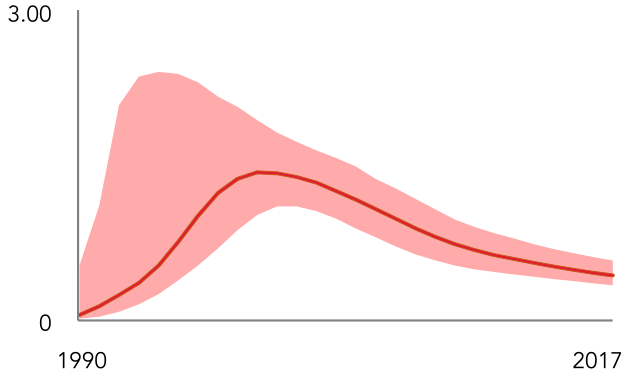
50% of new HIV infections among **women**

AIDS-related deaths trend

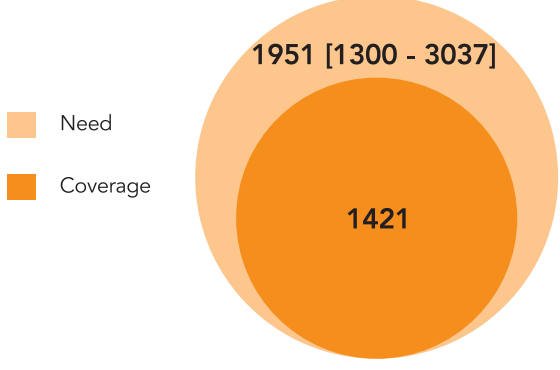


37% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



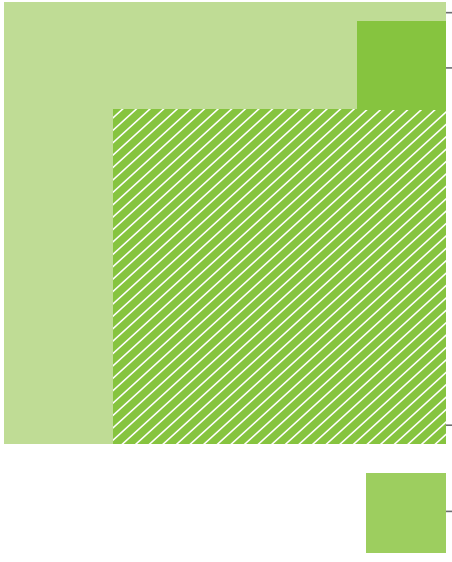
PMTCT 2017



FACT SHEET 2017

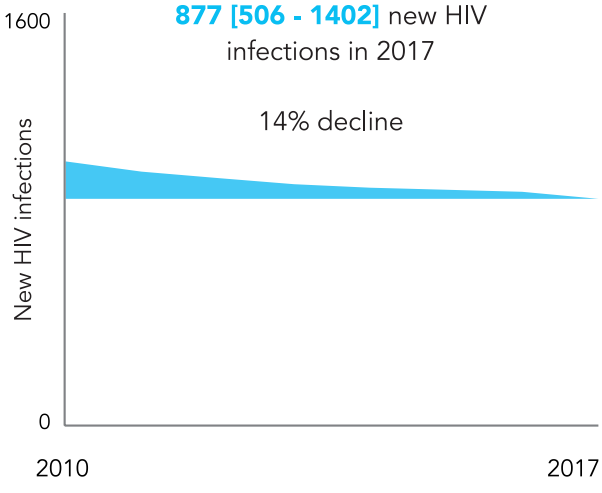
Kerala

Epidemic overview



Adult (15-49 yrs.) HIV Prevalence (%)			**0.08**
Low estimate	0.06	High estimate	0.10
People living with HIV (PLHIV)			**22 755**
Low estimate	18 617	High estimate	28 587
Women living with HIV			**10 518**
Low estimate	8 473	High estimate	13 315
New HIV Infections			**877**
Low estimate	506	High estimate	1 402
People on ART (March 2018)			**12 919**
AIDS-related deaths			**750**
Low estimate	418	High estimate	1 208

New HIV infections trend

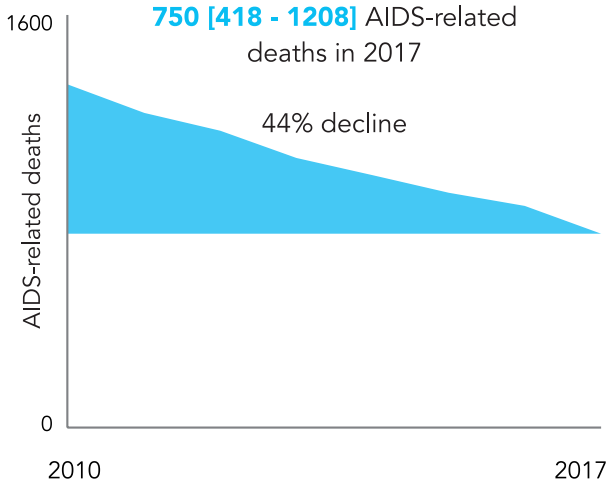


877 [506 - 1402] new HIV infections in 2017

14% decline

47% of new HIV infections among **women**

AIDS-related deaths trend

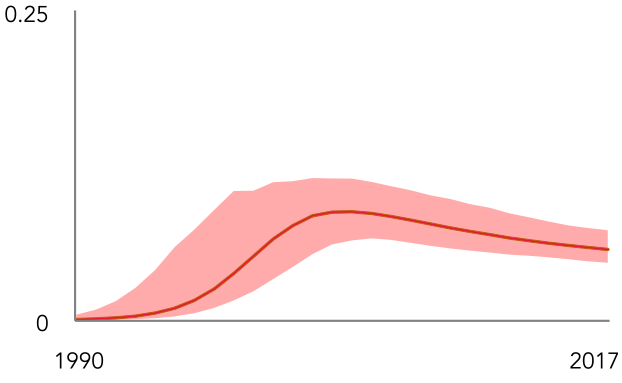


750 [418 - 1208] AIDS-related deaths in 2017

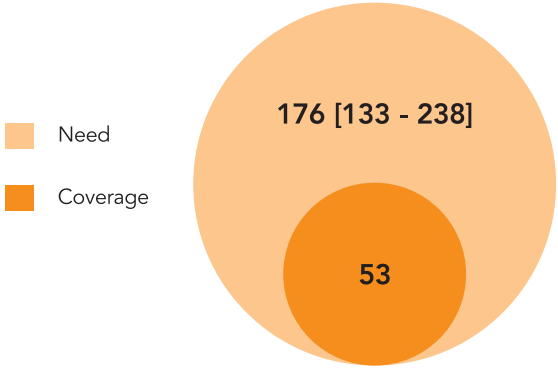
44% decline

44% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



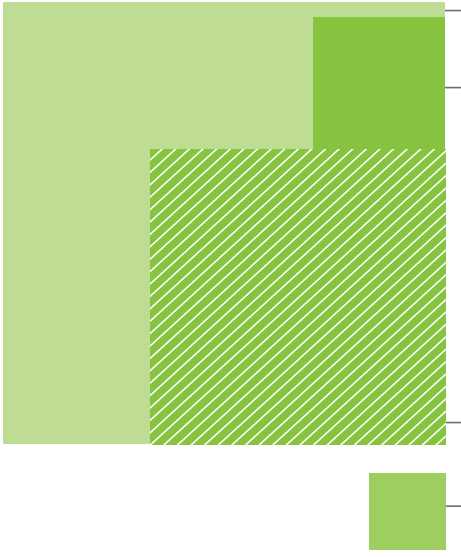
PMTCT 2017



FACT SHEET 2017

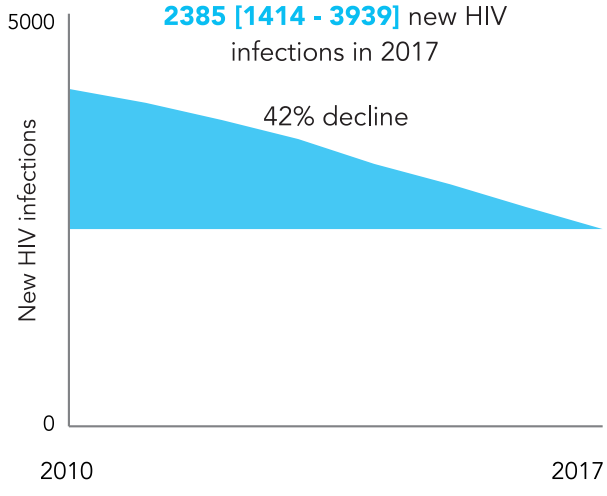
Madhya Pradesh

Epidemic overview



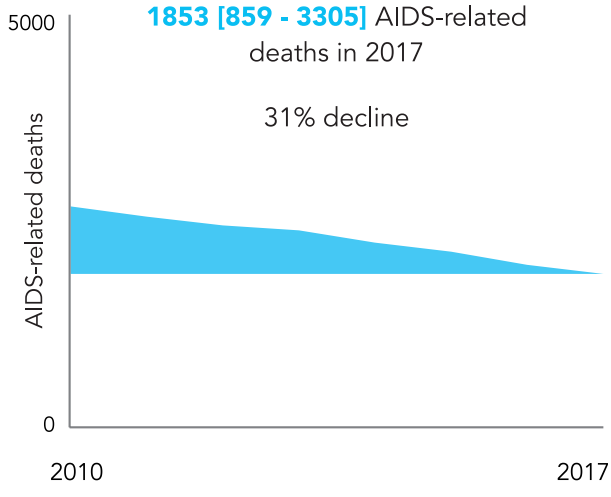
Adult (15-49 yrs.) HIV Prevalence (%)			**0.09**
Low estimate	0.06	High estimate	0.13
People living with HIV (PLHIV)			**51 223**
Low estimate	36 583	High estimate	73 140
Women living with HIV			**18 001**
Low estimate	13 176	High estimate	25 405
New HIV Infections			**2 385**
Low estimate	1 414	High estimate	3 939
People on ART (March 2018)			**22 133**
AIDS-related deaths			**1 853**
Low estimate	859	High estimate	3 305

New HIV infections trend



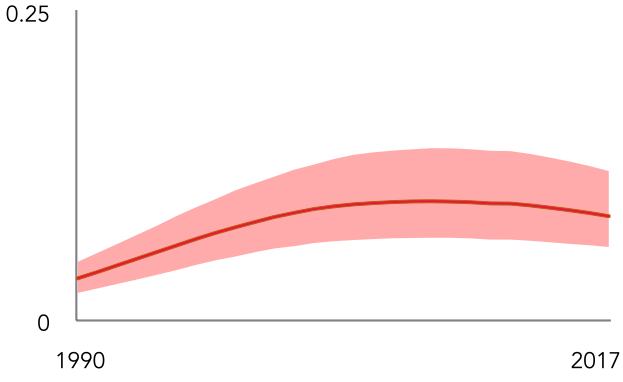
34% of new HIV infections among **women**

AIDS-related deaths trend

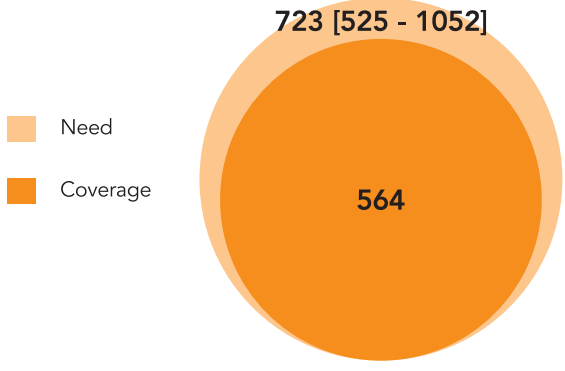


24% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



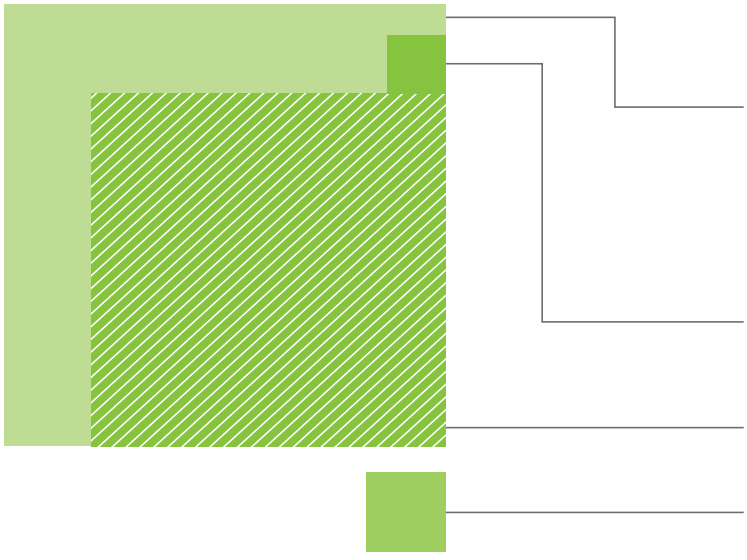
PMTCT 2017



FACT SHEET 2017

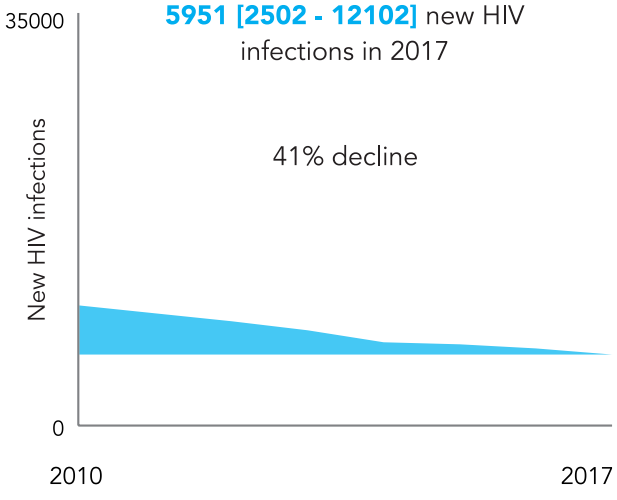
Maharashtra

Epidemic overview



Adult (15-49 yrs.) HIV Prevalence (%)	**0.33**		
Low estimate	0.25	High estimate	0.45
People living with HIV (PLHIV)	**3 29 744**		
Low estimate	2 53 068	High estimate	4 35 323
Women living with HIV	**1 37 413**		
Low estimate	1 04 569	High estimate	1 80 074
New HIV Infections	**5 951**		
Low estimate	2 502	High estimate	12 102
People on ART (March 2018)	**2 37 796**		
AIDS-related deaths	**10 104**		
Low estimate	4 921	High estimate	21 524

New HIV infections trend

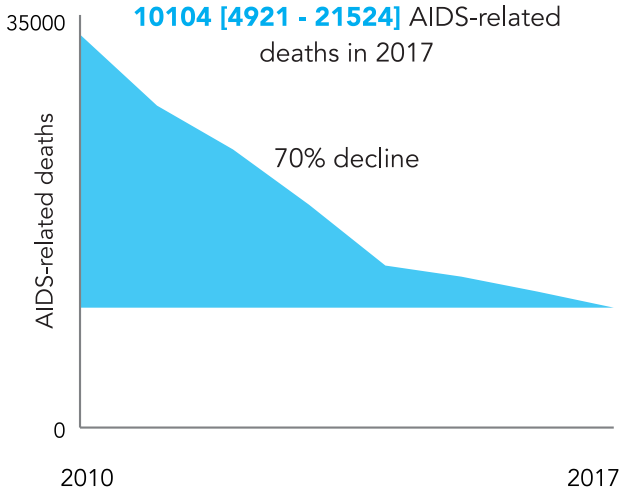


5951 [2502 - 12102] new HIV infections in 2017

41% decline

40% of new HIV infections among **women**

AIDS-related deaths trend

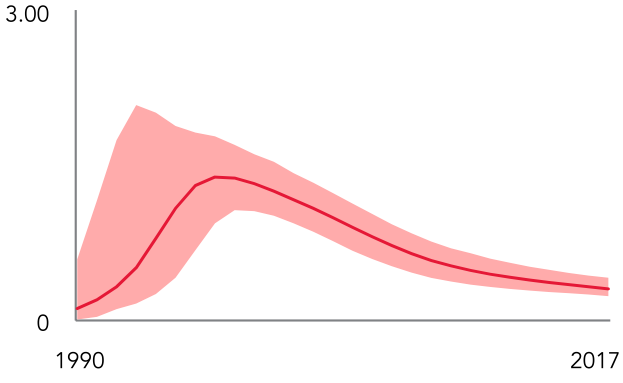


10104 [4921 - 21524] AIDS-related deaths in 2017

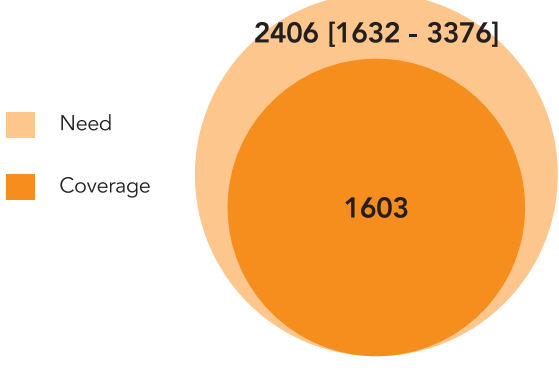
70% decline

22% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



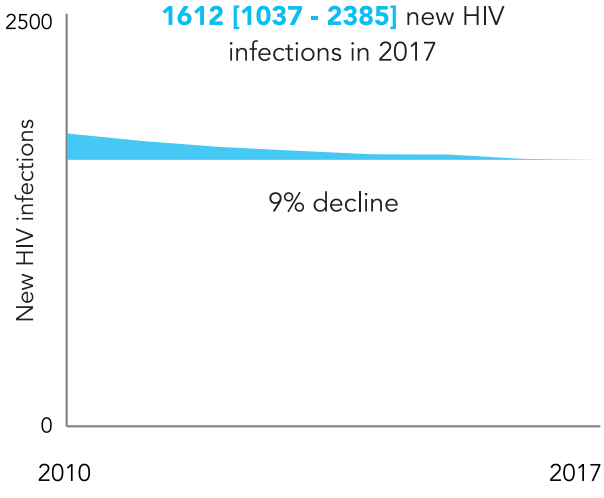
FACT SHEET 2017

Manipur

Epidemic overview

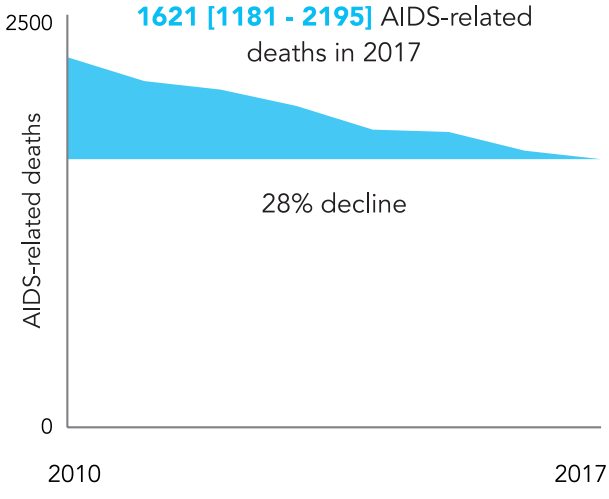
Adult (15-49 yrs.) HIV Prevalence (%)	**1.43**		
Low estimate	1.17	High estimate	1.75
People living with HIV (PLHIV)	**31 549**		
Low estimate	26 076	High estimate	38 862
Women living with HIV	**14 187**		
Low estimate	11 869	High estimate	17 202
New HIV Infections	**1 612**		
Low estimate	1 037	High estimate	2 385
People on ART (March 2018)	**12 483**		
AIDS-related deaths	**1 621**		
Low estimate	1 181	High estimate	2 195

New HIV infections trend



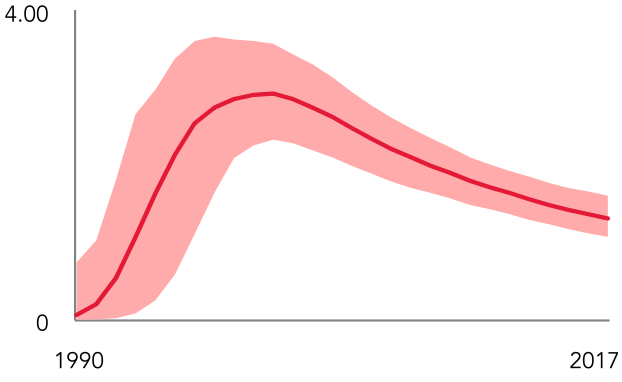
43% of new HIV infections among **women**

AIDS-related deaths trend

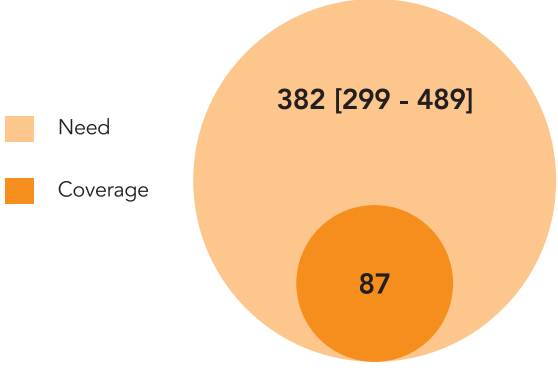


40% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



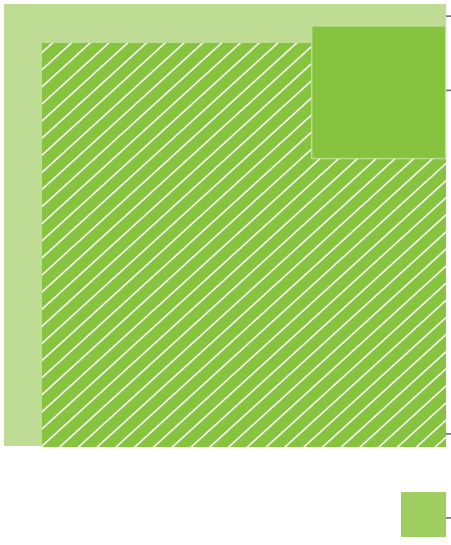
PMTCT 2017



FACT SHEET 2017

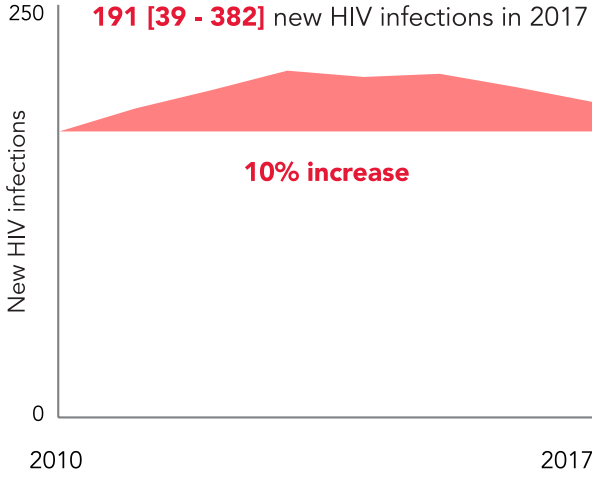
Meghalaya

Epidemic overview



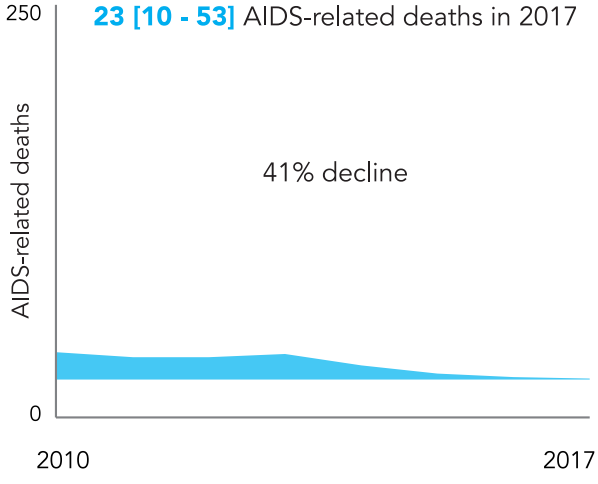
Adult (15-49 yrs.) HIV Prevalence (%)	**0.11**		
Low estimate	0.06	High estimate	0.16
People living with HIV (PLHIV)	**2 141**		
Low estimate	1 293	High estimate	3 241
Women living with HIV	**915**		
Low estimate	573	High estimate	1 379
New HIV Infections	**191**		
Low estimate	39	High estimate	382
People on ART (March 2018)	**1 777**		
AIDS-related deaths	**23**		
Low estimate	10	High estimate	53

New HIV infections trend



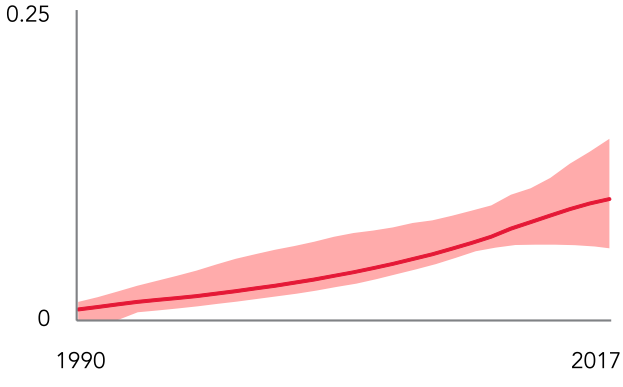
42% of new HIV infections among **women**

AIDS-related deaths trend

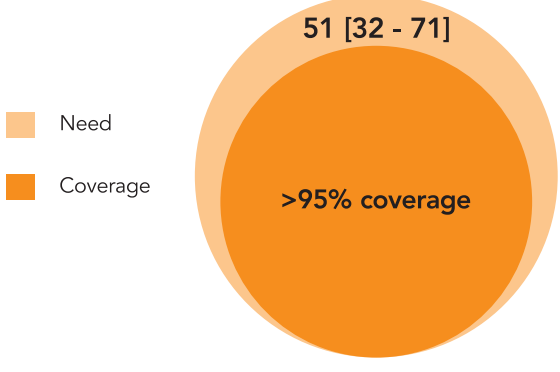


30% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



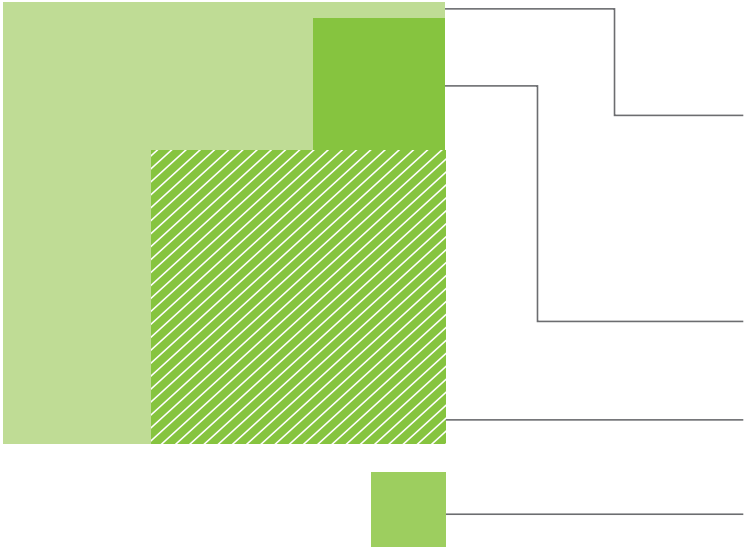
PMTCT 2017



FACT SHEET 2017

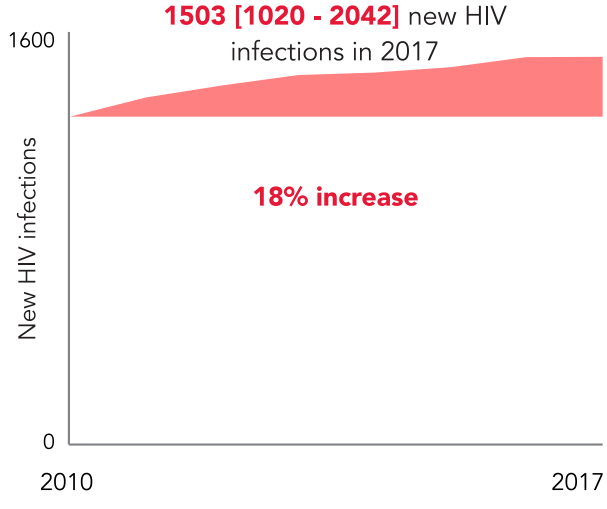
Mizoram

Epidemic overview



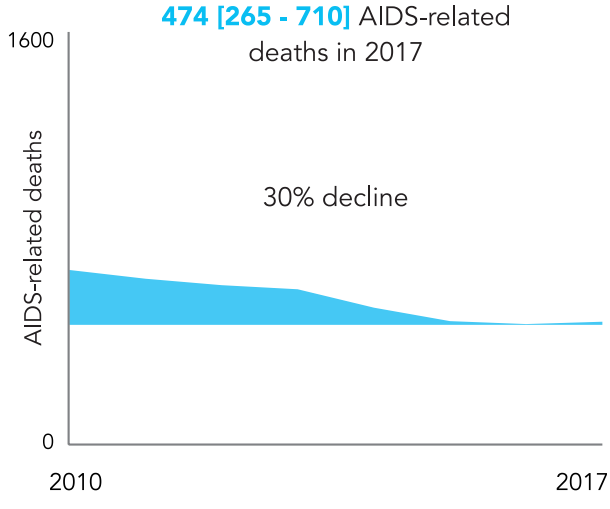
Adult (15-49 yrs.) HIV Prevalence (%)			**2.04**
Low estimate	1.57	High estimate	2.56
People living with HIV (PLHIV)			**16 773**
Low estimate	12 912	High estimate	21 083
Women living with HIV			**7 320**
Low estimate	5 701	High estimate	9 054
New HIV Infections			**1 503**
Low estimate	1 020	High estimate	2 042
People on ART (March 2018)			**7 412**
AIDS-related deaths			**474**
Low estimate	265	High estimate	710

New HIV infections trend



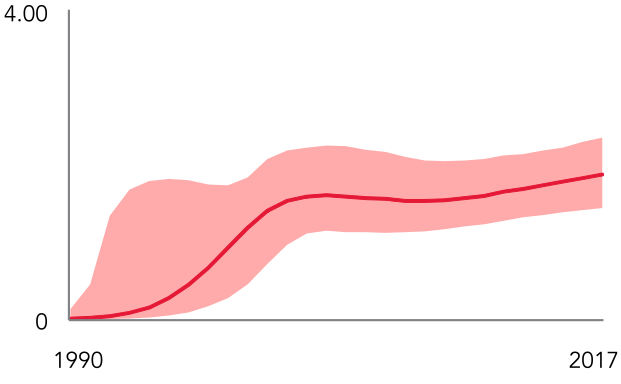
42% of new HIV infections among **women**

AIDS-related deaths trend

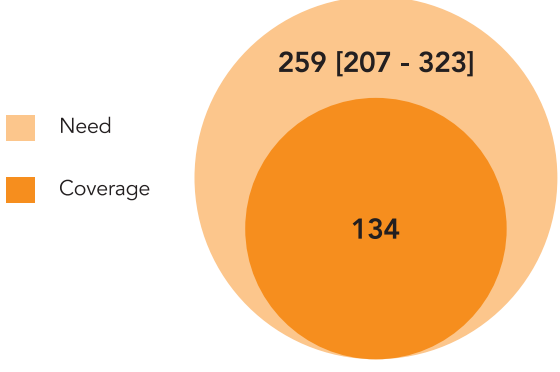


39% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



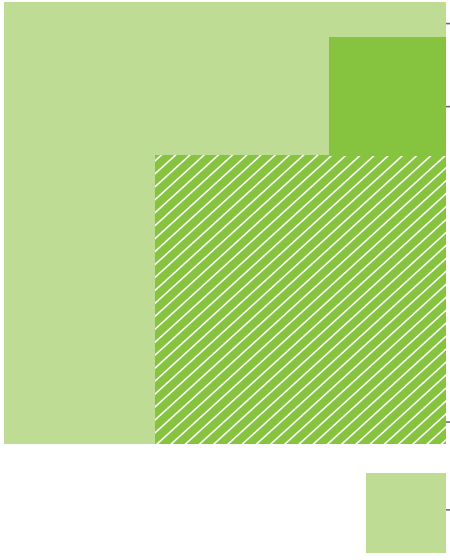
PMTCT 2017



FACT SHEET 2017

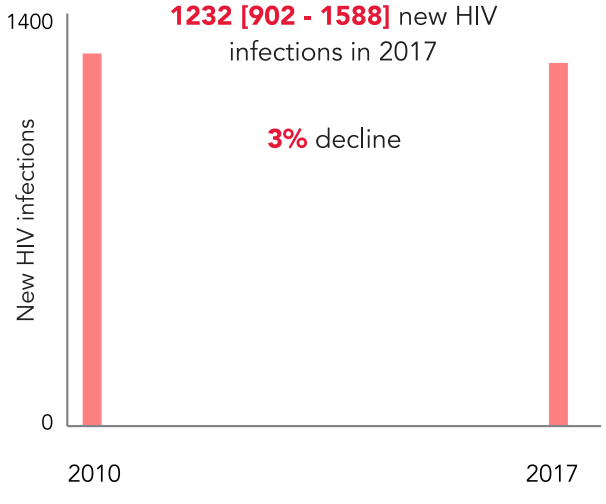
Nagaland

Epidemic overview



Adult (15-49 yrs.) HIV Prevalence (%)			**1.15**
Low estimate	0.92	High estimate	1.41
People living with HIV (PLHIV)			**17 029**
Low estimate	13 702	High estimate	20 892
Women living with HIV			**7 316**
Low estimate	5 957	High estimate	8 841
New HIV Infections			**1 232**
Low estimate	902	High estimate	1 588
People on ART (March 2018)			**7 290**
AIDS-related deaths			**537**
Low estimate	353	High estimate	773

New HIV infections trend

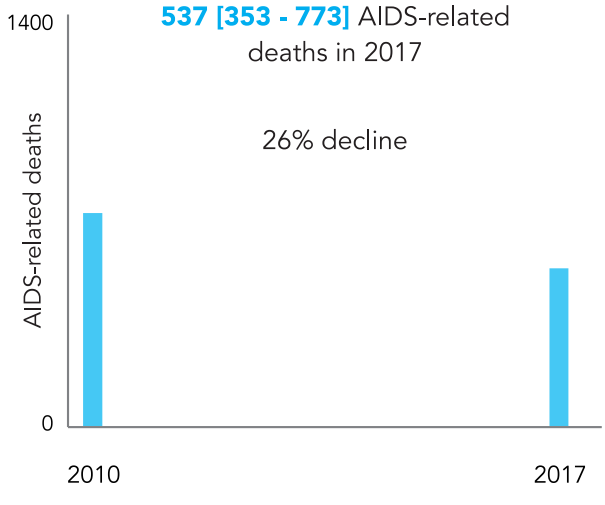


1232 [902 - 1588] new HIV infections in 2017

3% decline

41% of new HIV infections among **women**

AIDS-related deaths trend

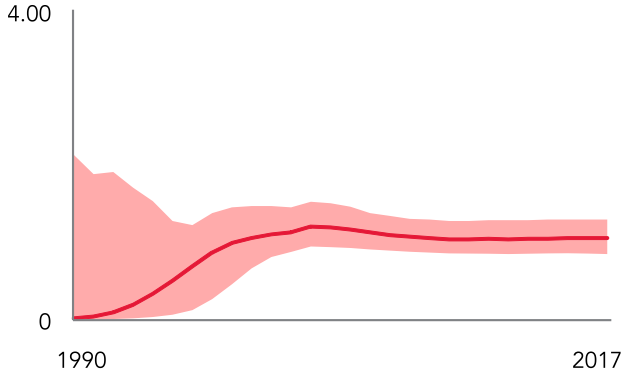


537 [353 - 773] AIDS-related deaths in 2017

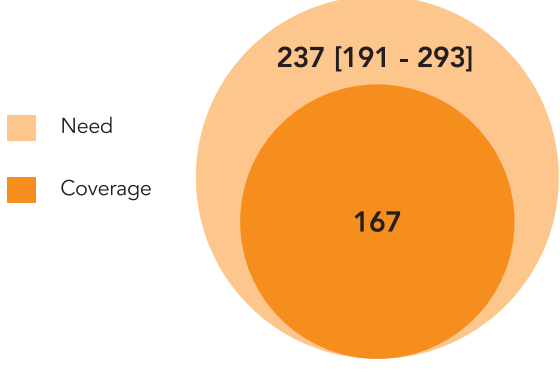
26% decline

29% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



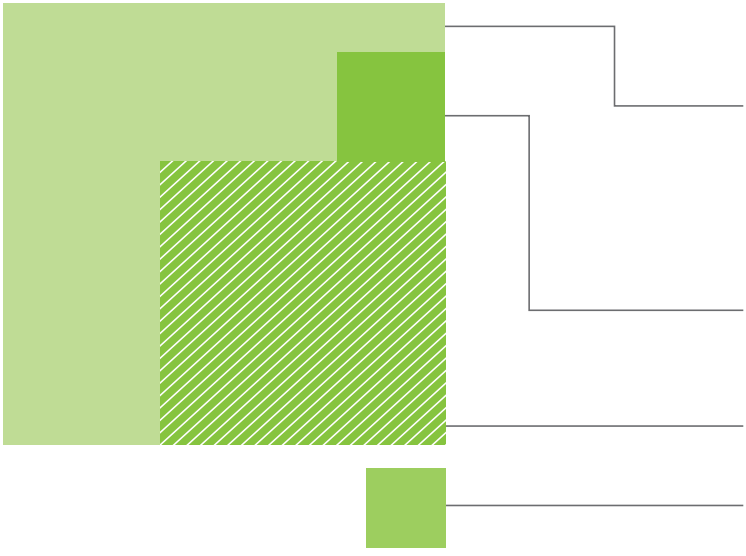
PMTCT 2017



FACT SHEET 2017

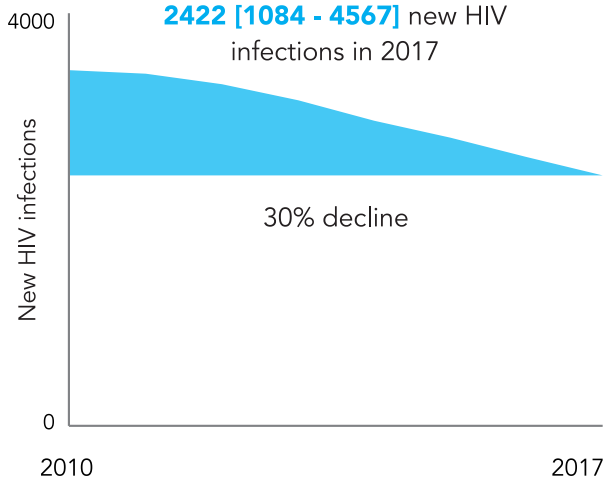
Odisha

Epidemic overview



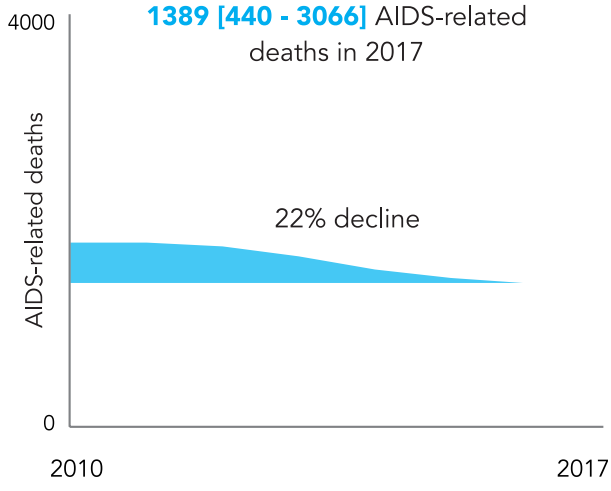
Adult (15-49 yrs.) HIV Prevalence (%)	**0.13**		
Low estimate	0.08	High estimate	0.21
People living with HIV (PLHIV)	**41 357**		
Low estimate	25 248	High estimate	66 876
Women living with HIV	**17 843**		
Low estimate	10 931	High estimate	29 189
New HIV Infections	**2 422**		
Low estimate	1 084	High estimate	4 567
People on ART (March 2018)	**17 142**		
AIDS-related deaths	**1 389**		
Low estimate	440	High estimate	3 066

New HIV infections trend



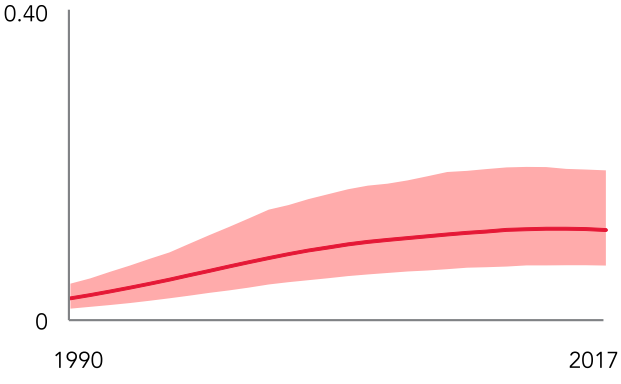
44% of new HIV infections among **women**

AIDS-related deaths trend

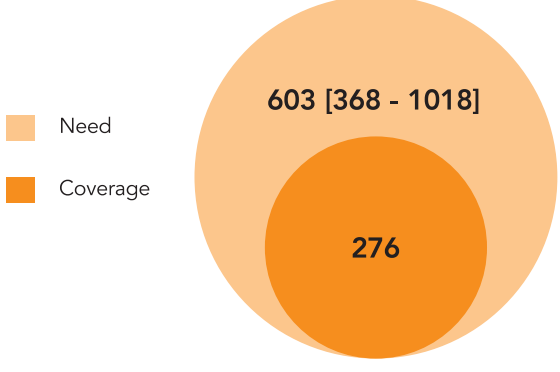


40% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



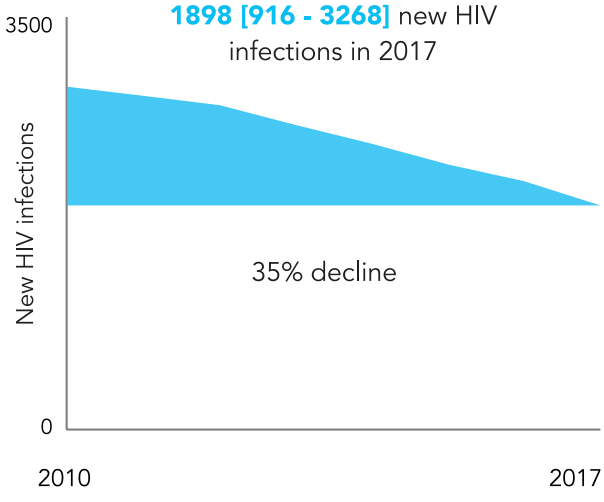
FACT SHEET 2017

Punjab

Epidemic overview

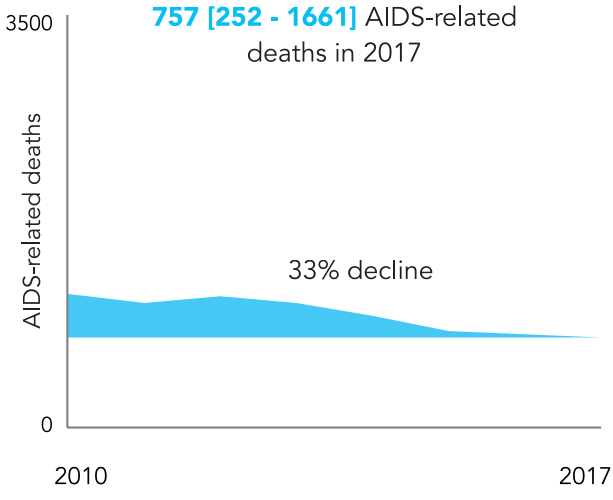
Adult (15-49 yrs.) HIV Prevalence (%)	**0.18**		
Low estimate	0.12	High estimate	0.25
People living with HIV (PLHIV)	**40 632**		
Low estimate	27 535	High estimate	57 033
Women living with HIV	**14 495**		
Low estimate	9 987	High estimate	19 856
New HIV Infections	**1 898**		
Low estimate	916	High estimate	3 268
People on ART (March 2018)	**27 697**		
AIDS-related deaths	**757**		
Low estimate	252	High estimate	1 661

New HIV infections trend



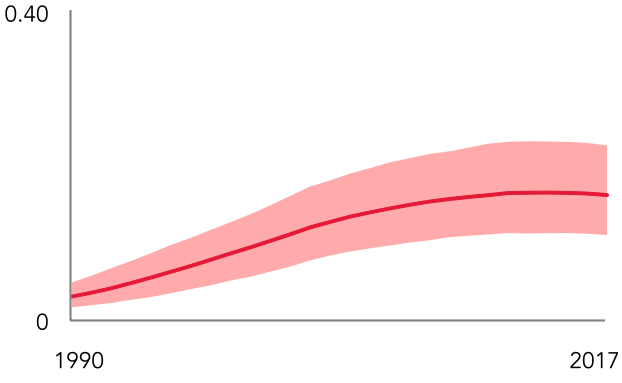
33% of new HIV infections among **women**

AIDS-related deaths trend

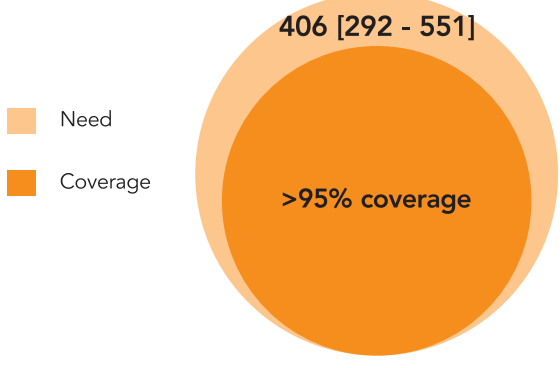


21% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



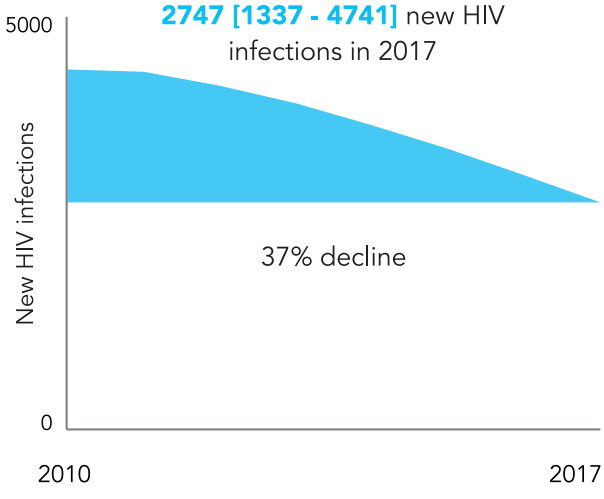
FACT SHEET 2017

Rajasthan

Epidemic overview

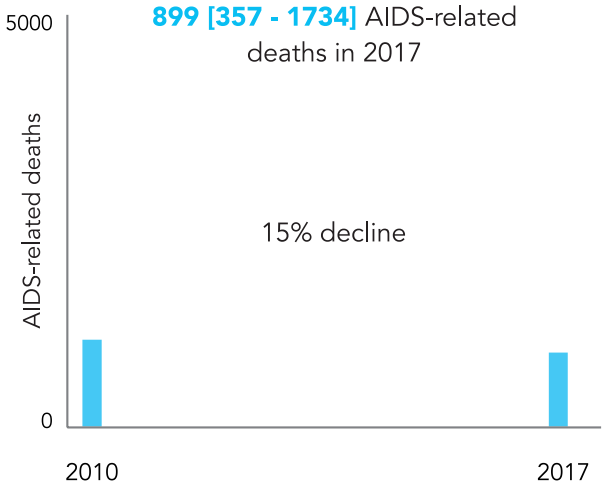
Adult (15-49 yrs.) HIV Prevalence (%)			**0.10**
Low estimate	0.07	High estimate	0.15
People living with HIV (PLHIV)			**54 682**
Low estimate	36 606	High estimate	80 756
Women living with HIV			**19 499**
Low estimate	13 388	High estimate	27 804
New HIV Infections			**2 747**
Low estimate	1 337	High estimate	4 741
People on ART (March 2018)			**37 092**
AIDS-related deaths			**899**
Low estimate	357	High estimate	1 734

New HIV infections trend



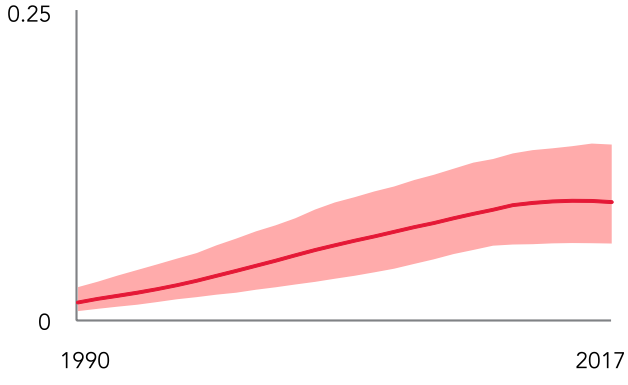
34% of new HIV infections among **women**

AIDS-related deaths trend

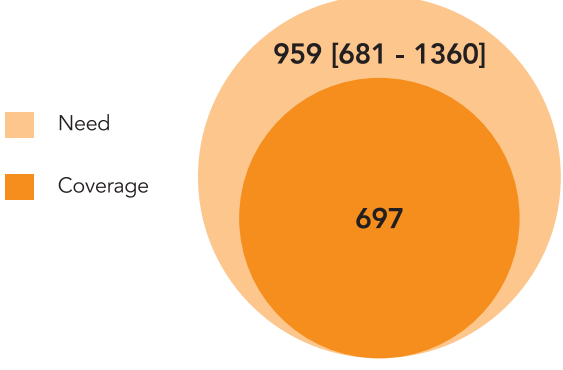


17% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



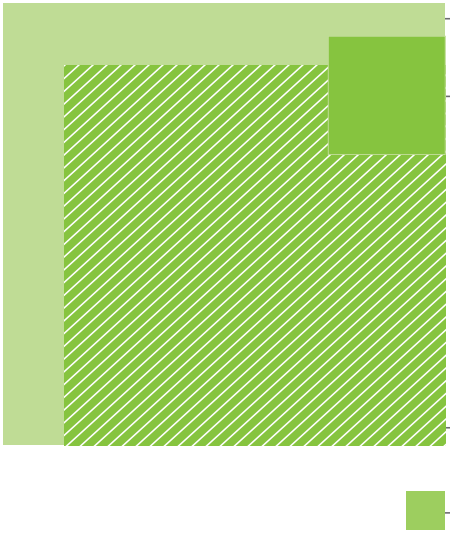
PMTCT 2017



FACT SHEET 2017

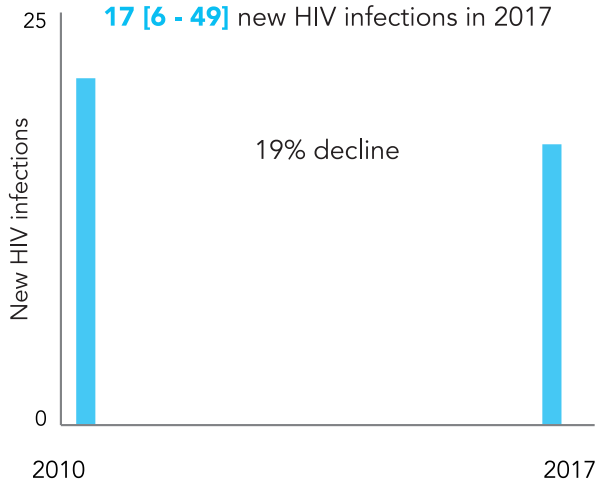
Sikkim

Epidemic overview



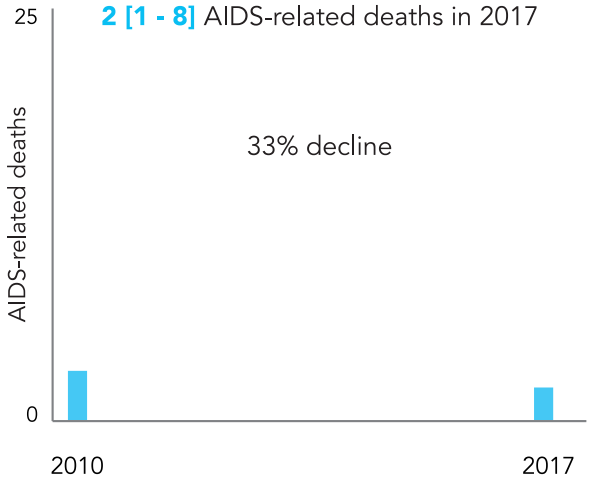
Adult (15-49 yrs.) HIV Prevalence (%)			**0.05**
Low estimate	0.03	High estimate	0.09
People living with HIV (PLHIV)			**230**
Low estimate	138	High estimate	461
Women living with HIV			**90**
Low estimate	52	High estimate	178
New HIV Infections			**17**
Low estimate	6	High estimate	49
People on ART (March 2018)			**170**
AIDS-related deaths			**2**
Low estimate	1	High estimate	8

New HIV infections trend



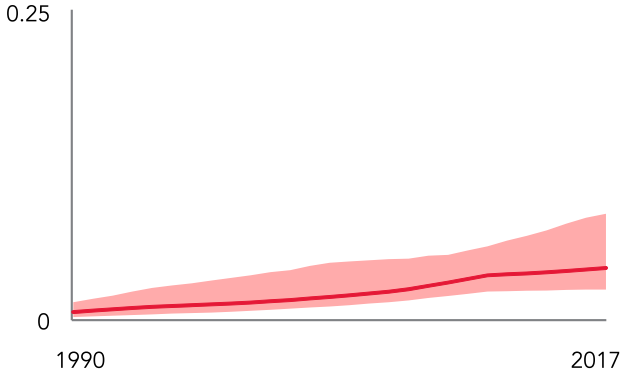
41% of new HIV infections among **women**

AIDS-related deaths trend

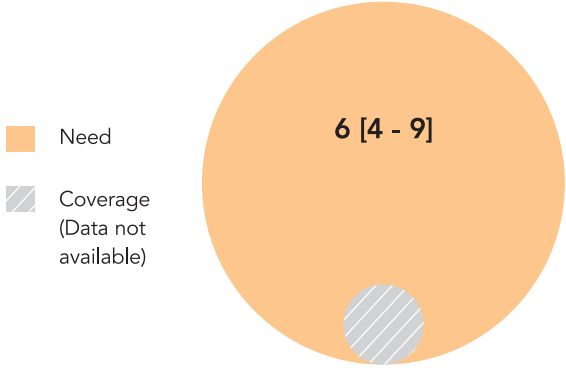


31% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



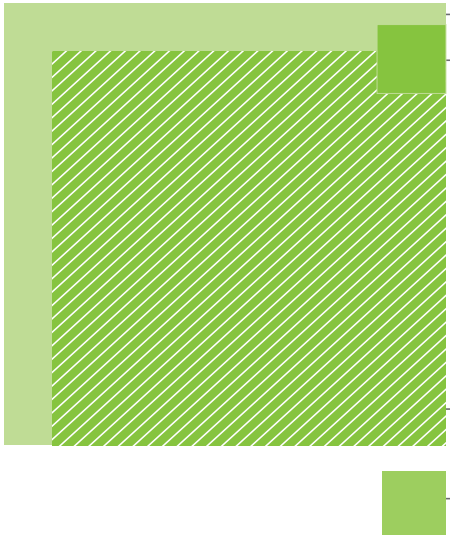
PMTCT 2017



FACT SHEET 2017

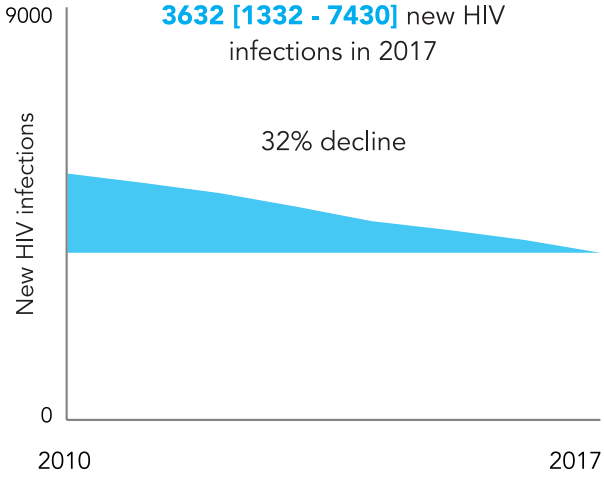
Tamil Nadu

Epidemic overview



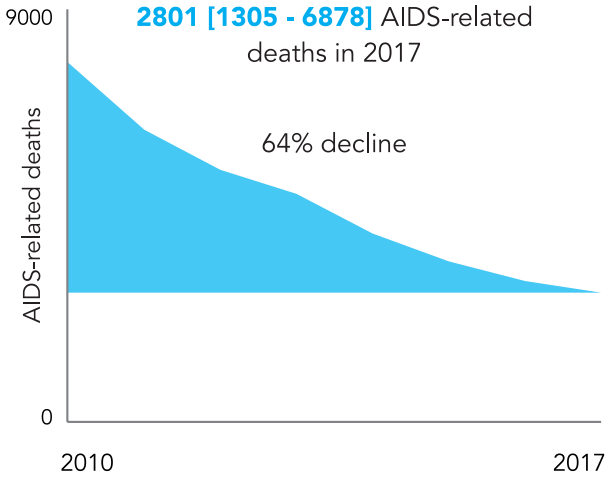
Adult (15-49 yrs.) HIV Prevalence (%)	**0.22**		
Low estimate	0.14	High estimate	0.31
People living with HIV (PLHIV)	**1 41 895**		
Low estimate	93 161	High estimate	1 97 497
Women living with HIV	**64 801**		
Low estimate	42 091	High estimate	91 129
New HIV Infections	**3 632**		
Low estimate	1 332	High estimate	7 430
People on ART (March 2018)	**1 12 778**		
AIDS-related deaths	**2 801**		
Low estimate	1 305	High estimate	6 878

New HIV infections trend



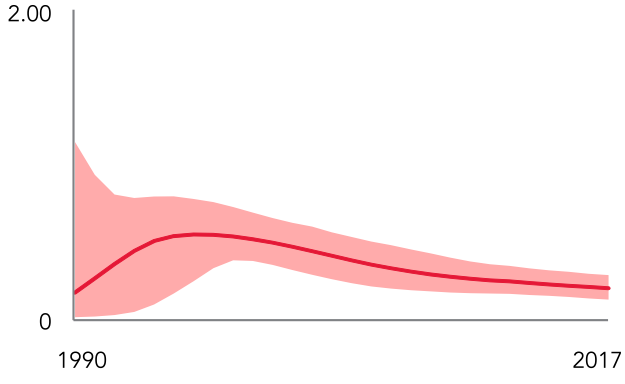
45% of new HIV infections among **women**

AIDS-related deaths trend

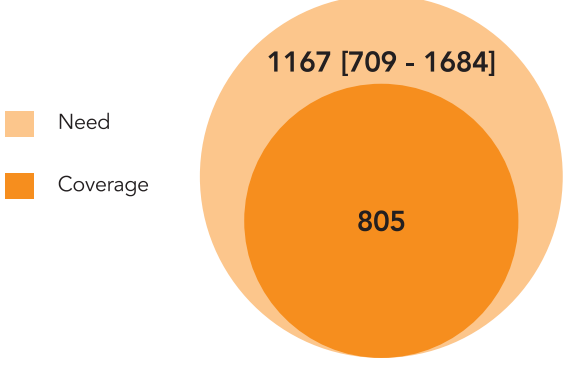


27% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



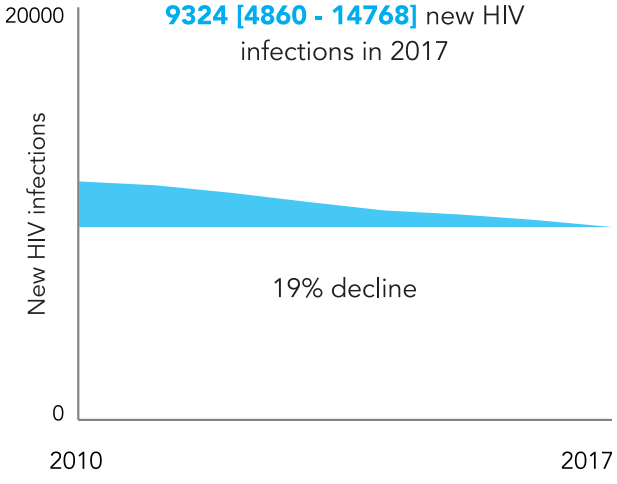
FACT SHEET 2017

Telangana

Epidemic overview

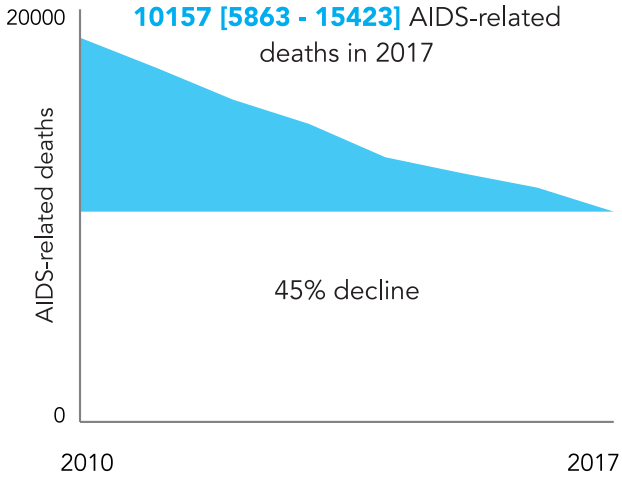
Adult (15-49 yrs.) HIV Prevalence (%)		**0.70**
Low estimate	0.50	High estimate 0.95
People living with HIV (PLHIV)		**2 03 723**
Low estimate	1 49 459	High estimate 2 77 311
Women living with HIV		**90 392**
Low estimate	66 903	High estimate 1 19 905
New HIV Infections		**9 324**
Low estimate	4 860	High estimate 14 768
People on ART (March 2018)		**72 244**
AIDS-related deaths		**10 157**
Low estimate	5 863	High estimate 15 423

New HIV infections trend



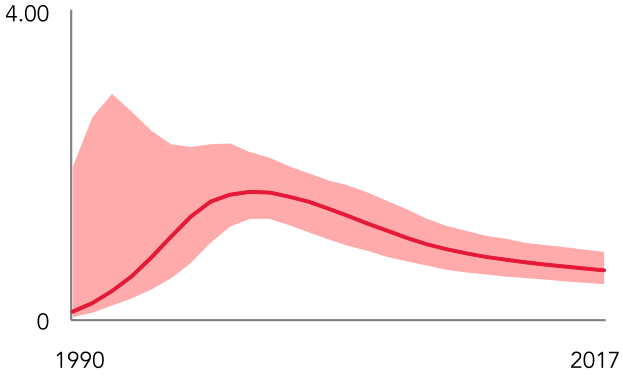
43% of new HIV infections among **women**

AIDS-related deaths trend

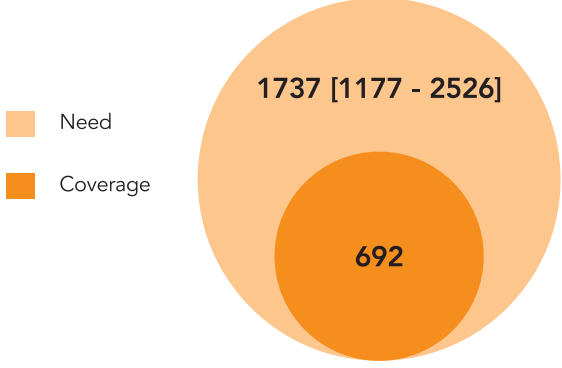


36% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



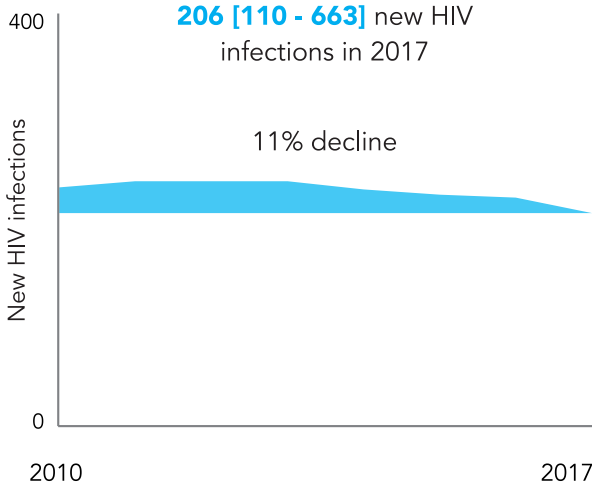
FACT SHEET 2017

Tripura

Epidemic overview

Adult (15-49 yrs.) HIV Prevalence (%)	**0.09**		
Low estimate	0.06	High estimate	0.18
People living with HIV (PLHIV)	**2 678**		
Low estimate	1 819	High estimate	5 070
Women living with HIV	**1 074**		
Low estimate	725	High estimate	2011
New HIV Infections	**206**		
Low estimate	110	High estimate	663
People on ART (March 2018)	**1 186**		
AIDS-related deaths	**65**		
Low estimate	29	High estimate	127

New HIV infections trend

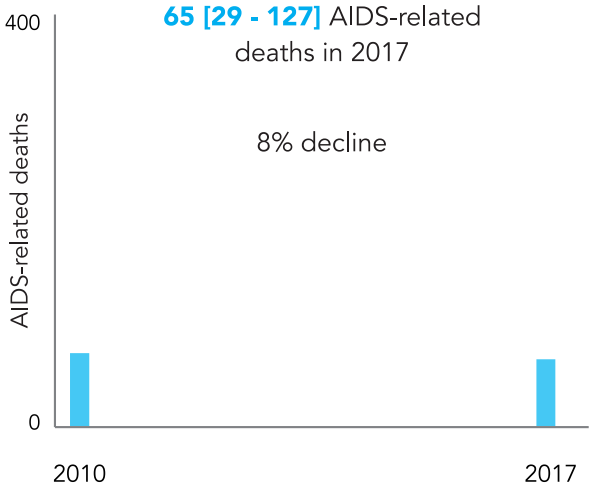


206 [110 - 663] new HIV infections in 2017

11% decline

41% of new HIV infections among **women**

AIDS-related deaths trend

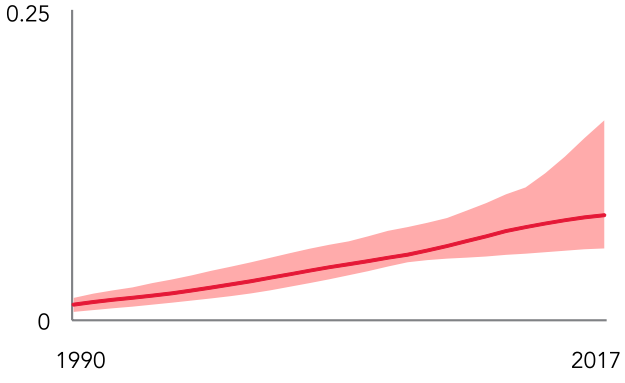


65 [29 - 127] AIDS-related deaths in 2017

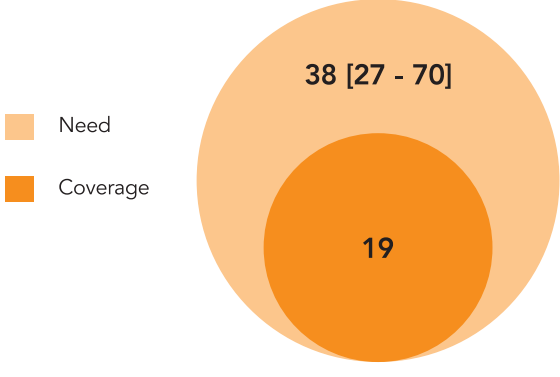
8% decline

37% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



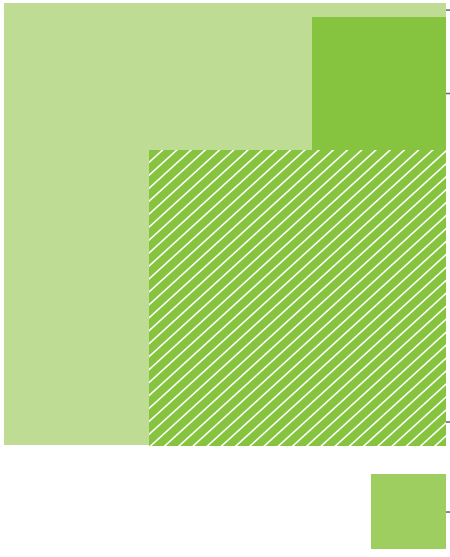
PMTCT 2017



FACT SHEET 2017

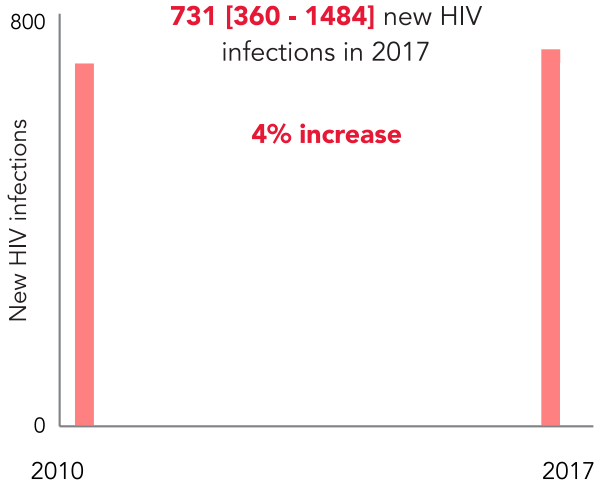
Uttarakhand

Epidemic overview



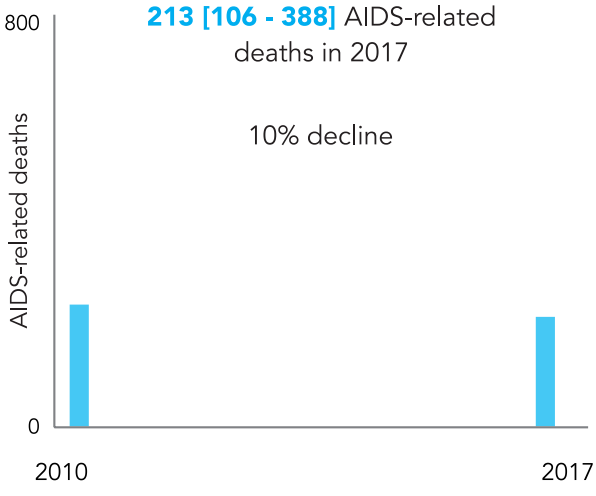
Adult (15-49 yrs.) HIV Prevalence (%)			**0.11**
Low estimate	0.07	High estimate	0.16
People living with HIV (PLHIV)			**8 021**
Low estimate	5 346	High estimate	11 980
Women living with HIV			**2 901**
Low estimate	1 983	High estimate	4 286
New HIV Infections			**731**
Low estimate	360	High estimate	1 484
People on ART (March 2018)			**3 575**
AIDS-related deaths			**213**
Low estimate	106	High estimate	388

New HIV infections trend



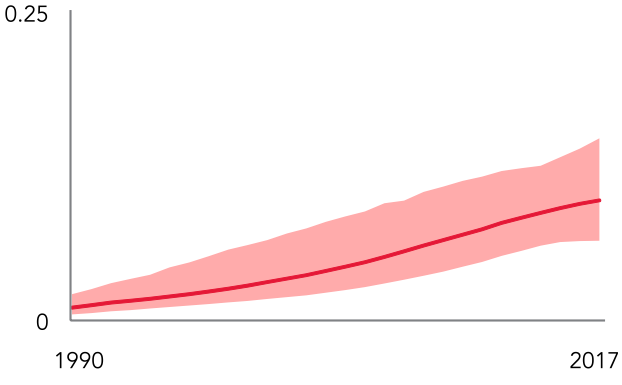
35% of new HIV infections among **women**

AIDS-related deaths trend

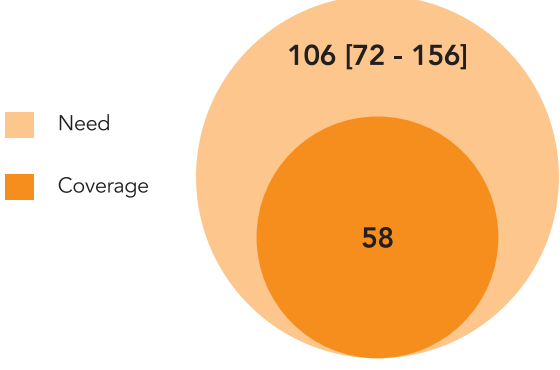


30% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



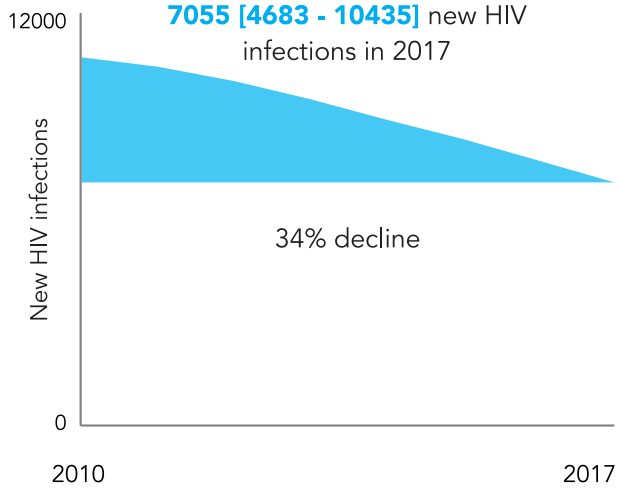
FACT SHEET 2017

Uttar Pradesh

Epidemic overview

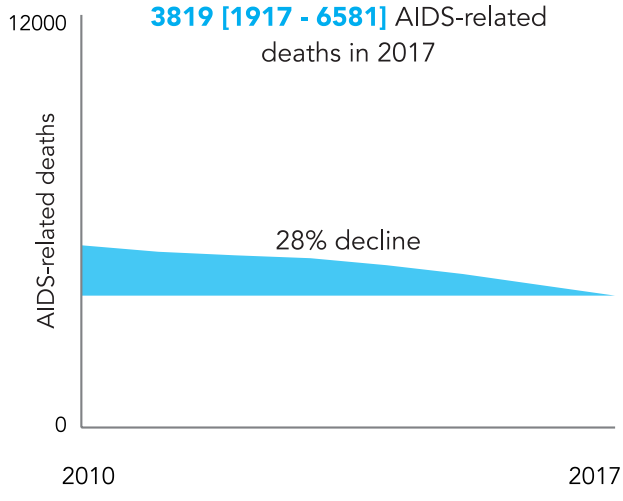
Adult (15-49 yrs.) HIV Prevalence (%)	**0.09**		
Low estimate	0.07	High estimate	0.12
People living with HIV (PLHIV)	**1 34 020**		
Low estimate	1 01 849	High estimate	1 77 580
Women living with HIV	**48 047**		
Low estimate	37 307	High estimate	62 970
New HIV Infections	**7 055**		
Low estimate	4 683	High estimate	10 435
People on ART (March 2018)	**67 855**		
AIDS-related deaths	**3 819**		
Low estimate	1 917	High estimate	6 581

New HIV infections trend



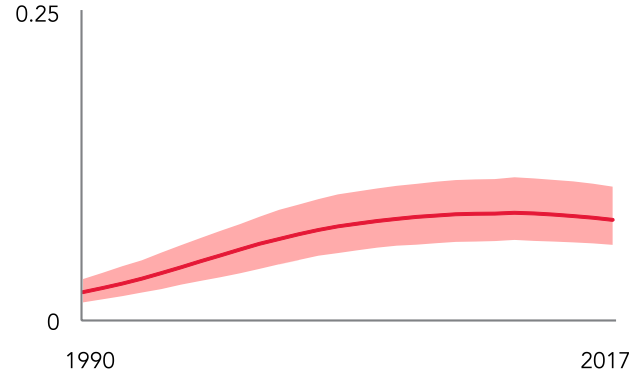
34% of new HIV infections among **women**

AIDS-related deaths trend

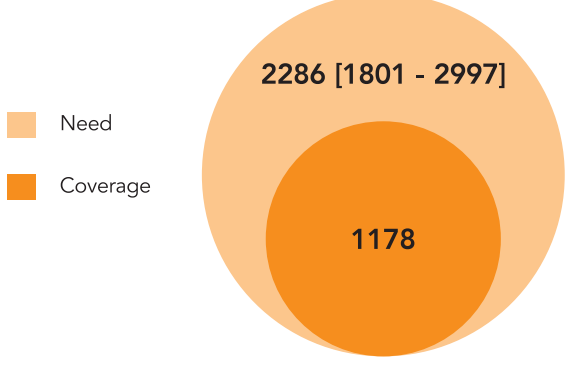


22% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



PMTCT 2017



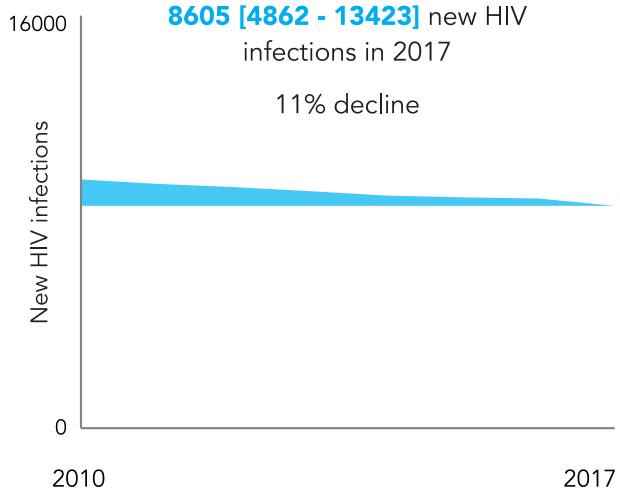
FACT SHEET 2017

West Bengal

Epidemic overview

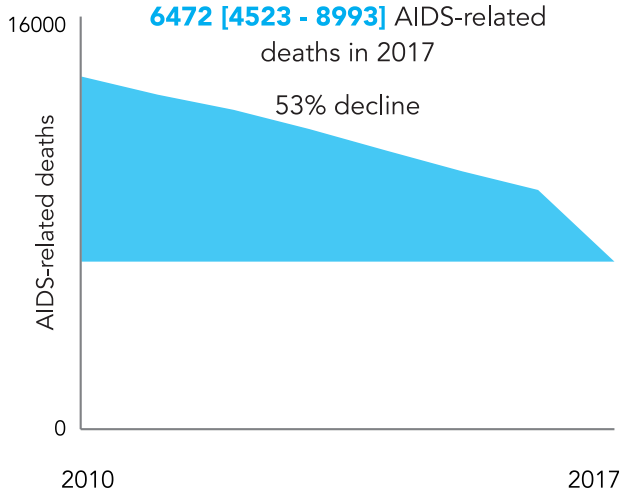
Adult (15-49 yrs.) HIV Prevalence (%)	**0.20**		
Low estimate	0.14	High estimate	0.27
People living with HIV (PLHIV)	**1 43 904**		
Low estimate	1 03 838	High estimate	1 91 373
Women living with HIV	**58 689**		
Low estimate	42 768	High estimate	77 312
New HIV Infections	**8 605**		
Low estimate	4 862	High estimate	13 423
People on ART (March 2018)	**35 680**		
AIDS-related deaths	**6 472**		
Low estimate	4 523	High estimate	8 993

New HIV infections trend



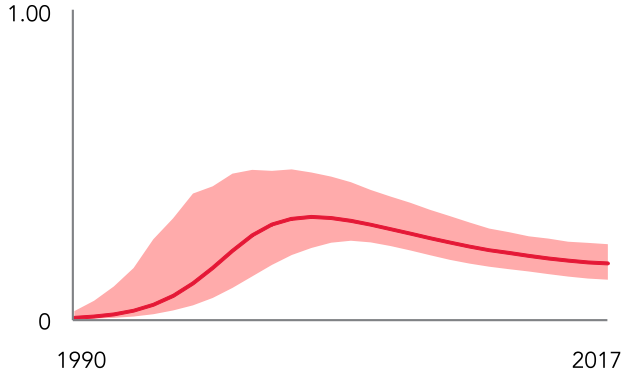
41% of new HIV infections among **women**

AIDS-related deaths trend

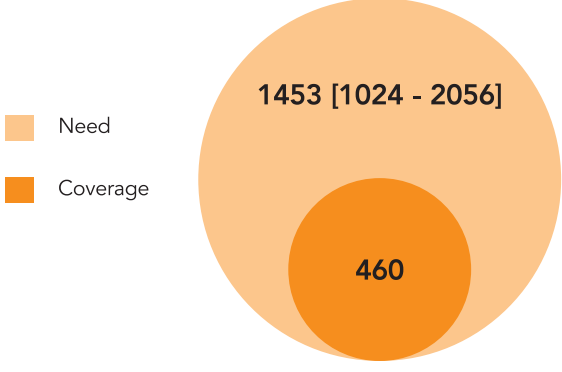


39% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



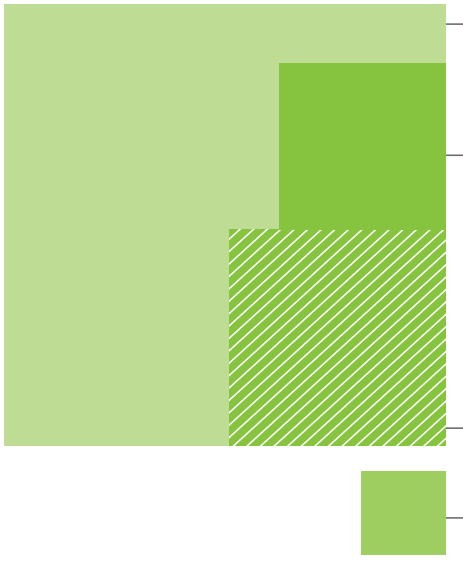
PMTCT 2017



FACT SHEET 2017

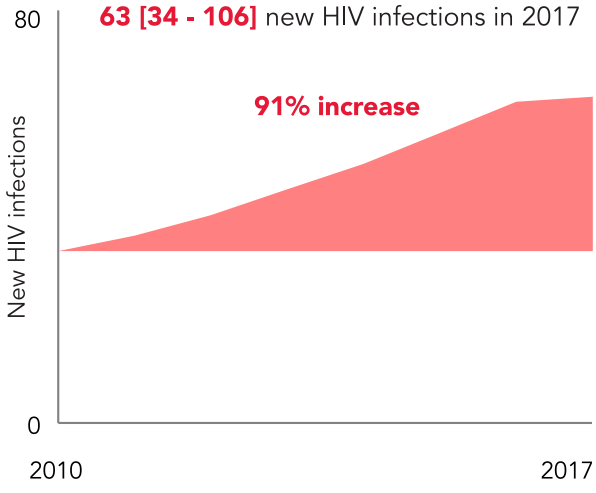
Andaman & Nicobar Islands

Epidemic overview



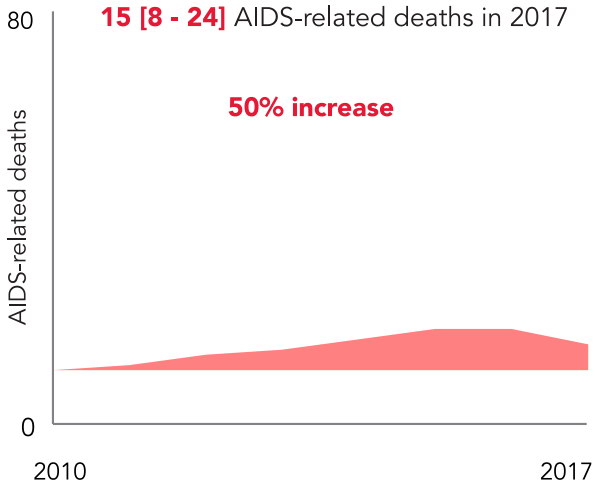
Adult (15-49 yrs.) HIV Prevalence (%)			**0.14**
Low estimate	0.09	High estimate	0.20
People living with HIV (PLHIV)			**446**
Low estimate	296	High estimate	669
Women living with HIV			**178**
Low estimate	118	High estimate	269
New HIV Infections			**63**
Low estimate	34	High estimate	106
People on ART (March 2018)			**106**
AIDS-related deaths			**15**
Low estimate	8	High estimate	24

New HIV infections trend



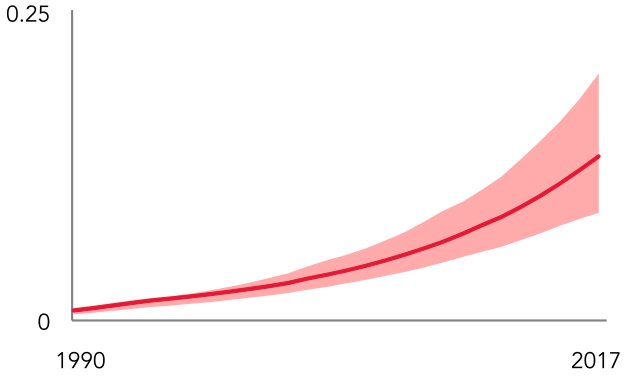
40% of new HIV infections among **women**

AIDS-related deaths trend

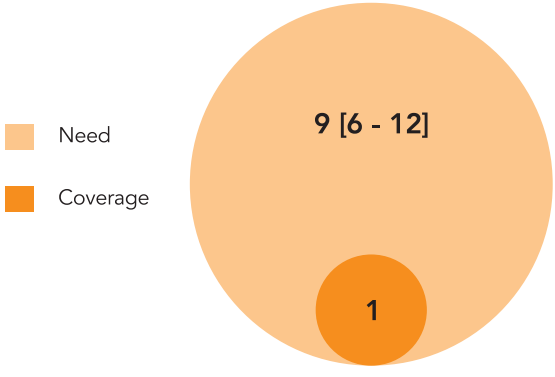


40% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



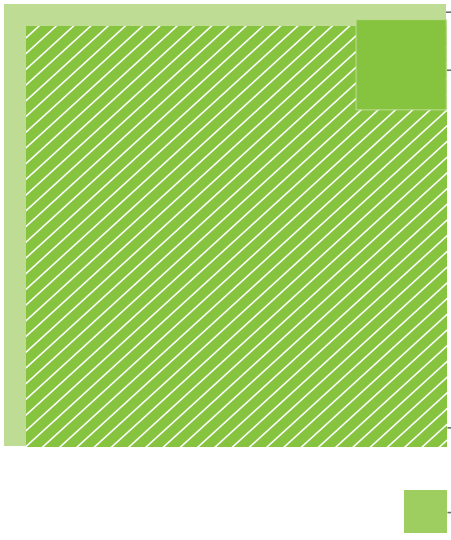
PMTCT 2017



FACT SHEET 2017

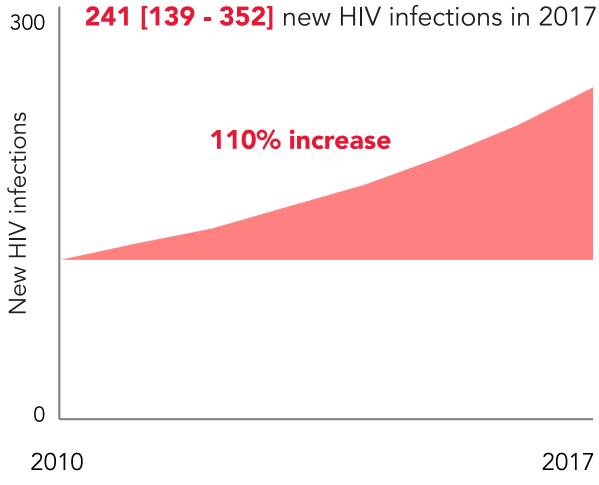
Chandigarh

Epidemic overview



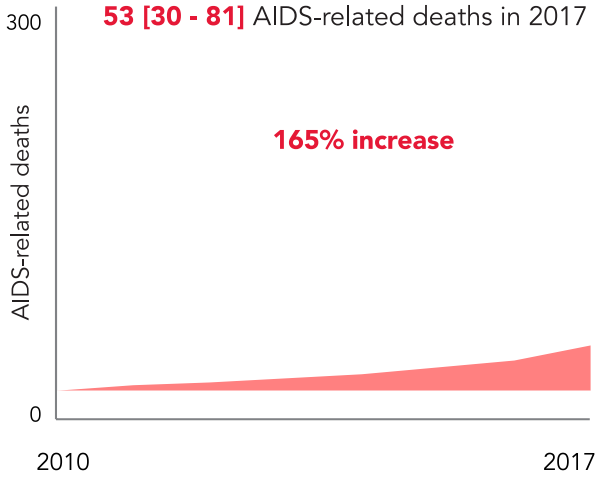
Adult (15-49 yrs.) HIV Prevalence (%)	**0.20**		
Low estimate	0.14	High estimate	0.25
People living with HIV (PLHIV)	**2 093**		
Low estimate	1 537	High estimate	2 655
Women living with HIV	**619**		
Low estimate	466	High estimate	782
New HIV Infections	**241**		
Low estimate	139	High estimate	352
People on ART (March 2018)	**>95%**		
AIDS-related deaths	**53**		
Low estimate	30	High estimate	81

New HIV infections trend



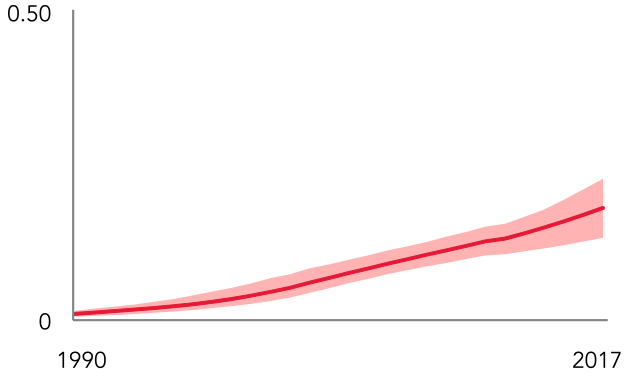
28% of new HIV infections among **women**

AIDS-related deaths trend

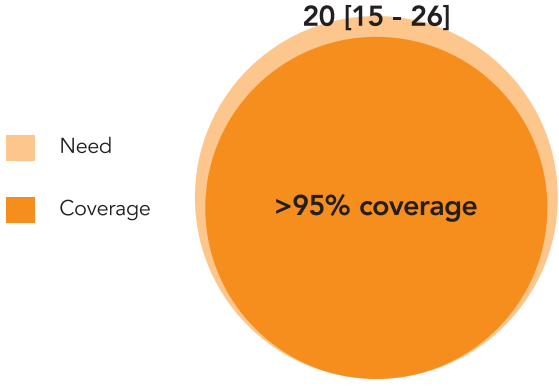


25% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



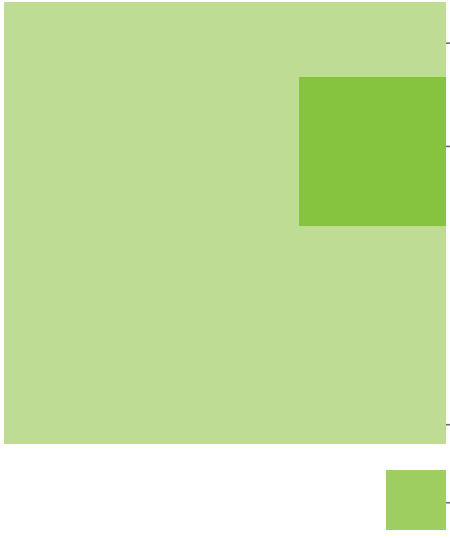
PMTCT 2017



FACT SHEET 2017

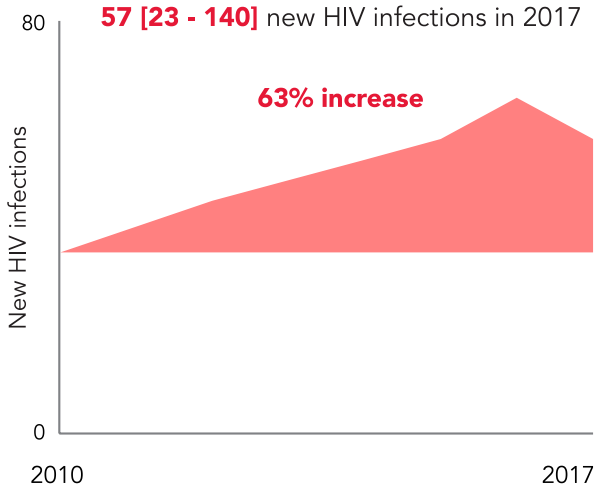
Dadra & Nagar Haveli

Epidemic overview



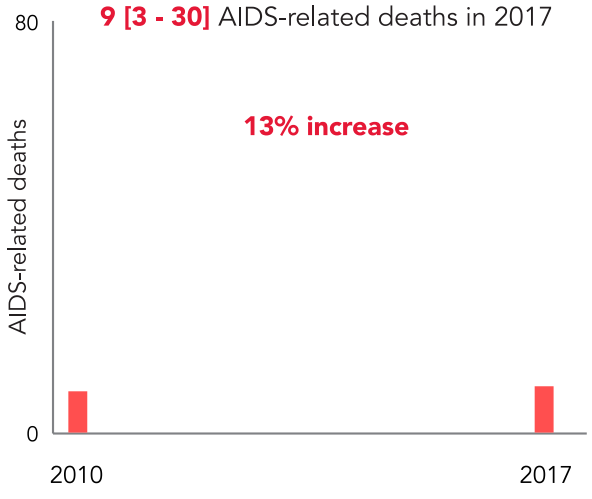
Adult (15-49 yrs.) HIV Prevalence (%)			**0.17**
Low estimate	0.08	High estimate	0.37
People living with HIV (PLHIV)			**519**
Low estimate	250	High estimate	1 110
Women living with HIV			**188**
Low estimate	92	High estimate	397
New HIV Infections			**57**
Low estimate	23	High estimate	140
People on ART (March 2018)			–
AIDS-related deaths			**9**
Low estimate	3	High estimate	30

New HIV infections trend



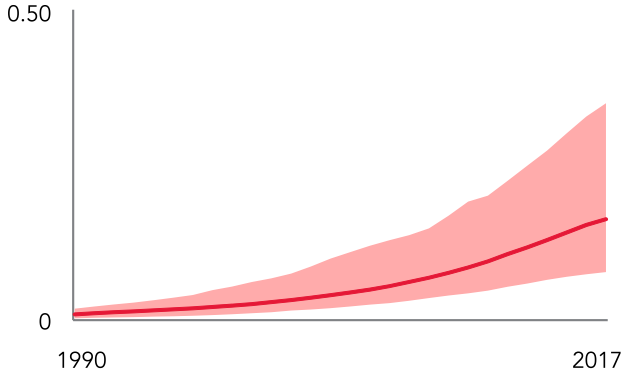
37% of new HIV infections among **women**

AIDS-related deaths trend

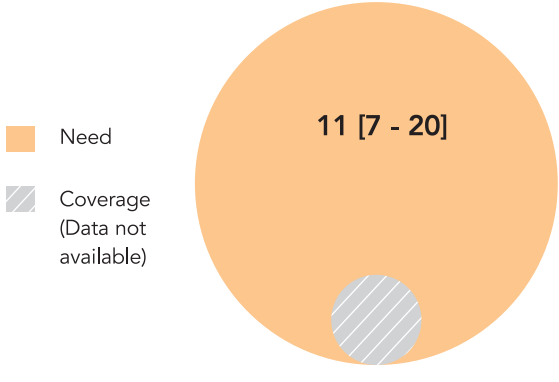


44% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



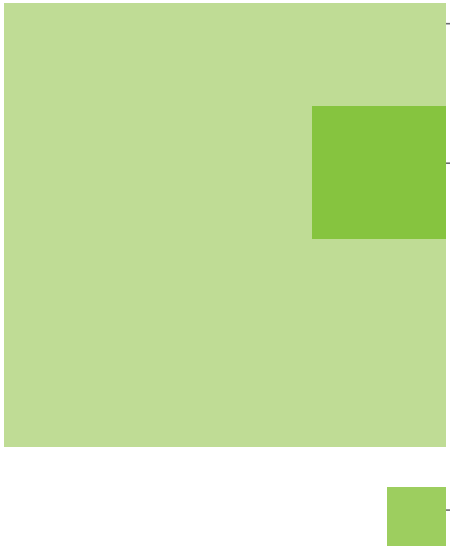
PMTCT 2017



FACT SHEET 2017

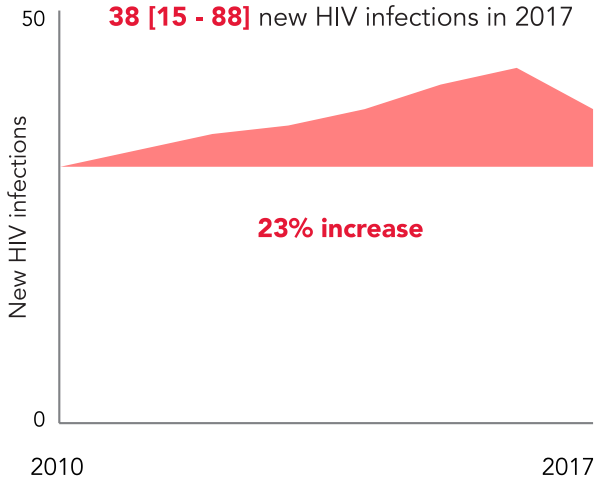
Daman & Diu

Epidemic overview



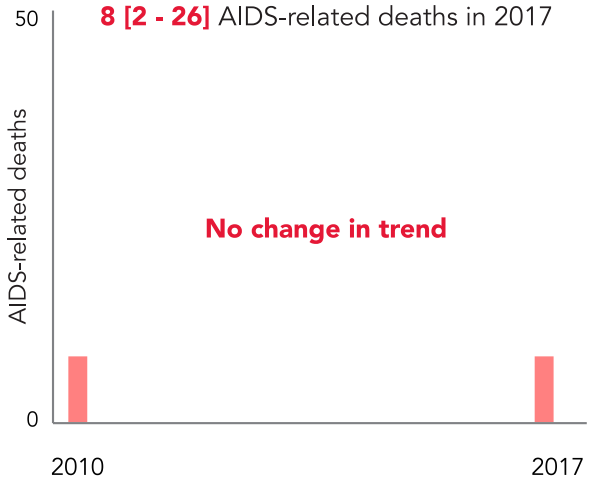
Adult (15-49 yrs.) HIV Prevalence (%)			**0.17**
Low estimate	0.08	High estimate	0.36
People living with HIV (PLHIV)			**424**
Low estimate	191	High estimate	868
Women living with HIV			**112**
Low estimate	50	High estimate	227
New HIV Infections			**38**
Low estimate	15	High estimate	88
People on ART (March 2018)			–
AIDS-related deaths			**8**
Low estimate	2	High estimate	26

New HIV infections trend



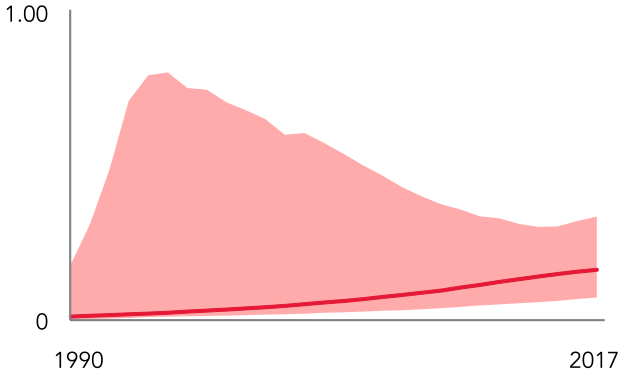
26% of new HIV infections among **women**

AIDS-related deaths trend

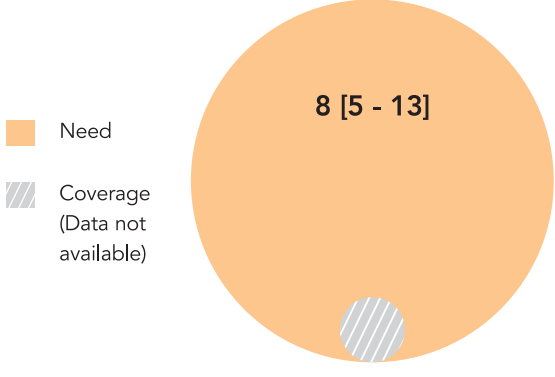


25% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



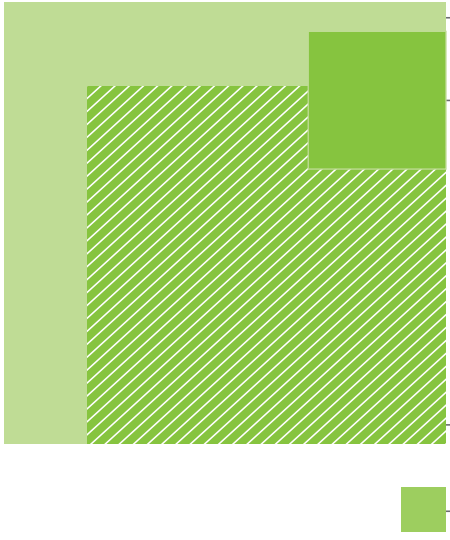
PMTCT 2017



FACT SHEET 2017

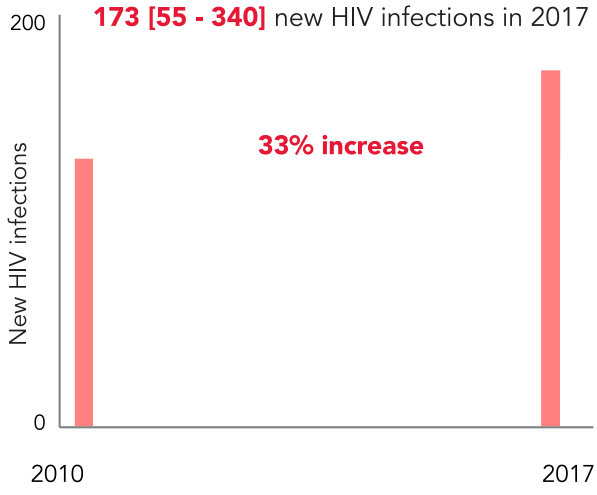
Puducherry

Epidemic overview



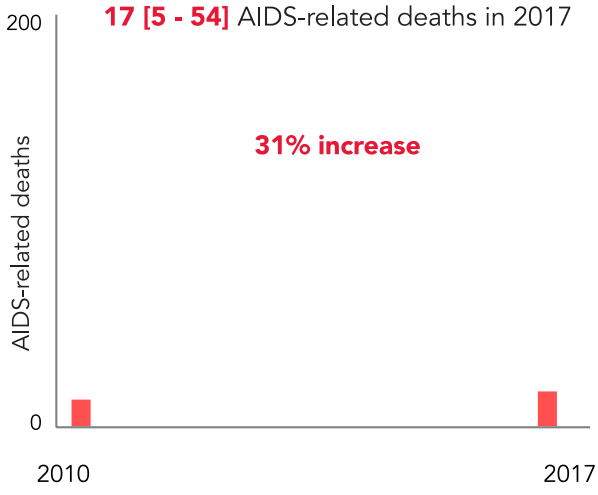
Adult (15-49 yrs.) HIV Prevalence (%)			**0.15**
Low estimate	0.08	High estimate	0.23
People living with HIV (PLHIV)			**1 821**
Low estimate	1 098	High estimate	2 790
Women living with HIV			**747**
Low estimate	443	High estimate	1 146
New HIV Infections			**173**
Low estimate	55	High estimate	340
People on ART (March 2018)			**1 193**
AIDS-related deaths			**17**
Low estimate	5	High estimate	54

New HIV infections trend



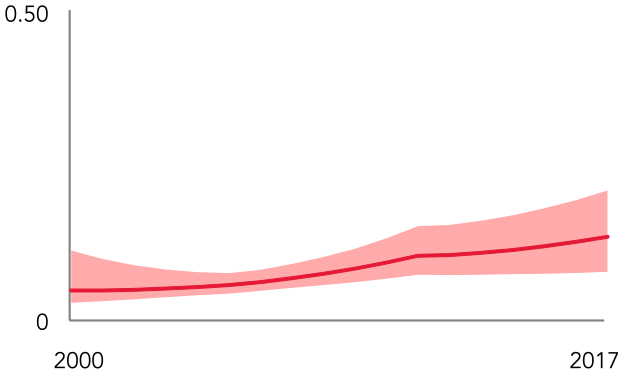
41% of new HIV infections among **women**

AIDS-related deaths trend



29% of AIDS-related deaths among **women**

Adult HIV Prevalence (15-49 years)



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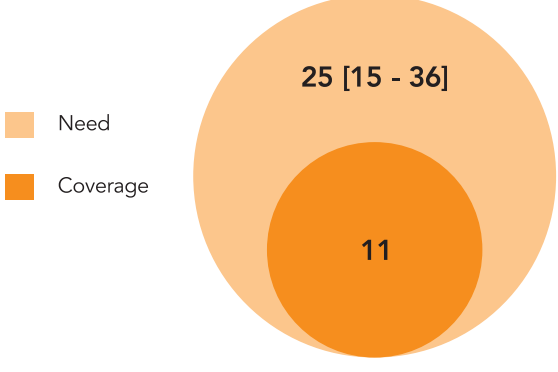

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National AIDS Control Organization (Ministry of Health and Family Welfare, Government of India) biennially undertakes HIV estimations through Indian Council of Medical Research-National Institute of Medical Statistics. HIV Estimations 2017, the latest round, provides updated information on the status of HIV epidemic in India at national and State level on key indicators of HIV prevalence, annual new infections (HIV incidence), AIDS-related mortality and prevention of mother-to-child transmission.

HIV Estimation 2017 (Technical Report & Fact Sheets) is a critical piece of evidence for HIV epidemic monitoring. The findings is useful for all stakeholders under National AIDS Control Programme to fine-tune their policy, implementation design and impact monitoring as country move ahead, collectively, to achieve the end of AIDS as a public health threat.

NACO
National AIDS Control Organisation
India's voice against AIDS
Ministry of Health & Family Welfare, Government of India