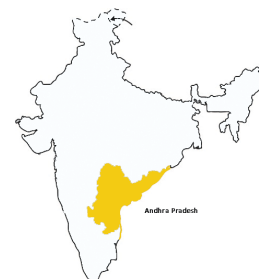


## Andhra Pradesh State Profile



Total Population (est. 2009)	83,178,000
Rural Population	55,224,000
Urban Population	20,503,000
Density (per Sq. Km)	277
Literacy	61.11%

*For further information, please see: <http://www.nfhsindia.org/pdf/AP.pdf>*

### HIV/AIDS Situation in Andhra Pradesh (AP)

The HIV/AIDS epidemic in AP continues to be fueled by heterosexual contact (88%). With a 1.6% prevalence rate in urban antenatal clinics, AP has the highest number of HIV infections (450,000) in the country. HIV prevalence in patients with STIs is the highest in India at 22.8%. Seventeen of the total 23 districts have HIV prevalence rates of over 1% in pregnant women.

Prevalence among General Population	1.62% (Urban sites)
	1.18% (Semi-Urban sites)
Prevalence among STI attendees	22.8%
Prevalence among Female Sex Workers	7.3%
Prevalence among Men having Sex with Men (MSMs)	10.25%
Current number of PLHIVs on ART (till Nov 2007)	23,510
Estimated number of PLHAs on ART (till 2007)	450,000

Number of sites in 2006	HIV Prev. 1998 (%)	HIV Prev. 1999 (%)	HIV Prev. 2000 (%)	HIV Prev. 2001 (%)	HIV Prev. 2002 (%)	HIV Prev. 2003 (%) (65sites)	HIV Prev. 2004 (%) (65 sites)	HIV Prev. 2005 (%) (64 sites)	HIV Prev. 2006 (%) (64 sites)	HIV Prev. 2007 (%) (64 sites)
	(6 sites)	(6 sites)	(9 sites)	(13 sites)	(34 sites)					

STD - 11	22.0	28.9	28.0	26.9	23.0	20.8	16.4	22.8	22.1	17.6
ANC -										0.88
21 (urban)	2.2	2.4	2.0	2.0	1.6	1.5	2.0	2.0	1.6	1
23 (rural)	-	-	-	-	-	-	-	1.0	1.2	0.75
IDU - 0							NA	NA	NA	3.74
MSM - 1						13.2	14	6.5	11.07	13.9
FSW - 7						14.6	14.0	12.9	7.32	8.01

Behavioral surveillance studies (BSS, 2005) indicate a high proportion of non-regular sex partners among both men (19%) and women (7%) in AP; a 7% incidence of STIs among both men and women and low rates of consistent condom use (25%). A high rate of commercial sex and traditional communities involved in sex work has also exacerbated the epidemic. There is trafficking of sex workers to major cities like Mumbai, Delhi and Goa. The Andhra Pradesh State AIDS Control Society (APSACS) has initiated about 20 targeted interventions with female sex workers, though coverage is still less than optimal. The latest BSS figures also show an increased HIV prevalence of over 10% among the MSM population; however only two interventions with MSM are currently operational under APSACS.

Under the NACP-III, APSACS plans to focus on:

- Saturation of coverage of key population groups
- Community-led Structural Intervention (CLSI) with most at-risk populations (MARPs) to increase empowerment
- District-wide programming approach for maximizing impact.

Care and support has been a weak component of the state program. With an estimated 500,000 HIV infections in the state, care and support needs have increased considerably, however there has not been a complementary increase in infrastructure and financial and human resources allocated to these services. The state has 24 ART treatment centers (at least one per district) and 95 care and support centers that provide opportunistic treatment opportunities. AP is credited with having the largest number of PLHA networks. A total of 16 district-level PLHA networks are affiliated with the state level positive network, Telugu Network of Positives (TNP).

Current players in AP include the Bill and Melinda Gates Foundation and their partners, involved in prevention interventions primarily with female sex workers; and UNICEF, which supports APSACS with financial and technical support for the state-wide prevention of parent to child transmission (PPTCT) program. DFID previously funded the Project Support Unit (PSU) implemented by the Hindustan Latex Family Planning and Promotion Trust (HLFPPT), to support the management and capacity building of targeted prevention interventions with sex workers for APSACS; the PSU closed down in June 2007. A host of national and international NGOs like LEPR, the International HIV/AIDS Alliance, CARE International, Family Health International (FHI) and Population Services International also operate in AP.

In March 2007, the AP government announced the Balasahyog project, a five-year \$14 million public-private partnership initiative specifically for children infected with and affected by HIV/AIDS. The partnership is a collaboration of APSACS, NACO and two private foundation consortiums: a) the Children's Investment Fund Foundation (CIFF) in partnership with The Elton John AIDS Foundation, FHI, CARE and the Clinton Foundation and, b) the Global Fund Round

6 money with its primary recipient, the HIV/AIDS Alliance. Together the two consortiums will cover all 23 districts to provide community and facility based services, including food security, to 60,000 children.

### ***USG Activities in Andhra Pradesh***

USG had earlier supported a number of initiatives in Andhra Pradesh including: prevention and counseling and testing (CT) programs for high-risk mobile men and female commercial sex workers around the port in Vishakhapatnam district; orphans and vulnerable children (OVC) programs in the coastal district of East Godavari; and home-based care and support programs and strengthening district-level networks for HIV-positives. USG also provided technical support and training for Monitoring and Evaluation (M&E) and district-level epidemiologic profiling pilot in Vishakhapatnam district.

Currently, in response to a request from the AP government, USG supports community-based interventions as part of a comprehensive care and treatment project in the coastal belt of the State in six districts. The project aims to improve access to and quality of antiretroviral therapy (ART) and palliative care services including providing community and home-based care, support and referral services to PLHAs. This includes support to four care and support centers with in-patient facilities and two integrated positive prevention care centers (IPPCCs) in two high-burden districts, which are run by the PLHA networks. USG will continue to support programs with the bridge and high-risk populations in the Vishakhapatnam district coastal areas, strengthen and expand OVC programs in two coastal districts, and build capacity of the positive networks to implement the national Greater Involvement of People with AIDS (GIPA) strategy.

A USG-supported pilot project initiated in 2005 has now been scaled up to 266 plus Primary Health Centers (PHCs), serving a population of around 7 million in the 10 high burden districts. The AP Government is supporting this program with state resources and funding from Global Fund Rounds 2 and 3. This is an effort to decentralize the HIV counseling and testing, outpatient care and opportunistic infection (OI) treatment services to the most peripheral health unit in the state. USG now provides monitoring and evaluation support, and overall TA for project planning, implementation and reporting under this project, working with the Government of AP through consultants and District Program Management Teams in the high burden districts.

In addition, with USG support a Mobile Counseling and Testing service has been operational since 2006 in East Godavari district, which is one of the districts with highest HIV prevalence. The mobile CT service has a population coverage of nearly 230,000, reaching MARPs and communities without HIV-related service centers. USG is also supporting the introduction of a follow-up counseling program in AP mainly to help HIV/AIDS counselors reinforce adherence to treatment and behavior change for PLHAs. A model of community prevention intervention through a network of women's self-help groups is also being implemented in AP to empower women in sexual decision-making processes by training them in female/male sexuality, sexually transmitted infections, reproductive tract infections, HIV/AIDS and related issues.

USG provided significant inputs to the development and finalization of the State Project Implementation Plan submitted to NACO under the third National AIDS Control Program (NACP-III), and supported the AP Government in the development of the State's Care and Support strategy, including a plan for scale-up. USG provides technical consultants to assist APSACS in capacity building and systems strengthening at the state and district levels for program planning, design, implementation, supervision, and monitoring and evaluation. USG partners support APSACS in the management of the ICTC Program through placement of three

full-time technical experts to APSACS to support HIV activities in the areas of surveillance/Monitoring and Evaluation, management of Integrated Counseling and Testing Centers (ICTCT), and training. USG is also working in close partnership with APSACS to develop systems of certification and accreditation for HIV laboratory services.

USG has been identified by APSACS as a lead technical agency for training, mentoring and capacity building agency for clinical services as well as for public health program management at the district and state levels. The capacity-building initiative is currently structured as a hands-on field epidemiology, leadership and management training program in the form of a fellowship in close collaboration with various training institutions in AP. USG also supports a faith-based hospital consortium to use a trained resource pool of private health care providers and church leaders to provide ongoing training on HIV related stigma and discrimination for private health care providers working at the various mission hospitals. The training is delivered through an innovative learning system based at a faith-based hospital in southern AP.

Most health care in AP is delivered through the private sector, and many new private medical colleges and hospitals are being established to meet the growing demand. In AP, fifteen private medical colleges have formed a consortium and are receiving USG funding and technical support to build their technical capacity as quality HIV/AIDS care and treatment institutions and motivate them to take-on HIV care services without stigma, discrimination or rejection. As part of developing private sector service delivery models, USG also supports a pilot PMTCT program in Vishakhapatnam in coastal AP at a private sector maternity home that provides the entire PMTCT package of services, including counseling on safe disclosure, safe motherhood and safe infant feeding practices. In FY 2009, USG support will continue to focus on community-based interventions as part of a comprehensive care and treatment project in six districts in the coastal belt of AP. This includes support to four care and support centers with in-patient facilities and two integrated positive prevention care centers (IPPCCs) run by PLHA networks in two high-burden districts. USG will also continue to support programs with bridge and high-risk populations in the Vishakhapatnam district coastal areas; strengthen and expand OVC programs in two coastal districts; and build capacity of the positive networks to implement the national Greater Involvement of People with AIDS (GIPA) strategy.