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Engaging India: U.S. Role in Combating the HIV/AIDS Pandemic

The HIV/AIDS epidemic is both a major international issue for the United States and one of the most serious questions hanging over India's future, extending beyond public health into India's economic and social prospects. Since 1986, when the first case was reported in India, HIV has spread rapidly from urban to rural areas and from high-risk groups to the general population. The Indian government's figures released in May 2005 estimated that there were 5.19 million people suffering from HIV/AIDS in India. Currently HIV prevalence is estimated to be 0.9 percent of the adult population (between 15 and 49 years of age). The United States is one of the major external supporters of the AIDS control program in India, working through both official and private organizations. The two countries should capitalize on this strong collaborative relationship and extend their partnership not just to fighting India's epidemic but to working together on a global scale.

India's AIDS control program in its present form was established in 1992, and since then the United States has been one of the major international supporters of the program. The CSIS Task Force on HIV/AIDS, as part of its ongoing work on U.S. policy toward the HIV/AIDS epidemic in India, is preparing an assessment of this aspect of U.S.-India cooperation. This issue of the *South Asia Monitor* presents a brief summary of our findings, drawing on a workshop at CSIS on April 26, 2005, and extensive discussions with Indians and Americans involved in HIV/AIDS work, from the various government agencies in both India and the United States, private universities, nongovernmental organizations (NGOs), foundations, businesses, and Indian-American organizations. The full report, which will be released shortly, will examine how Indians and Americans have worked together in meeting the HIV/AIDS challenge. It also presents a brief snapshot of the principal types of U.S.-Indian cooperation on AIDS, both inside and outside of the government; an assessment of their strengths and challenges; and recommendations for strengthening its effectiveness.

U.S. government assistance is picking up: U.S. government involvement in the health sector in India is both broad and deep rooted. India is not a focus country under the U.S. President's Emergency Program for AIDS Relief (PEPFAR). Outside of the PEPFAR countries, however, the India program is the largest bilateral program supported by the United States. In fiscal year 2004, the U.S. government committed approximately $27.5 million to fight HIV/AIDS in India. About half of this amount—$15.5 million—comes from the U.S. Agency for International Development (USAID), which focuses primarily on expanding prevention work and integrating it into broader health services and food aid activities. USAID's projects are located primarily in the states of Tamil Nadu and Maharashtra. It works closely with both central government and state health ministries and with both local and international NGOs.

The other major U.S. government player in HIV/AIDS projects is the Department of Health and Human Services (HHS), working through a variety of different agencies. Major programs of the National Institutes of Health (NIH) include research grants, vaccine development through the U.S.-India Vaccine Action Program, and the HIV Prevention Trials Network. India is one of the major participants in the AIDS International Training and Research Program of the Fogarty International Center, which helps build capacity in India and in U.S. universities, as well as create valuable linkages between Indian and U.S. scientific institutions. The Centers for Disease Control and Prevention (CDC) have supported improvements in important laboratories and other facilities, as well as operational research connected with both prevention and treatment.

Private foundations are a major source of funding for Indian NGOs: U.S. foundations are another major source of support for HIV/AIDS work in India. Most of them are not themselves program operators; rather, they make grants to operating organizations, which may be local or international NGOs or research organizations. U.S. and other international foundations have been a major source of funding for projects carried out by India's large network of impressive NGOs.

The Bill and Melinda Gates Foundation, in contrast, operates a program directly and has committed $200 million over five years to its project in India, making it at present the largest single donor to India's program. Its *Avahan* program (Sanskrit for "call to action") has devoted most of its resources to focused interventions in the six states with high HIV prevalence and along national highways. The Avahan program operates in close coordination with the government and in partnership with both NGOs and businesses with an important presence in the program's focus areas. The Clinton Foundation, which also runs a program, partners directly with the government and has focused on improving capacity and systems.

Universities link scientists in both countries: India boasts a wealth of scientific talent, and an impressive list of U.S. universities carry out research with Indian counterparts. Some of this work is funded by NIH; some is privately funded. Their work runs the gamut from development of new medications or vaccines to economic, social, and operational research that broadens understanding of the dynamics of the epidemic. Many of the U.S. universities bring a multidisciplinary approach to their work in India, which is especially valuable since many of the Indian institutions involved in AIDS research have found it difficult to build bridges across disciplinary boundaries.

One interesting model for cooperation is the International AIDS Vaccine Initiative (IAVI). This international consortium, with participants from universities, businesses, governments, and international organizations and with a board of directors drawn from all over the world, is working in a highly integrated fashion to develop and test candidate vaccines against AIDS. Phase 1 trials of one vaccine started in India at the National AIDS Research Institute (NARI) in February.

Richard Feachem, executive director of the Global Fund, spoke at CSIS on contributions to India and other issues.

Business sector collaboration still small: Collaboration between the U.S. and Indian corporate sectors has been the least developed area of U.S.-India cooperation on HIV/AIDS. Relatively few U.S. corporations in India have workplace AIDS programs, and those with substantial labor or truck delivery networks have thus far been reluctant to associate themselves with the disease. A few Indian businesses have taken a more active role, and some of these are also working with the Global Business Coalition to Fight AIDS. This is an area where U.S. corporations with a world leadership position could usefully set themselves up as models of corporate citizenship.

The Indian-American community is mobilizing: The 2-million strong Indian-American community is prosperous and highly skilled, and its members are very interested in bringing their talents back to the country from which they or their parents emigrated. They often operate outside the channels developed by the Indian government or foundation programs. One of the major activities is organized and run by the American Association of Physicians of Indian Origin (AAPI), in partnership with the MediCiti complex—two hospitals, a medical school, and a nursing school. AAPI has designated this project a "Center of Excellence" on HIV/AIDS; it provides outreach, education, research, and treatment services. Indians or students of Indian origin comprise approximately 12 percent of medical students in the United States, vastly exceeding their percentage of the population at large. Thus the medical community is likely to remain the leader in Indian-American work on HIV/AIDS in India.

Multilateral organizations provide crucial resources to the Indian government: The United States is also involved in the AIDS fight in India through organizations like the World Bank, UNAIDS, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which obtain a substantial portion of their funding from the U.S. government. Most of the Global Fund's commitments thus far have been for treatment. The World Bank's first two HIV/AIDS Control projects, starting in 1991, helped India set up the National AIDS Control Organization (NACO) and have been among the major sources of funding for the country's HIV/AIDS program. A third project is currently in preparation. UNAIDS and its sister UN organizations (particularly UNICEF, UNDP, UNFPA, and UNESCO) are extending technical support.

Strengths…: When one asks Indians who follow the HIV epidemic and work with Americans what the most valuable U.S. contribution is in India, they almost invariably mention scientific and professional excellence. The most effective U.S. programs in India are the ones that have been built over a number of years, allowing U.S. researchers to build relationships of mutual professional respect with their Indian counterparts. The U.S. government agencies and the U.S. universities and foundations that have had the greatest impact have been working in India for years. U.S.-India scientific cooperation goes back to the early years after India's independence, and the health sciences have been part of the picture for decades. CDC was one of the first U.S. government agencies to begin working on HIV/AIDS in India, but before that, it had already earned professional respect in India for its work on smallpox eradication.

India, for its part, brings important strengths to the table as well. Its scientific talent and vibrant civil society are well known. Its pharmaceutical industry has had a major impact on the market for antiretroviral drugs (ARVs), and several Indian-made ARVs are currently being reviewed by the U.S. Food and Drug Administration (FDA).

…and challenges: In this very positive picture of U.S.-India collaboration, there are a few weaker spots. One, already mentioned, is the rather modest contribution of the U.S. business community, which mirrors the relatively slow progress toward establishing AIDS programs in much of Indian business.

Second, in a country where close to 80 percent of medical care is provided by the private sector, outside the

government program, the HIV/AIDS program has made few inroads into the private medical sphere. There are some shining exceptions, notably the nongovernment YRG Care organization in Chennai, whose director identified the first HIV case in India and has remained one of the national leaders in fighting the epidemic ever since. Among those with U.S. involvement, the AAPI project is working with a private institution, and there are some efforts under way to improve outreach to private medical providers, but this is nonetheless an area where much more is needed.

Can we move away from the standard aid-donor model? The resources the United States brings to fighting the epidemic are important, but their impact will be much greater if they are deployed in ways that are compatible with India's evolving role in the world and with the deepening U.S. relationship with India.

The challenge is to craft at the national level the kind of relationship of equals that makes for successful collaboration at the project level. Indo-U.S. joint work on HIV/AIDS, important as it is, does not stand by itself. It is part of a long and distinguished history of scientific cooperation. It is also part of India's bigger challenge of improving public health, as India's economic and social growth accelerates. And it is part of the broader challenge of meeting threats to global public health. The two governments should make these larger themes regular elements in their discussion, showcase their successes, and build on them. They should acknowledge the importance of the private side of U.S.-India cooperation. Indian and U.S. leaders should create more opportunities for genuine consultation about the epidemic. India has already offered assistance to some of the African countries suffering from the epidemic; the United States and India should look for ways to work together on the larger international epidemic.

A proposal has been under discussion for two years to create two institutes of public health in India, with substantial cooperation from U.S. schools of public health, and with autonomous management in the manner of the Indian Institutes of Management or the Indian Institutes of Technology. These institutions could become concrete embodiments of the goals that drive U.S.-India cooperation at this turning point in India's history.

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