National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

icmr | NIRDHDS
INDIAN COUNCIL OF MEDICAL RESEARCH | NATIONAL INSTITUTE FOR RESEARCH IN DIGITAL HEALTH AND DATA SCIENCE

INDIA HIV ESTIMATES 2023

TECHNICAL REPORT

National AIDS Control Organisation
Ministry of Health & Family Welfare, Government of India
&
Indian Council of Medical Research – National Institute for Research in Digital Health and Data Science

Suggested citation

National AIDS Control Organisation & ICMR-National Institute for Research in Digital Health and Data Science (2024). India HIV Estimates 2023: Technical Report. New Delhi: NACO, Ministry of Health & Family Welfare, Government of India.

For additional information on the India HIV Estimates 2023: Technical Report, please contact:

Surveillance & Epidemiology: Strategic Information Division
National AIDS Control Organisation (NACO)
Ministry of Health & Family Welfare, Government of India
6th and 9th Floor, Chanderlok Building
36, Janpath, New Delhi-110001

National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

icmr | NIRDHDS
INDIAN COUNCIL OF MEDICAL RESEARCH | NATIONAL INSTITUTE FOR RESEARCH IN DIGITAL HEALTH AND DATA SCIENCE

INDIA HIV ESTIMATES 2023

TECHNICAL REPORT

National AIDS Control Organisation
Ministry of Health & Family Welfare, Government of India
&
Indian Council of Medical Research – National Institute for Research in Digital Health and Data Science

GoI/NACO/Surveillance & Epidemiology/India HIV Estimates 2023: Technical Report/11102024

सत्यमेव जयते

वी. हेकाली झिमोमी, भा.प्र.से.
अपर सचिव एवं महानिदेशक
V. Hekali Zhimomi, IAS
Additional Secretary & Director General

राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

Foreword

Government of India is currently implementing Phase-V of the National AIDS and STD Control Programme (NACP) as a fully funded central sector scheme for the five-year period from 2021-22 to 2025-26 to combat the epidemic of HIV/AIDS. The annual HIV burden estimation is an institutionalised activity under the National AIDS and STD Control Programme (NACP) aimed at updating the status of progress on key goals, both in terms of magnitude and trends.

HIV burden estimates 2023 round, the latest in the series, aims to provide update on the latest status of the epidemic by States/Union Territories and districts. The findings indicate that HIV/AIDS response in the country continues to be highly successful with 44% reduction in annual new HIV infections and 79% decline in annual AIDS-related mortalities since 2010 vis-à-vis global averages of 39% and 51% respectively. However, there is no place for complacency as annual new infections continue to rise in States of Arunachal Pradesh, Assam, Meghalaya, Punjab and Tripura. While overall adult HIV prevalence is low at 0.20%, twenty-nine districts in 6 States are having an adult HIV prevalence of more than 1%. Overall, 353 districts fall into the high or moderate priority category vis-à-vis 299 districts in the 2019 estimates indicating towards expanding epidemic in some States.

India's fight against the HIV/AIDS epidemic continues. The implementation of integrated health campaigns, index testing, and comprehensive awareness initiatives has revitalised the response efforts. Nevertheless, the country must remain vigilant, ensuring that prevention, testing, and treatment services are accessible to all, particularly the most vulnerable population. I am confident that all stakeholders will utilize this report to refine strong, evidence-based resilient responses by leveraging innovations and technology, thereby accelerating progress and bringing the country closer to the 2030 goal of ending AIDS as a public health threat.

(V. HEKALI ZHIMOMI)

6th Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel. : 011-23325331 Fax : 011-23351700
E-mail : dgoffice@naco.gov.in

निखिल गजराज, भा.प्र.से.
संयुक्त सचिव
Nikhil Gajraj, IAS
Joint Secretary

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

Dated: November 25, 2026

Message

Each year, India's National AIDS and STD Control Programme (NACP) estimates the HIV burden using the latest version of UNAIDS-recommended Spectrum modelling tool. For 2023, the 'Spectrum 6.33' version was used to model data, in collaboration with regional institutes (Surveillance & Epidemiology) and State AIDS Control Societies (SACS). This included deriving the district estimates from the State models. The method and findings were reviewed by technical groups on surveillance & epidemiology under NACP.

This report presents the methodology and findings for the HIV Estimates 2023 by district and State/UT. Following the 2019 round, this is the first instance where district-level estimates have been worked out. Utilizing an established method, the report also identifies 192 high-priority and 161 moderate-priority districts that require focused attention.

The district and State/UT-wise estimates presented in this report are the outcome of the rigorous surveillance and epidemiology system established under NACP. We extend our gratitude to the surveillance sites, national reference laboratories, state reference laboratories, District AIDS Prevention Control Units, SACS, and regional institutes (Surveillance & Epidemiology) for their commitment and contribution to this process.

This report aims to enable informed resource allocation for the finetuning of specific interventions at both the State and district levels. We are confident that these insights will assist in making strategic decisions aimed at achieving the 2030 goal of ending the AIDS epidemic in India.

Nikhil Gajraj

(Nikhil Gajraj)

Room No. 243, 'A' Wing, Nirman Bhawan, New Delhi-110011
Tel. (O) : 011-23061596, E-mail : nikhil.g@ias.nic.in

लता गणपति, भा.प्र.से.
संयुक्त सचिव
Latha Ganapathy, IAS
Joint Secretary

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

Message

Estimating the HIV burden is an annual task under India's National AIDS and STD Control Programme, using a systematic approach to consolidate data on the epidemic. For 2023, the UNAIDS-endorsed 'Spectrum' modelling tool was used. The regional institutes updated the State/UT models in collaboration with State AIDS Control officers. The data, epidemic curve fittings, and outcomes were reviewed by various technical groups. District-level estimates were derived from state models using TRG-recommended methods.

The current report details the methodology and outcomes of HIV Estimates 2023 in five chapters. Chapter 1 outlines the objectives and processes used; Chapter 2 elaborates on the methods and data sources; Chapter 3 illustrates the findings by the state; and Chapter 4 provides an analysis by district. Chapter 5 discusses the implications of these results for programmatic decisions. Overall, this report gives a thorough overview of the HIV epidemic status by district, utilising the latest programmatic and epidemiological data.

The data presented in this report is the result of diligent work of professionals, including epidemiologists and public health experts. Their commitment has ensured that the information is reliable and actionable. We thank the service delivery points, surveillance sites, national labs, District AIDS Prevention Control Units, State AIDS Control Societies, and regional institutes for their support and collaboration.

This report aims to guide policymakers, healthcare providers and stakeholders for informed resource allocation and to fine tune the tailored interventions at State and district-level. We are confident that the insights will drive informed decisions and inspire ongoing efforts to achieve the 2030 goal of ending AIDS epidemic as a public health threat in India.

(Latha Ganapathy)

Room No. 145, 'A' Wing, Nirman Bhawan, New Delhi-110011
Tel. (O) : 011-23063809, E-mail : g.latha@nic.in

आईसीएमआर - राष्ट्रीय डिजिटल स्वास्थ्य एवं डाटा विज्ञान अनुसंधान संस्थान
(**भारतीय आयुर्विज्ञान अनुसंधान परिषद**)
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार,
अंसारी नगर, नई दिल्ली – 110029

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN DIGITAL HEALTH AND DATA SCIENCE
(INDIAN COUNCIL OF MEDICAL RESEARCH)
Department of Health Research,
Ministry of Health and Family Welfare, Government of India
Ansari Nagar, New Delhi-110029
Phone: +91-11-26588803: | Fax: +91-11-26589635
Email: nims.director@icmr.gov.in
sanghamitra.pati@icmr.gov.in

डॉ. संघमित्रा पति
वैज्ञानिक 'जी' एवं निदेशक-प्रभारी

Dr. Sanghamitra Pati
Scientist `G' & Director-in-Charge

Message

HIV burden estimation is a critical activity under the National AIDS and STD Control Programme (NACP). It is a matter of utmost satisfaction that ICMR-National Institute for Research in Digital Health and Data Science (ICMR-NIRDHDS), formerly known as ICMR-National Institute of Medical Statistics, has played a pivotal role in generating India HIV estimates under various phases of NACP over the last two decades. HIV estimates are generated by the Sub-Group (HIV Burden Estimation), co-chaired by NACO, Ministry of Health and Family Welfare and ICMR-NIRDHDS which is the nodal technical body for HIV estimation in India.

The 2023 round of HIV estimation was undertaken at all three administrative levels – National, State, and District. The activity was carried out by NACO in collaboration with ICMR-NIRDHDS and other National/Regional institutes for surveillance and epidemiology. The 2023 estimates were generated using the latest Spectrum software version 6.33 as recommended by UNAIDS. The methods and results were duly approved by the NACO's Technical Working Group (Surveillance & Epidemiology) and Technical Resource Group (Surveillance & Epidemiology). The current estimates provide updated granular evidences on key epidemiological indicators, which are critical not only for optimising programme planning and prioritization, and resource allocation, but also for monitoring and evaluation.

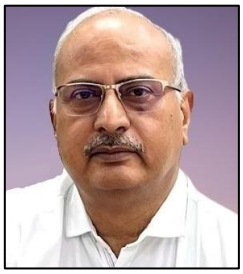
This technical report presents the key findings of the HIV estimation 2023 at National, State, and District levels. I am certain that the latest evidence will help in fine-tuning India's AIDS response towards achieving the 'End of AIDS' as a public health threat by 2030. I would like to acknowledge the ICMR-NIRDHDS team who were engaged in the 2023 HIV estimation exercise, in particular Dr. H. K. Chaturvedi, Scientist-G & Focal Person (HIV Surveillance and Epidemiology project) who led the estimation activity from ICMR-NIRDHDS, along with Dr. Vishal Deo, Scientist-C & Co-Focal Person; Dr. Barnali Deka, Project Coordinator; and Dr. Sunny Yadav, Junior Consultant (Epidemiology).

Sanghamitra Pati

Dr. Sanghamitra Pati
Director-in-Charge, ICMR-NIRDHDS
Co-Chair, Sub-Group (HIV Burden Estimation)

INDIAN COUNCIL OF MEDICAL RESEARCH
Department of Health Research,
Ministry of Health and Family Welfare,
Government of India,
Ansari Nagar, New Delhi – 110029
Phone: 91-11-26588803; Mobile: 91-9871176904
Email: himanshu@icmr.gov.in
chaturvedi_icmr@yahoo.com

Dr Himanshu K. Chaturvedi, **M.Sc., PhD**
Scientist 'G' & Head, Disease Modelling
(Former Director In-charge, ICMR-NIMS, New Delhi)



Message

HIV burden estimation is a key activity within the Integrated and Enhanced Surveillance and Epidemiology framework to provide the latest status of the HIV epidemic in India, and to inform the evidence-based approach for programme planning, and prioritisation adopted under the National AIDS and STD Control Programme (NACP). National AIDS Control Organisation (NACO) anchores the annual activity in collaboration with Indian Council of Medical Research – National Institute for Research in Digital Health and Data Science (ICMR-NIRDHDS) and other National/Regional institutes.

The 2023 HIV estimation process was executed at – National, State, and District levels through a unified approach to generate more granuler strategic information on key epidemic indicators of prevalence, incidence, AIDS-related mortality and EVTH-related need. The 2023 estimates were generated using the latest Spectrum software version 6.33 under the guidance of the NACO's Sub-Group (HIV Burden Estimation). The rigorous consultative process was monitored by the Technical Working Group (Surveillance & Epidemiology) and Technical Resource Group (Surveillance & Epidemiology) to ensure quality of data input and methodological integrity. Findings were reviewed and validated vis-à-vis local understanding of the epidemic and programme data.

The HIV estimates 2023 highlights the overall declining epidemic in India, while a dynamic and diverse trends and level of the epidemic across the States/Union Territories. The 2023 district-level HIV estimates attest to the diverse epidemic across 762 districts in India. The latest estimates will be helpful in stock-taking of NACP-V targets, and prioritisation of programme and resource to fast-track towards ending AIDS as a public health threat by 2030.

I would like to congratulate the members of ICMR-NIRDHDS team who took part in the 2023 HIV estimation exercise, and appreciate their efforts in bringning out this technical report, namely Dr. Vishal Deo, Scientist-C; Dr. Barnali Deka, Project Coordinator; and Dr. Sunny Yadav, Junior Consultant (Epidemiology).

Dr. Himanshu Kr. Chaturvedi
Scientist G & Head, Disease Modelling, ICMR

Dr. Chinmoyee Das
Public Health Specialist, Grade-I
Head, Strategic Information
c.das@gov.in

Government of India
Ministry of Health & Family Welfare
National AIDS Control Organisation
6th & 9th Floor, Chandralok Building,
36 Janpath, New Delhi – 110 001
Tel.: 011-43509994

Acknowledgement

HIV estimation is a foundation of the Surveillance and Epidemiology (S&E) activities under the National AIDS and STD Control Program (NACP). The Technical Resource Group (TRG) for HIV Surveillance and Epidemiology, under the Chairpersonship of Ms. V. Hekali Zhimomi (Additional Secretary & DG, NACO) and Co-chairpersonship of Dr. Sanjay Mehendale (former Additional DG, ICMR), provided oversight and approved the methodologies, processes, and findings of the HIV Estimation 2023. We are deeply grateful for their leadership, vision, and support.

The Implementation of HIV Estimation 2023 led by the Technical Working Group (TWG-S&E), chaired by Dr. D.C.S. Reddy (Former Head, Department of Community Medicine, BHU, Varanasi), with Dr. Shobini Rajan (DDG, NACO) serving as Co-chair. Additionally, the Technical Sub-Group (HIV Burden Estimation), chaired by the late Prof. Arvind Pandey (former Director, ICMR-NIMS), oversaw the estimation at states, UTs, and districts level. Dr. H.K. Chaturvedi (Director-in-Charge, ICMR-NIRDHDS) led the implementation of the exercise at ICMR-NIRDHDS. The collective expertise of Dr. Shashi Kant (Former Head, ECD, ICMR, New Delhi), Dr. Raman Gangakhedkar (Former Head, ECD, ICMR, New Delhi), Dr. John Stover (Avenir Health), Dr. Keith Sabin (UNAIDS, Geneva), Dr. S.K. Singh (Public Health Expert, formerly with IIPS, Mumbai), Dr. David Bridger (Country Director, UNAIDS India), Dr, Mellissa Nyendak (CDC India), and Mx. Abhina Aher (Community Expert) enriched the exercise as members and invitees of the TRG and TWG. We sincerely thank them for their critical inputs and guidance at every stage of the estimation process.

The HIV Estimation 2023 report represents a significant milestone in India's efforts to monitor and address the HIV epidemic. This publication provides updated epidemiological data at the National, State/UT, and District levels, marking the very first time both the states and the districts estimates are presented together in one comprehensive report. This accomplishment is the result of collaborative effort by India's leading epidemiologists, demographers, biostatisticians, community representatives, and program managers both at national and state levels. We extend our sincere appreciation to all the experts and stakeholders whose contributions have made this endeavor possible. We also extend our gratitude to Mr Nikhil Gajraj (JS, NACO), Dr. A.K. Puri (DDG, NACO), Dr. U.B. Das (DDG, NACO), Dr. Shobini Rajan (DDG, NACO), Deputy Director Dr. Sai Prasad Bhavsar, and Dr. Bhawna Rao, for their programmatic insights, in shaping HIV Estimations 2023.

Our heartfelt thanks to the HIV Surveillance team of Regional Institutions and SI officers of SACS for their critical contributions to preparing district-specific input data, calibrating models, and reviewing outputs (list of contributors is annexed). The implementation and finalization of the HIV Estimation 2023 report were led by Dr. Pradeep Kumar (NACO), with the active support of Dr. Subrata Biswas (NACO), Dr. Nidhi Priyam (NACO), Mr. Lalit Singh Kharayat (Technical Experts, UNAIDS, India), Ms. Nalini Chandra (UNAIDS, India) and Dr. Upma Sharma (CDC, India). These officers were pivotal in drafting, refining models, and finalizing the technical brief.

The release of the HIV Estimation 2023 report is a milestone in our journey, offering an updated assessment of progress while highlighting areas requiring attention to achieve the 2030 goal of ending HIV as a public health threat. We are confident that this evidence will empower stakeholders to fine-tune their responses and accelerate the national AIDS response.

(Dr. Chinmoyee Das)

List of Contributors engaged in the HIV Estimates 2023

I. Regional Institutes

1. ICMR-NIRDHDS, New Delhi: Dr H K Chaturvedi (Focal Person), Dr Vishal Deo (Co-Focal Person), Dr Barnali Deka (Project Coordinator) & Dr Sunny Yadav (Jr. Consultant Epidemiology)
2. AIIMS, New Delhi: Dr Sanjay K Rai (Focal Person) & Mr Nishakar Thakur (RO)
3. ICMR-NITVAR, Pune: Dr Sheela V. Godbole (Focal Person) & Dr Garima Meena (Project Coordinator)
4. ICMR-NIE, Chennai: Dr A Elangovan (Focal Person) & Dr Santhakumar Aridoss (Project Coordinator)
5. ICMR-NIRBI, Kolkata: Dr Shanta Dutta (Focal Person) & Dr Mihir Bhatta (RO)
6. PGIMER, Chandigarh: Dr PVM Lakshmi (Focal Person), Dr Herratdeep Singh Gill (RO), Dr Ruchi (RO) & Dr Vikas Bhatia (RO)
7. RIMS, Imphal: Prof H Sanayaima Devi (Focal Person): Dr T Tamphasana (Project Coordinator) & Rishikesh Maisnam (RO)
8. AIIMS, Bhubaneswar: Dr Arvind Kumar Singh (Focal Person), Mr Hrushikesh Das (Epidemiologist) & Dr Mili R Sahay (Jr. Epidemiologist)
9. AIIMS, Jodhpur: Dr Pankaj Bhardwaj (Focal Person), Dr Vibha Joshi (Consultant Epidemiology) & Dr Aswathy S R (Project Coordinator)

II. Officials from the State AIDS Control Societies

1. Mr S. Senthil Nathan, Andaman & Nicobar AIDS Control Society
2. Mr M. Vijaya Kumar, Andhra Pradesh SACS
3. Mr Sukumar A, Andhra Pradesh SACS
4. Mr M. Balaji, Andhra Pradesh SACS
5. Mr Koj Tara, Arunachal Pradesh SACS
6. Mr Ranjanjyoti Deka, Assam SACS
7. Dr Rajesh Kumar Sinha, Bihar SACS
8. Mr Yasir Imam, Bihar SACS
9. Ms Poonam Bakshi, Chandigarh SACS
10. Mr Mohammad Hashim Khan, Chhattisgarh SACS
11. Mr Kshitiz Diwan, Chhattisgarh SACS
12. Mr Sabyasachi Chakraborty, Delhi SACS
13. Mr Sunil Bais, DNH&DD SACS
14. Mr Praveen Prakash Gupta, Gujarat SACS
15. Ms Heena Modi, Ahmedabad District AIDS Control Society
16. Ms Sulaksha Galyekar, Goa SACS
17. Mr Sandesh Krishnanath Bhagat, Goa SACS
18. Dr Navneet Serwal, Haryana SACS
19. Ms Kavita Pannu, Haryana SACS
20. Mr Vinay Kumar, Himachal Pradesh SACS
21. Mr Nissar Ahmad Dar, J&K and Ladakh SACS
22. Mr Imran Ahmad Rather, J&K and Ladakh SACS
23. Mr Irfan Farooq Bhat, J&K and Ladakh SACS
24. Dr Sami Akhter Shams, Jharkhand SACS
25. Dr Sanjay B. Patil, Karnataka SACS
26. Mr Sadashiv Havanagi, Karnataka SACS
27. Ms Ragi Ravi, Kerala SACS
28. Dr Adarsh Kumar Shukla, Madhya Pradesh SACS
29. Mr Pankaj Pagey, Madhya Pradesh SACS
30. Mr Imran Shaikh, Maharashtra SACS
31. Ms Paonam Tilotama Devi, Manipur SACS
32. Ms Safeeda Grace Warjri, Meghalaya SACS

33. Dr Richard CLR Hluna, Mizoram SACS
34. Mr J.Vanlalhruaia, Mizoram SACS
35. Dr Vijay Kumar Karanjkar, Mumbai District AIDS Control Society
36. Mr Anil Shinde, Mumbai District AIDS Control Society
37. Mr Medovilhou Kire, Nagaland SACS
38. Mr Prabodh Kumar Siya, Odisha SACS
39. Mr T. Balamurugan, Puducherry SACS
40. Dr Amrinderpaul Singh, Punjab SACS
41. Ms Dolly Khurana, Punjab SACS
42. Mr Prakash Narwani, Rajasthan SACS
43. Mr Gyan Tamang, Sikkim SACS
44. Dr Janakiram Marimuthu, Tamil Nadu SACS
45. Mr T Durga Srinivas, Telangana SACS
46. Ms Srabani Datta, Tripura SACS
47. Mr Arindam Kumar Singh, Uttar Pradesh SACS
48. Mr Awnish Kispotta, Uttar Pradesh SACS
49. Mr Gagandeep Luthra, Uttarakhand SACS
50. Dr Rahul Biswas, West Bengal SACS
51. Dr Debjani Guchait, West Bengal SACS

Contents

Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
AIM	AIDS Impact Model
AIIMS	All India Institute of Medical Sciences
ANC	Antenatal Care
ANI	Annual New HIV Infection
ARD	AIDS-Related Death
ART	Anti-Retroviral Therapy
ASFR	Age-Specific Fertility Rate
CBR	Crude Birth Rate
CDR	Crude Death Rate
CSAVR	Case Surveillance and Vital Registration
DemProj	Demographic Projection Module
ECDC	European Centre for Disease Prevention and Control
EPP	Estimation and Projection Package
EVTH	Elimination of Vertical Transmission of HIV
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
H/TG	Hijra/Transgender people
IBBS	Integrated Biological and Behavioural Surveillance
ICMR	Indian Council of Medical Research
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IESE	Integrated and Enhanced Surveillance and Epidemiology
IIPS	International Institute for Population Sciences
IMR	Infant Mortality Rate
IRR	Incidence Rate Ratio
MoHFW	Ministry of Health and Family Welfare
MSM	Men who have Sex with Men

MTCT	Mother to Child Transmission
NACO	National AIDS Control Organisation
NACP	National AIDS and STD Control Programme
NFHS	National Family Health Survey
NHM	National Health Mission
NI	National Institute
NIE	National Institute of Epidemiology
NIRBI	National Institute for Research in Bacterial Infections
NIRDHDS	National Institute of Research in Digital Health and Data Science
NITVAR	National Institute of Translation Virology and AIDS Research
PMPSE	Programmatic Mapping and Population Size Estimation
PLHIV	People Living with HIV
RI	Regional Institute
RIMS	Regional Institute of Medical Sciences
RT	Routine Testing
S&E	Surveillance and Epidemiology
SACS	State AIDS Control Society
SDG	Sustainable Development Goal
SIMS	Strategic Information Management System
SRS	Sample Registration System
STD	Sexually Transmitted Disease
TFR	Total Fertility Rate
TI	Targeted Intervention
TWG	Technical Working Group
TRG	Technical Resource Group
UNAIDS	Joint United Nations Programme on HIV and AIDS
UT	Union Territory
WHO	World Health Organisation

Executive Summary

Introduction

Estimation of burden of the HIV epidemic is an integral part of the National AIDS and STD Control Programme (NACP) to provide updated evidence on the status of HIV/AIDS epidemic in India. The exercise of model-based HIV estimation is carried out by the National AIDS Control Organisation (NACO) using the latest version of the UNAIDS supported Spectrum software, a suite of easy-to-use policy models to support analysis and planning for various public health programmes. HIV Estimates 2023 is the latest in the series of HIV burden estimations for India under the NACP, based on the most recent evidence on demographics, programme coverage, and epidemiology. Spectrum version 6.33 was employed to generate the current round of estimates. The methods and results were duly approved by the Technical Working Group (Surveillance & Epidemiology) (TWG (S&E)) and Technical Resource Group (Surveillance & Epidemiology) (TRG (S&E)) under NACP. This technical report presents the comprehensive methodology used in the estimation process and provides the results on key epidemiological indicators of prevalence, incidence, and mortality at the national level as well as for 34 States/UTs and the 762 districts therein.

Process

HIV burden estimation is an integral activity of the Integrated and Enhanced Surveillance & Epidemiology (IESE) framework under the NACP. The estimation activity is implemented by the NACO in collaboration with ICMR-NIRDHDS as the nodal technical body, following a consultative and iterative process guided and monitored by the NACO's Sub-Group (HIV Burden Estimation), TWG (S&E) and TRG (S&E). The 2023 HIV estimation process started with the drafting of the initial State/UT-specific Spectrum files and screening of the surveillance and programme data input by the NACO, along with the ICMR-NIRDHDS and eight Regional Institutes, viz. AIIMS (Bhubaneshwar), AIIMS (Jodhpur), AIIMS (New Delhi), ICMR-NIE (Chennai), ICMR-NIRBI (Kolkata), ICMR-NITVAR (Pune), PGIMER (Chandigarh), and RIMS (Imphal). The plan for implementation of the HIV estimation process and its methodology for the 2023 round using the latest Spectrum version 6.33 was presented to the Sub-Group in a meeting convened on 15-16 February 2024. It was further deliberated by the group of experts and stakeholders participating in the second meeting of the Sub-Group held on 7-8 March 2024 to review the data inputs, curve fitting and draft findings. Next, the methods and results were presented before the TWG (S&E) in its meeting on 2 May 2024. The State/UT-specific Spectrum models were updated after incorporating the TWG feedback. The

methods and the updated Spectrum models along with the results of the HIV estimation were put in the table for approval of the TRG in its meeting convened on 24 May 2024.

Data and Methods

India has been using UNAIDS-recommended modelling tools to derive HIV estimates since 2006 for global compatibility. The 2023 round of HIV burden estimation in India employed globally recommended modelling tool as in the past, namely the latest Spectrum version 6.33. The first step in the estimation process was to review the demographic projections for each of 34 States/UTs in the DemProj module. No update was made in DemProj during the current round and the updated projections from the 2021 round have been retained in the current Spectrum files.

Programme data on the number of HIV-positive pregnant women seeking various EVTH-related services, and HIV-positive adult as well as children alive and on ART were added to each Spectrum file for the year 2023. ART coverage was projected for future years (2024-2036) by applying linear scale-up of the last couple of observations and then retaining at 95% coverage once reached.

AIM module has two significant updates in the programme input for the EVTH-related parameters, viz. – 'ART retention rate among HIV positive pregnant women at the time of delivery' and 'Breastfeeding practices among HIV positive mothers'. Updated estimates of these parameters for 2023 were obtained from the analyses of India-specific data collected through Global Fund-supported projects under NACP. For the ART retention rate, current Spectrum files retained the default values till 2018 (75/80%) for both categories (ART started before the current pregnancy/ ART started during the current pregnancy), and new estimates (94/97%) were entered for 2023 and future years. Input values for the intermediate period 2019-2022 were obtained by linear interpolation between 2018 and 2023. Breastfeeding practices among HIV-positive mothers (both on-ART and not on-ART) were found to be different from that of HIV negative mothers, and the input data on feeding practices were updated accordingly in the 2023 Spectrum files.

As a part of the process, the data of natural progression of HIV (both adult and pediatric), Mortality on and off ART (both adult and pediatric), MTCT transmission probabilities, and HIV-related fertility reductions were restored to the default Spectrum values. It was noted that Spectrum 6.33 includes latest updates based on new data and findings from most recent global research to inform the model assumptions and parameters.

The epidemiological configuration for each State/UT continues to be factored in general population and high-risk groups. The latest round of PMPSE was conducted during 2022, which was already used to update the HRG sizes in 34 States/UTs during 2022 estimation. Therefore, population sizes for HRG from the last round, along with the turnover for IDU & FSW and State/UT-specific percentages of male IDUs were kept unaltered in the 2023 Spectrum models. Epidemiological data for the general population were updated with, namely – the prevalence data from HSS 2023 among ANC attendees, and the routine HIV testing data for 2023 from the NACO's stand-alone Integrated Counselling and Testing Centers (ICTC). As for the epidemiological data pertaining to HRG, the HIV positivity

statistics from the Targeted Intervention (TI) programme for key populations were updated for 2023. As new prevalence data for HRGs were not yet available during estimation process, no updates were made in the HRG surveillance option. No survey data was included for any sub-population in 2023 Spectrum models, aside from twelve States (Andhra Pradesh, Arunachal Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, Punjab, Rajasthan, Tamil Nadu, Telangana, Tripura, and Uttar Pradesh) where NFHS prevalence was considered to inform the prevalence trend for general population in EPP.

After finalizing the updates for programmatic and epidemiological inputs, HIV prevalence curves were generated for all the sub-populations. R-hybrid model was used for fitting the prevalence curve for general population in States/UTs with 10 or more HSS-ANC sites, and otherwise EPP Classic model was used. EPP Classic model was used to fit the curve for HRG populations. As in the previous rounds, the HIV prevalence for HRG population was calibrated using HIV prevalence from IBBS (2014-15), and the HIV prevalence from NFHS-4 (2015-16) was used to calibrate fitted prevalence for general population in all States/UTs except Arunachal Pradesh, Punjab, Rajasthan, and Tripura. Next, plausibility bounds were derived for the HIV estimates using the Uncertainty Analysis tool in Spectrum. The final models for 34 States/UTs were aggregated to generate the national HIV estimates for 2023.

The final Spectrum models for the 34 State/UTs were further referred for the district-level HIV burden estimation for 2023. For each State/UT, the Spectrum file was updated with each district as a sub-epidemic and subsequent creation of the sub-populations within each sub-epidemic/district. The district-wise sub-population sizes, which were estimated using the outcomes of the latest PMPSE exercise, were entered for all the districts in the concerned State/UT. Next, data from HIV sentinel surveillance from antenatal clinics, and data from routine HIV testing among pregnant women were entered into the Spectrum files to inform the prevalence curve for the general population. For HRG, HIV prevalence data collected during the HSS was used to inform the curve fitting. The EPP-Classic model was applied to fit the epidemic curve for all sub-populations. After that, district-wise estimates for a State/UT were extracted from the sub-population summary in the result section of Spectrum. These estimates were used to calculate the relative burden of key HIV indicators (viz. numbers of PLHIV, ANI, ARD and EVTH-related need) for each district in a State/UT. For each key indicator, the approved 2023 estimate of a State/UT was divided among its district as per their respective relative burden. Finally, all the districts were prioritized as ‘High/Moderate/Low/Very Low’ based on the estimates of adult (15-49 years) HIV prevalence and PLHIV size.

Results

The 2023 HIV burden estimates provide insights into the current status of the HIV/AIDS epidemic in India to facilitate a more efficient allocation of programme efforts and resources. As evident by the heterogeneity in the levels and trends of the key epidemic indicators, India continues to have diverse epidemics across its States/UTs and districts.

With an adult HIV prevalence of 0.20% in 2023, the overall epidemic in India continues to be low. However, the adult prevalence continues to be high in Mizoram (2.73%) and Nagaland (1.37%), closely followed by Manipur with 0.87%. In addition, States of Andhra Pradesh (0.62%), Telangana (0.44%), Meghalaya (0.43%), Karnataka (0.42%), and Punjab (0.42%) had an estimated adult prevalence higher than 0.40%. Both Mizoram and Nagaland have the highest number of districts with more than 1% prevalence. Among the 96 districts with prevalence between 0.40% and 1%, 75 districts belonged to the States of Andhra Pradesh, Karnataka, Manipur, Meghalaya, Punjab and Telangana. Though the adult HIV prevalence has been on a declining trajectory in most States/UTs over the years, the rising trend in Punjab and northeastern States (except Nagaland and Manipur) is still a cause for concern.

Even with low prevalence, India still has a significant HIV burden with an estimated 25.44 lakhs PLHIV in 2023. Women (aged 15+ years) accounted for 44% (11.22 lakh) of the total PLHIV burden, while nearly 3% (0.63 lakh) of the cases were among children. Maharashtra (3.90 lakhs), Andhra Pradesh (3.20 lakhs), Karnataka (2.80 lakhs), Tamil Nadu (1.69 lakhs), Telangana (1.58 lakhs) together shared 52% of the total PLHIV burden in the country. Among others, States of Uttar Pradesh (1.97 lakhs), Bihar (1.56 lakhs), Gujarat (1.20 lakhs), Punjab (1.06 lakhs), Rajasthan (0.82%), West Bengal (0.77 lakh), Madhya Pradesh (0.70 lakh), Delhi (0.59 lakh), and Haryana (0.57 lakh) together accounted for 36% of the total PLHIV. Moreover, these 14 States collectively represented 82% of the total ANI, 88% of total ARD, and 86% of total EVTH-related needs. As per 2023 district-level estimates, 165 out of total 762 districts in India had 5,000 or more PLHIV, and together shared 64% of the total PLHIV burden. Southern States of Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, and Telangana included 100 districts with 5000 or more PLHIV. The remaining 65 districts were concentrated in Uttar Pradesh, Bihar, Punjab, Gujarat, West Bengal, Rajasthan, Madhya Pradesh, Delhi, and Haryana. In view of this burden, HIV/AIDS remains a public health challenge in India.

Based on the estimates of adult prevalence and PLHIV size, the district-level HIV estimation in 2023 categorised 192 districts as high priority, which collectively shared 66% of the total PLHIV, 55% of total ANI and 60% of the total need of EVTH-related services in India. More than 50% of the high priority districts (108) were concentrated in Andhra Pradesh, Karnataka, and Maharashtra (with 24 districts each), followed by Tamil Nadu (15), Telangana (13), Gujarat (6), and Kerala (2). Among other States, Bihar and Uttar Pradesh have thirteen high priority districts each, along with Punjab (9), Delhi (7), West Bengal (5), Chhattisgarh (2), Haryana (2), Madhya Pradesh (2), Rajasthan (2) and Odisha (1). In the northeastern region, Mizoram and Nagaland have the leading number of high priority districts (10 each), followed by Manipur (5), Meghalaya (2) and Arunachal Pradesh (1).

In 2023, an estimated 68.45 thousand individuals got newly infected with HIV. Nearly 40% of total ANI were among women aged 15+ years, while 3% of total infections were among children. The States of Punjab (9.10 thousand), Bihar (8.27 thousand), and Uttar Pradesh (7.84 thousand) were the highest contributors in 2023, which combined with the figures from Maharashtra, Andhra Pradesh, Rajasthan, and Karnataka, accounted for about 58% of

the total ANI in the country. There were only 95 districts out of 762 with 200 or more new infections, and half of these districts belonged to Punjab, Bihar and Uttar Pradesh. New infections in the country declined by 44% in 2023 from 2010, which is still halfway behind the envisaged target of 80% reductions in ANI by 2025. Half of the States/UTs had seen greater decline in ANI than the national estimate of 44% between 2010 and 2023. The highest decline was seen in Andhra Pradesh (76.1%), followed by Jammu & Kashmir and Ladakh (75.1%), Kerala (74.4%), Karnataka (70.2%), and Odisha (70.2%). The States of Bihar, Uttar Pradesh, and Rajasthan, with higher new infections, showed slower decline (less than 30%) than the national average. Rising trend in the new infections were estimated in Punjab and northeastern States of Tripura, Arunachal Pradesh, Meghalaya, and Assam.

As per the 2023 HIV estimates, 35.87 thousand PLHIVs were estimated to have died due to AIDS-related causes. Among the adult (15+ years) PLHIV, there were 34.68 thousand ARD and around 33% (11.32 thousand) of those deaths were among adult women. The States of Maharashtra (7.46 thousand), Karnataka (5.60 thousand), and Andhra Pradesh (5.31 thousand) experienced highest number of ARDs, and together accounted for half of India's ARD burden in 2023. In addition, Telangana, Tamil Nadu, Bihar, Uttar Pradesh, Madhya Pradesh, and Delhi, with an estimate of 1000 to 5000 ARD among PLHIV, accounted for 29% of total ARD in India. The current estimates highlight the success of India's HIV response in terms of high impact of various HIV prevention strategies and treatment services implemented across different phases of NACP. The continued success of treatment services was evident from the 79% reduction in the number of ARD in the country from 2010 to 2023, moving closer to realizing the NACP-V goal of 80% reductions in ARD by 2025 from 2010. Decline in ARD among adult women (82%) and children (89%) between 2010 to 2023 resonates even more with the NACP-V target. ARD declined by more than 70% in eighteen States/UTs across India. The States/UTs of Goa, Andhra Pradesh, West Bengal, Tamil Nadu, Himachal Pradesh, Telangana, and Karnataka have already surpassed the NACP-V milestone. However, there are still some gaps that are a source of concern as evident by the rising trend of ARD in Arunachal Pradesh, Delhi, Punjab and Tripura, along with a slower rate of decline in some of the States/UTs. Further strengthening of the treatment and care services would accelerate the progress towards attaining the NACP-V target across all the States/UTs in India.

In 2023, 19.96 thousand pregnant women required EVTH-related services, only a 35% decline from 2010. A significant achievement is evidenced by 81% decline in ANI among children between 2010 and 2023. Mother-to-Child transmission rate was nearly 12% in 2023, an improvement from 41% in 2010. The States of Maharashtra (2.14 thousand), followed by Uttar Pradesh (2.10 thousand), Bihar (1.82 thousand), Andhra Pradesh (1.80 thousand), and Karnataka (1.66 thousand) had higher EVTH-related service needs, accounting for 49% of the total need in the country. Out of the 113 districts where at least 50 pregnant women needed EVTH-related services, 71 districts belonged to these five States.

Chapter 1 Introduction

Overview

The National AIDS and STD Control Programme (NACP) has adopted an evidence-based approach for programme planning, prioritization and resource allocation to navigate India's HIV response. A comprehensive understanding of the levels and patterns of the HIV epidemic is crucial to this approach. The fifth phase of NACP has envisaged the targets of 80% reduction in new infections and AIDS-related deaths by 2025 from 2010, and elimination of vertical transmission of HIV to realize the Sustainable Development Goal-3.3 of 'End of AIDS' by 2030. Hence, meaningful insights into the trends of HIV epidemic and its burden are also imperative to assess the progress towards these targets. Under the NACP, the Surveillance and Epidemiology (S&E) activities have been collecting epidemiological and behavioural data on at-risk population. In response to changing dynamics of the HIV epidemic and evolving programme needs, the S&E functions have evolved into the Integrated and Enhanced Surveillance and Epidemiology (IESE) with an expansive framework under NACP-V.

HIV sentinel surveillance is the flagship activity within the IESE framework of NACP which is carried out biennially to collect the epidemic data on HIV, STI, and related co-morbidities covering eight population groups and four biomarkers. Initiated in 1985 as sero-surveillance, the HIV surveillance system developed further to the HSS in 1998 which has gradually evolved under phases of NACP into one of the world's largest and comprehensive HIV surveillance system. Data collected by HSS and programme monitoring system capture the epidemiological traits underlying population groups across time, space, and location. Quantifying the epidemiological traits through the analysis of epidemic data using a robust method generates information critical to inform the evidence-based approach to design India's HIV response.

The World Health Organisation (WHO) and UNAIDS have advocated model-based HIV burden estimation as an integral activity within S&E system to inform policy formulation, programme implementation design, and resource allocation. In India, the HIV burden estimation process under the IESE framework analyses the updated programme and surveillance data using globally recommended modelling tool to provide levels and trend of the epidemic at national, State/UT and district levels, that are critical not only to prioritise programme and resources, but also to assess the impact of India's epidemic response.

HIV Burden Estimation

Estimation of HIV burden has been formulated as a key activity within the IESE framework under NACP-V. It became an integral part of the S&E activities under NACP since 1998 when the HSS was launched. It was being carried out periodically to provide latest evidence on the status of HIV epidemic at national and State/UT level. The HIV estimation has been carried out annually since the 2019 round of estimation. As the NACP activities are tailored to focus on the 'End of AIDS', monitoring the epidemiological indicators at district-level became critical for programme planning and tracking progress at more granular level. For the first time in India, district-wise HIV estimates were derived for five high prevalence States during the 2017 round of estimation. In 2019, district-level HIV estimates were generated for all the States/UTs providing a comprehensive understanding of the epidemic in 735 districts across the country. The HIV estimation is implemented using robust scientific methods following a rigorous consultative process under the oversight of NACO's institutional arrangements.

HIV estimation is carried out by NACO in collaboration with ICMR-NIRDHDS as the nodal technical body and the Regional Institutes. The consultative and iterative process is implemented and monitored under the guidance of the NACO's Sub-Group (HIV burden estimation), TWG (S&E) and TRG (S&E). Members of NACO's institutional structure for S&E activities is comprised of multi-disciplinary independent and institutional experts, representatives from NIs, RIs, State AIDS Control Society, along with UNAIDS, WHO, and other key partners of the national surveillance and estimation process. These national and international experts review and validate HIV estimation methods, data inputs, underlying assumptions, and results over a series of meetings and consultations.

The backbone of any estimation exercise is an efficient and robust modelling tool. The HIV estimates in 1998 were derived using the indigenous spreadsheet method. The process started using UNAIDS-recommended modelling tools to derive the estimates since 2006 for global compatibility. The Workbook and Spectrum-based method was adopted for 2006 and 2007 estimates. In 2008, the Estimation and Projection Package (EPP) and Spectrum-based method was adopted based on the recommendation of the UNAIDS Global Reference Group on HIV Estimates, Projections, and Modelling. EPP was integrated into the Spectrum package in 2011 to enhance user efficiency, and to ensure consistency in assumptions and inputs as well. Accordingly, the HIV estimates in India has been generated using the EPP-integrated Spectrum software since 2012.

HIV Estimates 2023: Objectives and Process

The 2023 HIV estimates is the latest in the series of HIV estimation rounds, which provide insights into the current levels and trends of the epidemic across States/UTs and districts in India. Using the latest programme and surveillance data, and the Spectrum 6.33 with updated assumptions and methods, the 2023 HIV estimates were generated adhering to a rigorous scientific process to realise the following objectives:

- To generate HIV estimates of the key epidemic indicators by age, sex, and key population: Adult HIV Prevalence (15-49 years), People Living with HIV (PLHIV), Annual New HIV Infections (ANI), AIDS-Related Deaths (ARD), and Need of Services for Elimination of Vertical Transmission of HIV (EVTH) at the national-level as well as for 34 States/UTs[1] and 762 districts therein.

- To analyse the epidemic patterns at geographical levels, understand key trends, and measure the progress towards the national targets envisaged under the NACP-V (2021-2026): achieving an 80% decline in the ANI and ARD by 2025-26 from 2010, and EVTH by 2025-26.

- To analyse the burden of the HIV epidemic at district level, and prioritize the districts based on key epidemic indicators to inform programme planning and resource allocation.

In 2023, the HIV estimation process was anchored by NACO in collaboration with ICMR-NIRDHDS and eight RIs, viz. AIIMS (Bhubaneshwar), AIIMS (Jodhpur), AIIMS (New Delhi), ICMR-NIE (Chennai), ICMR-NIRBI (Kolkata), ICMR-NITVAR (Pune), PGIMER (Chandigarh), and RIMS (Imphal). It was implemented under the guidance of the Sub-Group (HIV burden estimation), and subsequent oversight by the TWG (S&E) and TRG (S&E). The process started with the preparation of State/UT-specific Spectrum files and subsequent screening of the input data. Presentation on the data input and methods, using the Spectrum 6.33 package with latest updates on epidemiological assumptions and model parameters, was made by NACO, ICMR-NIRDHDS and eight RIs in the first meeting of the Sub-Group (HIV burden estimation), held during 15-16 February, 2024. Continued consultations with national and international experts were held over the course of subsequent meetings of the Sub-Group, TWG (S&E) and TRG (S&E). Table-1 lists the key steps in the process of implementing the 2023 HIV estimation activity under NACP-V.

This technical report on 2023 HIV estimates comprises of six chapters. First chapter introduces the objectives and process of implementing the 2023 round. Second chapter describes the data and methods used for generation of the estimates. Third chapter highlights the national results for key HIV indicators. Fourth and fifth chapters highlight the results on key HIV indicators for 34 States/UTs and 762 districts, respectively. Sixth chapter presents a discussion on the key findings. The report also includes nine annexures. Annexure 1 highlights the institutional arrangement for surveillance and epidemiology. Composition of the NACO's Sub-Group (HIV burden estimation), TWG (S&E) and TRG (S&E) are presented in the second to fourth annexures, respectively. Annexures 5 to 8 presents the 2023 HIV estimates on key epidemiological indicators at National as well as State/UT level, along with time-trends for adult prevalence, incidence rate, and mortality rate. Annexure 9 presents the factsheets of HIV estimates 2023 for each State/UT and its districts.

[1] For Jammu & Kashmir and Ladakh, combined estimates were generated. No HIV estimate was generated for Lakshadweep as there is no HSS site in this Union Territory.

Table 1: Key Steps in the HIV Estimation process, 2023

S. No.	Steps	Date
1.	First Meeting of the Sub-Group to discuss the timeline and process.	15-16 February, 2024
2.	Inputs data compilation, review and finalization	17 February – 6 March, 2024
3.	Creation of State/UT-wise projections, and their review	
4.	Second Meeting of the Sub-Group to review data input, curve fitting and draft findings	7 – 8 March, 2024
5.	Incorporation of feedback from the second Sub-group meeting into the State/UT-specific Spectrum models	9 March – 1 May, 2024
6.	Meeting of the TWG for presentation of the methods and results	2 May, 2024
7.	Incorporation of Inputs of feedback TWG and Preparation for the TRG	3 May – 23 May, 2024
8.	Meeting of the TRG for presentation of the method and estimates	24 May, 2024

Chapter 2 Data and Methods

The 2023 India HIV estimates utilize improved and robust methodologies informed by the latest data and updated modelling tool to chart the dynamics and consequences of the HIV/AIDS epidemic in India. This chapter narrates the methodologies and approaches, adopted by the Sub-group (HIV Burden Estimation) and subsequently validated by the TWG (S&E) and TRG (S&E), to generate the 2023 HIV estimates at national level as well as for 34 States/UTs and 762 districts.

Tool

India has been using UNAIDS-recommended modelling tools to derive HIV estimates since 2006 for global compatibility. The 2023 HIV estimates were generated using the Spectrum 6.33 version. Spectrum (Avenir Health, Glastonbury, Connecticut, USA) is designed as a modular suite of mathematical/statistical modelling tools to produce HIV impact estimates[2]. It is used by policy planners across the globe to track progress toward national/global goals and to optimize programme planning.

Spectrum contains the modules of DemProj and AIDS Impact Model (AIM). The EPP is integrated as a subcomponent into the AIM module to enhance user efficiency and also to ensure consistency in assumptions and inputs for curve fitting and estimations[3]. The DemProj module generates demographic projections for countries or regions. AIM is a compartmental model for projecting the epidemic burden, including PLHIV, ANI, ARD, EVTH-related service needs, and many other indicators of interest. AIM uses programme, survey and surveillance data, and it requires epidemiological assumptions and parameters on patterns of progression, mortality, incidence, and fertility which are informed by the findings from global scientific studies (see Figure 1).

Modelling tools in Spectrum have evolved continually in response to emerging data, changing epidemiology and transmission dynamics, and other new strategic information. As recommended by the UNAIDS Reference Group on Estimates, Modelling and Projections, the models and assumptions undergo regular updates based on the evidence from recent data and epidemiological studies that has led to the development of robust and efficient versions of the Spectrum software. Publications on the details about updates in the Spectrum models and assumptions can be found here[4]. Details about updates on the

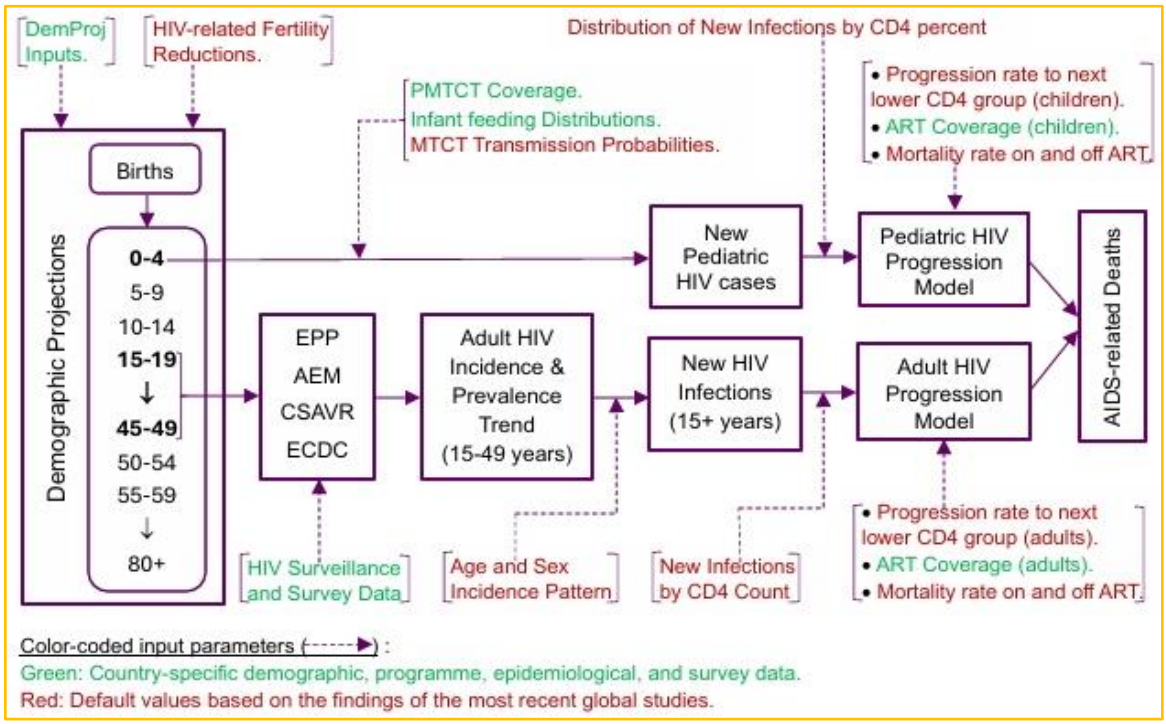
[2] http://www.avenirhealth.org/software-spectrum.php

[3] Stover J, Brown T, Marston M. Updates to the Spectrum/Estimation and Projection Package (EPP) model to estimate HIV trends for adults and children. *Sex Transm Infect*. 2012 Dec;88(Suppl_2):i11-6.

[4] https://epidem.org/publications-reports/

methodological developments of models under the EPP can be sourced from this article[5]. As compared with the Spectrum version 6.24 used during 2022 estimation, the most crucial update in the Spectrum 6.33 is the revised inputs for the parameter – 'annual probability of HIV mortality on ART'. These revised inputs were based on the findings from the analyses of the recent data from the International Epidemiology Databases to Evaluate AIDS (IeDEA) consortium[6].

Figure 1: An illustration of the framework of the Spectrum AIM Module



Method: National and State/UT-level Estimation

The Sub-Group creates State/UT-specific Spectrum models to generate results on key epidemic indicators for each State/UT. National level results are obtained by aggregating the State/UT models using the 'Aggregate' tool in Spectrum. At the start of the estimation process, the final Spectrum files from the last round are referred and then updated in the latest version of the Spectrum software by adding latest available data on demographic, surveillance and programme inputs.

During the 2023 HIV estimation, final Spectrum files of 34 States/UTs from 2022 round were opened in Spectrum 6.33. Final Spectrum models for the current round were developed by updating the 2022 models with latest data inputs and then executing curve-fit to generate the estimates and projections. The timeline for the epidemic projection was

[5] Eaton JW, Brown T, Puckett R, et al. The Estimation and Projection Package Age-Sex Model and the r-hybrid model: new tools for estimating HIV incidence trends in sub-Saharan Africa. AIDS. 2019 Dec;33(Suppl 3):S235-S244.
[6] Stover J, Glaubius, R. Methods and Assumptions for Estimating Key HIV Indicators in the UNAIDS Annual Estimates Process. *Journal of Acquired Immune Deficiency Syndromes*. 2024 Jan;95(1S):e5-e12

set from 1981 to 2036, which was a significant update from the 2021 round. Methods and approaches used to arrive at the final State/UT-specific Spectrum models for the 2023 round are narrated in the following sections.

Updating Demographic Projections in the DemProj

The DemProj module uses the cohort component model for population projection using the latest data on input parameters, viz. base year population size by age and sex, total fertility rate, age-specific fertility rate, sex ratio at birth, life expectancy at birth by sex, model life tables by age and sex, and net migration. Key sources for these data are Census of India, Sample Registration System (SRS) and National Family Health Survey (NFHS). Population sizes by age and sex are smoothed using the Strong's Method for each census year before feeding into DemProj to reconcile the Spectrum projections with the Census values. Inputs for other parameters are estimated and projected for the period 1981-2036 using demographic calculation methods, such as the Gompertz' Model, the Reverse Survival Ratio Method, Life Table, and the Indirect Residual Method.

The first step in the estimation process is to incorporate the input relevant for updating demographic projections for each of the 34 States/UTs. The latest updates on demographic projections were performed during 2021 as well as 2022 based on the latest available data from Population Projection (2011-2036) by the National Commission on Population, SRS 2020 report, and NFHS-V report. In the absence of any new data inputs, no update was made in DemProj and the population projections from the previous round have been carried forward to the current Spectrum files.

Updating Input Data in the AIM Module

Since no update was required in the demographics, last round's Spectrum files were opened in Spectrum 6.33 and updated with the latest input under AIM module. Details on the input parameters under various menus of AIM module are presented below.

Eligibility for Treatment: Eligibility criteria for adults and children were adopted as the same from previous round wherein CD4 count based thresholds were used prior to 2017, and anyone diagnosed with HIV was eligible for treatment since 2017.

Program Statistics: Parameters under this menu are informed by the HIV treatment and testing programmes, and require year-wise input values for the full projection period. NACO provides the relevant programme data captured under the Strategic Information Management System of NACP. Each of the 34 Spectrum files already included programme data on all the parameters till 2022. Input on the number of HIV-positive pregnant women seeking EVTH-related services and children on ART during 2023 were added to each Spectrum file. In addition, the number of adult male and female PLHIV on ART in 2023 was also updated. ART coverage was projected for future years (2024-2036) by applying linear scale-up of the last couple of observations and then retaining at 95% coverage once reached.

A significant update under this menu was the newly estimated input values for two of the EVTH-related parameters, viz. – 'ART retention rate among HIV positive pregnant women at the time of delivery' and 'Breastfeeding practices among HIV positive mothers'. Updated estimates for 2023 were obtained by analyzing the data collected through Global Fund-supported projects under NACP. Past estimation rounds used the default Spectrum values as the input for both the parameters.

For the 'ART retention rate', current Spectrum files retained the default values till 2018 (75/80%) for both categories (ART started before the current pregnancy/ART started during the current pregnancy), and new estimates (94/97%) based on India-specific data were entered for 2023 and future years (see the box below). Input values for 2019 to 2022 were obtained by linear interpolation between 2018 and 2023.

Percentage of ART retention at delivery among pregnant women who started on ART	Default value till 2018	Default value for 2019	New input from 2023
• before the current pregnancy	75%	85%	97%
• during the current pregnancy	80%	80%	94%

'Breastfeeding practices' among HIV-positive mothers (both on-ART and not on-ART) were considered as same as that of HIV negative mothers during previous estimation rounds. Analysis of India-specific data revealed differential feeding practices contrary to the default assumption, and the input data on feeding practices were updated accordingly in the 2023 Spectrum files.

Advanced Options: Here, Spectrum models require inputs on epidemiological parameters pertaining to MTCT transmission probabilities, HIV progression rate, Distribution of new infections by CD4 count, HIV-related mortality with and without ART, and HIV-related fertility reductions. Inbuilt values in AIM module are informed by the outputs from global scientific research. During the 2023 round, default inputs in the Spectrum 6.33 version were not altered.

Epidemic Configuration: Akin to the past estimation exercises, epidemic was defined as concentrated for all the States/UTs. The epidemic was configured to include key population (KP) groups and associated risk behaviors. General Population (GP) has been already factored into configuration in all the States/UTs since 2008. Table 2 lists representation of the HRG populations across 34 States/UTs during 2023.

Population sizes for HRGs are informed by the Programmatic Mapping and Population Size Estimation (PMPSE) exercise conducted by the NACO. The latest round of PMPSE was conducted during 2022, which has already been used to update the HRG sizes in 34 States/UTs during the 2022 HIV estimation. Percent distributions of population sizes were calculated based on the outcomes of 2009 PMPSE for FSW, IDU and MSM (for H/TG group, percent distribution was based on 2012 population size estimates) and kept constant

historically till 1981. It was then interpolated between 2009 to 2022 for FSW, IDU and MSM (for H/TG group, interpolation was done from 2012 to 2022), after which population sizes were kept constant for the period 2022 to 2036. KP sizes used during the last round, along with the turnover for IDU & FSW, and State/UT-specific percentages of male IDUs were kept unaltered in the current Spectrum model for each State/UT.

Table 2: Population Sub-Groups represented in States/UTs in 2023

S. No.	State/UT	GP	MSM	FSW	IDU	H/TG
1	Andaman and Nicobar Islands	√				
2	Arunachal Pradesh	√	√	√	√	
3	Bihar	√	√	√	√	
4	DNH&DD	√				
5	Himachal Pradesh	√	√	√	√	
6	J&K and Ladakh	√		√	√	
7	Meghalaya	√	√	√	√	
8	Mizoram	√	√	√	√	
9	Nagaland	√	√	√	√	
10	Puducherry	√	√	√		√
11	Sikkim	√		√	√	
12	Tripura	√	√	√	√	
13	Remaining States/UTs	√	√	√	√	√

Surveillance Data: The input options under this menu are – HIV Data and Surveys.

'HIV Data' option represent the epidemic prevalence in sub-population aged 15-49 years. Inputs within HIV Data option are informed by adult HIV positivity reported by the Programme under the HSS. HSS is a flagship activity within the IESE framework under NACP-V, which is implemented biennially among the HRGs (FSW, IDU, MSM, and TG) and ANC attendees. ANC sentinel surveillance is the primary data source for HIV prevalence among the GP. Next input is the prevalence data from HIV routine testing among ANC attendees that are available from the NACO's Stand-alone ICTCs. The last parameter is the HIV positivity statistics among the HRGs captured from the TI programme under the NACP.

2023 Spectrum files for each State/UT already included historical prevalence data from the programme and HSS for all the population groups till 2021. These past data points were reviewed again to screen out any inconsistencies in the light of any new information from the programme, or any data-entry error. During the current round, the following updates were made for 2023 in the input options under this section.

- HIV prevalence from the HSS-2023 among pregnant women visiting ANC.
- Routine HIV testing data among ANC attendees from 2017 to 2023.

- HRG-specific HIV positivity data from the TI programme in 2023.

'Surveys' option represents HIV prevalence reported by nationally representative large-scale population-based surveys. When included as input, survey values are treated as an additional data series in curve-fit to inform the model and offset any systematic bias in ANC data relative to survey prevalence. In India, NFHS-3 and NFHS-4 report the HIV prevalence among adults (15-49 years), while the IBBS (2014-15) provides the same for HRGs. No survey data was entered in 'Surveys' option for any sub-population in 2023 Spectrum models, aside from twelve States (Andhra Pradesh, Arunachal Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, Punjab, Rajasthan, Tamil Nadu, Telangana, Tripura, and Uttar Pradesh) where NFHS prevalence (with standard error) were included for the GP group. This update was as per the recommendations arising out of the review of draft estimates vis-à-vis programme data and local epidemic intelligence by the Sub-Group and TWG (S&E).

The final menu 'Age/Sex pattern' has two input parameters: 'Sex ratio of 15-49 incidence' and 'IRR (15+ years) by age/sex'. Input values from the last Spectrum models were retained for the 2023 round for all States/UTs.

Curve Fitting and Calibration

After finalizing all the updates for relevant input under DemProj and AIM modules in each State/UT-specific Spectrum file for 2023, adult HIV prevalence (15-49 years) curves were generated for all the population groups. Model parameters required in the curve fitting algorithm retained the same values as those used during the last round. In 'Project' section of Curve Fitting option, R-hybrid model was fitted to estimate and project the HIV prevalence for GP in States where adequate number of data-points are available from 10 or more HSS-ANC sites, and EPP Classic model was applied for GP in rest of the States/UTs. For those States where prevalence data from NFHS were included as survey input, these data points were also used in curve fitting to get an appropriate reflection of regional prevalence in the best-fit curves for GP. For HRG population, EPP Classic model was used to estimate the respective prevalence curves without fitting any survey data in all States/UTs.

Post-fitting, in the 'Calibration' section, best-fit HIV prevalence curves for HRGs were adjusted to IBBS (2014-15) prevalence to align the final curves to actual prevalence trend in these populations. Also, following the recommendations of TWG (S&E) and TRG (S&E), the GP prevalence curve was adjusted to the HIV prevalence data from NFHS-4 for all States/UTs except Arunachal Pradesh, Punjab, Rajasthan, and Tripura.

Final Model, Uncertainty Analysis and National Result

Incidence trend for adult (15-49 years) population was derived from the final calibrated prevalence curve and further disaggregated by age and sex applying the input from 'Age/Sex pattern'. Next, AIM fitted a transition survival model using input values of transition parameters under the 'Advanced option' menu to track disease progression and

then re-processed the projection of the epidemic to generate point estimates for various HIV indicators for 2023.

Results on the key epidemic indicators were reviewed and validated in the light of programme data and local intelligence from each State/UT. Recommendations from the experts, if any, were incorporated in the Spectrum files before repeating the curve fitting and AIM process. This iterative process was continued till optimum results were obtained.

Following these approaches and methods, final Spectrum models were developed for each of 34 States/UTs. Subsequently, plausibility bounds around the estimates of the HIV indicators were determined using the 'Uncertainty Analysis' tool in Spectrum, which applies a Monte Carlo method of resampling 1000 projections using randomly selected values from the distributions around all key inputs. In the last step, all the final Spectrum models with uncertainty bounds were combined using the 'Aggregate' tool to arrive at the HIV estimates for India in 2023.

Method: District-level Estimation & Prioritization

The final State/UT-specific Spectrum files prepared for the 2023 HIV estimation have been used as the base files to generate the district-level HIV estimates in 2023 to maintain consistency. These files already had inputs on demographics and treatment coverage, and data on required epidemiological parameters on progression, mortality, incidence and HIV-related fertility as well. Curve fitting and result generation follow same approaches as narrated in the preceding sections. Key steps followed to derive district-level HIV estimates are summarised as follows.

Step 1: Districts in each State/UT were grouped by regions based on the established administrative divisions. Then, district-wise adult population (14-59 years) for the GP and HRG were consolidated in a spreadsheet based on the data availability. Population projections from Spectrum for different years were available only at State/UT level. To derive the adult population of a district for the projection years, percentage contribution of a district to state adult population was computed using the 2011 Census data and then this proportion was applied to the Spectrum-projected state population.

A sub-population for each HRG was created within a district if population size for a HRG was available from the PMPSE exercise. For each HRG, proportion to district adult population was calculated for the PMPSE year, and this proportion was then applied across the projection years to estimate the HRG sizes for the concerned district. GP size for a district was derived by subtracting aggregated HRG sizes from the total adult population.

Step 2: District-wise data collected during HSS and routine HIV testing among ANC attendees were consolidated in the spreadsheet. Prevalence data for a sub-population was considered adequate to inform the curve-fit if there was either at least 1 HSS site with minimum 3 data points or 2 HSS sites each with minimum 2 data points in a district. Otherwise, HSS data from the region or neighbouring districts were borrowed

to ensure that all subpopulations were represented as much as possible. While borrowing, if the district had inadequate data points, the prevalence data available for the district was inflated to give it more weightage as compared to the borrowed data during the EPP process.

Step 3: Now, the final Spectrum file for a State/UT was taken up for district-wise data input. The entire demographic projections were kept unchanged. In AIM module, 'Programme statistics' and the default inputs for the epidemiological parameters in 'Advanced option' were not altered. The epidemic configuration in the State/UT file in Spectrum 6.33 was updated with each district added as a sub-epidemic and sub-populations were created within each sub-epidemic. Then, sub-population sizes from Step-1 were entered into the Spectrum for each sub-epidemic. Input for proportion of male IDU, and turnover years for FSW and IDU were same as the concerned State/UT for all districts.

Step 4: Next, data prepared in Step-2 from HSS and ANC routine testing were entered in the 'Surveillance data' option in Spectrum file. Data available from the TI programme were also entered to inform the epidemic curve.

Step 5: EPP Classic was chosen for the curve fitting process in the district-level estimation. Once the AIM module fits the progression model to the EPP-estimated HIV incidences, district-wise estimates for a State/UT were extracted from the sub-population summary in the result section of Spectrum. The estimates were then used to calculate the relative burden of key HIV indicators (viz. numbers of PLHIV, ANI, ARD and EVTH-related service need) for each district in a State/UT. For each key indicator, the approved 2023 estimate of a State/UT was divided among its districts as per their respective relative burden.

Step 6: In the final step, districts were prioritized as 'High/Moderate/Low/Very Low' based on the estimates of adult (15-49 years) HIV prevalence and PLHIV size. These two indicators were considered to ensure that the contexts of both epidemiological and programmatic needs informed the district prioritization. The criteria used for the district prioritization is mentioned in Table 3 below.

Table 3: Criteria for District Prioritization, 2023

Priority Level	Description
High	Adult prevalence ≥1.0% or PLHIV size ≥5000
Moderate	0.40% ≤ Adult prevalence <1.0% or 2500≤ PLHIV size <5000
Low	0.20%≤ Adult prevalence <0.40% or 1000≤ PLHIV size <2500
Very Low	Adult prevalence <0.20% or PLHIV size <1000

Results from the 2023 HIV estimation process reflecting the levels and trends of adult prevalence, PLHIV, incidence, ARD and EVTH-related service need have been presented in this report. However, it is important to take cognizance of the fact that the 2023 HIV estimates were generated – first, using the latest Spectrum tool in which improvements and updates are incorporated based on the most recent science and understanding of the epidemic; second, with latest data inputs from surveillance and programme; and lastly, by making adjustment in the modelling approach to account for newer data and local epidemiological contexts. As a result, trend of HIV prevalence and incidence might take a slightly different trajectory over the past years. Hence, following UNAIDS' recommendation that the results from previous rounds cannot be compared with the results from the latest round[7], the HIV estimates 2023 replace estimates from previous rounds and shall be used for all comparisons until results from the next round of estimation is made available. This is why a new full historical set of estimates has been created and presented in the next chapter to enable a more accurate understanding of the epidemic in the context of emerging new data and local intelligence.

[7]https://www.unaids.org/en/dataanalysis/knowyourresponse/HIVdata_estimates

Chapter 3 National HIV Estimates

This chapter illustrates the National HIV epidemic by providing the estimates for key epidemic indicators: Adult HIV Prevalence (15-49 years), Number of PLHIV, New HIV Infections, AIDS-related Deaths, and Need of Services for EVTH.

Table 4: Summary of the HIV/AIDS Epidemic in India, 2023

Indicator	Category	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.20 (0.17-0.25)
	Male	0.22 (0.18-0.27)
	Female	0.19 (0.16-0.23)
Number of People Living with HIV (in Lakh)	Total	25.44 (21.68-30.38)
	Adult (15+ years)	24.81 (21.15-29.61)
	Women (15+ years)	11.22 (9.56-13.32)
	Children (<15 years)	0.63 (0.51-0.79)
	Young people (15-24)	1.63 (1.27-2.17)
HIV Incidence per 1,000 Uninfected Population	Total	0.05 (0.03-0.08)
	Male	0.06 (0.04-0.09)
	Female	0.04 (0.03-0.07)
Number of New HIV Infections (in Thousand)	Total	68.45 (45.85-107.08)
	Adults (15+ years)	66.11 (44.41-102.86)
	Women (15+ years)	27.04 (18.10-42.16)
	Children (<15 years)	2.35 (1.37-4.34)
	Young people (15-24)	16.19 (10.76-25.28)
Change in New HIV Infections since 2010 (%)	Total	-44.23
	Adults (15+ years)	-39.94
	Female (15+ years)	-41.01
	Children (<15 years)	-81.45
	Young people (15-24)	-46.99
AIDS-related Deaths per 1,00,000 Population	Total	2.61 (1.77-3.95)
	Male	3.39 (2.37-4.94)
	Female	1.78 (1.01-3.00)

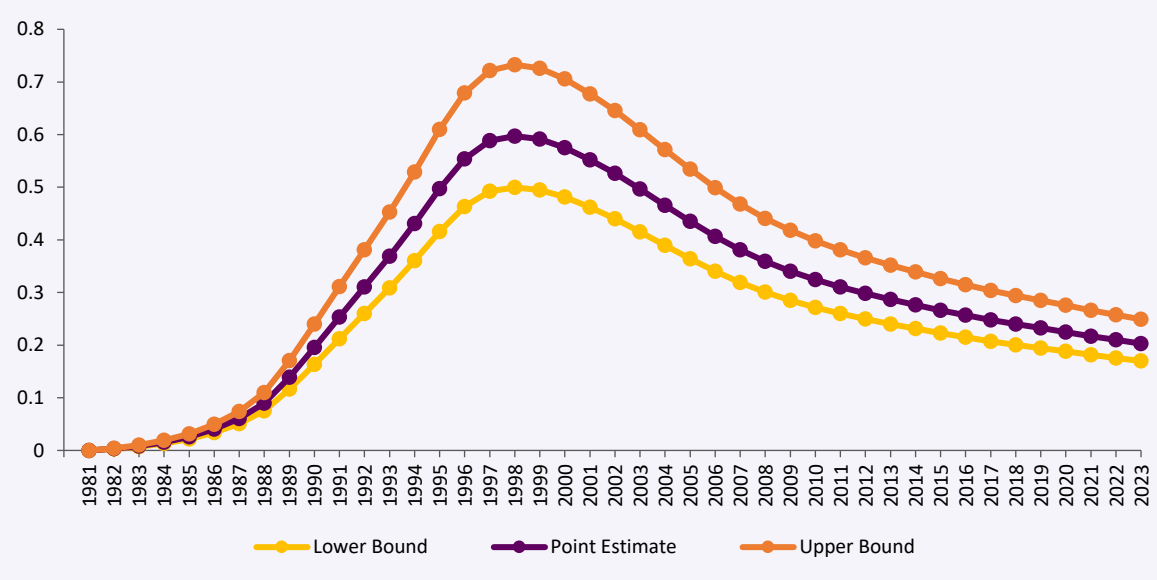
(*Continued*)

Indicator	Category	Value
Number of AIDS-Related Deaths (in Thousand)	Total	35.87 (24.32-54.40)
	Adults (15+ years)	34.68 (23.56 - 52.26)
	Women (15+ years)	11.32 (6.44 - 19.09)
	Children (<15 years)	1.19 (0.60 - 2.45)
	Young people (15-24)	0.90 (0.56 - 1.47)
Change in AIDS-Related Deaths since 2010 (%)	Total	-79.26
	Adults (15+ years)	-78.57
	Female (15+ years)	-81.64
	Children (<15 years)	-89.29
	Young people (15-24)	-76.30
Need of Services for EVTH (in Thousand)	Total	19.96 (16.40-24.74)
Final MTCT Rate of HIV (%)	Total	11.75 (7.93-17.66)

Adult HIV Prevalence (15-49 years)

Figure 2 highlights the time trend of the estimated National HIV prevalence for adults (male and female together) of 15-49 years of age during the period 1981-2023. The adult HIV prevalence has been maintaining a declining trend since an estimate of 0.60% in 1998 and has been stabilizing in recent years. In 2010, the estimated adult prevalence was 0.32% which further underwent a 37% decline over next 13 years to an estimated 0.20% prevalence in 2023. HIV prevalence among adult women has declined to 0.19% in 2023 from 0.27% in 2010, whilst it has declined to 0.22% in 2023 from 0.37% in 2010 among adult men.

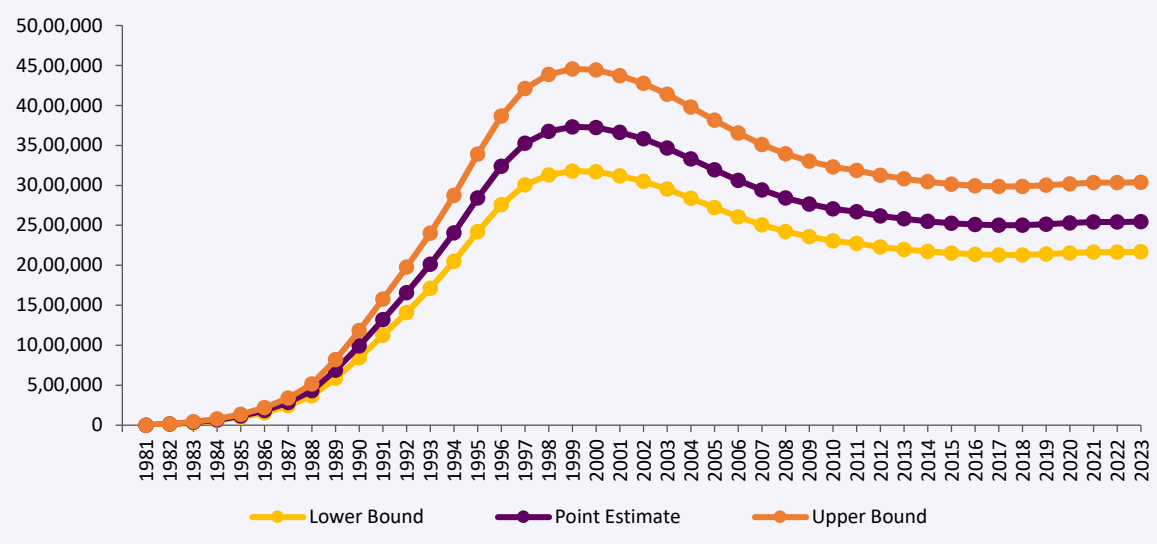
Figure 2: Estimated Adult HIV Prevalence (%) in India (1981-2023)



Number of People Living with HIV

In 2023, 25.44 lakh people were estimated to be living with HIV in India, out of which 55% were male PLHIV. Figure 3 shows that the indicator has been maintained around the same level for the last ten years. Adult (15+ years) women accounted for 44% (11.22 lakhs) of the estimated total PLHIV burden in 2023, while nearly 3% (0.63 lakhs) of total PLHIV cases were among children (0-14 years). Young people (15–24 years) were estimated to account for 6% (1.63 lakhs) of the total PLHIV cases.

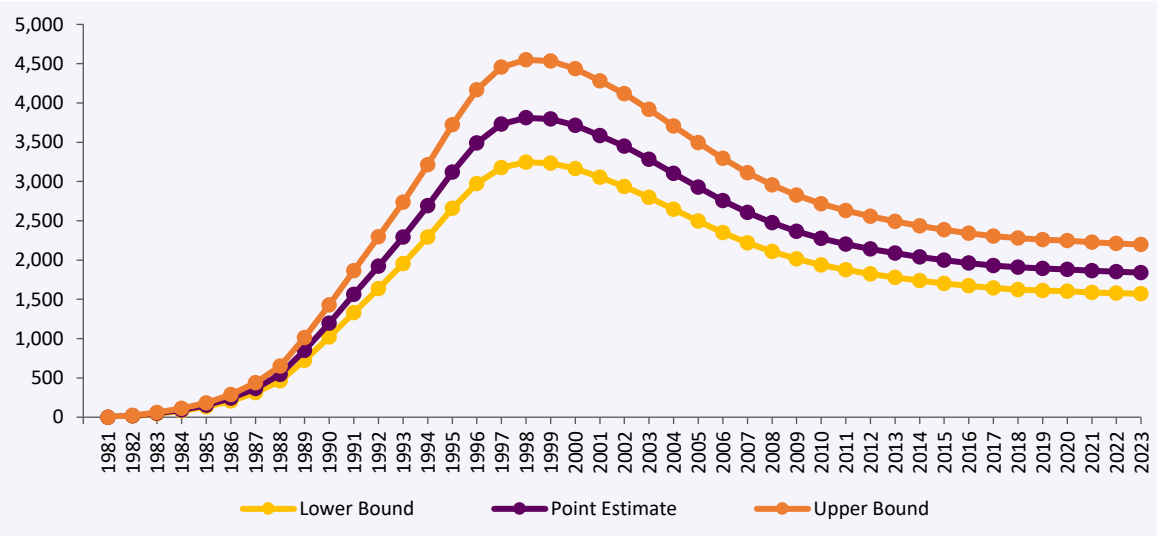
Figure 3: Estimated Number of PLHIV in India (1981–2023)



Number of PLHIV per Million Population

The estimated number of PLHIV per million population has declined since the peak estimate of 3,810 in 1998 (Figure 4). In 2023, it was estimated to be 1,841 PLHIV per millions which has been largely stable since 2010 when its estimate was 2,276.

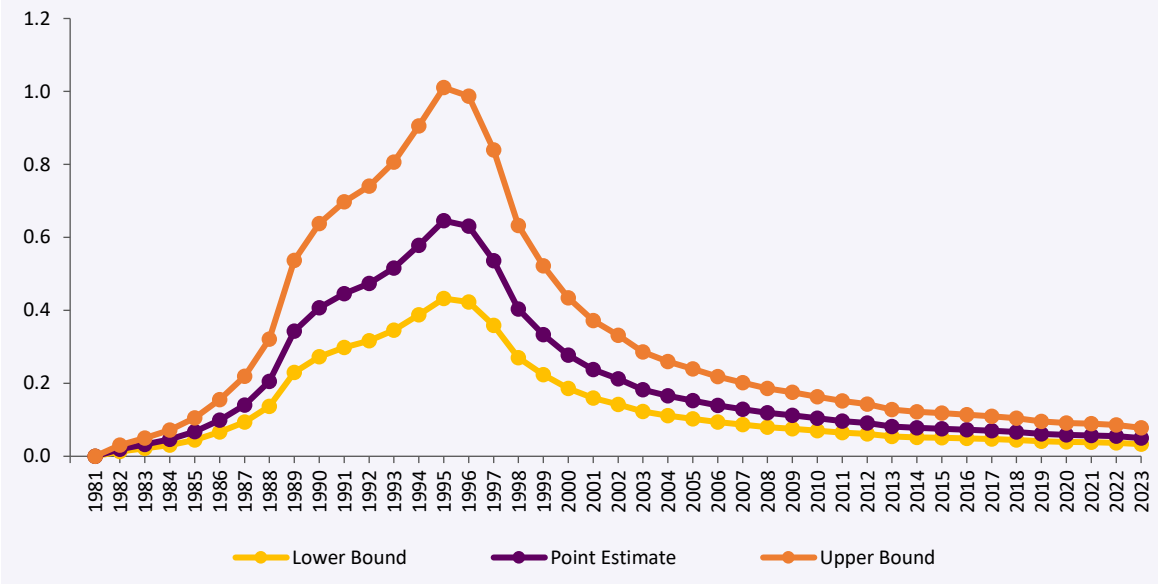
Figure 4: Estimated Number of PLHIV per Million Population in India (1981–2023)



HIV Incidence per 1,000 Uninfected Population

Figure 5 highlights that the HIV incidence per 1,000 uninfected population in India has been maintaining a declining trend since an estimate of 0.65 in 1995. In 2023, the estimated incidence rate was 0.05, which was a 52% decline from the incidence rate of 0.10 in 2010. HIV incidence per 1,000 uninfected female population has reduced to 0.04 in 2023 from 0.09 in 2010, whilst it has declined to 0.06 in 2023 from 0.12 in 2010 among men.

Figure 5: Estimated HIV Incidence per 1,000 Uninfected Population in India (1981-2023)

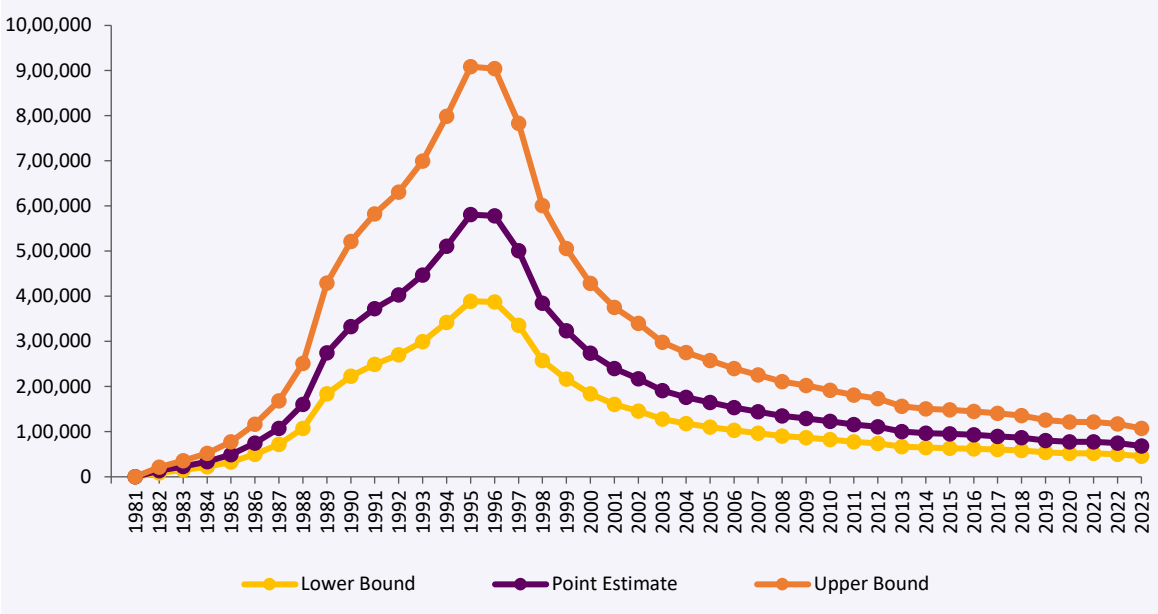


Number of Annual New HIV Infections

The number of new HIV infections is a key indicator to assess the impact of various prevention efforts, and to measure progress towards NACP-V goals. In India, an estimate of 68.45 thousand individuals newly acquired the HIV infection in 2023, and almost 59% (40.29 thousand) of these new infections were estimated to be among men. Adult female (15+ years) accounted for nearly 40% (27.04 thousand) of the total ANI, while 3% (2.35 thousand) of ANI were found among the children (0-14 years). Among the young people (15–24 years), around 16.19 thousand individuals were estimated to be newly infected with HIV in 2023.

Figure 6 highlights the declining trend in new HIV infections since the peak in 1995 to an almost 79% reduction in 2010, after which the new infections further declined by 44% in 2023. The decline in ANI among adult female and children since 2010 were estimated to be 41% and 81% respectively.

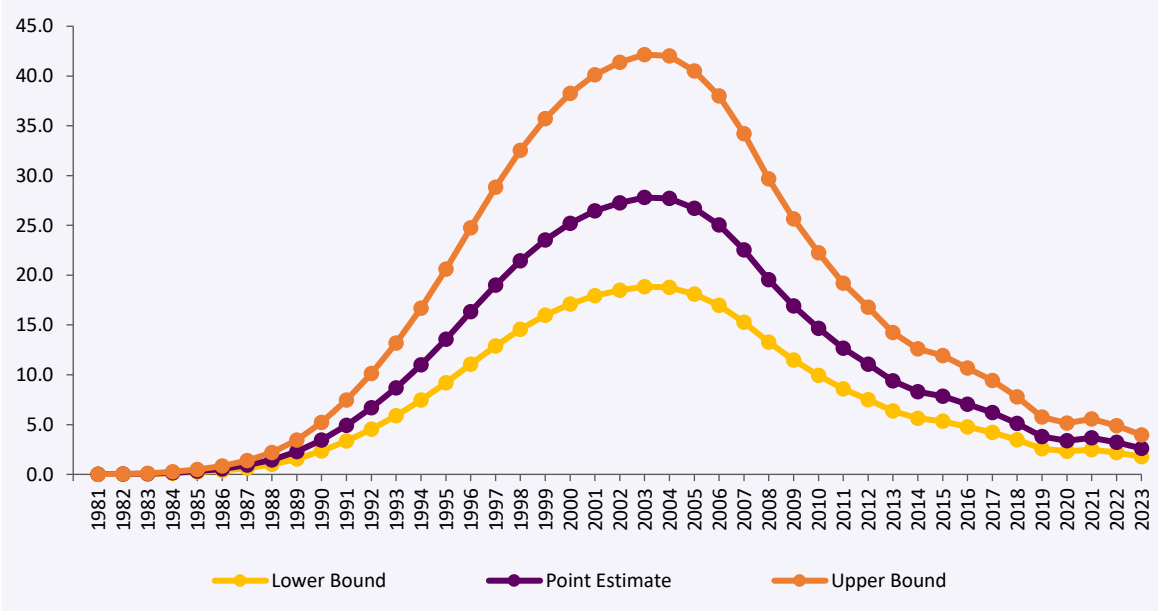
Figure 6: Estimated Number of Annual New HIV Infections in India (1981-2023)



AIDS-related Deaths per 1,00,000 Population

Figure 7 shows the declining trend with an estimated 27.71 ARD per 1,00,000 population in 2004 to 14.67 in 2010. It reduced by 82% since 2010 to an estimate of 2.61 ARD per 1,00,000 population in 2023. Among 1,00,000 female population, it has declined to 1.78 in 2023 from 11.71 in 2010, whilst it has declined to an estimated 3.39 ARD in 2023 from 17.45 in 2010 among men.

Figure 7: Estimated AIDS-related Deaths per 1,00,000 Population in India (1981-2023)



Number of Annual AIDS-related Deaths

Rapid scale-up of free, client-centric and high-quality care and treatment services has been the hallmark of India's HIV response since its launch in 2004. A key objective of the "Test and Treat" policy is the prompt initiation of ART on diagnosis among PLHIV and preventing mortality and onward transmission of HIV. In 2023, an estimated 59.31 thousand PLHIV succumbed to death in India, out of which 35.87 thousand (60%) were AIDS-related deaths. Among the adult (15+ years) PLHIV, 34.68 thousand died due to AIDS-related causes and around 33% (11.32 thousand) of these dead PLHIV were adult women. The number of ARD among children (0-14 years) and young people (15–24 years) were estimated to be 1.19 thousand and 0.90 thousand, respectively, in 2023. Figure 8 highlights the declining trend in ARD since 2004.

Figure 8: Estimated Number of Annual AIDS-related Deaths in India (1981-2023)

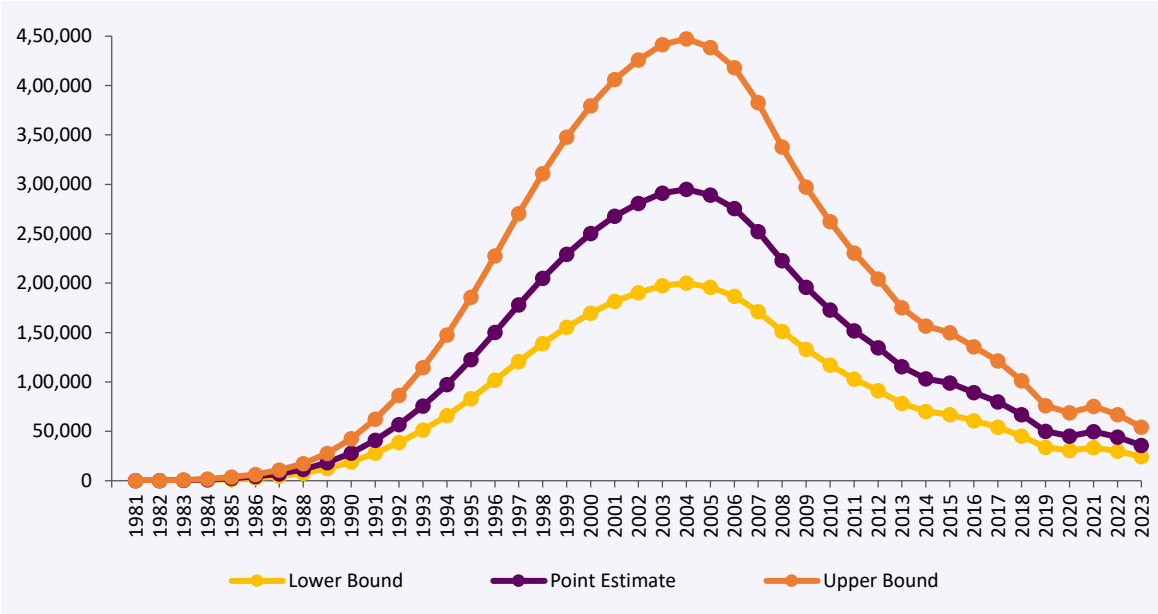
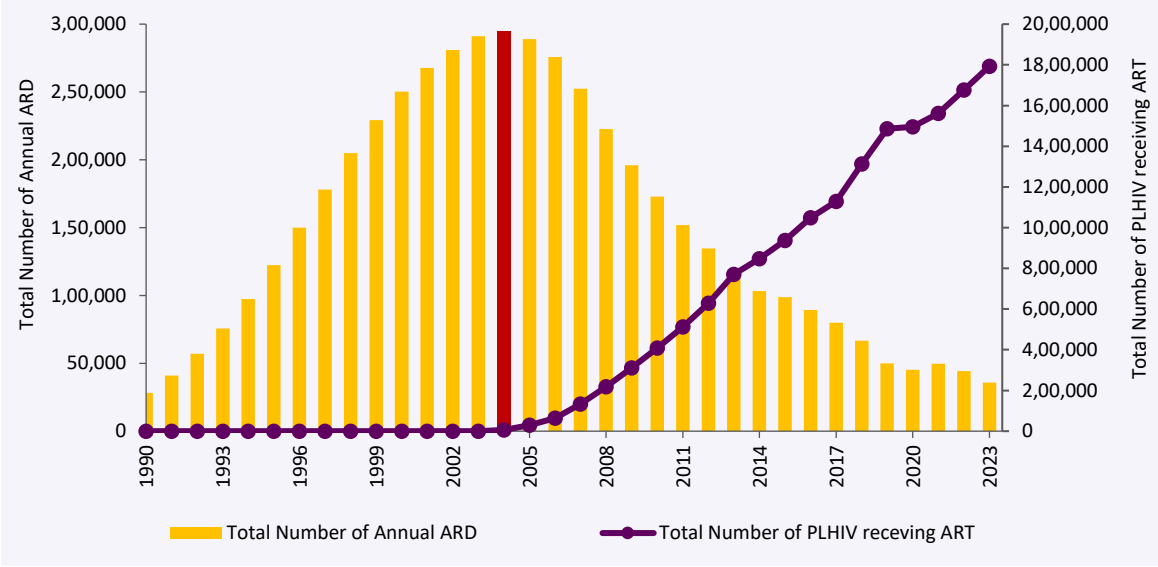


Figure 9 shows that the HIV estimates 2023 reflects the rapid decline in AIDS-related deaths as ART coverage expanded post implementation of free ART program in 2003-04 under NACP. There was an 88% drop in the estimated ARD during 2023 since the peak estimate of 294.94 thousand deaths in 2004. The total AIDS-related mortality in 2023 declined by 79% from an estimated 172.93 thousand deaths in 2010. The rate of decline was 76% and almost 79% among the young (15-24 years) and adult population, respectively. The estimated number of ARD reduced rapidly since 2010 at the rate of 89% and almost 82% among children and adult women, respectively.

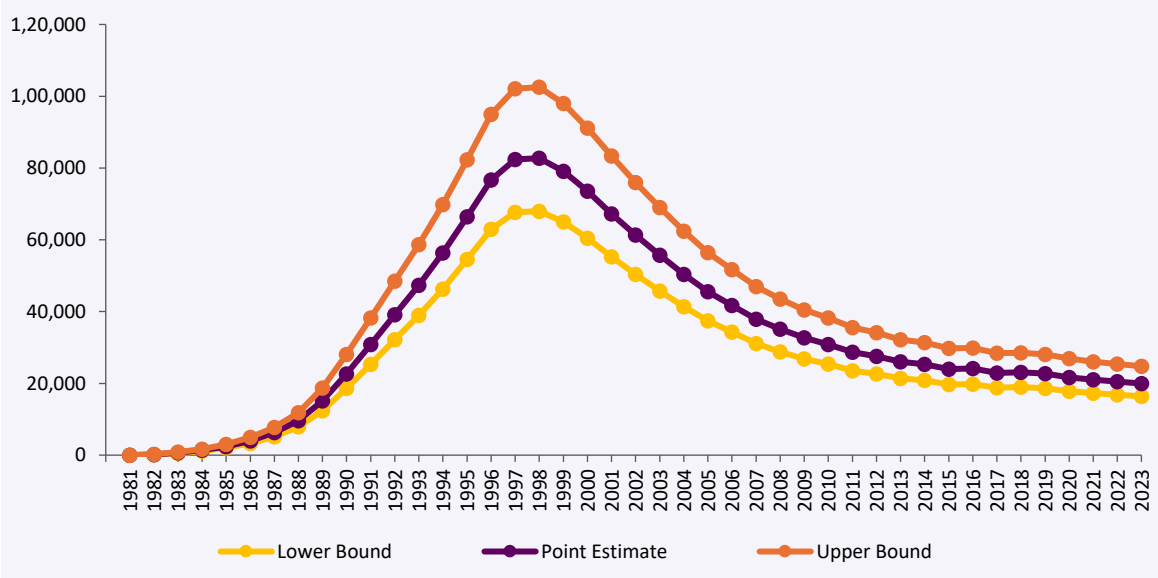
Figure 9: Estimated Number of AIDS-related Deaths and ART Uptake (1990-2023)



Need of Services for EVTH

Number of pregnant women in need of EVTH-related services throws insights into the success of concerted efforts to expand testing and treatment services among pregnant women. Thus, estimated need of EVTH-related services along with the final Mother to Child Transmission rate are the two key indicators to measure the progress towards NACP-V goal of attaining EVTH by 2025-26. Figure 10 reflects the declining trend in the need for EVTH-related services in India since the peak estimate in 1998. In 2023, an estimated 19.96 thousand pregnant women required EVTH-related services which was a 35% decline from an estimate of 30.86 thousand in 2010. The estimate of final MTCT rate (that includes the breastfeeding period as well) in India was nearly 12% in 2023, which was 41% in 2010.

Figure 10: Estimated Need of Services for EVTH in India (1981-2023)



Chapter 4 State/UT-level HIV Estimates

This chapter highlights the levels and trends of the HIV epidemic across States/UTs in India based on the HIV Estimates 2023 of: Adult HIV prevalence (15-49 years), PLHIV, New HIV Infections, AIDS-related Mortality, and Need of Services for EVTH. Key results, by age group and sex, for each State/UT have been presented in the Annexure 9.

Adult HIV Prevalence (15-49 years)

Mizoram had the highest estimated adult HIV prevalence of 2.73% in 2023, followed by Nagaland (1.37%), and Manipur (0.87%). Other States with HIV prevalences higher than 0.40% were Andhra Pradesh (0.62%), Telangana (0.44%), Meghalaya (0.43%), Karnataka (0.42%), and Punjab (0.42%). Tripura, Delhi, Goa, Maharashtra, Chandigarh, Arunachal Pradesh, Haryana, and Tamil Nadu were the other States/UTs with the estimated adult prevalence greater than the national prevalence (0.20%). Gujarat, Puducherry, DNH&DD, Chhattisgarh, Andaman and Nicobar Islands, Bihar, Assam, Uttarakhand, Rajasthan, Odisha, Himachal Pradesh, Sikkim, Uttar Pradesh, and Madhya Pradesh had the estimated adult prevalence within the range of 0.10% to 0.20%. West Bengal, Jharkhand, J&K and Ladakh, and Kerala had adult HIV prevalence of less than 0.10% (see Figure 11).

Figure 11: State/UT-wide Adult HIV Prevalence (%) in India, 2023

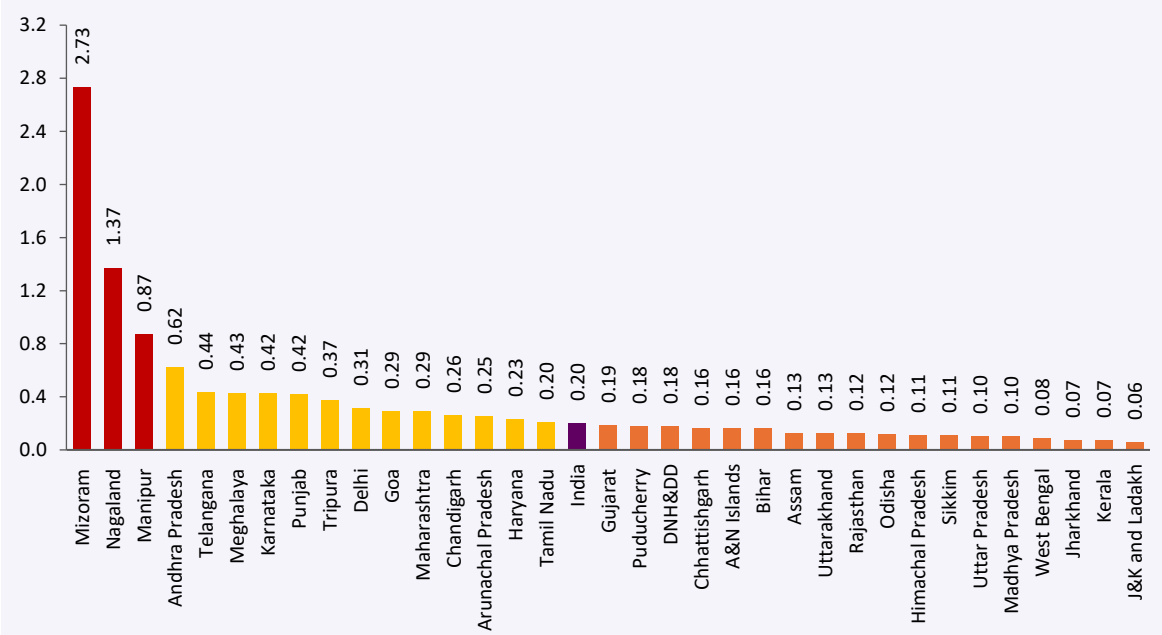
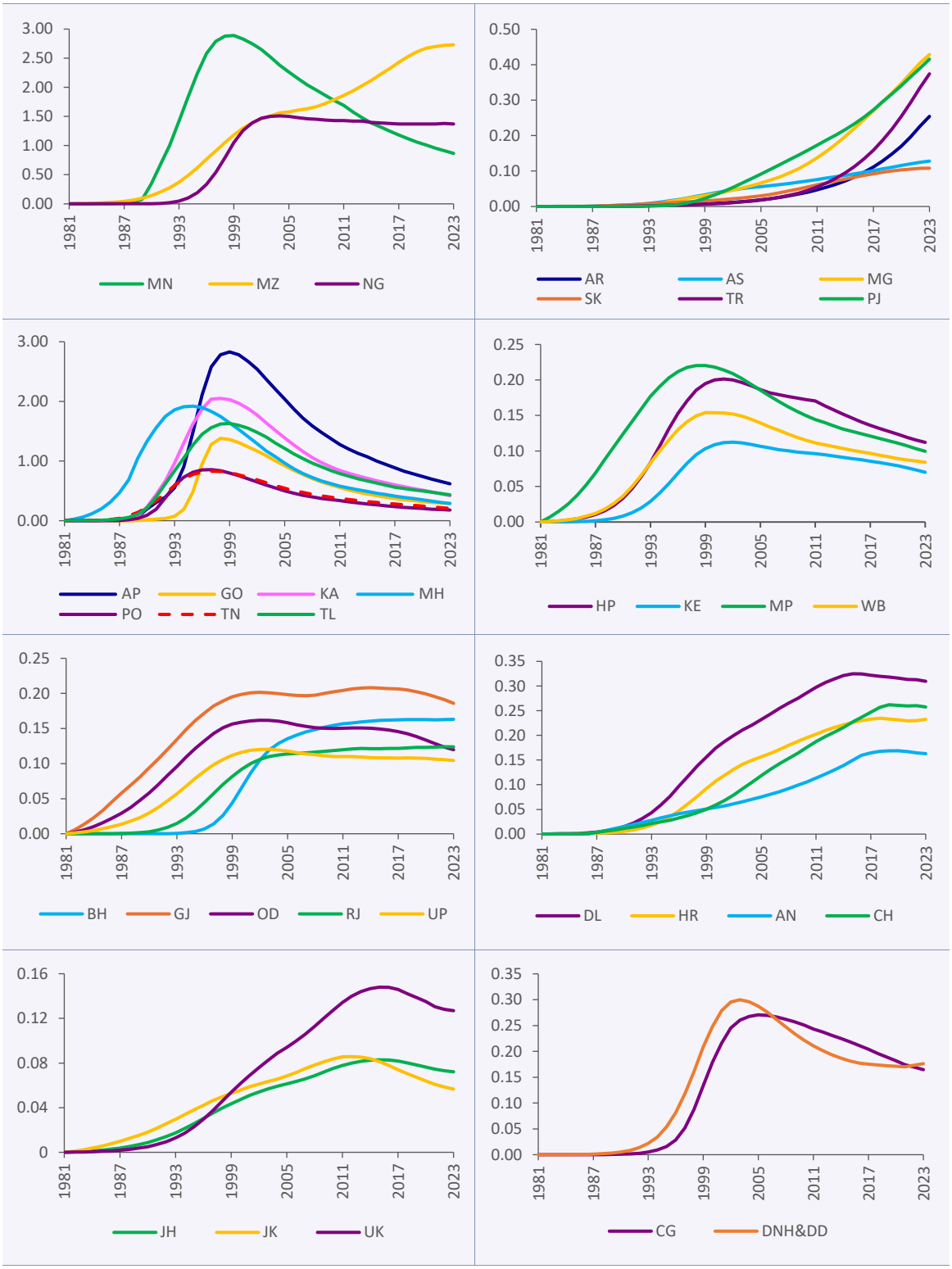


Figure 12: Trend in Adult HIV Prevalence (%) in States/UTs, 1981-2023



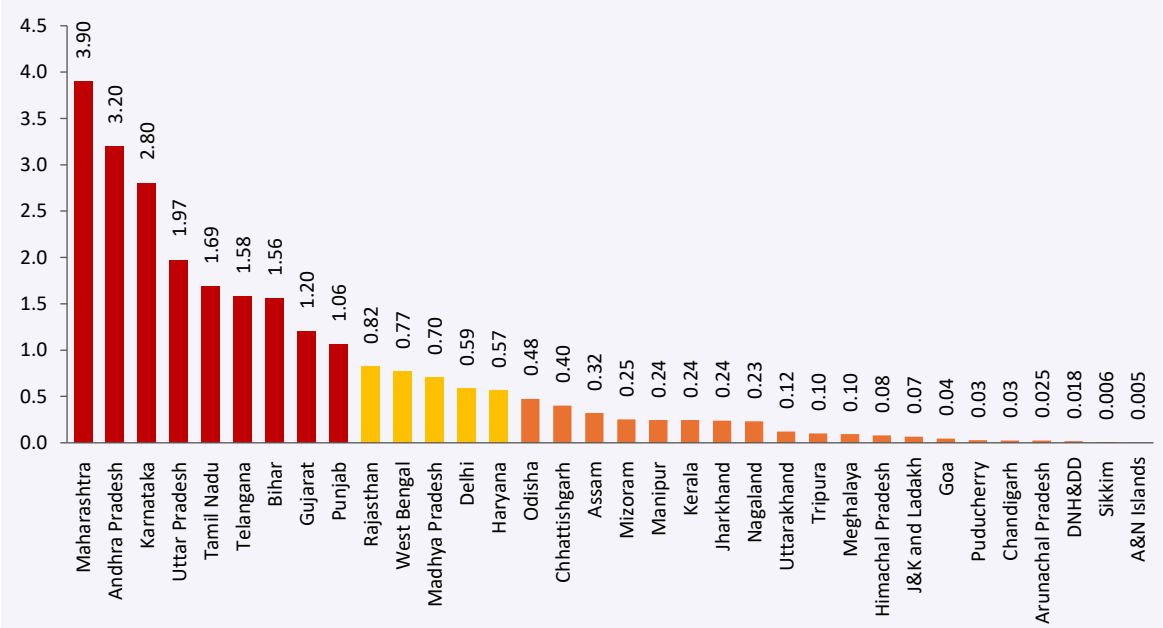
AN: Andaman & Nicobar Islands
AP: Andhra Pradesh
AR: Arunachal Pradesh
AS: Assam
BH: Bihar
CG: Chhattisgarh
CH: Chandigarh
DL: Delhi
DNH&DD: Dadra and Nagar Haveli & Daman and Diu
GO: Goa
GJ: Gujarat
HP: Himachal Pradesh
HR: Haryana
JK: Jammu & Kashmir and Ladakh
JH: Jharkhand
KA: Karnataka
KE: Kerala
MG: Meghalaya
MH: Maharashtra
MN: Manipur
MP: Madhya Pradesh
MZ: Mizoram
NG: Nagaland
OD: Odisha
PJ: Punjab
PO: Pondicherry
RJ: Rajasthan
SK: Sikkim
TL: Telangana
TN: Tamil Nadu
TR: Tripura
UK: Uttarakhand
UP: Uttar Pradesh
WB: West Bengal

In Mizoram and Punjab, the estimated adult HIV prevalence has been rising sharply over previous years. Other northeastern states with a rising trend in prevalence are Arunachal Pradesh, Meghalaya, and Tripura. It appears to be stable in Nagaland and Sikkim, while rising at a slower pace in Assam. Declining trend was estimated in Andhra Pradesh, Chhattisgarh, Goa, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Manipur, Maharashtra, Puducherry, Tamil Nadu, Telangana, and West Bengal since attaining the epidemic's peak. Estimated prevalence appears to have stabilized over the last couple of years in Bihar, Chandigarh, Delhi, Haryana, Rajasthan, and Uttar Pradesh after a period of increasing trend. Gujarat, J&K and Ladakh, Jharkhand, Odisha, and Uttarakhand appear to have a stable to declining trend in adult HIV prevalence (see Figure 12).

Number of People Living with HIV

The number of PLHIV at State/UT level is critical to assess the burden of the disease which informs prioritization of resource and efforts to scale-up testing and treatment programs across heterogeneous spread of geographies in India. Maharashtra (3.90 lakhs), Andhra Pradesh (3.20 lakhs), and Karnataka (2.80 lakhs) are the top three States in 2023, accounting for 39% of the total PLHIV burden in India. In addition, Uttar Pradesh (1.97 lakhs), Tamil Nadu (1.69 lakhs), Telangana (1.58 lakhs), Bihar (1.56 lakhs), Gujarat (1.20 lakhs), and Punjab (1.06 lakhs) are the other States with an estimate of more than 1 lakh PLHIV each. Together, these nine States account for around 74% of the total PLHIV cases in India. States with PLHIV estimates in the range of 0.50 lakh to 1 lakh are Rajasthan (0.82 lakh), West Bengal (0.77 lakh), Madhya Pradesh (0.70 lakh), Delhi (0.59 lakh), and Haryana (0.57 lakh) – these seven states account for around 14% of the total PLHIV burden. The remaining 20 States/UTs have PLHIV estimated at less than 0.50 lakh each and together account for 12% of the total PLHIV burden.

Figure 13: State/UT-wide Number of PLHIV (in Lakh) in India, 2023



Among adult population (15+ years), estimated number of PLHIV in 2023 was more than 1 lakh in Maharashtra (3.81 lakhs), Andhra Pradesh (3.15 lakhs), Karnataka (2.75 lakhs), Uttar Pradesh (1.92 lakhs), Tamil Nadu (1.66 lakhs), Telangana (1.55 lakhs), Bihar (1.49 lakhs), Gujarat (1.17 lakhs), and Punjab (1.04 lakhs). Rajasthan, West Bengal, Madhya Pradesh, Delhi, and Haryana had between 50,000 to 1 lakh adult PLHIV. The remaining 20 States/UTs have PLHIV estimated at less than 50,000.

PLHIV burden among young people (15–24 years) was estimated to be over 15 thousand in Maharashtra (18.99 thousand), Andhra Pradesh (17.39 thousand), Uttar Pradesh (16.80 thousand), Karnataka (15.82 thousand), and Bihar (15.12 thousand). In Telangana, Punjab, Tamil Nadu, Rajasthan, Gujarat, Madhya Pradesh, and West Bengal this, it is in the range of 5 to 10 thousand; while in Haryana, Delhi, Chhattisgarh, Odisha, Mizoram, Nagaland, Assam, Jharkhand, Manipur, and Meghalaya PLHIV among this age group is between 1 and 5 thousand. In the remaining States/UTs, it is less than one thousand.

PLHIV burden of more than 5000 children was estimated in Maharashtra (8.96 thousand), Bihar (6.33 thousand), Uttar Pradesh (5.89 thousand), Karnataka (5.59 thousand), and Andhra Pradesh (5.87 thousand). The States/UTs of Gujarat, Telangana, Tamil Nadu, Rajasthan, West Bengal, Madhya Pradesh, Punjab, Chhattisgarh, Odisha, Haryana, Delhi, and Jharkhand have between 1 thousand to 5 thousand children living with HIV.

Figure 14: State/UT-wide Number of PLHIV (in Lakh) in 15+ Population, 2023

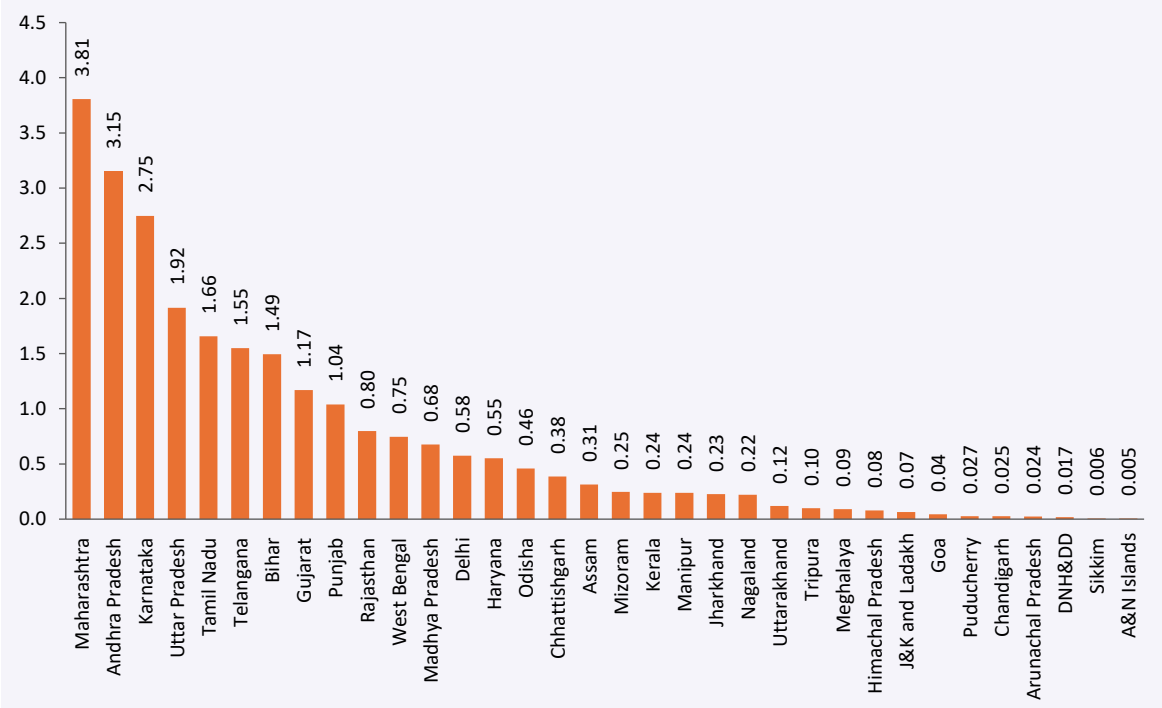
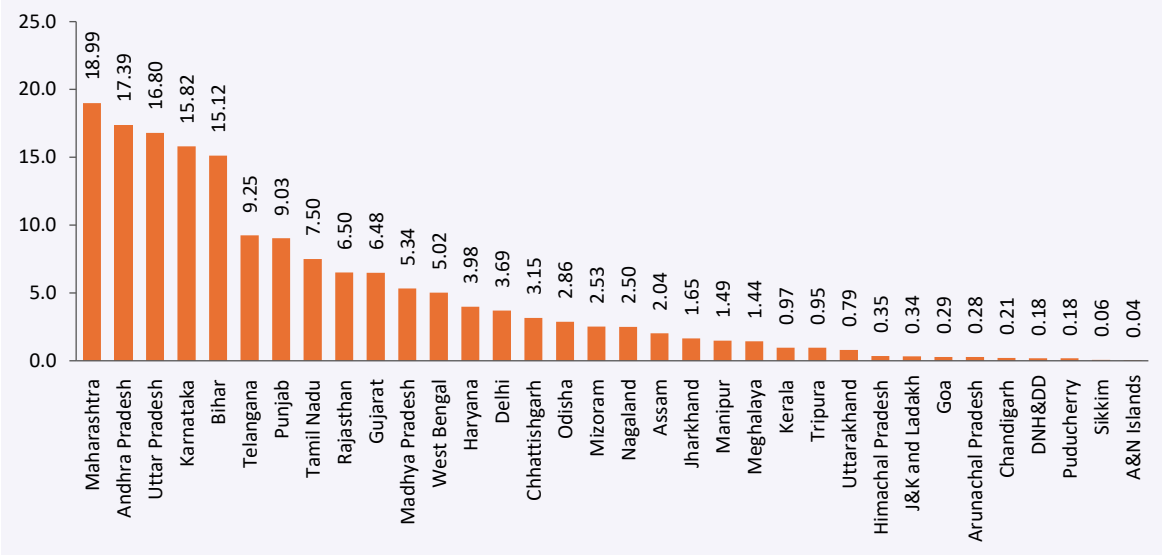


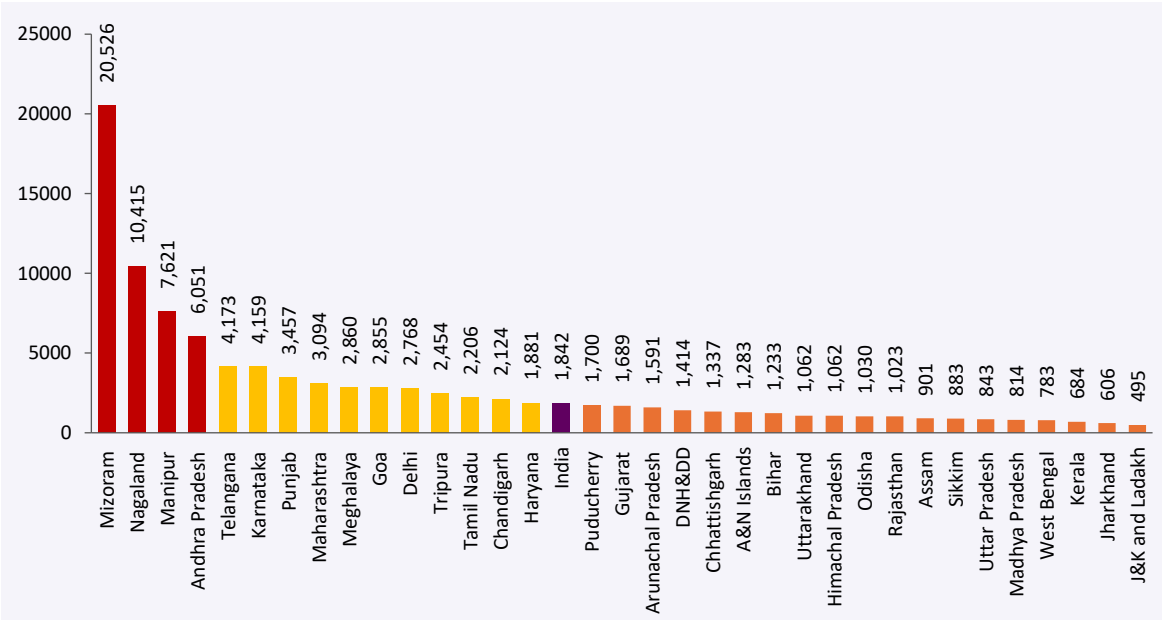
Figure 15: State/UT-wide Number of PLHIV (in Thousand) in 15-24 Years Population, 2023



Number of People Living with HIV per Million Population

PLHIV per million population explains the PLHIV burden relative to the total population size. In 2023, Mizoram (20,526) had the highest estimated PLHIV number per million population, followed by Nagaland (10,415), Manipur (7,621), and Andhra Pradesh (6,051). Telangana, Karnataka, Punjab, Maharashtra, Meghalaya, Goa, Delhi, Tripura, Tamil Nadu, Chandigarh, and Haryana were the other States/UTs with PLHIV per million population greater than the national estimate (1,842). Puducherry, Gujarat, Arunachal Pradesh, DNH&DD, Chhattisgarh, A&N Island, Bihar, Uttarakhand, Himachal Pradesh, Odisha, and Rajasthan had between 1 thousand to 1.8 thousand estimated PLHIV per million population, while the remaining States/UTs had less than 1 thousand (see Figure 16).

Figure 16: State/UT-wide Number of PLHIV per Million Population, 2023

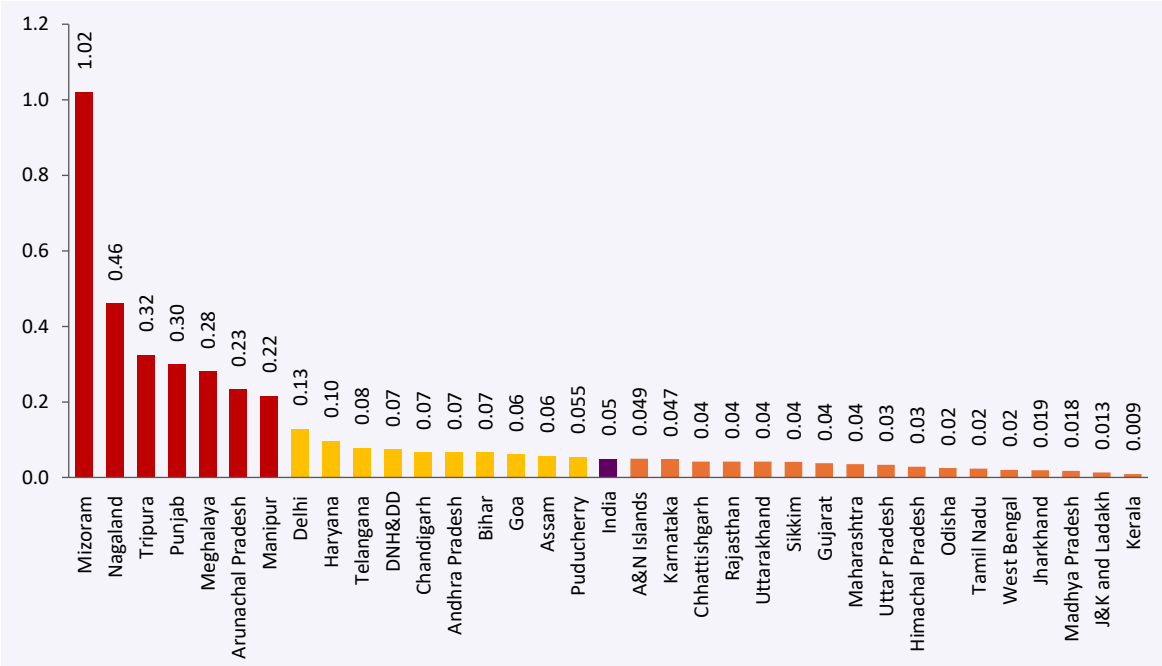


HIV Incidence per 1,000 Uninfected Population

The State/UT-wide HIV incidence rates provide insight into the dynamics of HIV epidemic across geographical regions in the country, informing the success and impact of the different preventive measures under NACP. In 2023, Mizoram (1.02) had the highest estimated HIV incidence per 1,000 uninfected population, followed by other Northeastern States of Nagaland (0.46), Tripura (0.32), Meghalaya (0.28), Arunachal Pradesh (0.23), and Manipur (0.22) along with Punjab (0.30). Besides these States, Delhi, Haryana, Telangana, DNH&DD, Chandigarh, Andhra Pradesh, Bihar, Goa, Assam, and Puducherry had an estimated HIV incidence rate higher than the national rate (0.05). The remaining 17 States/UTs have an HIV incidence of less than 0.05 (see Figure 17).

Aside from a rising trend in Arunachal Pradesh, Meghalaya, Tripura, Delhi, and Punjab, HIV burden estimation in 2023 brought out a declining trend in HIV incidence rate in all other States/UTs (see Figure 18).

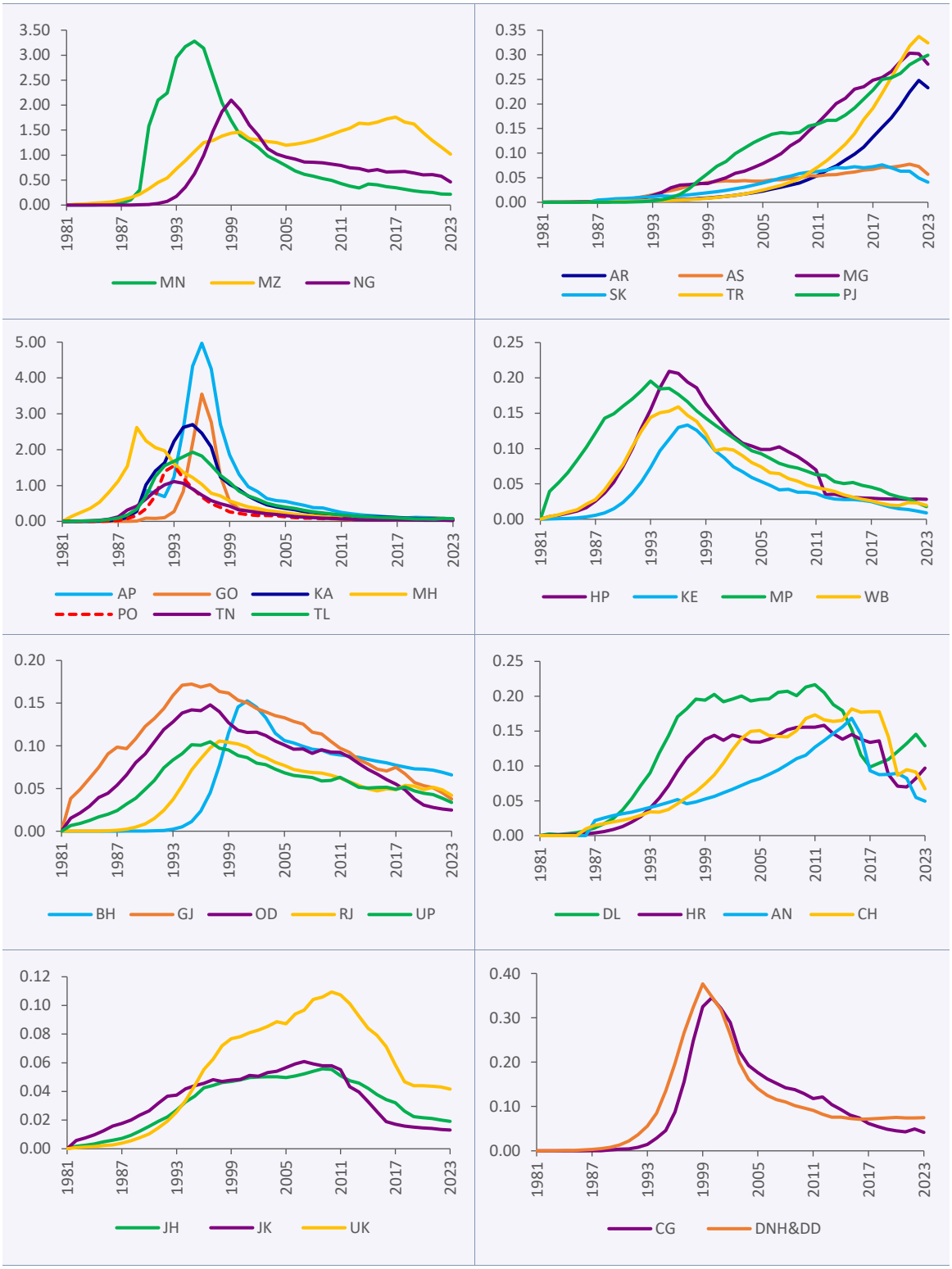
Figure 17: State/UT-wide HIV Incidence per 1,000 Uninfected Population in India, 2023



Number of Annual New HIV Infections

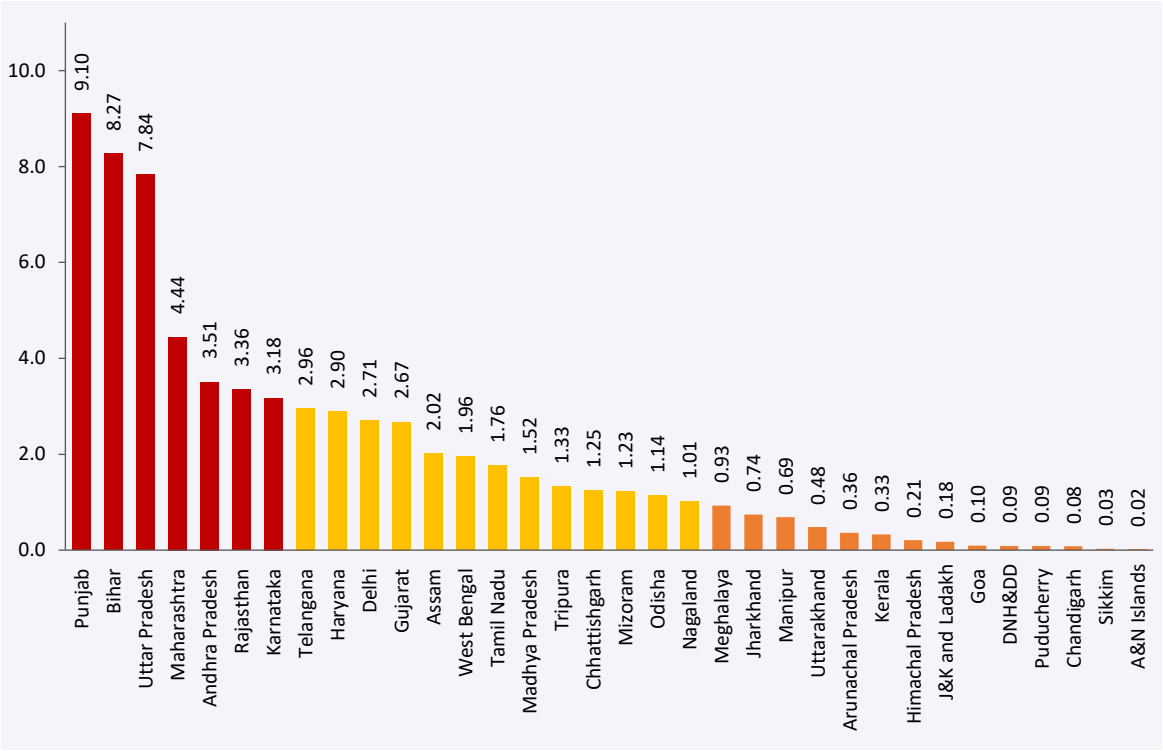
Seven States with an estimate of more than 3000 new HIV infections in 2023 were Punjab (9.10 thousand), Bihar (8.27 thousand), Uttar Pradesh (7.84 thousand), Maharashtra (4.44 thousand), Andhra Pradesh (3.51 thousand), Rajasthan (3.36 thousand), and Karnataka (3.18 thousand) which together accounted for 58% of the estimated total ANI in the country (see Figure 19). Other States with the estimated ANI between 1000 to 3000 were Telangana, Haryana, Delhi, Gujarat, Assam, West Bengal, Tamil Nadu, Madhya Pradesh, Tripura, Chhattisgarh, Mizoram, Odisha, and Nagaland which collectively represented 36% of total burden of new infections. The remaining 14 States/UTs accounted for the rest 6% of total ANI in 2023.

Figure 18: Trend of HIV Incidence per 1,000 Uninfected Population in States/UTs, 1981-2023



AN: Andaman & Nicobar Islands
AP: Andhra Pradesh
AR: Arunachal Pradesh
AS: Assam
BH: Bihar
CG: Chhattisgarh
CH: Chandigarh
DL: Delhi
DNH&DD: Dadra and Nagar Haveli & Daman and Diu
GO: Goa
GJ: Gujarat
HP: Himachal Pradesh
HR: Haryana
JK: Jammu & Kashmir and Ladakh
JH: Jharkhand
KA: Karnataka
KE: Kerala
MG: Meghalaya
MH: Maharashtra
MN: Manipur
MP: Madhya Pradesh
MZ: Mizoram
NG: Nagaland
OD: Odisha
PJ: Punjab
PO: Pondicherry
RJ: Rajasthan
SK: Sikkim
TL: Telangana
TN: Tamil Nadu
TR: Tripura
UK: Uttarakhand
UP: Uttar Pradesh
WB: West Bengal

Figure 19: State/UT-wide Number of Annual New HIV Infections (in Thousand) in India, 2023



The 2023 round of HIV estimation showed that the ANI declined between 2010 and 2023 in all States/UTs, except for Tripura, Arunachal Pradesh, Meghalaya, Punjab, DNH&DD, and Assam. The highest decline was seen in Andhra Pradesh (76.1%), followed by Jammu & Kashmir and Ladakh (75.1%), Kerala (74.4%), Karnataka (70.2%), and Odisha (70.2%). Other States/UTs, where the decline in ANI from 2010 was more than national average of 44.2%, were Tamil Nadu, Madhya Pradesh, Maharashtra, Himachal Pradesh, Chhattisgarh, Telangana, Jharkhand, Gujarat, Uttarakhand, West Bengal, A&N Island, and Chandigarh (see Figure 20).

Estimated ANI in 2023 among the adult (15+ years) population was noted to be more than 3000 in Punjab (8.96 thousand), Bihar (7.75 thousand), Uttar Pradesh (7.59 thousand), Maharashtra (4.32 thousand), Andhra Pradesh (3.37 thousand), Rajasthan (3.24 thousand), and Karnataka (3.05 thousand). The states of Telangana, Haryana, Delhi, Gujarat, Assam, West Bengal, Tamil Nadu, Madhya Pradesh, Tripura, Mizoram, Chhattisgarh, and Odisha had between 1000 to 3000 new infections among 15+ population (see Figure 21). Among the young adult (15-24 years) population, the highest estimated ANI was seen in Bihar (2.41 thousand) followed by Uttar Pradesh (2.16 thousand) and Punjab (1.88 thousand), while the remaining States/UTs had an estimate of less than 1000 new infections (see Figure 22). The highest number of newly infected children were noted in Bihar (523) and Uttar Pradesh (255).

Figure 20: Change (%) in Annual New HIV Infections from 2010 to 2023 by States/UTs

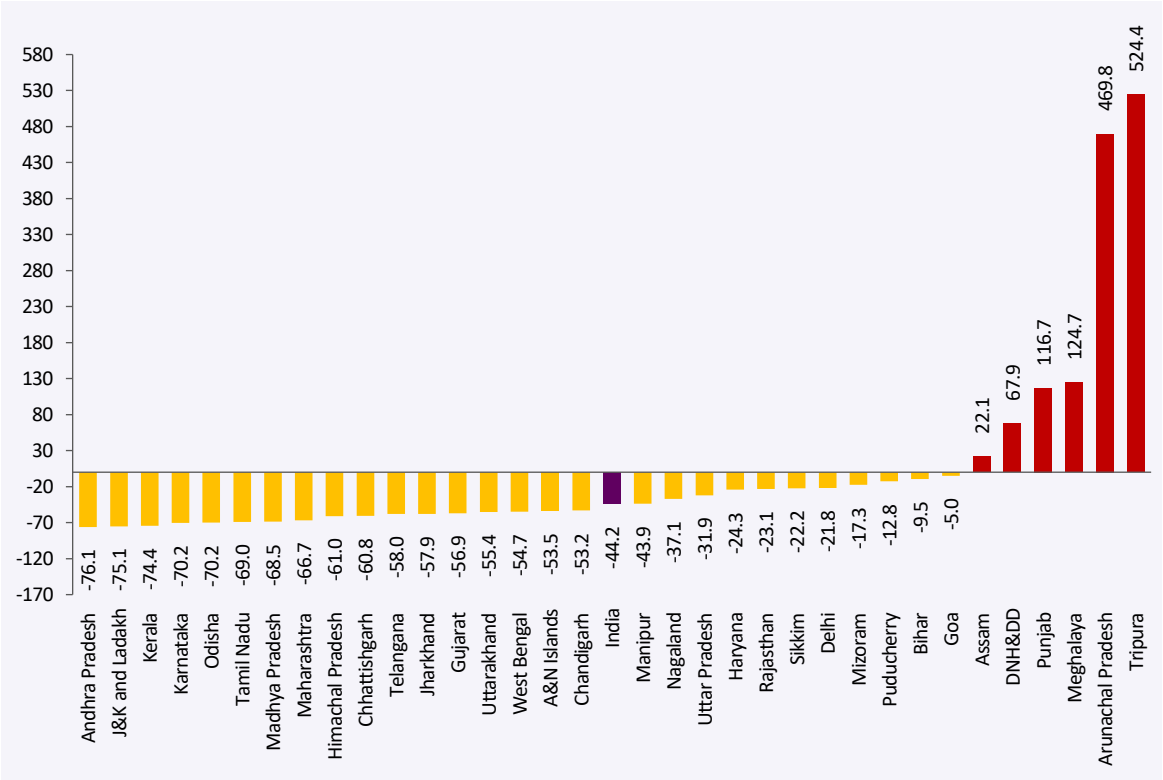


Figure 21: State/UT-wide Number of ANI (in Thousand) in 15+ Population, 2023

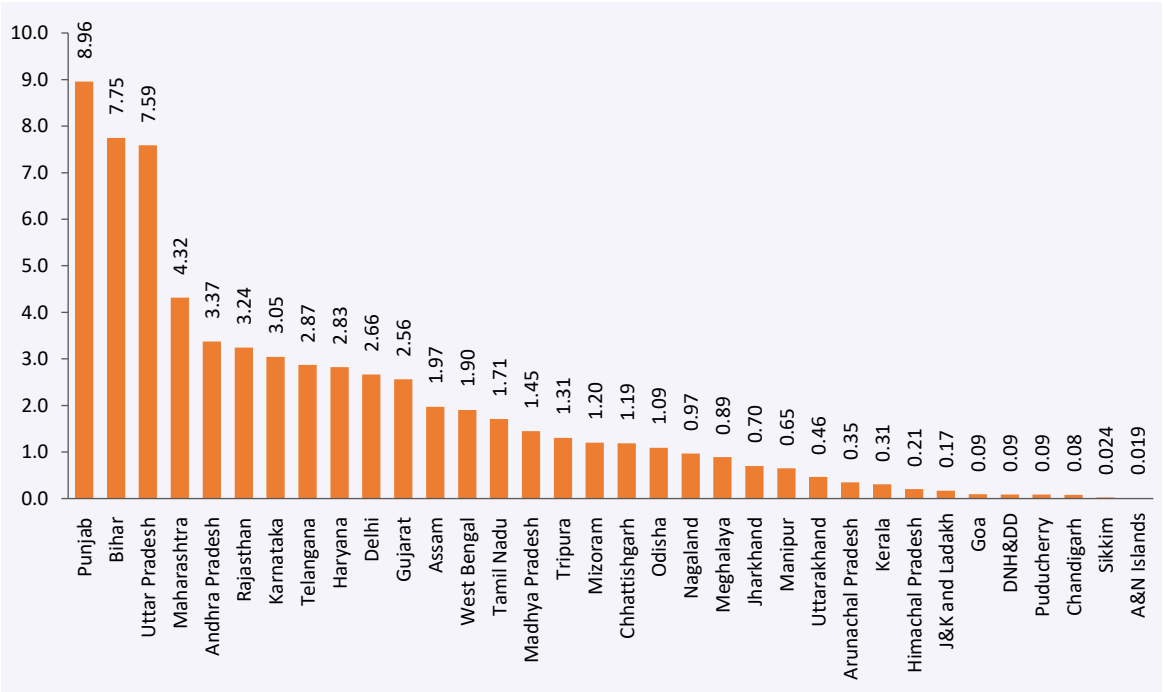
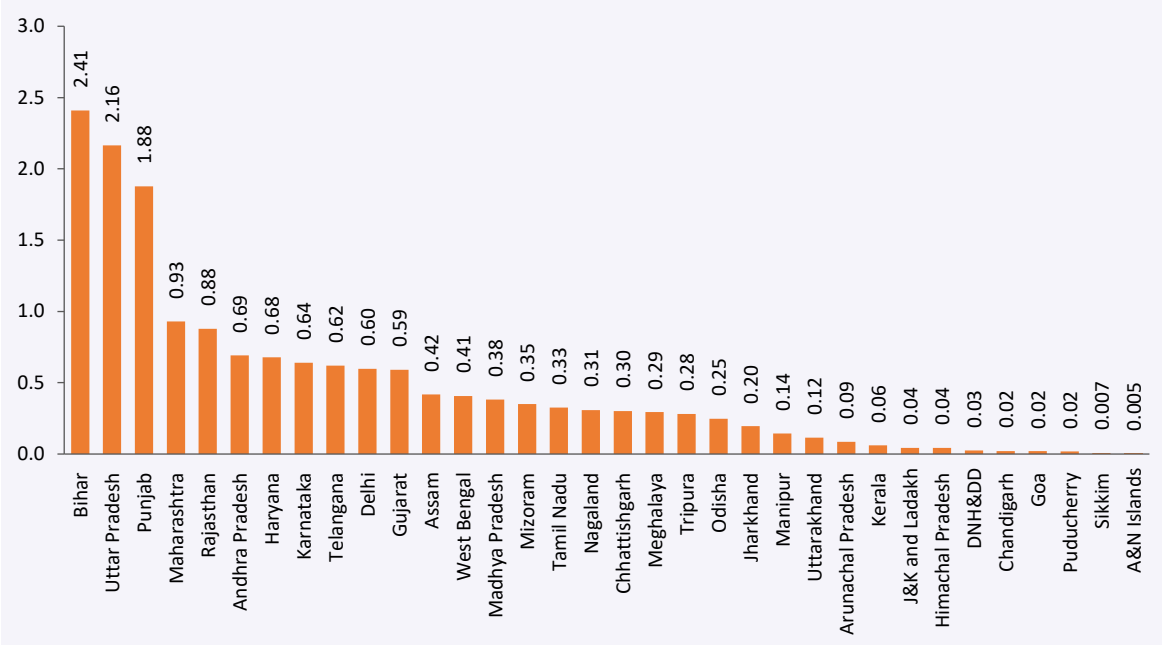


Figure 22: State/UT-wide Number of ANI (in Thousand) in 15-24 years Population, 2023



HIV Incidence among HRG (15-49 years)

The estimated HIV incidence rates for HRG population illustrate a diverse picture across state geographies. Among the IDU population, HIV incidence was estimated at 31% for Rajasthan and 10% for Uttar Pradesh, followed by Mizoram, Bihar, and Haryana with more than 5%. HIV incidence was estimated to be highest in Meghalaya (4%) among the FSW population.

Figure 23: HIV Incidence Rate (%) among FSW Population (15-49 years) in India, 2023

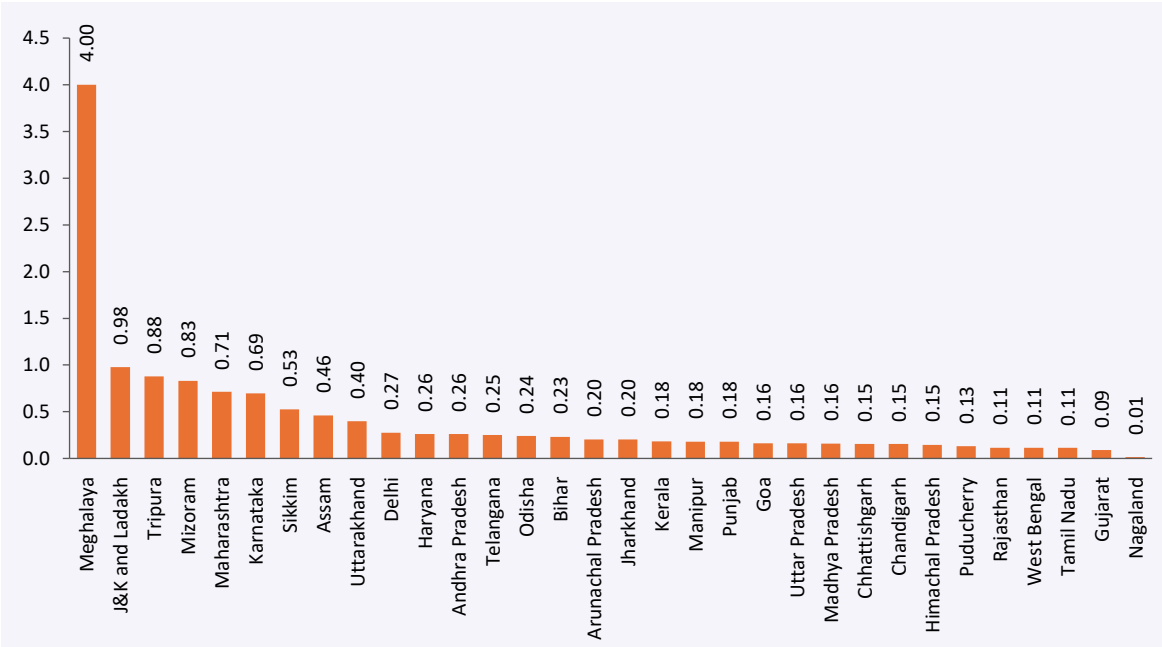


Figure 24: HIV Incidence Rate (%) among IDU Population (15-49 years) in India, 2023

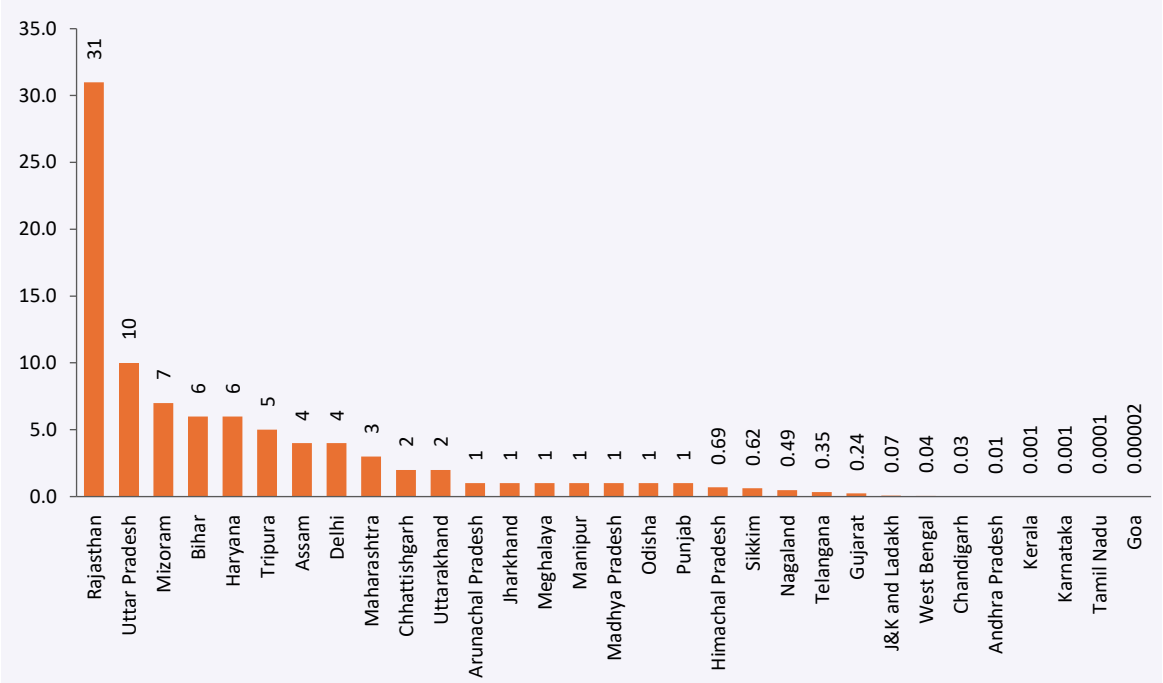
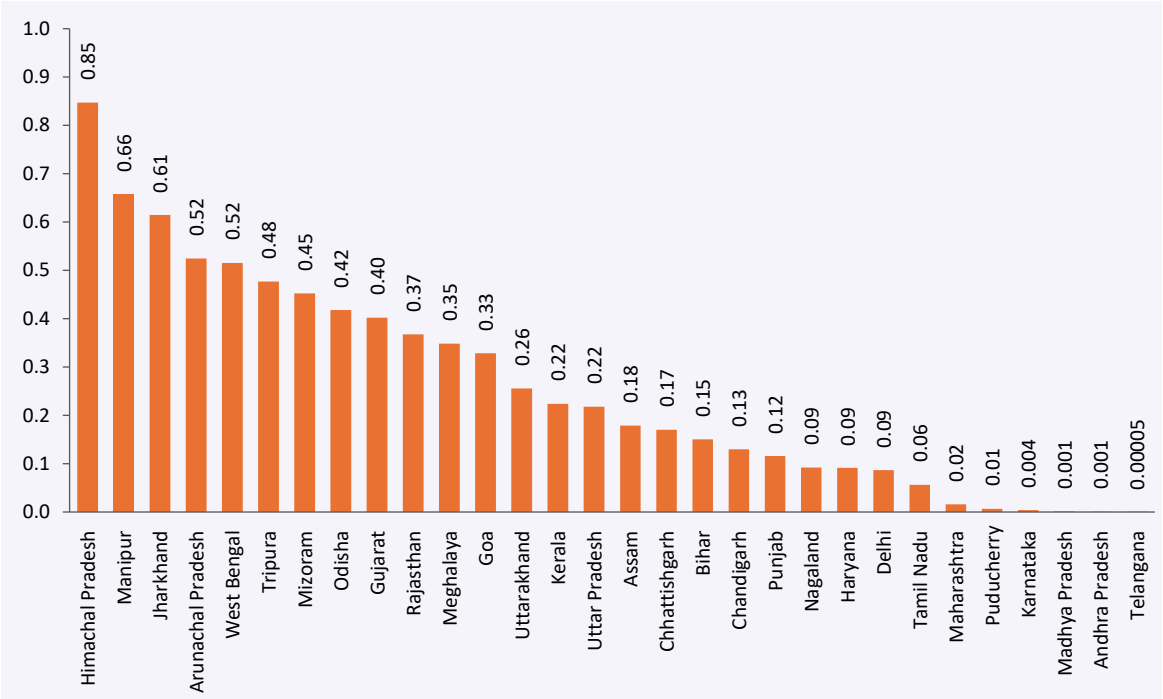


Figure 25: HIV Incidence Rate (%) among MSM Population (15-49 years) in India, 2023

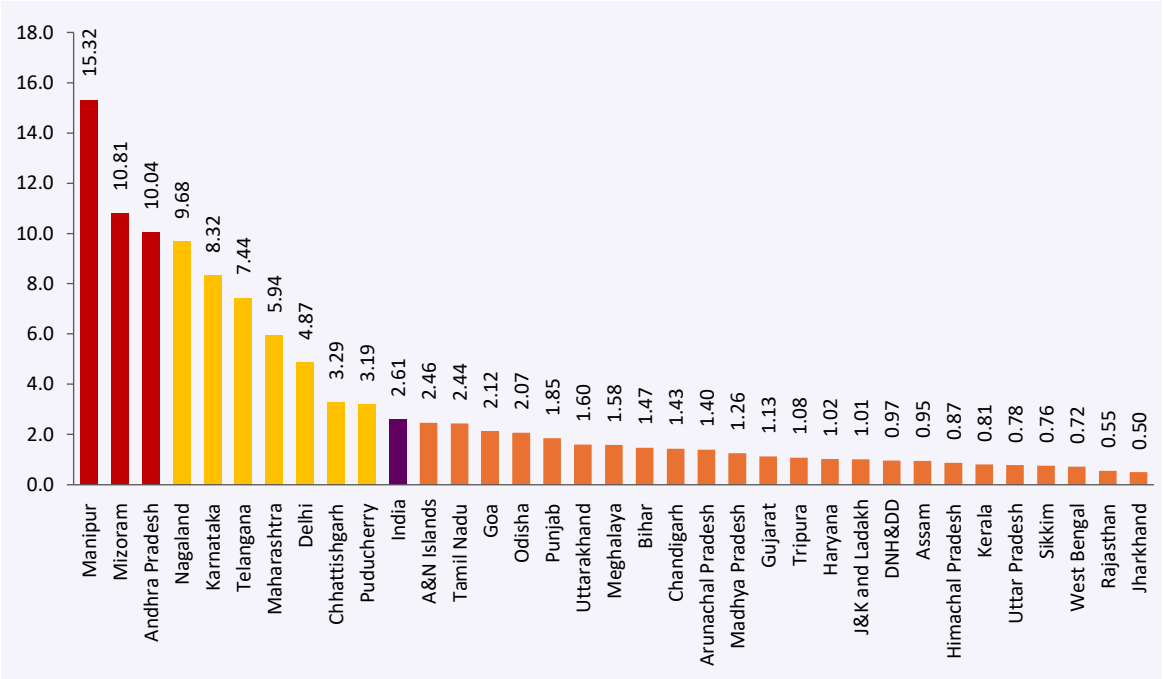


AIDS-related Deaths per 1,00,000 Population

In 2023, the estimate of ARD per 1,00,000 population was the highest in Manipur (15.32), followed by Mizoram (10.81) and Andhra Pradesh (10.04). Nagaland, Karnataka, Telangana, Maharashtra, Delhi, Chhattisgarh, and Puducherry had the estimated AIDS-related mortality rate higher than that of the country (see Figure 26).

With the availability of the free-ART under the NACP, a declining trend in AIDS-related deaths has been observed across India. The pace of reduction, however, varies by States/UTs in relation to ART coverage among PLHIV. Figure 27 reflects the declining trend in AIDS-related mortality over the years in nearly all States/UTs, except in Arunachal Pradesh, Delhi, Punjab, and Tripura.

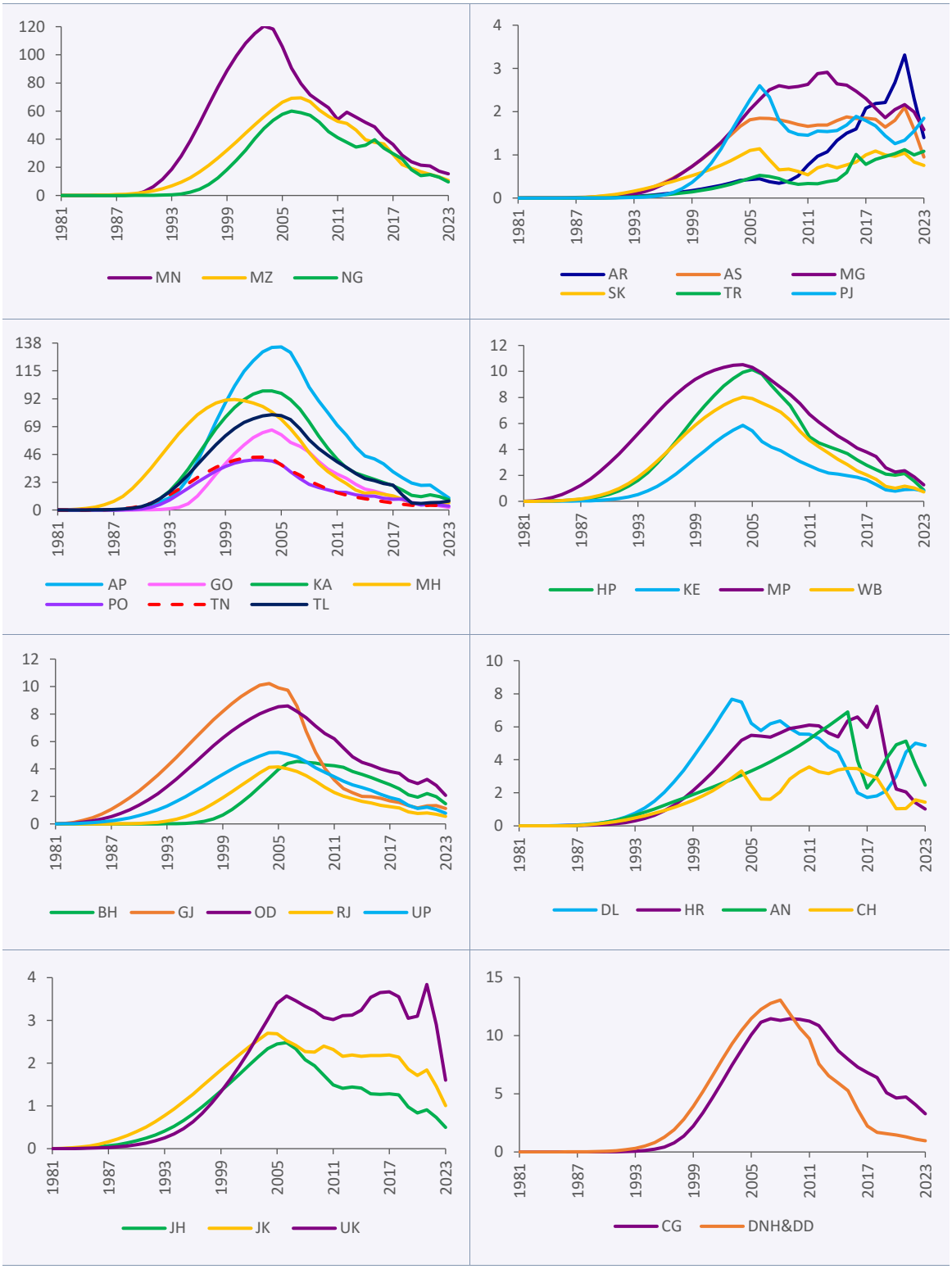
Figure 26: State/UT-wide AIDS-related Deaths per 1,00,000 Population in India, 2023



Number of Annual AIDS-related Deaths

The number of annual ARD provides insights into the success of the HIV care and treatment services, measure the progress towards the NACP-V goal of reducing ARD across the country by increasing the ART coverage, and also identifies geographic regions where these services need to be consistently reinforced. In 2023, half of the total ARD was estimated to have occurred in Maharashtra (7.46 thousand), Karnataka (5.60 thousand), and Andhra Pradesh (5.31 thousand). Telangana, Tamil Nadu, Bihar, Uttar Pradesh, Madhya Pradesh, and Delhi, with an estimate of 1000 to 5000 ARD among PLHIV, accounted for 29% of total ARD in India (see Figure 28).

Figure 27: Trends in AIDS related Deaths per 1,00,000 Population in States/UTs, 1981-2023



AN: Andaman & Nicobar Islands
AP: Andhra Pradesh
AR: Arunachal Pradesh
AS: Assam
BH: Bihar
CG: Chhattisgarh
CH: Chandigarh
DL: Delhi
DNH&DD: Dadra and Nagar Haveli & Daman and Diu
GO: Goa
GJ: Gujarat
HP: Himachal Pradesh
HR: Haryana
JK: Jammu & Kashmir and Ladakh
JH: Jharkhand
KA: Karnataka
KE: Kerala
MG: Meghalaya
MH: Maharashtra
MN: Manipur
MP: Madhya Pradesh
MZ: Mizoram
NG: Nagaland
OD: Odisha
PJ: Punjab
PO: Pondicherry
RJ: Rajasthan
SK: Sikkim
TL: Telangana
TN: Tamil Nadu
TR: Tripura
UK: Uttarakhand
UP: Uttar Pradesh
WB: West Bengal

AIDS-related deaths have declined between 2010 and 2023 in nearly all States/UT. The decline was estimated to be more than 80% in Goa, Andhra Pradesh, West Bengal, Tamil Nadu, Himachal Pradesh, Telangana, and Karnataka. In addition, Madhya Pradesh, Haryana, and DNH&DD had registered a decline in ARD over the national average of 79.3%. The decline was below the national average in the remaining States/UTs, except for Tripura, Arunachal Pradesh, Punjab, Sikkim, and Delhi where more PLHIV died due to AIDS-related causes during 2023 compared with that in 2010 (see Figure 29).

In Maharashtra, an estimate of 7.42 thousand adult PLHIV succumbed to AIDS-related deaths in 2023. It was followed by Karnataka and Andhra Pradesh with an estimated adult ARD at 5.55 thousand and 5.26 thousand, respectively. Telangana, Tamil Nadu, Uttar Pradesh, Bihar, and Madhya Pradesh had between 1000 and 3000 estimated ARD among adult population. The remaining 26 States/UTs were estimated to have fewer than 1 thousand deaths due to AIDS-related causes (see Figure 30). As per Figure 31, Andhra Pradesh, Maharashtra, and Karnataka were the only three States in 2023 with an estimate of more than 100 ARD among the young (15-24 years) PLHIV. The highest number of AIDS-related mortality (265) among children was estimated to have occurred in Bihar during 2023, while rest of the 33 States/UTs had less than 100 such deaths.

Figure 28: State/UT-wide Annual AIDS-related Deaths (in Thousand) in India, 2023

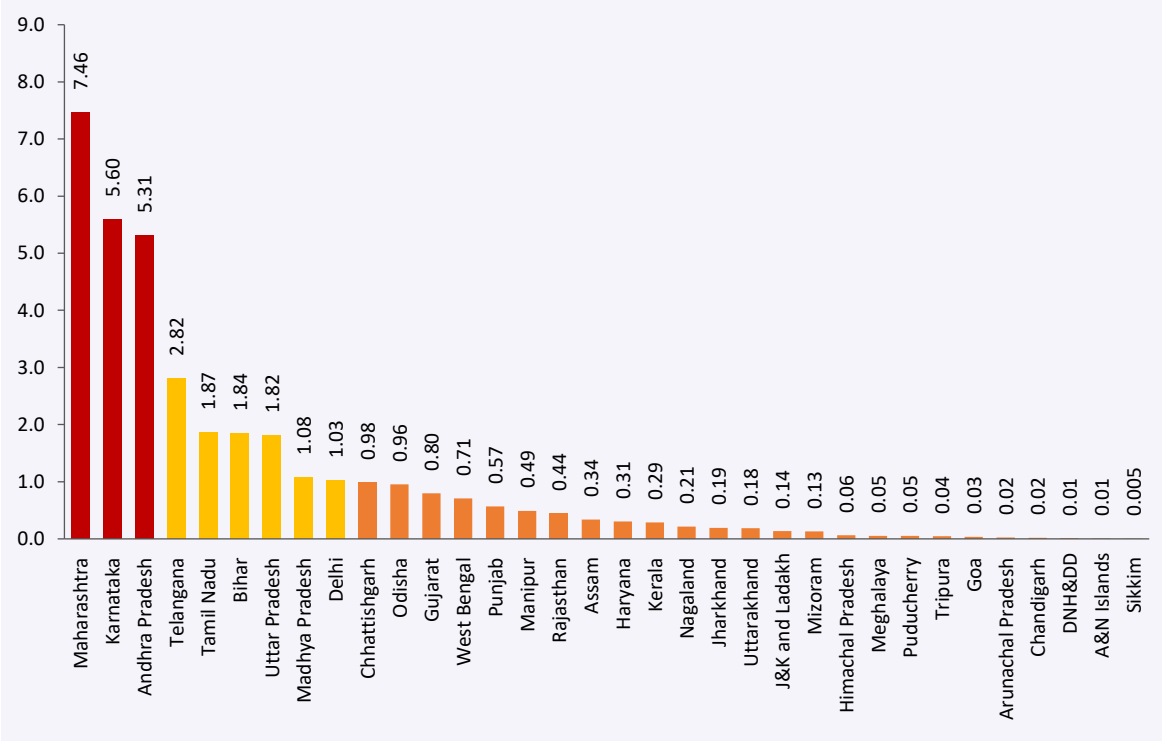


Figure 29: Change (%) in Annual AIDS-related Deaths from 2010 to 2023 by States/UTs

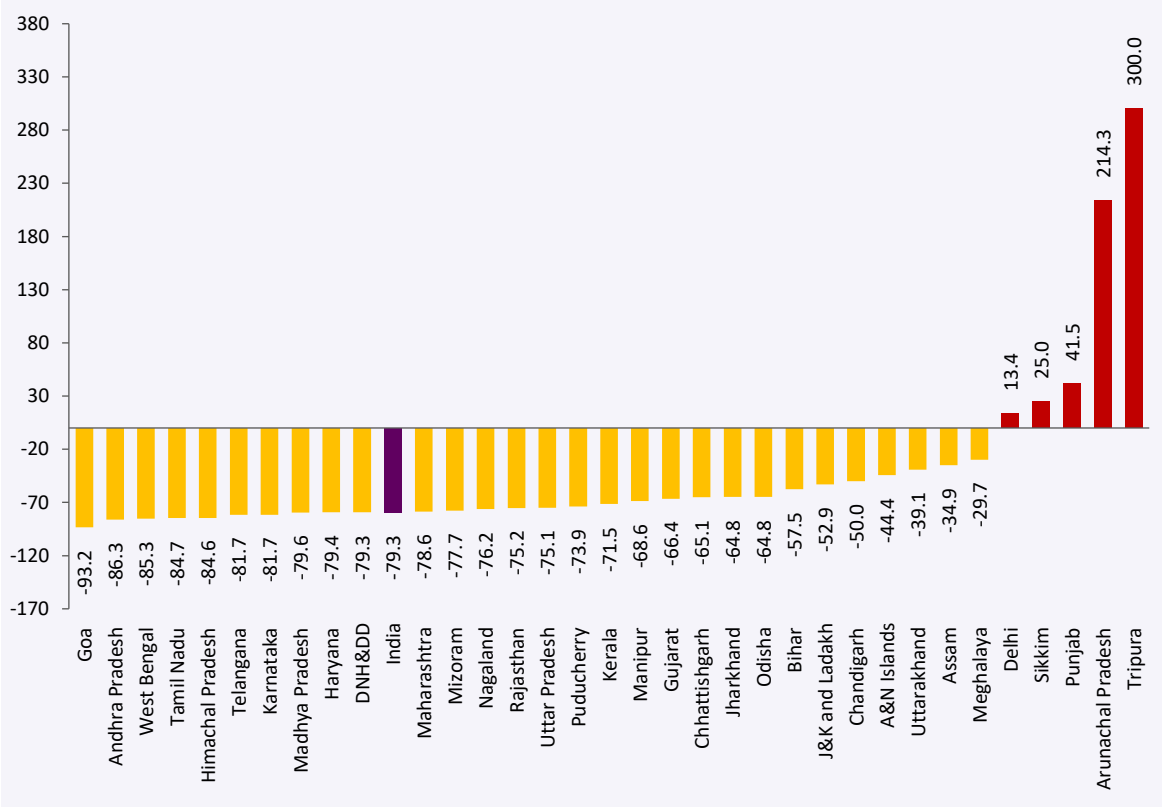


Figure 30: State/UT-wide Annual AIDS related Deaths (in Thousand) in 15+ Population, 2023

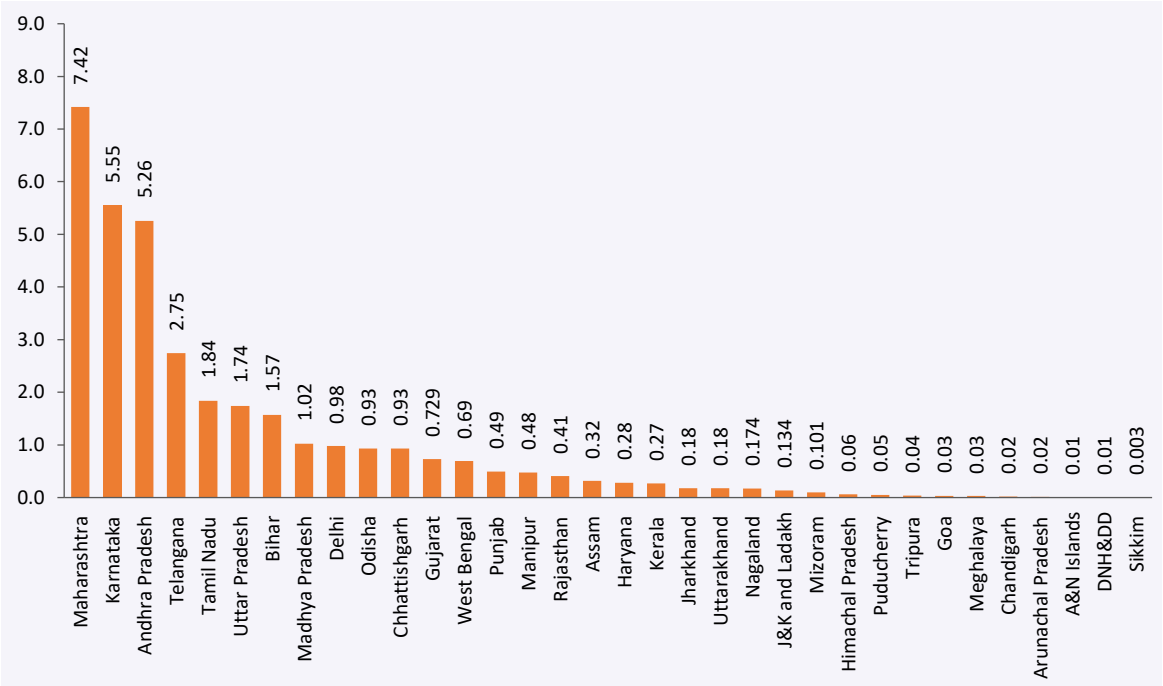
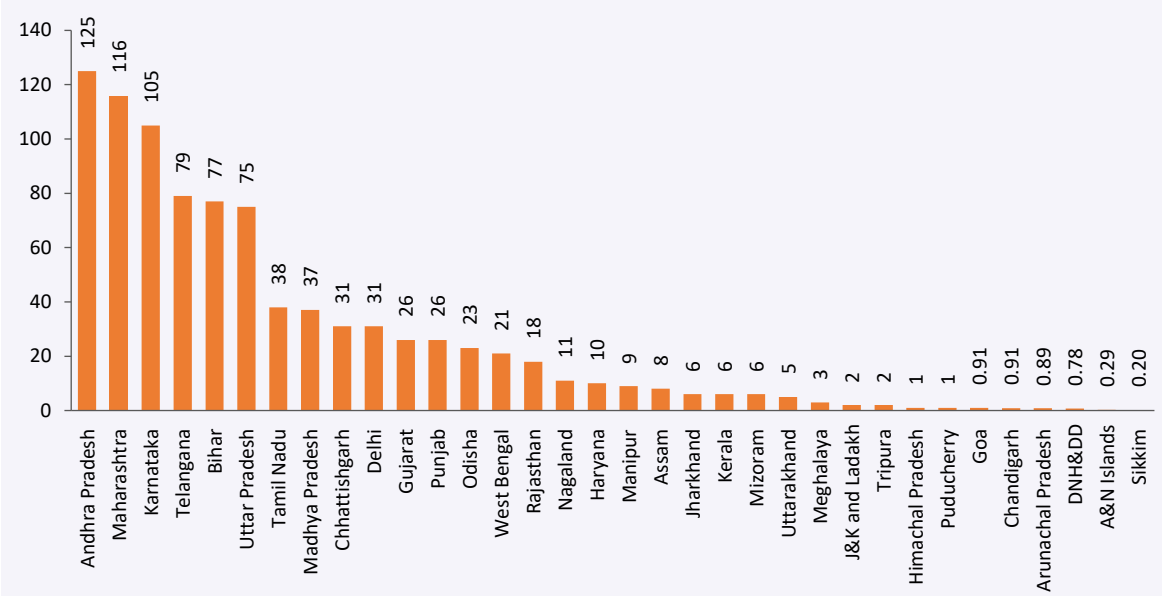


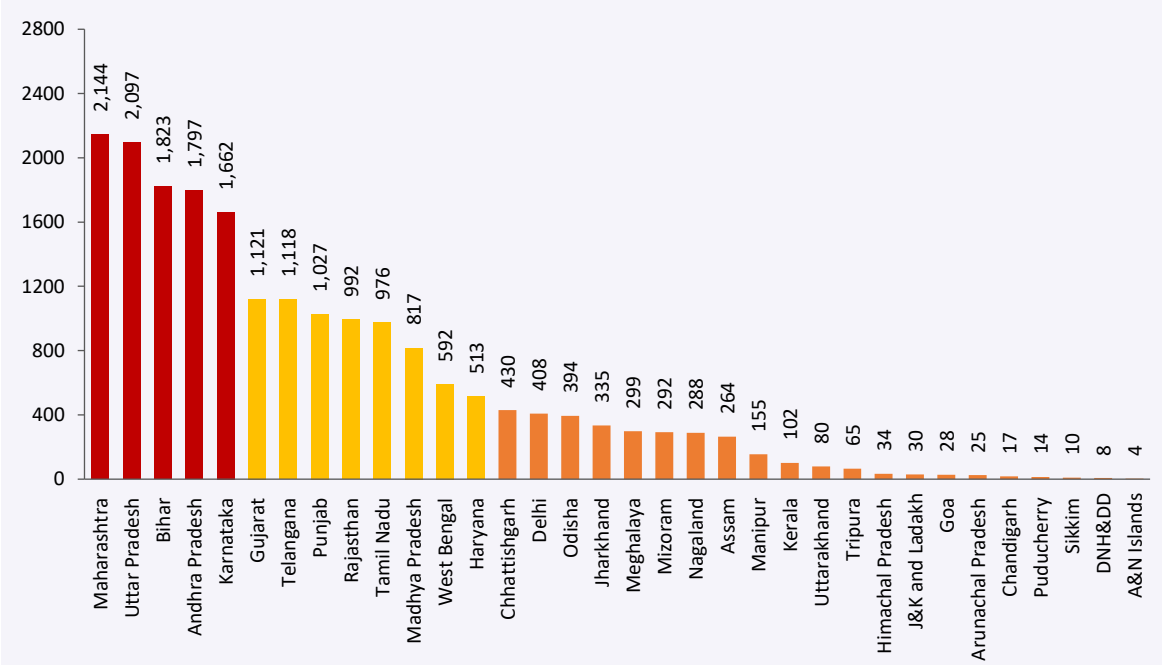
Figure 31: State/UT-wide Annual AIDS related Deaths in 15-24 years Population, 2023



Need of Services for EVTH

Requirement for EVTH-related services in 2023 was estimated to be the highest in Maharashtra (2.14 thousand), followed by Uttar Pradesh (2.10 thousand), Bihar (1.82 thousand), Andhra Pradesh (1.80 thousand), and Karnataka (1.66 thousand) which together represented nearly 48% of the total need in the country. It was estimated to be between 500 to 1500 pregnant women in Gujarat, Telangana, Punjab, Rajasthan, Tamil Nadu, Madhya Pradesh, West Bengal, and Haryana, accounting for almost 36% of the total need for EVTH-related services (see Figure 32).

Figure 32: State/UT-wide Need of Services for EVTH in India, 2023



In 2023, the final MTCT rate (including the breastfeeding period) of HIV was estimated to be 20% or more in Arunachal Pradesh, Bihar, DNH&DD, Manipur, Puducherry, Sikkim, and Tripura (see Table 5).

Table 5: State/UT-wide Final MTCT Rate of HIV (%) in India, 2023

S. No.	State/UT	Final MTCT Rate of HIV (%)
1	A & N Islands	0.36 (0.15-≥20)
2	Andhra Pradesh	7.49 (3.86-12.29)
3	Arunachal Pradesh	≥20
4	Assam	19.63 (12.98-≥20)
5	Bihar	≥20
6	Chandigarh	6.40 (0.55-11.84)
7	Chhattisgarh	14.57 (10.74-18.78)
8	DNH&DD	≥20
9	Delhi	11.47 (8.90-19.09)
10	Goa	10.29 (6.48-15.73)
11	Gujarat	9.74 (5.67-15.01)
12	Haryana	13.92 (9.24-18.99)
13	Himachal Pradesh	12.04 (7.34-17.04)
14	Jammu & Kashmir and Ladakh	13.01 (5.73-≥20)
15	Jharkhand	12.54 (7.71-18.75)
16	Karnataka	7.80 (4.19-10.33)
17	Kerala	14.92 (8.70-≥20)
18	Madhya Pradesh	7.98 (4.66-12.56)
19	Maharashtra	5.87 (3.40-10.46)
20	Manipur	≥20
21	Meghalaya	12.61 (8.90-19.26)
22	Mizoram	9.13 (7.12-12.79)
23	Nagaland	12.96 (10.77-15.52)
24	Odisha	11.78 (8.11-16.66)
25	Puducherry	≥20
26	Punjab	14.30 (12.60-16.50)
27	Rajasthan	11.31 (5.88-19.41)
28	Sikkim	≥20
29	Tamil Nadu	5.65 (3.17-14.00)
30	Telangana	8.44 (4.50-15.30)
31	Tripura	≥20
32	Uttarakhand	18.64 (11.22-≥20)
33	Uttar Pradesh	12.16 (7.70-≥20)
34	West Bengal	8.72 (6.98-14.02)

Chapter 5 District-level HIV Estimates

This chapter highlights the levels and spread of the HIV epidemic across 762 districts in India based on the results of District-level HIV Estimation 2023. District-wise key results have been presented in the State/UT-wide factsheets under Annexure 9.

Adult (15-49 Years) HIV Prevalence

In 2023, the adult HIV prevalence was estimated within a range of <0.10% to 4%, with less than 0.40% in most of the districts across India. Out of 125 districts (16% of the total districts) with an estimate of 0.40% or more, only 29 districts (almost 4% of total districts) had an estimated adult prevalence of 1% or more (see Table 6). It was estimated to be less than 0.20% in around 62% (469) of the total districts in the country, out of which 263 districts (56%) had an adult HIV prevalence of less than 0.10% (see Table 7).

Table 6: District Count by Adult (15-49 years) HIV Prevalence (%) Category, 2023

Adult Prevalence Category	District Count (N=762)	States/UTs having Districts in a given Category
≥1.0%	29	6
≥0.40% & <1.0%	96	14
≥0.20% & <0.40%	168	30
<0.20%	469	50

Figure 33 (see page 45) shows that nearly all districts with adult HIV prevalence of 0.40% or more are in the northeastern and southern States. Except for one district in Karnataka, the remaining 28 districts with an adult prevalence of 1% or more are in the States of Arunachal Pradesh (1), Manipur (5), Meghalaya (2), Mizoram (10) and Nagaland (10) as per Table 7. Out of the total 96 districts with adult prevalence in the range of 0.40% to <1%, fifty-seven districts are in the States of Andhra Pradesh (22), Karnataka (11), Maharashtra (2), Tamil Nadu (3) and Telangana (19). In the northeastern region, adult prevalence was estimated to be between 0.40% to <1% in 22 districts including Arunachal Pradesh (1), Manipur (10), Meghalaya (1), Mizoram (1), Nagaland (5), and Tripura (4). Rest of the country had only seventeen districts with adult prevalence between 0.40% to <1% in the States of Delhi (4), Haryana (1) and Punjab (12).

Table 7: State/UT-wise Districts by Adult (15-49 years) HIV Prevalence Category, 2023

State/UT	Adult HIV Prevalence Category					Total Districts (#)
	<0.20%		≥0.20% & <0.40%	≥0.40% & <1.0%	≥1.0%	
	<0.10%	≥0.10% & <0.20%				
A & N Islands		2	1			3
Andhra Pradesh		1	3	22		26
Arunachal Pradesh	3	15	5	1	1	25
Assam	17	12	4			33
Bihar	12	15	11			38
Chandigarh			1			1
Chhattisgarh	16	6	11			33
DNH&DD		2	1			3
Delhi		1	6	4		11
Goa			2			2
Gujarat	2	21	10			33
Haryana	3	8	10	1		22
Himachal Pradesh	7	4	1			12
Jammu & Kashmir and Ladakh	19	2	1			22
Jharkhand	20	3	1			24
Karnataka		2	17	11	1	31
Kerala	12	2				14
Madhya Pradesh	34	13	5			52
Maharashtra	1	10	23	2		36
Manipur			1	10	5	16
Meghalaya	5	1	3	1	2	12
Mizoram				1	10	11
Nagaland			1	5	10	16
Odisha	16	11	3			30
Puducherry	1	2	1			4
Punjab		2	9	12		23
Rajasthan	13	17	3			33
Sikkim	5	1				6
Tamil Nadu	10	10	15	3		38
Telangana		1	13	19		33
Tripura		2	2	4		8
Uttar Pradesh	48	24	3			75
Uttarakhand	2	11				13
West Bengal	17	5	1			23
Total	**263**	**206**	**168**	**96**	**29**	**762**

Figure 33: District-wide Adult (15-49 years) HIV Prevalence (%) in India, 2023

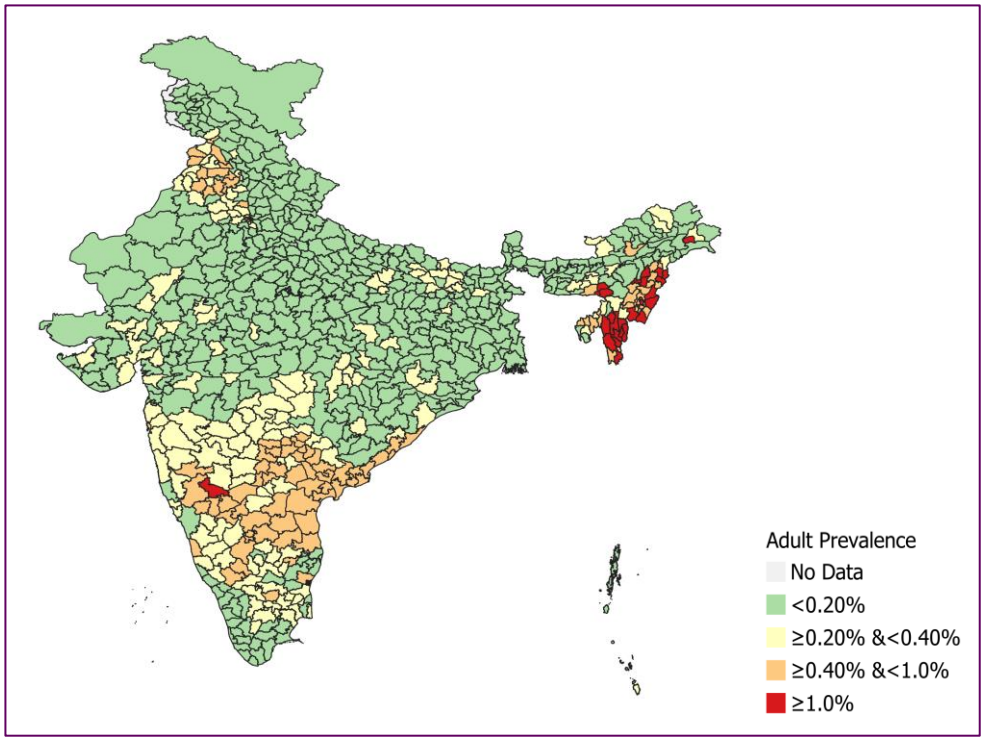
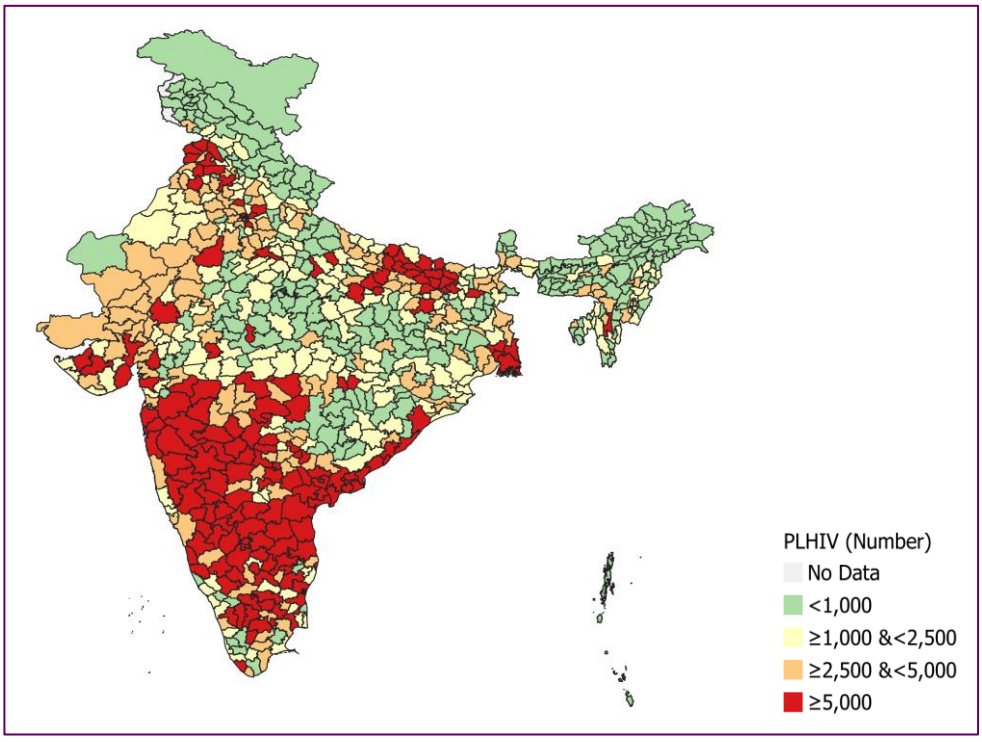


Figure 34: District-wide Number of PLHIV in India, 2023



Number of People Living with HIV

The number of PLHIV in each district was estimated in the range of <100 to 54,500, with more than half (397) of the total districts accounting for 90% of India's PLHIV burden in 2023. Less than 2,500 PLHIV were estimated in almost 60% (452) of the districts (accounting for 17% of total burden). An estimate of 5,000 or more PLHIV was registered in 165 districts (nearly 22% of total districts) in 30 States, which collectively represented 64% of India's PLHIV burden (see Table 8). Among these 165 districts, five districts have an estimated PLHIV size of 25,000 or more (almost 8% of total PLHIV), while another 43 districts have PLHIV size in the range of ≥10,000 to <25,000 that accounted for 25% of total burden (see Table 9).

Table 8: District Count by PLHIV Size Category, 2023

PLHIV Size Category	District Count (N=762)	States/UTs having Districts in a Given Category
≥5,000	165	30
≥2,500 & <5,000	145	28
≥1,000 & <2,500	187	29
<1,000	265	29

Figure 34 (see page 45) shows that districts with estimated PLHIV size of 5,000 or more are concentrated mostly in the southern and western States. Among 165 such districts, Andhra Pradesh, Karnataka, and Maharashtra have the highest numbers of districts (24 each) followed by Tamil Nadu (15), Telangana (13), Gujarat (6), and Kerala (2). In addition, another 56 districts with PLHIV estimates of 5,000 or more are in the States of Bihar (13), Chhattisgarh (2), Delhi (7), Haryana (2), Madhya Pradesh (2), Odisha (1), Punjab (9), Rajasthan (2), Uttar Pradesh (13) and West Bengal (5). In the northeastern region, only Mizoram have one district with a PLHIV size of 5,000 or more (see Table 9).

There are five districts (2 in Karnataka and 3 in Maharashtra) with an estimated PLHIV size of 25,000 or more, while another 43 districts with estimated PLHIV size between 10,000 to less than 25,000 are in Andhra Pradesh (17), Bihar (1), Delhi (1), Gujarat (2), Karnataka (5), Maharashtra (8), Mizoram (1), Punjab (2), Tamil Nadu (3), Telangana (2) and West Bengal (1). Two districts of Mumbai and Mumbai Suburban in the State of Maharashtra collectively have an estimated PLHIV size of 62,571 (see Annexure 9).

Table 9: State/UT-wide Districts by PLHIV Size Category, 2023

State/UT	PLHIV Size Category						Total Districts (#)
	<1,000	≥1,000 & <2,500	≥2,500 & <5,000	≥5,000 & <10,000	≥10,000 & <25,000	≥25,000	
A & N Islands	3						3
Andhra Pradesh		1	1	7	17		26
Arunachal Pradesh	25						25
Assam	27	3	3				33
Bihar	5	13	7	12	1		38
Chandigarh			1				1
Chhattisgarh	21	7	3	2			33
DNH&DD	2	1					3
Delhi		2	2	6	1		11
Goa		1	1				2
Gujarat	3	12	12	4	2		33
Haryana	3	8	9	2			22
Himachal Pradesh	9	3					12
Jammu & Kashmir and Ladakh	20	1	1				22
Jharkhand	16	5	3				24
Karnataka		2	5	17	5	2	31
Kerala	5	6	1	2			14
Madhya Pradesh	23	24	3	2			52
Maharashtra	1	1	10	13	8	3	36
Manipur	7	6	3				16
Meghalaya	9		3				12
Mizoram	5	4	1		1		11
Nagaland	8	5	3				16
Odisha	11	14	4	1			30
Puducherry	3	1					4
Punjab	1	5	8	7	2		23
Rajasthan	7	10	14	2			33
Sikkim	6						6
Tamil Nadu	5	9	9	12	3		38
Telangana	2	7	11	11	2		33
Tripura	5	2	1				8
Uttar Pradesh	19	26	17	13			75
Uttarakhand	9	3	1				13
West Bengal	5	5	8	4	1		23
Total	**265**	**187**	**145**	**117**	**43**	**5**	**762**

Number of Annual New HIV Infections

The district-wise number of new HIV infections was estimated in the range of <50 to 1510 in 2023, with 344 districts collectively reporting 90% of total new infections in India. An estimated ANI between 100 to less than 200 was noted in 104 districts, representing 21% of the total ANI. It was estimated to be less than 100 new infections in 74% (563) of the total districts in the country, which accounted for 25% of total ANI. More than half (54%) of total new infections were noted in the remaining 95 districts, with each district having an estimate of 200 ANI or more (see Table 10). Among these 95 districts, three have 1,000 or more ANI and another thirteen have new infections in the range of ≥500 to <1,000 (see Table 11). Together, these 16 districts comprise nearly 18% of total new HIV infections in India.

Table 10: District Count by New HIV Infection Size Category, 2023

New Infection Size Category	District Count (N=762)	States/UTs having Districts in a Given Category
≥200	95	29
≥100 & <200	104	25
≥50 & <100	142	30
<50	421	32

Punjab (18), Bihar (12) and Uttar Pradesh (11) have the leading number of districts with the estimate of 200 and more new HIV infections, followed by Maharashtra (8), Delhi (6), Haryana (6), Andhra Pradesh (5), Rajasthan (5), Gujarat (4), Telangana (4), and Karnataka (3). In addition, States of Assam, Chhattisgarh, Meghalaya, Mizoram, Nagaland, Odisha, Tripura, and West Bengal have 1 to 2 districts with an estimated 200 or more new HIV infections. (see Figure 35 on page 50, and Table 11).

An estimate of 1,000 or more new infections was found in two districts of Punjab and one district of Bihar, while another four in Bihar and three in Punjab have the estimated ANI in the range of ≥500 to <1,000. Andhra Pradesh, Delhi, Maharashtra, Mizoram, Uttar Pradesh, and West Bengal are the other States where one district in each State has new HIV infections in the range of 500 to less than 1,000.

Table 11: State/UT-wide Districts by New HIV Infection Category, 2023

State/UT	New HIV Infection Category						Total Districts (#)
	<50	≥50 & <100	≥100 & <200	≥200			
				≥200 & <500	≥500 & <1,000	≥1,000	
A& N Islands	3						3
Andhra Pradesh	6	3	12	4	1		26
Arunachal Pradesh	23		2				25
Assam	22	8	1	2			33
Bihar	16	3	7	7	4	1	38
Chandigarh		1					1
Chhattisgarh	26	4	2	1			33
DNH&DD	2	1					3
Delhi	2	2	1	5	1		11
Goa	1	1					2
Gujarat	15	12	2	4			33
Haryana	8	4	4	6			22
Himachal Pradesh	11	1					12
Jammu & Kashmir and Ladakh	21	1					22
Jharkhand	21	1	2				24
Karnataka	9	11	8	3			31
Kerala	13		1				14
Madhya Pradesh	43	4	5				52
Maharashtra	10	12	6	7	1		36
Manipur	12	1	3				16
Meghalaya	7	2	1	2			12
Mizoram	5	4		1	1		11
Nagaland	8	5	2	1			16
Odisha	24	3	2	1			30
Puducherry	3	1					4
Punjab	1	1	3	13	3	2	23
Rajasthan	12	9	7	5			33
Sikkim	6						6
Tamil Nadu	23	10	5				38
Telangana	14	11	4	4			33
Tripura		3	3	2			8
Uttar Pradesh	30	19	15	10	1		75
Uttarakhand	9	3	1				13
West Bengal	15	1	5	1	1		23
Total	**421**	**142**	**104**	**79**	**13**	**3**	**762**

Figure 35: District-wide Annual New HIV Infections in India, 2023

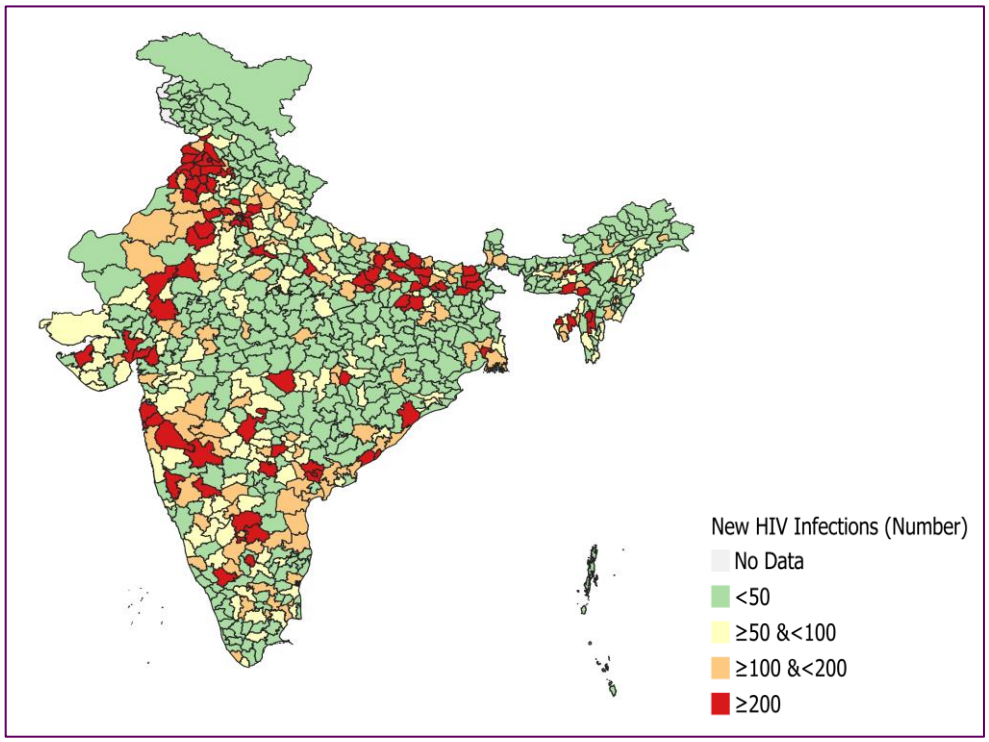
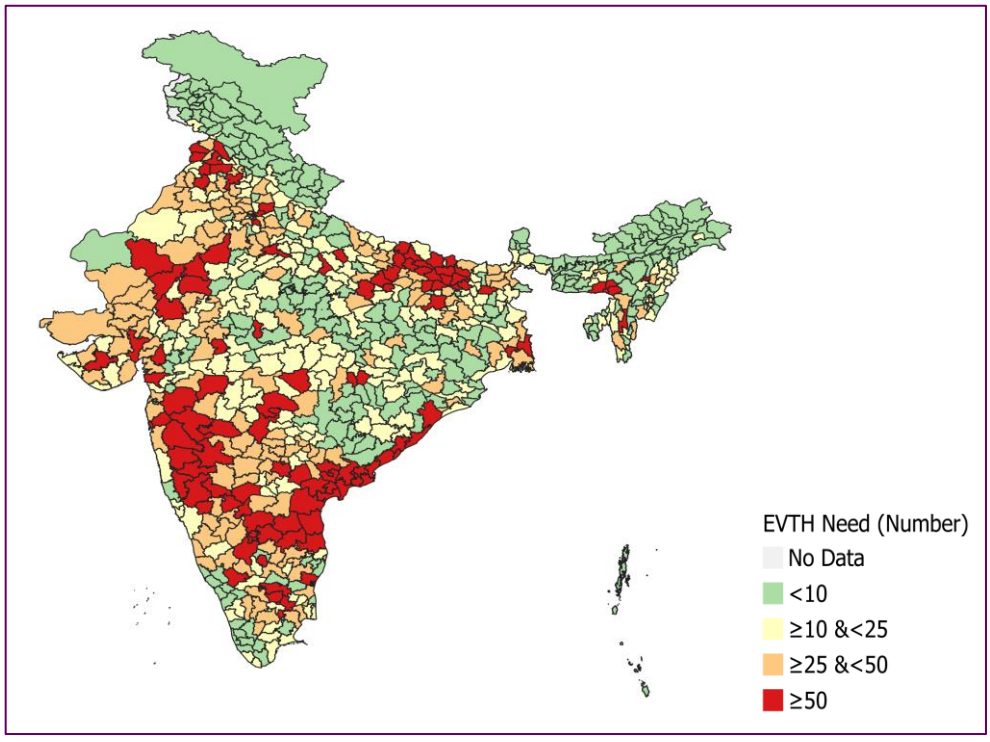


Figure 36: District-wide Need of Services for EVTH India, 2023



Need of Services for EVTH

The district-wise numbers of pregnant women needing EVTH-related services were estimated in the range of <10 and 300, with 418 districts collectively representing 90% of the total EVTH-related service need in India. More than 60% (490) of the districts have less than 25 pregnant mothers living with HIV in need of EVTH-related services in 2023 (24% of the total need). Another 159 districts have the estimated need of EVTH-related services in the range of ≥25 to <50 pregnant women, accounting for 28% of the total need. Each of the rest 113 districts have an estimated need of 50 or more in 2023, representing 48% of the total need in the country (see Table 12). A total of 17 districts were estimated to have EVTH-related service need in the range of ≥100 to <200 and another 3 districts have 200 or more, which collectively comprise around 15% of the total EVTH-related need in India (see Table 13).

Table 12: District Count by EVTH-related Service Need Category, 2023

EVTH-related Need Category	District Count (N=762)	States/UTs having Districts in a Given Category
≥50	113	29
≥25 & <50	159	21
≥10 & <25	212	30
<10	278	32

Figure 36 (see page 50) shows that majority of districts with 50 or more pregnant women in need of EVTH-related services belong to the southern and western States. Among these 56 districts, Andhra Pradesh has the highest number with twenty-one districts, followed by Maharashtra (14), Karnataka (9), Gujarat (4), Tamil Nadu (4) and Telangana (4). In rest of the country, Bihar (14), Uttar Pradesh (13), Punjab (8) and Rajasthan (6) have the notable number of districts with an estimate of 50 or more mothers living with HIV (see Table 13). In addition, States of Delhi, Chhattisgarh, Haryana, Madhya Pradesh, Odisha and West Bengal have 1 to 3 districts with an estimate of 50 or more mothers living with HIV in need of EVTH-related services along with the northeastern States of Meghalaya, Mizoram, Nagaland.

Furthermore, Karnataka (1) and Maharashtra (2) are the only States with districts having EVTH-related need of 200 or greater. Bihar and Karnataka each have three districts with EVTH-related need between ≥100 and <200, followed by Andhra Pradesh (2), Gujarat (2), Maharashtra (2), Telangana (2), Mizoram (1), Punjab (1) and Uttar Pradesh (1).

Table 13: State/UT-wise Districts by EVTH-related Service Need Category, 2023

State/UT	EVTH-related Service Need Category						Total Districts (#)
	<10	≥10 & <25	≥25 & <50	≥50			
				≥50 & <100	≥100 & <200	≥200	
A & N Islands	3						3
Andhra Pradesh	1	1	3	19	2		26
Arunachal Pradesh	24	1					25
Assam	28	2	3				33
Bihar	4	11	9	11	3		38
Chandigarh		1					1
Chhattisgarh	21	7	3	2			33
DNH&DD	3						3
Delhi	1	3	5	2			11
Goa		2					2
Gujarat	4	12	13	2	2		33
Haryana	3	9	9	1			22
Himachal Pradesh	12						12
Jammu & Kashmir and Ladakh	21	1					22
Jharkhand	11	10	3				24
Karnataka	2	4	16	5	3	1	31
Kerala	11	3					14
Madhya Pradesh	21	21	8	2			52
Maharashtra	2	10	10	10	2	2	36
Manipur	10	4	2				16
Meghalaya	7	2		3			12
Mizoram	4	3	3		1		11
Nagaland	5	8	2	1			16
Odisha	16	11	2	1			30
Puducherry	3	1					4
Punjab	1	6	8	7	1		23
Rajasthan	3	12	12	6			33
Sikkim	6						6
Tamil Nadu	10	12	12	4			38
Telangana	2	13	14	2	2		33
Tripura	5	3					8
Uttar Pradesh	17	28	17	12	1		75
Uttarakhand	10	3					13
West Bengal	7	8	5	3			23
Total	**278**	**212**	**159**	**93**	**17**	**3**	**762**

District Prioritization

District-level estimation in 2023 recorded estimated adult HIV prevalence of ≥1% in 29 districts from six States. An estimate of 5,000 PLHIV and more was registered in 165 districts in 30 States, collectively accounting for 64% of the total PLHIV burden in the country. Altogether, 192 districts have either an adult prevalence of ≥1% or PLHIV of ≥5,000. These 192 high priority districts account for 66% of total PLHIV, 55% of total ANI and 60% of total EVTH-related need in India. Again, there are 161 districts from 29 States/UTs that have either adult prevalence in the range from 0.40% to 1.0% or PLHIV between 2,500 and <5,000. These 161 districts of moderate priority have 19% of total PLHIV, nearly 27% of total ANI and 22% of total EVTH-related need. In rest of the country, 183 districts have either a prevalence between ≥0.20% and <0.40% or PLHIV between 1,000 and <2,500. These 183 low priority districts represent almost 11% of the total PLHIV, 13% of total ANI, and 13% of the total need of EVTH-related services.

Table 14: District Prioritization with Epidemic Burden, 2023

Priority Level	Description	District Count (N=762)	Epidemic Burden
High	Adult prevalence ≥1.0% or PLHIV ≥5,000	192	66% of PLHIV 55% of ANI 60% of EVTH-related Need
Moderate	0.40%≤ Adult prevalence <1.0% or 2,500≤ PLHIV <5,000	161	19% of PLHIV 27% of ANI 22% of EVTH-related Need
Low	0.20%≤ Adult prevalence <0.40% or 1,000≤ PLHIV <2,500	183	11% of PLHIV 13% of ANI 13% of EVTH-related Need
Very Low	Adult prevalence <0.20% or PLHIV <1,000	226	4% of PLHIV 5% of ANI 5% of EVTH-related Need

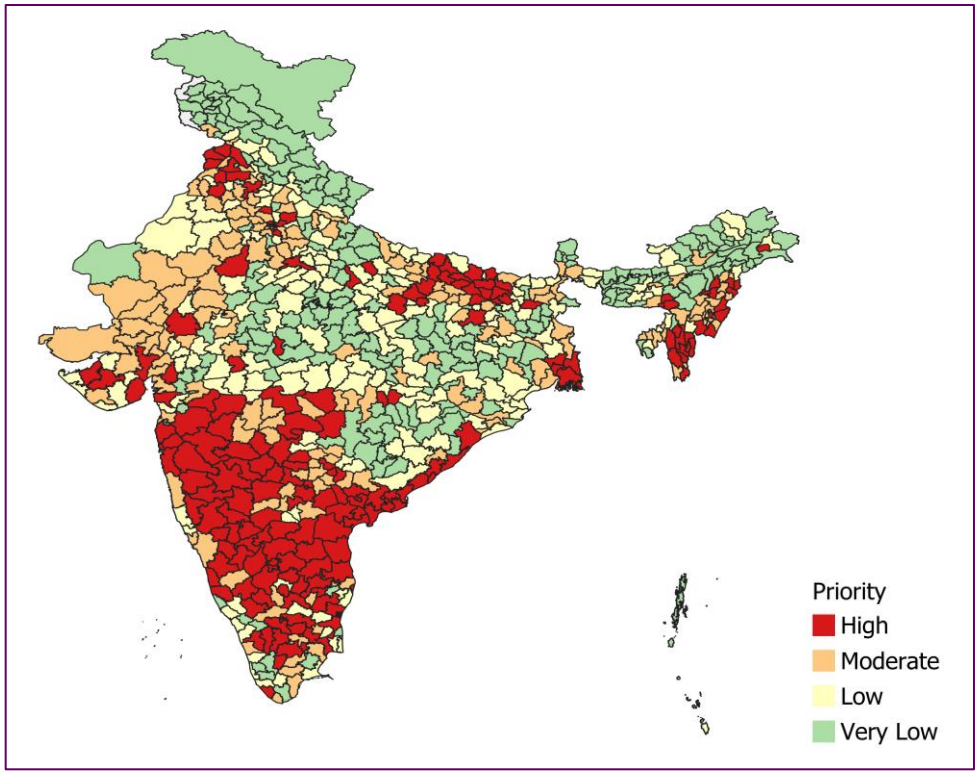
More than half of the high priority districts (108) are concentrated in the southern and western region of India that includes Andhra Pradesh, Karnataka, and Maharashtra with 24 districts each, followed by Tamil Nadu (15), Telangana (13), Gujarat (6), and Kerala (2) (see Figure 37 on page 55, and Table 15). Among other States, Bihar and Uttar Pradesh have thirteen high priority districts each, along with Punjab (9), Delhi (7), West Bengal (5), Chhattisgarh (2), Haryana (2), Madhya Pradesh (2), Rajasthan (2) and Odisha (1). In the northeastern region, Mizoram and Nagaland have the leading number of high priority districts (10 each), followed by Manipur (5), Meghalaya (2) and Arunachal Pradesh (1).

Districts with moderate priority are largely located across eleven States, viz. Uttar Pradesh (17), Rajasthan (14), Telangana (13), Gujarat (12), Maharashtra (10), Manipur (10), Punjab (10), Tamil Nadu (9), Haryana (8) and Bihar (7). The remaining 42 moderate priority districts have been noted among eighteen other States/UTs, with each having 1 to 5 such districts (see Table 15).

Table 15: State/UT-wide Districts by Priority Level, 2023

State/UT	Priority Level				Total Districts (#)
	High	Moderate	Low	Very Low	
A & N Islands			1	2	3
Andhra Pradesh	24	1	1		26
Arunachal Pradesh	1	1	5	18	25
Assam		3	3	27	33
Bihar	13	7	13	5	38
Chandigarh		1			1
Chhattisgarh	2	3	10	18	33
DNH&DD			1	2	3
Delhi	7	3	1		11
Goa		1	1		2
Gujarat	6	12	12	3	33
Haryana	2	9	8	3	22
Himachal Pradesh			3	9	12
Jammu & Kashmir and Ladakh		1	1	20	22
Jharkhand		3	5	16	24
Karnataka	24	5	2		31
Kerala	2	1	6	5	14
Madhya Pradesh	2	3	24	23	52
Maharashtra	24	10	1	1	36
Manipur	5	10	1		16
Meghalaya	2	1	3	6	12
Mizoram	10	1			11
Nagaland	10	5	1		16
Odisha	1	4	14	11	30
Puducherry			2	2	4
Punjab	9	10	3	1	23
Rajasthan	2	14	10	7	33
Sikkim				6	6
Tamil Nadu	15	9	9	5	38
Telangana	13	13	6	1	33
Tripura		4	2	2	8
Uttar Pradesh	13	17	26	19	75
Uttarakhand		1	3	9	13
West Bengal	5	8	5	5	23
Total	**192**	**161**	**183**	**226**	**762**

Figure 37: District Prioritization under NACP, 2023



Chapter 6 Discussion

The NACP has adopted an evidence-based approach to optimize India's HIV response. A key activity under NACP, the HIV burden estimation is carried out following a rigorous process and robust scientific methods using updated programme and surveillance data to produce latest evidence on the key epidemic indicators – Adult HIV prevalence, PLHIV size, HIV Incidence, AIDS-related Mortality, and EVTH-related service needs. The estimates provide insights into the dynamics of the epidemic and its current level across geographies of India that are critical not only to prioritise programmes and resources, but also to assess the impact of India's HIV/AIDS response.

The 2023 round of HIV estimation has been implemented by the NACO in collaboration with ICMR-NIRDHDS and eight Regional Institutes following a rigorous process and robust scientific methods approved by the Sub-Group (HIV burden estimation), TWG (S&E) and TRG (S&E). Using the latest data on demographic, surveillance and programme input, the 2023 HIV estimates were generated by the UNAIDS-supported Spectrum 6.33 version which included most recent updates on epidemiological assumptions and model parameters. As 2023 is mid-way to the NACP-V timeline, these estimates are crucial to assess the progress towards the national targets under NACP-V.

The 2023 HIV estimates indicated the overall declining trajectory of the epidemic in India. With an adult HIV prevalence of 0.20% in 2023, the overall epidemic in India continues to be low. However, India still has 25.44 lakh people living with HIV in 2023 with 44% of them being women, and the trend has been stabilizing over the last ten years. It reiterates the need for constant reinforcement of India's AIDS response to get these PLHIV to become aware of their HIV status at earliest and start taking ART so that they are virally suppressed. Hence, despite a low epidemic prevalence, HIV continues to be a public health challenge in India in pursuit of achieving the 'End of AIDS' by 2023.

The positive impact of HIV prevention strategies and treatment services under various phases of NACP has been highlighted by the 2023 HIV estimates, especially considering these two key impact indicators: 52% decline in number of ANI and 86% decline in number of ARD in 2023 from the year 2007 when the NACP-III programme was launched with a focus on treatment scale-up as a strategy of HIV prevention. In the context of achieving 80% reduction in ARD by 2025 as envisaged under NACP-V, 79% reduction in the number of ARD between 2010 to 2023 reiterates the high impact of intensified care and treatment services in India. Decline in ARD among adult women (82%) and children (89%) between 2010 to 2023 resonates even more with the NACP-V target. However, the 2023 estimates also indicated a slowdown in the rate of decline in ANI in recent years. Nationally, new

infections in 2023 declined by 44% from 2010, which is still halfway to the target of 80% reductions in ANI by 2025. The slower decline in new infections coupled with a faster drop in AIDS-related mortality could be contributing to the stabilizing trend in PLHIV in India.

The 2023 HIV estimates highlight diverse trajectories of the epidemic across States/UTs as well as at a more granular level of the districts. The adult HIV prevalence continues to be more than 1% in Mizoram and Nagaland, with both States having highest number of districts in this range. Manipur was close with a 0.87% prevalence with Andhra Pradesh, Karnataka, Meghalaya, Punjab and Telangana having a prevalence between 0.40% to 1%. Among 96 districts with prevalence between 0.40% and 1%, these six States included 75 districts. Epidemic trend was rising in Punjab and northeastern States, except Nagaland and Manipur albeit with a high prevalence therein.

However, the northeastern States shared only a smaller proportion of India's total PLHIV burden in 2023. There were only nine States which accounted for 74% of total PLHIV cases in India. Closer inspection of PLHIV sizes across States/UTs in 2023 revealed that the epidemic was no longer largely concentrated across southern region but has substantially proliferated into other parts of the country too. While the States of Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, and Telangana together shared 52% of total PLHIV burden in the country, States of Uttar Pradesh, Bihar, Gujarat, Punjab, Rajasthan, West Bengal, Madhya Pradesh, Delhi, and Haryana accounted for 36% of the total PLHIV. Moreover, these 14 States collectively represented 82% of the total ANI, 88% of total ARD, and 86% of total EVTH-related needs. Across 762 districts in India, 165 districts had PLHIV size of 5,000 and more which together shared 64% of the total PLHIV in the country. Southern States of Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, and Telangana included 100 districts with 5000 or more PLHIV. The rest of such districts were concentrated in the States of Uttar Pradesh, Bihar, Punjab, Gujarat, West Bengal, Rajasthan, Madhya Pradesh, Delhi, and Haryana.

The objective of the district-level HIV estimation is to prioritize the districts in terms of epidemic burden so that a more decentralized programme planning and monitoring can be designed to channelize the efforts and resources at granular level. The district-level HIV estimation in 2023 categorised 192 districts with high priority, which collectively shared 66% of the total PLHIV, 55% of total ANI and 60% of the total need of EVTH-related services in India. More than 50% of the high priority districts (108) were concentrated in the southern and western States of Andhra Pradesh, Karnataka, and Maharashtra, Tamil Nadu, Telangana, Gujarat, and Kerala. Among other States, Bihar, Uttar Pradesh, and Punjab had higher number of districts with high priority.

The dynamics of HIV incidence during 2023 came as highly diversified across States/UTs in India. The States of Punjab, Bihar, and Uttar Pradesh had the highest numbers of new infections in 2023, which combined with the figures from Maharashtra, Andhra Pradesh, Rajasthan, and Karnataka, accounted for about 58% of the total ANI in the country. These seven States were also among those with higher PLHIV sizes. HIV prevention, diagnosis and treatment services are critical in these States. There were only 95 districts out of 762

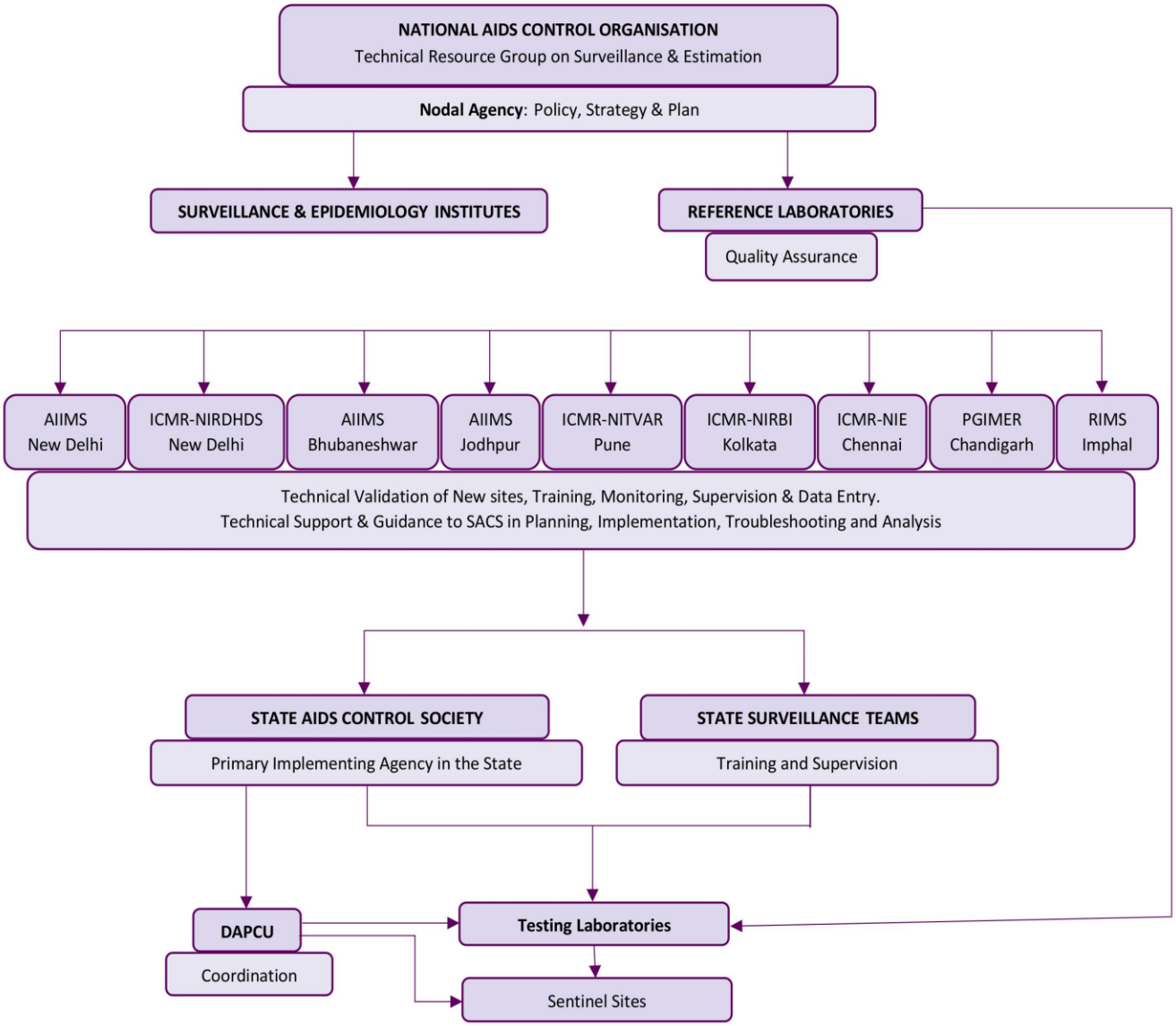
with 200 or more new infections, and half of these districts were in Punjab, Bihar and Uttar Pradesh. Half of the States/UTs had seem to have faster decline in ANI between 2010 and 2023 than the national decline of 44%. However, these included only six high burden States of Andhra Pradesh, Karnataka, Tamil Nadu, Telangana, Maharashtra and Gujarat. The States of Bihar, Uttar Pradesh, and Rajasthan, with highest ANIs, showed slower decline than the national average. In contrast, in all the northeastern States which had low PLHIV sizes, new infections were either increasing or decreasing at a slower rate than national average. Prevention of new infections remains a critical challenge for NACP in pursuit of the SDG-3.3 target of the 'Ending AIDS' by 2030. The slowdown calls for the optimization of current prevention approaches to channelize efforts at most-at-risk regions and population to offset the diminishing returns and accelerate progress towards realising NACP-V target.

HIV estimates of 2023 continues to reiterate the success of HIV care and treatment services under NACP. Between 2010 and 2023, ARD declined by more than 70% in eighteen States/UTs across India. The States/UTs of Goa, Andhra Pradesh, West Bengal, Tamil Nadu, Himachal Pradesh, Telangana, and Karnataka have already surpassed the NACP-V milestone of 80% reduction in ARD from 2010. However, in the light of increasing trend of ARD in Punjab, and Delhi along with a slower rate of decline in some of the States/UTs, there remains some source of concern that needs to be addressed with reinforced efforts at treatment and care services to attain the NACP target across India. Further strengthening of diagnostic and treatment services, especially in the high prevalence States, would simultaneously ensure greater ART coverage and viral suppression among PLHIV that would augment faster decline in HIV incidence by fast-tracking progress on 'undetectable = untransmittable'.

Efforts are also being channelized to increase HIV testing among pregnant mothers and to expand coverage of EVTH-related services so that no child is born with HIV. In 2023, 19.96 thousand pregnant women required EVTH-related services, only a 35% decline from 2010. A significant achievement is evidenced by 81% decline in ANI among children between 2010 and 2023. Mother-to-Child transmission rate was nearly 12% in 2023, an improvement from 41% in 2010. Maharashtra, Uttar Pradesh, Bihar, Andhra Pradesh, and Karnataka had the highest number of pregnant mothers needing EVTH-related services, accounting for 49% of the total need in the country. These five States also represented majority of the districts where at least 50 pregnant women needed EVTH-related services.

The HIV estimates for 2023 has brought out critical epidemiological updates using latest data and methods. The findings not only demonstrate the heterogeneity of the HIV epidemic in India, but also reflect the country's progress towards national and global targets. The 2023 HIV estimates will augment India's epidemic response by informing the policy makers, programme managers, and all other related stakeholders on the most recent status of the HIV/AIDS epidemic.

Annexure 1: Institutional Arrangements for Surveillance and Epidemiology under NACP



Annexure 2: Composition of NACO's Sub-Group (HIV Burden Estimation)

T/11020/1/2021/Surveillance & Epidemiology
Government of India
Ministry of Health and Family Welfare
National AIDS Control Organization

6th & 9th Floor, Chanderlok Building,
36, Janpath, New Delhi, 110001
Dated 15.12.2021

OFFICE ORDER

Subject: Sub-Group (HIV Burden Estimation) of NACO's Technical Working Group (Surveillance & Epidemiology) under National AIDS Control Programme

1. NACO's Surveillance & Epidemiology (S&E) functions have evolved significantly into an ambitious framework for Integrated and Enhanced Surveillance & Epidemiology (IESE) of HIV, STIs and related co-morbidities under the National AIDS Control Programme to anchor the national AIDS response towards the attainment of 2030 SDG 3.3 of ending AIDS as a public health threat. The IESE framework is guided through a robust institutional mechanism under the guidance of NACO's Technical Resource Group (TRG) and Technical Working Group (TWG) (Surveillance and Epidemiology).
2. Consequent to framing up of IESE framework, it has been decided to constitute Sub-Group (HIV Burden Estimation) of NACO's Technical Working Group (Surveillance & Epidemiology) under National AIDS Control Programme. The composition and ToR of the Sub-Group on HIV Burden Estimation are as below:

Particulars	Details
Chair	Dr Arvind Pandey, National Chair (Medical Statistics), ICMR and Former Director, ICMR-NIMS, New Delhi
Co-Chairs	1. Director, ICMR-NIMS, New Delhi 2. HoD, Strategic Information (S&E), NACO
Member Secretary	Senior-most consultant NACO's Strategic Information (S&E) division
Ex-officio institutional member	1. All focal persons of National and Regional institutes (Surveillance & Epidemiology) under NACP 2. All DDs/ADGs, NACO
Technical Experts	1. Dr Shashi Kant, Professor and Head, Centre for Community Medicine, AIIMS, New Delhi 2. Dr S K Singh, Professor, Department of Mathematical Demography & Statistics, IIPS, Mumbai 3. Dr D K Shukla, Former Director I/C, National Institute of Medical Statistics, New Delhi 4. Dr Bilali Camara, Medical Epidemiologist 5. Mr Taoufik Bakkali, HIV Disease Burden Expert
Special Invitees	1. Subject Experts/ UNAIDS/WHO/ Community Experts/ State AIDS Control Societies/Other Partner Agencies (As per the approval of the Chair): Up to 6 per meeting
ToR	1. The Sub-Group of TWG will meet at least once a year. 2. The Sub-Group will a. Review and recommend the method, results, and policy implications

Particulars	Details
	of the HIV burden estimation activities under NACO's IESE framework, b. Any other work on HIV burden estimations as per the approval of competent authority. 3. The quorum for the meeting of the Sub-Group shall be complete when a. The meeting is presided by either the Chair or one of the Co-Chairs as per approval of the Chair, and b. The meeting is attended by at-least one third of its total nominated member (Ex-officio institutional member/ Technical Experts). 4. The expenditure for the functioning of the Sub-Group will be regulated in accordance with the instructions issued from time to time. The coordination of the functioning will be done by the senior most consultant (S&E) in NACO. 5. The recommendations of the sub-group will be presented/circulated to the NACO's TWG Surveillance and Epidemiology for their review and recommendation for the next steps. 6. NACO will duly acknowledge the Sub-Group of TWG in all publications (operational manuals, technical/policy briefs, reports, scientific papers) emanating from the activities carried out under the guidance of the Sub-Group concerned. 7. The members/special invitees may acquire knowledge and information during Sub-Group meetings which is not available within the public domain otherwise. All such knowledge and information which may be acquired being member of Sub-Group shall be regarded as strictly confidential and shall not be directly and indirectly disclosed to any person until and unless the knowledge appears in the public domain through NACO's authorized publications/dissemination/releases. 8. The Sub-Group of TWG will be re-constituted periodically as per the approval of the competent authority.

This issues with the approval of the Additional Secretary & Director General (NACO), Government of India

Chinmoyee Das 17/3/2023

(Dr Chinmoyee Das)
Assistant Director General-Strategic Information

To

1. Dr Arvind Pandey, National Chair (Medical Statistics), ICMR
2. Dr M. Vishnu Vardhana Rao, ICMR-NIMS
3. All members of HIV Burden Estimation Sub-Group as per list enclosed
4. Dr Pradeep Kumar, PO (Surveillance & Epidemiology), NACO

Copy To

1. Sr. PPS to Addl. Secretary & DG (NACO)
2. PPS to Director (NACO)
3. Dr Sanjay Mehendale, Chair, NACO's TRG (S&E) under National AIDS Control Programme
4. Dr DCS Reddy, Chair, NACO's Technical Working Group (S&E) under National AIDS Control Programme
5. Dr Shobini Rajan, Co-Chair, NACO's TWG (S&E) under National AIDS Control Programme
6. All HoDs & DDs, NACO

List of members of HIV Burden Estimation Sub-Group

1. All focal persons of National and Regional institutes (Surveillance & Epidemiology) under NACP
2. All DDs/ADGs, NACO
3. Dr Shashi Kant, Professor and Head, Centre for Community Medicine, AIIMS, New Delhi
4. Dr S K Singh, Professor, Department of Mathematical Demography & Statistics, IIPS, Mumbai
5. Dr D K Shukla, Former Director I/C, National Institute of Medical Statistics, New Delhi
6. Dr Bilali Camara, Medical Epidemiologist
7. Mr Taoufik Bakkali, HIV Disease Burden Expert
8. Subject Experts/ UNAIDS/WHO/ Community Experts/ State AIDS Control Societies/Other Partner Agencies (As per the approval of the Chair): Up to 6 per meeting

Annexure 3: Composition of NACO's Technical Working Group (Surveillance & Epidemiology)

File Number: T-11020/01/2021-NACO (Surveillance & Epidemiology)
National AIDS Control Organization
Ministry of Health & Family Welfare
Govt of India

6th and 9th Floor, Chanderlok Building,
36, Janpath, New Delhi, 110001
Dated 26th July 2021

OFFICE ORDER

Subject: Technical Working Group (TWG) on Surveillance & Epidemiology (S&E) under NACP

***

I. NACO's S&E functions have evolved significantly into an ambitious framework for integrated and enhanced Surveillance & Epidemiology of HIV, STIs and related co-morbidities under the National AIDS Control Programme to anchor the national AIDS response towards the attainment of 2030 SDG 3.3 of ending AIDS as a public health threat.

II. Consequent to the evolution of NACO's S&E functions necessitating the need to include new experts, it has been decided to reconstitute the TWG. The composition and ToR of the reconstituted TWG are as below:

Particulars	Details
Chair	Dr DCS Reddy (Former HoD, Department of Community Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh)
Co-Chair	Dr Shobini Rajan, CMO-SAG, NACO, GoI
Member Secretary	Senior-most consultant in SI (Surveillance and Epidemiology) division: Ex-officio member secretary
Ex-officio institutional member	1. Director, ICMR-NIMS New Delhi & All focal persons of national and regional institutes of Surveillance & Epidemiology 2. Nominee of Director (NCDC) engaged with viral hepatitis surveillance 3. Micro-biology lab in-charge, Apex Regional STI Centre, VMMC & Safdarjung Hospital, New Delhi/representatives 4. HoD, Dept of Community Medicine, Zoram Medical College, Govt of Mizoram/representatives 5. All Deputy Directors, NACO

Experts	1. Prof. Arvind Pandey, National Chair (Medical Statistics), ICMR and Former Director: ICMR - National Institute of Medical Statistics, New Delhi 2. Dr Shashi Kant, Professor and Head, Centre for Community Medicine, AIIMS, New Delhi 3. Dr S K Singh, Professor, Department of Mathematical Demography & Statistics, IIPS, Mumbai 4. Dr Aarti Tewari, Microbiologist, NCDC, New Delhi 5. Dr JVDS Prasad, Prof. of STD/DVL, Osmania Medical College, Hyderabad 6. Dr Venkateshan Chakrapani, Community Expert 7. Ms Shruta Rawat, Community Expert 8. Dr Brogen Singh Akoijam, Professor, Community Medicine RIMS-Imphal & Expert (Epidemiology) 9. Dr Vezokholu Theyo, Public Health Specialist, Nagaland
Special Invitees	Technical Experts/ UN/bilateral organizations/ Community Experts/ State AIDS Control Societies/Others: As per the approval of the Chair and Co-Chair (Up to 6 per meeting)

Terms of Reference (ToR)

1. Review and recommend the detailed design, operational manuals, tools, results, and policy implications of the activities of integrated and enhanced Surveillance and Epidemiology of HIV, STIs and related co-morbidities under the National AIDS Control Programme in view of the evolving programme needs and the global recommendations. This will include, but not limited to, following areas:
    a. The existing activities of various bio-behavioural surveillance survey, epidemiological investigations into the level, trend and drivers of the HIV/AIDS epidemic and related risk behaviours, in-depth analysis of epidemiological data, HRG size estimations, epidemic profile, district prioritization/categorization etc,
    b. HIV, STI and related Co-morbidities burden estimations (2020 and onward rounds)
    c. Newer activities of programme data-based surveillance & epidemiology, surveillance blood specimen repository, national/state/district level HIV burden estimations (programme-data based or any other suitable modelling techniques), stigma surveillance, mortality surveillance, incidence, and viral load surveillance etc.
2. Any other areas pertaining to the Surveillance & Epidemiology under NACP
3. Periodic review and recommendation on the action plans of national and regional institutes under SI-Surveillance & Epidemiology division of NACO including the project team structures, TA/DA norms, training norms, financial norms etc.
4. The working group will meet at least once in six months. The expenditure for the functioning of this Technical Working Group will be regulated in accordance with the instructions issued from time to time.
5. The recommendations of this working group will be presented/circulated to the TRG (Surveillance and Epidemiology) for their ratification/approval.

Ujjwayee Das

6. NACO will duly acknowledge the Technical Working Group in all publications (operational manuals, technical/policy briefs, reports, scientific papers) emanating from the activities carried out under the guidance of the TRG.

7. The members/special invitees may acquire knowledge and information during TWG meeting which is not available within the public domain otherwise. All such knowledge and information which may be acquired being TWG members shall be regarded as strictly confidential and shall not be directly and indirectly disclosed to any person until and unless the knowledge appears in the public domain through NACO's authorized publications/dissemination/releases.

III. The TWG will be reconstituted periodically as per the approval of the competent authority.

This issue with the approval of Additional Secretary & Director General (NACO), Government of India.

Chinmoyee Das
26/7/2021

(Dr Chinmoyee Das)
DD-SI Division

To

1. Dr DCS Reddy (Former HoD, Department of Community Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh)
2. All members of TWG (Surveillance & Epidemiology) mentioned above

Copy to

1. Sr. PPS to Additional Secretary & Director General, NACO
2. PS to Director (NK), NACO
3. All HoDs, NACO

Annexure 4: Composition of NACO's Technical Resource Group (Surveillance & Epidemiology)

T-11020/02/2015-NACO (Surveillance)/Part-2
National AIDS Control Organization
Ministry of Health & Family Welfare
Govt of India

6th and 9th Floor, Chanderlok Building,
36, Janpath, New Delhi, 110001
Dated 4th April 2022

OFFICE ORDER

Subject: Technical Resource Group (TRG) on Surveillance & Epidemiology (S&E) under NACP

***

1. NACO's S&E functions have evolved significantly into an ambitious framework for integrated and enhanced Surveillance & Epidemiology of HIV, STIs and related co-morbidities under the National AIDS Control Programme to anchor the national AIDS response towards the attainment of 2030 SDG 3.3 of ending AIDS as a public health threat.
2. Consequent to the evolution of NACO's S&E functions, changes in positions and non-availability of some members and the need to include members from other related institutions, it has been decided to reconstitute the TRG. The composition and ToR of the reconstituted TRG is as below:

Particulars	Details
Chair	Additional Secretary and Director General, NACO
Co-Chair	Dr Sanjay Mehendale (Former Additional Director General, ICMR and Director, Research, PD Hinduja Hospital and Medical Research Centre, Mumbai, India)
Member Secretary	HoD-Surveillance & Epidemiology (SI)
Ex-officio institutional member	1. Joint Secretary (JS), NACO as Ex-officio institutional member. In case the position of JS (NACO) is vacant, then officer at the level of Director/Deputy Secretary as nominated by AS&DG (NACO) till the position of JS (NACO) is filled up. 2. Nominee of DGHS I. From Directorate II. From Hospital (Central Government) 3. Nominee of Director, NCDC engaged with viral hepatitis 4. Country Director, WHO India/Representatives 5. Dr Peter Ghys, Director, Strategic Information and Evaluation, UNAIDS, Geneva/ Representatives 6. Country Director, UNAIDS India /Representatives 7. Head-Division of Epidemiology & Communicable Diseases, ICMR/Representatives 8. Focal Person, Apex Regional STI Centre, VMMC & Safdarjung Hospital, New Delhi 9. Focal Person, National Institutes (S&E, NACO) (AIIMS-New Delhi and ICMR-NIMS-New Delhi) 10. Focal Person-Apex Lab (Surveillance & Epidemiology), ICMR-NARI-Pune 11. Director, IIPS, Mumbai/Representatives 12. Programme Director, CoE, Maulana Azad Medical College, New Delhi 13. Programme Director, pCoE, Kalawati Saran Children's Hospital & Lady Hardinge Medical College, Delhi 14. All Heads of NACO's Programme divisions

Technical Experts	1. Dr DCS Reddy, Former HoD, Dept of Community Medicine, Banaras Hindu University, Lucknow and Ex-NPO, WHO 2. Prof. Arvind Pandey, National Chair (Medical Statistics), ICMR and Former Director: ICMR - National Institute of Medical Statistics, New Delhi 3. Dr Shashi Kant, Professor and Head, Centre for Community Medicine, AIIMS, New Delhi 4. Dr Rajesh Kumar, Ex-Head, School of Public Health, PGIMER, Chandigarh 5. Dr Raman Gangakhedkar, Former Head-Division of Epidemiology & Communicable Diseases, ICMR 6. Dr Bilali Camara, Senior Medical Epidemiologist 7. Dr Sanjay Dixit, Dept of Community Medicine, MGM Medical College, Indore 8. Dr D K Shukla, Former Director I/C, National Institute of Medical Statistics, New Delhi 9. Dr Sheela V Godbole, Scientist F and HoD-Epidemiology, ICMR-NARI-Pune 10. Dr PVM Lakshmi, Community Medicine and School of Public Health, PGIMER-Chandigarh 11. Mr Taoufik Bakkali, Former SI Advisor, UNAIDS India 12. Dr John Stover, Vice President, Avenir Health, and member, UNAIDS HIV Estimation Reference group 13. Mr Ashok R Kavi, Community expert 14. Mx Abhina Aher, Community expert 15. Shri Manoj Pardesi, Community expert 16. Dr Seema Sood, Professor, Dept. of Microbiology, AIIMS-New Delhi 17. Dr R S Gupta, Public Health expert & Former DDG, NACO 18. Dr Kuldeep Singh Sachdeva, HIV-TB expert & Former DDG, NACO 19. Dr Nandini K. Kumar, Bioethics expert
Special Invitees	Technical Experts/ UN/bilateral organizations/ Community Experts/ State AIDS Control Societies/Others (As per the approval of the Member Secretary): Up to 6 per meeting

Terms of Reference

1. The TRG will meet at least once a year.
2. The quorum for the meeting of the TRG shall be complete when
    a. The meeting is presided by either the Chair or the Co-Chair, and
    b. The meeting is attended by at-least one third of its total nominated member
3. The TRG will
    a. Provide strategic guidance to the integrated and enhanced Surveillance and Epidemiology of HIV, STIs and related co-morbidities under National AIDS Control Programme, and
    b. Review and recommend the design and results of the activities of Surveillance and Epidemiology (including estimations) as recommended by Technical Working Group-Surveillance & Epidemiology through presentation/circulation.
    c. Any other work as per the guidance of competent authority.
4. The expenditure for the functioning of the TRG will be regulated in accordance with the instructions issued from time to time. The coordination of the functioning will be done by the senior most consultant (S&E) in NACO.
5. NACO will duly acknowledge the Technical Resource Group in all publications (operational manuals, technical/policy briefs, reports, scientific papers) emanating from the activities carried out under the guidance of the TRG.

6. The members/special invitees may acquire knowledge and information during TRG meetings which is not available within the public domain otherwise. All such knowledge and information which may be acquired being TRG members shall be regarded as strictly confidential and shall not be directly and indirectly disclosed to any person until and unless the knowledge appears in the public domain through NACO's authorized publications/dissemination/releases.

3. The TRG will be reconstituted periodically as per the approval of the competent authority.

This issues with the approval of Addl. Secretary & DG, NACO, Government of India.

Chinmoyee Das
04/4/22
(Dr Chinmoyee Das)
HoD-Strategic Information

To

1. Dr Sanjay Mehendale (Former Additional Director General, ICMR and Director, Research, PD Hinduja Hospital and Medical Research Centre, Mumbai, India
2. All members of TRG (Surveillance & Epidemiology)

Copy to

1. Sr. PPS to Additional secretary & Director General, NACO
2. PPS to Director (NK), NACO
3. All HoDs, NACO

Annexure 5: State/UT-wise HIV Estimates for Key Indicators, 2023

S. No.	State/UT	Adult (15-49 years) HIV Prevalence (%)	Total Number of PLHIV (in Thousands)	HIV Incidence per 1,000 Uninfected Population	Total Number of Annual New HIV Infection	Change in ANI, 2010 to 2023 (%)	AIDS-related Death per 1,00,000 Population	Total Number of AIDS-related Deaths	Change in ARD, 2010 to 2023 (%)	Need of Services for EVTH
1	A & N Islands	0.16 (0.08-0.33)	0.51 (0.27-1.03)	0.05 (0.02-0.22)	20 (8-87)	-53.49	2.46 (0.75-7.00)	10 (3-28)	-44.44	4 (2-10)
2	Andhra Pradesh	0.62 (0.53-0.74)	320.22 (282.76-368.07)	0.07 (0.04-0.11)	3509 (2219-5753)	-76.08	10.04 (7.15-14.89)	5311 (3783-7876)	-86.26	1797 (1539-2137)
3	Arunachal Pradesh	0.25 (0.21-0.32)	2.47 (2.07-3.10)	0.23 (0.18-0.33)	359 (278-502)	+469.84	1.40 (1.10-1.87)	22 (17-29)	+214.29	25 (21-32)
4	Assam	0.13 (0.11-0.16)	32.03 (27.02-39.74)	0.06 (0.04-0.09)	2021 (1260-3277)	+22.11	0.95 (0.69-1.45)	337 (243-513)	-34.94	264 (219-327)
5	Bihar	0.16 (0.14-0.20)	155.65 (132.71-196.04)	0.07 (0.05-0.10)	8271 (6096-12456)	-9.50	1.47 (1.14-1.90)	1838 (1435-2386)	-57.50	1823 (1575-2258)
6	Chandigarh	0.26 (0.17-0.39)	2.60 (1.74-3.83)	0.07 (0.03-0.23)	81 (40-278)	-53.18	1.43 (0.78-3.04)	17 (9-37)	-50.00	17 (11-27)
7	Chhattisgarh	0.16 (0.16-0.18)	40.17 (37.65-44.53)	0.04 (0.03-0.05)	1252 (862-1583)	-60.81	3.29 (2.53-4.45)	984 (756-1332)	-65.12	430 (381-500)
8	DNH&DD	0.18 (0.13-0.25)	1.75 (1.35-2.43)	0.07 (0.04-0.13)	89 (51-154)	+67.92	0.97 (0.66-1.76)	12 (8-21)	-79.31	8 (6-13)
9	Delhi	0.31 (0.25-0.38)	58.87 (47.46-71.88)	0.13 (0.09-0.19)	2710 (1811-3991)	-21.83	4.87 (2.13-9.15)	1026 (449-1929)	+13.37	408 (325-519)
10	Goa	0.29 (0.26-0.40)	4.47 (3.96-5.86)	0.06 (0.04-0.11)	96 (67-175)	-4.95	2.12 (1.52-3.64)	33 (24-57)	-93.24	28 (22-40)
11	Gujarat	0.19 (0.17-0.22)	120.31 (110.10-138.92)	0.04 (0.03-0.06)	2671 (1796-4490)	-56.86	1.13 (0.77-1.68)	800 (547-1194)	-66.44	1121 (964-1353)
12	Himachal Pradesh	0.11 (0.09-0.13)	7.88 (6.63-9.02)	0.03 (0.02-0.04)	209 (144-292)	-61.01	0.87 (0.62-1.21)	64 (46-90)	-84.58	34 (28-41)
13	Haryana	0.23 (0.19-0.28)	56.58 (46.19-67.19)	0.10 (0.07-0.13)	2898 (1995-3875)	-24.26	1.02 (0.69-1.44)	305 (208-431)	-79.36	513 (417-627)
14	Jammu & Kashmir and Ladakh	0.06 (0.04-0.08)	6.69 (4.85-9.13)	0.01 (0.01-0.03)	175 (90-340)	-75.11	1.01 (0.48-1.96)	137 (64-264)	-52.92	30 (22-43)
15	Jharkhand	0.07 (0.06-0.09)	23.79 (18.73-28.46)	0.02 (0.01-0.03)	744 (510-1145)	-57.94	0.50 (0.30-0.79)	194 (115-309)	-64.79	335 (264-414)
16	Karnataka	0.42 (0.36-0.48)	280.50 (246.26-314.66)	0.05 (0.03-0.06)	3175 (2104-4026)	-70.19	8.32 (5.71-11.69)	5599 (3842-7865)	-81.68	1662 (1421-1891)
17	Kerala	0.07 (0.06-0.09)	24.42 (20.99-30.91)	0.01 (0.01-0.02)	325 (211-775)	-74.39	0.81 (0.53-1.39)	288 (190-495)	-71.54	102 (79-147)
18	Meghalaya	0.43 (0.37-0.55)	9.50 (7.99-12.09)	0.28 (0.20-0.45)	928 (646-1470)	+124.70	1.58 (1.13-2.34)	52 (38-78)	-29.73	299 (253-377)
19	Maharashtra	0.29 (0.24-0.35)	389.63 (341.59-450.96)	0.04 (0.02-0.06)	4443 (2786-7233)	-66.69	5.94 (3.93-9.39)	7462 (4939-11783)	-78.59	2144 (1777-2585)
20	Manipur	0.87 (0.73-1.03)	24.47 (20.98-28.36)	0.22 (0.11-0.32)	686 (356-1030)	-43.91	15.32 (10.71-21.29)	490 (342-681)	-68.63	155 (128-183)
21	Madhya Pradesh	0.10 (0.07-0.14)	70.17 (52.56-101.54)	0.02 (0.01-0.03)	1515 (883-2678)	-68.46	1.26 (0.88-1.82)	1082 (751-1562)	-79.63	817 (608-1183)
22	Mizoram	2.73 (2.18-3.32)	25.29 (20.44-31.10)	1.02 (0.70-1.44)	1226 (840-1727)	-17.33	10.81 (6.88-16.20)	133 (84-199)	-77.72	292 (235-351)
23	Nagaland	1.37 (1.30-1.47)	23.09 (21.76-25.19)	0.46 (0.39-0.56)	1008 (857-1231)	-37.08	9.68 (7.58-12.98)	214 (167-287)	-76.22	288 (262-318)
24	Odisha	0.12 (0.11-0.14)	47.51 (42.92-53.42)	0.02 (0.02-0.03)	1135 (874-1509)	-70.17	2.07 (1.63-2.82)	955 (748-1299)	-64.79	394 (335-464)
25	Puducherry	0.18 (0.07-0.35)	2.79 (1.64-4.80)	0.05 (0.005-0.19)	89 (8-311)	-12.75	3.19 (1.26-8.46)	52 (21-137)	-73.87	14 (8-29)
26	Punjab	0.42 (0.40-0.44)	105.79 (98.03-119.60)	0.30 (0.26-0.36)	9103 (8050-10944)	+116.69	1.85 (1.30-2.81)	566 (398-857)	+41.50	1027 (934-1130)
27	Rajasthan	0.12 (0.09-0.16)	82.45 (63.71-107.97)	0.04 (0.02-0.07)	3355 (1512-5929)	-23.07	0.55 (0.36-0.91)	442 (291-731)	-75.15	992 (733-1321)
28	Sikkim	0.11 (0.06-0.18)	0.61 (0.33-0.98)	0.04 (0.02-0.11)	28 (10-77)	-22.22	0.76 (0.30-1.65)	5 (2-11)	+25.00	10 (5-18)
29	Tamil Nadu	0.20 (0.17-0.25)	168.89 (143.38-200.22)	0.02 (0.01-0.05)	1762 (1007-3768)	-69.01	2.44 (1.66-3.69)	1867 (1267-2827)	-84.70	976 (803-1251)
30	Telangana	0.44 (0.35-0.57)	158.16 (133.92-193.20)	0.08 (0.04-0.15)	2962 (1548-5673)	-57.98	7.44 (4.11-13.13)	2816 (1557-4971)	-81.69	1118 (906-1438)
31	Tripura	0.37 (0.33-0.44)	10.13 (8.77-12.11)	0.32 (0.27-0.42)	1330 (1093-1722)	+524.41	1.08 (0.80-1.48)	44 (33-61)	+300.00	65 (55-81)
32	Uttarakhand	0.13 (0.09-0.17)	12.30 (9.31-15.87)	0.04 (0.03-0.06)	479 (327-734)	-55.36	1.60 (0.86-2.91)	184 (99-335)	-39.07	80 (58-114)
33	Uttar Pradesh	0.10 (0.07-0.14)	197.45 (137.55-258.78)	0.03 (0.02-0.06)	7841 (4124-14955)	-31.94	0.78 (0.40-1.50)	1816 (939-3508)	-75.14	2097 (1451-2822)
34	West Bengal	0.08 (0.08-0.10)	77.22 (70.55-88.52)	0.02 (0.02-0.03)	1956 (1509-2766)	-54.73	0.72 (0.53-1.03)	709 (524-1015)	-85.28	592 (523-699)
	India	**0.20 (0.17-0.25)**	**2544.36 (2167.58-3038.03)**	**0.05 (0.03-0.08)**	**68451 (45853-107075)**	**-44.23**	**2.61 (1.77-3.95)**	**35866 (24322-54404)**	**-79.26**	**19961 (16403-24737)**

Annexure 6: State/UT-wise Adult (15-49 years) HIV Prevalence (%), 2010-2023

S. No.	State/UT	2010	2011	2012	2013	2014	2015	2016
1	A & N Islands	0.11 (0.07-0.14)	0.11 (0.08-0.15)	0.12 (0.08-0.17)	0.13 (0.08-0.18)	0.14 (0.09-0.20)	0.15 (0.09-0.21)	0.16 (0.09-0.23)
2	Andhra Pradesh	1.38 (1.21-1.61)	1.28 (1.13-1.50)	1.20 (1.06-1.41)	1.13 (0.99-1.33)	1.07 (0.93-1.25)	1.00 (0.88-1.17)	0.94 (0.83-1.09)
3	Arunachal Pradesh	0.04 (0.03-0.05)	0.05 (0.04-0.06)	0.05 (0.05-0.06)	0.06 (0.05-0.07)	0.07 (0.06-0.09)	0.08 (0.07-0.10)	0.10 (0.08-0.11)
4	Assam	0.07 (0.06-0.09)	0.08 (0.06-0.10)	0.08 (0.07-0.10)	0.08 (0.07-0.10)	0.09 (0.08-0.11)	0.09 (0.08-0.11)	0.10 (0.08-0.12)
5	Bihar	0.15 (0.13-0.19)	0.16 (0.13-0.19)	0.16 (0.14-0.19)	0.16 (0.14-0.19)	0.16 (0.14-0.19)	0.16 (0.14-0.19)	0.16 (0.14-0.19)
6	Chandigarh	0.18 (0.15-0.21)	0.19 (0.16-0.22)	0.20 (0.16-0.24)	0.21 (0.17-0.25)	0.22 (0.17-0.26)	0.23 (0.18-0.27)	0.24 (0.19-0.29)
7	Chhattisgarh	0.25 (0.21-0.30)	0.24 (0.21-0.29)	0.24 (0.21-0.28)	0.23 (0.21-0.27)	0.22 (0.21-0.26)	0.22 (0.20-0.25)	0.21 (0.20-0.24)
8	DNH&DD	0.22 (0.19-0.30)	0.21 (0.18-0.28)	0.20 (0.17-0.27)	0.19 (0.16-0.26)	0.19 (0.16-0.25)	0.18 (0.15-0.24)	0.18 (0.15-0.24)
9	Delhi	0.29 (0.24-0.35)	0.30 (0.25-0.36)	0.31 (0.26-0.37)	0.31 (0.26-0.37)	0.32 (0.26-0.38)	0.32 (0.26-0.38)	0.32 (0.26-0.39)
10	Goa	0.60 (0.51-0.84)	0.56 (0.48-0.76)	0.51 (0.45-0.69)	0.48 (0.42-0.63)	0.45 (0.40-0.58)	0.42 (0.37-0.54)	0.39 (0.35-0.51)
11	Gujarat	0.20 (0.18-0.23)	0.20 (0.18-0.23)	0.21 (0.19-0.24)	0.21 (0.19-0.23)	0.21 (0.19-0.24)	0.21 (0.19-0.23)	0.21 (0.19-0.23)
12	Himachal Pradesh	0.17 (0.14-0.20)	0.17 (0.14-0.20)	0.16 (0.13-0.19)	0.16 (0.13-0.19)	0.15 (0.12-0.18)	0.15 (0.12-0.17)	0.14 (0.12-0.17)
13	Haryana	0.20 (0.16-0.24)	0.20 (0.17-0.25)	0.21 (0.17-0.25)	0.22 (0.18-0.26)	0.22 (0.18-0.26)	0.23 (0.19-0.27)	0.23 (0.19-0.27)
14	Jharkhand	0.08 (0.06-0.09)	0.08 (0.07-0.09)	0.08 (0.07-0.09)	0.08 (0.07-0.10)	0.08 (0.07-0.10)	0.08 (0.07-0.10)	0.08 (0.06-0.10)
15	Jammu & Kashmir and Ladakh	0.08 (0.06-0.11)	0.09 (0.06-0.11)	0.09 (0.06-0.11)	0.09 (0.06-0.11)	0.08 (0.06-0.11)	0.08 (0.05-0.11)	0.08 (0.05-0.11)
16	Karnataka	0.90 (0.82-1.06)	0.84 (0.76-0.99)	0.79 (0.72-0.93)	0.75 (0.68-0.87)	0.71 (0.64-0.82)	0.67 (0.60-0.77)	0.64 (0.57-0.72)
17	Kerala	0.10 (0.09-0.12)	0.10 (0.09-0.12)	0.09 (0.09-0.11)	0.09 (0.08-0.11)	0.09 (0.08-0.11)	0.09 (0.08-0.11)	0.09 (0.08-0.11)
18	Meghalaya	0.12 (0.10-0.14)	0.14 (0.11-0.16)	0.16 (0.13-0.18)	0.18 (0.15-0.20)	0.20 (0.17-0.23)	0.22 (0.19-0.25)	0.25 (0.21-0.28)
19	Maharashtra	0.62 (0.55-0.74)	0.58 (0.51-0.69)	0.55 (0.49-0.65)	0.52 (0.46-0.62)	0.49 (0.43-0.59)	0.46 (0.41-0.55)	0.44 (0.39-0.52)
20	Manipur	1.77 (1.55-2.05)	1.69 (1.48-1.95)	1.58 (1.38-1.81)	1.48 (1.29-1.70)	1.39 (1.21-1.61)	1.32 (1.15-1.52)	1.25 (1.08-1.44)
21	Madhya Pradesh	0.15 (0.11-0.20)	0.14 (0.11-0.20)	0.14 (0.11-0.19)	0.14 (0.10-0.19)	0.13 (0.10-0.18)	0.13 (0.10-0.18)	0.12 (0.09-0.17)
22	Mizoram	1.79 (1.43-2.24)	1.86 (1.51-2.31)	1.94 (1.61-2.37)	2.03 (1.70-2.43)	2.12 (1.80-2.52)	2.22 (1.89-2.61)	2.32 (1.99-2.73)
23	Nagaland	1.43 (1.31-1.60)	1.43 (1.32-1.59)	1.42 (1.32-1.57)	1.42 (1.33-1.55)	1.40 (1.32-1.52)	1.39 (1.32-1.50)	1.38 (1.32-1.48)
24	Odisha	0.15 (0.13-0.17)	0.15 (0.13-0.17)	0.15 (0.14-0.17)	0.15 (0.14-0.17)	0.15 (0.14-0.17)	0.15 (0.14-0.17)	0.15 (0.14-0.16)
25	Puducherry	0.35 (0.26-0.52)	0.33 (0.25-0.47)	0.32 (0.23-0.44)	0.30 (0.21-0.41)	0.28 (0.19-0.39)	0.26 (0.17-0.38)	0.25 (0.15-0.37)
26	Punjab	0.16 (0.15-0.17)	0.17 (0.16-0.18)	0.19 (0.18-0.20)	0.20 (0.19-0.21)	0.22 (0.21-0.23)	0.23 (0.22-0.24)	0.25 (0.24-0.26)
27	Rajasthan	0.12 (0.10-0.15)	0.12 (0.10-0.15)	0.12 (0.10-0.15)	0.12 (0.10-0.15)	0.12 (0.10-0.15)	0.12 (0.10-0.15)	0.12 (0.10-0.15)
28	Sikkim	0.06 (0.04-0.11)	0.06 (0.05-0.11)	0.07 (0.05-0.10)	0.07 (0.05-0.10)	0.08 (0.05-0.11)	0.08 (0.05-0.11)	0.09 (0.05-0.12)
29	Tamil Nadu	0.39 (0.32-0.47)	0.37 (0.31-0.44)	0.35 (0.30-0.42)	0.34 (0.28-0.40)	0.32 (0.27-0.38)	0.31 (0.26-0.36)	0.29 (0.25-0.34)
30	Telangana	0.84 (0.70-1.06)	0.79 (0.66-0.99)	0.74 (0.62-0.94)	0.70 (0.59-0.89)	0.67 (0.56-0.85)	0.63 (0.53-0.80)	0.60 (0.50-0.76)
31	Tripura	0.05 (0.04-0.05)	0.06 (0.05-0.06)	0.07 (0.06-0.07)	0.08 (0.07-0.09)	0.09 (0.09-0.10)	0.11 (0.10-0.13)	0.13 (0.12-0.15)
32	Uttarakhand	0.13 (0.10-0.17)	0.13 (0.10-0.17)	0.14 (0.10-0.18)	0.14 (0.10-0.18)	0.15 (0.11-0.19)	0.15 (0.10-0.19)	0.15 (0.10-0.19)
33	Uttar Pradesh	0.11 (0.08-0.15)	0.11 (0.08-0.15)	0.11 (0.08-0.15)	0.11 (0.08-0.14)	0.11 (0.08-0.14)	0.11 (0.08-0.14)	0.11 (0.08-0.14)
34	West Bengal	0.12 (0.10-0.14)	0.11 (0.10-0.13)	0.11 (0.09-0.13)	0.11 (0.09-0.13)	0.10 (0.09-0.12)	0.10 (0.09-0.12)	0.10 (0.09-0.12)
	India	**0.32 (0.27-0.40)**	**0.31 (0.26- 0.38)**	**0.30 (0.25-0.37)**	**0.29 (0.24-0.35)**	**0.28 (0.23-0.34)**	**0.27 (0.22-0.33)**	**0.26 (0.21-0.32)**

Annexure 6 (Continued)

S. No.	State/UT	2017	2018	2019	2020	2021	2022	2023
1	A & N Islands	0.16 (0.09-0.25)	0.17 (0.09-0.26)	0.17 (0.09-0.28)	0.17 (0.09-0.29)	0.17 (0.08-0.31)	0.16 (0.08-0.32)	0.16 (0.08-0.33)
2	Andhra Pradesh	0.88 (0.78-1.03)	0.83 (0.73-0.97)	0.79 (0.69-0.93)	0.74 (0.65-0.88)	0.70 (0.60-0.82)	0.66 (0.57-0.78)	0.62 (0.53-0.74)
3	Arunachal Pradesh	0.11 (0.10-0.13)	0.13 (0.11-0.15)	0.15 (0.13-0.18)	0.17 (0.15-0.21)	0.20 (0.17-0.24)	0.23 (0.19-0.28)	0.25 (0.21-0.32)
4	Assam	0.10 (0.09-0.12)	0.11 (0.10-0.13)	0.11 (0.10-0.13)	0.12 (0.10-0.14)	0.12 (0.11-0.15)	0.13 (0.11-0.15)	0.13 (0.11-0.16)
5	Bihar	0.16 (0.15-0.19)	0.16 (0.15-0.20)	0.16 (0.14-0.20)	0.16 (0.14-0.20)	0.16 (0.14-0.20)	0.16 (0.14-0.20)	0.16 (0.14-0.20)
6	Chandigarh	0.25 (0.19-0.30)	0.26 (0.19-0.32)	0.26 (0.19-0.33)	0.26 (0.18-0.34)	0.26 (0.17-0.36)	0.26 (0.17-0.37)	0.26 (0.17-0.39)
7	Chhattisgarh	0.20 (0.19-0.23)	0.20 (0.18-0.22)	0.19 (0.18-0.21)	0.18 (0.17-0.20)	0.17 (0.17-0.19)	0.17 (0.16-0.19)	0.16 (0.16-0.18)
8	DNH&DD	0.17 (0.14-0.23)	0.17 (0.14-0.23)	0.17 (0.14-0.23)	0.17 (0.13-0.24)	0.17 (0.13-0.24)	0.17 (0.13-0.24)	0.18 (0.13-0.25)
9	Delhi	0.32 (0.26-0.39)	0.32 (0.26-0.39)	0.32 (0.26-0.39)	0.32 (0.26-0.39)	0.31 (0.25-0.38)	0.31 (0.25-0.38)	0.31 (0.25-0.38)
10	Goa	0.37 (0.33-0.48)	0.35 (0.32-0.47)	0.34 (0.30-0.45)	0.32 (0.29-0.44)	0.31 (0.28-0.42)	0.30 (0.27-0.42)	0.29 (0.26-0.40)
11	Gujarat	0.21 (0.20-0.23)	0.21 (0.20-0.23)	0.20 (0.19-0.23)	0.20 (0.19-0.23)	0.20 (0.18-0.22)	0.19 (0.18-0.22)	0.19 (0.17-0.22)
12	Himachal Pradesh	0.14 (0.11-0.16)	0.13 (0.11-0.15)	0.13 (0.11-0.15)	0.12 (0.10-0.14)	0.12 (0.10-0.14)	0.12 (0.10-0.14)	0.11 (0.09-0.13)
13	Haryana	0.23 (0.19-0.28)	0.23 (0.19-0.28)	0.23 (0.19-0.28)	0.23 (0.18-0.28)	0.23 (0.18-0.27)	0.23 (0.18-0.27)	0.23 (0.19-0.28)
14	Jharkhand	0.08 (0.06-0.10)	0.08 (0.06-0.10)	0.08 (0.06-0.09)	0.08 (0.06-0.09)	0.07 (0.06-0.09)	0.07 (0.06-0.09)	0.07 (0.06-0.09)
15	Jammu & Kashmir and Ladakh	0.07 (0.05-0.10)	0.07 (0.05-0.10)	0.07 (0.05-0.10)	0.06 (0.04-0.09)	0.06 (0.04-0.09)	0.06 (0.04-0.08)	0.06 (0.04-0.08)
16	Karnataka	0.60 (0.53-0.68)	0.57 (0.50-0.64)	0.54 (0.47-0.61)	0.51 (0.44-0.58)	0.48 (0.41-0.54)	0.45 (0.39-0.51)	0.42 (0.36-0.48)
17	Kerala	0.09 (0.08-0.10)	0.08 (0.07-0.10)	0.08 (0.07-0.10)	0.08 (0.07-0.10)	0.08 (0.06-0.10)	0.07 (0.06-0.10)	0.07 (0.06-0.09)
18	Meghalaya	0.27 (0.24-0.32)	0.30 (0.26-0.35)	0.32 (0.28-0.38)	0.35 (0.30-0.42)	0.38 (0.33-0.46)	0.41 (0.35-0.51)	0.43 (0.37-0.55)
19	Maharashtra	0.41 (0.37-0.49)	0.39 (0.34-0.47)	0.37 (0.32-0.44)	0.35 (0.31-0.42)	0.33 (0.29-0.40)	0.31 (0.26-0.37)	0.29 (0.24-0.35)
20	Manipur	1.18 (1.02-1.36)	1.12 (0.97-1.30)	1.06 (0.92-1.23)	1.01 (0.87-1.17)	0.96 (0.81-1.11)	0.91 (0.77-1.07)	0.87 (0.73-1.03)
21	Madhya Pradesh	0.12 (0.09-0.17)	0.12 (0.09-0.17)	0.11 (0.09-0.16)	0.11 (0.08-0.16)	0.11 (0.08-0.15)	0.10 (0.08-0.15)	0.10 (0.07-0.14)
22	Mizoram	2.43 (2.07-2.85)	2.53 (2.14-2.95)	2.61 (2.18-3.08)	2.67 (2.20-3.17)	2.70 (2.20-3.24)	2.72 (2.20-3.30)	2.73 (2.18-3.32)
23	Nagaland	1.37 (1.32-1.47)	1.37 (1.32-1.46)	1.37 (1.32-1.47)	1.37 (1.32-1.46)	1.37 (1.32-1.46)	1.38 (1.32-1.47)	1.37 (1.30-1.47)
24	Odisha	0.15 (0.1 4-0.16)	0.14 (0.13-0.16)	0.14 (0.13-0.16)	0.13 (0.12-0.15)	0.13 (0.12-0.15)	0.12 (0.11-0.14)	0.12 (0.11-0.14)
25	Puducherry	0.24 (0.14-0.37)	0.22 (0.13-0.36)	0.21 (0.11-0.36)	0.20 (0.10-0.36)	0.19 (0.09-0.35)	0.19 (0.08-0.35)	0.18 (0.07-0.35)
26	Punjab	0.27 (0.26-0.28)	0.30 (0.29-0.31)	0.32 (0.31-0.33)	0.34 (0.33-0.36)	0.37 (0.36-0.38)	0.39 (0.38-0.41)	0.42 (0.40-0.44)
27	Rajasthan	0.12 (0.10-0.15)	0.12 (0.10-0.15)	0.12 (0.10-0.16)	0.12 (0.10-0.16)	0.12 (0.10-0.16)	0.12 (0.10-0.16)	0.12 (0.09-0.16)
28	Sikkim	0.09 (0.05-0.12)	0.10 (0.05-0.13)	0.10 (0.05-0.14)	0.10 (0.05-0.15)	0.11 (0.06-0.16)	0.11 (0.06-0.17)	0.11 (0.06-0.18)
29	Tamil Nadu	0.28 (0.24-0.33)	0.27 (0.23-0.32)	0.26 (0.21-0.30)	0.24 (0.20-0.29)	0.23 (0.19-0.28)	0.22 (0.18-0.26)	0.20 (0.17-0.25)
30	Telangana	0.56 (0.47-0.72)	0.54 (0.45-0.69)	0.52 (0.43-0.67)	0.50 (0.41-0.65)	0.48 (0.39-0.62)	0.46 (0.37-0.59)	0.44 (0.35-0.57)
31	Tripura	0.16 (0.14-0.18)	0.19 (0.17-0.21)	0.22 (0.20-0.25)	0.25 (0.23-0.29)	0.29 (0.26-0.34)	0.34 (0.30-0.39)	0.37 (0.33-0.44)
32	Uttarakhand	0.15 (0.10-0.19)	0.14 (0.10-0.19)	0.14 (0.10-0.19)	0.14 (0.10-0.18)	0.13 (0.10-0.18)	0.13 (0.09-0.17)	0.13 (0.09-0.17)
33	Uttar Pradesh	0.11 (0.08-0.14)	0.11 (0.08-0.14)	0.11 (0.08-0.14)	0.11 (0.07-0.14)	0.11 (0.07-0.14)	0.11 (0.07-0.14)	0.10 (0.07-0.14)
34	West Bengal	0.10 (0.09-0.11)	0.09 (0.09-0.11)	0.09 (0.09-0.10)	0.09 (0.08-0.10)	0.09 (0.08-0.10)	0.09 (0.08-0.10)	0.08 (0.08-0.10)
	India	**0.25 (0.21-0.30)**	**0.24 (0.20-0.29)**	**0.23 (0.19-0.29)**	**0.22 (0.19-0.28)**	**0.22 (0.18-0.27)**	**0.21 (0.18-0.26)**	**0.20 (0.17-0.25)**

Annexure 7: State/UT-wise HIV Incidence per 1,000 Uninfected Population, 2010-2023

S. No.	State/UT	2010	2011	2012	2013	2014	2015	2016
1	A & N Islands	0.12 (0.07-0.16)	0.13 (0.08-0.18)	0.14 (0.08-0.20)	0.15 (0.08-0.21)	0.16 (0.09-0.23)	0.17 (0.09-0.25)	0.14 (0.05-0.25)
2	Andhra Pradesh	0.31 (0.24-0.44)	0.25 (0.19-0.35)	0.22 (0.16-0.31)	0.18 (0.14-0.25)	0.17 (0.12-0.24)	0.15 (0.10-0.22)	0.13 (0.08-0.19)
3	Arunachal Pradesh	0.05 (0.04-0.06)	0.05 (0.05-0.07)	0.07 (0.06-0.08)	0.07 (0.06-0.09)	0.09 (0.07-0.10)	0.10 (0.08-0.12)	0.11 (0.09-0.14)
4	Assam	0.05 (0.04-0.07)	0.05 (0.04-0.07)	0.06 (0.05-0.07)	0.06 (0.05-0.07)	0.06 (0.05-0.07)	0.06 (0.05-0.08)	0.07 (0.05-0.08)
5	Bihar	0.09 (0.08-0.11)	0.09 (0.08-0.11)	0.09 (0.08-0.11)	0.09 (0.07-0.11)	0.08 (0.07-0.11)	0.08 (0.07-0.10)	0.08 (0.07-0.10)
6	Chandigarh	0.17 (0.12-0.22)	0.17 (0.13-0.22)	0.17 (0.12-0.22)	0.16 (0.11-0.22)	0.17 (0.11-0.22)	0.18 (0.12-0.25)	0.18 (0.11-0.24)
7	Chhattisgarh	0.13 (0.12-0.15)	0.12 (0.11-0.14)	0.12 (0.11-0.14)	0.10 (0.09-0.12)	0.09 (0.08-0.11)	0.08 (0.07-0.10)	0.07 (0.07-0.09)
8	DNH&DD	0.10 (0.07-0.13)	0.09 (0.07-0.13)	0.08 (0.06-0.12)	0.08 (0.05-0.12)	0.08 (0.05-0.12)	0.07 (0.05-0.12)	0.07 (0.05-0.12)
9	Delhi	0.21 (0.17-0.27)	0.22 (0.17-0.27)	0.21 (0.16-0.26)	0.19 (0.14-0.25)	0.18 (0.13-0.24)	0.15 (0.10-0.21)	0.12 (0.08-0.17)
10	Goa	0.07 (0.03-0.13)	0.06 (0.02-0.13)	0.05 (0.01-0.10)	0.08 (0.04-0.14)	0.06 (0.03-0.11)	0.07 (0.04-0.13)	0.07 (0.04-0.12)
11	Gujarat	0.11 (0.09-0.13)	0.10 (0.09-0.12)	0.09 (0.08-0.11)	0.08 (0.07-0.10)	0.08 (0.07-0.10)	0.07 (0.06-0.09)	0.07 (0.06-0.09)
12	Himachal Pradesh	0.08 (0.06-0.10)	0.07 (0.05-0.09)	0.04 (0.03-0.06)	0.04 (0.03-0.05)	0.03 (0.02-0.05)	0.03 (0.02-0.04)	0.03 (0.02-0.04)
13	Haryana	0.16 (0.12-0.19)	0.16 (0.12-0.19)	0.16 (0.13-0.20)	0.15 (0.11-0.18)	0.14 (0.10-0.18)	0.15 (0.11-0.19)	0.14 (0.10-0.18)
14	Jammu & Kashmir and Ladakh	0.06 (0.04-0.08)	0.06 (0.04-0.07)	0.04 (0.01-0.07)	0.04 (0.02-0.06)	0.03 (0.01-0.06)	0.03 (0.01-0.05)	0.02 (0.01-0.04)
15	Jharkhand	0.06 (0.04-0.07)	0.05 (0.04-0.06)	0.05 (0.03-0.06)	0.05 (0.03-0.06)	0.04 (0.03-0.06)	0.04 (0.02-0.05)	0.03 (0.02-0.05)
16	Karnataka	0.18 (0.13-0.23)	0.16 (0.11-0.21)	0.15 (0.10-0.19)	0.12 (0.09-0.18)	0.13 (0.09-0.18)	0.13 (0.08-0.16)	0.12 (0.08-0.14)
17	Kerala	0.04 (0.03-0.05)	0.04 (0.03-0.05)	0.03 (0.02-0.05)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)
18	Meghalaya	0.14 (0.12-0.17)	0.16 (0.13-0.19)	0.18 (0.15-0.22)	0.20 (0.17-0.24)	0.21 (0.18-0.26)	0.23 (0.19-0.28)	0.24 (0.20-0.29)
19	Maharashtra	0.12 (0.09-0.17)	0.10 (0.08-0.15)	0.10 (0.07-0.15)	0.08 (0.06-0.12)	0.07 (0.05-0.10)	0.07 (0.05-0.10)	0.08 (0.05-0.11)
20	Manipur	0.49 (0.39-0.61)	0.43 (0.34-0.54)	0.38 (0.29-0.47)	0.34 (0.26-0.43)	0.42 (0.32-0.55)	0.40 (0.30-0.55)	0.37 (0.27-0.50)
21	Madhya Pradesh	0.07 (0.05-0.10)	0.06 (0.05-0.09)	0.06 (0.05-0.09)	0.05 (0.04-0.08)	0.05 (0.04-0.07)	0.05 (0.04-0.08)	0.05 (0.03-0.07)
22	Mizoram	1.41 (1.15-1.74)	1.48 (1.22-1.80)	1.54 (1.26-1.88)	1.64 (1.35-2.01)	1.62 (1.31-2.01)	1.66 (1.34-2.05)	1.72 (1.38-2.17)
23	Nagaland	0.82 (0.74-0.94)	0.79 (0.71-0.91)	0.74 (0.67-0.86)	0.73 (0.66-0.86)	0.68 (0.62-0.80)	0.71 (0.62-0.83)	0.66 (0.59-0.78)
24	Odisha	0.09 (0.08-0.11)	0.09 (0.08-0.11)	0.09 (0.08-0.10)	0.08 (0.07-0.09)	0.07 (0.06-0.09)	0.07 (0.06-0.08)	0.06 (0.05-0.07)
25	Puducherry	0.08 (0.02-0.17)	0.08 (0.01-0.18)	0.09 (0.01-0.19)	0.08 (0.01-0.19)	0.08 (0.01-0.19)	0.07 (0.01-0.19)	0.07 (0.01-0.19)
26	Punjab	0.15 (0.14-0.18)	0.16 (0.15-0.18)	0.17 (0.15-0.20)	0.17 (0.15-0.19)	0.18 (0.16-0.21)	0.19 (0.18-0.22)	0.21 (0.19-0.25)
27	Rajasthan	0.07 (0.05-0.09)	0.06 (0.05-0.08)	0.06 (0.04-0.08)	0.05 (0.04-0.07)	0.05 (0.04-0.07)	0.05 (0.03-0.07)	0.05 (0.03-0.07)
28	Sikkim	0.06 (0.05-0.08)	0.06 (0.05-0.08)	0.07 (0.03-0.09)	0.07 (0.03-0.10)	0.07 (0.03-0.10)	0.07 (0.03-0.11)	0.07 (0.03-0.11)
29	Tamil Nadu	0.08 (0.06-0.11)	0.07 (0.05-0.10)	0.06 (0.04-0.09)	0.05 (0.04-0.08)	0.05 (0.03-0.07)	0.04 (0.03-0.07)	0.04 (0.03-0.07)
30	Telangana	0.21 (0.16-0.29)	0.18 (0.13-0.25)	0.15 (0.11-0.22)	0.13 (0.09-0.19)	0.12 (0.09-0.18)	0.11 (0.08-0.17)	0.10 (0.07-0.16)
31	Tripura	0.06 (0.05-0.07)	0.07 (0.06-0.08)	0.09 (0.07-0.10)	0.10 (0.09-0.12)	0.12 (0.10-0.14)	0.14 (0.12-0.17)	0.17 (0.14-0.20)
32	Uttarakhand	0.11 (0.08-0.14)	0.11 (0.08-0.14)	0.10 (0.04-0.14)	0.09 (0.04-0.13)	0.08 (0.04-0.12)	0.08 (0.04-0.12)	0.07 (0.03-0.12)
33	Uttar Pradesh	0.06 (0.04-0.08)	0.06 (0.04-0.09)	0.06 (0.04-0.08)	0.05 (0.03-0.07)	0.05 (0.03-0.07)	0.05 (0.03-0.07)	0.05 (0.03-0.07)
34	West Bengal	0.05 (0.04-0.06)	0.04 (0.04-0.06)	0.04 (0.04-0.05)	0.04 (0.03-0.05)	0.03 (0.03-0.04)	0.03 (0.03-0.04)	0.03 (0.02-0.04)
	India	**0.10 (0.07-0.16)**	**0.10 (0.06-0.15)**	**0.09 (0.06-0.14)**	**0.08 (0.05-0.13)**	**0.08 (0.05-0.12)**	**0.08 (0.05-0.12)**	**0.07 (0.05-0.11)**

Annexure 7 (Continued)

S. No.	State/UT	2017	2018	2019	2020	2021	2022	2023
1	A & N Islands	0.09 (0.02-0.21)	0.09 (0.02-0.22)	0.09 (0.02-0.24)	0.09 (0.02-0.26)	0.08 (0.02-0.28)	0.05 (0.02-0.26)	0.05 (0.02-0.22)
2	Andhra Pradesh	0.11 (0.07-0.16)	0.09 (0.06-0.14)	0.11 (0.08-0.17)	0.11 (0.07-0.16)	0.10 (0.07-0.15)	0.08 (0.05-0.13)	0.07 (0.04-0.11)
3	Arunachal Pradesh	0.13 (0.11-0.16)	0.15 (0.13-0.19)	0.17 (0.14-0.22)	0.20 (0.16-0.25)	0.22 (0.18-0.29)	0.25 (0.20-0.33)	0.23 (0.18-0.33)
4	Assam	0.07 (0.06-0.09)	0.07 (0.06-0.09)	0.07 (0.06-0.09)	0.07 (0.06-0.10)	0.08 (0.06-0.10)	0.07 (0.05-0.10)	0.06 (0.04-0.09)
5	Bihar	0.08 (0.06-0.10)	0.08 (0.06-0.10)	0.07 (0.06-0.10)	0.07 (0.06-0.10)	0.07 (0.06-0.10)	0.07 (0.05-0.10)	0.07 (0.05-0.10)
6	Chandigarh	0.18 (0.10-0.25)	0.18 (0.09-0.26)	0.14 (0.05-0.23)	0.09 (0.04-0.19)	0.09 (0.04-0.22)	0.09 (0.04-0.24)	0.07 (0.03-0.23)
7	Chhattisgarh	0.06 (0.05-0.08)	0.05 (0.05-0.07)	0.05 (0.04-0.07)	0.05 (0.03-0.06)	0.04 (0.03-0.05)	0.05 (0.03-0.06)	0.04 (0.03-0.05)
8	DNH&DD	0.07 (0.05-0.12)	0.07 (0.05-0.12)	0.07 (0.05-0.13)	0.08 (0.05-0.13)	0.07 (0.04-0.13)	0.07 (0.04-0.13)	0.07 (0.04-0.13)
9	Delhi	0.10 (0.07-0.15)	0.10 (0.08-0.15)	0.11 (0.08-0.16)	0.12 (0.09-0.18)	0.13 (0.09-0.20)	0.15 (0.10-0.22)	0.13 (0.09-0.19)
10	Goa	0.07 (0.04-0.12)	0.07 (0.04-0.11)	0.07 (0.05-0.12)	0.08 (0.05-0.13)	0.08 (0.06-0.14)	0.08 (0.06-0.13)	0.06 (0.04-0.11)
11	Gujarat	0.07 (0.06-0.10)	0.07 (0.05-0.09)	0.06 (0.04-0.08)	0.05 (0.04-0.08)	0.05 (0.04-0.07)	0.05 (0.03-0.07)	0.04 (0.03-0.06)
12	Himachal Pradesh	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.04)
13	Haryana	0.13 (0.09-0.18)	0.14 (0.09-0.19)	0.09 (0.06-0.13)	0.07 (0.05-0.09)	0.07 (0.05-0.09)	0.08 (0.06-0.11)	0.10 (0.07-0.13)
14	Jammu & Kashmir and Ladakh	0.02 (0.01-0.04)	0.02 (0.01-0.03)	0.02 (0.01-0.03)	0.01 (0.01-0.03)	0.01 (0.01-0.03)	0.01 (0.01-0.03)	0.01 (0.01-0.03)
15	Jharkhand	0.03 (0.02-0.05)	0.03 (0.02-0.04)	0.02 (0.02-0.03)	0.02 (0.02-0.03)	0.02 (0.01-0.03)	0.02 (0.01-0.03)	0.02 (0.01-0.03)
16	Karnataka	0.10 (0.07-0.12)	0.09 (0.07-0.11)	0.08 (0.06-0.10)	0.07 (0.05-0.09)	0.07 (0.05-0.08)	0.06 (0.04-0.07)	0.05 (0.03-0.06)
17	Kerala	0.02 (0.02-0.04)	0.02 (0.01-0.04)	0.02 (0.01-0.03)	0.02 (0.01-0.03)	0.01 (0.01-0.03)	0.01 (0.01-0.03)	0.01 (0.01-0.02)
18	Meghalaya	0.25 (0.21-0.31)	0.25 (0.21-0.32)	0.27 (0.22-0.35)	0.29 (0.23-0.38)	0.30 (0.23-0.42)	0.30 (0.22-0.44)	0.28 (0.20-0.45)
19	Maharashtra	0.07 (0.05-0.10)	0.06 (0.04-0.09)	0.05 (0.03-0.08)	0.05 (0.03-0.07)	0.04 (0.03-0.07)	0.04 (0.03-0.06)	0.04 (0.02-0.06)
20	Manipur	0.35 (0.25-0.50)	0.31 (0.22-0.48)	0.29 (0.19-0.48)	0.27 (0.17-0.46)	0.25 (0.16-0.43)	0.22 (0.12-0.37)	0.22 (0.11-0.32)
21	Madhya Pradesh	0.05 (0.03-0.07)	0.04 (0.03-0.06)	0.04 (0.02-0.05)	0.03 (0.02-0.05)	0.03 (0.02-0.05)	0.02 (0.01-0.04)	0.02 (0.01-0.03)
22	Mizoram	1.76 (1.37-2.23)	1.66 (1.23-2.16)	1.62 (1.13-2.17)	1.45 (0.96-2.03)	1.29 (0.84-1.91)	1.16 (0.79-1.75)	1.02 (0.70-1.44)
23	Nagaland	0.67 (0.59-0.78)	0.67 (0.60-0.78)	0.64 (0.58-0.74)	0.60 (0.54-0.70)	0.61 (0.54-0.71)	0.58 (0.51-0.67)	0.46 (0.39-0.56)
24	Odisha	0.06 (0.05-0.07)	0.05 (0.04-0.06)	0.04 (0.03-0.05)	0.03 (0.02-0.04)	0.03 (0.02-0.04)	0.03 (0.02-0.03)	0.02 (0.02-0.03)
25	Puducherry	0.07 (0.01-0.19)	0.07 (0.01-0.19)	0.06 (0.01-0.19)	0.06 (0.01-0.19)	0.06 (0.01-0.19)	0.06 (0.01-0.19)	0.05 (0.005-0.19)
26	Punjab	0.23 (0.21-0.27)	0.25 (0.23-0.29)	0.25 (0.23-0.30)	0.26 (0.24-0.31)	0.28 (0.25-0.33)	0.29 (0.26-0.35)	0.30 (0.26-0.36)
27	Rajasthan	0.05 (0.03-0.07)	0.05 (0.04-0.08)	0.05 (0.03-0.08)	0.05 (0.03-0.07)	0.05 (0.03-0.08)	0.05 (0.03-0.08)	0.04 (0.02-0.07)
28	Sikkim	0.07 (0.03-0.12)	0.08 (0.02-0.13)	0.07 (0.02-0.13)	0.06 (0.02-0.14)	0.06 (0.02-0.15)	0.05 (0.02-0.14)	0.04 (0.02-0.11)
29	Tamil Nadu	0.05 (0.03-0.08)	0.04 (0.03-0.07)	0.04 (0.02-0.06)	0.03 (0.02-0.06)	0.03 (0.02-0.06)	0.03 (0.02-0.05)	0.02 (0.01-0.05)
30	Telangana	0.10 (0.07-0.15)	0.08 (0.05-0.14)	0.07 (0.04-0.12)	0.07 (0.04-0.12)	0.06 (0.04-0.11)	0.08 (0.04-0.15)	0.08 (0.04-0.15)
31	Tripura	0.19 (0.16-0.23)	0.22 (0.19-0.27)	0.25 (0.21-0.31)	0.29 (0.24-0.35)	0.32 (0.27-0.39)	0.34 (0.28-0.42)	0.32 (0.27-0.42)
32	Uttarakhand	0.06 (0.03-0.11)	0.05 (0.03-0.09)	0.04 (0.03-0.07)	0.04 (0.03-0.07)	0.04 (0.03-0.07)	0.04 (0.03-0.07)	0.04 (0.03-0.06)
33	Uttar Pradesh	0.05 (0.03-0.07)	0.05 (0.03-0.08)	0.05 (0.03-0.07)	0.04 (0.02-0.07)	0.04 (0.02-0.07)	0.04 (0.02-0.07)	0.03 (0.02-0.06)
34	West Bengal	0.03 (0.02-0.04)	0.02 (0.02-0.04)	0.02 (0.01-0.03)	0.02 (0.01-0.03)	0.02 (0.02-0.03)	0.02 (0.02-0.03)	0.02 (0.02-0.03)
	India	**0.07 (0.05-0.11)**	**0.07 (0.04-0.10)**	**0.06 (0.04-0.10)**	**0.06 (0.04-0.09)**	**0.06 (0.04-0.09)**	**0.05 (0.04-0.09)**	**0.05 (0.03-0.08)**

Annexure 8: State/UT-wise AIDS-related Deaths per 1,00,000 Population, 2010-2023

S. No.	State/UT	2010	2011	2012	2013	2014	2015	2016
1	A & N Islands	4.87 (3.54-6.33)	5.24 (3.74-6.92)	5.67 (4.00-7.59)	6.05 (4.19-8.17)	6.47 (4.40-8.83)	6.90 (4.59-9.55)	3.97 (2.20-6.19)
2	Andhra Pradesh	80.51 (65.06-99.80)	70.26 (55.77-88.29)	61.99 (48.39-79.02)	52.06 (40.25-67.47)	44.69 (33.63-59.38)	42.22 (31.33-56.02)	38.17 (27.97-50.69)
3	Arunachal Pradesh	0.51 (0.36-0.80)	0.76 (0.55-1.09)	0.97 (0.73-1.34)	1.07 (0.82-1.44)	1.33 (1.05-1.71)	1.50 (1.19-1.92)	1.60 (1.25-2.07)
4	Assam	1.70 (1.09-2.64)	1.66 (1.05-2.58)	1.69 (1.08-2.64)	1.69 (1.09-2.66)	1.79 (1.16-2.75)	1.88 (1.25-2.82)	1.84 (1.24-2.77)
5	Bihar	4.30 (3.40-5.60)	4.24 (3.34-5.53)	4.12 (3.26-5.39)	3.82 (3.06-4.99)	3.60 (2.89-4.71)	3.38 (2.73-4.37)	3.11 (2.51-4.01)
6	Chandigarh	3.26 (2.04-4.99)	3.57 (2.26-5.33)	3.27 (2.09-4.94)	3.17 (2.01-4.86)	3.38 (2.02-5.24)	3.49 (2.09-5.48)	3.47 (2.02-5.49)
7	Chhattisgarh	11.40 (8.61-14.47)	11.24 (8.60-14.25)	10.86 (8.35-13.77)	9.78 (7.53-12.48)	8.68 (6.69-11.20)	7.98 (6.13-10.27)	7.30 (5.64-9.33)
8	DNH&DD	10.64 (7.79-15.56)	9.72 (7.32-14.20)	7.56 (5.70-11.35)	6.54 (4.87-10.13)	5.93 (4.43-9.22)	5.26 (3.84-8.29)	3.64 (2.63-5.94)
9	Delhi	5.56 (3.50-9.24)	5.55 (3.43-9.18)	5.30 (3.27-8.59)	4.77 (2.97-7.80)	4.45 (2.75-7.31)	3.27 (2.23-5.00)	2.01 (1.41-2.94)
10	Goa	33.93 (22.54-57.52)	29.65 (19.68-50.63)	26.22 (17.45-44.30)	21.30 (14.28-36.56)	17.41 (11.61-30.60)	15.53 (10.39-26.76)	13.33 (8.99-23.10)
11	Gujarat	4.05 (2.95-5.64)	3.21 (2.32-4.57)	2.58 (1.87-3.76)	2.26 (1.67-3.32)	2.00 (1.46-3.00)	1.98 (1.42-3.07)	1.87 (1.34-2.91)
12	Himachal Pradesh	6.17 (3.89-8.39)	4.97 (3.02-6.85)	4.49 (2.67-6.23)	4.22 (2.54-5.82)	3.96 (2.36-5.42)	3.67 (2.21-5.02)	3.18 (1.92-4.39)
13	Haryana	6.00 (4.17-9.02)	6.11 (4.26-9.12)	6.05 (4.22-8.98)	5.63 (3.85-8.30)	5.39 (3.60-8.02)	6.35 (4.30-9.06)	6.60 (4.64-9.09)
14	Jammu & Kashmir and Ladakh	2.40 (1.54-3.55)	2.32 (1.43-3.46)	2.16 (1.29-3.27)	2.19 (1.28-3.29)	2.16 (1.21-3.28)	2.18 (1.20-3.32)	2.18 (1.15-3.33)
15	Jharkhand	1.72 (1.15-2.50)	1.49 (0.99-2.22)	1.41 (0.91-2.15)	1.44 (0.90-2.17)	1.42 (0.87-2.10)	1.28 (0.76-1.91)	1.27 (0.73-1.92)
16	Karnataka	51.18 (43.17-63.78)	41.97 (34.34-53.57)	34.92 (27.67-45.62)	30.62 (23.67-40.53)	28.03 (21.33-37.28)	25.43 (19.15-34.16)	22.64 (16.80-30.64)
17	Kerala	3.06 (2.30-4.49)	2.74 (2.04-4.08)	2.42 (1.79-3.64)	2.18 (1.58-3.34)	2.10 (1.49-3.19)	1.98 (1.38-3.03)	1.85 (1.25-2.86)
18	Meghalaya	2.58 (1.86-3.51)	2.63 (1.90-3.55)	2.88 (2.05-3.84)	2.91 (2.13-3.85)	2.64 (1.92-3.54)	2.61 (1.90-3.56)	2.47 (1.80-3.38)
19	Maharashtra	31.75 (25.32-40.45)	26.44 (20.55-34.40)	21.93 (16.65-29.09)	16.35 (12.18-22.37)	13.92 (10.07-19.60)	14.47 (10.35-20.34)	12.91 (9.32-18.24)
20	Manipur	62.36 (47.54-84.13)	53.94 (40.80-73.21)	59.21 (45.12-78.65)	55.62 (43.18-72.58)	51.94 (40.06-67.41)	48.86 (38.12-62.39)	41.25 (31.63-53.14)
21	Madhya Pradesh	7.52 (5.45-10.41)	6.70 (4.88-9.33)	6.10 (4.39-8.62)	5.54 (4.04-7.90)	5.03 (3.69-7.19)	4.60 (3.34-6.59)	4.10 (2.95-5.89)
22	Mizoram	56.19 (36.80-81.04)	52.73 (33.97-77.43)	51.25 (32.58-75.55)	46.49 (29.82-69.09)	39.71 (25.03-60.02)	37.70 (23.36-57.12)	36.62 (22.62-55.95)
23	Nagaland	45.48 (36.64-57.51)	41.14 (32.46-52.28)	37.70 (29.56-48.39)	34.37 (26.74-44.48)	35.78 (27.56-46.29)	39.66 (31.55-50.12)	33.62 (26.90-43.23)
24	Odisha	6.59 (4.94-8.81)	6.20 (4.68-8.14)	5.53 (4.14-7.24)	4.89 (3.67-6.51)	4.49 (3.36-6.03)	4.27 (3.18-5.69)	4.00 (2.99-5.32)
25	Puducherry	16.60 (8.75-35.76)	14.63 (7.64-30.95)	14.55 (8.09-28.93)	12.56 (7.21-24.08)	11.37 (6.53-20.92)	11.45 (6.57-20.04)	9.80 (5.60-16.80)
26	Punjab	1.47 (1.11-2.05)	1.45 (1.06-2.10)	1.55 (1.13-2.27)	1.54 (1.13-2.23)	1.56 (1.15-2.27)	1.69 (1.23-2.55)	1.89 (1.39-2.87)
27	Rajasthan	2.67 (1.88-4.20)	2.29 (1.59-3.69)	2.02 (1.39-3.31)	1.82 (1.26-2.99)	1.64 (1.12-2.70)	1.52 (1.01-2.57)	1.35 (0.87-2.29)
28	Sikkim	0.62 (0.42-4.16)	0.53 (0.37-3.35)	0.70 (0.44-3.76)	0.77 (0.45-3.29)	0.70 (0.39-2.74)	0.77 (0.41-2.61)	0.84 (0.38-2.38)
29	Tamil Nadu	17.30 (12.07-23.10)	14.24 (9.63-19.47)	12.35 (8.15-17.17)	10.69 (6.86-15.08)	9.19 (5.74-13.16)	8.30 (5.13-12.04)	7.00 (4.39-10.40)
30	Telangana	45.28 (34.71-58.66)	39.94 (30.19-52.35)	35.24 (26.28-47.09)	30.01 (21.92-40.82)	26.08 (18.48-36.36)	24.17 (17.04-34.03)	21.87 (15.25-31.17)
31	Tripura	0.32 (0.26-0.42)	0.34 (0.27-0.45)	0.33 (0.26-0.46)	0.38 (0.29-0.54)	0.42 (0.32-0.60)	0.59 (0.42-0.88)	1.01 (0.72-1.46)
32	Uttarakhand	3.07 (1.97-4.96)	3.02 (1.89-4.86)	3.11 (1.89-4.99)	3.12 (1.85-4.93)	3.24 (1.87-5.15)	3.54 (1.97-5.53)	3.65 (1.95-5.74)
33	Uttar Pradesh	3.76 (2.16-5.77)	3.43 (1.91-5.33)	3.10 (1.68-4.99)	2.85 (1.51-4.62)	2.65 (1.38-4.33)	2.44 (1.26-4.02)	2.15 (1.09-3.61)
34	West Bengal	5.39 (3.88-7.16)	4.70 (3.35-6.33)	4.19 (2.95-5.68)	3.71 (2.61-5.05)	3.23 (2.24-4.44)	2.82 (1.94-3.95)	2.33 (1.60-3.35)
	India	**14.67 (9.95-22.25)**	**12.66 (8.59-19.20)**	**11.06 (7.50-16.78)**	**9.39 (6.37-14.25)**	**8.31 (5.63-12.60)**	**7.86 (5.33-11.92)**	**7.03 (4.77-10.66)**

Annexure 8 (Continued)

S. No.	State/UT	2017	2018	2019	2020	2021	2022	2023
1	A & N Islands	2.29 (0.97-4.26)	3.04 (1.00-5.83)	4.09 (1.27-7.74)	4.91 (1.56-9.24)	5.13 (1.63-9.88)	3.72 (1.09-8.56)	2.46 (0.75-7.00)
2	Andhra Pradesh	31.70 (22.87-42.91)	26.68 (18.85-36.67)	22.27 (15.59-31.10)	20.38 (13.79-28.84)	20.60 (13.88-28.89)	15.07 (10.38-21.29)	10.04 (7.15-14.89)
3	Arunachal Pradesh	2.08 (1.65-2.64)	2.19 (1.72-2.80)	2.21 (1.71-2.91)	2.67 (2.06-3.52)	3.31 (2.57-4.36)	2.30 (1.77-3.17)	1.40 (1.10-1.87)
4	Assam	1.85 (1.27-2.77)	1.82 (1.26-2.71)	1.64 (1.14-2.46)	1.80 (1.23-2.67)	2.10 (1.46-3.09)	1.59 (1.11-2.39)	0.95 (0.69-1.45)
5	Bihar	2.86 (2.31-3.69)	2.56 (2.07-3.30)	2.11 (1.70-2.68)	1.94 (1.54-2.49)	2.21 (1.72-2.92)	1.98 (1.56-2.58)	1.47 (1.14-1.90)
6	Chandigarh	3.13 (1.84-4.97)	2.89 (1.69-4.62)	1.97 (1.29-2.86)	1.04 (0.70-1.50)	1.06 (0.67-1.87)	1.58 (0.86-3.37)	1.43 (0.78-3.04)
7	Chhattisgarh	6.83 (5.32-8.72)	6.40 (5.03-8.15)	5.09 (3.98-6.59)	4.63 (3.58-6.12)	4.72 (3.69-6.22)	4.06 (3.17-5.43)	3.29 (2.53-4.45)
8	DNH&DD	2.23 (1.66-3.70)	1.69 (1.26-2.89)	1.56 (1.11-2.80)	1.46 (1.02-2.63)	1.29 (0.88-2.38)	1.09 (0.75-1.99)	0.97 (0.66-1.76)
9	Delhi	1.72 (1.17-2.67)	1.81 (1.15-2.96)	2.13 (1.29-3.83)	3.01 (1.65-6.19)	4.47 (2.19-9.62)	5.01 (2.26-10.06)	4.87 (2.13-9.15)
10	Goa	10.64 (7.26-18.39)	8.36 (5.59-14.89)	6.28 (4.30-11.25)	4.98 (3.41-9.17)	4.81 (3.21-8.87)	3.34 (2.39-5.97)	2.12 (1.52-3.64)
11	Gujarat	1.67 (1.19-2.61)	1.56 (1.13-2.38)	1.33 (0.99-1.90)	1.17 (0.84-1.76)	1.32 (0.91-2.16)	1.34 (0.92-2.10)	1.13 (0.77-1.68)
12	Himachal Pradesh	2.79 (1.71-3.88)	2.43 (1.49-3.40)	2.09 (1.28-3.01)	2.02 (1.25-2.94)	2.13 (1.32-3.11)	1.56 (1.04-2.25)	0.87 (0.62-1.21)
13	Haryana	5.96 (4.06-8.18)	7.24 (5.06-9.68)	4.15 (2.90-5.67)	2.23 (1.55-3.27)	2.05 (1.31-3.16)	1.41 (0.94-2.09)	1.02 (0.69-1.44)
14	Jammu & Kashmir and Ladakh	2.19 (1.12-3.36)	2.14 (1.04-3.32)	1.86 (0.87-3.00)	1.71 (0.77-2.91)	1.84 (0.80-3.14)	1.46 (0.66-2.59)	1.01 (0.48-1.96)
15	Jharkhand	1.28 (0.70-1.97)	1.26 (0.67-1.92)	0.97 (0.53-1.52)	0.84 (0.44-1.38)	0.91 (0.45-1.54)	0.73 (0.39-1.19)	0.50 (0.30-0.79)
16	Karnataka	20.04 (14.66-27.28)	16.45 (11.80-22.78)	12.19 (8.52-17.31)	11.11 (7.51-16.09)	12.44 (8.23-17.72)	11.12 (7.52-15.57)	8.32 (5.71-11.69)
17	Kerala	1.66 (1.12-2.63)	1.29 (0.92-2.03)	0.89 (0.65-1.38)	0.79 (0.55-1.31)	0.90 (0.59-1.60)	0.93 (0.60-1.66)	0.81 (0.53-1.39)
18	Meghalaya	2.30 (1.69-3.2)	2.08 (1.55-2.92)	1.86 (1.40-2.66)	2.05 (1.50-2.99)	2.16 (1.55-3.22)	1.99 (1.47-2.91)	1.58 (1.13-2.34)
19	Maharashtra	11.62 (8.4-16.55)	8.82 (6.46-12.60)	5.57 (4.11-8.05)	4.81 (3.39-7.40)	5.38 (3.64-8.63)	5.76 (3.80-9.23)	5.94 (3.93-9.39)
20	Manipur	36.23 (27.88-46.56)	28.58 (21.61-37.05)	23.91 (17.65-31.5)	21.49 (15.66-28.47)	20.92 (14.97-27.90)	17.22 (12.17-23.36)	15.32 (10.71-21.29)
21	Madhya Pradesh	3.79 (2.68-5.52)	3.44 (2.45-5.00)	2.58 (1.91-3.69)	2.25 (1.63-3.30)	2.35 (1.66-3.49)	1.88 (1.32-2.70)	1.26 (0.88-1.82)
22	Mizoram	29.14 (19.41-43.42)	22.01 (15.66-32.22)	19.24 (13.52-28.13)	16.97 (11.72-24.73)	14.97 (9.89-21.93)	13.12 (8.42-19.60)	10.81 (6.88-16.20)
23	Nagaland	29.78 (23.44-38.73)	25.93 (20.27-33.75)	18.36 (14.77-23.99)	14.18 (11.15-19.56)	14.88 (11.23-21.56)	12.96 (10.12-18.09)	9.68 (7.58-12.98)
24	Odisha	3.81 (2.86-5.06)	3.69 (2.81-4.88)	3.16 (2.43-4.23)	2.93 (2.23-4.00)	3.25 (2.48-4.37)	2.81 (2.19-3.78)	2.07 (1.63-2.82)
25	Puducherry	8.82 (4.78-14.76)	9.14 (4.93-15.16)	6.04 (3.00-11.17)	4.18 (1.82-9.06)	4.80 (1.70-10.61)	4.18 (1.58-9.94)	3.19 (1.26-8.46)
26	Punjab	1.79 (1.34-2.60)	1.67 (1.29-2.27)	1.44 (1.11-1.86)	1.26 (0.94-1.70)	1.34 (0.99-1.89)	1.55 (1.12-2.25)	1.85 (1.30-2.81)
27	Rajasthan	1.25 (0.80-2.16)	1.16 (0.73-1.99)	0.88 (0.59-1.49)	0.76 (0.50-1.31)	0.81 (0.51-1.48)	0.70 (0.45-1.25)	0.55 (0.36-0.91)
28	Sikkim	1.00 (0.41-2.38)	1.09 (0.44-2.42)	1.00 (0.42-2.07)	0.96 (0.39-1.99)	1.04 (0.39-2.15)	0.83 (0.33-1.74)	0.76 (0.30-1.65)
29	Tamil Nadu	5.73 (3.65-8.60)	4.79 (3.04-7.23)	3.80 (2.45-5.80)	3.52 (2.19-5.57)	3.89 (2.29-6.27)	3.55 (2.16-5.64)	2.44 (1.66-3.69)
30	Telangana	20.54 (14.35-29.34)	12.26 (8.84-17.77)	5.88 (4.19-8.95)	5.45 (3.53-9.21)	5.96 (3.67-10.49)	6.33 (3.68-11.37)	7.44 (4.11-13.13)
31	Tripura	0.78 (0.59-1.10)	0.89 (0.62-1.32)	0.96 (0.69-1.42)	1.03 (0.73-1.54)	1.12 (0.80-1.67)	0.99 (0.74-1.36)	1.08 (0.80-1.48)
32	Uttarakhand	3.67 (1.86-5.79)	3.55 (1.69-5.69)	3.05 (1.42-5.06)	3.10 (1.36-5.34)	3.84 (1.68-6.38)	2.90 (1.36-4.91)	1.60 (0.86-2.91)
33	Uttar Pradesh	1.92 (0.93-3.28)	1.75 (0.83-3.00)	1.35 (0.65-2.36)	1.13 (0.53-2.03)	1.21 (0.52-2.30)	1.04 (0.48-1.98)	0.78 (0.40-1.50)
34	West Bengal	2.03 (1.35-3.01)	1.70 (1.16-2.52)	1.14 (0.81-1.71)	1.01 (0.71-1.59)	1.16 (0.78-1.87)	1.02 (0.72-1.55)	0.72 (0.53-1.03)
	India	**6.21 (4.21-9.42)**	**5.13 (3.48-7.78)**	**3.79 (2.57-5.75)**	**3.39 (2.30-5.15)**	**3.67 (2.49-5.56)**	**3.23 (2.19-4.90)**	**2.61 (1.77-3.95)**

Annexure 9

Factsheets at State/UT and District-level

Andhra Pradesh

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.62 (0.53-0.74)
	Male	0.63 (0.52-0.76)
	Female	0.61 (0.53-0.72)
Number of People Living with HIV	Total	320222 (282756-368070)
	Adult (15+ years)	315013 (278486-362366)
	Women (15+ years)	156631 (137424-178918)
	Children (<15 years)	5209 (4229-6467)
	Young people (15-24)	17390 (14095-21624)
HIV Incidence per 1,000 Uninfected Population	Total	0.07 (0.04-0.11)
	Male	0.08 (0.05-0.13)
	Female	0.06 (0.04-0.09)
Number of Annual New HIV Infections	Total	3509 (2219-5753)
	Adults (15+ years)	3374 (2133-5487)
	Women (15+ years)	1461 (909-2374)
	Children (<15 years)	135 (60-261)
	Young people (15-24)	693 (433-1135)
Change in Annual New HIV Infections since 2010 (%)	Total	-76.08
	Adults (15+ years)	-74.48
	Female (15+ years)	-74.50
	Children (<15 years)	-90.68
	Young people (15-24)	-79.86
AIDS-related Deaths per 1,00,000 Population	Total	10.04 (7.15-14.89)
	Male	14.58 (10.60-20.93)
	Female	5.51 (3.27-8.83)
Number of AIDS-related Deaths	Total	5311 (3783-7876)
	Adults (15+ years)	5256 (3743-7744)
	Women (15+ years)	1430 (849-2273)
	Children (<15 years)	55 (19-164)
	Young people (15-24)	125 (76-211)
Change in AIDS-related Deaths since 2010 (%)	Total	-86.26
	Adults (15+ years)	-85.73
	Female (15+ years)	-89.98
	Children (<15 years)	-96.99
	Young people (15-24)	-79.74
Need of Services for EVTH	Total	1797 (1539-2137)
Final MTCT Rate of HIV (%)	Total	7.49 (3.86-12.29)

Andhra Pradesh

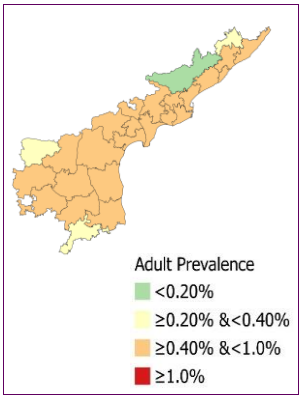
District-wide Key Epidemiological Indicators, HIV Estimates 2023

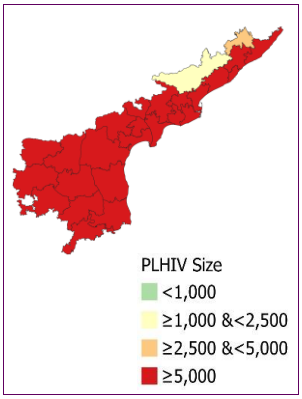
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Alluri Sitharama Raju	0.142	1408	<25	<0.01	<25	Low
2	Anakapalli	0.753	13491	239	0.131	76	High
3	Ananthapuramu	0.638	14862	235	0.099	83	High
4	Annamayya	0.523	9223	119	0.066	52	High
5	Bapatla	0.691	11356	105	0.062	64	High
6	Chittoor	0.275	5323	27	0.014	30	High
7	East Godavari	0.921	17618	133	0.069	99	High
8	Eluru	0.718	15573	102	0.046	88	High
9	Guntur	0.762	16630	<25	<0.01	94	High
10	Kakinada	0.833	18234	106	0.048	102	High
11	Dr. B.R. Ambedkar Konaseema	0.594	10567	27	0.015	60	High
12	Krishna	0.726	13166	151	0.082	74	High
13	Kurnool	0.328	7667	92	0.038	43	High
14	Nandyal	0.416	7688	<25	<0.01	43	High
15	NTR	0.859	19865	542	0.231	111	High
16	Palnadu	0.824	17536	188	0.087	99	High
17	Parvathipuram Manyam	0.381	3642	66	0.067	<25	Moderate
18	Prakasam	0.682	16280	136	0.056	91	High
19	Sri Potti Sriramulu Nellore	0.594	15168	162	0.062	85	High
20	Sri Sathya Sai	0.576	11089	231	0.118	62	High
21	Srikakulam	0.416	9599	102	0.044	54	High
22	Tirupati	0.576	13104	195	0.083	73	High
23	Visakhapatnam	0.780	15999	345	0.166	89	High
24	Vizianagaram	0.487	9795	114	0.056	55	High
25	West Godavari	0.842	15612	74	0.039	88	High
26	Y.S.R.	0.452	9729	<25	<0.01	54	High

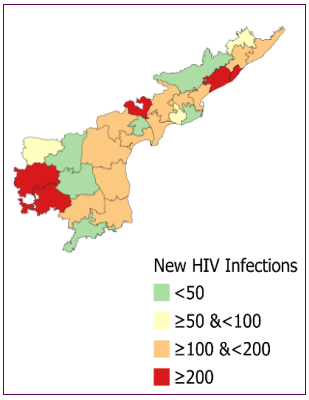
Andhra Pradesh

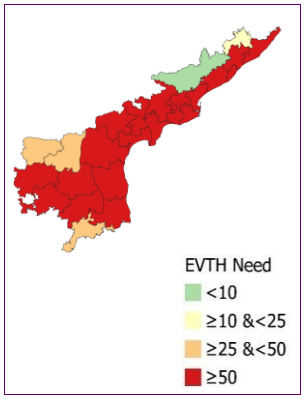
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.62%)	(State = 3.20 lakh)	(State = 3509)	(State = 1797)









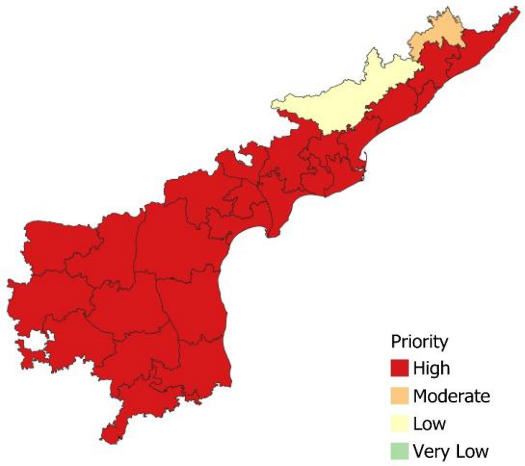
Category	Districts (#)
<0.20%	1
≥0.20% & <0.40%	3
≥0.40% & <1.0%	22
≥1.0%	0

Category	Districts (#)
<1,000	0
≥1,000 & <2,500	1
≥2,500 & <5,000	1
≥5,000	24

Category	Districts (#)
<50	6
≥50 & <100	3
≥100 & <200	12
≥200	5

Category	Districts (#)
<10	1
≥10 & <25	1
≥25 & <50	3
≥50	21

Priority Districts

Priority Districts (N = 26)	Priority Level	Number of Districts	Epidemic Burden
	High	24	98% of PLHIV 98% of New HIV Infections 98% of EVTH-related Need
	Moderate	1	<2% of PLHIV 2% of New HIV Infections <2% of EVTH-related Need
	Low	1	<1% of PLHIV 0% of New HIV Infections <1% of EVTH-related Need
	Very Low	0	—

Arunachal Pradesh

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.25 (0.21-0.32)
	Male	0.35 (0.30-0.44)
	Female	0.15 (0.13-0.19)
Number of People Living with HIV	Total	2465 (2073-3101)
	Adult (15+ years)	2412 (2028-3032)
	Women (15+ years)	696 (583-872)
	Children (<15 years)	53 (43-68)
	Young people (15-24)	282 (201-400)
HIV Incidence per 1,000 Uninfected Population	Total	0.23 (0.18-0.33)
	Male	0.32 (0.25-0.45)
	Female	0.14 (0.10-0.19)
Number of Annual New HIV Infections	Total	359 (278-502)
	Adults (15+ years)	351 (272-490)
	Women (15+ years)	100 (75-139)
	Children (<15 years)	8 (6-13)
	Young people (15-24)	85 (64-119)
Change in Annual New HIV Infections since 2010 (%)	Total	+469.84
	Adults (15+ years)	+485.00
	Female (15+ years)	+488.24
	Children (<15 years)	+166.67
	Young people (15-24)	+507.14
AIDS-related Deaths per 100,000 Population	Total	1.40 (1.10-1.87)
	Male	1.42 (1.10-1.87)
	Female	1.38 (0.99-2.01)
Number of AIDS-related Deaths	Total	22 (17-29)
	Adults (15+ years)	16 (12-21)
	Women (15+ years)	7 (5-11)
	Children (<15 years)	6 (4-8)
	Young people (15-24)	0.89 (0.56-1)
Change in AIDS-related Deaths since 2010 (%)	Total	+214.29
	Adults (15+ years)	+220.00
	Female (15+ years)	+250.00
	Children (<15 years)	+200.00
	Young people (15-24)	+265.20
Need of Services for EVTH	Total	25 (21-32)
Final MTCT Rate of HIV (%)	Total	≥20

Arunachal Pradesh

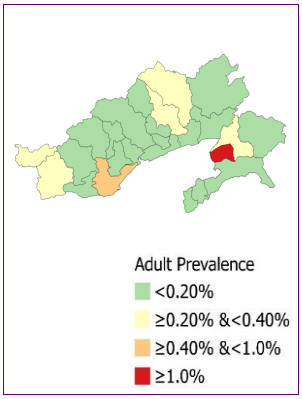
District-wide Key Epidemiological Indicators, HIV Estimates 2023

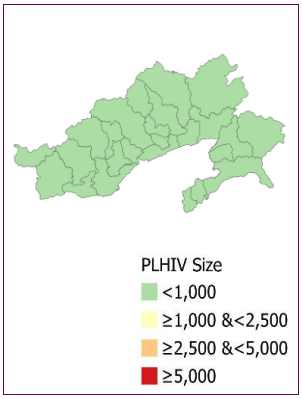
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Anjaw	0.142	<100	<25	<0.01	<25	Very Low
2	Changlang	0.177	109	<25	0.050	<25	Very Low
3	East Kameng	0.124	<100	<25	0.023	<25	Very Low
4	East Siang	0.124	<100	<25	0.102	<25	Very Low
5	Kamle	0.106	<100	<25	<0.01	<25	Very Low
6	Kra Daadi	0.106	<100	<25	<0.01	<25	Very Low
7	Kurung Kumey	0.142	<100	<25	0.037	<25	Very Low
8	Lepa Rada	0.124	<100	<25	<0.01	<25	Very Low
9	Lohit	0.371	<100	<25	0.089	<25	Low
10	Longding	0.124	<100	<25	<0.01	<25	Very Low
11	Lower Dibang Valley	0.124	<100	<25	0.027	<25	Very Low
12	Lower Siang	0.177	<100	<25	0.068	<25	Very Low
13	Lower Subansiri	0.106	<100	<25	0.065	<25	Very Low
14	Namsai	2.123	896	127	1.190	<25	High
15	Pakke Kessang	<0.10	<100	<25	<0.01	<25	Very Low
16	Papum Pare	0.955	791	161	0.819	<25	Moderate
17	Shi Yomi	<0.10	<100	<25	<0.01	<25	Very Low
18	Siang	0.212	<100	<25	0.184	<25	Low
19	Tawang	0.212	<100	<25	0.059	<25	Low
20	Tirap	0.159	<100	<25	0.028	<25	Very Low
21	Dibang Valley	0.124	<100	<25	<0.01	<25	Very Low
22	Upper Siang	0.283	<100	<25	0.250	<25	Low
23	Upper Subansiri	<0.10	<100	<25	0.038	<25	Very Low
24	West Kameng	0.248	<100	<25	0.053	<25	Low
25	West Siang	0.177	<100	<25	0.140	<25	Very Low

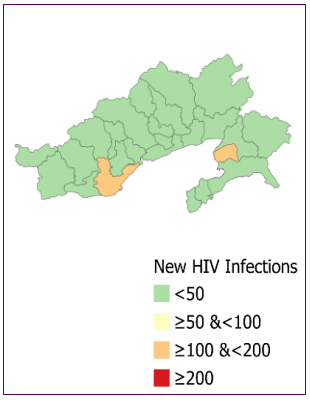
Arunachal Pradesh

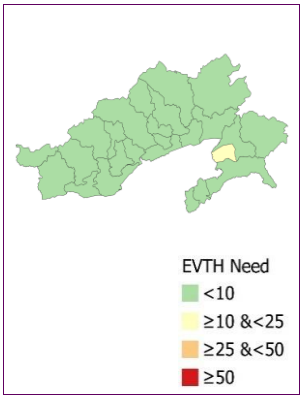
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.25%)	(State = 2465)	(State = 359)	(State = 25)









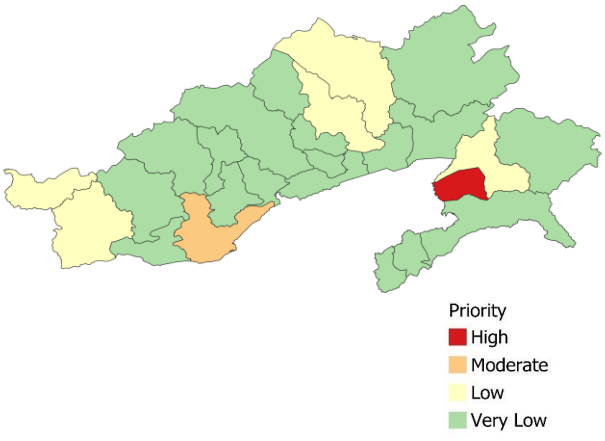
Category	Districts (#)
<0.20%	18
≥0.20% & <0.40%	5
≥0.40% & <1.0%	1
≥1.0%	1

Category	Districts (#)
<1,000	25
≥1,000 & <2,500	0
≥2,500 & <5,000	0
≥5,000	0

Category	Districts (#)
<50	23
≥50 & <100	0
≥100 & <200	2
≥200	0

Category	Districts (#)
<10	24
≥10 & <25	1
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 25)	Priority Level	Number of Districts	Epidemic Burden
	High	1	36% of PLHIV 35% of New HIV Infections 44% of EVTH-related Need
	Moderate	1	32% of PLHIV 45% of New HIV Infections 39% of EVTH-related Need
	Low	5	11% of PLHIV 8% of New HIV Infections 11% of EVTH-related Need
	Very Low	18	20% of PLHIV 12% of New HIV Infections 6% of EVTH-related Need

Assam

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.13 (0.11-0.16)
	Male	0.17 (0.15-0.21)
	Female	0.08 (0.07-0.10)
Number of People Living with HIV	Total	32031 (27018-39735)
	Adult (15+ years)	31396 (26522-39011)
	Women (15+ years)	10005 (8536-12266)
	Children (<15 years)	635 (530-805)
	Young people (15-24)	2036 (1434-2946)
HIV Incidence per 1,000 Uninfected Population	Total	0.06 (0.04-0.09)
	Male	0.08 (0.05-0.13)
	Female	0.03 (0.02-0.06)
Number of Annual New HIV Infections	Total	2021 (1260-3277)
	Adults (15+ years)	1969 (1233-3189)
	Women (15+ years)	578 (364-926)
	Children (<15 years)	52 (29-92)
	Young people (15-24)	419 (274-661)
Change in Annual New HIV Infections since 2010 (%)	Total	+22.11
	Adults (15+ years)	+25.98
	Female (15+ years)	+28.44
	Children (<15 years)	-43.48
	Young people (15-24)	+18.36
AIDS-related Deaths per 1,00,000 Population	Total	0.95 (0.69-1.45)
	Male	1.16 (0.85-1.72)
	Female	0.73 (0.40-1.25)
Number of AIDS-related Deaths	Total	337 (243-513)
	Adults (15+ years)	315 (229-479)
	Women (15+ years)	117 (65-200)
	Children (<15 years)	22 (9-40)
	Young people (15-24)	8 (5-14)
Change in AIDS-related Deaths since 2010 (%)	Total	-34.94
	Adults (15+ years)	-31.97
	Female (15+ years)	+3.54
	Children (<15 years)	-59.26
	Young people (15-24)	-20.00
Need of Services for EVTH	Total	264 (219-327)
Final MTCT Rate of HIV (%)	Total	19.63 (12.98-≥20)

Assam

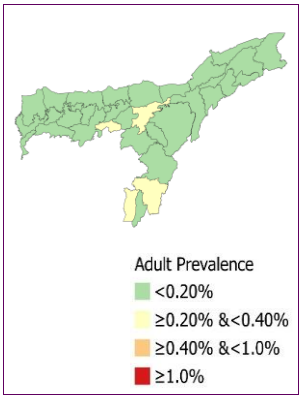
District-wide Key Epidemiological Indicators, HIV Estimates 2023

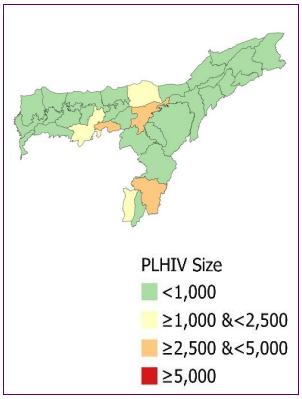
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Baksa	<0.10	474	<25	<0.01	<25	Very Low
2	Barpeta	<0.10	973	48	0.025	<25	Very Low
3	Biswanath	<0.10	184	<25	<0.01	<25	Very Low
4	Bongaigaon	0.139	778	65	0.077	<25	Very Low
5	Cachar	0.260	3533	29	0.014	29	Moderate
6	Charaideo	<0.10	152	<25	<0.01	<25	Very Low
7	Darrang	0.112	726	59	0.056	<25	Very Low
8	Dhemaji	<0.10	329	<25	0.030	<25	Very Low
9	Dhubri	<0.10	879	<25	<0.01	<25	Very Low
10	Dibrugarh	<0.10	806	61	0.040	<25	Very Low
11	Dima Hasao	0.112	187	<25	<0.01	<25	Very Low
12	Goalpara	<0.10	628	71	0.062	<25	Very Low
13	Golaghat	<0.10	854	67	0.055	<25	Very Low
14	Hailakandi	0.139	698	35	0.047	<25	Very Low
15	Hojai	0.112	764	26	0.025	<25	Very Low
16	Jorhat	0.112	848	44	0.041	<25	Very Low
17	Kamrup	0.139	1672	175	0.101	<25	Low
18	Kamrup Metro	0.325	3796	394	0.276	31	Moderate
19	Karbi Anglong	0.158	827	33	0.044	<25	Very Low
20	Karimganj	0.279	2490	56	0.040	<25	Low
21	Kokrajhar	<0.10	383	40	0.039	<25	Very Low
22	Lakhimpur	<0.10	411	<25	0.013	<25	Very Low
23	Majuli	<0.10	<100	<25	0.017	<25	Very Low
24	Marigaon	0.102	761	57	0.052	<25	Very Low
25	Nagaon	0.307	4411	463	0.215	37	Moderate
26	Nalbari	0.112	717	45	0.051	<25	Very Low
27	Sivasagar	0.149	862	90	0.116	<25	Very Low
28	Sonitpur	<0.10	1034	40	0.027	<25	Low
29	South Salmara Mancachar	<0.10	<100	<25	<0.01	<25	Very Low
30	Tinsukia	<0.10	878	<25	<0.01	<25	Very Low
31	Udalguri	<0.10	271	<25	0.018	<25	Very Low
32	West Karbi Anglong	<0.10	133	<25	0.012	<25	Very Low
33	Chirang	0.102	385	<25	0.035	<25	Very Low

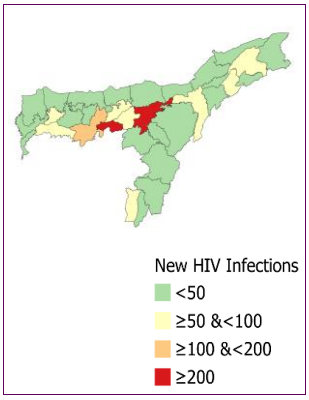
Assam

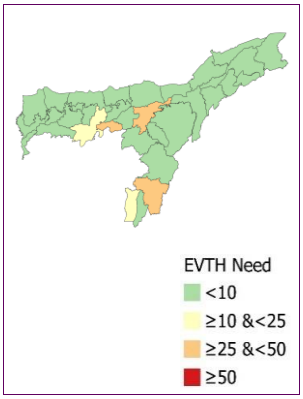
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.13%)	(State = 0.32 lakh)	(State = 2021)	(State = 264)









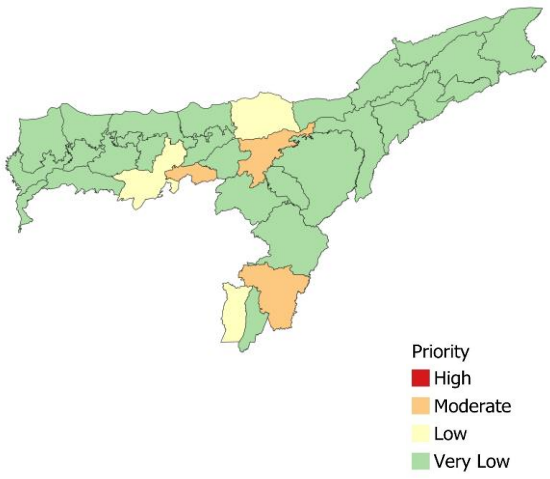
Category	Districts (#)
<0.20%	29
≥0.20% & <0.40%	4
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	27
≥1,000 & <2,500	3
≥2,500 & <5,000	3
≥5,000	0

Category	Districts (#)
<50	22
≥50 & <100	8
≥100 & <200	1
≥200	2

Category	Districts (#)
<10	28
≥10 & <25	2
≥25 & <50	3
≥50	0

Priority Districts

Priority Districts (N = 33)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	3	37% of PLHIV 44% of New HIV Infections 37% of EVTH-related Need
	Low	3	16% of PLHIV 13% of New HIV Infections 16% of EVTH-related Need
	Very Low	27	47% of PLHIV 43% of New HIV Infections 47% of EVTH-related Need

Bihar

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.16 (0.14-0.20)
	Male	0.18 (0.15-0.23)
	Female	0.14 (0.12-0.18)
Number of People Living with HIV	Total	155646 (132714-196039)
	Adult (15+ years)	149314 (127055-188490)
	Women (15+ years)	62879 (53488-78546)
	Children (<15 years)	6333 (5518-7814)
	Young people (15-24)	15115 (11351-21067)
HIV Incidence per 1,000 Uninfected Population	Total	0.07 (0.05-0.10)
	Male	0.08 (0.05-0.11)
	Female	0.06 (0.04-0.08)
Number of Annual New HIV Infections	Total	8271 (6096-12456)
	Adults (15+ years)	7749 (5696-11798)
	Women (15+ years)	3122 (2314-4748)
	Children (<15 years)	523 (393-768)
	Young people (15-24)	2410 (1742-3611)
Change in Annual New HIV Infections since 2010 (%)	Total	-9.50
	Adults (15+ years)	-6.48
	Female (15+ years)	-6.19
	Children (<15 years)	-38.69
	Young people (15-24)	-1.55
AIDS-related Deaths per 100,000 Population	Total	1.47 (1.14-1.90)
	Male	1.89 (1.47-2.45)
	Female	1.01 (0.69-1.41)
Number of AIDS-related Deaths	Total	1838 (1435-2386)
	Adults (15+ years)	1573 (1220-2038)
	Women (15+ years)	483 (323-675)
	Children (<15 years)	265 (181-396)
	Young people (15-24)	77 (52-112)
Change in AIDS-related Deaths since 2010 (%)	Total	-57.50
	Adults (15+ years)	-57.58
	Female (15+ years)	-69.83
	Children (<15 years)	-57.05
	Young people (15-24)	-46.15
Need of Services for EVTH	Total	1823 (1575-2258)
Final MTCT Rate of HIV (%)	Total	≥20

Bihar

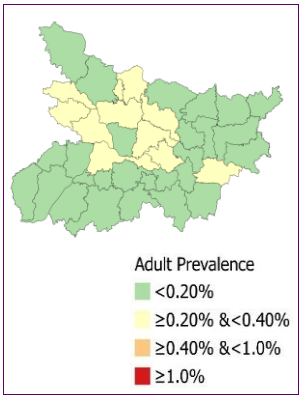
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Araria	<0.10	2252	306	0.090	26	Low
2	Arwal	0.111	712	131	0.154	<25	Very Low
3	Aurangabad	0.148	3588	236	0.077	42	Moderate
4	Banka	<0.10	1231	<25	<0.01	<25	Low
5	Begusarai	0.309	8536	602	0.168	100	High
6	Bhagalpur	0.210	5919	334	0.091	69	High
7	Bhojpur	0.173	4645	<25	<0.01	55	Moderate
8	Buxar	0.198	3104	136	0.066	37	Moderate
9	Darbhanga	0.210	7526	55	0.012	88	High
10	Gaya	0.136	5444	810	0.152	64	High
11	Gopalganj	0.247	5919	698	0.225	69	High
12	Jamui	<0.10	970	34	0.016	<25	Very Low
13	Jehanabad	0.124	1381	84	0.062	<25	Low
14	Kaimur (Bhabua)	<0.10	824	41	0.021	<25	Very Low
15	Katihar	0.136	3909	408	0.110	46	Moderate
16	Khagaria	<0.10	1455	<25	<0.01	<25	Low
17	Kishanganj	0.111	1766	<25	<0.01	<25	Low
18	Lakhisarai	0.136	1276	<25	<0.01	<25	Low
19	Madhepura	<0.10	755	<25	<0.01	<25	Very Low
20	Madhubani	<0.10	3742	<25	<0.01	44	Moderate
21	Munger	0.136	1778	36	0.022	<25	Low
22	Muzaffarpur	0.210	9269	1347	0.232	108	High
23	Nalanda	<0.10	2727	<25	<0.01	31	Moderate
24	Nawada	0.136	2309	91	0.034	27	Low
25	Pashchim Champaran	<0.10	1968	<25	<0.01	<25	Low
26	Patna	0.247	14738	913	0.129	173	High
27	Purbi Champaran	0.148	6602	301	0.049	78	High
28	Purnia	0.124	3564	394	0.100	42	Moderate
29	Rohtas	<0.10	2228	29	<0.01	26	Low
30	Saharsa	<0.10	1538	162	0.070	<25	Low
31	Samastipur	0.210	8517	141	0.027	100	High
32	Saran	0.235	8514	<25	<0.01	100	High
33	Sheikhpura	0.136	805	43	0.056	<25	Very Low
34	Sheohar	0.259	1546	162	0.204	<25	Low
35	Sitamarhi	0.272	8590	194	0.047	101	High
36	Siwan	0.247	7714	<25	<0.01	90	High
37	Supaul	<0.10	1745	157	0.058	<25	Low
38	Vaishali	0.198	6538	382	0.090	77	High

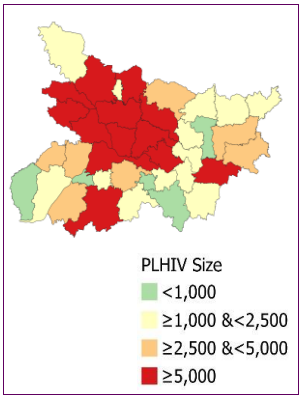
Bihar

District-wide Map on Key Epidemiological Indicators

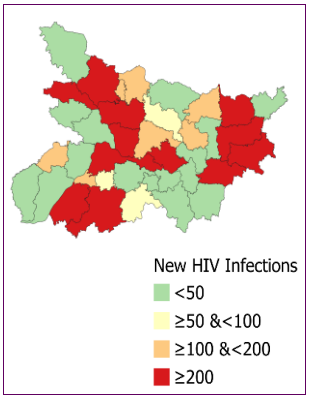
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.16%)	(State = 1.56 lakh)	(State = 8271)	(State = 1823)



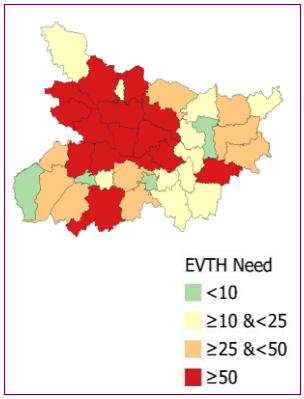
Category	Districts (#)
<0.20%	27
≥0.20% & <0.40%	11
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	5
≥1,000 & <2,500	13
≥2,500 & <5,000	7
≥5,000	13

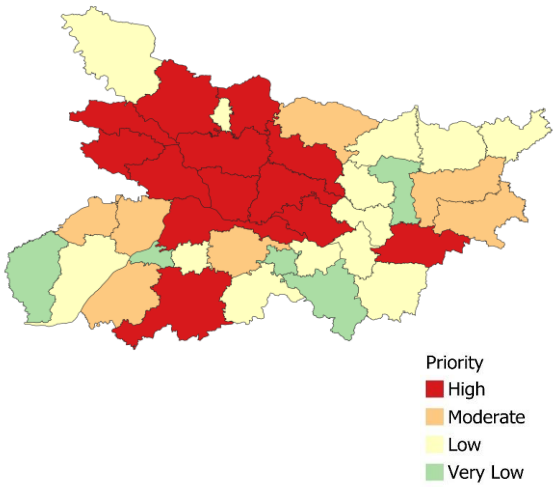


Category	Districts (#)
<50	16
≥50 & <100	3
≥100 & <200	7
≥200	12



Category	Districts (#)
<10	4
≥10 & <25	11
≥25 & <50	9
≥50	14

Priority Districts

Priority Districts (N = 38)	Priority Level	Number of Districts	Epidemic Burden
	High	13	67% of PLHIV 70% of New HIV Infections 67% of EVTH-related Need
	Moderate	7	16% of PLHIV 14% of New HIV Infections 16% of EVTH-related Need
	Low	13	14% of PLHIV 13% of New HIV Infections 14% of EVTH-related Need
	Very Low	5	3% of PLHIV 3% of New HIV Infections 3% of EVTH-related Need

Chhattisgarh

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.16 (0.16-0.18)
	Male	0.17 (0.16-0.19)
	Female	0.16 (0.15-0.17)
Number of People Living with HIV	Total	40169 (37653-44526)
	Adult (15+ years)	38494 (36031-42673)
	Women (15+ years)	18024 (16773-20056)
	Children (<15 years)	1675 (1517-1905)
	Young people (15-24)	3148 (2800-3644)
HIV Incidence per 1,000 Uninfected Population	Total	0.04 (0.03-0.05)
	Male	0.04 (0.03-0.05)
	Female	0.04 (0.03-0.05)
Number of Annual New HIV Infections	Total	1252 (862-1583)
	Adults (15+ years)	1189 (823-1493)
	Women (15+ years)	594 (415-757)
	Children (<15 years)	63 (42-92)
	Young people (15-24)	302 (221-372)
Change in Annual New HIV Infections since 2010 (%)	Total	-60.81
	Adults (15+ years)	-57.67
	Female (15+ years)	-54.86
	Children (<15 years)	-83.68
	Young people (15-24)	-62.16
AIDS- related Deaths per 1,00,000 Population	Total	3.29 (2.53-4.45)
	Male	3.12 (2.43-4.14)
	Female	3.46 (2.51-4.81)
Number of AIDS-related Deaths	Total	984 (756-1332)
	Adults (15+ years)	932 (724-1266)
	Women (15+ years)	491 (355-687)
	Children (<15 years)	52 (34-74)
	Young people (15-24)	31 (22-45)
Change in AIDS-related Deaths since 2010 (%)	Total	-65.12
	Adults (15+ years)	-63.38
	Female (15+ years)	-56.43
	Children (<15 years)	-81.23
	Young people (15-24)	-58.67
Need of Services for EVTH	Total	430 (381-500)
Final MTCT Rate of HIV (%)	Total	14.57 (10.74-18.78)

Chhattisgarh

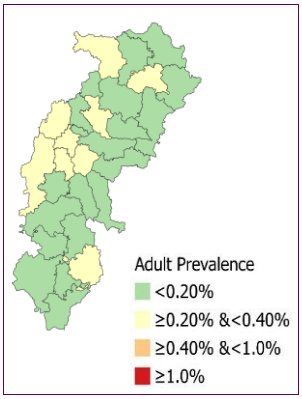
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infection	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Balod	<0.10	690	<25	<0.01	<25	Very Low
2	Balodabazar-Bhatapara	<0.10	1028	73	0.057	<25	Low
3	Balrampur-Ramanujganj	<0.10	308	<25	0.025	<25	Very Low
4	Bastar	0.208	1689	46	0.047	<25	Low
5	Bemetara	0.216	1705	130	0.139	<25	Low
6	Bijapur	0.144	345	<25	0.024	<25	Very Low
7	Bilaspur	0.240	3676	74	0.039	39	Moderate
8	Dakshin Bastar Dantewada	0.104	283	<25	0.012	<25	Very Low
9	Dhamtari	<0.10	496	31	0.033	<25	Very Low
10	Durg	0.313	5284	136	0.067	56	High
11	Gariyaband	<0.10	278	<25	0.027	<25	Very Low
12	Gaurela-Pendra-Marwahi	<0.10	108	<25	<0.01	<25	Very Low
13	Janjgir-Champa	0.176	1612	27	0.024	<25	Low
14	Jashpur	<0.10	465	29	0.029	<25	Very Low
15	Kabeerdham	0.240	1814	48	0.050	<25	Low
16	Uttar Bastar Kanker	<0.10	407	<25	<0.01	<25	Very Low
17	Kondagaon	0.104	600	42	0.062	<25	Very Low
18	Korba	<0.10	1049	<25	<0.01	<25	Low
19	Korea	0.232	626	<25	0.060	<25	Low
20	Mahasamund	0.120	1137	28	0.023	<25	Low
21	Mungeli	<0.10	644	<25	<0.01	<25	Very Low
22	Narayanpur	<0.10	113	<25	<0.01	<25	Very Low
23	Raigarh	<0.10	412	<25	<0.01	<25	Very Low
24	Raipur	0.321	6772	255	0.100	72	High
25	Rajnandgaon	0.305	2570	88	0.085	27	Moderate
26	Sukma	<0.10	222	<25	0.010	<25	Very Low
27	Surajpur	<0.10	615	<25	<0.01	<25	Very Low
28	Surguja	0.345	2595	87	0.088	27	Moderate
29	Sakti	<0.10	145	<25	<0.01	<25	Very Low
30	Sarangarh-Bilaigarh	<0.10	156	<25	<0.01	<25	Very Low
31	Khairagarh-Chhuikhadan-Gandai	0.248	910	<25	0.049	<25	Low
32	Manendragarh-Chirmiri-Bharatpur	0.192	709	<25	0.050	<25	Very Low
33	Mohla-Manpur-Ambagarh Chouki	0.264	703	<25	0.050	<25	Low

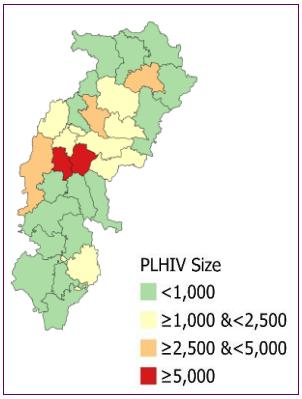
Chhattisgarh

District-wide Map on Key Epidemiological Indicators

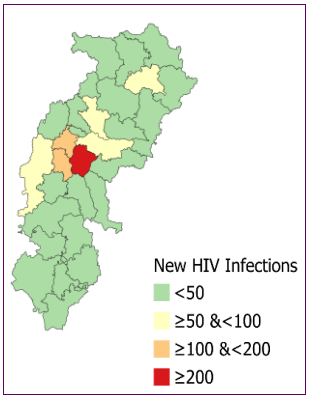
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.16%)	(State = 0.40 lakh)	(State = 1252)	(State = 430)



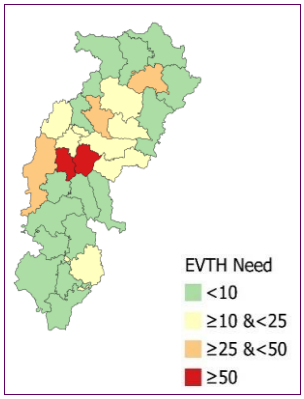
Category	Districts (#)
<0.20%	22
≥0.20% & <0.40%	11
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	21
≥1,000 & <2,500	7
≥2,500 & <5,000	3
≥5,000	2



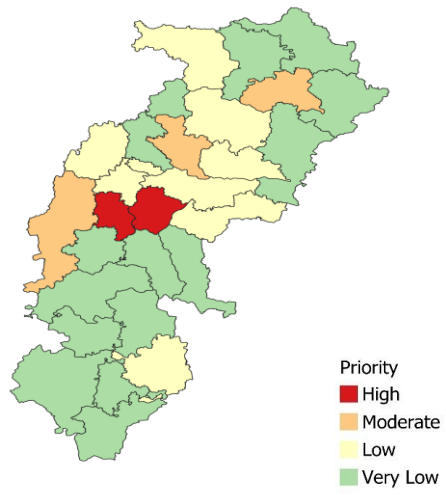
Category	Districts (#)
<50	26
≥50 & <100	4
≥100 & <200	2
≥200	1



Category	Districts (#)
<10	21
≥10 & <25	7
≥25 & <50	3
≥50	2

Priority Districts

Priority Districts (N = 33)



Priority Level	Number of Districts	Epidemic Burden
High	2	30% of PLHIV 31% of New HIV Infections 30% of EVTH-related Need
Moderate	3	22% of PLHIV 20% of New HIV Infections 22% of EVTH-related Need
Low	10	31% of PLHIV 33% of New HIV Infections 30% of EVTH-related Need
Very Low	18	17% of PLHIV 16% of New HIV Infections 18% of EVTH-related Need

Delhi

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.31 (0.25-0.38)
	Male	0.36 (0.29-0.44)
	Female	0.25 (0.20-0.31)
Number of People Living with HIV	Total	58869 (47456-71876)
	Adult (15+ years)	57513 (46396-70286)
	Women (15+ years)	21659 (17570-26390)
	Children (<15 years)	1356 (1082-1671)
	Young people (15-24)	3693 (2795-5010)
HIV Incidence per 1,000 Uninfected Population	Total	0.13 (0.09-0.19)
	Male	0.15 (0.10-0.22)
	Female	0.11 (0.07-0.16)
Number of Annual New HIV Infections	Total	2710 (1811-3991)
	Adults (15+ years)	2663 (1785-3929)
	Women (15+ years)	1063 (701-1562)
	Children (<15 years)	47 (31-99)
	Young people (15-24)	598 (410-853)
Change in Annual New HIV Infections since 2010 (%)	Total	-21.83
	Adults (15+ years)	-18.84
	Female (15+ years)	-11.27
	Children (<15 years)	-74.73
	Young people (15-24)	-34.07
AIDS-related Deaths per 1,00,000 Population	Total	4.87 (2.13-9.15)
	Male	4.28 (2.31-7.81)
	Female	5.53 (1.56-10.90)
Number of AIDS-related Deaths	Total	1026 (449-1929)
	Adults (15+ years)	979 (434-1846)
	Women (15+ years)	524 (150-1042)
	Children (<15 years)	47 (12-89)
	Young people (15-24)	31 (14-57)
Change in AIDS-related Deaths since 2010 (%)	Total	+13.37
	Adults (15+ years)	+21.61
	Female (15+ years)	+87.14
	Children (<15 years)	-53.00
	Young people (15-24)	-6.06
Need of Services for EVTH	Total	408 (325-519)
Final MTCT Rate of HIV (%)	Total	11.47 (8.90-19.09)

Delhi

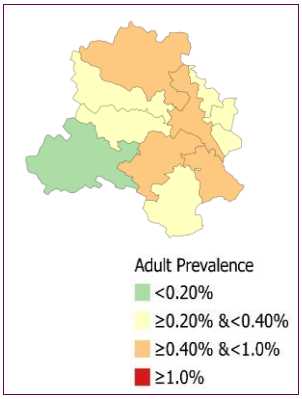
District-wide Key Epidemiological Indicators, HIV Estimates 2023

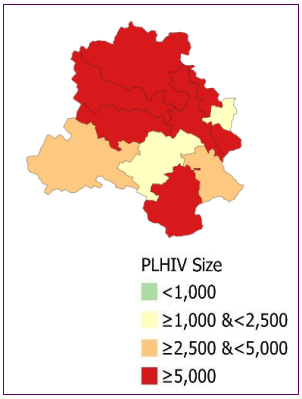
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Central	0.779	5223	340	0.464	36	High
2	East	0.262	5080	32	0.015	35	High
3	New Delhi	0.757	1302	50	0.280	<25	Moderate
4	North	0.554	5606	478	0.427	39	High
5	North East	0.270	5780	130	0.054	40	High
6	North West	0.307	12520	450	0.097	87	High
7	Shahdara	0.397	1488	61	0.150	<25	Low
8	South	0.322	7602	598	0.226	53	High
9	South East	0.472	3500	250	0.310	<25	Moderate
10	South West	0.135	3565	277	0.096	<25	Moderate
11	West	0.255	7202	43	0.013	49	High

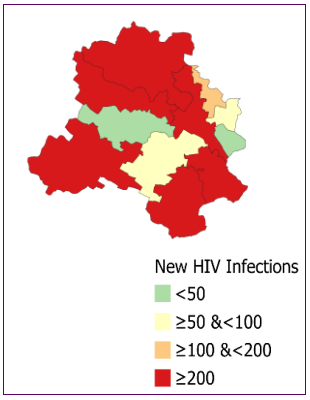
Delhi

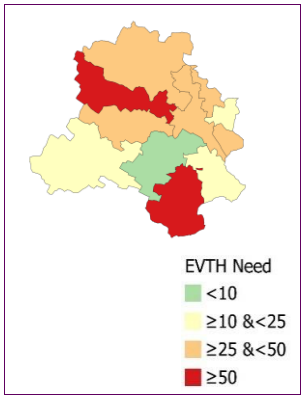
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.31%)	(State = 0.59 lakh)	(State = 2710)	(State = 408)









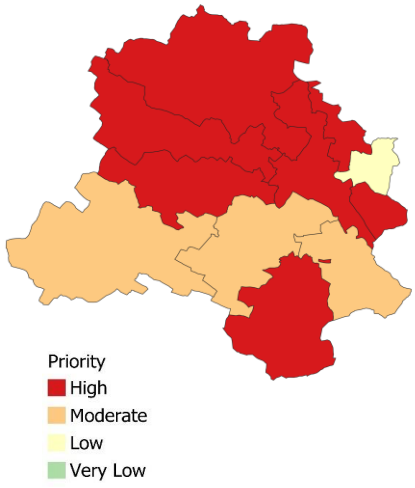
Category	Districts (#)
<0.20%	1
≥0.20% & <0.40%	6
≥0.40% & <1.0%	4
≥1.0%	0

Category	Districts (#)
<1,000	0
≥1,000 & <2,500	2
≥2,500 & <5,000	2
≥5,000	7

Category	Districts (#)
<50	2
≥50 & <100	2
≥100 & <200	1
≥200	6

Category	Districts (#)
<10	1
≥10 & <25	3
≥25 & <50	5
≥50	2

Priority Districts

Priority Districts (N = 11)	Priority Level	Number of Districts	Epidemic Burden
	High	7	83% of PLHIV 76% of New HIV Infections 83% of EVTH-related Need
	Moderate	3	14% of PLHIV 21% of New HIV Infections 14% of EVTH-related Need
	Low	1	3% of PLHIV 3% of New HIV Infections 3% of EVTH-related Need
	Very Low	0	—

Goa

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.29 (0.26-0.40)
	Male	0.30 (0.26-0.42)
	Female	0.28 (0.24-0.38)
Number of People Living with HIV	Total	4474 (3962-5864)
	Adult (15+ years)	4388 (3888-5726)
	Women (15+ years)	2059 (1811-2643)
	Children (<15 years)	86 (67-136)
	Young people (15-24)	286 (244-387)
HIV Incidence per 1,000 Uninfected Population	Total	0.06 (0.04-0.11)
	Male	0.06 (0.04-0.12)
	Female	0.06 (0.04-0.11)
Number of Annual New HIV Infections	Total	96 (67-175)
	Adults (15+ years)	93 (65-168)
	Women (15+ years)	46 (31-84)
	Children (<15 years)	3 (1-6)
	Young people (15-24)	20 (14-36)
Change in Annual New HIV Infections since 2010 (%)	Total	-4.95
	Adults (15+ years)	+9.41
	Female (15+ years)	+21.05
	Children (<15 years)	-81.25
	Young people (15-24)	+5.26
AIDS-related Deaths per 1,00,000 Population	Total	2.12 (1.52-3.64)
	Male	2.56 (1.90-3.99)
	Female	1.67 (0.92-3.41)
Number of AIDS-related Deaths	Total	33 (24-57)
	Adults (15+ years)	32 (23-54)
	Women (15+ years)	12 (7-25)
	Children (<15 years)	2 (0.47-4)
	Young people (15-24)	0.91 (0.58-2)
Change in AIDS-related Deaths since 2010 (%)	Total	-93.24
	Adults (15+ years)	-93.21
	Female (15+ years)	-93.37
	Children (<15 years)	-88.89
	Young people (15-24)	-69.56
Need of Services for EVTH	Total	28 (22-40)
Final MTCT Rate of HIV (%)	Total	10.29 (6.48-15.73)

Goa

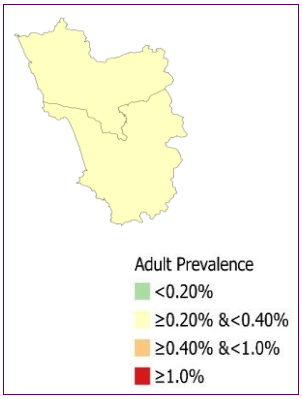
District-wide Key Epidemiological Indicators, HIV Estimates 2023

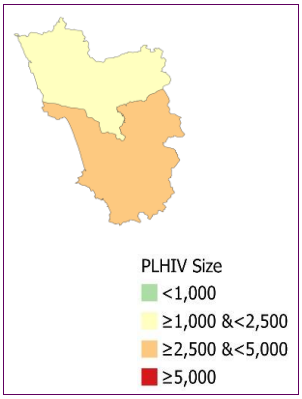
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	North Goa	0.290	1719	64	0.092	<25	Low
2	South Goa	0.290	2755	32	0.037	<25	Moderate

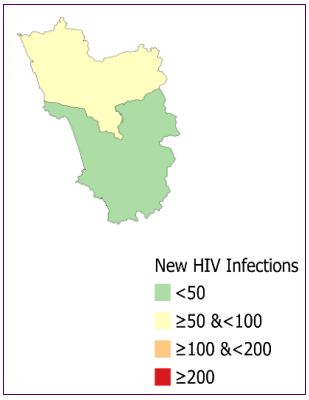
Goa

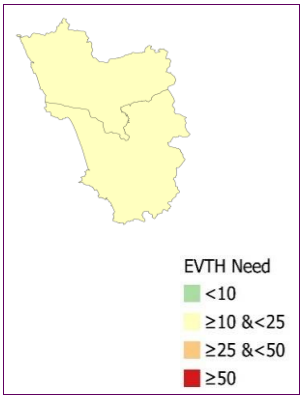
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.29%)	(State = 4474)	(State = 96)	(State = 28)









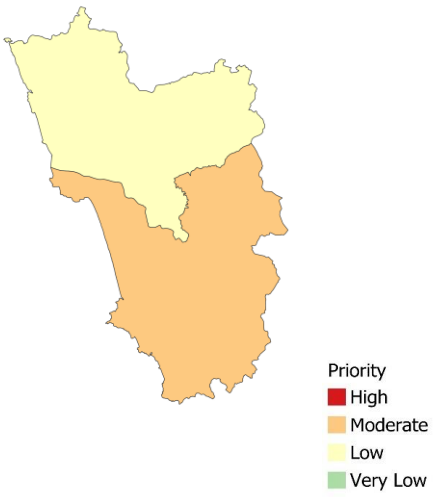
Category	Districts (#)
<0.20%	0
≥0.20% & <0.40%	2
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	0
≥1,000 & <2,500	1
≥2,500 & <5,000	1
≥5,000	0

Category	Districts (#)
<50	1
≥50 & <100	1
≥100 & <200	0
≥200	0

Category	Districts (#)
<10	0
≥10 & <25	2
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 02)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	1	62% of PLHIV 33% of New HIV Infections 61% of EVTH-related Need
	Low	1	38% of PLHIV 67% of New HIV Infections 39% of EVTH-related Need
	Very Low	0	—

Gujarat

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.19 (0.17-0.22)
	Male	0.20 (0.18-0.23)
	Female	0.17 (0.16-0.20)
Number of People Living with HIV	Total	120312 (110101-138915)
	Adult (15+ years)	116940 (106982-134979)
	Women (15+ years)	49832 (45312-57260)
	Children (<15 years)	3372 (2987-3935)
	Young people (15-24)	6482 (5345-8483)
HIV Incidence per 1,000 Uninfected Population	Total	0.04 (0.03-0.06)
	Male	0.04 (0.03-0.07)
	Female	0.04 (0.02-0.06)
Number of Annual New HIV Infections	Total	2671 (1796-4490)
	Adults (15+ years)	2562 (1753-4301)
	Women (15+ years)	1181 (787-1982)
	Children (<15 years)	109 (54-201)
	Young people (15-24)	591 (392-1001)
Change in Annual New HIV Infections since 2010 (%)	Total	-56.86
	Adults (15+ years)	-53.70
	Female (15+ years)	-52.03
	Children (<15 years)	-83.43
	Young people (15-24)	-60.78
AIDS-related Deaths per 1,00,000 Population	Total	1.13 (0.77-1.68)
	Male	1.00 (0.69-1.40)
	Female	1.28 (0.73-2.20)
Number of AIDS-related Deaths	Total	800 (547-1194)
	Adults (15+ years)	729 (494-1099)
	Women (15+ years)	397 (221-710)
	Children (<15 years)	71 (42-118)
	Young people (15-24)	26 (17-41)
Change in AIDS-related Deaths since 2010 (%)	Total	-66.44
	Adults (15+ years)	-63.03
	Female (15+ years)	-55.24
	Children (<15 years)	-82.73
	Young people (15-24)	-62.86
Need of Services for EVTH	Total	1121 (964-1353)
Final MTCT Rate of HIV (%)	Total	9.74 (5.67-15.01)

Gujarat

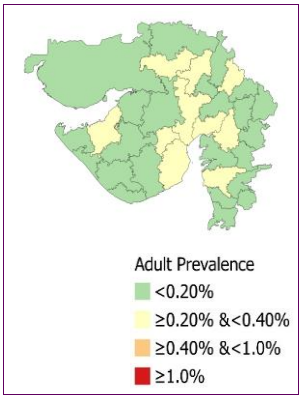
District-wide Key Epidemiological Indicators, HIV Estimates 2023

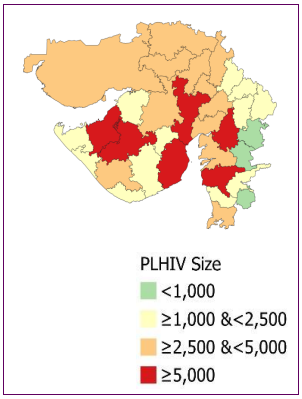
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Ahmedabad	0.207	16297	358	0.043	151	High
2	Amreli	0.126	1942	<25	<0.01	<25	Low
3	Anand	0.207	4573	213	0.086	43	Moderate
4	Arvalli	0.200	2119	44	0.035	<25	Low
5	Banas Kantha	0.133	4114	29	<0.01	38	Moderate
6	Bharuch	0.156	2697	38	0.021	25	Moderate
7	Bhavnagar	0.200	5031	88	0.031	47	High
8	Botad	0.282	2025	151	0.195	<25	Low
9	Chhotaudepur	<0.10	543	32	0.025	<25	Very Low
10	Dangs	0.156	280	<25	0.050	<25	Very Low
11	Devbhumi Dwarka	0.170	1387	32	0.036	<25	Low
12	Dahod	0.111	2155	<25	<0.01	<25	Low
13	Gandhinagar	0.185	2876	73	0.045	27	Moderate
14	Gir Somnath	<0.10	1193	66	0.046	<25	Low
15	Jamnagar	0.341	5086	367	0.222	47	High
16	Junagadh	0.170	2818	63	0.035	26	Moderate
17	Kachchh	0.178	3856	79	0.032	36	Moderate
18	Kheda	0.170	3700	41	0.017	35	Moderate
19	Mahesana	0.200	4291	38	0.016	40	Moderate
20	Mahisagar	0.126	1036	55	0.047	<25	Low
21	Morbi	0.178	1850	87	0.077	<25	Low
22	Narmada	0.111	689	<25	<0.01	<25	Very Low
23	Navsari	0.148	2122	<25	<0.01	<25	Low
24	Panch Mahals	0.119	1965	64	0.033	<25	Low
25	Patan	0.207	2906	42	0.027	27	Moderate
26	Porbandar	0.193	1223	71	0.104	<25	Low
27	Rajkot	0.185	6153	99	0.028	57	High
28	Sabar Kantha	0.178	2543	25	0.016	<25	Moderate
29	Surat	0.245	17895	117	0.016	167	High
30	Surendranagar	0.170	2761	<25	<0.01	25	Moderate
31	Tapi	0.178	1529	90	0.094	<25	Low
32	Vadodara	0.237	7860	216	0.059	73	High
33	Valsad	0.148	2795	61	0.030	26	Moderate

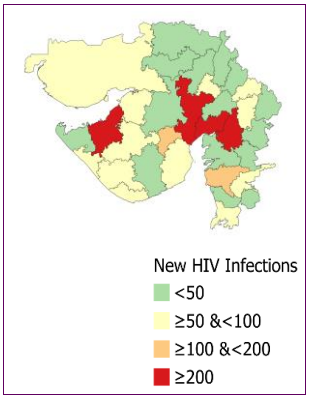
Gujarat

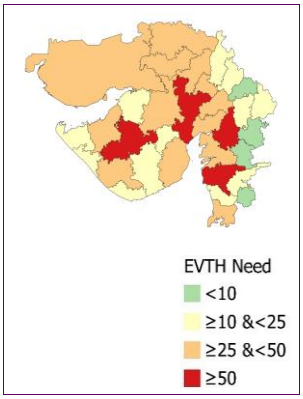
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.19%)	(State = 1.20 lakh)	(State = 2671)	(State = 1121)









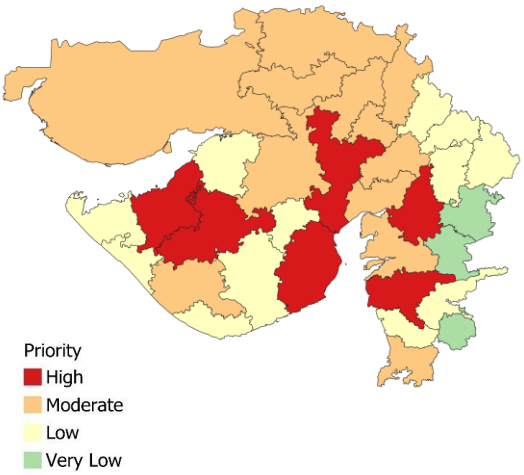
Category	Districts (#)
<0.20%	23
≥0.20% & <0.40%	10
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	3
≥1,000 & <2,500	12
≥2,500 & <5,000	12
≥5,000	6

Category	Districts (#)
<50	15
≥50 & <100	12
≥100 & <200	2
≥200	4

Category	Districts (#)
<10	4
≥10 & <25	12
≥25 & <50	13
≥50	4

Priority Districts

Priority Districts (N = 33)	Priority Level	Number of Districts	Epidemic Burden
	High	6	49% of PLHIV 47% of New HIV Infections 48% EVTH-related Need
	Moderate	12	33% of PLHIV 26% of New HIV Infections 33% of EVTH-related Need
	Low	12	17% of PLHIV 25% of New HIV Infections 17% of EVTH-related Need
	Very Low	3	1% of PLHIV 2% of New HIV Infections 2% of EVTH-related Need

Haryana

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.23 (0.19-0.28)
	Male	0.28 (0.23-0.34)
	Female	0.17 (0.14-0.20)
Number of People Living with HIV	Total	56578 (46186-67190)
	Adult (15+ years)	55198 (45019-65575)
	Women (15+ years)	19641 (16106-23150)
	Children (<15 years)	1380 (1098-1669)
	Young people (15-24)	3984 (2948-5485)
HIV Incidence per 1,000 Uninfected Population	Total	0.10 (0.07-0.13)
	Male	0.12 (0.08-0.17)
	Female	0.07 (0.05-0.09)
Number of Annual New HIV Infections	Total	2898 (1995-3875)
	Adults (15+ years)	2826 (1953-3777)
	Women (15+ years)	932 (664-1255)
	Children (<15 years)	71 (39-116)
	Young people (15-24)	679 (471-934)
Change in Annual New HIV Infections since 2010 (%)	Total	-24.26
	Adults (15+ years)	-21.00
	Female (15+ years)	-20.75
	Children (<15 years)	-71.37
	Young people (15-24)	-35.70
AIDS-related Deaths per 1,00,000 Population	Total	1.02 (0.69-1.44)
	Male	1.31 (0.91-1.82)
	Female	0.69 (0.37-1.12)
Number of AIDS-related Deaths	Total	305 (208-431)
	Adults (15+ years)	279 (194-391)
	Women (15+ years)	85 (45-142)
	Children (<15 years)	27 (9-52)
	Young people (15-24)	10 (6-16)
Change in AIDS-related Deaths since 2010 (%)	Total	-79.36
	Adults (15+ years)	-79.13
	Female (15+ years)	-78.91
	Children (<15 years)	-80.85
	Young people (15-24)	-82.14
Need of Services for EVTH	Total	513 (417-627)
Final MTCT Rate of HIV (%)	Total	13.92 (9.24-18.99)

Haryana

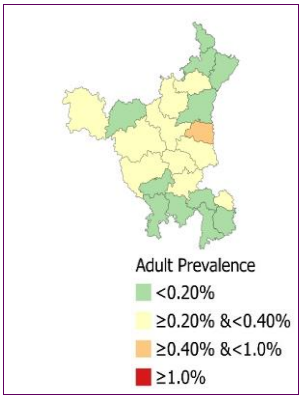
District-wide Key Epidemiological Indicators, HIV Estimates 2023

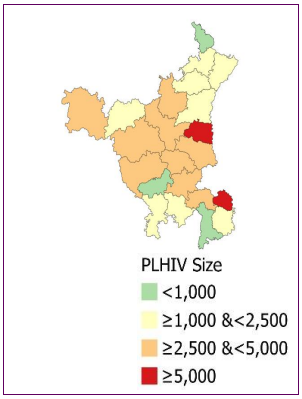
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Ambala	0.104	1214	<25	0.011	<25	Low
2	Bhiwani	0.340	3631	306	0.228	33	Moderate
3	Charkhi Dadri	<0.10	235	<25	<0.01	<25	Very Low
4	Faridabad	0.311	5562	259	0.121	50	High
5	Fatehabad	0.198	1784	96	0.086	<25	Low
6	Gurugram	0.189	2906	201	0.112	26	Moderate
7	Hisar	0.264	4599	153	0.074	42	Moderate
8	Jhajjar	0.311	2863	190	0.168	26	Moderate
9	Jind	0.255	3199	45	0.028	29	Moderate
10	Kaithal	0.349	3582	99	0.078	33	Moderate
11	Karnal	<0.10	1324	<25	<0.01	<25	Low
12	Kurukshetra	0.264	2462	63	0.055	<25	Low
13	Mahendragarh	0.132	1132	68	0.062	<25	Low
14	Nuh	0.113	943	34	0.027	<25	Very Low
15	Palwal	0.189	1712	<25	0.019	<25	Low
16	Panchkula	0.123	703	<25	0.035	<25	Very Low
17	Panipat	0.434	5066	386	0.271	46	High
18	Rewari	0.189	1627	120	0.112	<25	Low
19	Rohtak	0.368	3724	347	0.277	34	Moderate
20	Sirsa	0.208	2702	229	0.149	<25	Moderate
21	Sonipat	0.321	4456	189	0.110	40	Moderate
22	Yamunanagar	<0.10	1151	29	0.020	<25	Low

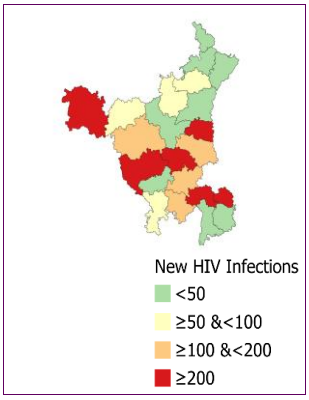
Haryana

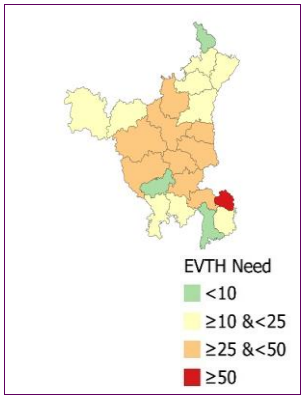
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.23%)	(State = 0.57 lakh)	(State = 2898)	(State = 513)









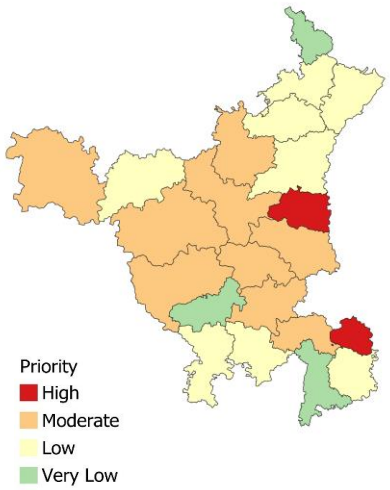
Category	Districts (#)
<0.20%	11
≥0.20% & <0.40%	10
≥0.40% & <1.0%	1
≥1.0%	0

Category	Districts (#)
<1,000	3
≥1,000 & <2,500	8
≥2,500 & <5,000	9
≥5,000	2

Category	Districts (#)
<50	8
≥50 & <100	4
≥100 & <200	4
≥200	6

Category	Districts (#)
<10	3
≥10 & <25	9
≥25 & <50	9
≥50	1

Priority Districts

Priority Districts (N = 22)	Priority Level	Number of Districts	Epidemic Burden
	High	2	19% of PLHIV 22% of New HIV Infections 19% EVTH-related Need
	Moderate	9	56% of PLHIV 61% of New HIV Infections 56% of EVTH-related Need
	Low	8	22% of PLHIV 15% of New HIV Infections 22% of EVTH-related Need
	Very Low	3	3% of PLHIV 2% of New HIV Infections 3% of EVTH-related Need

Himachal Pradesh

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.11 (0.09-0.13)
	Male	0.13 (0.10-0.15)
	Female	0.10 (0.08-0.12)
Number of People Living with HIV	Total	7883 (6626-9024)
	Adult (15+ years)	7734 (6500-8848)
	Women (15+ years)	3378 (2790-3915)
	Children (<15 years)	149 (113-190)
	Young people (15-24)	346 (263-439)
HIV Incidence per 1,000 Uninfected Population	Total	0.03 (0.02-0.04)
	Male	0.03 (0.02-0.05)
	Female	0.02 (0.02-0.04)
Number of Annual New HIV Infections	Total	209 (144-292)
	Adults (15+ years)	205 (142-285)
	Women (15+ years)	89 (62-126)
	Children (<15 years)	4 (2-7)
	Young people (15-24)	43 (30-63)
Change in Annual New HIV Infections since 2010 (%)	Total	-61.01
	Adults (15+ years)	-59.65
	Female (15+ years)	-53.40
	Children (<15 years)	-85.71
	Young people (15-24)	-67.42
AIDS-related Deaths per 1,00,000 Population	Total	0.87 (0.62-1.21)
	Male	1.22 (0.91-1.60)
	Female	0.51 (0.23-0.84)
Number of AIDS-related Deaths	Total	64 (46-90)
	Adults (15+ years)	63 (45-88)
	Women (15+ years)	18 (8-30)
	Children (<15 years)	1 (0.66-2)
	Young people (15-24)	1 (0.74-2)
Change in AIDS-related Deaths since 2010 (%)	Total	-84.58
	Adults (15+ years)	-84.05
	Female (15+ years)	-78.57
	Children (<15 years)	-95.00
	Young people (15-24)	-88.89
Need of Services for EVTH	Total	34 (28-41)
Final MTCT Rate of HIV (%)	Total	12.04 (7.34-17.04)

Himachal Pradesh

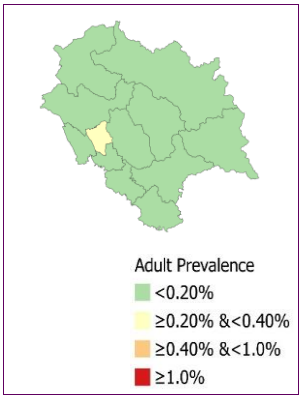
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Bilaspur	0.162	617	<25	0.015	<25	Very Low
2	Chamba	<0.10	176	<25	0.030	<25	Very Low
3	Hamirpur	0.323	1421	<25	0.041	<25	Low
4	Kangra	0.144	2155	87	0.053	<25	Low
5	Kinnaur	<0.10	<100	<25	0.051	<25	Very Low
6	Kullu	<0.10	381	<25	0.016	<25	Very Low
7	Lahaul And Spiti	<0.10	<100	<25	0.045	<25	Very Low
8	Mandi	0.108	1127	<25	<0.01	<25	Low
9	Shimla	<0.10	566	<25	0.026	<25	Very Low
10	Sirmaur	<0.10	136	<25	0.011	<25	Very Low
11	Solan	<0.10	354	<25	0.025	<25	Very Low
12	Una	0.162	892	<25	0.025	<25	Very Low

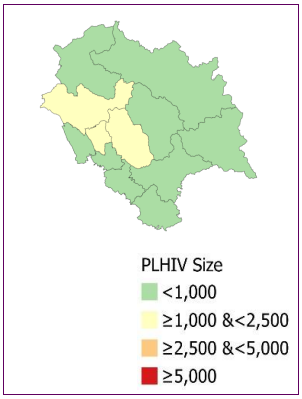
Himachal Pradesh

District-wide Map on Key Epidemiological Indicators

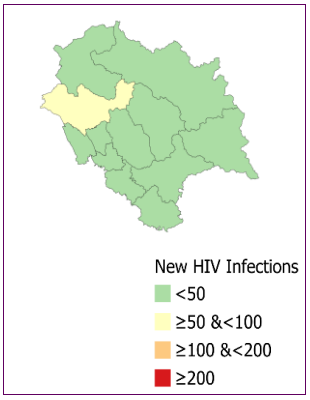
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.11%)	(State = 7883)	(State = 209)	(State = 34)



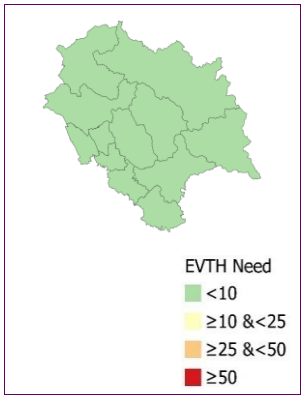
Category	Districts (#)
<0.20%	11
≥0.20% & <0.40%	1
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	9
≥1,000 & <2,500	3
≥2,500 & <5,000	0
≥5,000	0

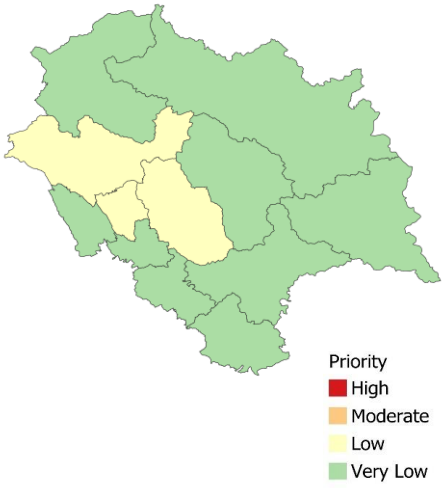


Category	Districts (#)
<50	11
≥50 & <100	1
≥100 & <200	0
≥200	0



Category	Districts (#)
<10	12
≥10 & <25	0
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 12)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	0	—
	Low	3	60% of PLHIV 54% of New HIV Infections 57% of EVTH-related Need
	Very Low	9	40% of PLHIV 46% of New HIV Infections 43% of EVTH-related Need

Jharkhand

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.07 (0.06-0.09)
	Male	0.08 (0.06-0.09)
	Female	0.07 (0.05-0.08)
Number of People Living with HIV	Total	23794 (18731-28455)
	Adult (15+ years)	22665 (17885-27137)
	Women (15+ years)	10354 (8062-12479)
	Children (<15 years)	1129 (848-1371)
	Young people (15-24)	1648 (1294-2174)
HIV Incidence per 1,000 uninfected population	Total	0.02 (0.01-0.03)
	Male	0.02 (0.01-0.03)
	Female	0.02 (0.01-0.03)
Number of Annual New HIV Infections	Total	744 (510-1145)
	Adults (15+ years)	702 (486-1066)
	Women (15+ years)	331 (226-505)
	Children (<15 years)	42 (21-77)
	Young people (15-24)	196 (137-295)
Change in Annual New HIV infections since 2010 (%)	Total	-57.94
	Adults (15+ years)	-55.40
	Female (15+ years)	-51.82
	Children (<15 years)	-78.35
	Young people (15-24)	-57.30
AIDS-related Deaths per 1,00,000 Population	Total	0.50 (0.30-0.79)
	Male	0.62 (0.39-0.94)
	Female	0.36 (0.17-0.69)
Number of AIDS-related Deaths	Total	194 (115-309)
	Adults (15+ years)	180 (111-283)
	Women (15+ years)	62 (31-116)
	Children (<15 years)	14 (4-32)
	Young people (15-24)	6 (4-11)
Change in AIDS-related Deaths since 2010 (%)	Total	-64.79
	Adults (15+ years)	-58.33
	Female (15+ years)	-66.12
	Children (<15 years)	-88.24
	Young people (15-24)	-68.42
Need of Services for EVTH	Total	335 (264-414)
Final MTCT Rate of HIV (%)	Total	12.54 (7.71-18.75)

Jharkhand

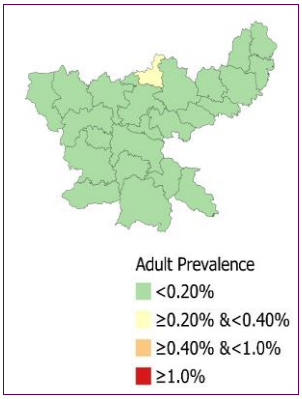
District-wide Key Epidemiological Indicators, HIV Estimates 2023

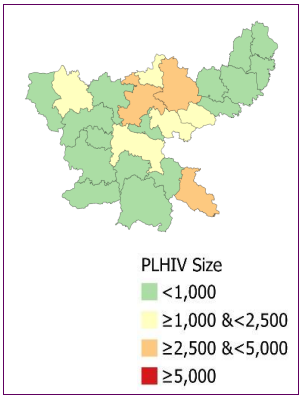
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Bokaro	<0.10	1296	49	0.020	<25	Low
2	Chatra	<0.10	920	47	0.037	<25	Very Low
3	Deoghar	<0.10	801	31	0.017	<25	Very Low
4	Dhanbad	<0.10	1381	<25	<0.01	<25	Low
5	Dumka	<0.10	540	<25	<0.01	<25	Very Low
6	East Singhbhum	0.130	2898	46	0.017	41	Moderate
7	Garhwa	<0.10	738	<25	<0.01	<25	Very Low
8	Giridih	0.120	2987	134	0.046	42	Moderate
9	Godda	<0.10	420	<25	<0.01	<25	Very Low
10	Gumla	<0.10	318	<25	<0.01	<25	Very Low
11	Hazaribagh	0.160	2835	126	0.061	40	Moderate
12	Jamtara	<0.10	283	<25	0.011	<25	Very Low
13	Khunti	<0.10	289	<25	0.017	<25	Very Low
14	Koderma	0.245	1723	87	0.102	<25	Low
15	Latehar	<0.10	207	<25	0.011	<25	Very Low
16	Lohardaga	<0.10	317	<25	0.022	<25	Very Low
17	Pakur	<0.10	805	<25	0.014	<25	Very Low
18	Palamu	<0.10	1248	48	0.021	<25	Low
19	Ramgarh	<0.10	435	<25	0.016	<25	Very Low
20	Ranchi	<0.10	1268	<25	<0.01	<25	Low
21	Sahebganj	<0.10	743	<25	<0.01	<25	Very Low
22	Saraikela Kharsawan	<0.10	416	<25	0.016	<25	Very Low
23	Simdega	<0.10	262	<25	<0.01	<25	Very Low
24	West Singhbhum	<0.10	664	<25	<0.01	<25	Very Low

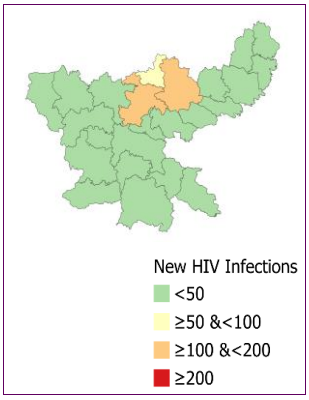
Jharkhand

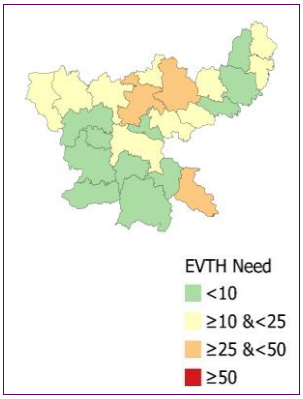
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.07%)	(State = 0.24 lakh)	(State = 744)	(State = 335)









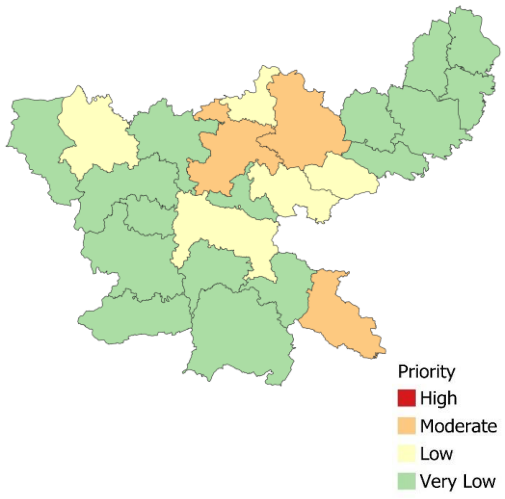
Category	Districts (#)
<0.20%	23
≥0.20% & <0.40%	1
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	16
≥1,000 & <2,500	5
≥2,500 & <5,000	3
≥5,000	0

Category	Districts (#)
<50	21
≥50 & <100	1
≥100 & <200	2
≥200	0

Category	Districts (#)
<10	11
≥10 & <25	10
≥25 & <50	3
≥50	0

Priority Districts

Priority Districts (N = 24)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	3	37% of PLHIV 41% of New HIV Infections 37% of EVTH-related Need
	Low	5	29% of PLHIV 30% of New HIV Infections 29% of EVTH-related Need
	Very Low	16	34% of PLHIV 29% of New HIV Infections 34% of EVTH-related Need

Karnataka

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.42 (0.36-0.48)
	Male	0.40 (0.33-0.46)
	Female	0.45 (0.39-0.51)
Number of People Living with HIV	Total	280497 (246258-314661)
	Adult (15+ years)	274911 (241851-307916)
	Women (15+ years)	144355 (126979-162171)
	Children (<15 years)	5586 (4490-6597)
	Young people (15-24)	15817 (13193-18819)
HIV Incidence per 1,000 Uninfected Population	Total	0.05 (0.03-0.06)
	Male	0.05 (0.03-0.06)
	Female	0.05 (0.03-0.06)
Number of Annual New HIV Infections	Total	3175 (2104-4026)
	Adults (15+ years)	3046 (2027-3852)
	Women (15+ years)	1506 (1009-1926)
	Children (<15 years)	130 (60-195)
	Young people (15-24)	641 (425-839)
Change in Annual New HIV Infections since 2010 (%)	Total	-70.19
	Adults (15+ years)	-67.65
	Female (15+ years)	-67.67
	Children (<15 years)	-89.49
	Young people (15-24)	-74.44
AIDS-related Deaths per 1,00,000 Population	Total	8.32 (5.71-11.69)
	Male	10.11 (7.30-13.64)
	Female	6.48 (3.92-9.78)
Number of AIDS-related Deaths	Total	5599 (3842-7865)
	Adults (15+ years)	5549 (3835-7772)
	Women (15+ years)	2125 (1295-3210)
	Children (<15 years)	50 (16-101)
	Young people (15-24)	105 (66-167)
Change in AIDS-related Deaths since 2010 (%)	Total	-81.68
	Adults (15+ years)	-80.89
	Female (15+ years)	-83.90
	Children (<15 years)	-96.70
	Young people (15-24)	-80.41
Need of Services for EVTH	Total	1662 (1421-1891)
Final MTCT Rate of HIV (%)	Total	7.80 (4.19-10.33)

Karnataka

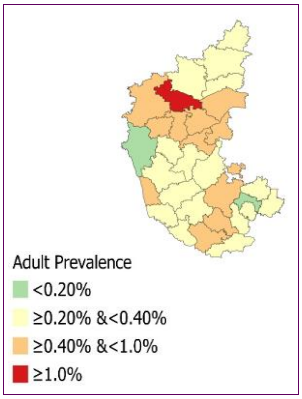
District-wide Key Epidemiological Indicators, HIV Estimates 2023

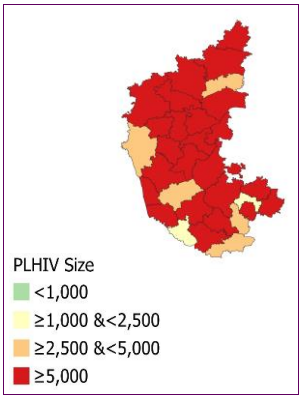
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of services for EVTH	District Priority
1	Bagalkote	1.162	24415	366	0.178	145	High
2	Bengaluru Urban	0.322	35933	393	0.037	213	High
3	Bengaluru Rural	0.141	1570	<25	<0.01	<25	Low
4	Belagavi	0.581	30017	108	0.020	178	High
5	Ballari	0.840	12459	198	0.139	74	High
6	Bidar	0.283	5333	59	0.031	32	High
7	Vijayapura	0.338	8020	36	0.015	48	High
8	Chamarajanagar	0.377	4024	44	0.040	<25	Moderate
9	Chikkaballapura	0.377	5085	185	0.134	30	High
10	Chikkamagaluru	0.322	3792	36	0.029	<25	Moderate
11	Chitradurga	0.330	5848	84	0.046	35	High
12	Dakshina Kannada	0.306	6770	102	0.045	40	High
13	Davanagere	0.353	7475	51	0.024	44	High
14	Dharwad	0.487	9709	34	0.017	57	High
15	Gadag	0.502	5873	92	0.079	35	High
16	Kalaburagi	0.283	8282	<25	<0.01	49	High
17	Hassan	0.369	6715	76	0.039	40	High
18	Haveri	0.353	6259	108	0.061	37	High
19	Kodagu	0.275	1578	<25	0.028	<25	Low
20	Kolar	0.361	5999	90	0.053	35	High
21	Koppal	0.565	8904	76	0.050	53	High
22	Mandya	0.408	7578	102	0.051	45	High
23	Mysuru	0.534	17210	266	0.081	102	High
24	Raichur	0.471	10451	127	0.060	62	High
25	Ramanagara	0.283	3169	<25	0.018	<25	Moderate
26	Shivamogga	0.290	5410	79	0.041	32	High
27	Tumakuru	0.432	11900	113	0.038	71	High
28	Udupi	0.479	5621	94	0.072	33	High
29	Uttara Kannada	0.196	2959	<25	0.010	<25	Moderate
30	Vijayanagara	0.550	7262	92	0.073	43	High
31	Yadgir	0.369	4875	96	0.074	29	Moderate

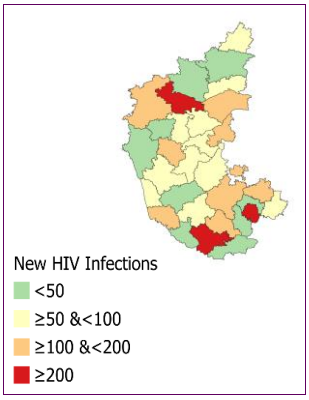
Karnataka

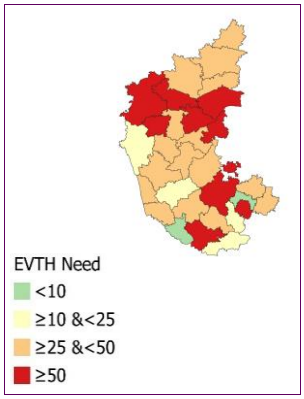
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.42%)	(State = 2.80 lakh)	(State = 3175)	(State = 1662)









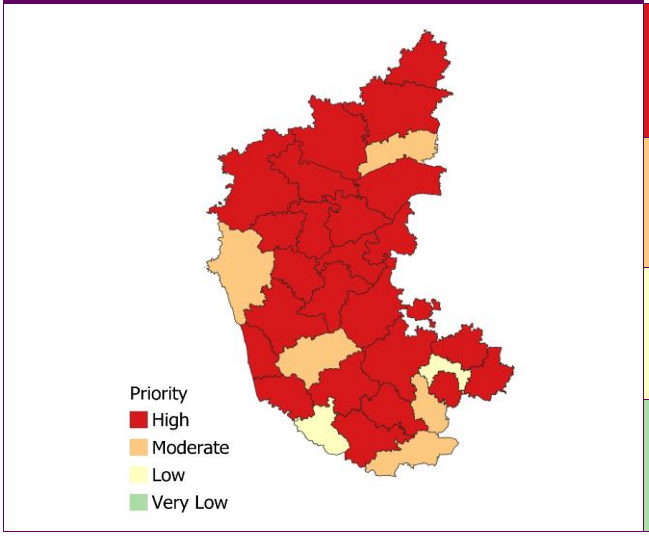
Category	Districts (#)
<0.20%	2
≥0.20% & <0.40%	17
≥0.40% & <1.0%	11
≥1.0%	1

Category	Districts (#)
<1,000	0
≥1,000 & <2,500	2
≥2,500 & <5,000	5
≥5,000	24

Category	Districts (#)
<50	9
≥50 & <100	11
≥100 & <200	8
≥200	3

Category	Districts (#)
<10	2
≥10 & <25	4
≥25 & <50	16
≥50	9

Priority Districts

Priority Districts (N = 31)	Priority Level	Number of Districts	Epidemic Burden
	High	24	92% of PLHIV 92% of New HIV Infections 92% of EVTH-related Need
	Moderate	5	7% of PLHIV 7% of New HIV Infections 7% of EVTH-related Need
	Low	2	1% of PLHIV 1% of New HIV Infections 1% of EVTH-related Need
	Very Low	0	—

Kerala

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.07 (0.06-0.09)
	Male	0.08 (0.06-0.10)
	Female	0.06 (0.05-0.08)
Number of People Living with HIV	Total	24416 (20994-30911)
	Adult (15+ years)	23906 (20566-30271)
	Women (15+ years)	11177 (9615-13938)
	Children (<15 years)	510 (418-677)
	Young people (15-24)	973 (774-1429)
HIV Incidence per 1,000 Uninfected Population	Total	0.01 (0.01-0.02)
	Male	0.01 (0.01-0.02)
	Female	0.01 (0.01-0.02)
Number of Annual New HIV Infections	Total	325 (211-775)
	Adults (15+ years)	310 (203-738)
	Women (15+ years)	147 (92-350)
	Children (<15 years)	15 (7-35)
	Young people (15-24)	60 (38-146)
Change in Annual New HIV infections since 2010 (%)	Total	-74.39
	Adults (15+ years)	-73.39
	Female (15+ years)	-73.47
	Children (<15 years)	-85.44
	Young people (15-24)	-76.83
AIDS-related Deaths per 1,00,000 Population	Total	0.81 (0.53-1.39)
	Male	0.67 (0.47-1.06)
	Female	0.93 (0.47-1.83)
Number of AIDS-related Deaths	Total	288 (190-495)
	Adults (15+ years)	270 (178-465)
	Women (15+ years)	164 (81-323)
	Children (<15 years)	17 (10-33)
	Young people (15-24)	6 (4-12)
Change in AIDS-related Deaths since 2010 (%)	Total	-71.54
	Adults (15+ years)	-71.37
	Female (15+ years)	-66.94
	Children (<15 years)	-75.36
	Young people (15-24)	-62.50
Need of Services for EVTH	Total	102 (79-147)
Final MTCT Rate of HIV (%)	Total	14.92 (8.70-≥20)

Kerala

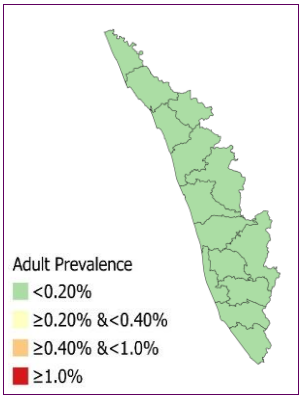
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Alappuzha	<0.10	1344	<25	0.011	<25	Low
2	Ernakulam	<0.10	1244	27	<0.01	<25	Low
3	Idukki	<0.10	597	<25	<0.01	<25	Very Low
4	Kannur	<0.10	1195	<25	<0.01	<25	Low
5	Kasaragod	<0.10	669	<25	<0.01	<25	Very Low
6	Kollam	<0.10	1154	30	0.011	<25	Low
7	Kottayam	<0.10	456	<25	<0.01	<25	Very Low
8	Kozhikode	<0.10	1548	38	0.012	<25	Low
9	Malappuram	<0.10	2095	<25	<0.01	<25	Low
10	Palakkad	0.176	5203	42	0.014	<25	High
11	Pathanamthitta	<0.10	466	<25	<0.01	<25	Very Low
12	Thiruvananthapuram	0.160	5094	123	0.035	<25	High
13	Thrissur	<0.10	2647	<25	<0.01	<25	Moderate
14	Wayanad	<0.10	705	<25	0.022	<25	Very Low

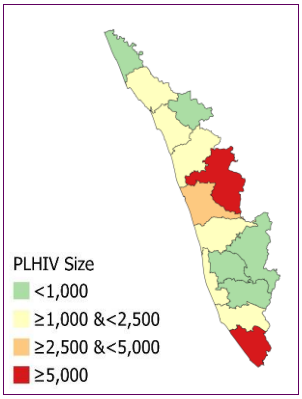
Kerala

District-wide Map on Key Epidemiological Indicators

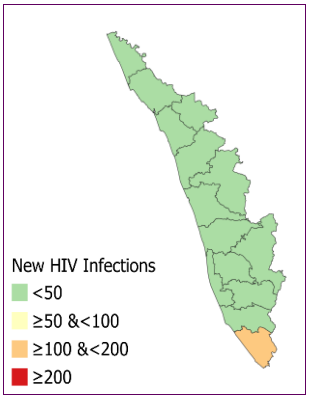
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.07%)	(State = 0.24 lakh)	(State = 325)	(State = 102)



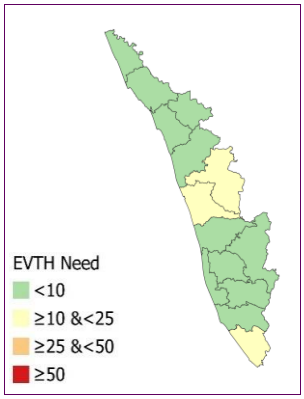
Category	Districts (#)
<0.20%	14
≥0.20% & <0.40%	0
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	5
≥1,000 & <2,500	6
≥2,500 & <5,000	1
≥5,000	2

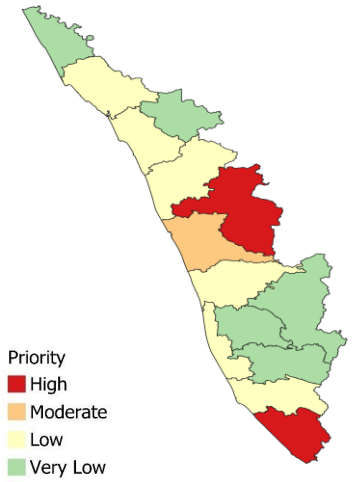


Category	Districts (#)
<50	13
≥50 & <100	0
≥100 & <200	1
≥200	0



Category	Districts (#)
<10	11
≥10 & <25	3
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 14)	Priority Level	Number of Districts	Epidemic Burden
	High	2	42% of PLHIV 51% of New HIV Infections 42% of EVTH-related Need
	Moderate	1	11% of PLHIV <1% of New HIV Infections 11% of EVTH-related Need
	Low	6	35% of PLHIV 39% of New HIV Infections 36% of EVTH-related Need
	Very Low	5	12% of PLHIV 10% of New HIV Infections 11% of EVTH-related Need

Madhya Pradesh

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.10 (0.07-0.14)
	Male	0.11 (0.08-0.16)
	Female	0.09 (0.07-0.13)
Number of People Living with HIV	Total	70170 (52556-101535)
	Adult (15+ years)	67747 (50559-97389)
	Women (15+ years)	29813 (22290-42489)
	Children (<15 years)	2423 (1774-3611)
	Young people (15-24)	5338 (3738-8353)
HIV Incidence per 1,000 Uninfected Population	Total	0.02 (0.01-0.03)
	Male	0.02 (0.01-0.03)
	Female	0.02 (0.01-0.03)
Number of Annual New HIV Infections	Total	1515 (883-2678)
	Adults (15+ years)	1450 (857-2521)
	Women (15+ years)	660 (388-1166)
	Children (<15 years)	65 (29-147)
	Young people (15-24)	381 (226-694)
Change in Annual New HIV Infections since 2010 (%)	Total	-68.46
	Adults (15+ years)	-65.22
	Female (15+ years)	-63.25
	Children (<15 years)	-89.75
	Young people (15-24)	-68.90
AIDS-related Deaths per 1,00,000 Population	Total	1.26 (0.88-1.82)
	Male	1.30 (0.89-1.87)
	Female	1.22 (0.83-1.83)
Number of AIDS-related Deaths	Total	1082 (751-1562)
	Adults (15+ years)	1022 (716-1457)
	Women (15+ years)	479 (324-706)
	Children (<15 years)	61 (22-130)
	Young people (15-24)	37 (26-53)
Change in AIDS-related Deaths since 2010 (%)	Total	-79.63
	Adults (15+ years)	-78.92
	Female (15+ years)	-74.21
	Children (<15 years)	-86.83
	Young people (15-24)	-79.21
Need of Services for EVTH	Total	817 (608-1183)
Final MTCT Rate of HIV (%)	Total	7.98 (4.66-12.56)

Madhya Pradesh

District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Agar-Malwa	<0.10	461	<25	0.028	<25	Very Low
2	Alirajpur	<0.10	197	<25	<0.01	<25	Very Low
3	Anuppur	<0.10	111	<25	<0.01	<25	Very Low
4	Ashok Nagar	<0.10	433	<25	<0.01	<25	Very Low
5	Balaghat	0.100	1624	<25	<0.01	<25	Low
6	Barwani	0.109	1445	<25	0.012	<25	Low
7	Betul	<0.10	1205	<25	0.010	<25	Low
8	Bhind	<0.10	1089	44	0.022	<25	Low
9	Bhopal	0.218	5235	119	0.042	61	High
10	Burhanpur	0.236	1699	34	0.038	<25	Low
11	Chhatarpur	<0.10	424	<25	<0.01	<25	Very Low
12	Chhindwara	<0.10	1221	<25	<0.01	<25	Low
13	Damoh	<0.10	565	<25	<0.01	<25	Very Low
14	Datia	<0.10	322	<25	<0.01	<25	Very Low
15	Dewas	<0.10	1435	<25	0.010	<25	Low
16	Dhar	0.109	2261	88	0.034	26	Low
17	Dindori	<0.10	353	<25	<0.01	<25	Very Low
18	Khandwa (East Nimar)	0.109	1373	<25	0.014	<25	Low
19	Guna	0.118	1415	55	0.038	<25	Low
20	Gwalior	0.118	2444	131	0.054	28	Low
21	Harda	<0.10	368	<25	<0.01	<25	Very Low
22	Narmadapuram	<0.10	1126	30	0.021	<25	Low
23	Indore	0.218	6802	112	0.029	79	High
24	Jabalpur	0.145	3396	123	0.042	40	Moderate
25	Jhabua	<0.10	338	<25	<0.01	<25	Very Low
26	Katni	<0.10	694	<25	<0.01	<25	Very Low
27	Khargone (West Nimar)	<0.10	1343	<25	<0.01	<25	Low
28	Mandla	0.100	1026	<25	<0.01	<25	Low
29	Mandsaur	0.227	2869	46	0.029	33	Moderate
30	Morena	<0.10	1347	65	0.028	<25	Low
31	Narsimhapur	<0.10	901	<25	0.010	<25	Very Low
32	Neemuch	0.209	1641	<25	0.019	<25	Low
33	Niwari	<0.10	<100	<25	<0.01	<25	Very Low
34	Panna	<0.10	359	<25	<0.01	<25	Very Low
35	Raisen	<0.10	875	33	0.021	<25	Very Low

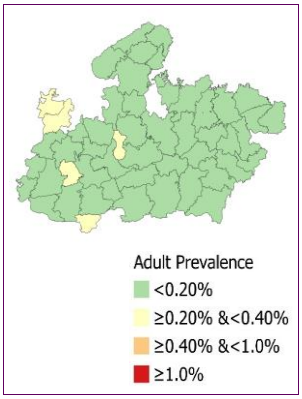
Madhya Pradesh (Continued)

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
36	Rajgarh	<0.10	792	<25	<0.01	<25	Very Low
37	Ratlam	0.173	2371	26	0.015	27	Low
38	Rewa	0.109	2499	25	<0.01	29	Low
39	Sagar	<0.10	2186	26	<0.01	26	Low
40	Satna	<0.10	1623	67	0.025	<25	Low
41	Sehore	<0.10	846	<25	<0.01	<25	Very Low
42	Seoni	<0.10	1106	<25	<0.01	<25	Low
43	Shahdol	0.145	1521	33	0.026	<25	Low
44	Shajapur	<0.10	676	28	0.025	<25	Very Low
45	Sheopur	<0.10	624	<25	0.030	<25	Very Low
46	Shivpuri	<0.10	1346	<25	0.010	<25	Low
47	Sidhi	0.100	1050	<25	<0.01	<25	Low
48	Singrauli	<0.10	610	<25	<0.01	<25	Very Low
49	Tikamgarh	<0.10	335	<25	0.013	<25	Very Low
50	Ujjain	0.155	2931	122	0.052	34	Moderate
51	Umaria	<0.10	209	<25	0.012	<25	Very Low
52	Vidisha	<0.10	995	40	0.023	<25	Very Low

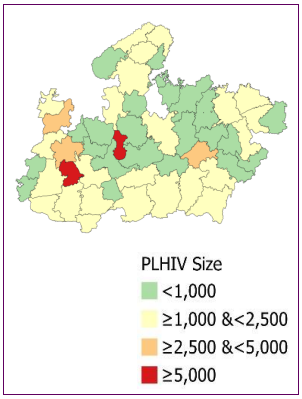
Madhya Pradesh

District-wide Map on Key Epidemiological Indicators

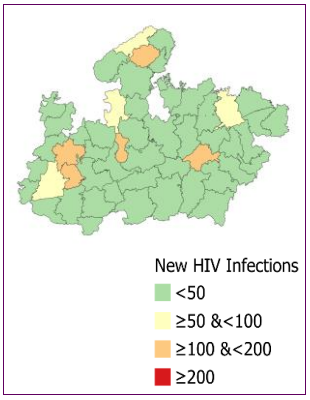
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.10%)	(State = 0.70 lakh)	(State = 1515)	(State = 817)



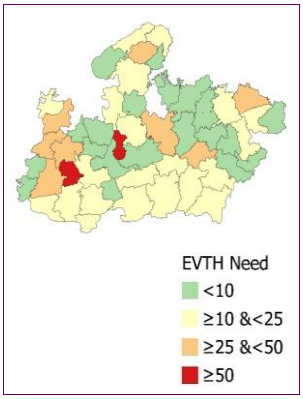
Category	Districts (#)
<0.20%	47
≥0.20% & <0.40%	5
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	23
≥1,000 & <2,500	24
≥2,500 & <5,000	3
≥5,000	2

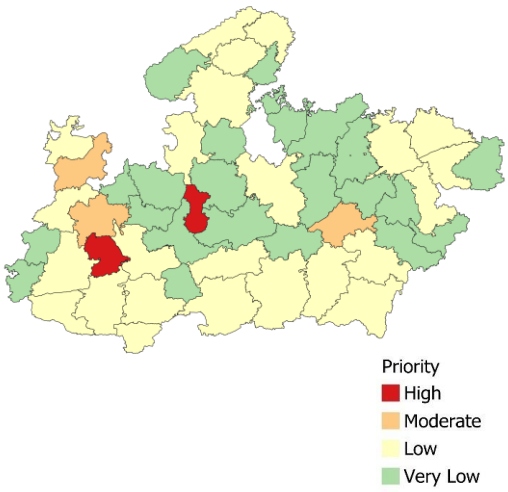


Category	Districts (#)
<50	43
≥50 & <100	4
≥100 & <200	5
≥200	0



Category	Districts (#)
<10	21
≥10 & <25	21
≥25 & <50	8
≥50	2

Priority Districts

Priority Districts (N = 52)	Priority Level	Number of Districts	Epidemic Burden
	High	2	17% of PLHIV 15% of New HIV Infections 17% of EVTH-related Need
	Moderate	3	13% of PLHIV 19% of New HIV Infections 13% of EVTH-related Need
	Low	24	53% of PLHIV 51% of New HIV Infections 53% of EVTH-related Need
	Very Low	23	17% of PLHIV 15% of New HIV Infections 17% of EVTH-related Need

Maharashtra

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.29 (0.24-0.35)
	Male	0.29 (0.24-0.35)
	Female	0.29 (0.25-0.35)
Number of People Living with HIV	Total	389629 (341587-450958)
	Adult (15+ years)	380672 (334447-439859)
	Women (15+ years)	178197 (155017-207115)
	Children (<15 years)	8958 (7205-10887)
	Young people (15-24)	18993 (15712-24208)
HIV Incidence per 1,000 Uninfected Population	Total	0.04 (0.02-0.06)
	Male	0.04 (0.02-0.06)
	Female	0.04 (0.02-0.06)
Number of Annual New HIV Infections	Total	4443 (2786-7233)
	Adults (15+ years)	4318 (2717-6921)
	Women (15+ years)	2053 (1262-3313)
	Children (<15 years)	126 (63-271)
	Young people (15-24)	930 (572-1534)
Change in Annual New HIV Infections since 2010 (%)	Total	-66.69
	Adults (15+ years)	-62.98
	Female (15+ years)	-60.37
	Children (<15 years)	-92.47
	Young people (15-24)	-70.07
AIDS-related Deaths per 1,00,000 Population	Total	5.94 (3.93-9.39)
	Male	8.90 (6.34-12.90)
	Female	2.74 (1.32-5.30)
Number of AIDS-related Deaths	Total	7462 (4939-11783)
	Adults (15+ years)	7417 (4904-11534)
	Women (15+ years)	1630 (786-3131)
	Children (<15 years)	45 (19-177)
	Young people (15-24)	116 (66-210)
Change in AIDS-related Deaths since 2010 (%)	Total	-78.59
	Adults (15+ years)	-77.65
	Female (15+ years)	-84.78
	Children (<15 years)	-97.31
	Young people (15-24)	-86.56
Need of Services for EVTH	Total	2144 (1777-2585)
Final MTCT Rate of HIV (%)	Total	5.87 (3.40-10.46)

Maharashtra

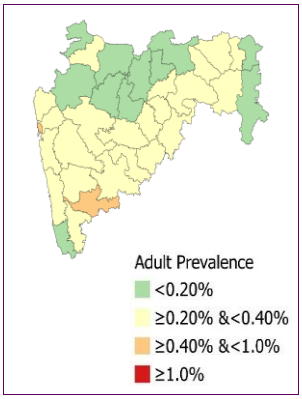
District-wide Key Epidemiological Indicators, HIV Estimates 2023

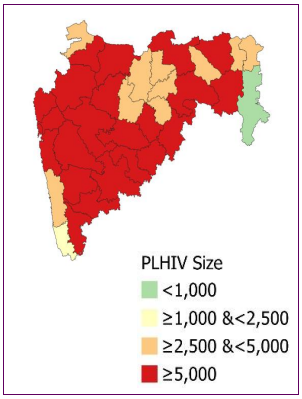
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of services for EVTH	District Priority
1	Ahilyanagar	0.270	14720	156	0.031	81	High
2	Akola	0.185	3956	53	0.026	<25	Moderate
3	Amravati	0.170	5850	81	0.025	32	High
4	Chhatrapati Sambhajinagar (Aurangabad)	0.170	7954	109	0.026	44	High
5	Beed	0.319	9777	124	0.043	54	High
6	Bhandara	0.263	3727	55	0.041	<25	Moderate
7	Buldhana	0.142	4343	48	0.017	<25	Moderate
8	Chandrapur	0.284	7413	38	0.016	41	High
9	Dhule	0.241	5928	75	0.033	33	High
10	Gadchiroli	<0.10	953	<25	<0.01	<25	Very Low
11	Gondia	0.185	2952	89	0.060	<25	Moderate
12	Hingoli	0.213	3093	31	0.023	<25	Moderate
13	Jalgaon	0.192	9866	27	<0.01	54	High
14	Jalna	0.135	3236	25	0.011	<25	Moderate
15	Kolhapur	0.397	17654	209	0.048	97	High
16	Latur	0.263	7771	75	0.027	43	High
17	Mumbai (Urban + Suburban)	0.220	8076	31	<0.01	45	High
		0.476	54495	667	0.064	300	High
18	Nagpur	0.341	18961	241	0.046	104	High
19	Nanded	0.248	10354	330	0.088	57	High
20	Nandurbar	0.185	3766	51	0.028	<25	Moderate
21	Nashik	0.192	14829	88	0.013	82	High
22	Dharashiv (Osmanabad)	0.362	7006	100	0.054	39	High
23	Palghar	0.319	6225	287	0.166	34	High
24	Parbhani	0.227	5122	62	0.030	28	High
25	Pune	0.369	42726	349	0.033	235	High
26	Raigad	0.234	7446	122	0.041	41	High
27	Ratnagiri	0.206	3575	51	0.028	<25	Moderate
28	Sangli	0.440	14098	<25	<0.01	77	High
29	Satara	0.369	12473	94	0.028	69	High
30	Sindhudurg	0.163	1488	49	0.052	<25	Low
31	Solapur	0.348	18027	200	0.042	99	High
32	Thane	0.291	35168	263	0.025	193	High
33	Wardha	0.213	3172	48	0.033	<25	Moderate
34	Washim	0.248	3583	130	0.097	<25	Moderate
35	Yavatmal	0.291	9847	77	0.025	54	High

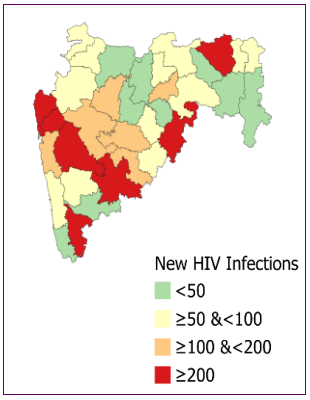
Maharashtra

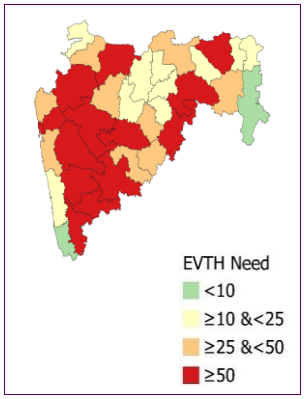
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.29%)	(State = 3.90 lakh)	(State = 4443)	(State = 2144)









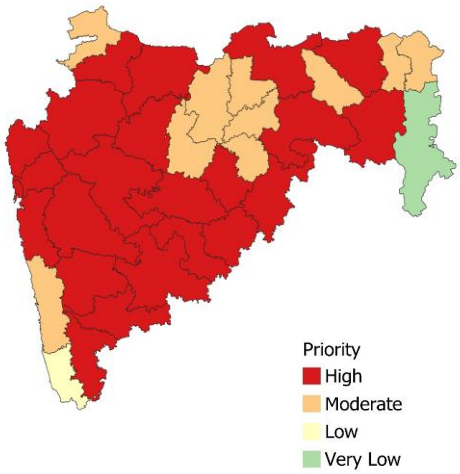
Category	Districts (#)
<0.20%	11
≥0.20% & <0.40%	23
≥0.40% & <1.0%	2
≥1.0%	0

Category	Districts (#)
<1,000	1
≥1,000 & <2,500	1
≥2,500 & <5,000	10
≥5,000	24

Category	Districts (#)
<50	10
≥50 & <100	12
≥100 & <200	6
≥200	8

Category	Districts (#)
<10	2
≥10 & <25	10
≥25 & <50	10
≥50	14

Priority Districts

Priority Districts (N = 36)	Priority Level	Number of Districts	Epidemic Burden
	High	24	90% of PLHIV 86% of New HIV Infections 90% of EVTH-related Need
	Moderate	10	9% of PLHIV 13% of New HIV Infections 9% of EVTH-related Need
	Low	1	<1% of PLHIV 1% of New HIV Infections <1% of EVTH-related Need
	Very Low	1	<1% of PLHIV <1% of New HIV Infections <1% of EVTH-related Need

Manipur

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.87 (0.73-1.03)
	Male	1.05 (0.87-1.26)
	Female	0.69 (0.59-0.81)
Number of People Living with HIV	Total	24472 (20978-28363)
	Adult (15+ years)	23754 (20341-27492)
	Women (15+ years)	9546 (8215-10955)
	Children (<15 years)	718 (599-837)
	Young people (15-24)	1488 (1224-1831)
HIV Incidence per 1,000 Uninfected Population	Total	0.22 (0.11-0.32)
	Male	0.30 (0.15-0.46)
	Female	0.13 (0.07-0.20)
Number of Annual New HIV Infections	Total	686 (356-1030)
	Adults (15+ years)	651 (338-977)
	Women (15+ years)	196 (100-293)
	Children (<15 years)	34 (17-54)
	Young people (15-24)	144 (78-209)
Change in Annual New HIV Infections since 2010 (%)	Total	-43.91
	Adults (15+ years)	-40.55
	Female (15+ years)	-40.79
	Children (<15 years)	-73.64
	Young people (15-24)	-43.08
AIDS-related Deaths per 1,00,000 Population	Total	15.32 (10.71-21.29)
	Male	26.36 (18.37-37.13)
	Female	4.20 (2.37-6.57)
Number of AIDS-related Deaths	Total	490 (342-681)
	Adults (15+ years)	475 (333-655)
	Women (15+ years)	60 (34-93)
	Children (<15 years)	15 (7-33)
	Young people (15-24)	9 (5-15)
Change in AIDS-related Deaths since 2010 (%)	Total	-68.63
	Adults (15+ years)	-67.82
	Female (15+ years)	-82.46
	Children (<15 years)	-82.56
	Young people (15-24)	-35.71
Need of Services for EVTH	Total	155 (128-183)
Final MTCT Rate of HIV (%)	Total	≥20

Manipur

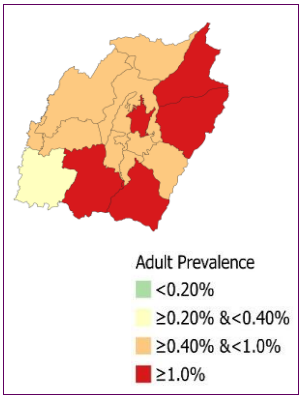
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Bishnupur	0.547	1226	26	0.097	<25	Moderate
2	Chandel	2.340	1972	70	0.751	<25	High
3	Churachandpur	2.135	4785	149	0.596	31	High
4	Imphal East	1.124	4437	141	0.308	28	High
5	Imphal West	0.623	3057	100	0.173	<25	Moderate
6	Jiribam	0.623	180	<25	0.105	<25	Moderate
7	Kakching	0.425	609	<25	0.090	<25	Moderate
8	Kamjong	1.307	733	<25	0.455	<25	High
9	Kangpokpi	0.608	1197	<25	0.084	<25	Moderate
10	Noney	0.501	115	<25	0.023	<25	Moderate
11	Pherzawl	0.365	222	<25	0.151	<25	Low
12	Senapati	0.450	1053	<25	0.075	<25	Moderate
13	Tamenglong	0.562	628	<25	0.145	<25	Moderate
14	Tengnoupal	0.950	550	<25	0.178	<25	Moderate
15	Thoubal	0.577	1615	28	0.086	<25	Moderate
16	Ukhrul	1.489	2094	49	0.324	<25	High

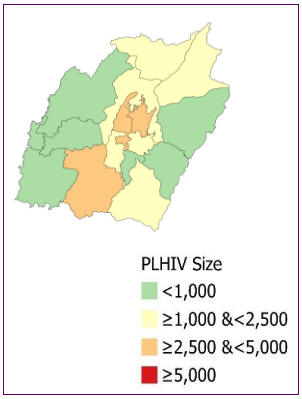
Manipur

District-wide Map on Key Epidemiological Indicators

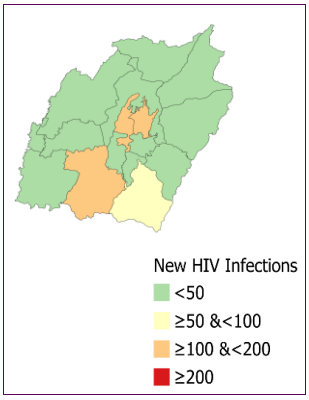
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.87%)	(State = 0.24 lakh)	(State = 686)	(State = 155)



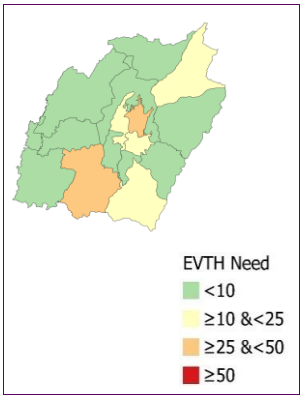
Category	Districts (#)
<0.20%	0
≥0.20% & <0.40%	1
≥0.40% & <1.0%	10
≥1.0%	5



Category	Districts (#)
<1,000	7
≥1,000 & <2,500	6
≥2,500 & <5,000	3
≥5,000	0

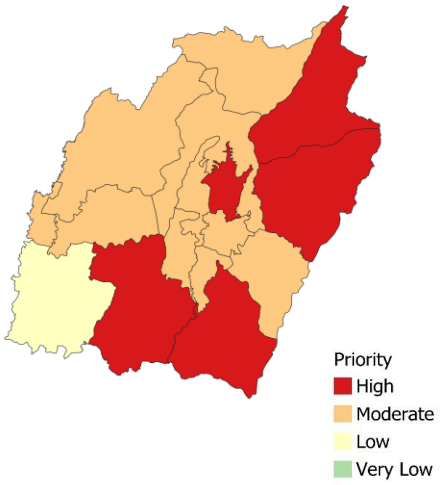


Category	Districts (#)
<50	12
≥50 & <100	1
≥100 & <200	3
≥200	0



Category	Districts (#)
<10	10
≥10 & <25	4
≥25 & <50	2
≥50	0

Priority Districts

Priority Districts (N = 16)	Priority Level	Number of Districts	Epidemic Burden
	High	5	57% of PLHIV 63% of New HIV Infections 58% of EVTH-related Need
	Moderate	10	42% of PLHIV 36% of New HIV Infections 41% of EVTH-related Need
	Low	1	1% of PLHIV 1% of New HIV Infections 1% of EVTH-related Need
	Very Low	0	—

Meghalaya

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.43 (0.37-0.55)
	Male	0.45 (0.38-0.57)
	Female	0.41 (0.34-0.52)
Number of People Living with HIV	Total	9501 (7992-12088)
	Adult (15+ years)	9138 (7695-11597)
	Women (15+ years)	4359 (3649-5603)
	Children (<15 years)	363 (297-484)
	Young people (15-24)	1441 (1043-2096)
HIV Incidence per 1,000 Uninfected Population	Total	0.28 (0.20-0.45)
	Male	0.29 (0.20-0.45)
	Female	0.27 (0.19-0.44)
Number of Annual New HIV Infections	Total	928 (646-1470)
	Adults (15+ years)	891 (624-1408)
	Women (15+ years)	432 (294-683)
	Children (<15 years)	38 (23-72)
	Young people (15-24)	294 (204-462)
Change in Annual New HIV Infections since 2010 (%)	Total	+124.70
	Adults (15+ years)	+136.34
	Female (15+ years)	+157.14
	Children (<15 years)	+5.56
	Young people (15-24)	+135.20
AIDS-related Deaths per 1,00,000 Population	Total	1.58 (1.13-2.34)
	Male	1.75 (1.26-2.56)
	Female	1.41 (0.93-2.23)
Number of AIDS-related Deaths	Total	52 (38-78)
	Adults (15+ years)	29 (21-41)
	Women (15+ years)	12 (7-18)
	Children (<15 years)	24 (15-42)
	Young people (15-24)	3 (2-4)
Change in AIDS-related Deaths since 2010 (%)	Total	-29.73
	Adults (15+ years)	-46.30
	Female (15+ years)	-42.86
	Children (<15 years)	+20.00
	Young people (15-24)	-25.00
Need of Services for EVTH	Total	299 (253-377)
Final MTCT Rate of HIV (%)	Total	12.61 (8.90-19.26)

Meghalaya

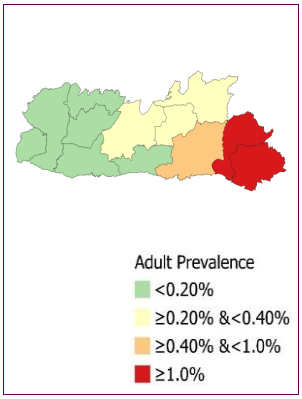
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	East Garo Hills	<0.10	<100	<25	<0.01	<25	Very Low
2	East Jaintia Hills	2.722	2508	255	1.896	78	High
3	East Khasi Hills	0.420	2604	306	0.332	82	Moderate
4	North Garo Hills	<0.10	<100	<25	0.078	<25	Very Low
5	Ri Bhoi	0.302	587	80	0.278	<25	Low
6	South Garo Hills	<0.10	<100	<25	0.021	<25	Very Low
7	South West Garo Hills	<0.10	<100	<25	0.033	<25	Very Low
8	South West Khasi Hills	0.123	100	<25	0.120	<25	Very Low
9	West Garo Hills	<0.10	125	<25	0.021	<25	Very Low
10	West Jaintia Hills	1.333	2740	148	0.489	86	High
11	West Khasi Hills	0.222	232	33	0.205	<25	Low
12	Eastern West Khasi Hills	0.395	385	60	0.412	<25	Low

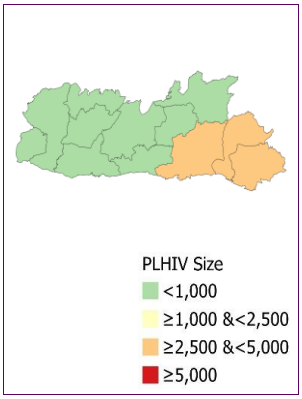
Meghalaya

District-wide Map on Key Epidemiological Indicators

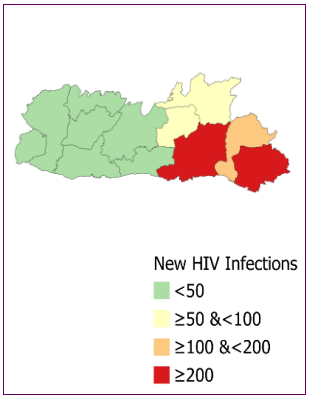
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.43%)	(State = 9501)	(State = 928)	(State = 299)



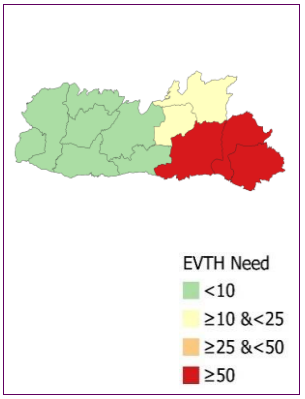
Category	Districts (#)
<0.20%	6
≥0.20% & <0.40%	3
≥0.40% & <1.0%	1
≥1.0%	2



Category	Districts (#)
<1,000	9
≥1,000 & <2,500	0
≥2,500 & <5,000	3
≥5,000	0

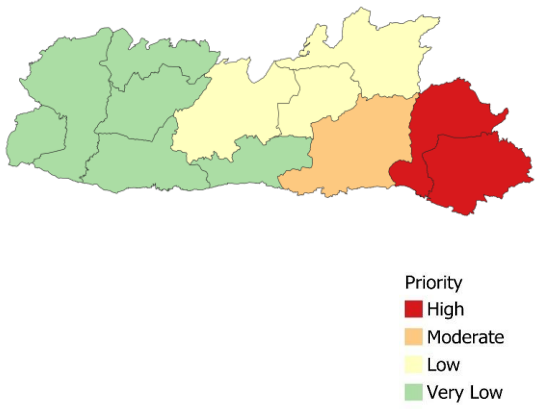


Category	Districts (#)
<50	7
≥50 & <100	2
≥100 & <200	1
≥200	2



Category	Districts (#)
<10	7
≥10 & <25	2
≥25 & <50	0
≥50	3

Priority Districts

Priority Districts (N = 12)	Priority Level	Number of Districts	Epidemic Burden
	High	2	55% of PLHIV 43% of New HIV Infections 55% of EVTH-related Need
	Moderate	1	27% of PLHIV 33% of New HIV Infections 27% of EVTH-related Need
	Low	3	13% of PLHIV 19% of New HIV Infections 13% of EVTH-related Need
	Very Low	6	5% of PLHIV 5% of New HIV Infections 5% of EVTH-related Need

Mizoram

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	2.73 (2.18-3.32)
	Male	3.04 (2.44-3.76)
	Female	2.41 (1.95-2.93)
Number of People Living with HIV	Total	25294 (20441-31097)
	Adult (15+ years)	24591 (19887-30245)
	Women (15+ years)	10757 (8776-13063)
	Children (<15 years)	703 (566-870)
	Young people (15-24)	2526 (1793-3560)
HIV Incidence per 1,000 Uninfected Population	Total	1.02 (0.70-1.44)
	Male	1.16 (0.78-1.67)
	Female	0.87 (0.58-1.22)
Number of Annual New HIV Infections	Total	1226 (840-1727)
	Adults (15+ years)	1200 (823-1685)
	Women (15+ years)	510 (336-703)
	Children (<15 years)	27 (19-46)
	Young people (15-24)	350 (228-485)
Change in Annual New HIV Infections since 2010 (%)	Total	-17.33
	Adults (15+ years)	-13.42
	Female (15+ years)	-12.52
	Children (<15 years)	-72.16
	Young people (15-24)	-15.66
AIDS-related Deaths per 1,00,000 Population	Total	10.81 (6.88-16.20)
	Male	9.42 (6.21-13.71)
	Female	12.22 (6.71-20.34)
Number of AIDS-related Deaths	Total	133 (84-199)
	Adults (15+ years)	101 (65-149)
	Women (15+ years)	59 (30-99)
	Children (<15 years)	32 (17-53)
	Young people (15-24)	6 (4-9)
Change in AIDS-related Deaths since 2010 (%)	Total	-77.72
	Adults (15+ years)	-81.23
	Female (15+ years)	-70.50
	Children (<15 years)	-45.76
	Young people (15-24)	-71.43
Need of Services for EVTH	Total	292 (235-351)
Final MTCT Rate of HIV (%)	Total	9.13 (7.12-12.79)

Mizoram

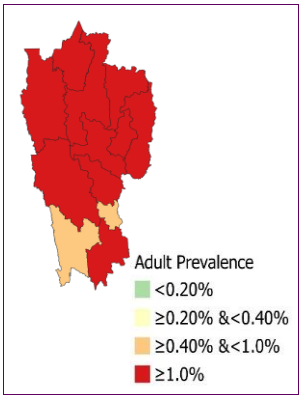
District-wide Key Epidemiological Indicators, HIV Estimates 2023

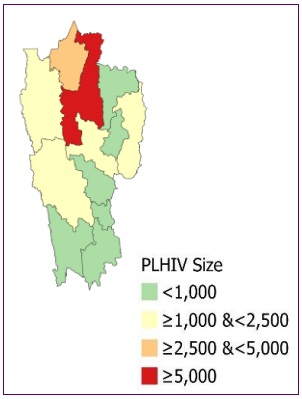
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Aizawl	3.930	12150	554	1.380	140	High
2	Champhai	3.689	2162	77	0.999	25	High
3	Hnahthial	1.855	444	<25	0.639	<25	High
4	Khawzawl	2.613	787	35	0.875	<25	High
5	Kolasib	3.634	2559	207	2.255	30	High
6	Lawngtlai	0.889	927	44	0.333	<25	Moderate
7	Lunglei	2.009	2251	84	0.572	26	High
8	Mamit	1.789	1306	40	0.421	<25	High
9	Saitual	1.625	697	<25	0.389	<25	High
10	Serchhip	2.261	1236	77	1.076	<25	High
11	Siaha	1.592	775	66	1.047	<25	High

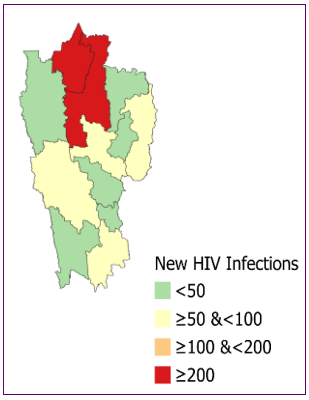
Mizoram

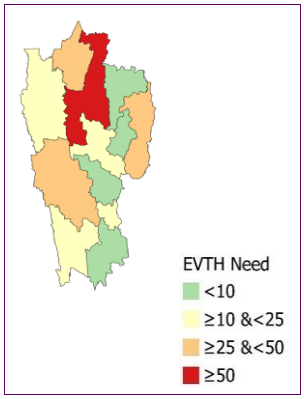
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 2.73%)	(State = 0.25 lakh)	(State = 1226)	(State = 292)









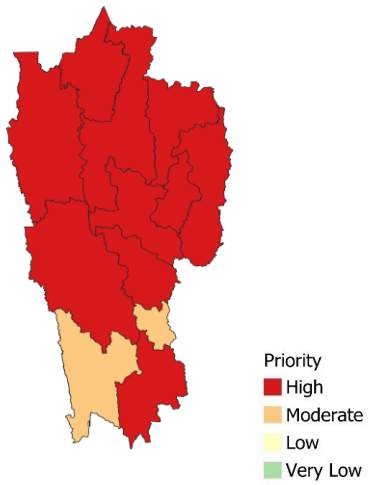
Category	Districts (#)
<0.20%	0
≥0.20% & <0.40%	0
≥0.40% & <1.0%	1
≥1.0%	10

Category	Districts (#)
<1,000	5
≥1,000 & <2,500	4
≥2,500 & <5,000	1
≥5,000	1

Category	Districts (#)
<50	5
≥50 & <100	4
≥100 & <200	0
≥200	2

Category	Districts (#)
<10	4
≥10 & <25	3
≥25 & <50	3
≥50	1

Priority Districts

Priority Districts (N = 11)	Priority Level	Number of Districts	Epidemic Burden
	High	10	96% of PLHIV 96% of New HIV Infections 96% of EVTH-related Need
	Moderate	1	4% of PLHIV 4% of New HIV Infections 4% of EVTH-related Need
	Low	0	—
	Very Low	0	—

Nagaland

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	1.37 (1.30-1.47)
	Male	1.39 (1.30-1.50)
	Female	1.34 (1.26-1.45)
Number of People Living with HIV	Total	23086 (21764-25191)
	Adult (15+ years)	22217 (20962-24300)
	Women (15+ years)	10503 (9847-11517)
	Children (<15 years)	869 (802-958)
	Young people (15-24)	2499 (2132-2935)
HIV Incidence per 1,000 Uninfected Population	Total	0.46 (0.39-0.56)
	Male	0.47 (0.40-0.59)
	Female	0.45 (0.37-0.55)
Number of Annual New HIV Infections	Total	1008 (857-1231)
	Adults (15+ years)	970 (828-1190)
	Women (15+ years)	455 (381-558)
	Children (<15 years)	37 (29-49)
	Young people (15-24)	309 (267-365)
Change in Annual New HIV Infections since 2010 (%)	Total	-37.08
	Adults (15+ years)	-30.96
	Female (15+ years)	-27.32
	Children (<15 years)	-81.31
	Young people (15-24)	-33.83
AIDS-related Deaths per 1,00,000 Population	Total	9.68 (7.58-12.98)
	Male	11.53 (9.19-15.30)
	Female	7.71 (5.35-10.82)
Number of AIDS-related Deaths	Total	214 (167-287)
	Adults (15+ years)	174 (135-238)
	Women (15+ years)	63 (41-92)
	Children (<15 years)	40 (30-52)
	Young people (15-24)	11 (8-15)
Change in AIDS-related Deaths since 2010 (%)	Total	-76.22
	Adults (15+ years)	-77.55
	Female (15+ years)	-77.82
	Children (<15 years)	-68.00
	Young people (15-24)	-59.26
Need of Services for EVTH	Total	288 (262-318)
Final MTCT Rate of HIV (%)	Total	12.96 (10.77-15.52)

Nagaland

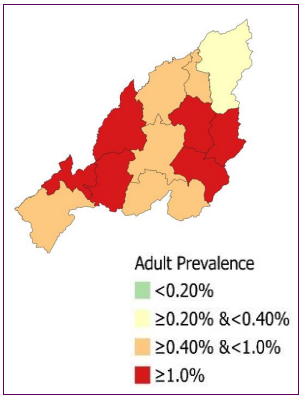
District-wide Key Epidemiological Indicators, HIV Estimates 2023

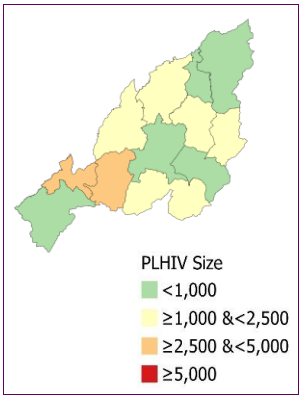
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Dimapur	3.073	4709	261	1.409	59	High
2	Kiphire	1.505	994	37	0.447	<25	High
3	Kohima	1.432	2666	115	0.509	33	High
4	Longleng	0.544	239	<25	0.424	<25	Moderate
5	Mokokchung	0.870	1417	60	0.276	<25	Moderate
6	Mon	0.272	592	<25	0.037	<25	Low
7	Noklak	2.891	1508	66	1.018	<25	High
8	Peren	0.979	837	37	0.354	<25	Moderate
9	Phek	0.988	1424	53	0.294	<25	Moderate
10	Tuensang	1.976	1804	56	0.490	<25	High
11	Wokha	1.024	1531	79	0.426	<25	High
12	Zunheboto	0.653	807	27	0.173	<25	Moderate
13	Tseminyu	1.350	777	33	0.466	<25	High
14	Niuland	1.242	474	<25	0.323	<25	High
15	Chumoukedima	1.894	2855	127	0.687	36	High
16	Shamator	1.496	452	<25	0.210	<25	High

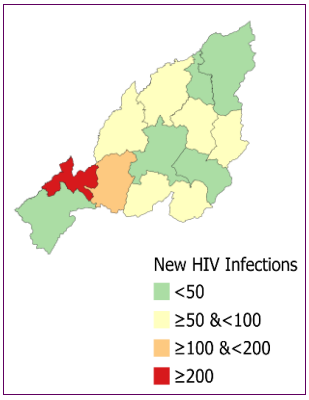
Nagaland

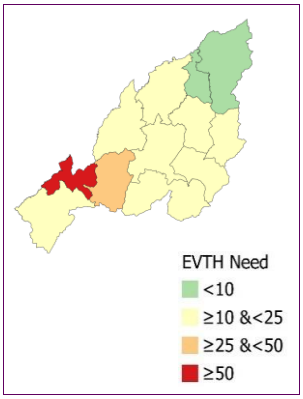
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 1.37%)	(State = 0.23 lakh)	(State = 1008)	(State = 288)









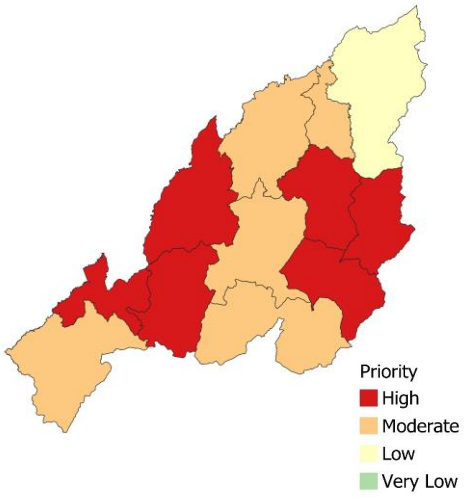
Category	Districts (#)
<0.20%	0
≥0.20% & <0.40%	1
≥0.40% & <1.0%	5
≥1.0%	10

Category	Districts (#)
<1,000	8
≥1,000 & <2,500	5
≥2,500 & <5,000	3
≥5,000	0

Category	Districts (#)
<50	8
≥50 & <100	5
≥100 & <200	2
≥200	1

Category	Districts (#)
<10	5
≥10 & <25	8
≥25 & <50	2
≥50	1

Priority Districts

Priority Districts (N = 16)	Priority Level	Number of Districts	Epidemic Burden
	High	10	77% of PLHIV 79% of New HIV Infections 77% of EVTH-related Need
	Moderate	5	20% of PLHIV 20% of New HIV Infections 20% of EVTH-related Need
	Low	1	3% of PLHIV 1% of New HIV Infections 3% EVTH-related Need
	Very Low	0	—

Odisha

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.12 (0.11-0.14)
	Male	0.13 (0.11-0.15)
	Female	0.11 (0.10-0.13)
Number of People Living with HIV	Total	47508 (42917-53422)
	Adult (15+ years)	45923 (41479-51667)
	Women (15+ years)	21366 (19271-24120)
	Children (<15 years)	1585 (1408-1812)
	Young people (15-24)	2863 (2423-3488)
HIV Incidence per 1,000 Uninfected Population	Total	0.02 (0.02-0.03)
	Male	0.02 (0.02-0.03)
	Female	0.02 (0.02-0.03)
Number of Annual New HIV Infections	Total	1135 (874-1509)
	Adults (15+ years)	1089 (835-1437)
	Women (15+ years)	544 (415-711)
	Children (<15 years)	46 (28-78)
	Young people (15-24)	248 (185-329)
Change in Annual New HIV Infections since 2010 (%)	Total	-70.17
	Adults (15+ years)	-68.42
	Female (15+ years)	-66.19
	Children (<15 years)	-87.08
	Young people (15-24)	-72.69
AIDS-related Deaths per 1,00,000 Population	Total	2.07 (1.63-2.82)
	Male	1.65 (1.29-2.24)
	Female	2.51 (1.79-3.48)
Number of AIDS-related Deaths	Total	955 (748-1299)
	Adults (15+ years)	933 (738-1264)
	Women (15+ years)	562 (404-778)
	Children (<15 years)	22 (10-41)
	Young people (15-24)	23 (16-32)
Change in AIDS-related Deaths since 2010 (%)	Total	-64.79
	Adults (15+ years)	-62.20
	Female (15+ years)	-46.53
	Children (<15 years)	-90.98
	Young people (15-24)	-72.94
Need of Services for EVTH	Total	394 (335-464)
Final MTCT Rate of HIV (%)	Total	11.78 (8.11-16.66)

Odisha

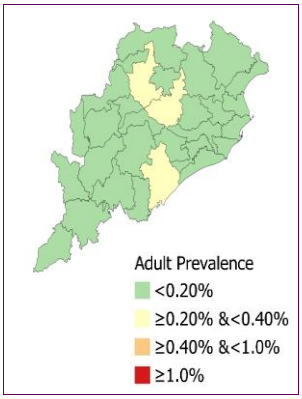
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Angul	0.274	3343	26	0.019	28	Moderate
2	Balangir	0.112	1636	<25	<0.01	<25	Low
3	Baleshwar	<0.10	1476	37	0.014	<25	Low
4	Bargarh	0.100	1324	<25	<0.01	<25	Low
5	Bhadrak	<0.10	1126	<25	<0.01	<25	Low
6	Boudh	<0.10	387	<25	0.030	<25	Very Low
7	Cuttack	0.112	2741	79	0.027	<25	Moderate
8	Deogarh	<0.10	269	<25	<0.01	<25	Very Low
9	Dhenkanal	<0.10	814	37	0.028	<25	Very Low
10	Gajapati	0.150	831	37	0.058	<25	Very Low
11	Ganjam	0.287	9691	276	0.071	80	High
12	Jagatsinghapur	<0.10	617	<25	0.018	<25	Very Low
13	Jajapur	<0.10	1558	<25	0.010	<25	Low
14	Jharsuguda	0.112	600	<25	<0.01	<25	Very Low
15	Kalahandi	<0.10	901	<25	<0.01	<25	Very Low
16	Kandhamal	<0.10	322	<25	<0.01	<25	Very Low
17	Kendrapara	<0.10	1157	31	0.020	<25	Low
18	Kendujhar	<0.10	1093	<25	<0.01	<25	Low
19	Khordha	0.137	3072	84	0.034	26	Moderate
20	Koraput	0.162	2095	177	0.117	<25	Low
21	Malkangiri	<0.10	353	<25	<0.01	<25	Very Low
22	Mayurbhanj	<0.10	1112	<25	<0.01	<25	Low
23	Nabarangpur	0.112	1378	<25	<0.01	<25	Low
24	Nayagarh	0.112	1033	25	0.024	<25	Low
25	Nuapada	0.150	842	81	0.121	<25	Very Low
26	Puri	0.112	1796	<25	<0.01	<25	Low
27	Rayagada	0.137	1249	<25	<0.01	<25	Low
28	Sambalpur	0.262	2546	114	0.100	<25	Moderate
29	Sonepur	<0.10	387	<25	<0.01	<25	Very Low
30	Sundargarh	<0.10	1758	<25	<0.01	<25	Low

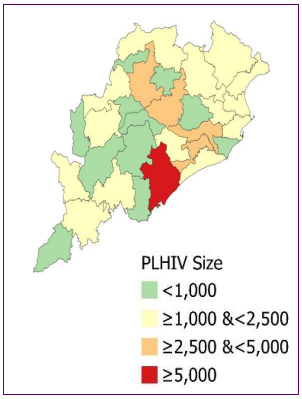
Odisha

District-wide Map on Key Epidemiological Indicators

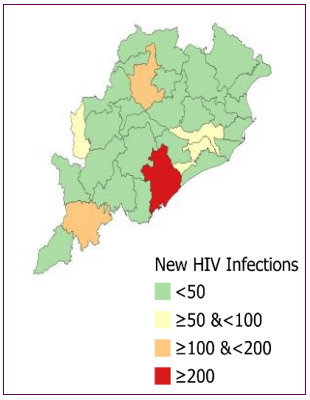
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.12%)	(State = 0.48 lakh)	(State = 1135)	(State = 394)



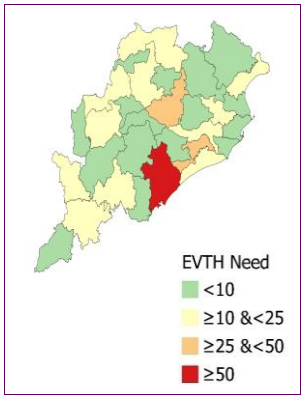
Category	Districts (#)
<0.20%	27
≥0.20% & <0.40%	3
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	11
≥1,000 & <2,500	14
≥2,500 & <5,000	4
≥5,000	1

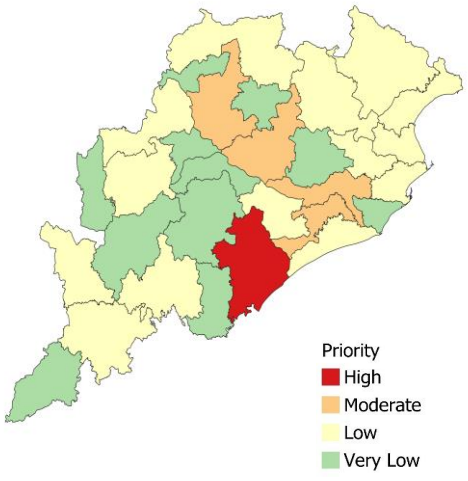


Category	Districts (#)
<50	24
≥50 & <100	3
≥100 & <200	2
≥200	1



Category	Districts (#)
<10	16
≥10 & <25	11
≥25 & <50	2
≥50	1

Priority Districts

Priority Districts (N = 30)	Priority Level	Number of Districts	Epidemic Burden
	High	1	20% of PLHIV 24% of New HIV Infections 20% of EVTH-related Need
	Moderate	4	25% of PLHIV 27% of New HIV Infections 25% of EVTH-related Need
	Low	14	42% of PLHIV 32% of New HIV Infections 42% EVTH-related Need
	Very Low	11	13% of PLHIV 17% of New HIV Infections 13% of EVTH-related Need

Punjab

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.42 (0.40-0.44)
	Male	0.47 (0.45-0.50)
	Female	0.35 (0.34-0.38)
Number of People Living with HIV	Total	105791 (98034-119596)
	Adult (15+ years)	103867 (96116-117610)
	Women (15+ years)	41797 (38337-46726)
	Children (<15 years)	1924 (1756-2112)
	Young people (15-24)	9032 (7256-11133)
HIV Incidence per 1,000 Uninfected Population	Total	0.30 (0.26-0.36)
	Male	0.34 (0.29-0.41)
	Female	0.26 (0.22-0.31)
Number of Annual New HIV Infections	Total	9103 (8050-10944)
	Adults (15+ years)	8956 (7909-10762)
	Women (15+ years)	3631 (3143-4384)
	Children (<15 years)	147 (119-184)
	Young people (15-24)	1878 (1621-2145)
Change in Annual New HIV Infections since 2010 (%)	Total	+116.69
	Adults (15+ years)	+123.62
	Female (15+ years)	+137.01
	Children (<15 years)	-24.62
	Young people (15-24)	+71.98
AIDS-related Deaths per 1,00,000 Population	Total	1.85 (1.30-2.81)
	Male	1.12 (0.79-1.53)
	Female	2.67 (1.37-5.17)
Number of AIDS-related Deaths	Total	566 (398-857)
	Adults (15+ years)	493 (335-761)
	Women (15+ years)	352 (165-723)
	Children (<15 years)	73 (57-93)
	Young people (15-24)	26 (17-37)
Change in AIDS-related Deaths since 2010 (%)	Total	+41.50
	Adults (15+ years)	+62.71
	Female (15+ years)	+324.10
	Children (<15 years)	-24.74
	Young people (15-24)	+44.44
Need of Services for EVTH	Total	1027 (934-1130)
Final MTCT Rate of HIV (%)	Total	14.30 (12.60-16.50)

Punjab

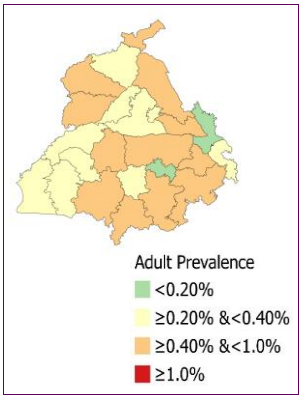
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Amritsar	0.452	10065	1014	0.370	97	High
2	Barnala	0.371	1912	250	0.381	<25	Low
3	Bathinda	0.475	5802	203	0.133	57	High
4	Faridkot	0.359	1983	276	0.406	<25	Low
5	Fatehgarh Sahib	0.545	2873	406	0.616	28	Moderate
6	Fazilka	0.336	3597	212	0.164	34	Moderate
7	Firozpur	0.325	2599	259	0.277	<25	Moderate
8	Gurdaspur	0.255	5117	101	0.055	49	High
9	Hoshiarpur	0.441	6057	606	0.348	59	High
10	Jalandhar	0.383	7335	370	0.154	71	High
11	Kapurthala	0.383	2730	336	0.375	26	Moderate
12	Ludhiana	0.417	13186	583	0.152	128	High
13	Malerkotla	0.174	631	<25	<0.01	<25	Very Low
14	Mansa	0.510	3485	434	0.513	34	Moderate
15	Moga	0.638	5676	440	0.403	56	High
16	Sri Muktsar Sahib	0.383	3051	133	0.134	30	Moderate
17	Pathankot	0.441	2428	465	0.676	<25	Moderate
18	Patiala	0.417	7055	93	0.045	69	High
19	Rupnagar	0.174	1058	180	0.238	<25	Low
20	S.A.S. Nagar	0.371	3249	615	0.563	32	Moderate
21	Sangrur	0.452	4849	263	0.196	47	Moderate
22	Shahid Bhagat Singh Nagar	0.464	2455	355	0.527	<25	Moderate
23	Tarn Taran	0.846	8596	1508	1.230	83	High

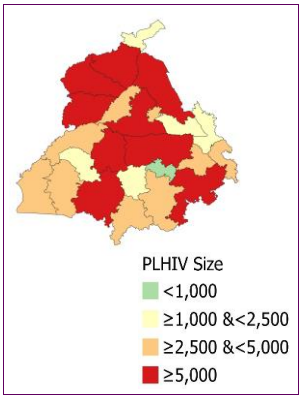
Punjab

District-wide Map on Key Epidemiological Indicators

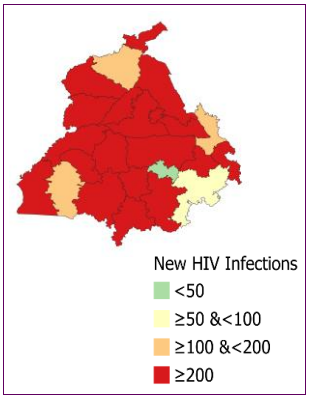
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.42%)	(State = 1.06 lakh)	(State = 9103)	(State = 1027)



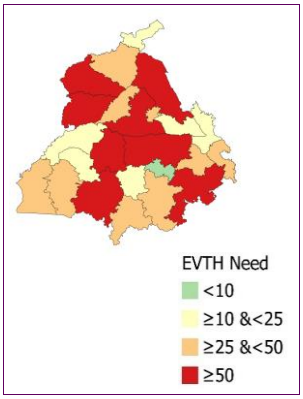
Category	Districts (#)
<0.20%	2
≥0.20% & <0.40%	9
≥0.40% & <1.0%	12
≥1.0%	0



Category	Districts (#)
<1,000	1
≥1,000 & <2,500	5
≥2,500 & <5,000	8
≥5,000	9

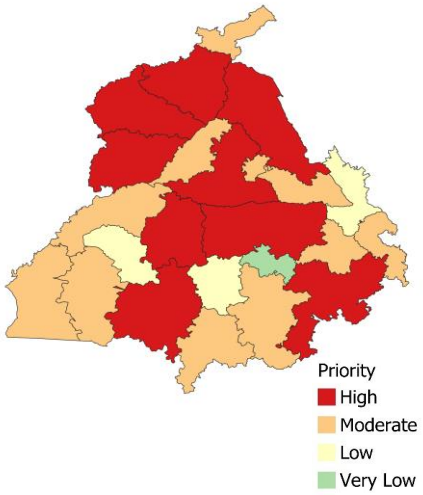


Category	Districts (#)
<50	1
≥50 & <100	1
≥100 & <200	3
≥200	18



Category	Districts (#)
<10	1
≥10 & <25	6
≥25 & <50	8
≥50	8

Priority Districts

Priority Districts (N = 23)	Priority Level	Number of Districts	Epidemic Burden
	High	9	65% of PLHIV 54% of New HIV Infections 65% of EVTH-related need
	Moderate	10	30% of PLHIV 38% of New HIV Infections 30% of EVTH-related need
	Low	3	5% of PLHIV 8% of New HIV Infections 5% of EVTH-related need
	Very Low	1	<1% of PLHIV 0% New HIV Infections <1% of EVTH-related need

Rajasthan

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.12 (0.09-0.16)
	Male	0.15 (0.11-0.19)
	Female	0.10 (0.08-0.13)
Number of People Living with HIV	Total	82454 (63709-107966)
	Adult (15+ years)	79915 (61927-104757)
	Women (15+ years)	31947 (24658-42208)
	Children (<15 years)	2539 (1851-3444)
	Young people (15-24)	6502 (4340-9765)
HIV Incidence per 1,000 Uninfected Population	Total	0.04 (0.02-0.07)
	Male	0.05 (0.02-0.09)
	Female	0.03 (0.02-0.06)
Number of Annual New HIV Infections	Total	3355 (1512-5929)
	Adults (15+ years)	3243 (1471-5665)
	Women (15+ years)	1270 (568-2257)
	Children (<15 years)	112 (44-255)
	Young people (15-24)	879 (401-1587)
Change in Annual New HIV Infections since 2010 (%)	Total	-23.07
	Adults (15+ years)	-17.44
	Female (15+ years)	-9.87
	Children (<15 years)	-74.13
	Young people (15-24)	-27.17
AIDS-related Deaths per 1,00,000 Population	Total	0.55 (0.36-0.91)
	Male	0.77 (0.53-1.25)
	Female	0.32 (0.15-0.62)
Number of AIDS-related Deaths	Total	442 (291-731)
	Adults (15+ years)	410 (272-671)
	Women (15+ years)	108 (49-214)
	Children (<15 years)	32 (13-79)
	Young people (15-24)	18 (11-34)
Change in AIDS-related Deaths since 2010 (%)	Total	-75.15
	Adults (15+ years)	-72.99
	Female (15+ years)	-73.33
	Children (<15 years)	-87.74
	Young people (15-24)	-67.27
Need of Services for EVTH	Total	992 (733-1321)
Final MTCT Rate of HIV (%)	Total	11.31 (5.88-19.41)

Rajasthan

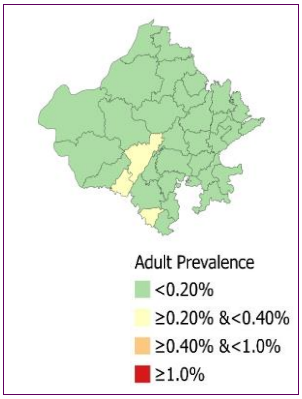
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Ajmer	0.178	4454	347	0.114	53	Moderate
2	Alwar	<0.10	3315	94	0.022	40	Moderate
3	Banswara	0.107	1915	130	0.061	<25	Low
4	Baran	<0.10	867	65	0.045	<25	Very Low
5	Barmer	0.128	3275	<25	<0.01	39	Moderate
6	Bharatpur	<0.10	2540	<25	<0.01	30	Moderate
7	Bhilwara	0.178	4241	<25	<0.01	51	Moderate
8	Bikaner	<0.10	1680	146	0.052	<25	Low
9	Bundi	<0.10	739	71	0.054	<25	Very Low
10	Chittorgarh	0.178	2680	<25	<0.01	32	Moderate
11	Churu	<0.10	1776	196	0.082	<25	Low
12	Dausa	<0.10	647	65	0.034	<25	Very Low
13	Dholpur	0.107	1293	<25	<0.01	<25	Low
14	Dungarpur	0.213	2911	112	0.069	35	Moderate
15	Ganganagar	0.107	2134	<25	<0.01	26	Low
16	Hanumangarh	0.114	2077	165	0.079	25	Low
17	Jaipur	0.107	7154	68	<0.01	86	High
18	Jaisalmer	<0.10	408	29	0.037	<25	Very Low
19	Jalore	0.185	3329	88	0.041	40	Moderate
20	Jhalawar	<0.10	958	28	0.017	<25	Very Low
21	Jhunjhunu	0.121	2544	253	0.101	31	Moderate
22	Jodhpur	0.121	4487	132	0.030	54	Moderate
23	Karauli	<0.10	1067	88	0.051	<25	Low
24	Kota	<0.10	1934	45	0.019	<25	Low
25	Nagaur	<0.10	3178	48	0.012	38	Moderate
26	Pali	0.220	4331	216	0.090	52	Moderate
27	Pratapgarh	0.107	897	<25	0.010	<25	Very Low
28	Rajsamand	0.185	2046	50	0.037	<25	Low
29	Sawai Madhopur	<0.10	943	<25	<0.01	<25	Very Low
30	Sikar	0.121	3323	255	0.081	40	Moderate
31	Sirohi	0.249	2555	72	0.059	31	Moderate
32	Tonk	0.107	1573	128	0.076	<25	Low
33	Udaipur	0.171	5182	425	0.118	63	High

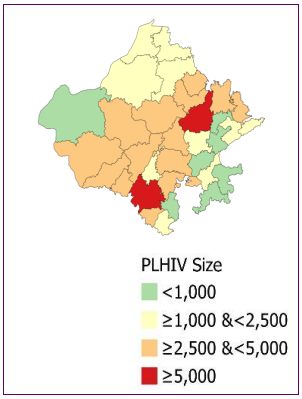
Rajasthan

District-wide Map on Key Epidemiological Indicators

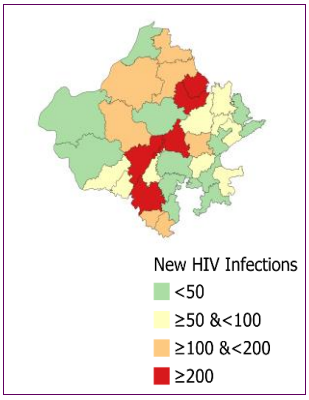
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.12%)	(State = 0.82 lakh)	(State = 3355)	(State = 992)



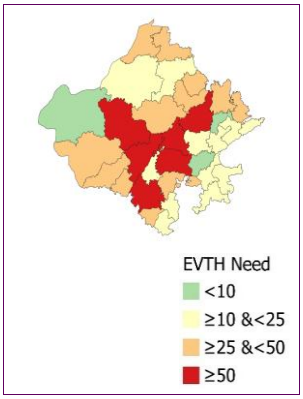
Category	Districts (#)
<0.20%	30
≥0.20% & <0.40%	3
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	7
≥1,000 & <2,500	10
≥2,500 & <5,000	14
≥5,000	2

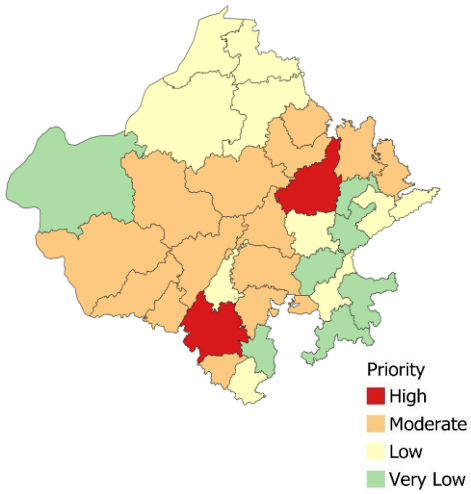


Category	Districts (#)
<50	12
≥50 & <100	9
≥100 & <200	7
≥200	5



Category	Districts (#)
<10	3
≥10 & <25	12
≥25 & <50	12
≥50	6

Priority Districts

Priority Districts (N = 33)	Priority Level	Number of Districts	Epidemic Burden
	High	2	15% of PLHIV 15% of New HIV Infections 15% of EVTH-related need
	Moderate	14	57% of PLHIV 49% of New HIV Infections 57% of EVTH-related need
	Low	10	21% of PLHIV 28% of New HIV Infections 21% of EVTH-related need
	Very Low	7	7% of PLHIV 8% New HIV Infections 7% of EVTH-related need

Sikkim

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.11 (0.06-0.18)
	Male	0.12 (0.07-0.21)
	Female	0.09 (0.05-0.15)
Number of People Living with HIV	Total	605 (330-984)
	Adult (15+ years)	576 (314-941)
	Women (15+ years)	225 (125-359)
	Children (<15 years)	29 (17-42)
	Young people (15-24)	59 (28-124)
HIV Incidence per 1,000 Uninfected Population	Total	0.04 (0.02-0.11)
	Male	0.05 (0.02-0.13)
	Female	0.03 (0.01-0.09)
Number of Annual New HIV Infections	Total	28 (10-77)
	Adults (15+ years)	24 (9-68)
	Women (15+ years)	9 (3-27)
	Children (<15 years)	4 (2-8)
	Young people (15-24)	7 (2-20)
Change in Annual New HIV Infections since 2010 (%)	Total	-22.22
	Adults (15+ years)	-29.41
	Female (15+ years)	-30.77
	Children (<15 years)	+33.33
	Young people (15-24)	-30.00
AIDS-related Deaths per 1,00,000 Population	Total	0.76 (0.30-1.65)
	Male	0.83 (0.36-1.65)
	Female	0.67 (0.20-1.81)
Number of AIDS-related Deaths	Total	5 (2-11)
	Adults (15+ years)	3 (1-7)
	Women (15+ years)	1 (0.31-4)
	Children (<15 years)	2 (0.67-4)
	Young people (15-24)	0.2 (0.09-0.57)
Change in AIDS-related Deaths since 2010 (%)	Total	+25.00
	Adults (15+ years)	0.00
	Female (15+ years)	+75.44
	Children (<15 years)	+100.00
	Young people (15-24)	+15.66
Need of Services for EVTH	Total	10 (5-18)
Final MTCT Rate of HIV (%)	Total	≥20

Sikkim

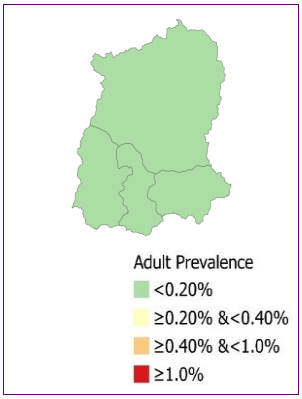
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Gangtok	0.181	360	<25	0.053	<25	Very Low
2	Mangan	<0.10	<100	<25	0.038	<25	Very Low
3	Namchi	<0.10	<100	<25	0.028	<25	Very Low
4	Gyalshing	<0.10	<100	<25	0.033	<25	Very Low
5	Pakyong	<0.10	<100	<25	0.060	<25	Very Low
6	Soreng	<0.10	<100	<25	0.023	<25	Very Low

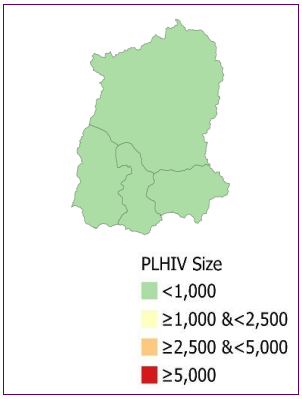
Sikkim

District-wide Map on Key Epidemiological Indicators

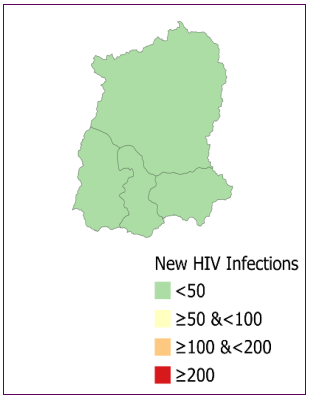
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.11%)	(State = 605)	(State = 28)	(State = 10)



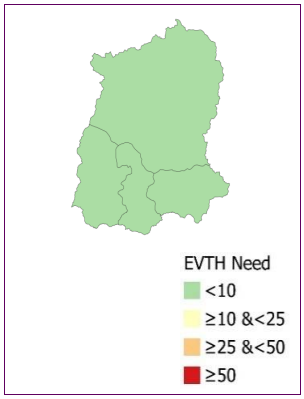
Category	Districts (#)
<0.20%	6
≥0.20% & <0.40%	0
≥0.40% & <1.0%	0
≥1.0%	0



Category	Districts (#)
<1,000	6
≥1,000 & <2,500	0
≥2,500 & <5,000	0
≥5,000	0

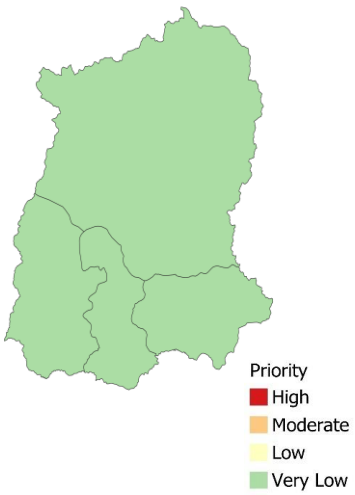


Category	Districts (#)
<50	6
≥50 & <100	0
≥100 & <200	0
≥200	0



Category	Districts (#)
<10	6
≥10 & <25	0
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 06)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	0	—
	Low	0	—
	Very Low	6	100% of PLHIV 100% New HIV Infections 100% of EVTH-related need

Tamil Nadu

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.20 (0.17-0.25)
	Male	0.21 (0.16-0.27)
	Female	0.20 (0.17-0.24)
Number of People Living with HIV	Total	168893 (143378-200222)
	Adult (15+ years)	165842 (140796-196581)
	Women (15+ years)	80639 (67650-95002)
	Children (<15 years)	3051 (2384-3894)
	Young people (15-24)	7495 (5710-9817)
HIV Incidence per 1,000 Uninfected Population	Total	0.02 (0.01-0.05)
	Male	0.03 (0.01-0.05)
	Female	0.02 (0.01-0.04)
Number of Annual New HIV Infections	Total	1762 (1007-3768)
	Adults (15+ years)	1707 (982-3611)
	Women (15+ years)	774 (436-1636)
	Children (<15 years)	55 (27-177)
	Young people (15-24)	326 (179-696)
Change in Annual New HIV Infections since 2010 (%)	Total	-69.01
	Adults (15+ years)	-65.17
	Female (15+ years)	-65.07
	Children (<15 years)	-92.99
	Young people (15-24)	-71.99
AIDS-related Deaths per 1,00,000 Population	Total	2.44 (1.66-3.69)
	Male	3.29 (2.31-4.73)
	Female	1.59 (0.85-2.70)
Number of AIDS-related Deaths	Total	1867 (1267-2827)
	Adults (15+ years)	1838 (1254-2745)
	Women (15+ years)	596 (320-991)
	Children (<15 years)	29 (7-102)
	Young people (15-24)	38 (21-64)
Change in AIDS-related Deaths since 2010 (%)	Total	-84.70
	Adults (15+ years)	-84.06
	Female (15+ years)	-86.72
	Children (<15 years)	-95.69
	Young people (15-24)	-78.65
Need of Services for EVTH	Total	976 (803-1251)
Final MTCT Rate of HIV (%)	Total	5.65 (3.17-14.00)

Tamil Nadu

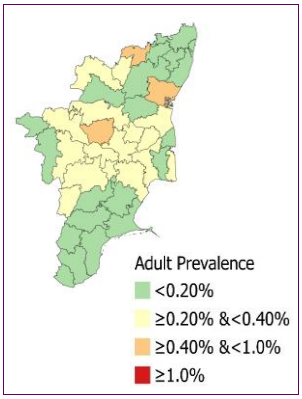
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Ariyalur	0.259	2194	<25	0.026	<25	Low
2	Chengalpattu	<0.10	1134	<25	<0.01	<25	Low
3	Chennai	0.124	6672	39	<0.01	38	High
4	Coimbatore	0.180	6895	57	0.015	40	High
5	Cuddalore	0.220	6725	74	0.027	39	High
6	Dharmapuri	<0.10	1295	<25	<0.01	<25	Low
7	Dindigul	0.304	7482	90	0.040	43	High
8	Erode	0.270	6452	62	0.026	37	High
9	Kallakurichi	<0.10	1243	<25	<0.01	<25	Low
10	Kancheepuram	<0.10	1066	<25	0.011	<25	Low
11	Kanniyakumari	0.124	2545	56	0.028	<25	Moderate
12	Karur	0.225	2626	<25	0.011	<25	Moderate
13	Krishnagiri	0.355	8145	71	0.036	47	High
14	Madurai	0.118	4068	<25	<0.01	<25	Moderate
15	Mayiladuthurai	<0.10	404	<25	<0.01	<25	Very Low
16	Nagapattinam	0.236	1900	25	0.034	<25	Low
17	Namakkal	0.473	9031	36	0.020	52	High
18	Perambalur	0.383	2500	26	0.044	<25	Moderate
19	Pudukkottai	0.265	4930	52	0.030	28	Moderate
20	Ramanathapuram	0.124	2005	<25	0.010	<25	Low
21	Ranipet	<0.10	618	<25	<0.01	<25	Very Low
22	Salem	0.372	14695	112	0.030	85	High
23	Sivaganga	<0.10	661	<25	<0.01	<25	Very Low
24	Tenkasi	0.101	1608	<25	<0.01	<25	Low
25	Thanjavur	0.208	5636	145	0.057	33	High
26	The Nilgiris	<0.10	736	<25	<0.01	<25	Very Low
27	Theni	0.388	5581	44	0.033	32	High
28	Thiruvallur	<0.10	3782	<25	<0.01	<25	Moderate
29	Thiruvarur	0.152	2183	50	0.038	<25	Low
30	Thoothukkudi	0.146	2893	<25	0.012	<25	Moderate
31	Tiruchirappalli	0.366	11144	110	0.038	65	High
32	Tirunelveli	<0.10	929	<25	<0.01	<25	Very Low
33	Tirupathur	0.281	3736	36	0.031	<25	Moderate
34	Tiruppur	0.231	6393	171	0.065	37	High
35	Tiruvannamalai	0.186	5349	34	0.013	31	High
36	Vellore	0.439	8451	98	0.057	49	High
37	Viluppuram	0.439	10935	134	0.061	63	High
38	Virudhunagar	0.191	4250	94	0.046	<25	Moderate

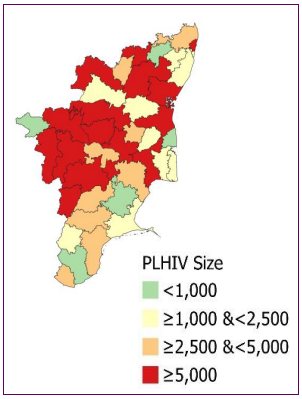
Tamil Nadu

District-wide Map on Key Epidemiological Indicators

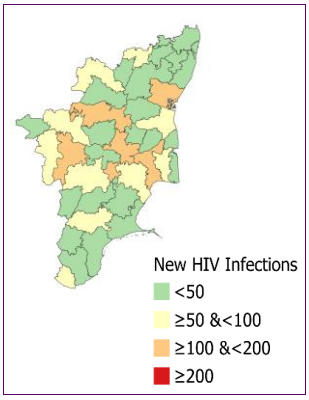
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.20%)	(State = 1.69 lakh)	(State = 1762)	(State = 976)



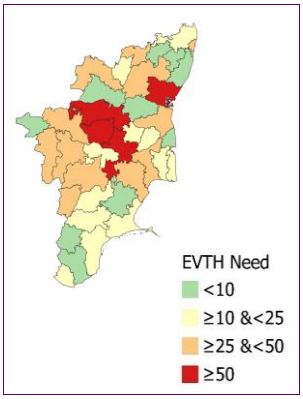
Category	Districts (#)
<0.20%	20
≥0.20% & <0.40%	15
≥0.40% & <1.0%	3
≥1.0%	0



Category	Districts (#)
<1,000	5
≥1,000 & <2,500	9
≥2,500 & <5,000	9
≥5,000	15

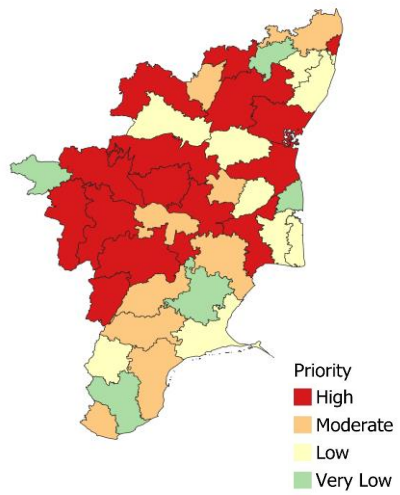


Category	Districts (#)
<50	23
≥50 & <100	10
≥100 & <200	5
≥200	0



Category	Districts (#)
<10	10
≥10 & <25	12
≥25 & <50	12
≥50	4

Priority Districts

Priority Districts (N = 38)	Priority Level	Number of Districts	Epidemic Burden
	High	15	71% of PLHIV 73% of New HIV Infections 71% of EVTH-related need
	Moderate	9	18% of PLHIV 18% of New HIV Infections 18% of EVTH-related need
	Low	9	9% of PLHIV 8% of New HIV Infections 9% of EVTH-related need
	Very Low	5	2% of PLHIV 1% New HIV Infections 2% of EVTH-related need

Telangana

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.44 (0.35-0.57)
	Male	0.45 (0.36-0.59)
	Female	0.42 (0.34-0.53)
Number of People Living with HIV	Total	158164 (133921-193201)
	Adult (15+ years)	154870 (131214-189403)
	Women (15+ years)	73975 (62562-90171)
	Children (<15 years)	3293 (2519-4516)
	Young people (15-24)	9248 (7313-12165)
HIV Incidence per 1,000 Uninfected Population	Total	0.08 (0.04-0.15)
	Male	0.09 (0.05-0.17)
	Female	0.07 (0.04-0.13)
Number of Annual New HIV Infections	Total	2962 (1548-5673)
	Adults (15+ years)	2868 (1504-5430)
	Women (15+ years)	1235 (655-2332)
	Children (<15 years)	94 (43-221)
	Young people (15-24)	621 (334-1112)
Change in Annual New HIV Infections since 2010 (%)	Total	-57.98
	Adults (15+ years)	-52.99
	Female (15+ years)	-52.99
	Children (<15 years)	-90.08
	Young people (15-24)	-62.84
AIDS-related Deaths per 1,00,000 Population	Total	7.44 (4.11-13.13)
	Male	11.57 (6.81-18.31)
	Female	3.26 (1.38-7.37)
Number of AIDS-related Deaths	Total	2816 (1557-4971)
	Adults (15+ years)	2746 (1527-4840)
	Women (15+ years)	579 (245-1322)
	Children (<15 years)	70 (14-162)
	Young people (15-24)	79 (34-162)
Change in AIDS-related Deaths since 2010 (%)	Total	-81.69
	Adults (15+ years)	-80.97
	Female (15+ years)	-89.34
	Children (<15 years)	-92.62
	Young people (15-24)	-78.65
Need of Services for EVTH	Total	1118 (906-1438)
Final MTCT Rate of HIV (%)	Total	8.44 (4.50-15.30)

Telangana

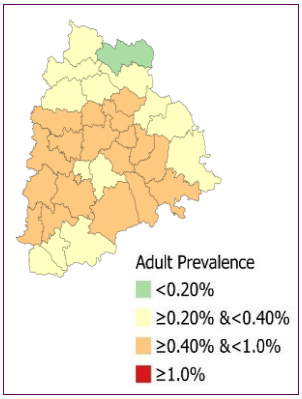
District-wide Key Epidemiological Indicators, HIV Estimates 2023

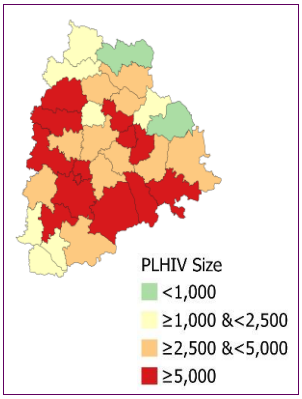
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Adilabad	0.293	2080	<25	0.028	<25	Low
2	Bhadradri Kothagudem	0.358	4813	<25	0.017	34	Moderate
3	Hyderabad	0.422	15132	219	0.060	107	High
4	Jagitial	0.348	3481	<25	<0.01	<25	Moderate
5	Jangaon	0.550	3156	70	0.114	<25	Moderate
6	Jayashankar Bhupalapally	0.248	1715	99	0.132	<25	Low
7	Jogulamba Gadwal	0.238	1652	29	0.041	<25	Low
8	Kamareddy	0.541	5219	71	0.070	37	High
9	Karimnagar	0.651	6664	93	0.088	47	High
10	Kumuram Bheem Asifabad	0.147	753	<25	<0.01	<25	Very Low
11	Mahabubabad	0.477	3603	62	0.077	25	Moderate
12	Mahabubnagar	0.403	5080	46	0.033	36	High
13	Mancherial	0.358	2850	42	0.050	<25	Moderate
14	Medak	0.660	4951	129	0.161	35	Moderate
15	Medchal-Malkajgiri	0.266	7021	62	0.023	49	High
16	Mulugu	0.284	828	<25	0.031	<25	Low
17	Nagarkurnool	0.348	3003	45	0.048	<25	Moderate
18	Nalgonda	0.486	7795	68	0.040	55	High
19	Narayanpet	0.422	2295	42	0.070	<25	Moderate
20	Nirmal	0.211	1503	<25	<0.01	<25	Low
21	Nizamabad	0.385	5759	81	0.050	40	High
22	Peddapalli	0.403	3249	180	0.215	<25	Moderate
23	Rajanna Sircilla	0.449	2446	<25	0.024	<25	Moderate
24	Ranga Reddy	0.651	17255	421	0.157	122	High
25	Sangareddy	0.422	6266	87	0.054	44	High
26	Siddipet	0.495	4812	350	0.335	34	Moderate
27	Suryapet	0.587	6347	104	0.090	45	High
28	Vikarabad	0.495	4541	98	0.105	32	Moderate
29	Wanaparthy	0.293	2086	29	0.036	<25	Low
30	Warangal	0.807	5689	114	0.152	40	High
31	Hanumakonda	0.523	5835	81	0.068	41	High
32	Yadadri Bhuvanagiri	0.376	2682	37	0.048	<25	Moderate
33	Khammam	0.532	7603	227	0.154	54	High

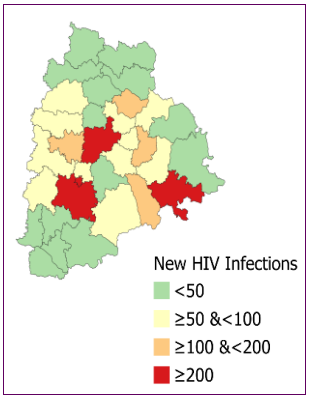
Telangana

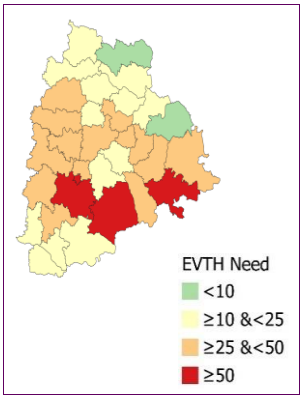
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.44%)	(State = 1.58 lakh)	(State = 2962)	(State = 1118)









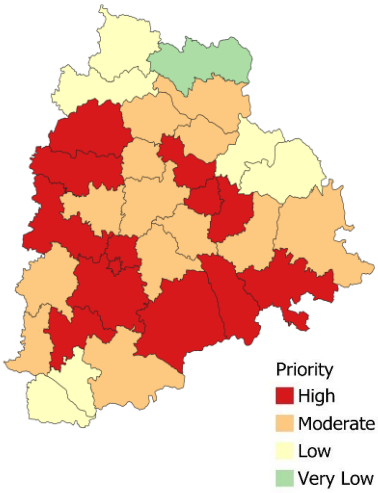
Category	Districts (#)
<0.20%	1
≥0.20% & <0.40%	13
≥0.40% & <1.0%	19
≥1.0%	0

Category	Districts (#)
<1,000	2
≥1,000 & <2,500	7
≥2,500 & <5,000	11
≥5,000	13

Category	Districts (#)
<50	14
≥50 & <100	11
≥100 & <200	4
≥200	4

Category	Districts (#)
<10	2
≥10 & <25	13
≥25 & <50	14
≥50	4

Priority Districts

Priority Districts (N = 33)	Priority Level	Number of Districts	Epidemic Burden
	High	13	64% of PLHIV 56% of New HIV Infections 64% of EVTH-related need
	Moderate	13	29% of PLHIV 37% of New HIV Infections 29% of EVTH-related need
	Low	6	6% of PLHIV 7% of New HIV Infections 6% of EVTH-related need
	Very Low	1	1% of PLHIV 0% New HIV Infections 1% of EVTH-related need

Tripura

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.37 (0.33-0.44)
	Male	0.52 (0.46-0.61)
	Female	0.23 (0.20-0.27)
Number of People Living with HIV	Total	10126 (8766-12112)
	Adult (15+ years)	9973 (8621-11910)
	Women (15+ years)	2954 (2552-3509)
	Children (<15 years)	153 (132-186)
	Young people (15-24)	954 (700-1274)
HIV Incidence per 1,000 Uninfected Population	Total	0.32 (0.27-0.42)
	Male	0.45 (0.36-0.59)
	Female	0.19 (0.16-0.25)
Number of Annual New HIV Infections	Total	1330 (1093-1722)
	Adults (15+ years)	1305 (1069-1685)
	Women (15+ years)	379 (307-494)
	Children (<15 years)	26 (20-35)
	Young people (15-24)	282 (225-362)
Change in Annual New HIV Infections since 2010 (%)	Total	+524.41
	Adults (15+ years)	+533.50
	Female (15+ years)	+542.37
	Children (<15 years)	+271.43
	Young people (15-24)	+513.04
AIDS-related Deaths per 1,00,000 Population	Total	1.08 (0.80-1.48)
	Male	1.12 (0.84-1.49)
	Female	1.03 (0.57-1.84)
Number of AIDS-related Deaths	Total	44 (33-61)
	Adults (15+ years)	35 (26-49)
	Women (15+ years)	16 (8-32)
	Children (<15 years)	9 (6-13)
	Young people (15-24)	2 (1-3)
Change in AIDS-related Deaths since 2010 (%)	Total	+300.00
	Adults (15+ years)	+337.50
	Female (15+ years)	+433.33
	Children (<15 years)	+200.00
	Young people (15-24)	+417.41
Need of Services for EVTH	Total	65 (55-81)
Final MTCT Rate of HIV (%)	Total	≥20

Tripura

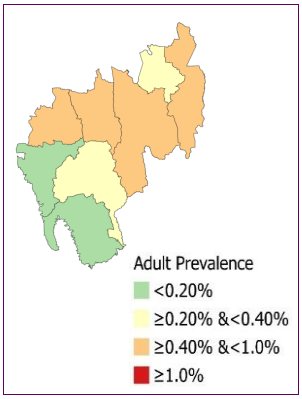
District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Dhalai	0.716	2074	315	0.744	<25	Moderate
2	Gomati	0.228	760	144	0.293	<25	Low
3	Khowai	0.405	945	92	0.252	<25	Moderate
4	North Tripura	0.540	1656	125	0.268	<25	Moderate
5	Sepahijala	0.156	568	54	0.099	<25	Very Low
6	South Tripura	0.176	601	115	0.233	<25	Very Low
7	Unakoti	0.374	777	99	0.321	<25	Low
8	West Tripura	0.405	2745	386	0.377	<25	Moderate

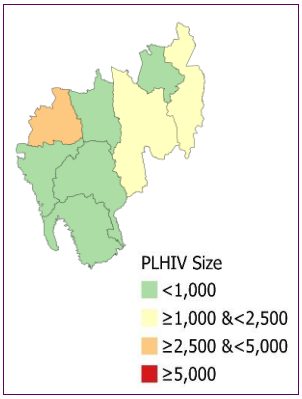
Tripura

District-wide Map on Key Epidemiological Indicators

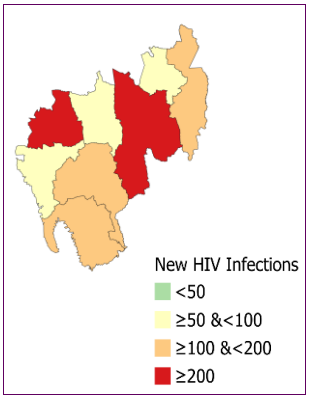
Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.37%)	(State = 0.10 lakh)	(State = 1330)	(State = 65)



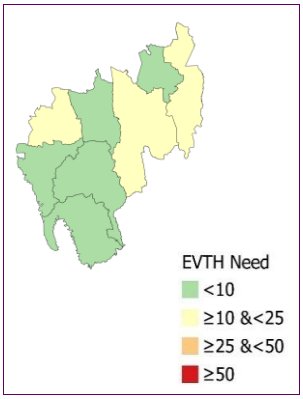
Category	Districts (#)
<0.20%	2
≥0.20% & <0.40%	2
≥0.40% & <1.0%	4
≥1.0%	0



Category	Districts (#)
<1,000	5
≥1,000 & <2,500	2
≥2,500 & <5,000	1
≥5,000	0

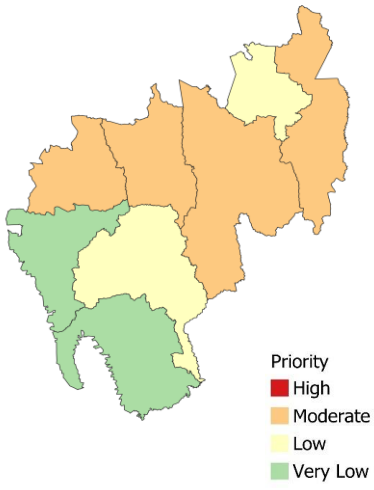


Category	Districts (#)
<50	0
≥50 & <100	3
≥100 & <200	3
≥200	2



Category	Districts (#)
<10	5
≥10 & <25	3
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 08)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	4	73% of PLHIV 69% of New HIV Infections 74% of EVTH-related need
	Low	2	15% of PLHIV 18% of New HIV Infections 15% of EVTH-related need
	Very Low	2	12% of PLHIV 13% New HIV Infections 11% of EVTH-related need

Uttarakhand

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.13 (0.09-0.17)
	Male	0.15 (0.11-0.20)
	Female	0.10 (0.08-0.14)
Number of People Living with HIV	Total	12301 (9308-15872)
	Adult (15+ years)	11974 (9073-15456)
	Women (15+ years)	4896 (3711-6254)
	Children (<15 years)	328 (233-427)
	Young people (15-24)	788 (566-1205)
HIV Incidence per 1,000 Uninfected Population	Total	0.04 (0.03-0.06)
	Male	0.05 (0.03-0.08)
	Female	0.03 (0.02-0.05)
Number of Annual New HIV Infections	Total	479 (327-734)
	Adults (15+ years)	464 (319-711)
	Women (15+ years)	183 (123-284)
	Children (<15 years)	15 (7-30)
	Young people (15-24)	115 (77-176)
Change in Annual New HIV Infections since 2010 (%)	Total	-55.36
	Adults (15+ years)	-54.55
	Female (15+ years)	-52.09
	Children (<15 years)	-71.15
	Young people (15-24)	-62.66
AIDS-related Deaths per 1,00,000 Population	Total	1.60 (0.86-2.91)
	Male	1.68 (1.00-2.91)
	Female	1.52 (0.63-3.02)
Number of AIDS-related Deaths	Total	184 (99-335)
	Adults (15+ years)	180 (97-322)
	Women (15+ years)	83 (34-164)
	Children (<15 years)	5 (2-16)
	Young people (15-24)	5 (3-9)
Change in AIDS-related Deaths since 2010 (%)	Total	-39.07
	Adults (15+ years)	-34.07
	Female (15+ years)	+6.41
	Children (<15 years)	-82.14
	Young people (15-24)	-58.33
Need of Services for EVTH	Total	80 (58-114)
Final MTCT Rate of HIV (%)	Total	18.64 (11.22-≥20)

Uttarakhand

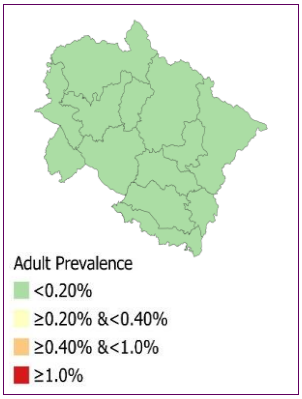
District-wide Key Epidemiological Indicators, HIV Estimates 2023

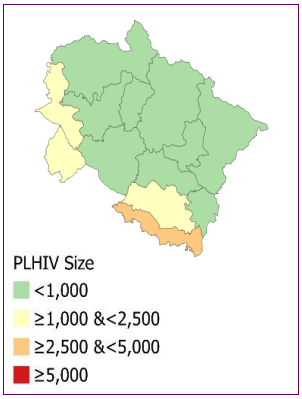
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Almora	<0.10	432	51	0.071	<25	Very Low
2	Bageshwar	0.168	383	42	0.142	<25	Very Low
3	Chamoli	<0.10	232	<25	<0.01	<25	Very Low
4	Champawat	0.179	446	32	0.109	<25	Very Low
5	Dehradun	0.112	1863	<25	<0.01	<25	Low
6	Haridwar	0.134	2494	111	0.051	<25	Low
7	Nainital	0.112	1033	76	0.070	<25	Low
8	Pauri Garhwal	0.112	651	73	0.093	<25	Very Low
9	Pithoragarh	0.134	599	28	0.050	<25	Very Low
10	Rudra Prayag	0.134	300	27	0.097	<25	Very Low
11	Tehri Garhwal	0.123	726	<25	<0.01	<25	Very Low
12	Udham Singh Nagar	0.156	2645	<25	0.011	<25	Moderate
13	Uttar Kashi	0.156	497	<25	<0.01	<25	Very Low

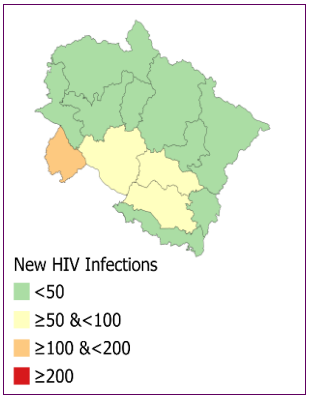
Uttarakhand

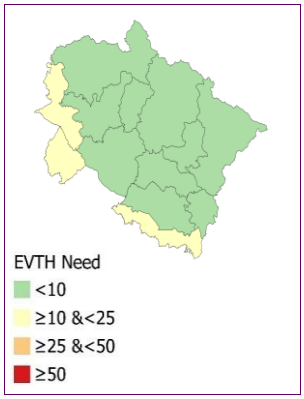
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.13%)	(State = 0.12 lakh)	(State = 479)	(State = 80)









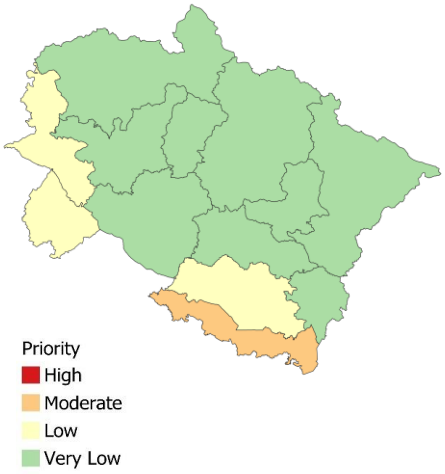
Category	Districts (#)
<0.20%	13
≥0.20% & <0.40%	0
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	9
≥1,000 & <2,500	3
≥2,500 & <5,000	1
≥5,000	0

Category	Districts (#)
<50	9
≥50 & <100	3
≥100 & <200	1
≥200	0

Category	Districts (#)
<10	10
≥10 & <25	3
≥25 & <50	0
≥50	0

Priority Districts

Priority Districts (N = 13)	Priority Level	Number of Districts	Epidemic Burden
	High	0	—
	Moderate	1	21% of PLHIV 4% of New HIV Infections 22% of EVTH-related need
	Low	3	44% of PLHIV 43% of New HIV Infections 43% of EVTH-related need
	Very Low	9	35% of PLHIV 53% New HIV Infections 35% of EVTH-related need

Uttar Pradesh

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.10 (0.07-0.14)
	Male	0.13 (0.09-0.17)
	Female	0.08 (0.05-0.11)
Number of People Living with HIV	Total	197451 (137546-258777)
	Adult (15+ years)	191566 (133301-251247)
	Women (15+ years)	72240 (50040-94843)
	Children (<15 years)	5885 (3987-7809)
	Young people (15-24)	16804 (10049-26920)
HIV Incidence per 1,000 uninfected population	Total	0.03 (0.02-0.06)
	Male	0.04 (0.02-0.08)
	Female	0.02 (0.01-0.05)
Number of Annual New HIV Infections	Total	7841 (4124-14955)
	Adults (15+ years)	7586 (4010-14326)
	Women (15+ years)	2520 (1354-4901)
	Children (<15 years)	255 (121-681)
	Young people (15-24)	2164 (1151-4188)
Change in Annual New HIV Infections since 2010 (%)	Total	-31.94
	Adults (15+ years)	-28.05
	Female (15+ years)	-27.52
	Children (<15 years)	-73.93
	Young people (15-24)	-35.67
AIDS-related Deaths per 1,00,000 Population	Total	0.78 (0.40-1.50)
	Male	1.19 (0.62-2.24)
	Female	0.33 (0.14-0.74)
Number of AIDS-related Deaths	Total	1816 (939-3508)
	Adults (15+ years)	1741 (908-3292)
	Women (15+ years)	333 (135-713)
	Children (<15 years)	75 (30-306)
	Young people (15-24)	75 (35-161)
Change in AIDS-related Deaths since 2010 (%)	Total	-75.14
	Adults (15+ years)	-73.69
	Female (15+ years)	-82.10
	Children (<15 years)	-89.08
	Young people (15-24)	-68.49
Need of Services for EVTH	Total	2097 (1451-2822)
Final MTCT Rate of HIV (%)	Total	12.16 (7.70-≥20)

Uttar Pradesh

District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Agra	0.155	6804	359	0.069	72	High
2	Aligarh	<0.10	3751	80	0.019	40	Moderate
3	Ambedkar Nagar	0.110	2537	<25	<0.01	27	Moderate
4	Amethi	<0.10	863	35	0.012	<25	Very Low
5	Amroha	<0.10	858	59	0.027	<25	Very Low
6	Auraiya	<0.10	841	42	0.026	<25	Very Low
7	Ayodhya	<0.10	1795	28	0.010	<25	Low
8	Azamgarh	0.210	9408	568	0.105	100	High
9	Baghpat	0.127	1586	77	0.050	<25	Low
10	Bahraich	<0.10	2634	55	0.014	28	Moderate
11	Ballia	0.144	4430	235	0.062	47	Moderate
12	Balrampur	0.110	2334	127	0.051	<25	Low
13	Banda	<0.10	1185	<25	<0.01	<25	Low
14	Bara Banki	<0.10	1278	<25	<0.01	<25	Low
15	Bareilly	<0.10	2527	111	0.021	27	Moderate
16	Basti	0.182	4347	<25	<0.01	46	Moderate
17	Bhadohi	0.121	1949	141	0.076	<25	Low
18	Bijnor	<0.10	2014	106	0.024	<25	Low
19	Budaun	<0.10	1310	86	0.023	<25	Low
20	Bulandshahr	<0.10	2560	57	0.014	27	Moderate
21	Chandauli	<0.10	1565	30	0.013	<25	Low
22	Chitrakoot	<0.10	480	<25	<0.01	<25	Very Low
23	Deoria	0.177	5314	106	0.029	56	High
24	Etah	0.110	1910	103	0.049	<25	Low
25	Etawah	0.116	1786	29	0.016	<25	Low
26	Farrukhabad	<0.10	1301	<25	<0.01	<25	Low
27	Fatehpur	<0.10	2122	147	0.048	<25	Low
28	Firozabad	<0.10	1966	89	0.030	<25	Low
29	Gautam Buddha Nagar	0.182	3058	241	0.125	33	Moderate
30	Ghaziabad	0.188	6398	433	0.111	68	High
31	Ghazipur	<0.10	2997	195	0.046	32	Moderate
32	Gonda	<0.10	2826	<25	<0.01	30	Moderate
33	Gorakhpur	0.188	8117	218	0.042	86	High
34	Hamirpur	<0.10	537	29	0.022	<25	Very Low
35	Hapur	<0.10	1245	74	0.047	<25	Low
36	Hardoi	<0.10	964	<25	<0.01	<25	Very Low
37	Hathras	<0.10	1574	69	0.038	<25	Low
38	Jalaun	<0.10	1373	60	0.030	<25	Low

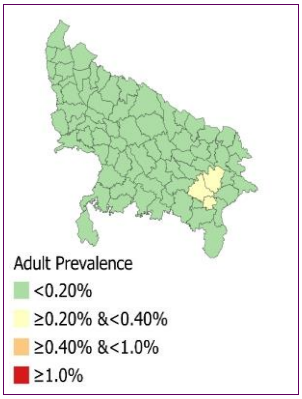
Uttar Pradesh (Continued)

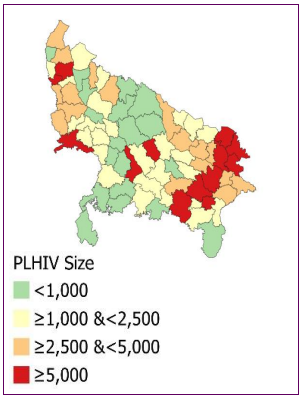
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
39	Jaunpur	0.215	9288	292	0.056	98	High
40	Jhansi	<0.10	955	60	0.026	<25	Very Low
41	Kannauj	<0.10	934	<25	<0.01	<25	Very Low
42	Kanpur Dehat	<0.10	977	33	0.016	<25	Very Low
43	Kanpur Nagar	0.127	5731	301	0.056	61	High
44	Kasganj	<0.10	664	34	0.020	<25	Very Low
45	Kaushambi	<0.10	1259	<25	<0.01	<25	Low
46	Kheri	<0.10	919	<25	<0.01	<25	Very Low
47	Kushinagar	0.149	5105	337	0.081	54	High
48	Lalitpur	<0.10	690	<25	<0.01	<25	Very Low
49	Lucknow	0.132	5966	170	0.032	64	High
50	Mahrajganj	0.193	5156	137	0.044	55	High
51	Mahoba	<0.10	269	<25	0.010	<25	Very Low
52	Mainpuri	<0.10	1046	63	0.029	<25	Low
53	Mathura	0.132	3347	159	0.053	35	Moderate
54	Mau	0.132	2859	49	0.019	30	Moderate
55	Meerut	0.188	6390	413	0.102	68	High
56	Mirzapur	<0.10	2235	44	0.015	<25	Low
57	Moradabad	<0.10	2839	167	0.045	30	Moderate
58	Muzaffarnagar	<0.10	2813	164	0.049	30	Moderate
59	Pilibhit	<0.10	706	<25	<0.01	<25	Very Low
60	Pratapgarh	0.121	3731	83	0.022	40	Moderate
61	Prayagraj	0.116	6864	104	0.015	73	High
62	Rae Bareli	<0.10	1452	66	0.024	<25	Low
63	Rampur	<0.10	1119	64	0.023	<25	Low
64	Saharanpur	0.105	3711	63	0.015	39	Moderate
65	Sambhal	<0.10	704	<25	<0.01	<25	Very Low
66	Sant Kabir Nagar	0.155	2561	180	0.090	27	Moderate
67	Shahjahanpur	<0.10	949	64	0.018	<25	Very Low
68	Shamli	<0.10	791	43	0.029	<25	Very Low
69	Shrawasti	<0.10	1066	<25	<0.01	<25	Low
70	Siddharthnagar	<0.10	1599	26	<0.01	<25	Low
71	Sitapur	<0.10	795	52	0.010	<25	Very Low
72	Sonbhadra	<0.10	956	<25	<0.01	<25	Very Low
73	Sultanpur	<0.10	1199	<25	<0.01	<25	Low
74	Unnao	<0.10	1830	82	0.023	<25	Low
75	Varanasi	0.204	7437	476	0.111	79	High

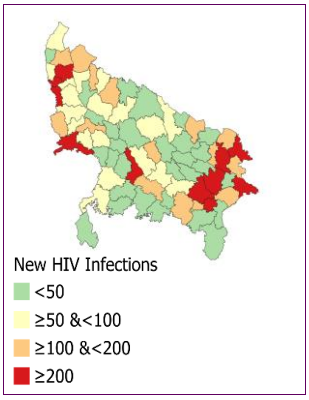
Uttar Pradesh

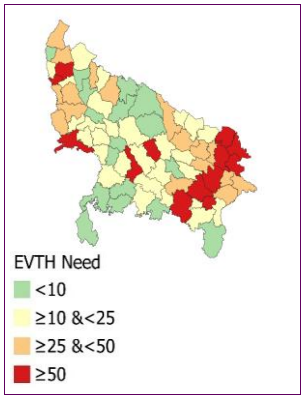
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.10%)	(State = 1.97 lakh)	(State = 7841)	(State = 2097)









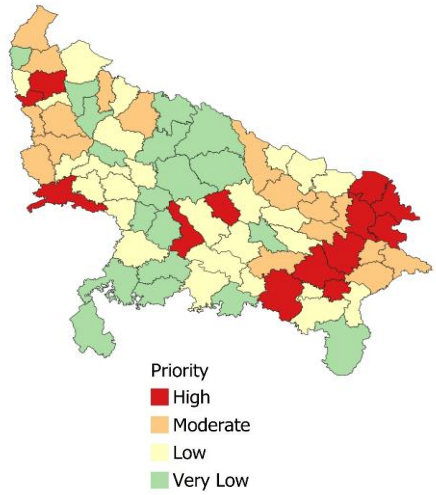
Category	Districts (#)
<0.20%	72
≥0.20% & <0.40%	3
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	19
≥1,000 & <2,500	26
≥2,500 & <5,000	17
≥5,000	13

Category	Districts (#)
<50	30
≥50 & <100	19
≥100 & <200	15
≥200	11

Category	Districts (#)
<10	17
≥10 & <25	28
≥25 & <50	17
≥50	13

Priority Districts

Priority Districts (N = 75)	Priority Level	Number of Districts	Epidemic Burden
	High	13	45% of PLHIV 50% of New HIV Infections 45% of EVTH-related need
	Moderate	17	27% of PLHIV 23% of New HIV Infections 27% of EVTH-related need
	Low	26	21% of PLHIV 20% of New HIV Infections 21% of EVTH-related need
	Very Low	19	7% of PLHIV 7% New HIV Infections 7% of EVTH-related need

West Bengal

State-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Total	0.08 (0.08-0.10)
	Male	0.09 (0.08-0.10)
	Female	0.08 (0.07-0.09)
Number of People Living with HIV	Total	77220 (70552-88518)
	Adult (15+ years)	74744 (68334-85486)
	Women (15+ years)	33197 (30161-38165)
	Children (<15 years)	2476 (2159-3025)
	Young people (15-24)	5022 (4341-6083)
HIV Incidence per 1,000 Uninfected Population	Total	0.02 (0.02-0.03)
	Male	0.02 (0.02-0.03)
	Female	0.02 (0.01-0.03)
Number of Annual New HIV Infections	Total	1956 (1509-2766)
	Adults (15+ years)	1904 (1467-2651)
	Women (15+ years)	899 (692-1245)
	Children (<15 years)	52 (37-97)
	Young people (15-24)	407 (297-567)
Change in Annual New HIV Infections since 2010 (%)	Total	-54.73
	Adults (15+ years)	-48.35
	Female (15+ years)	-47.70
	Children (<15 years)	-91.81
	Young people (15-24)	-58.60
AIDS-related Deaths per 1,00,000 Population	Total	0.72 (0.53-1.03)
	Male	0.58 (0.44-0.77)
	Female	0.87 (0.53-1.45)
Number of AIDS-related Deaths	Total	709 (524-1015)
	Adults (15+ years)	693 (511-991)
	Women (15+ years)	412 (250-691)
	Children (<15 years)	16 (12-30)
	Young people (15-24)	21 (14-31)
Change in AIDS-related Deaths since 2010 (%)	Total	-85.28
	Adults (15+ years)	-83.98
	Female (15+ years)	-77.63
	Children (<15 years)	-96.73
	Young people (15-24)	-84.78
Need of Services for EVTH	Total	592 (523-699)
Final MTCT Rate of HIV (%)	Total	8.72 (6.98-14.02)

West Bengal

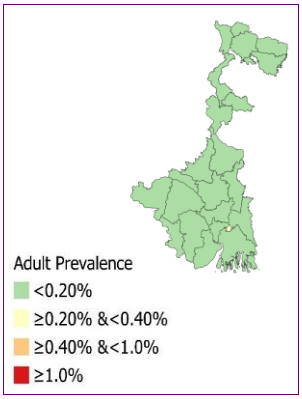
District-wide Key Epidemiological Indicators, HIV Estimates 2023

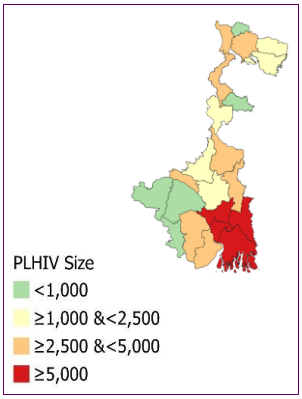
S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Alipurduar	<0.10	1049	<25	<0.01	<25	Low
2	Bankura	<0.10	864	<25	<0.01	<25	Very Low
3	Birbhum	<0.10	1179	<25	<0.01	<25	Low
4	Dakshin Dinajpur	<0.10	955	<25	<0.01	<25	Very Low
5	Darjeeling	0.183	3211	142	0.083	<25	Moderate
6	Howrah	0.137	6972	469	0.090	53	High
7	Hoogli	0.111	6343	102	0.017	49	High
8	Jalpaiguri	0.118	2746	143	0.061	<25	Moderate
9	Jhargram	<0.10	593	<25	<0.01	<25	Very Low
10	Kalimpong	<0.10	220	<25	<0.01	<25	Very Low
11	Cooch Bihar	<0.10	2326	31	0.010	<25	Low
12	Kolkata	0.288	12468	616	0.127	96	High
13	Malda	<0.10	2054	<25	<0.01	<25	Low
14	Murshidabad	<0.10	2988	<25	<0.01	<25	Moderate
15	Nadia	<0.10	3653	<25	<0.01	28	Moderate
16	North 24 Parganas	<0.10	7400	91	<0.01	56	High
17	Paschim Bardhaman	<0.10	2598	<25	<0.01	<25	Moderate
18	Paschim Medinipur	<0.10	4487	161	0.031	35	Moderate
19	Purba Bardhaman	<0.10	1816	<25	<0.01	<25	Low
20	Purba Medinipur	<0.10	2597	35	<0.01	<25	Moderate
21	Purulia	<0.10	870	<25	<0.01	<25	Very Low
22	South 24 Parganas	<0.10	6421	105	0.012	49	High
23	Uttar Dinajpur	0.105	3409	<25	<0.01	26	Moderate

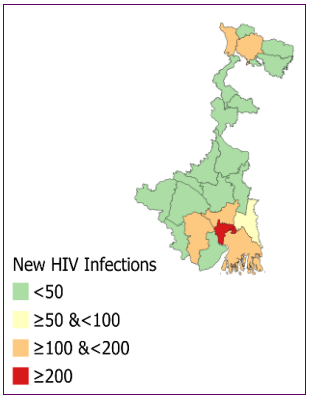
West Bengal

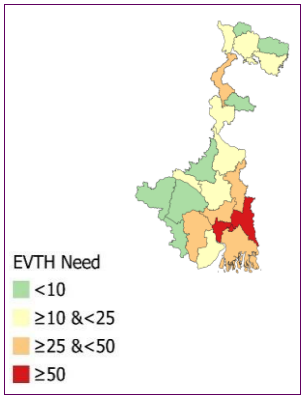
District-wide Map on Key Epidemiological Indicators

Adult Prevalence (%)	PLHIV Size	New HIV Infections	Need of Services for EVTH
(State = 0.08%)	(State = 0.77 lakh)	(State = 1956)	(State = 592)









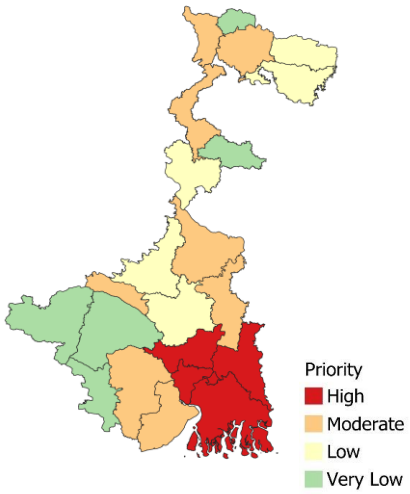
Category	Districts (#)
<0.20%	22
≥0.20% & <0.40%	1
≥0.40% & <1.0%	0
≥1.0%	0

Category	Districts (#)
<1,000	5
≥1,000 & <2,500	5
≥2,500 & <5,000	8
≥5,000	5

Category	Districts (#)
<50	15
≥50 & <100	1
≥100 & <200	5
≥200	2

Category	Districts (#)
<10	7
≥10 & <25	8
≥25 & <50	5
≥50	3

Priority Districts

Priority Districts (N = 23)	Priority Level	Number of Districts	Epidemic Burden
	High	5	51% of PLHIV 71% of New HIV Infections 51% of EVTH-related need
	Moderate	8	33% of PLHIV 26% of New HIV Infections 33% of EVTH-related need
	Low	5	11% of PLHIV 3% of New HIV Infections 11% of EVTH-related need
	Very Low	5	5% of PLHIV <1% New HIV Infections 5% of EVTH-related need

Factsheets for Union Territories

Andaman and Nicobar Island

UT-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.16 (0.08-0.33)
	Male	0.19 (0.09-0.39)
	Female	0.14 (0.07-0.27)
Number of People Living with HIV	Total	513 (266-1031)
	Adult (15+ years)	496 (258-1002)
	Women (15+ years)	197 (103-389)
	Children (<15 years)	17 (8-31)
	Young people (15-24)	40 (17-123)
HIV Incidence per 1,000 Uninfected Population	Total	0.05 (0.02-0.22)
	Male	0.06 (0.02-0.25)
	Female	0.04 (0.02-0.17)
Number of Annual New HIV Infections	Total	20 (8-87)
	Adults (15+ years)	19 (8-84)
	Women (15+ years)	8 (3-31)
	Children (<15 years)	0.36 (0.15-3)
	Young people (15-24)	5 (2-19)
Change in Annual New HIV Infections since 2010 (%)	Total	-53.49
	Adults (15+ years)	-53.66
	Female (15+ years)	-50.00
	Children (<15 years)	-81.76
	Young people (15-24)	-50.00
AIDS-related Deaths per 1 00,000 Population	Total	2.46 (0.75-7.00)
	Male	3 (1.03-8.02)
	Female	1.86 (0.42-5.74)
Number of AIDS-related Deaths	Total	10 (3-28)
	Adults (15+ years)	10 (3-26)
	Women (15+ years)	3 (0.77-10)
	Children (<15 years)	0.32 (0.05-2)
	Young people (15-24)	0.29 (0.08-1)
Change in AIDS-related Deaths since 2010 (%)	Total	-44.44
	Adults (15+ years)	-41.18
	Female (15+ years)	-50.00
	Children (<15 years)	-67.51
	Young people (15-24)	-61.13
Need of Services for EVTH	Total	4 (2-10)
Final MTCT Rate of HIV (%)	Total	0.36 (0.15-≥20)

Andaman and Nicobar Island

District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Nicobars	0.278	<100	<25	0.058	<25	Low
2	North And Middle Andaman	0.139	132	<25	0.027	<25	Very Low
3	South Andamans	0.153	303	<25	0.059	<25	Very Low

Chandigarh

Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.26 (0.17-0.39)
	Male	0.32 (0.20-0.48)
	Female	0.19 (0.13-0.28)
Number of People Living with HIV	Total	2596 (1744-3831)
	Adult (15+ years)	2548 (1707-3772)
	Women (15+ years)	847 (577-1233)
	Children (<15 years)	48 (37-62)
	Young people (15-24)	205 (111-425)
HIV Incidence per 1,000 Uninfected Population	Total	0.07 (0.03-0.23)
	Male	0.08 (0.04-0.28)
	Female	0.05 (0.02-0.16)
Number of Annual New HIV Infections	Total	81 (40-278)
	Adults (15+ years)	80 (39-275)
	Women (15+ years)	25 (12-85)
	Children (<15 years)	1 (0.58-3)
	Young people (15-24)	21 (11-69)
Change in Annual New HIV Infections since 2010 (%)	Total	-53.18
	Adults (15+ years)	-52.10
	Female (15+ years)	-50.98
	Children (<15 years)	-83.33
	Young people (15-24)	-54.35
AIDS-related Deaths per 1,00,000 Population	Total	1.43 (0.78-3.04)
	Male	1.67 (0.94-3.25)
	Female	1.14 (0.46-3.23)
Number of AIDS-related Deaths	Total	17 (9-37)
	Adults (15+ years)	17 (9-35)
	Women (15+ years)	6 (2-17)
	Children (<15 years)	0.34 (0.17-2)
	Young people (15-24)	0.91 (0.4-3)
Change in AIDS-related Deaths since 2010 (%)	Total	-50.00
	Adults (15+ years)	-45.16
	Female (15+ years)	-33.33
	Children (<15 years)	-88.66
	Young people (15-24)	-54.66
Need of Services for EVTH	Total	17 (11-27)
Final MTCT Rate of HIV (%)	Total	6.40 (0.55-11.84)

Dadra & Nagar Haveli and Daman & Diu

UT-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.18 (0.13-0.25)
	Male	0.19 (0.14-0.28)
	Female	0.14 (0.11-0.20)
Number of People Living with HIV	Total	1752 (1351-2426)
	Adult (15+ years)	1723 (1329-2385)
	Women (15+ years)	456 (362-628)
	Children (<15 years)	29 (22-43)
	Young people (15-24)	179 (121-289)
HIV Incidence per 1,000 Uninfected Population	Total	0.07 (0.04-0.13)
	Male	0.08 (0.05-0.14)
	Female	0.06 (0.03-0.10)
Number of Annual New HIV Infections	Total	89 (51-154)
	Adults (15+ years)	87 (50-150)
	Women (15+ years)	23 (13-39)
	Children (<15 years)	3 (1-5)
	Young people (15-24)	26 (14-44)
Change in Annual New HIV Infections since 2010 (%)	Total	+67.92
	Adults (15+ years)	+77.55
	Female (15+ years)	+43.75
	Children (<15 years)	-25.00
	Young people (15-24)	+73.33
AIDS-related Deaths per 1,00,000 Population	Total	0.97 (0.66-1.76)
	Male	0.95 (0.65-1.64)
	Female	0.99 (0.59-2.08)
Number of AIDS-related Deaths	Total	12 (8-21)
	Adults (15+ years)	9 (6-17)
	Women (15+ years)	3 (2-7)
	Children (<15 years)	2 (1-4)
	Young people (15-24)	0.78 (0.51-2)
Change in AIDS-related Deaths since 2010 (%)	Total	-79.31
	Adults (15+ years)	-83.93
	Female (15+ years)	-84.21
	Children (<15 years)	-33.33
	Young people (15-24)	-61.11
Need of Services for EVTH	Total	8 (6-13)
Final MTCT Rate of HIV (%)	Total	≥20

Dadra & Nagar Haveli and Daman & Diu

District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Dadra and Nagar Haveli	0.201	1093	71	0.098	<25	Low
2	Daman	0.151	536	<25	0.035	<25	Very Low
3	Diu	0.164	123	<25	0.037	<25	Very Low

Jammu & Kashmir and Ladakh

UT-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.06 (0.04-0.08)
	Male	0.07 (0.05-0.10)
	Female	0.04 (0.03-0.05)
Number of People Living with HIV	Total	6689 (4846-9128)
	Adult (15+ years)	6559 (4763-8955)
	Women (15+ years)	2195 (1598-2928)
	Children (<15 years)	130 (90-177)
	Young people (15-24)	336 (222-561)
HIV Incidence per 1,000 Uninfected Population	Total	0.01 (0.01-0.03)
	Male	0.02 (0.01-0.03)
	Female	0.01 (0.00-0.01)
Number of Annual New HIV Infections	Total	175 (90-340)
	Adults (15+ years)	172 (89-333)
	Women (15+ years)	47 (25-90)
	Children (<15 years)	4 (1-9)
	Young people (15-24)	44 (23-86)
Change in Annual New HIV Infections since 2010 (%)	Total	-75.11
	Adults (15+ years)	-74.63
	Female (15+ years)	-74.46
	Children (<15 years)	-84.00
	Young people (15-24)	-77.66
AIDS-related Deaths per 1,00,000 Population	Total	1.01 (0.48-1.96)
	Male	1.60 (0.76-2.96)
	Female	0.37 (0.14-0.85)
Number of AIDS-related Deaths	Total	137 (64-264)
	Adults (15+ years)	134 (64-257)
	Women (15+ years)	23 (9-52)
	Children (<15 years)	2 (0.38-6)
	Young people (15-24)	2 (1-5)
Change in AIDS-related Deaths since 2010 (%)	Total	-52.92
	Adults (15+ years)	-51.27
	Female (15+ years)	-57.41
	Children (<15 years)	-88.24
	Young people (15-24)	-81.82
Need of Services for EVTH	Total	30 (22-43)
Final MTCT Rate of HIV (%)	Total	13.01 (5.73-≥20)

Jammu & Kashmir and Ladakh

District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Anantnag	<0.10	<100	<25	<0.01	<25	Very Low
2	Budgam	<0.10	<100	<25	<0.01	<25	Very Low
3	Bandipora	<0.10	<100	<25	<0.01	<25	Very Low
4	Baramulla	<0.10	<100	<25	<0.01	<25	Very Low
5	Doda	<0.10	194	<25	<0.01	<25	Very Low
6	Ganderbal	<0.10	<100	<25	<0.01	<25	Very Low
7	Jammu	0.167	2638	<25	0.015	<25	Moderate
8	Kargil	<0.10	<100	<25	0.015	<25	Very Low
9	Kathua	0.234	1349	50	0.076	<25	Low
10	Kishtwar	<0.10	<100	<25	<0.01	<25	Very Low
11	Kulgam	<0.10	<100	<25	<0.01	<25	Very Low
12	Kupwara	<0.10	<100	<25	<0.01	<25	Very Low
13	Leh Ladakh	<0.10	<100	<25	0.012	<25	Very Low
14	Poonch	<0.10	154	<25	0.019	<25	Very Low
15	Pulwama	<0.10	<100	<25	<0.01	<25	Very Low
16	Rajouri	<0.10	310	<25	0.014	<25	Very Low
17	Ramban	<0.10	<100	<25	<0.01	<25	Very Low
18	Reasi	<0.10	177	<25	<0.01	<25	Very Low
19	Samba	0.189	607	<25	0.047	<25	Very Low
20	Shopian	<0.10	<100	<25	0.012	<25	Very Low
21	Srinagar	<0.10	152	<25	<0.01	<25	Very Low
22	Udhampur	<0.10	355	25	0.042	<25	Very Low

Puducherry

UT-wide Key Epidemiological Indicators, HIV Estimates 2023

Indicator	Disaggregation	Value
Adult (15-49 years) HIV Prevalence (%)	Total	0.18 (0.07-0.35)
	Male	0.19 (0.07-0.39)
	Female	0.17 (0.07-0.32)
Number of People Living with HIV	Total	2793 (1640-4803)
	Adult (15+ years)	2741 (1619-4709)
	Women (15+ years)	1330 (810-2235)
	Children (<15 years)	52 (20-94)
	Young people (15-24)	176 (84-367)
HIV Incidence per 1,000 Uninfected Population	Total	0.05 (0.005-0.19)
	Male	0.06 (0.005-0.22)
	Female	0.05 (0.004-0.17)
Number of Annual New HIV Infections	Total	89 (8-311)
	Adults (15+ years)	85 (7-300)
	Women (15+ years)	40 (3-140)
	Children (<15 years)	4 (0.47-11)
	Young people (15-24)	19 (2-65)
Change in Annual New HIV Infections since 2010 (%)	Total	-12.75
	Adults (15+ years)	-11.46
	Female (15+ years)	-9.09
	Children (<15 years)	-33.33
	Young people (15-24)	-13.64
AIDS-related Deaths per 1,00,000 Population	Total	3.19 (1.26-8.46)
	Male	3.64 (1.63-9.34)
	Female	2.79 (0.83-7.89)
Number of AIDS-related Deaths	Total	52 (21-137)
	Adults (15+ years)	51 (20-132)
	Women (15+ years)	23 (7-64)
	Children (<15 years)	1 (0.13-6)
	Young people (15-24)	1 (0.39-4)
Change in AIDS-related Deaths since 2010 (%)	Total	-73.87
	Adults (15+ years)	-73.71
	Female (15+ years)	-69.74
	Children (<15 years)	-83.33
	Young people (15-24)	-50.00
Need of Services for EVTH	Total	14 (8-29)
Final MTCT Rate of HIV (%)	Total	≥20

Puducherry

District-wide Key Epidemiological Indicators, HIV Estimates 2023

S. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Karaikal	0.133	327	<25	0.018	<25	Very Low
2	Mahe	<0.10	<100	<25	0.014	<25	Very Low
3	Puducherry	0.186	2204	72	0.058	<25	Low
4	Yanam	0.319	239	<25	0.160	<25	Low

Model-based HIV Estimation is carried out under the National AIDS and STD Control Programme to provide an update on the current status of the HIV epidemic in India on key epidemiological parameters of prevalence, incidence, AIDS-related mortality, and EVTH-related need. HIV Estimates 2023 is the latest round in the series of HIV estimation process. This report presents the method and findings on the key epidemiological parameters at State/UT & District level from the HIV estimation 2023.