In 2003, the Bill & Melinda Gates Foundation launched Avahan, an initiative to reduce the spread of HIV in India. In July 2009, we increased our commitment to Avahan to a total of $338 million (U.S.). Our three primary goals for this initiative are to:

• build an HIV prevention model at scale in India
• encourage others to take over and replicate the model
• foster and disseminate lessons learned within India and worldwide

Effective HIV prevention is a critical part of India’s response to AIDS. In its first five years, Avahan has successfully built a large-scale HIV intervention program that operates in six high-prevalence states in India, which have a combined population of 300 million. The government of India and other partners are gradually adopting key aspects of the Avahan project. During the transition, Avahan will provide financial and technical support to ensure the sustainability of prevention programs.

THE AVAHAN APPROACH

Avahan serves those most vulnerable to HIV infection, providing monthly prevention services to more than 220,000 female sex workers, 80,000 high-risk men who have sex with men and transgendered people, 18,000 injecting drug users, and 5 million men at risk along the nation’s major trucking routes.

Avahan works in Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Nagaland, and Manipur. Within those states, our partners serve 82 districts—each with a population of about 2 million people—and 605 towns. Avahan also works along 8,000 kilometers of national highways to reach highly mobile interstate truckers, who account for approximately 10 to 12 percent of the clients of female sex workers.

The wide range of partners involved in Avahan—including government agencies and more than 100 nongovernmental organizations (NGOs)—helps significantly expand access to HIV prevention services. Every month, Avahan programs reach hundreds of thousands of people with condoms, risk-reduction counseling, treatment for sexually transmitted infections (STIs), needle and syringe exchange, and other prevention services.

Structural interventions and community mobilization aimed at reducing stigma and violence address some determinants of HIV risk. The program also works to ensure that eligible participants receive social services from welfare programs.

Key intervention elements include:

• peer-to-peer outreach
• STI testing and treatment
• condom distribution
• community mobilization and program ownership
• stigma reduction
• access to HIV testing, care, and treatment

Over the course of five years, Avahan has dramatically increased outreach to high-risk individuals by working in six Indian states that have a combined population of 300 million and account for some of the highest prevalence of HIV in India.

Source: Avahan routine monitoring data
The prevention package for men at risk differs slightly from the above elements in terms of scope and intensity and includes:

- enhanced distribution and social marketing of condoms, complemented by mass media campaigns to promote condom use
- behavior change communication activities, both interpersonal and through mass media
- STI treatment through either clinical services provided at truck stops or a franchised network of private treatment providers

**BUILDING A SCALABLE MODEL**

**Design**
As an initial step, Avahan conducted extensive mapping exercises to identify the locations, numbers, and characteristics of high-risk populations. This enabled us to prioritize areas and design interventions for maximum impact on a vast and varied population.

**Organization**
Avahan works in close partnership with the Indian government, NGOs, and other groups. It is guided by an advisory board of Indian public health experts and business leaders.

Avahan’s diverse partners include local and international NGOs, universities, and research organizations. Avahan’s structure enabled rapid scale-up across geographies and facilitated the standardization of key elements. Nine lead partners work at the state level to give grants and support to the approximately 150 local NGOs that implement Avahan’s strategy.

**Results**
While it is too early to assess Avahan’s full impact, early signs are encouraging. For example, data from some of Avahan’s target areas suggest that sex workers have become more likely to use condoms with their clients, and rates of sexually transmitted diseases among those at risk have decreased.

**THE FUTURE OF AVAHAN**
While India has greatly expanded HIV prevention services, the work is far from over. Prevention efforts must continue.

**TO LEARN MORE**
About the Global Health Program:
www.gatesfoundation.org/global-health

About Avahan:
www.gatesfoundation.org/avahan