

**STATEMENT BY MR. DIGVIJAY SINGH, MINISTER OF STATE FOR
EXTERNAL AFFAIRS ON AGENDA ITEM 42: FOLLOWUP TO THE
OUTCOME OF THE TWENTY-SIXTH SPECIAL SESSION:
IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON
HIV/AIDS AT THE GENERAL ASSEMBLY ON NOVEMBER 8, 2002**

Mr. President,

We thank the Secretary General for his report on progress towards the implementation of the Declaration of Commitment on HIV/AIDS. The report is fair and balanced as well as useful.

Mr. President,

The report states that the Declaration of Commitment established: "for the first time ever, time bound targets to which governments and the United Nations may be held accountable". The purpose of the debate today is to consider the report with the objective of taking stock of : "progress achieved in realising the commitments set out in the Declaration of Commitment on HIV/AIDS, with a view to identifying problems and constraints and making recommendations on action needed to make further progress". Such action would, in our view, also include measures required for the further refinement of mechanisms used for measuring progress.

Mr. President,

The Secretary General's report arrives at the conclusion: "In the absence of a substantial strengthening of the global response to HIV/AIDS, 45 million new infections are projected to occur between 2002 and 2010". It bases this conclusion, *inter alia*, on the finding that only 15% or so of the people at risk of HIV infection have access to basic protective services, that only 4% of people in low and middle income countries who qualify for anti-retroviral therapy obtain it and that even the coverage for preventing mother-to-child transmission is only 10%.

The report finds that the political commitment to implement the Declaration of Commitment continues to increase and that spending on HIV/AIDS in low and middle income countries increased by more than 50% in this year alone. It, however, also points out that: "implementation of national AIDS strategies is slow, in large measure owing to lack of resources -----". Only 60,000 people in sub Saharan Africa, South and South-East Asia receive antiretroviral therapy. The high cost of antiretroviral drugs is cited as the principal barrier to care. In its further analysis, the report finds that debt

repayment has, in many cases, impeded the capacity of countries to allocate sufficient resources to fight HIV/AIDS.

Mr. President,

The Declaration of Commitment was unambiguous in asserting: "The HIV/AIDS challenge cannot be met without new, additional and sustained resources". This led to the establishment of a global HIV/AIDS and health fund to finance an urgent and expanded response. We are pleased that the Fund has approved grants for projects totalling US\$616 million for the next five years. We understand, however, that the Fund has found meritorious and approved, in principle, projects which total a much larger quantum of money. The shortfall in international resources to finance these projects is estimated at US\$ 2 billion for 2003. For 2004, the figure is US\$ 4.6 billion.

Mr. President,

It is important, in our view, to diligently track progress towards the fulfilment of the commitments which we have undertaken. UNAIDS have, along with their co-sponsors, developed 'core indicators' for monitoring such progress. The indicators will measure, at the country level, the percentage of HIV infected pregnant women receiving the complete course of antiretroviral prophylaxis, the percentage of people with advanced HIV infection receiving antiretroviral combination therapy and the percentage of people with sexually transmitted diseases who have been appropriately diagnosed, treated and

counselled. The indicators will, however, not measure at the country level commitment to international development assistance for combating HIV/AIDS.

Mr. President,

The Declaration of Commitment on HIV/AIDS was not adopted in a meeting of the Group of 77. It was adopted by a special session of the General Assembly of the United Nations and represents, we think, a global compact bringing together all member States - both developed and developing. The compact will, it is clear from the report, remain unfulfilled unless commitments are met by all parties - developed and developing. We call on UNAIDS, in order for there to be any meaningful tracking of progress, to further refine the mechanisms which it proposes to use for this purpose.

Mr. President,

India, despite its resource constraints, has been doing its due as a responsible member of the international community. The role played by its pharmaceutical industry has been responsible for the reduction in the cost of antiretrovirals by 85-90% in most developing countries. The WTO Ministerial Declaration of November 2001 which clarified the TRIPS could and should be interpreted in a manner supportive of the right of member States to protect public health and promote access to medicines represents some movement on the part of our development partners as well. India is now working on, what could possibly

be, a fairly tangible contribution to the international response to the prevention of HIV/AIDS. There is on-going research in India, both original and collaborative, in the area of vaccine development. Recent breakthroughs in genomics and related areas offer possibilities. We are focusing on the "C" subtype of the HIV virus which is prevalent in India and some other developing countries. We have already, through biotechnology research, made a breakthrough in HIV diagnostic kits. Two of them, in particular, have been successful in India and many other countries. We would be happy to share these technologies.

Mr. President,

A few words about our national programme. We have had, since 1992, a National Strategic Plan on HIV/AIDS. The second phase of the National AIDS Control Programme initiated in 1994, is a multi-sectoral programme aimed at reducing the spread of infection and strengthening capacity to respond to the spread of the disease on a long-term basis. Our strong political commitment, which cuts across party lines, is evidenced by the establishment of a Parliamentary Forum on HIV/AIDS prevention. Over 700 NGOs are involved in the implementation of targeted intervention projects for high risk groups. We make extensive use of the electronic and print media to disseminate HIV/AIDS messages in all

the languages used in our country. India's health system provides free treatment for opportunistic infections for HIV positive persons. A programme to prevent mother-to-child transmission is also being implemented. Adolescent information needs are being addressed through a 'School Aids Programme'. In addition to programmes for raising general awareness regarding safe sex, there are specific programmes that focus on sex workers, men who have sex with men, street children, injecting drug users and migrant workers. Special emphasis is placed on the right to privacy of individuals who are vulnerable to or affected by HIV/AIDS. We hope, with these efforts, to achieve our time-bound national targets which are consistent with those contained in the Declaration of Commitment on HIV/AIDS.

Mr. President,

A variety of strategies is required to address both the preventive and the care and support aspects of HIV/AIDS. There is, however, at the macro level, in a sense, only a 'duality' which is required. This is fulfilment - by developed countries and by those who are developing - of the commitments undertaken by the international community as a whole in the special session on HIV/AIDS. We need, Mr. President, to monitor progress towards the fulfilment of these commitments.