

STATEMENT BY MR. AMIT KUMAR, COUNSELLOR, ON AGENDA ITEM 10: “IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS” AT THE UNITED NATIONS GENERAL ASSEMBLY ON JUNE 11, 2012

Mr. President,

The 2011 Political Declaration on HIV and AIDS provides a clear roadmap toward a vision of a world with zero new infections, zero discrimination and zero AIDS-related deaths through a series of pledges and concrete commitments.

The report of the Secretary General (A/66/757) documents the progress made but also highlights the critical challenges, including substantial access gaps for key services and the first-ever decline of 13% in HIV funding in 2010, which can potentially jeopardize efforts to sustain progress in combating HIV/AIDS.

Mr. President,

The national response to HIV/AIDS in India implemented through the National AIDS Control Programme (NACP) has yielded encouraging outcomes in terms of prevention and control of HIV over the last decade.

This was recognized in the High Level Meeting of the UN General Assembly in June 2011, where 3 countries, including India, were identified for their significant success in combating HIV.

The number of annual new HIV infections in India has declined by more than 50% during the last decade from 2.7 lakhs new infections in 2000 to 1.2 lakhs in 2009. HIV prevalence in India is estimated to be 0.31%.

Our focus has been on high risk groups, expanding services and improving access to Anti-Retro Viral Therapy (ART). We are also working to build capacities of health care providers as well as civil society and affected communities in tackling HIV. There is also a decline in AIDS-related deaths.

We are conscious that persons infected with HIV still face stigma. We are committed to fight this stigma so that people living with HIV can live lives of dignity.

Mr. President,

Prevention remains the major focus area for us as only 0.31% of our population is infected. Our HIV prevention strategies target populations at higher risk for HIV such as unprotected paid sex/ commercial female sex worker (FSW), unprotected sex between men who have sex with men (MSM), transgender population and injecting drug users (IDU), and ensure access to

services and information on HIV prevention, treatment, and support services, to those in need.

Our targeted intervention programme has several key components: awareness generation about HIV/AIDs; prevention and control of sexually transmitted infections; behaviour change communication; promotion of free condom distribution as well as social marketing of condoms; distributing needles and syringes, provision of OST, counseling and testing services.

Peer Education is the backbone of the targeted Intervention programme. It ensures community participation in planning, implementing and monitoring the programme and leads to community ownership of the programme.

There has been a significant scale up of targeted interventions for all high risk groups<sup>1</sup>. Our national response has recognized the impact of migration/mobility in the spread of HIV infection and focuses on linking migrants with services and information on HIV prevention, care and support at source, at transit and at destination.

These efforts are in line with our firm commitment to work towards reducing both sexual transmission of HIV and transmission of HIV among people who inject drugs by 50% by 2015.

Mr. President,

As regards the mother to child transmission of the infection, we continue to take proactive measures. Our coverage has expanded from 2.3 million in 2007 to 8.56 million pregnancies in 2011-12 for preventive interventions through better detection of HIV positivity amongst pregnant women.

Our target is to enhance the coverage to 14 million pregnancies by 2017. NACP is planning to graduate from single drug Nevirapine prophylaxis to the more effective multi-drug ARV regimen for preventing transmission of HIV from mother to child.

These efforts will not only help in the elimination of transmission of HIV from the mother to her new born, but also further reduce infant mortality rate, maternal mortality rate and improve immunization levels.

Mr. President,

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<sup>1</sup> There has been a significant scale up of targeted interventions and the coverage has increased significantly in all high risk groups: FSW (84.5%), MSM (68.15%), IDU (80.79%) and truckers (76%).

NACP continues to strengthen its linkages with the revised National TB Control Programme to ensure HIV testing among all TB patients and provide ART to those found to be HIV positive irrespective of CD 4 counts as per latest WHO guidelines.

Mr. President,

We remain fully committed to provide access to Anti-retroviral Treatment (ART) to 15 million by 2015. It is imperative that the international community remain fully engaged, and assist in bridging the resource gaps.

The international community has to dismantle barriers that obstruct universal access to treatment. A key barrier is the high cost of Anti Retro Viral medicines.

India is currently meeting around 80% of global ARV drug demand. India is committed to use all flexibilities under TRIPS to ensure availability of affordable and quality medicine to all people living with HIV.

I would also like to emphasize here that these affordable generic drugs are also high quality drugs. It is important that considerations of commerce and profitability are not used to erect artificial barriers between life and death.

The international community must increase funding and dismantle barriers to improve the availability of affordable and quality drugs for the needy and impoverished.

Mr. President,

Our successful national efforts have been underpinned by early recognition and adoption of a participatory approach with all stake-holders including health care providers, local communities, civil society organizations as also working closely with donor partners for optimal utilization of resources avoiding duplication of work and implementing lessons learnt from one region of the country to other parts.

Mr. President,

In conclusion, we reaffirm our full commitment to all targets and commitments previously made and to those in the 2011 Political Declaration on HIV and AIDS with a view to halt and begin to reverse by 2015 the spread of HIV.

As stated by Union Health Minister on the floor of UN General Assembly in June 2011, India is committed to take all measures which are required to ensure availability of affordable high quality ARV drugs.

We also call upon the international community, donors and international agencies to renew political commitment to ensure adequate funding and support for nationally

driven, credible, evidence-based, inclusive and comprehensive national HIV and AIDS strategic plans, to contain and combat HIV/AIDS.

Thank you, Mr. President

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