



STATEMENT BY MR. ANBUMANI RAMADOSS, MINISTER OF HEALTH AND FAMILY WELFARE AND HEAD OF THE INDIAN DELEGATION, ON ROUND TABLE ON PREVENTION AT THE 2005 UNITED NATIONS GENERAL ASSEMBLY HIGH LEVEL MEETING ON HIV/AIDS ON JUNE 2, 2005

Dear Madam Chair,

HIV/AIDS poses a grave economic and social challenge to the world today. It has become much more than a serious public health problem. We, therefore, thank UNAIDS for organizing the special High Level Meeting today and for the high quality documentation.

To start with, I just want to mention a few initiatives being taken in India on prevention.

In India, a comprehensive National Aids Control Programme is in place. It covers the entire length and breadth of the country. The Programme seeks to put

in place a wide range of preventive programmes as well as those on care, support and treatment; access to information, education and services; strengthened anti-discrimination units and human rights protection for HIV infected people. We are also actively promoting condom use as a dual protection against population increase and HIV infection. More recently, the National AIDS Council, chaired by the Hon'ble Prime Minister, Dr. Manmohan Singh, has been established with the representation of various sectoral Ministries.

India faces numerous public health challenges. We are meeting these challenges in the framework of both faster economic growth and direct social welfare and human development interventions. HIV/AIDS control already accounts for a sizeable amount of our national health budget. In fact, Government has been increasing the allocation of resources for National AIDS Control Organization (NACO). Enhanced funds were made available to NACO in February 2005 which almost doubled the provisions made in the year 2003-2004, with plans to scale up the efforts even more in the coming years.

Based on the latest annual survey data (2004), it is estimated that there are 5.134 million HIV infections in the country as compared to 5.108 million in end 2003 - the prevalence rate being 0.91% of the population. Even though, there is a downward trend, this trend will have to be observed for three years before we can conclude stabilization. There is absolutely no room for complacency as several states and districts have recorded an increase, while in some states there is a downward trend. What is important is not the numbers, but the commitment that the Government of India has in its fight against HIV/AIDS. I would like to recall what the Secretary General mentioned a little while earlier where he commended the efforts being made in India, Brazil and Cambodia against HIV/AIDS.

Given the speed with which AIDS spreads from the high-risk to other categories of people, our efforts on prevention should not be restricted to the high risk groups alone, but should reach out to other vulnerable groups like students, youth, migrant workers, rural women and children. Large scale preventive programmes would benefit by the involvement of community representatives and grassroots democratic institutions, along with leaders from social, cultural and faith-based groups. The civil society and NGOs have also an important role to play. This requires a massive outreach for the AIDS programmes and can be a challenging prospect.

Protection of the rights of the HIV/AIDS infected population is an important responsibility. The National Programme on AIDS includes campaigns to eliminate the stigma and discrimination faced by HIV positive people. We are also working on a bill against discrimination of HIV-infected people. Stigma against AIDS victims arises out of the fear of the unknown. As the infected and affected population is spread across the social structure, concentrated more in the poorer sections of the society, deep rooted prejudices are hard to fight. Sustained and consistent efforts are essential and results can not be expected overnight.

The empowerment of women through sensitization and education is also seen as an essential part of reducing their vulnerability to HIV. We are working on a law against discrimination of HIV-infected persons at workplace, in treatment,

and schools and education. The suffering of children particularly has come into sharp public focus in recent times. For the children born with HIV, it is the mother who was usually blamed. As a first step against this stigmatization of women, we have taken a decision to rename our programme as 'Prevention of Parent-To-Child Transmission', instead of 'Prevention of Mother-To-Child transmission'. I strongly urge UNAIDS to adopt this nomenclature worldwide.

An important area of attention should be research in the field of medicines, HIV/AIDS vaccines and microbicides. We believe that development of a vaccine has to be positioned as the ultimate prevention strategy for HIV/AIDS. Recognizing the enormous potential of vaccines, initiatives for their development have been launched with international collaboration. I urge the UN system to take up active coordination of vaccine production initiative, bringing in more involvement of developed countries. Research in this area needs to be accelerated. Development of low cost medicines is also important. The aim should be to make treatment readily affordable for those with limited means. This is a challenge that governments will need to focus on, along with the private sector. The Government of India has committed to treat 100,000 HIV patients with ART free of cost. We have already started 25 ART centres in the last fiscal year and will scale up this programme very fast, opening 100 centres in the current year.

Developing countries have limited means, whether technical, financial or availability of trained personnel. Further, there is a strong correlation between poverty, nutrition and HIV/AIDS. These limitations compound the challenges developing countries face in mounting effective preventive measures or in providing treatment and care for those infected by HIV/AIDS. While the primary responsibility for dealing with HIV/AIDS rests with national governments, there is greater need for international solidarity and burden sharing.

The report of the Secretary General indicates that the donor countries have increased their bilateral and multilateral contributions for HIV/AIDS. Affected countries too have substantially increased their AIDS related expenditures. However, the Secretary General also states that significantly increased resources will be required in future years to generate a comprehensive response, in particular financial investments and extensive technical support particularly to resource-constraint countries. While the question of resources is being discussed in another roundtable, as we discuss the issue of prevention in this roundtable, we cannot lose sight of the fact that preventive efforts can be strengthened only if adequate resources - human, financial and technical are available, on the one hand and political commitment on the other.

Thank you, Madam Chair.

[BACK TO TABLE OF CONTENTS](#)