



**STATEMENT BY DR. R. SENTHIL, MEMBER OF PARLIAMENT AT THE
ROUNDTABLE 5 OF THE HIGH LEVEL MEETING ON HIV/AIDS AT THE
UN GENERAL ASSEMBLY ON JUNE 1, 2006**

The main focus of India's strategy for controlling HIV/AIDS is prevention consisting of a range of interventions. Focus is on the high-risk groups, namely, commercial sex workers, injectible drug users and men having sex with men. In India, over 1250 NGOs are implementing targeted interventions among these high-risk groups. From next year onwards, we propose to upscale our coverage. Under the targeted interventions we provide the high-risk groups and the two important bridge populations, namely, truck drivers and migrant workers with access to critical services such as condoms, treatment against sexually transmitted diseases, integrated counseling and testing centers where patients suffering from TB are also referred to the DOTS treatment centers etc. Besides high-risk groups, focus is also given to providing life-skill education to school students and dissemination of information through mass media. As on today, over 90,000 high schools have been covered and surveys show that 82% of the population are aware of HIV/AIDS. The challenge is in bringing about behaviour change in practicing less risky behaviour and taking appropriate preventive measures. We have found that this strategy to be effective as in one of the states where HIV prevalence was very high, there is evidence to show that the epidemic is stabilizing and has shown a decisive downward trend among the 15 - 25 year old age group.

Though the Government has increased resources for the HIV programme, it still continues to be inadequate, as the strategy now has also included providing access to free treatment. Moreover, India is also facing a dual burden of disease, which means that while the burden of infectious diseases continues to be high, we are also facing an epidemic of non-communicable diseases. Given this huge burden, Government is certainly under constant pressure for resources.

Therefore, there is need to consider more innovative ways of financing HIV/AIDS to ensure a sustainable and regular flow of funds for the programme. In this connection, while there is no doubt that due to the strong pharmaceutical industry in India and the availability of generic drugs, we are certainly in an advantageous position, yet the introduction of second line drugs is certainly becoming a challenge on account of the very high cost of these drugs. Therefore, we need to continue to focus on prevention. Equally important is the availability of the required number of human resources for upscaling the programme and widening access to HIV services. This is yet another challenge that India will need to address in the future years.

India receives substantial support from bilateral and multilateral organizations both in terms of financial resources as well as technical advice. We also have very strong partnerships with civil societies and PLHA networks. In fact, under the National Control Programme, we have provided financial support to develop such networks of PLHAs and are also formulating strategies to involve them at every level of our programme implementation. We feel that the contribution of both the civil society and the PLHA networks has been very significant and valuable.

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