



STATEMENT BY MR. NIRUPAM SEN, PERMANENT REPRESENTATIVE, AT THE HIGH-LEVEL MEETING ON COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS ON JUNE 12, 2008

Mr. President,

I would like to thank you for convening this High Level meeting on HIV/AIDS. India recognizes that political commitment is essential to combat HIV/AIDS. Our National Council on AIDS is chaired by the Prime Minister and the State Councils by the Chief Ministers. This political commitment at the highest levels has been critical in containing the epidemic. India has a low adult HIV prevalence of 0.36% and it is estimated that the HIV positive population is between 2 to 3.1 million. Enormous efforts are being made to contain and roll-back this epidemic.

Mr. President,

The National Aids Control Programme in India works on the basis that prevention is better than cure. It is committed to ensuring universal access to HIV AIDS prevention. 75% of the National AIDS control programme's budget is allocated to execution of preventive services, particularly among groups with high risk behaviour such as commercial sex workers, injecting drug users, truckers and migrant labour. Voluntary blood collections have increased and the capacity of blood banks to screen out infected blood is continuously being strengthened. Treatment of sexually transmitted infections is accorded high priority and a target of treating 10 million cases has been set.

Our data collection capabilities have increased manifold. In a country of India's size and diversity this has been essential in mapping the geographical spread of the epidemic and in identifying demographic parameters of the epidemic.

Counselling and testing services, which started in a few centres in 2000, are now provided in nearly 5000 facilities. Testing increased more than six fold in two years with 7 million persons tested last year. An additional 3 million women in the antenatal period were tested under the prevention of parent to child transmission programme. This scaling up of testing facilities has resulted in the detection of 1 million HIV

infections. It is planned to further increase the number of tests by 300% in the next five years and bring it to 22 million annually by 2012. These counseling and testing services are provided free to all Indians, a practical example of our commitment to universal access.

Mr. President,

The Government of India recognizes that the stigma and discrimination associated with the disease can be as bad as the physical suffering. A comprehensive communication strategy on HIV/AIDS developed by the Government addresses this issue along with the classical prevention aspects. Special attention is being given to youth and women, who are often the worst sufferers. An adolescent education programme covers more than 100,000 schools. A Red Ribbon express was launched in December 2007 and will cover 180 stations and over 50,000 villages over a year. The efforts to promote an enabling environment and reduce societal discrimination of persons infected with HIV and their families are being made involving civil society, political leadership, grass root level workers, self help groups and others. A government policy document on gender equality and a draft law on AIDS are being finalized that will, among other things, address these issues.

Mr. President,

Mahatma Gandhi said that "It is health that is real wealth and not pieces of gold and silver." In accordance with this philosophy, the Government of India is committed, in the face of resource constraints and competing priorities, to ensuring that no Indian dies of AIDS because of lack of treatment. 140,000 of our citizens are currently being provided anti retroviral therapy and treatment for opportunistic infections. Blood monitoring services to determine when HIV positive persons might require treatment also provided free. We are also trying, again in the face of resource and capacity constraints, to make available second line drugs.

AIDS treatment is as much about the treatment of opportunistic infections and related diseases such as tuberculosis (TB). Strong linkages have been developed in India between the National AIDS Control Programme and the National TB Programme for early detection of HIV TB co-infections and appropriate treatment.

Mr. President,

I would like to compliment you on your active efforts to involve civil society in the proceedings of this event. The informal civil society hearing was remarkable in the diversity and the personal commitment of the participants to the battle against HIV/AIDS. In India the Government has actively involved civil society in the war against HIV/AIDS. 764 NGOs have been enlisted by the National AIDS Control Programme to deliver targeted interventions.

Mr. President,

Although HIV/AIDS is yet to find its Edward Jenner or Jonas E Salk, anti-retroviral medications ensure that AIDS patients can live. My delegation is perturbed by para 38 of the UN Secretary General's report (A/62/780) that only 30% of those who needed anti-retrovirals were receiving these drugs. We are even more perturbed by para 41 of the report which states that these shortfalls are expected to continue.

Mr. President,

I would like to draw your attention to the Indian experience in producing anti-retrovirals. For the same amount of money that would provide 20,000 rich patients in developing countries with branded and patented medicines, Indian pharma companies can provide generic retrovirals for 2 million patients in these countries. Not only are Indian generic retrovirals a hundred times cheaper, they are also more suited to the special needs of the developing world, besides being often far more effective than those produced in the developed world. Our companies and research have produced a unique triple anti-retroviral as well as paediatric formulations that make life far easier for patients.

Mr. President,

I would like to endorse your view that addressing the interconnected problems of AIDS, Climate Change, extreme poverty, hunger and sustainable development and rising food prices are a moral and political imperative of our time.

Thanks to TRIPS, IPRs are in the private domain and the monopolistic pricing of seeds and other inputs exacerbates the problem of food insecurity and high food prices. This increases malnutrition and the population of the malnourished. To fight climate change, adaptation and mitigation technologies need to be available at affordable rates and again TRIPS is a barrier. Global warming would increase and make more widespread disease vectors. Finally, many of those who survive these two would perish because they cannot afford medicines, thanks to TRIPS. They would not even be left with affordable traditional herbs, thanks to bio piracy and patenting and a refusal to act on CBD. Professor Stiglitz, Nobel Prize winner, in his "Making Globalisation Work", accurately states that TRIPS was "the death warrant for thousands of people in the poorest countries of the world". High prices also reduce the welfare of consumers in developed countries.

Mr. President,

The General Assembly, given its universality and convening power, can discuss and give directions on this vital issue. It is not necessary to be so radical as to try to reopen the

whole of TRIPS. But it is necessary to make the public health exception simple and effective and to have similar exceptions for seeds and climate change. Paragraph 6 of TRIPS on compulsory licensing was a problem because para 31 (f) which restricted to domestic market and there was a problem for countries which do not have domestic generic manufacturing capacity. Document WT/L/540 waives 31 (f) but takes away with the right hand what it gives with the left. There has to be a notification of exact quantities; establishing lack of or insufficient manufacturing capacity; specific measures against trade diversion; another developing country with capacity has to establish that the amount is only for export to the particular country importing; it has to be specially labeled; and each batch requires a fresh procedure. The current procedure is far too cumbersome since no country has been able to make use of this so called public health exception. It is important for those countries who have domestic generic manufacturing capability to use flexibilities. Indian law has done this. It was challenged in the Indian High Court but failed. Hopefully, affordable drugs for the benefit of all will continue to be produced by Indian manufacturers.

In this connection we take note of para 42 of the Secretary General's Report which states that "owing to advocacy by activists, UNAIDS and other partners, the emergence of competition from generic manufacturers and significant price cuts by pharmaceutical companies, prices for many first line anti-retroviral drugs have fallen sharply over the last decade."

Mr. President,

Like the vaccines that terminated the threat of polio and small pox, HIV/AIDS needs a vaccine. India is at the forefront of global efforts to develop such a vaccine. Indian research institutes such as the National AIDS Research Institute, Tuberculosis Research Centre and the All India Institute for Medical Sciences (AIIMS) are engaged in clinical evaluations and trials. A prototype of candidate vaccine based on DNA and MVA has also been developed for HIV-I subtype 'C' at the AIIMS. It is our hope that these combined efforts will lead to the relegation of AIDS, like the Black Death to the realm of history and nursery rhymes.

I thank you.

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