

## UNGA High Level Meeting

### HIV/AIDS

9 June 2016

#### Panel discussion No. 3

“Getting ahead of the looming treatment crisis: An Action Agenda for Getting to 90-90-90”

**Question:** One essential element of treatment is of course, access to quality assured medicines. India produces the bulk of all antiretroviral medicines. I have two questions for you – what is India doing to achieve the 90-90-90 treatment target nationally? And what are the options for the future regarding the global supply?

#### STATEMENT

Hon'ble Minister for Health and Family Welfare

Shri J. P. Nadda

Hon'ble Co-Chairpersons,  
Distinguished Panelist,  
Ladies and Gentlemen,

Ending the AIDS epidemic by 2030 is a global commitment enshrined in the Agenda 2030 for Sustainable Development and is hinged upon adoption of integrated and innovative approaches.

Though we have witnessed a transformative AIDS response in the last five years, immense challenges still remain. We must not resign to complacency now.

**Mr. Chairpersons,**

I thank you for the question. In fact, I would like to state that the first and second part of the two questions are interlinked.

It is largely because of the pioneering efforts of India's pharmaceutical industry that we can even visualize putting 90% of People Living with HIV (PLHIV) on treatment.

India's role as the pharmacy of the world is well recognized globally, and high quality affordable generics from India have saved millions of lives globally. More than 80% of the antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry.

I am confident that India's pharmaceutical industry is competitive and innovative enough to continue to alleviate the sufferings of millions.

Our government is committed to a partnership with the industry to ensure that the generic ARV drugs from India continue to be available to all those who need it.

The recent adoption of India's Intellectual Property Rights Policy is in line with this approach. I can do no better than to quote from the policy document:

*"India will continue to utilize the legislative space and flexibilities available in international treaties and the TRIPS Agreement, even as it continues to engage constructively in the negotiation of such international treaties and agreements. India shall remain committed to the Doha Declaration on TRIPS Agreement and Public Health."*

I don't think there can be a clearer enunciation of our policy, and the direction that we intend to follow.

**Mr. Chairpersons,**

Addressing the question of 90:90:90, I am happy to share that the general prevalence of HIV in India continues to be on the decline. Our government has taken a number of policy initiatives that have resulted in this achievement.

We have always followed a focused, all inclusive approach while working with the most-affected, at high risk and vulnerable populations and this has yielded excellent results.

The recent HIV Sentinel Surveillance and Behavior Surveys show there has been 66% reduction in new infection from 2000 to 2015, and 54% reduction in annual AIDS-related deaths since 2007.

Major contributions have been made by all stakeholders including community networks and civil society organisations who have worked tirelessly to reach out to these key populations.

For ensuring that we are able to detect 90% of estimated PLHIV, India has around 20,000 testing facilities, and we test 29 million persons every year.

Around 12 million pregnant women are tested in an effort to eliminate mother to child transmission. Nearly 66 percent of the estimated PLHIV in India know their status.

To enhance this and reach to the first 90, we are expanding testing facilities through integration with the general health system, initiating community based testing, partner testing, active engagement of private sector and engagement of allied ministries in the Government.

In order to ensure that 90% of PLHIV are on treatment, a network of 1600 centres across the country provide free easy and equitable access to diagnostic and treatment services to nearly 1 million PLHIV, the second largest ART programme globally.

We are already providing test and treat approach for all HIV-TB, and HIV-Hepatitis co-infected patients, all pregnant and breastfeeding women, all children below 5 years, and all PLHIV in WHO clinical stage III and IV.

We are now considering expanding this test and treat approach to all Key populations and all sero-discordant couples.

It is important not only to provide treatment but also to ensure 90% of these are virologically suppressed so the further transmission of HIV can be prevented. To achieve third 90, we are making efforts to ensure high levels of retention in treatment cascade, high levels of adherence to

treatment, regular CD4 testing, timely switch to other regimens etc. We have also initiated the process to extend the viral load testing facilities across the country against only 10 labs at present.

I wish to highlight that implementing 90:90:90, most importantly will entail almost doubling of spending on treatment. We have significantly increased domestic resource allocation for HIV and 62% of funds are through the domestic budget.

Combating HIV/AIDS and implementing these targets needs sustained commitment of resources, and developed countries and other donors need to continue the support whole heartedly.

Thank you.