

**Statement by Hon'ble Minister of Health & Family Welfare, Government of  
India (Time: 10.15 – 11.20 CET/ 2.45 PM IST)**

**Excellency Ministers, Ambassadors, Executive Director of UNAIDS,**

**Distinguished delegates, ladies and gentlemen**

It is both a pleasure and privilege for India to participate in The Ministerial Meeting of the Global Prevention Coalition (GPC) – HIV Prevention 2021-2025, taking stock, planning the future, hosted by UNAIDS and UNFPA on behalf of the Global HIV Prevention Coalition (GPC). The theme fits very well with the theme of the World AIDS Day 2020 i.e. “Global Solidarity, Shared Responsibility”.

2. Global AIDS response has shown remarkable success in reducing new infections, improving access to prevention services for key population and treatment services for People living with HIV (PLHIV), reducing AIDS related mortality, reducing in mother to child transmission of HIV and creating an enabling environment. It has shown to the world a model where multiple stakeholders can come together and work cohesively towards a common goal. It has shown how evidence-driven strategies, involvement of key infected and affected communities can make the response to any public health issue more effective and impactful. Global AIDS response has also been a fountainhead of innovative service delivery models with rich civil society involvement and cross learning. Provision of generic Anti-Retroviral drugs from India to the world has had a critical impact in controlling the HIV epidemic.

3. India is a unique prevention model which is centred around the concept of ‘Social Contracting’ through which the Targeted Interventions (TI) programme is implemented, with support from Non-Government Organisations (NGOs). The programme is aimed at providing outreach, service delivery, counselling & testing

and ensuring linkages to HIV care. India's prevention model can be adopted and scaled up in many countries by tailoring the intervention as per local settings. It can also be replicated in other prevention and disease control programmes.

4. I am happy to share that during the COVID-19 pandemic, the Government of India took swift and timely action by involving communities, civil society, development partners to reach out to the last mile with a robust implementation plan for ARV dispensation. The Government also linked key populations and PLHIV to various social welfare schemes. Advisories and guidance notes were issued by NACO from time to time aligned with global guidelines in the context.

5. India revamped its Targeted Intervention (TI) programme to focus on hard-to-reach populations. People living in prisons or other closed settings have been considered as priority populations and interventions have been launched and gradually scaled up since 2016. The HIV Counselling & Testing Services (HCTS), Community based Screening of HIV for improving early diagnosis have been ramped up, including increasing the coverage of testing for HIV across the country to achieve the target of EMTCT i.e. Elimination of Mother to Child Transmission of HIV.

6. With the enactment of The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017, a legal and enabling framework was provided to safeguard the human rights of infected and affected populations. Under the Test and Treat Policy, approximately 50,000 PLHIV who were lost to follow-up were linked back to Anti-Retroviral Treatment services through the 'Mission SAMPARK'. Currently, we have 14.68 lakh (1.46 million) PLHIV on ART. Viral Load Testing facilities have been scaled up from the existing ten public sector labs to 64 labs across the country. Some of these labs are also being used for COVID-19 testing across the country.

7. India is committed to achieving the 90-90-90 targets across the country and population groups by 2020. However, newer vulnerabilities, risks exacerbated by the pandemic have brought into focus the need to step up a coordinated response. We need to reach out to those vulnerable groups who are hitherto unreached and on virtual platforms. A comprehensive and sustained progress is required to walk the last mile in terms of commitments made to “end the AIDS epidemic as a public health threat by 2030” under the SDGs. I am sure we will have highly productive deliberations over the course of the meeting that will enable all of us to articulate a clear vision of an AIDS-free world. It gives an opportunity to present recommendations and revamped commitments for expanding and amplifying HIV prevention efforts in the next five years, the action required to maintain gains made in HIV prevention while also seeking to promote integration of services and sharing of lessons learnt and infrastructure from the HIV prevention response to tackling emerging pandemics

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