

| | 1999-2000 | | 2000-01 | | 2001-02 | |
|--|-----------|--------|----------|--------|--------------|--------|
| | A/R Exp. | | A/R Exp. | | A/R Exp. (P) | |
| 3. National TB Control Programme | 105.00 | 87.54 | 125.00 | 108.75 | 136.00 | 103.50 |
| 4. National Programme for Control of Blindness | 85.00 | 83.73 | 110.00 | 109.41 | 140.00 | 126.77 |
| 5. National AIDS Control Programme | 140.00 | 135.25 | 145.00 | 173.30 | 210.00 | 229.00 |

A/H—Allocation/Release

P—Provisional

14th International Congress on AIDS

1929. SHRI K.B. KRISHNA MURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India participated in the recently held 14th International Congress on AIDS held at Barcelona;

(b) if so, the details of the deliberations conducted;

(c) whether Brazil and Thailand have made tremendous progress in AIDS control/management by establishing legal rights for free medicare and treatment for AIDS victims; and

(d) what insight India has gained from the Barcelona conclave and how it proposes to adapt the same in Indian context?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) The following issues emerged as an outcome of the deliberations:

- HIV/AIDS prevention, care and support demands increased commitment of resources, and massive effort.
- All aspects of HIV/AIDS should be addressed in a holistic manner by scientists, politicians, People living with HIV/AIDS (PLWHA), NGOs, religious leaders, business and media.
- Access to care and treatment should be available to all PLWHA;
- Extending dignity and respect to people living with HIV/AIDS and other vulnerable groups;

- Research and Development of HIV vaccine should be vigorously pursued; and
 - Effective efforts for prevention need to be put in place, that will combine education, information and delivery of services to bring about behavioural changes
- (c) Brazil has shown a long standing commitment to providing universal ARV (antiretroviral) treatment.

Thailand has introduced antiretroviral treatment through clinical trials and subsidy for ARV for HIV positive mothers.

(d) India highlighted its own National AIDS Control Programme at the conference. Based on discussions with experts at the conference, the following issues have emerged:

- (i) India needs a much higher commitment of resource to:
Upscale and extend outreach and coverage of its targeted interventions for prevention care and support to persons infected with HIV and AIDS.
- (ii) India needs to articulate clearly its stand on what will constitute care and support for persons affected with HIV and AIDS.
- (iii) India needs to examine the availability and costing of generic drugs, indigenously produced, and may initiate a dialogue with the pharmaceutical industry.

Blood Donation Camps

1930. DR. ABRAR AHMED:

SHRI SANTOSH BAGRODIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether only those organizations should be allowed to hold blood donation camps that can facilitate to get the blood tested of HIV/AIDS and other serious diseases so as to minimize the level of risk at the Donation centre;

(b) if so, whether such organizations could be instructed to do the same;

(c) whether there is any plan to provide operational and implementation assistance to such organizations; and