Australian Statement by

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Minister for Foreign Affairs

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High Level Meeting on HIV/AIDS

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(Check Against Delivery)

Mr President

We the international community come to this meeting to make a difference.

Not just to talk.

Not to negotiate a text.

Not simply to describe a problem that affects 33 million of our brothers and sisters around the world.

And despite our progress, a figure growing by 7,000 a day.

3,000 of whom are young people.

1,000 of whom, each day, are babies, the most innocent of innocents.

No, our purpose here today is to make a difference.

That's why when we gathered here at the Millennium Summit, we resolved in the 6th of our Millennium Development Goals to halt and begin to reverse the spread of HIV by 2015.

That's why for example we resolved in MDG 4 and 5 to substantially reduce maternal and infant mortality by 2015.

And that's why we had the audacity a decade ago
to embrace the MDG goal to reduce poverty by half for the 1.4 billion members of the human family now living in grinding, degrading poverty across our world.

Australia fully embraces the MDGs.

That's why over the last 3 years we have increased our ODA by 50 per cent.

That's why we are on track to reach our target of 0.5 per cent of GNI by 2015.

That's why we have one of the fastest growing ODA budgets in the world (this year standing at US$5 billion, despite the impact of the global financial crisis).

And that's why by 2015 we aim to be among the top 10 ODA providers in the world.

In 2015, we will all be held to account on where we have succeeded, and where we have fallen short, against our solemn millennium commitments.

One of which is HIV AIDS.

Figures tell stories.

Faces do as well.

Let's start with the figures:

- Over the last 30 years, 30 million have died of HIV/AIDS.
- 33 million are living with HIV today.
- Anti-retroviral treatment is now available to 6 million, resulting in a 20 per cent reduction in the AIDS death rate over the last five years.
- 16 million children have been orphaned by AIDS
- And in 2009, 370,000 infants were estimated to have been infected by HIV, notwithstanding the significant reduction in mother to infant transmission.

These figures are stark.

They contain real elements of hope – if, in fact, we build on them.

But they also point to the dimensions of the challenge before us.

It is often at this point that people throw their hands up in the air in absolute despair.

Yes, the challenge is great – but we should also ask ourselves the counterfactual.

What if, for the last 10 years, we had done nothing.

Nothing on prevention.

Nothing on anti-retrovirals and their price-effective distribution around the world.

Nothing on research, where so many breakthroughs have occurred.

The HIV/AIDS challenge would have become an apocalypse – but for the actions of the international community, harnessed by the political declarations of this great Assembly.

HIV/AIDS is not just about figures.

It's about faces – human faces – across the length and breadth of human family.

HIV/AIDS is no respecter of persons.

It is no respecter of nations.

It is no respecter of gender.

It is no respecter of age.

It is no respecter of sexuality.

It is a challenge for us all – and we must rise to that challenge together, or else we will fail.

HIV/AIDS particularly affects the poor – which is why we see its impact greatest in the countries of Africa.

But also in Asia, Central Europe, the Caribbean, and our own region in the Pacific.

So what then must be done – and what in particular is being done by my country Australia?

Over the decade since the first declaration in 2001, Australia has spent $1 billion on HIV AIDS programs worldwide.

Australia has also increased by 55 per cent its commitment to the Global Fund for HIV and AIDS, tuberculosis and malaria to $210 million for 2011-2013.

Australia's global HIV/AIDS program this year is
$172 million, focusing on PNG, Indonesia, Vietnam, Cambodia, Laos, Burma, the Philippines, South Pacific as well as Africa.

This annual figure will now rise significantly in the years that follow.

Our largest single program is with our closest neighbour, PNG, where infection rates are high.

Our investment in PNG amounts to $183 million over the five years 2008 to 2013.

And here in PNG, as elsewhere in our global programs, we intend to focus on infants with HIV who somehow have slipped through the cracks in many of our global efforts.

The tragedy is that without appropriate care and treatment, more than 50 per cent of newly infected infants die before their second birthday.

And I repeat, 370,000 babies are born each year with HIV.

This is a terrible figure – because so many of these little ones will never know the innocence and the wonders of childhood.

This is why Australia has also been a partner to the Clinton Health Access Initiative which is making antiretroviral drugs accessible for children.

Time does not permit me to speak about all the Initiative's programs or even all the ones that we support.

So I will focus on Papua New Guinea, our neighbour and one of our main development partners.

HIV infection rates are higher in PNG than in anywhere else in the Pacific.

Unless you have been to PNG, it's hard to imagine the context.

Think about a country of five million people with more than 700 different cultural groups and languages.

When Australia started funding the Clinton Health Access Initiative for Papua New Guinea in 2006, there was no testing available for infants under 18 months.

Then the Initiative began and dried blood spot testing was introduced, dedicated medication for infants and children became available, and health workers were trained in paediatric care.

The difference this has made is marked.

Take the town of Goroka in the Eastern Highlands.

If we were to go to Goroka we'd find that the death rate of young children with HIV has fallen dramatically in the past few years from 95 per cent in late 2006 to just 6 per cent in 2010.

This is mainly because the town's main referral health clinic for women and children now has the resources to offer a comprehensive package of HIV treatment and care.

Whereas in the past infants were not tested before 18 months and many did not live to see their first birthday, they are now tested at six weeks and put onto medication if they need it.

Because of the improved testing and care and a public education campaign showing the symptoms of HIV in infants, more families are joining the program and staying with it.

We now see almost all pregnant HIV mothers staying with the program, where once three-quarters used to drift away.

And the bottom line of all this is that children now have much better prospects to live.

This is a good news story.

Australia is proud to be part of it and I am also pleased to say that we have just set aside $11 million to extend the program across Papua New Guinea for the next two years.

That makes nearly $25 million since 2006.

That is why Australia wholeheartedly endorsed this Declaration's commitment to virtually eliminate all infections in newborn children by 2015.

This is an ambitious goal.

But Australia will play its part, not just in PNG but across Africa as well in partnership with UNICEF where we have been active in supporting the needs of HIV affected children in Malawi, Mozambique and Tanzania.

Children are among the most voiceless of the voiceless poor – and our collective responsibility through the United Nations is to defend the interests of the most vulnerable, who cannot defend themselves.

In Australia we have learned that HIV prevention, treatment and care must be innovative and informed by the evidence.

Australia has taken a leading role in supporting harm reduction approaches to prevent HIV infection among people who inject drugs.

The Australian Government's domestic approach to drugs is guided by its National Drug Strategy, which is based on maintaining a balance between harm reduction, demand reduction and supply reduction.

This Strategy provides a national framework for action to minimise the harm to individuals, families and communities from drug use.

Harm reduction does not condone drug use.

Needle and syringe exchange programs however dramatically reduce HIV transmission among people who inject drugs.

By making clean needles and syringes available in Australia we have averted thousands of new HIV and hepatitis C infections.

We estimate we have saved nearly $1.3 billion in healthcare costs between 2000 and 2009.

That is $4 saved, for every dollar spent.

We also know that responses must be grounded in strong partnerships between government and civil society.

And we must remember to make space for the voice of youth to be heard.

Civil society networks and representative organisations are critical to ensuring that affected communities participate in all aspects of the HIV response.

Yet too often, these groups are marginalised – and our responses are less effective as a result.

Australia's delegation to this meeting includes representatives of civil society, including from communities most affected by HIV.

Our collective efforts must uphold the human rights of people living with HIV, the poorest, and the most vulnerable.

We must promote the access of all people to health and to quality healthcare, and this must include people with disabilities.

Full equality for women and girls, including protecting the right to be free from violence, is essential.

Damaging gender stereotypes – for men, women and transgender people – inhibit an effective HIV response.

Responses that seek to remove the dignity of those most at risk of HIV infection degrade us all.

Australia is a global advocate for non-discrimination on the grounds of sexual orientation and will continue to urge all governments to end such discrimination.
Distinguished delegates

We have come here to this conference to make a difference.

This Declaration seeks to do just that.

It commits us to new targets.

It recognises those groups who are most vulnerable:

- Women, girls and infants.
- Men who have sex with men.
- Sex workers.
- Those dependent on drugs.
- Those most marginalised and stigmatised.

It recognises the need for parallel efforts in prevention, treatment and research.

It calls on us all to meet the resources gap if we are to turn around the reality we still confront today – that new infections continue to outpace the availability of treatment.

But all these things will fail if the member states, in partnership with civil society, fail to act.

Global declarations are not worth the paper they are written on unless they galvanise us into action.

10 years ago, at the beginning of my political career, I visited an Anglican school in Mashonaland East in Southern Zimbabwe.

There were 600 kids in the school – bright, shining, smiling faces, celebrating the universal right of childhood.

As I spoke to the Headmaster, he told me one third of them were AIDS orphans.

A decade later, I still remember their faces.

Let us resolve for these children, and for others affected by this disease, that we will make a difference.

Australia is ready to play its part.

In Australia we seek to do what we say.

We seek also to make that the hallmark of our foreign policy abroad, and our development policy abroad.

Including our commitments to help in practical, effective ways those affected with this disease.

I thank you, the delegates to this conference, for your work.

I thank the representatives of global civil society for their work.

I thank also the global medical research professions for their invaluable work.

I thank the conference co-chairs.

The distinguished Permanent Representative of Botswana.

And my own Permanent Representative, Ambassador Quinlan of Australia.

Now let the work in the field begin once again so that by 2015 we can report to the world that we have in fact made a difference.