

STATEMENT

by

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at the

High Level Review Meeting on the Comprehensive Review of the Progress Achieved In Realizing the Declaration Of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

United Nations, New York Friday, 10th June 2011 Mr President

Heads of State and Government

Mr. Secretary General

Excellencies

Distinguished ladies and gentlemen

The Commonwealth is honoured to make a statement at this High-Level UN General Assembly Meeting.

We are 54 countries on five continents. We account for a third of the world's population, a quarter of its countries and a fifth of its trade. We are a family of diverse member states - rich and poor, large and small, but all aspiring to shared goals of freedoms and rights which emanate from development and democracy.

With 65% of its 2 billion citizens affected by HIV and with many of its citizens living in low-income countries, the Commonwealth has a special interest in the global response to the AIDS epidemic, and in the issues of access to HIV and AIDS treatment, prevention, care and support.

Achievements and successes- globally and in the Commonwealth

We, in the Commonwealth are heartened by the **achievements** and successes of the past decade- both globally and within our member states. In 2001, when the United Nations General

Assembly had a special session on HIV and AIDS, 200,000 people worldwide were receiving anti-retroviral treatment. By the end of 2010, more than 6 million people were receiving anti-retroviral treatment in middle- and low-income countries. Such increased access to anti-retroviral drugs, especially in low-income countries, is one of the notable successes of the past decade.

Many Commonwealth countries have also made great strides in applying a multi-sectoral approach and in increasing access to anti-retroviral drugs:

- Botswana, had a very high HIV prevalence rate for many years, and now has anti-retroviral coverage of more than 90%. As a result, the country has been able to avoid about 50,000 adult deaths.
- Ghana, had a prevalence of 3.2% in 2000 and this has reduced commendably to 1.5% in 2010 as a result of an effective multisectoral approach and enhanced political will.
- Nigeria, has made much progress, increasing anti-retroviral coverage from 1% in 2004 to 21% in 2009. This represents a 20fold increase in 5 years!

The Commonwealth notes with concern women's vulnerability to the epidemic and marginalisation in the development process. In many Commonwealth countries, especially those in sub-Saharan Africa most affected by the epidemic, up to 60% of those living with HIV are women.

The Commonwealth Plan of Action for Gender Equality therefore recognises not only the need to put women at the centre of the development agenda but also at the heart of the global health agenda.

The Commonwealth welcomes the increased global coverage of services to prevent mother-to-child transmission. Indeed, Rwanda, the newest member of the Commonwealth family, has been commended for its nationwide campaign to eliminate the transmission of HIV from mother to child. This campaign seeks to ensure that HIV-positive women receive the best available anti-retroviral drugs as well as information on HIV and family planning.

In addition, in **Papua New Guinea**, programmes to prevent mother -to-child transmission have in recent years increased by 10 fold the number of testing sites for women from 17 in 2005 to 178 in 2009.

The Commonwealth is also greatly encouraged that in 33 countries across the world the rate of new infections, incidence, has been reduced by at least 25%. 12 of these countries are Commonwealth member states.

For example, in India, where the incidence of HIV has decreased by more than 25% between 2001 and 2009, intensive HIV prevention efforts among female sex workers has been shown to be extremely effective.

Additionally, 10 of the 15 most affected countries, in which prevalence among young people have been reduced in some cases by 25%, are also members of the Commonwealth.

This reduction emphasises the importance and effectiveness of empowering young people to actively participate in HIV prevention programmes.

Challenges

Mr. President

We in the Commonwealth not only recognise the enormous achievements and successes of the past 30 years, but also acknowledge the **challenges ahead**.

Everyday, **7,000 people are newly infected with HIV**, including 1000 children. Furthermore, despite the enormous strides in increasing access to anti-retroviral treatment, 60% of people who need treatment still do not receive it.

There are still 10 million people without access to HIV treatment. In fact for every person who starts anti-retroviral treatment, 2 people are newly infected with HIV. Additionally, only 1 in 3 young people have comprehensive knowledge about HIV and how to protect themselves.

Commonwealth response to the challenges

The Commonwealth recognises that the **barriers to greater access** to treatment and services vary, but include weak national infrastructures, financial constraints and negative cultural and social norms.

In our response to the challenges of the epidemic, we in the Commonwealth have focused on some of these barriers especially stigma, discrimination and social marginalisation. The human rights aspects of the AIDS epidemic are indeed of particular interest to the Commonwealth because human rights principles and values are integral to all our work.

Our contribution to the global response to HIV and AIDS has included advocacy at all levels of society, from grassroots to High-Level events such as this one. Our advocacy activities have also included youth-focussed education and awareness-raising initiatives, such as our *Youth Ambassadors for Positive Living Programme*, which positively reinforces the visibility of young citizens with HIV, thereby undermining stereotypes and lessening stigma and discrimination.

Many young people across the Commonwealth have been trained as peer educators through *The Young Ambassadors for Positive Living* Programme and they are being utilised to educate their peers and provide correct information about health in general, and HIV in particular. The programme seeks to ensure that young

people remain at the centre of the AIDS response, as partners, leaders and change agents.

This has been very successful in the African region, particularly in Lesotho, Mauritius, Swaziland, Uganda and Zambia, as well as in Asia – Bangladesh, India, Malaysia, Sri-Lanka, Singapore and Brunei Darussalam.

Other education efforts in the Commonwealth have included the incorporation of HIV and AIDS in school and teacher training curriculum and in resource manuals.

Commonwealth governments have valued the **collaboration of various partners** in the fight against HIV and AIDS, including **civil society organisations**. We commend the involvement of civil society in the AIDS response. This has had a positive impact in reducing stigma, discrimination and social marginalisation, and in increasing access to treatment, especially for some of the most vulnerable. These partnerships are even more critical in the face of decreasing international funding for HIV programmes.

We in the Commonwealth recognise the burden of care that largely fall upon women and girls. We have therefore commissioned a **pan-Commonwealth research project** to look into the issue of women's unpaid work in HIV care.

We recognise the vulnerability of **children** to the HIV epidemic, and welcome government's initiatives such as the **cash-transfer**

programme which has been very successful in supporting vulnerable children in Malawi.

Let me conclude by re-focusing on **new HIV infections**. With sexual transmission accounting for about 80% of all new infections, and the **recent findings** that effective anti-retroviral therapy significantly reduces the risk of HIV transmission to uninfected sexual partners, we have even more impetus to forge ahead with our **efforts to increase universal access to anti-retroviral treatment**.

Commonwealth response to the meeting recommendations

The Commonwealth fully supports the key recommendations of this meeting, and has in fact already been working to promote most of the issues highlighted.

In terms of working with young people, the Commonwealth with 60% of its citizens being under the age of 30, has a strong focus on young people. Encouraging meaningful youth engagement and participation is central to the Commonwealth's Plan of Action for Youth Empowerment. The Plan of Action seeks to ensure youth participation at all levels of development, including in the response to the HIV epidemic.

Additionally, through the Plan of Action for Gender Equality, the Commonwealth promotes the health, human rights and dignity

of women and girls. The Commonwealth continues to support member states and regional bodies with technical expertise on mainstreaming gender and youth issues in HIV interventions and policies.

With regard to the recommendation to **translate commitments into action**, we in the Commonwealth have initiated activities across the Commonwealth to help countries most affected by HIV, turn into practical action the key messages, recommendations and outcomes from this meeting.

Call to action

Mr. President

The Commonwealth fully supports the global community's efforts and commitments towards universal access to HIV treatment, prevention, care and support, and the drive towards zero new infections, zero discrimination and zero AIDS-related deaths,

We will continue to work in partnership with others using our convening power and strengths in advocacy, facilitation and negotiation.

Indeed, it is our hope that we will all leave this meeting reenergised, re-focused, re-motivated and ready to double our efforts in addressing this epidemic. Thank you.