

UN General Assembly High Level Meeting on AIDS, 10 June 2011
Statement by Professor Itamar Grotto
Director, Public Health Services, Ministry of Health, State of Israel

Mr. President,

We have witnessed significant progress in the 10 years since the General Assembly Special Session on HIV/AIDS. New HIV infections have been reduced by 20% during the past decade. Even in countries where the challenges of this disease have been most devastating, incredible successes have been achieved.

We should be proud of these accomplishments – but must not lose sight of the critical work before us. The international community still has a long road ahead to achieve MDG 6, halting HIV/AIDS and reversing its spread by 2015. While this goal is within reach, we must take the necessary actions to see it accomplished.

My country is deeply committed to pursuing MDG 6. To this end, Israel signed its first-ever multi-year cooperation agreement with the Joint United Nations Programme on HIV/AIDS this past April, enhancing our relationship with this important organization.

Mr. President,

I would like to share some of Israel's experience in the prevention and treatment of HIV/AIDS.

Israel is a low-burden country for HIV, and the epidemiology of HIV within our population is characterized by an increased incidence of the disease among specific risk groups. These high-risk groups include immigrants from countries with a high prevalence of HIV— particularly Israel's 220,000 migrant workers— and among males who have sex with males.

To further prevention efforts, Israel carries out national research-based AIDS prevention campaigns focused on young people as well as drug users. Among young people the campaign emphasizes the importance of condom-usage and testing to prevent the spread of HIV/AIDS. This information is disseminated using a wide-range of media, with a focus on online social networks.

Additionally, Israel applies harm reduction methods and runs a nationwide syringe exchange project to prevent the spread of HIV/AIDS among intravenous drug users. A cooperative initiative between the Israeli Government and Israeli NGOs, this evolving project is expanding to include not only syringe exchanges, but also primary medical treatment for participants.

Israel also operates a number of universally-available free clinics that are located in areas with populations at high-risk of HIV/AIDS, such as sex workers and intravenous drug users. Tailored to meet the specific needs of these communities, this program utilizes mobile medical clinics that provide easy access to HIV/AIDS prevention, education, and testing.

Mr. President,

Drawing from Israel's experience, I would like to offer three areas in which our collective efforts can make the greatest impact to mitigate the AIDS pandemic.

First, we must strengthen public health infrastructures – which can be leveraged effectively to deal with the AIDS pandemic – at the same time that we establish designated health infrastructure to treat HIV.

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Second, we must promote collaboration within and between counties, on local, regional, and international levels. This cooperation should include different governmental ministries, as well as NGOs.

Third, we must seek to promote universal access to HIV/AIDS screening as well as treatment that takes into account the needs and practices of local cultures.

Mr. President,

Israel continues to look for opportunities to share our experience on this issue with other countries. With an eye to 2015, we are working with a range of partners to institute innovative solutions to advance MDG 6, placing particular emphasis on partnerships in sub-Saharan Africa.

Through its Agency for International Development Cooperation, MASHAV, Israel collaborates with developing countries to address issues of HIV/AIDS treatment, prevention, training and capacity building. We work with community leaders, medical staff, and many others, focusing in particular on education in areas such as sexual health education to prevent the spread of HIV/AIDS among adolescents.

Israel's ongoing partnership with Ethiopia on this issue has included a joint project managed by Israeli Hospitals and Government Ministries, which has provided training in multi-disciplinary treatment of HIV/AIDS for more than 100 Ethiopian doctors, nurses, and technicians. Other training sessions relating to AIDS prevention and education have been undertaken in Uganda, Senegal, and Sierra Leone.

In Eastern Europe, we are partnering with UNICEF, UNESCO, and UNAIDS to provide holistic treatment for families affected by HIV/AIDS. As part of this approach, we assist individuals infected by HIV/AIDS and their families in dealing with the psychological effects of the disease.

The devastation of the HIV/AIDS epidemic and its disproportionate effect on women is a vital issue in HIV/AIDS response. Given this challenge, Israel has teamed up with UNAIDS to offer international training workshops on "Women, Girls, Gender and AIDS." Such training explores the feminization of HIV/AIDS so that participants learn how to address the specific needs of women and girls.

Another longstanding Israeli program that focuses on women's health is known in Hebrew as Tipat Chalav – Mother and Child Health Clinics. These clinics offer universal access to prenatal and neo-natal care. As part of their mission, the clinics provide HIV/AIDS education with a focus on reducing mother to child transmission of the disease.

Mr. President,

Governments, civil society, the private sector, academia and others must move forward with the concrete measures spelled out in the declaration before us, rededicating ourselves to eradicating HIV/AIDS.

Israel's stands ready to play its part in this effort – and remains committed to the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We look forward to partnering with Member States to carry out the critical work ahead of us, with the goal of eradicating HIV/AIDS from the planet.

Thank you, Mr. President.