



STATEMENT  
OF  
THE REPUBLIC OF KIRIBATI  
DELIVERED BY  
THE VICE PRESIDENT  
HONOURABLE TEIMA ONORIO

HIGH-LEVEL MEETING OF THE SIXTY-FIFTH  
SESSION OF THE UNITED NATIONS GENERAL  
ASSEMBLY ON HIV AND AIDS

New York

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*Please check against delivery*

President of UN General Assembly Special Session on HIV/AIDS,

Presidents and Excellencies from Member State countries,

Distinguished guests,

Ladies and gentlemen.

I bring to you all warm greetings of my President HE Anote Tong, Government and the people of the Republic of Kiribati. Kam na bane ni mauri.

I am indeed grateful for this opportunity to be able to present a statement on the issue of HIV in Kiribati.

My country Kiribati is categorised as a low HIV prevalence country. However, recent STI Prevalence Surveys conducted among transactional sex workers locally known as Ainen Matawa, seafarers, policemen and antenatal care mothers have shown a high prevalence of STIs. This suggests high risk behaviours within these population groups making them extremely vulnerable to HIV infection when and if it is introduced. HIV would rapidly increase in this group and would probably then spread to the general population. The greater concern is that Kiribati has a predominantly young population who are practising high risk behaviours as revealed by a recent Behavioural Survey conducted among youths.

Kiribati along with other countries in the Western Pacific region (with the exception of PNG) are highly vulnerable to an epidemic of HIV if appropriate interventions are not put in place to address the threat of rising prevalence of STIs among vulnerable groups (transactional sex workers, seafarers, policemen and antenatal mothers). To address this concern, Government has responded by increasing the number of VCCT

sites from 3 in 2009 to 8 in 2010. Beside services offered during normal working hours, these VCCT sites also offer after hour services to accommodate the needs of these specific high risk groups. Government is also committed to increasing the coverage of VCCT service to outer islands to increase testing of STIs and hence treatment in the outer islands.

With the Prevention of Mother to Child Transmission (PMTCT) of HIV, Government is responding to this issue by advocating a Prevention of Parent to Child Transmission instead of the PMTCT. As of 2010, a new PPTCT Clinic funded by UNICEF was opened. The new Clinic now offers services for antenatal mothers and encourages husbands to access the service as partners have a key role in the prevention of their child from acquiring HIV – not just the mother.

Kiribati, with her population of 100,000, has 54 confirmed HIV cases, 63% of which are males and 37% females. 24 have died due to AIDS related deaths. Although the number of our cases seems small, the worrying part is our small population which clearly reflects that Kiribati is sitting at **“the tip of an iceberg”** with her HIV situation. Not all who have acquired HIV infection are accessing HIV prevention, treatment, care and support. Stigma and discrimination remain the major obstacles which discourage the establishment of an enabling environment and hence people with HIV infection tend to remain hidden or stay underground therefore chances of them transmitting HIV infection into the larger community is high.

Creation of an enabling environment which avoids or prevents prejudice, stigma, discrimination and criminalization remains the major challenge towards our response in Kiribati to the HIV/AIDS epidemic.

Kiribati Government believes in a multisectoral approach to the epidemic and will continue to support its 30 member HIV/AIDS task force whose membership comprises both Government and

civil society. We also commit to strengthening of the legal systems and social environment as an effective measure for the prevention of HIV. We therefore strongly supports the statement made by UN Executive Director, Michel Sidibe' that the AIDS response has to come out of isolation, it must become the catalyst of other national programmes. It must not be dealt with as a separate identity; rather HIV, legal systems, social environment and economic development should be part and parcel of a complete package when formulating an intervention.

Government is working steadily towards transforming community's perception to a more caring and supportive one by supporting trainees for the Human Rights and Workplace Policy to work with Pacific Islands AIDS Foundation (PIAF), our local lawyers and our focal person from the Regional Rights Resource Team (RRRT) in reviewing and enforcing current legislations for PLHIV and other vulnerable and marginalised groups in the community and to establish a draft Bill for Cabinet which would be used for consultation with community members. This should help change community's perception towards PLHIV and other vulnerable marginalised groups in the community. It is also hoped that those already infected with the virus would feel more secure to actually come forward for health support services and treatment and assist in the implementation strategies to halt the spread of HIV in Kiribati.

On behalf of my government, please allow me to convey to you all that Kiribati is in full support and ready to adopt a new Declaration that will reaffirm current commitments and commit to actions to guide and sustain the global AIDS response.

Honoured and distinguished guests, it is also my pleasure today on behalf of my Government to acknowledge the ongoing support from our International implementing partners including the following:

- UNAIDS
- Global Fund
- Response Fund

- UNICEF
- PIAF
- Pacific Counselling and Social Services
- RRRT
- WHO

The ongoing financial and technical support that you have rendered Kiribati have certainly assisted greatly and will indeed continue to strengthen and sustain our response to HIV/AIDS in the years to come.

In closing, let me wish you all our traditional blessings of Te Mauri, te raoi ao te tabomoa( Health, peace and prosperity).

I thank you all for your attention.