



MAURITIUS

STATEMENT

BY

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Vice-President of the Republic of Mauritius

At the

**High-Level 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**

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Mr President

At the outset I wish to convey to you the greetings of the Government and people of the Republic of Mauritius. I am deeply honoured to address this High Level Meeting on the comprehensive review of the progress achieved in realizing two landmark declarations governing the global fight against HIV/AIDS namely the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

For the past 30 years we have been battling against HIV/AIDS. The toll is heavy: 25 million deaths and 60 million people infected with HIV. Every day that goes by witnesses an additional 7000 people infected with HIV, 1000 among these being children. In the face of such an unprecedented human catastrophe that is inflicting immense suffering on people in most countries and communities across the world, it is vital that we appraise our past efforts and review progress achieved. My delegation is therefore thankful and commends you, Mr. President for your laudable initiative of convening this High Level Meeting so that together we can chart a way forward which would enable us to combat the Aids epidemic in the most effective and efficient manner.

The “Declaration of Commitment on HIV/AIDS” and the “Political Declaration on HIV/AIDS” adopted by the General Assembly in 2001 and 2006 respectively, spearheaded a coordinated global action to combat HIV/AIDS. This has brought a decline in the global HIV incidence, given rise to expanded access to treatment, and underlined the need for human rights and dignity for everyone affected by HIV.

Nevertheless, some 33 million people were still living with HIV with Africa being the most affected continent.

Mr. President

The adverse impact of the AIDS epidemic on the socio-economic progress, particularly in the developing countries, dictates that there is no time for complacency. After wrestling with AIDS for the past three decades, we are today equipped with a vast body of knowledge and various new tools to urgently complete the task. No less than strict prevention efforts and universal access to treatment, care and support are required. We urgently need to reengineer our strategy to fight AIDS, so as to reach zero new HIV infection, zero discrimination and zero AIDS-related death.

This is no doubt a challenging task, but we are confident that the international community will be able to live up to that challenge and address the issue that is inflicting so much human tragedy worldwide.

Mr. President

The Government of Mauritius strongly believes that political commitment is vital in the fight against HIV/AIDS and has been proactive all the way. Mauritius did not wait for its first HIV case which was detected in 1987, to initiate actions to prevent HIV/AIDS. The two Declarations of 2001 and 2006 have prompted the Government of Mauritius to place HIV/AIDS at the core of its agenda and the responsibility for ensuring the response rests at the highest level. Consistent with the guiding "Three Ones Principle" of UNAIDS, a national multisectoral response to HIV and AIDS led by the National AIDS Secretariat which acts as the National HIV/AIDS Coordinating Body, has been set up under the Prime Minister's Office in May 2007.

The HIV prevalence in the 15-49 age group in Mauritius is estimated at 0.97% amounting to some 7,000 to 10,000 people. In contrast to the situation prevailing in many other countries where the mode of transmission is mainly heterosexual, our epidemic is driven by hard to reach groups. Understanding the HIV epidemic among the most at risk population has been at the helm of our endeavours. Funded by the Global fund, integrated biological and behavioural surveys were carried out in 2009 and 2010 to better inform and guide our response.

The response to the concentrated HIV and AIDS epidemic has been multipronged. Up to 75% of detected cases were intravenous drug users. Faced with an exponential rise in the number of cases till 2005, bold decisions were taken to allow the implementation of a Harm Reduction Strategy. An HIV and AIDS Act was passed not only to provide a legal framework for the needle exchange program but also to eliminate all forms of discrimination and ensure people living with HIV/AIDS, the full enjoyment of human rights. Apart from the political commitment, all these could not have been possible without the UN support through its various agencies.

HIV infection in Mauritius is predominantly among males. Since 2006, great efforts have been made to launch simultaneously the Methadone Maintenance Therapy and the Needle Exchange Programmes to reduce the HIV transmission among injecting drug users, thus preventing its insidious transmission in the wider population. This measure has resulted in a drop in the rate of transmission among injecting drug users from 93% in 2005 to 74% in 2010. Moreover after a peak in 2005, detection of new cases has stabilised around 540 for the last 5 years thus indicating a possible halt to the rising trend and hopefully leading to a reverse of the spread of the epidemic.

Since 2002, anti-retroviral is free of user cost and accessible to all who are in need of treatment, thereby improving the quality of life and decreasing the risk of HIV transmission. The new WHO treatment protocol has been put in place since July 2010, allowing more people to have access to treatment which has significantly expanded from 20 in 2002 to 900 in 2010.

Because of the concentrated epidemic in key populations, the risk perception of HIV infection and HIV transmission is still low in the wider population. Uptake for HIV testing has not increased although risk-taking behaviour, notably among youth, is

prevalent. HIV testing services have been decentralised across the island to improve proximity access and it is hoped this will help to recognise undetected cases and facilitate their early entry into the care management system.

With regard to the transmission of the epidemic among children, a “prevention of mother to child transmission programme” was established in December 1999. All pregnant women are offered an HIV test and HIV infected pregnant women are being provided with free medical care and prophylactic treatment to prevent vertical transmission. In 2009, a new prevention of mother to child transmission protocol was introduced to improve management of HIV positive pregnant mother in line with WHO recommendations. The uptake of the protocol among HIV positive mothers was 52.6% in 2008 and 68.3% in 2009. Stigmatisation seems to be a major constraint as most non-compliant HIV positive pregnant mothers are intravenous drug users. Therefore a close contact tracing was launched in 2010 bringing the prevention of mother to child transmission uptake to 81%.

Conscious that half of the detainees in the Mauritius prisons, are incarcerated because of illicit drug-related offences and that 25% of these detainees are infected with HIV at any one point in time, Mauritius has adopted a non-discriminatory attitude towards prison inmates by proposing an HIV test to all new entrants and by providing the same treatment, care and support services as dispensed in the community. Methadone Maintenance Therapy is continued in the prisons for those who have been induced in the community and measures are being taken to introduce same treatment for those incarcerated. To combat our shortcomings and accelerate progress, an evaluation of the harm reduction strategies is being finalized in the form of a new 2012-2016 Drug Control Master Plan.

Mr. President,

Mauritius fully adheres to the new UNAIDS vision of Uniting for Universal Access to achieve ‘Zero New Infection’: ‘Zero AIDS related deaths’ and ‘Zero discrimination’.

We aspire to achieve

“**Zero New Infection**” by intensifying our prevention strategies targeting the key populations of injecting drug users, sex workers and men who have sex with men as well as vulnerable groups such as women and youth. One of the main challenges facing Mauritius is to prevent the spread of the HIV infection from key populations into the wider population.

We propose to reach

‘Zero AIDS related deaths’ by ensuring a holistic management of People Living with HIV (PLHIV) through detection of infected cases at early phase, provision of treatment to all those in need and setting up a programme of adherence for defaulters to treatment.

“Zero discrimination” is already in place by promoting rights and gender equality.

A revised National Strategic Framework has been developed using the Human Rights approach meaning that the planning and interventions look into advancing the right to health and well being and is guided by human rights standards and principles such as non-discrimination, full participation by beneficiaries, the people living with HIV and AIDS and by citizen accountability. Moreover the Civil Status Act, the Immigration Act and the HIV and AIDS Act were amended in 2008 to remove any legal impediments for the marriage of Mauritians to non citizens who are HIV positive or have AIDS.

Mr. President

Poverty and gender are intertwined and it is sad to note that it is poor women who are most susceptible to HIV infections. To break this cycle of poverty-gender-HIV infection, it is imperative that we combine social integration and empowerment of women by providing women equal access and opportunities to contribute and benefit from the formal and informal sectors. In this regard, Mauritius has created a Ministry of Social Integration and Empowerment as another step forward, with regards to the eradication of poverty, which affects mostly women.

Mr. President

We have spent three decades fighting AIDS. In so doing, we have had to count innumerable casualties. But we have also achieved a certain measures of success. Our knowledge of the disease has grown tremendously. HIV Programmes are showing results; HIV global incidence is declining and access to treatment is expanding. But this is not enough. At this crucial juncture, the HIV response needs to be dramatically reshaped to achieve **zero infections, zero discrimination and zero AIDS-related deaths.**

The wisdom of the human race has always prevailed in times of crisis. We are now living an appalling crisis with AIDS striking. I pray that out of the deliberations of this Assembly, in unity and serenity, comes the necessary enlightenment to face the AIDS calamity.

I thank you for your attention.