

UK Statement by Parliamentary Under Secretary of State Stephen O'Brien at the UN General Assembly high level meeting on HIV / AIDS

Thank you very much indeed Mr President and good afternoon,

I would like to associate myself with the remarks made by Hungary on behalf of the European Union.

It is an honour to address this Assembly which, in 2001 and 2006, agreed that no one should go without HIV prevention, treatment, care and support - and set itself the ambitious goal of universal access. The UK was proud to be in the forefront of this agenda then; and we are proud to be there again today.

We have made great progress since those days. Who would have thought that over 5 million would now be on treatment? That new infections, in many parts of the world, would be levelling off?

I would like to commend the Secretary General for his excellent report – summarising that progress – which forms the basis of this meeting. I thank the Ambassadors of Botswana and Australia for their hard work, in facilitating the outcome document. And I would also like to thank UNAIDS and its cosponsors for their continued leadership of the global HIV response. We see the UNAIDS Strategy as our guiding document as we enter the next phase of the HIV epidemic, and call on countries and on all parts of the UN system to deliver their responsibilities under it.

But despite progress, it is clear we have a long way to go against an evolving epidemic. In some parts of the world, particularly parts of SubSaharan Africa, AIDS remains an over-riding emergency – particularly for women and

particularly when combined with the TB epidemic. In all parts of the world, it is the vulnerable and the marginalised who are most at risk. This may be an adolescent girl unable to secure her sexual and reproductive health and rights and protect herself from infection. Increasingly, as the epidemic develops, it is also men who have sex with men, people who inject drugs, sex workers, transgender people, prisoners and others on the margins of society – who cannot access the services they need because of stigma, discrimination or violence.

When we deal with HIV, we deal with issues that are difficult for many people – intimate issues of sex and drugs, involving our own personal ethics, religion or morality. The UK respects the right of sovereign states to make their own laws and of people to live according to their own cultural standards. But to make progress against this epidemic we must take a pragmatic, public-health orientated approach – based on what we know works in the world as it is – not as some think it ought to be or even, would like it to be. And we know that what works is to respect human rights and the human rights of these groups and enable them to access services. That is why the UK has pressed for the needs of these groups to be recognised and will continue to do so. We have also put women and girls, particularly vulnerable in this epidemic, at the front of everything we do.

We also need to be innovative in our solutions as the epidemic changes. For many, HIV is now a chronic condition – which means a long term investment in care and support is what is needed including for carers. The UK is exploring innovative methods to provide this support, such as cash transfers

and the UK has set out its continuing commitment to make progress against the challenges of HIV in a position paper, published last week. This summarises the HIV outcomes from a year of intensive review at DFID, the Department for International Development in the UK. This summarises the HIV outcomes from a year of intensive review at DFID.

Even in tough economic times, very tough economic conditions, the UK has stood by our commitment to spend 0.7% of Gross National Income on international development by 2013. We are keen that our investments deliver not just for HIV – but for development in general. And in the current climate, I – like any politician – have to justify every single penny of our spending to the public in terms of the impact it has. I can certainly assure you every Friday evening I am given the fifth degree by my constituents who insist that I justify every single penny of that spend. That is why the UK Coalition Government has conducted a root and branch review of all its aid programmes to ensure what we spend makes a difference and we can show it.

That is also why, in the discussions leading up to this event, we have argued for an approach that is rooted in the evidence base and the need to deliver value for money.

The price of treatment has come down by 99 % in ten years. But it can, and it has to, come down further, especially second and third line treatment. I am delighted that the Clinton Health Access Initiative, with UK support, has managed to lower the cost of the drug Tenofovir. We calculate the benefits from our support alone equates to half a million people on treatment. We also continue to support the Medicines Patent Pool and strongly urge

pharmaceutical companies to join. Resources are key. The UK will do its bit, including through our 0.7 commitment and our increased support to the Global Fund. Others must follow.

We are clear that prevention is the cornerstone of an effective and sustainable response. And we know a lot about what we need to do here.

There is no reason for children to be born with HIV – as we know treatment for the prevention of mother to child transmission works. There is equally no reason for injecting drug users to contract HIV – as we know that harm reduction works. There is no reason for young people – especially girls – to contract HIV when we know comprehensive sexuality education works.

But we still need to work on the evidence base - particularly for prevention.

Evidence based prevention remains at the heart of our response to HIV within the UK. As a result of sustained prevention over the last 25 years, the UK remains a low prevalence country through the use of condoms. Treatment has transformed the outlook for people with HIV and today many people are living near normal lives. It is increasingly clear that treatment has prevention benefits as well. But challenges remain including the need to diagnose early, deal with the challenges of ageing with HIV and reducing stigma. We need to guard against complacency.

And we know that infection is influenced by a variety of social and behavioural factors and needs a combination, multi-sectoral response – but we need to get better at identifying exactly which prevention interventions work in which

contexts. We need to better understand how we fight stigma and discrimination and change behaviour. And we need to continue the investment in research and development, to develop new products, such as microbicides and keep the hope of a breakthrough in vaccine research.

This high level meeting is poised to sign off on an ambitious political declaration which takes us through to 2015. Negotiations were hard and we all had to compromise – but it has been worth it. The UK is pleased, in particular, with the following critical areas of agreement:

- A recommitment to universal access with agreement to a goal of 15 million people on treatment by 2015 and a recognition that prevention must be at the heart of the response.
- Agreement that the key populations at higher risk of infection must be targeted if we are going to defeat this epidemic
- A reassertion of the need to use TRIPS flexibilities for the benefit of public health
- And strong language around women and children, human rights, care and support and stigma and discrimination. And of course prevention as much as treatment.

Ladies and gentleman, we didn't get there by 2010. But a world with zero new infections, zero AIDS deaths and zero stigma and discrimination is a world worth fighting for. Now more than ever, we must do all we can to make it a reality. The outcome document is a testament to the continuing high level political commitment and support from the international community to finish the job we started a decade ago. The three zeros are possible; we have the tools – we just need the leadership and the will to deliver and the UK as committed as ever to provide these and urge others to do this as well

Thank you Mr President