

9 June 2008

**Statement of H.E. Mr. Srgjan Kerim,
President of the 62nd Session of the General Assembly,
at the HIV TB Global Leaders' Forum**

Your Excellency President Jorge Sampaio,
Your Excellency President Bill Clinton,
Your Excellencies Heads of State and Government,
Your Excellency the Secretary-General of the United Nations,
Excellencies,
Distinguished delegates,
Distinguished representatives from civil society organisations,
Ladies and Gentlemen;

I would like to begin by thanking President Sampaio, as well as the World Health Organisation (WHO), Stop TB Partnership, the Global Fund, the World Bank, and UNAIDS, for organising this very important HIV/TB Global leaders' Forum, and for inviting me to deliver this statement. At the General Assembly thematic debate on the MDGs earlier this year, Member States recognised the following points:

- The dual HIV-TB epidemic has a direct impact on the international effort to attain the MDGs by 2015.
- Communities cannot lift themselves out of poverty when each year millions of people, in the most productive years of life, die of HIV/AIDS and TB or become too ill and weak to work.
- Universal primary education cannot become a reality when in some countries more teachers fall ill or die from AIDS and TB than are being trained to teach, and children are forced to stay at home to care for sick relatives.
- The dual epidemic also has a profound impact on the child mortality goals and maternal health. High rates of HIV infection among women and adolescent girls makes them more vulnerable to TB infection. This complicates empowerment efforts as women in poor health do not easily engage in productive employment or educational pursuits.
- The dual epidemic is therefore not only a major public health issue, but also a major cause of what we now refer to as a development emergency.

Excellencies,

This meeting is an important reminder of the dual challenge we face with HIV/AIDS and TB co-infection.

During the last 15 years, the number of new tuberculosis cases has quadrupled in countries with high HIV prevalence rates, causing a strain on social services and overall development efforts.

Despite availability of affordable treatments for TB, only 31% of people with HIV and TB received both anti-retroviral and anti-TB drugs in 2007.

The emergence of multi drug-resistant TB, which can have fatality rates over 90%, has compounded both epidemics and presents a particular threat to global health.

TB is now the leading cause of death among people living with HIV in Africa, and a major cause of death elsewhere.

The socio-economic cost of the dual epidemic cannot be overestimated:

According to some estimates, 20-30% of annual household income is typically lost due to a family member being infected with TB. The cost is much higher if treatment is delayed or results in death.

Excellencies,

This meeting takes place one day before the General Assembly high-level meeting to review the progress achieved to realize the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The timing of the two meetings was intentional because we recognise the link between the two challenges:

We cannot separate the fight against HIV/AIDS from the fight against TB. Success in one will yield success in the other; conversely the continued spread of TB among people living with AIDS undermines efforts to contain the HIV/AIDS pandemic.

Therefore, the focus of the General Assembly at the high-level meeting must invariably include TB.

The high-level meeting will provide an excellent opportunity to take stock of the implementation of international commitments on HIV/AIDS, assess where we are falling short and agree to take the necessary steps to ensure that the targets are met.

As with HIV/AIDS, TB is a global challenge that requires commitment, resources, and above all, leadership.

This would ensure that efforts continue to be made to strengthen health systems and service delivery so that affected communities can deal more effectively with the dual epidemic.

Financial resources for TB prevention and treatment must be adequate and predictable.

Excellencies,

We must act now, and we must do so with a sense of urgency. Only if we do so in a sustained manner in response to the dual epidemic can we hope to make headway in meeting the MDG targets and the 2010 target for universal access to HIV treatment.

The international community must be commended for fulfilling its commitments with respect to funding for the fight against HIV/AIDS. These resources must be supplemented with adequate funding for TB prevention and treatment.

Our deliberations at this meeting and at the high-level meeting on HIV/AIDS tomorrow should inspire us to take the necessary actions to ensure that our responses to HIV/AIDS and TB match the seriousness of the challenge we face.

THANK YOU.