

10 June 2008

**Statement of H.E. Mr. Srgjan Kerim,
President of the 62nd Session of the General Assembly,
at the Opening of the High-Level Meeting on HIV/AIDS**

Your Excellencies, Heads of State and Government,
Your Excellency the Secretary-General of the United Nations,
Your Excellencies Ministers and Heads of Delegation,
Distinguished delegates,
Distinguished representatives from civil society organisations,
Ladies and Gentlemen;

Addressing the global challenges of sustainable development, climate change, extreme poverty, hunger, and the HIV/AIDS pandemic, are the moral and political imperatives of our times.

These challenges are all inter-connected, as progress in one issue leads to positive possibilities in other issues. This is why we are gathered here today.

Combating HIV/AIDS is fundamental to our quest for “the dignity and worth of the human person” and “better standards of life in larger freedom,” words contained in the Charter of the United Nations. Sixty years later, these words remain relevant in describing the challenges we face today.

I welcome you all to this high-level meeting of the General Assembly to review the progress achieved to realize the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

I would like to recognise and welcome Dr. Anthony Fauci, a leader from the scientific and research community, and Ms. Suksma Ratri, a representative from civil society. At my invitation, they will both address this opening session.

This high-level meeting provides the opportunity for us:

- To take stock of the implementation of our commitments and
- To assess where we are falling short in meeting the targets in the universal access by 2010 and the Millennium Development Goals by 2015.

Excellencies,
Ladies and Gentlemen;

We are making progress towards achieving the 2010 target for universal access and attaining the 2015 MDG to halt or reverse the spread of the disease.

However, this progress is not nearly fast enough:

The failure to make sufficient progress in our response to HIV/AIDS profoundly impacts all aspects of human development. The HIV/AIDS pandemic is not only a major public health issue. It is also a major cause of what we now refer to as a development emergency.

- We cannot make progress on reducing poverty and hunger when millions of people die of AIDS each year in the most productive years of life, or are too ill and weak to actively contribute to economic and social development.
- We cannot make progress on universal primary education when, in some countries, more teachers die of AIDS than are being trained to teach. As a result, children are forced to stay at home to care for their sick relatives.
- We cannot make progress on gender equality and empowerment of women when the majority of HIV-infected adults are women, and infection levels among adolescent girls are still several times higher than for boys of the same age.

Excellencies,
Ladies and Gentlemen,

I also wish to pay tribute to the 147 Member States that made national submissions, and to commend the Secretary-General for his report based on the national reports.

As the Secretary-General's report correctly points out, mitigating the pandemic's impact will:

- Advance the first MDG to eradicate extreme poverty and hunger
- Promote goal 4 and 5 to improve child and maternal health and
- Contribute to the third goal to empower women and promote of gender equality.

Given the devastation wrought by HIV/AIDS on the education sector, particularly in sub-Saharan Africa, combating HIV/AIDS would also positively impact efforts to achieve universal primary education.

Improving our global response to the HIV/AIDS pandemic must therefore become a central feature in all development efforts.

We must continue to devote special attention to the pandemic in sub-Saharan Africa, which in 2007 accounted for 68% of adults living with HIV, 90% of HIV-infected children and 76% of AIDS deaths.

The pandemic remains the leading cause of death among adults in that sub-region. Here, the number of people in need of HIV treatment continues to outstrip financial, human and logistical resources, and will fall short of the 2010 universal access target.

The 2001 Declaration of Commitments recognised prevention as the “mainstay of the response.” Knowledge about the disease is critical for prevention. Yet as the Secretary-General’s report illustrates, knowledge about the disease among young adults is far below the targets set in 2001.

Consequently, it is troubling that in 2007, the rate of new HIV infections was 2.5 times higher than the increase in number of people on antiretroviral drug therapy. We must therefore step up our prevention efforts.

Excellencies,
Ladies and Gentlemen;

The situation of some vulnerable groups merits special focus at this meeting.

(1) Children living with HIV, for example, are significantly less likely to receive treatment than HIV-positive adults. Diagnosis of infants is more difficult than for adults, and medicines currently available are more appropriate for adults than for children.

(2) Women and girls also merit our special attention. According Secretary-General’s report, women now represent 61 per cent of HIV-infected adults in Africa and infection levels among adolescent girls are several times higher than for boys of the same age.

Addressing this issue together with the broader issues relating to MDG 3, the promotion of gender equality and empowerment of women would significantly improve the capacity of women to address the day-to-day challenges associated with the disease.

Prevention of HIV transmission from mother-to-child is an important and related issue. Measures undertaken in high-income countries have almost eliminated this type of HIV transmission.

Similar success has existed in lower income countries that have prioritised such prevention measures. Yet mother-to-child HIV prevention remains a challenge because children accounted for one in six new infections in 2007.

(3) We should also focus our attention on the plight of children orphaned due to the loss of one or both parents to AIDS. In 2001, Member States agreed to implement national strategies to strengthen the capacity of Governments, families and communities to support children orphaned by AIDS.

Governments agreed to protect orphans and other children from discrimination, and to prioritise children-focused programming. However, as the report illustrates, a lot remains to be done to implement these commitments.

Children are our future. However, our own future is at risk if millions of children made vulnerable by AIDS continue to live in situations of dire poverty and hunger.

Excellencies,
Ladies and Gentlemen;

As Member States concluded during the General Assembly thematic debate on the MDGs in April, success in addressing the health goals depends on building stronger national healthcare systems, including better basic science and diagnostic tools. Leadership from national governments in prioritizing health and developing effective plans to combat disease is critical.

Leadership, at all levels – international, national and local, is critical for an effective response to HIV/AIDS.

- Experience has demonstrated that courageous leadership at the forefront of prevention efforts contributes to a reduction in the rates of infection.
- Leadership can ensure that adequate resources are allocated to HIV prevention, treatment and care and that those resources are spent prudently.
- Leadership also ensures that those made vulnerable by the disease are also protected.

As we conduct our deliberations, we must remember that the lives of millions depend on our decisions to make universal access a reality.

Let this high-level meeting inspire us in our various capacities of leadership. Government leaders, members of civil society and UN officials must take necessary actions in order to see a major turning point in the effort to combat the global HIV/AIDS pandemic.

Thank you.