



## BANGLADESH

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Statement by **H.E. Professor Dr. A.F.M Ruhul Haque, the Hon'ble Minister of Health and Family Welfare**, 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

New York, June 08, 2011

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Mr. President,

I thank you for presiding over this High-level meeting on HIV/AIDS. I would also like to convey our appreciation to Secretary General, Mr. Ban Ki-moon and Executive Director of UNAIDS, Mr. Michel Sidibe for their comprehensive briefing this morning. Our thanks are also with Ms. Tetyana Afanasiadi, GNP+ and Dr. Mathilde Krim, amfAR (The Foundation for AIDS Research) for their speeches.

At the outset, I wish to recall the meeting our Hon'ble Prime Minister had with the Executive Director of UNAIDS in Geneva, where our Hon'ble Prime Minister committed to support enhanced national response for HIV/AIDS. She could not be here due to her other preoccupations and nominated me to represent her.

Mr. President,

This High-level event demonstrates the willingness and commitment of the member states to fight the scourge of HIV and AIDS from our planet. I believe, this meeting will provide a real opportunity for countries to commit to new ways forward in tackling AIDS and produce a strong declaration to guide global efforts in reaching universal access to HIV prevention, treatment, care and support by 2015. The attendance of a good number of civil society and other actors from the AIDS movement in this meeting has also added value to our collective response to curb the menace.

Mr. President,

We have had successes in fighting HIV/AIDS in the past as a result of global initiatives. However, it is a matter of great concern that despite substantial progress over three decades since AIDS was first reported, over 7000 new HIV infections occur every day, out of which, an estimated 2,500 youth are newly infected with HIV every day, with women and adolescent girls facing a disproportionately higher risk. It is disheartening to note that people between the ages of 15 and 24 accounted for 41 per cent of new infections among adults in 2009. Worldwide, an estimated 5 million young people in that age group were living with HIV

in 2009. For most of these young people HIV infection is the result of biological vulnerability, social inequality, neglect, exclusion, and violations that occur with the knowledge of families, communities, social and political leaders.

Therefore it is high time to build a chain of prevention to keep adolescents and young people informed, protected and healthy. We have included HIV/AIDS education in national curriculum of grade VI to XII classes. We must protect the adolescent girls and young women so that the journey from childhood to adulthood is not thwarted by HIV. I urge upon the family members, teachers, community leaders to constructively play in setting norms for responsible behavior, and in advocating for the full range of services needed for young people to stay healthy.

Mr. President,

The epidemic of HIV and AIDS inflict disproportionate burden on women and girls and it is a major hindrance to the empowerment of women and gender equality. I urge the distinguished Member States, relevant UN entities and other pertinent stakeholders to support the development and strengthening of capacities of national health systems so that women living with HIV are provided with sufficient assistance.

Mr. President,

Bangladesh is still considered as a low HIV/AIDS prevalent country. However, the country is highly vulnerable to it. There are 2088 HIV-positive and 850 full-blown AIDS-infected patients in the country and that HIV prevalence in the adult population is less than 0.01%. Sometimes, HIV is unreported because there is also a social stigma attached to the disease.

The underlying causes of the epidemic include poverty, gender inequality and high mobility of the population, all of which are present in Bangladesh, a densely populated country with about 150 million inhabitants. Emigration to other countries for employment is very common, particularly amongst younger people. There is considerable risk to this group and we support international initiatives in regard to HIV/AIDS services for migrant population. Through girls' education and gender-based development movements, Bangladesh has made progress in promoting gender equality in the past two decades. However, the low level of knowledge and low condom use, unsafe professional blood donations, lack of a desirable environment, men having sex with men and spread of disease in neighboring countries - all could contribute to the spread of HIV in Bangladesh. The level of infection among injecting drug users (IDUs) poses a risk. We must continue to provide support to most at risk population. My delegation believes that there is significant risk of HIV in Bangladesh and global and regional efforts must be continued together with national efforts to prevent it. I draw the attention of relevant stakeholders in this regard.

Before concluding, my delegation calls upon the developed countries to enhance financial support to the developing countries, including through capacity building and eliminating barriers like intellectual property rights, thereby lowering cost of medicines or making them affordable, to enhance their preventive capacity to fight the menace of HIV/AIDS. We also call for global initiative to have access to generic ARTs.

Finally, we emphasize that there is no scope for complacency considering the threat and we should aim for zero-infection, zero-discrimination and zero-AIDS-related death, through concerted efforts and strategies, which is a shared responsibility of all of us in this planet.

I thank you, all.