SRI LANKA

Statement

By

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of

The Delegation of Sri Lanka

at

The General Assembly

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,

Let me thank you for convening this important High-level meeting. The Meeting represents a timely comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS at a critical time in the global response. My government gives high priority to this issue in its national policy agenda.

Since the emergence of the Human Immuno-deficiency Virus (HIV) in 1981, the HIV pandemic has continued to grow and has caused substantial social and economic impacts throughout the globe. We are happy to learn of the achievements made, and the positive side of this global response as noted by the speaker in the opening session.

While Sri Lanka's vulnerability to the epidemic remains equally high compared to other countries, we maintain a lower prevalence below 0.1% among the adult population, which is termed as a latent HIV epidemic. I wish to underline some of the major contributing factors for this success.

The high level of literacy, over 90% among men and women, has laid a solid foundation for many of our social achievements. The country's universal free health care system, from birth to death, has made considerable contributions to the improvement of overall health of the population that resulted in low infant and maternal

mortality rates, respectively 13 per 1000 and 92 per 100,000 live births and increased life expectancy of average 74 years at birth. Sri Lanka introduced a condom social marketing programme as far back as the early 1970s that resulted in preventing the spread of sexually transmitted deceases (STDs) and HIV.

Mr. President,

Sri Lanka first introduced the Anti Venereal Disease Campaign in 1952. Since then the country has provided nearly 6 decades of effective STD services by establishing a number of full and part time clinics countrywide. In order to face the emerging global epidemic of HIV, my country established the National STD/AIDS Control Programme (NSACP) in 1985. The NSACP provides technical guidance to the national HIV/AIDS response in coordination with all relevant stakeholders.

In 1987, the government made it mandatory to the National Blood Transfusion Services (NBTS) to carry out HIV infection tests on donated blood, in addition to the promotion of voluntary blood donor networks, as well as screening of risky donors etc.

The government has been providing free antiretroviral therapy (HAART/CART) since 2004 that contributes to keep HIV prevalence low. Currently, out of 775 patients followed up in clinics, 275 are receiving free antiretroviral therapy.

Though Sri Lanka records low HIV prevalence, there is significant potential for expansion of the epidemic among concentrated groups. However, we still have a window of opportunity to mitigate even this potential by introducing coordinated and focused measures. In this context, my country has introduced specific prevention efforts among the groups with high risk behaviours, such as female sex workers (FSWs) and their clients, men who have sex with men (MSM), vulnerable youth in tourist areas and migrant employees. Though the record of injecting drug use in the country is insignificant, there are other forms of drug users, who deserve a comprehensive package of HIV preventive services.

Mr. President,

Against this backdrop, Sri Lanka formulated a proposal for the period 2011/2015, containing the National Response to HIV/AIDS epidemic for the Round 9 of the Global Fund (GF). The National Response addresses the objectives to increase the scale and quality of comprehensive interventions for most at risk populations (MARPs) to provide care, treatment and support for people living with HIV and AIDS and to generate and use strategic information. These three objectives will be achieved through 13 service delivery areas with the equal participation of the governmental, nongovernmental and civil society organizations, including community based organizations.

Firstly, we expect to map and reach MARPs with effective prevention that leads to safer behaviour. Secondly, we plan to provide 1st and

2nd line antiretroviral therapy for adults and children. Thirdly, we will endeavour to improve STI/HIV diagnostic facilities. Fourthly, we intend to increase our knowledge base in undertaking an Integrated Biological and Behavioural Surveillance (IBBS) and to carry out national size estimations of the groups with high risk behaviours in order to deeply understand the country's epidemic potential. These are a few major activities in our national response. There are other provincial level programmes with specific focus on youth to raise awareness on HIV.

The establishment of an enabling environment remains a critical part of our interventions. It is an important dimension in achieving the universal accessibility to prevention, care and treatment services of HIV.

It will be crucial for the wider international community to address this critical issue jointly and comprehensively. In this respect, we stand ready to share our national experiences with other developing countries.

We believe that Sri Lanka has the real potential to further reduce its low prevalence and to achieve zero new HIV infections; zero discrimination and zero AIDS related deaths.

I thank you Mr. President.