

Sweden's plenary statement at the High Level Meeting on HIV and AIDS, 8-10 June 2011 in New York
(Check against delivery)

Mr President, Excellencies, Ladies and Gentlemen.

The excellent report of the Secretary General clearly shows that we have the knowledge and the tools to halt and reverse the HIV epidemic. It is important that we make use of the recommendations in order to reach zero new HIV infections, zero AIDS related deaths and zero discrimination.

I believe that for the decade ahead of us, focusing on young people is the most strategic choice we can make. Young people make up half the world's population, yet their needs are in reality neglected. Investing in the future generation is not only close to my heart – being a mother of two – but a top priority for the Swedish Government.

In 2001, the Heads of States agreed, in this very room, that by 2010 at least 95 percent of young women and men aged 15-24 years should have access to full and comprehensive HIV information. The fact is that in 2009 only 34 percent of the world's youth demonstrated accurate knowledge of HIV.

I would like to make three points:

1. The need for evidence based prevention
2. Involving young people
3. Human rights and gender equality

Let me start with *prevention*.

Evidence-based prevention is the only way to reach the goal of zero new infections. Young people should have access to comprehensive sexuality education in order to make informed choices. Education should target people from an early age and be inclusive to all youths regardless of sexuality. For the youngest, it's about getting to know

how the body works and understanding the concept of physical integrity. For older youth empowerment is key, as well as making them at ease with raising the issue of using a condom in an intimate situation with a partner.

Equally important is access to sexual and reproductive health *services*. These must be non-discriminatory and take the needs of all youth into account, regardless of gender identity and sexual orientation. They should also incorporate the link between alcohol consumption and high risk sex.

Boys do typically not consult sexual health clinics to the same extent as girls. We need to find ways to attract boys to such services. In Sweden, we have set up a web site providing youth friendly sexual health services, which have become popular among young men. More than 30 percent of the visitors are boys, as opposed to 10 percent at real life clinics. The site has 2 million unique visitors, which corresponds to approximately 20 percent of the population.

In addition, female and male condoms must be accessible and continuously promoted as consistent condom use is the most effective prevention method.

Second.

I believe that we must involve young people in the development of sexual and reproductive health services and information. There is no better way to empower them, and enable them to protect themselves and others.

Involving young men and women also means that measures are more likely to be efficient, relevant and legitimate.

Young people are already actors for change in their local communities, nationally and on the global arena. New ways to involve young people should be explored such as making better use of social media.

Third.

Human rights, of which sexual and reproductive rights are an integral part, are a prerequisite for HIV prevention and treatment. Everyone, regardless of age, sex, HIV status, sexual orientation, gender identity, ethnicity or disability, share the same human rights.

Criminalising homosexuality is a violation of human rights, as are laws that discriminate people living with HIV. Whenever human rights are not respected, protected or are violated, for instance through discriminatory laws and practices, stigma increases and prevention and care efforts are undermined.

We need to end discrimination and stigmatization of people living with HIV, men who have sex with men, injecting drug-users, sex workers as well as of lesbians, gays, bisexuals and transgender people.

Young HIV-positive people are at higher risk of stigma from their community, since they often are less independent socially and financially. We need to scale up our efforts to meet their needs.

Gender inequality is a key driver in the spread of the epidemic. This is unfortunately still not recognized by everyone.

It is crucial to address gender inequalities in national HIV and AIDS policies and programmes, as well as in monitoring and evaluation systems.

But gender inequalities also need to be addressed in society at large – in the legal system, schools and at the workplace.

This means not only focusing on women and girls but also to involve men, especially young men, to challenge and change gender norms and behaviours that put both themselves and women at risk.

Mr President.

Governments have the responsibility to take leadership and to fulfil the commitments to reach the goals. I want to emphasize this, as Governments will be held accountable. But schools, local communities, civil society, research institutions and the private sector are fundamental to progress and success. In all countries, civil society organisations are indispensable in responding to the HIV epidemic - as service providers, watch-dogs and advocates. The role of schools and workplaces in shaping attitudes, norms and cultures cannot be underestimated.

Mr President, let me conclude by ensuring you of Sweden's strong support to the global response to HIV and AIDS. Sweden is and will remain a strong partner - through our contribution to research, an active civil society, development cooperation actors, an engaged private sector as well as committed politicians and policymakers.

Thank you for your attention.