Bangladesh

(On behalf of the LDCs)

Statement by Mr. Md. Abul Kalam Azad, Additional Secretary, Ministry of Health and Family Welfare at "the 2008 comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS"
3:00-6:00 pm, 10 June 2008, Trusteeship Council Chamber

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Mr. President,

I have the honour to speak on behalf of the LDCs. The Group appreciates the Secretary General for his comprehensive report. It shows that expanded treatment efforts continue to gather momentum. An additional 1 million people were provided with antiretrovirals in 2007. However, the number of people living with HIV increased by 2.5 million and a death of 2.1 million occurred during the same period. Sub-Saharan Africa continues to be the "ground zero" of this crisis.

Worldwide, around 70% of those in need of antiretroviral treatment are still out of coverage. If the current trend in scaling up care and treatment continues, the number of people receiving antiretroviral drugs in 2010 will reach approximately 4.5 million, which is less than half of those in urgent need of treatment. The HIV pandemic therefore represents a global emergency. This underscores a pressing need for robust and enduring collective effort in the response to HIV.

In many LDCs, a heavy burden of disease poses significant risks to their socio-economic development. Absence of basic medicines, poor health infrastructures, poverty, gender inequality, and lack of awareness are some of the constraints in obtaining essential HIV prevention, treatment, care and support services in the LDCs. Acute shortages of health-care professionals, further aggravated by the brain drains, impede the scale-up of HIV treatment and prevention services in many countries. These must be addressed with urgency.

We have only two years to the target date of achieving universal access to HIV prevention, treatment, care and support. While the resources mobilized to date are encouraging, the gap between available resources and actual needs is rather increasing. Unless greater and swifter advances are made in reaching those who need essential services, the epidemic's burden on households, communities and societies will continue to mount.

With a view to achieving the universal access, far greater investment is required in the infrastructure of health systems, including human, administrative, procurement and financial resources. Additional international funding would be necessary for public health and development. The innovative sources of financing such as airline levy used by UNITAID and the international drug purchasing facility are welcome initiatives. We welcome other such initiatives. Harmonization and coordination as well as stability and long-term predictability of funding are critically important. Unprecedented human resources should be mobilized to effectively address the crisis.

Achieving universal access requires the participation of a wide range of stakeholders. Government agencies with the support of the civil society can effectively contribute to the delivery of HIV-related services and to the monitoring of national performance. Such a broader, integrated strategy can facilitate

achieving the Millennium Development Goals, particularly to combat HIV/AIDS, Malaria and other diseases.

Each citizen of the world has the right to get access to essential medicines and treatment at an affordable price. Transfer of technology and capacity building in the pharmaceutical sector are critically important as identified in paragraph 6 of Doha Declaration. However, the current international IP regime is not conducive to technology transfer. It mostly favours the producers and holders of IPRs, mainly found in developed countries. The existing regime gives to the patentees monopoly rights over the product or process while disregarding those who cannot afford the product prices. Full and efficient universal access to basic medicines will require the enactment of an innovative differential pricing system. The LDCs should have affordable access to modern technologies and technical know-how, particularly in the area of public health.

I would now say few wards on my national capacity.

Bangladesh remains to be one of the lowest prevalent countries for HIV/AIDS. In all the six rounds (1998-2005) of the National HIV Sero and Behavioural Surveillance, the HIV rates found to be far below 1% in all groups except in Injecting Drug Users (IDUs). The first case of HIV was detected in 1989 in Bangladesh and as of 2006 the number of reported cases of HIV was 1206 with 365 cases of AIDS. One hundred and nine of them were died.

Though AIDS prevalence is extremely low in Bangladesh, yet we are in a high incidence zone. There is cause for great concern for entering into a concentrated epidemic amongst the high-risk groups. The key factors for vulnerability of Bangladesh for HIV/AIDS epidemic are high prevalence of HIV in the neighbouring countries, increased population movement through internal and external migration and lack of adequate awareness of the general population about the HIV infection.

Bangladesh's response to the pandemic has received high praise. The National AIDS Committee (NAC) was formed far back in 1985 involving all relevant stakeholders. Bangladesh developed a well-defined policy document called "National Policy for the Prevention and control of HIV/AIDS and STD related issues 1997". In 2006-2007, two national HIV prevention projects were implemented throughout Bangladesh. First the HIV/AIDS Prevention Project (HAPP) 2003-2007, which provided education, advocacy and blood safety programmes for most-at-risk populations, namely IDUs, sex workers and the second one is the Adolescents and Young People Project, addressing young people (aged 15-24) through mass and print media, training, and special services. These services included life skill education, youth friendly health services, the integration of HIV/AIDS education in school and college curricula, the sensitization of religious leaders, parents and policy makers on HIV/ AIDS issues.

These policies and programmes have seen fruition as the prevalence and spread of this pandemic are satisfactorily low in Bangladesh.

In conclusion, Mr. President, AIDS is a silent killer that claims around 8,000 people a day. The international community is committed to working further to address this challenge. What is needed is a good will, political courage and leadership that has often been lacking. Scaling up of efforts and coordinated action at all levels are immediately needed. We are convinced that we will be able to do so.

I thank you Mr. President.