

## PERMANENT MISSION OF NIGERIA TO THE UNITED NATIONS

828 SECOND AVENUE • NEW YORK, N.Y. 10017 • TEL. (212) 953-9130 • FAX (212) 697-1970

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## **STATEMENT**

BY

## H.E. PROFESSOR EYITAYO LAMBO MINISTER OF HEALTH FEDERAL REPUBLIC OF NIGERIA

## AT THE

HIGH-LEVEL PLENARY MEETING ON THE FOLLOW-UP TO THE OUTCOME OF THE TWENTY-SIXTH SPECIAL SESSION: IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON HIV/AIDS

UNITED NATIONS GENERAL ASSEMBLY

**NEW YORK, 2 JUNE 2006** 

Mr President,

The Nigerian Delegation extends its appreciation and thanks to you for convening this High-Level Plenary Meeting on the Follow-up to the outcome of the twenty-sixth special session on the implementation of the Declaration of Commitment on HIV/AIDS.

Nigeria fully aligns itself with the statement delivered this morning by His Excellency Mr Denis Sassou Nguesso, President of the Republic of the Congo, in his capacity as the Chairman of the African Union.

Mr President,

President Olusegun Obasanjo personally leads the national campaign against the pandemic and continues to play a pivotal role at the continental level. He recently hosted a Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria in Abuja where Heads of State and Government adopted the African Common Position which reaffirmed their commitments to previous Declarations, Decisions and Resolutions and pledged to take immediate action to ensure universal access to HIV/AIDS, Tuberculosis and Malaria services by 2010. Nigeria strongly stands by that African Common Position.

The Federal Government has continued to undertake a massive nationwide advocacy and public enlightenment campaigns involving major stakeholders, which have led to a change in the sexual behaviour pattern of men and youths. There is now greater demand for and use of condom and, more significantly, our men are increasingly reducing the number of their sex partners. These developments have manifested in a significant reduction in the number of people afflicted with the disease from 5.8% in 2001 to 4.4 % in 2005 – a decrease of about 25 per cent.

Furthermore, as part of the national awareness campaign, appropriate legislation which will make the stigmatization of and discrimination against the people living with the virus an offence, is in the process of enactment. The legislation would ensure that people living with the virus can enjoy access to social services and employment on a non-discriminatory basis.

In the spirit of the "Three Ones", the Federal Government established the National Action Committee on AIDS (NACA) to coordinate, at national level, the fight against the disease. Nigeria was the first country to domesticate the Global Task Team recommendations with respect to alignment and harmonization of programmes and resources. A National Strategic Framework (NSF) and a National Monitoring and Evaluation Framework were developed to provide the umbrella instrument for the response to the pandemic and ensure proper monitoring and evaluation of the various programmes undertaken at all levels of government respectively.

Government promotes a Multisectoral Response System to HIV/AIDS which incorporates a wide range of stakeholders including state and local governments, the networks of People Living with HIV/AIDS, Civil Society Groups and faith-based organizations. To operationalize the HIV/AIDS programme, Government has decentralized the campaign and has involved stakeholders on several platforms.

Since 2003, there has been a significant increase in government funding for HIV/AIDS. To ensure availability of resources, Government has set aside 5 per cent of the proceeds from the debt relief extended to Nigeria by the Paris Club to HIV/AIDS out of the 25 per cent provided by Government for all direct health MDGs.

Nigeria has far exceeded the modest target of treatment of 10,000 adults which it set for itself following the 2001 Summit. Over 70,000 adults and 1,500 children have now been placed on free antiretroviral therapy, with a plan to scale up treatment to 250,000 by end of this year. HIV positive pregnant women are also provided free ante-natal care and delivery services.

Mr President,

In spite of the many successes that have been recorded globally in the fight against the pandemic since 2001, there remain substantial obstacles which we must overcome. The lack of human and institutional capacity is the single biggest obstacle to an effective response to AIDS in many developing countries, particularly in the most heavily affected countries, where the epidemic has dramatically undermined national resources.

We must collectively and resolutely respond to the many challenges posed by HIV/AIDS in a comprehensive manner, including through the development of new partnerships and the strengthening of national health systems. In the area of prevention and cure, the international community must continue to devote funds for research and development of medicines and vaccines and microbicides that would lead to the eventual elimination of this pandemic. HIV/AIDS is a disease of our time and Nigeria is convinced that it is not beyond the capacity of our present generation to find a cure to it.

Since more financial resources would be required to attain the goal of reversing the epidemic by 2015, Nigeria is concerned that external funding is becoming increasingly unpredictable and non-sustainable. We therefore call on the international community, particularly the donor community, to strengthen its partnership with Africa by providing continuous predictable support to the Global Fund for the fight Against HIV/AIDS, Tuberculosis and Malaria and by increasing technical and financial assistance to African countries, within the framework of the recommendations of the Global Task Team, and other multilateral and bilateral mechanisms.

Finally, we call on our development partners to work with African countries and the African Union Commission and Regional Economic Communities to assure long-term and predictable finance, and to provide financial and technical support to our efforts in a coordinated, efficient and country-led manner.

I thank you.