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**Statement
by**

**HE . Dr. Iftekhar Ahmed Chowdhury
Ambassador and Permanent Representative of
Bangladesh to the United Nations**

Leader of Bangladesh delegation

**the High-level Meeting of the UN General
Assembly on HIV/AIDS**

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**PERMANENT MISSION OF BANGLADESH
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227 East, 45th Street, 14th Floor, New York, NY 10017

Tel: (212) 867-3434 • Fax: (212) 972-4038 • [E-mail: bangladesh@un.int](mailto:bangladesh@un.int)

web site: www.un.int/bangladesh

Mr. President,

The AIDS pandemic continues to outrun the global actions. A huge disparity prevails between countries and regions. Achieving universal access requires the participation of a wide range of stakeholders, including the private sector, civil society, non-governmental, community-based and faith-based organizations, and multilateral development partners.

People's access to medicines is critically significant. Under existing global rules, each citizen of the world has the right to access to essential medicines and treatment at affordable costs as identified in paragraph 6 of Doha Declaration. No agreement in WTO should compromise the future of affordable medicines for the poor. Transfer of technology and capacity building in the pharmaceutical sector are critically important.

Mr. President,

I would now shed some lights on Bangladesh's records in the field of HIV prevention. Bangladesh remains to be one of the lowest prevalent countries in the world for HIV/AIDS. In all the six rounds (1998-2005) of the National HIV Sero and Behavioural Surveillance, *the HIV rates found to be below 1% in all groups except in Injecting Drug Users (IDUs)*. The first case of HIV was detected in 1989. At the end of December 2005 the number of reported cases of HIV was only 658 out of 140 million peoples. 134 cases turned to AIDS, 74 of them have died.

Bangladesh's response to the pandemic has received high praise. We have developed a well-defined policy document called "National Policy for the Prevention and control of HIV/AIDS and STD related issues 1997". In 2001, legislation on Safe Blood Transfusion was enacted in the Parliament. 98 blood transfusion centers have already been established. A National Strategic Plan for the period from 2004-2010 has been adopted. It is now in the process of operationalization. We have hosted the SAARC Expert Group Meeting in April 2006 to develop a work plan to implement the SAARC Regional Strategy on HIV/AIDS. These policies and programmes have seen fruition as the prevalence statistics demonstrate.

Until recently, HIV/AIDS prevention was not considered a priority in conflict management. The UN Security Council Resolution 1308 recognizes the need to introduce HIV/AIDS prevention awareness among the peacekeepers. Bangladesh remains firmly committed to the full implementation of this resolution. We can take a modicum of pride that out of our 57,000 deployments, only 3 cases of seropositive are detected. This record testifies the effectiveness of our intensive and comprehensive programmes.

Nonetheless, the fact remains that we are in a high incidence zone. The key factors for vulnerability of Bangladesh for HIV/AIDS epidemic are high prevalence of HIV in the

neighbouring countries, increased population movement through migration and lack of adequate awareness of the general population about the HIV infection.

Undeniably this is a critical area where significant support is essential from the development partners. We would strongly urge the international community to provide long-term predictable resources to identified national priorities on HIV/AIDS. Significant support is also required for strengthening technical and logistic capacity of the stakeholders in the multisectoral national response to HIV/AIDS.

Mr. President,

AIDS is a silent war that claims 8,000 people a day. We are committed to working further to address the evolving challenges of this epidemic. The journey for us ahead will be long and hard, and yet it is one that must be undertaken. Not to do so will be at our enormous cost to humanity.

I thank you Mr. President.