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**STATEMENT BY H.E. MR ISHGA R SAVER,
PERMANENT REPRESENTATIVE OF FIJI TO THE UNITED NATIONS,
DURING THE HIGH LEVEL MEETING ON HIV/AIDS**

2 JUNE 2006, UNITED NATIONS, NEW YORK

Mr. President,

On behalf of my Government, I wish to express our deepest sorrow at the death of the late Dr. Lee Jong Wook, the Director General of the World Health Organization. Dr. Wook's effort in expanding HIV/AIDS treatment to reach the poor and less fortunate has helped give new life and hope to hundreds of thousands of people around the world. His contribution to humanity will be remembered. We extend our condolences to his family.

Mr. President,

At the 2001 Special Session of the General Assembly, the Declaration of Commitment on HIV/AIDS was unanimously endorsed. It is time to take stock of how much has been achieved and balanced against targets that were established with much hope five years ago. The Secretary General has to be commended for his comprehensive report contained in document A/60/736, entitled "Declaration of Commitment on HIV/AIDS: five years later". The report highlighted the progress made so far while identifying critical challenges that must be addressed to strengthen efforts at the global, regional and country levels.

Mr. President,

We are facing an unprecedented human catastrophe; HIV/AIDS which respects no barrier, has inflicted immense suffering to more than 65 million people, while more than 25 million have died from it. Although initially perceived as a health issue, today it is increasingly recognized as a cross cutting issue of development and human rights that affects segments of the populations differently. Its close links with poverty and discrimination and the global trend of increasing feminization of HIV/AIDS, are forcing policy makers in a range of sectors to address the pandemic. It therefore, constitutes a global emergency and poses one of the most formidable challenges to sustainable development, progress and stability of our respective societies and the world at large.

It is our collective responsibility to accelerate the process of reversing the global pandemic and to bring to an end the potential deaths of millions of people. For this we must embark an intensified, much more urgent and comprehensive response on a partnership that includes Governments, civil society, people living with HIV/AIDS, the private sector church groups and others in order to provide the means to remove the legal, regulatory and trade barriers that stand in the way of prevention, treatment, care and support.

Mr. President,

The Secretary General's report noted that the world has recorded major progress in some key aspects of the global AIDS response, but with inadequate progress on other critical fronts. This means that there is still a lot to be done by the international community in our effort to fight against the spread of HIV/AIDS. A human rights approach is central to addressing HIV/AIDS. The United Nations Commission (Council) for Human Rights (UNHCHR) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have issued International Guidelines on HIV/AIDS and Human Rights in order to assist States and other organizations in creating positive, rights based response that will be effective in reducing the transmission and impact of

HIV/AIDS. The principles outlined, of non discrimination, equality and participation, are particularly poignant in the case of groups affected by societal discrimination, such as migrants and refugees.

The relationship between migration and HIV/AIDS is complex. The links between mobility and HIV/AIDS are related to conditions and structures of the migration process. Some migrants are vulnerable to HIV infection at their destination for others the greatest risk occurs in transit, as with women who must trade sex in order to survive. As for countries of origin, partners of migrant workers have shown to be at increased risk of infection when the latter return from working in countries where HIV is prevalent.

The gender dimension of HIV/AIDS can not be ignored. It has been increasingly recognized by the international community which and also reflected in the Declaration that "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS". A set of targets was established that had women as the central element, included "By 2005, National Strategies should empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection". The interconnectedness of HIV infection and the vulnerability of women due to traditional, cultural and sexual mores must be addressed.

As a multifaceted and complex issue HIV/AIDS, will continue to be a challenge for the South Pacific Region and developing countries like Fiji. The region has gone to great lengths to educate our people on the dangers of HIV/AIDS. Schools, civil society, health ministries, and people suffering from AIDS have united in the effort to reduce and eventually stop the spread of the pandemic. The recorded numbers of those with HIV/AIDS in our region is relatively small when compared to other global regions. It is our contention however, that numbers should not be the sole determinant to decide the distribution of assistance; as a single patient today could easily lead to a full-blown uncontrolled pandemic tomorrow. We urge the international community that in the march to control the AIDS pandemic we are not left behind because of a judgmental decision that our numbers may be too small to begat due attention.

The National Advisory Committee on AIDS (NACA) coordinates the implementation of programmes and activities under the eight priority areas which are reflected in the National HIV/AIDS Strategic Plan 2004-2006. HIV infection trend in Fiji has passed the slow burning stage over the last ten years and is escalating. Currently the rate stands at 0.05% due mostly to under reporting. Since 1989 there were more than 200 reported cases of HIV and 29 new cases reported in 2004 and 2005. However since the first two months of 2006, 5 new cases were reported to the Health Authorities. This is just a tip of the iceberg and true figures cannot be ascertained until compulsory testing is in place.

A lot of progress has taken place in 2005 in the area of HIV legislation development, recognizing entity under the Public Health Act and to be included in the Notifiable Disease category and the development of the NACA. The Fiji Prison Act was reviewed with HIV issues included and also the issue of willful transmission was considered to be challenged in court under the penal code. The absence of an appropriate legal framework to provide the way forward in terms of legislation will continue to be a challenge on these issues such as: willful transmission, confidentiality, human rights, stigma and discrimination. HIV Clinical management has made a lot of progress. The implementation of HIV Projections and estimates utilizing the new WHO/UNAIDS formula with assumptions in a low prevalence country like Fiji gave us a lot of insights into the limited data and statistics we have. HIV patients now have free access to Anti-Retroviral Drug (ARV) treatment at three HIV Centres located at main population centres. The ARV drugs are obtained through Global Funding of which our quota will be exhausted by 2007.

Even though Fiji has made some progress in relation to its commitment under the 2001 Declaration, there remain challenges and room for improvement. These include the important role of advocacy and political commitment from non-health sector; sustainable financing, harmonization and programming; human resources systems and infrastructure development; human rights, gender equity, among others. The scaling up "Universal Access" provides new momentum to comprehensively scale up and integrate prevention, treatment, care and protection within the context of multi sectoral national response as well as broader development processes and efforts. Fiji will continue to work with WHO, UNAIDS and other partners in elaborating the important technical, financial and programmatic parameters of "Universal Access" and to prepare to provide technical assistance to our neighbours to realize this important goal.

I thank you, Mr. President.