

GHANA



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STATEMENT BY

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**AT THE
HIGH LEVEL PLENARY MEETING ON HIV/AIDS AT
THE 60TH SESSION OF THE GENERAL ASSEMBLY
OF THE UNITED NATIONS**

**JUNE 2, 2006
NEW YORK**

Mr. President,

We join other delegations that have spoken before us to pay tribute to the memory of Lee Jong Wook.

Five years ago and the first time in the history of the HIV/AIDS epidemic, 189 leaders from member states committed to mounting a comprehensive response to the HIV and AIDS pandemic. We set time bound targets that have guided the response globally and indeed at country level.

Ghana as a member of the African Union participated and endorsed the Abuja Declaration of 2001 and has worked at meeting the targets there in. Total health expenditure as a proportion of the national budget has increased to 13.5% over the past five years.

The Ghana national response to the epidemic, in line with the three ones has one overall coordinating body in the Ghana AIDS Commission chaired by his Excellency the President, one National Strategic Framework, and Monitoring and Evaluation Plan with broad ownership. A National Partnership Forum that replaced the former expanded UN theme group on AIDS was launched in February 2006.

Mr. President,

HIV/AIDS is a visible and key component of the Ghana Poverty Reduction Strategy II (GPRS II).

Ghana recognizes the support of the Global Fund To Fight AIDS Tuberculosis and Malaria, the World Bank MAP and TAP, other global Health Partnerships and its bilateral and multilateral partners in the national response.

The national HIV prevalence has declined over the past three years from a national highest of 3.6% to 2.7%. Prevalence among persons 15-24 years has equally reduced from 3.5% 1.9%.

The role of Civil Society and Community Based Organizations has been remarkable in the national; response. People Living with HIV/AIDS Associations (PLWHAH) are active members of the various subcommittees and working groups in the national response.

Ghana recognized stigma and discrimination early as a major challenge and mounted a compassion campaign in 2003 involving political leadership, religious leaders, traditional leaders and persons living with AIDS to be followed by a more sustainable know your status and stigma reduction campaign 2006 to 2010.

A national policy on Orphans and Vulnerable Children (OVC) has been ratified and Orphan and Vulnerable Children forum was organized to coordinate the activities of stakeholders regarding OVC in the country.

Mr. President,

Ghana recognizes the major role of prevention in the fight against HI/AIDS. Universal Access has been defined within a national context and indicators and targets in prevention, treatment, care and support and national commitment for 2008 and 2010.

In line with the national policy of improving access to care, service points for voluntary counseling and testing, the Prevention of Mother To Child Transmission and antiretroviral therapy have been established and increased. The number of persons on antiretroviral therapy has increased by 20 fold from the pilot in 2003.

The key challenges facing the national response include the continuous loss of essential and highly trained manpower to the more resource endowed countries, the feminization of the epidemic due to gender inequality, low socio-economic status of women and gender-based violence, reaching the vulnerable and marginalized populations especially young persons, women and children and reaching the most at risk groups including sex workers and displaced persons.

In conclusion, Mr. President, Ghana calls for prevention to remain the mainstay of the fight against HIV. Ghana equally calls for increased and sustained funding for the overall response, the recognition of nutrition as a fundamental and essential component of treatment, care and support and the subsequent allocation of resources to meet the nutritional needs of the infected and the affected, and finally calls for increased investments, both financial and technological, in HIV/AIDS-related research especially into microbicides and other female controlled methodologies, safe and affordable vaccines, safe and affordable pediatric formulations of antiretroviral medications. and newer generations of antiretroviral medicines. We also need urgently local specific social science research to inform more specifically strategies and programmes of prevention.

History stands to judge us on the outcome of this meeting. We cannot and should not fail succeeding generations.

I thank you.