

MAURITIUS

STATEMENT

by

H.E. Mr. Somduth Soborun
Permanent Representative of the
Republic of Mauritius to the United Nations

at the

High Level Meeting and Comprehensive Review

of the

Progress achieved in realizing the targets set out in the Declaration of Commitments on HIV/AIDS

> 2 June 2006 New York

Check Against Delivery

Mr. Chairman,

Allow me in the first place to join the previous speakers in congratulating you for the excellent manner in which you have conducted the business of the day.

May I also take this opportunity to convey to you Mr. Chairman, on behalf of the Prime Minister of Mauritius, Dr. the Hon. Navinchandra Ramgoolam his best wishes for the successful outcome of this important High-Level Meeting.

Mr. Chairman,

There are absolutely no doubts that serious efforts have been made worldwide to check the HIV/AIDS pandemic particularly during the past five years. However, the question that we all ask is whether we are near the target that we had set in the Declaration of Commitments in 2001. The answer unfortunately does not seem to be reassuring. Never ever in the last quarter of the century have we come across anything that has so seriously threatened the world than the HIV/AIDS pandemic. The negative impact of HIV/AIDS on human resources in the age group of 25 to 45, particularly in Sub-Saharan Africa is simply overwhelming and heartbreaking. An estimated 68 million people infected with HIV worldwide and 28 million deaths are indeed staggering figures that frighten the world in this age of technological advancement in medicines and pharmaceuticals.

Mr. Chairman,

The alarming rate, at which the HIV/AIDS pandemic is ravaging innocent lives in our societies, has far reaching implications on our socio-economic development. It undermines our global efforts towards the achievement of the Millennium Development Goals. Mauritius is sparing no efforts within its means to fully implement the Declaration of Commitments on HIV/AIDS. In line with the Declaration, the National Committee on the HIV/AIDS in Mauritius is chaired by no other person than the Hon. Prime Minister himself, with a view to ensuring that this epidemic obtains the highest level of attention for a comprehensive and integrated approach. Furthermore, we fully support the July 2005 pledges of the G8 countries at the Gleneagles which, *inter alia*, call for the implementation of a package for HIV prevention, treatment and care with the aim of providing universal access by 2010.

Mr. Chairman,

In the fight of HIV/AIDS, Mauritius has adopted a host of measures to combat HIV/AIDS.

- Blood transfusion safety has been reinforced through an upgraded Central Blood Bank, backed by the virology laboratory.
- A National Day Care Centre for the Immuno-suppressed has been set up along with gradual extension of Voluntary Counselling and Testing Services.
- Antiretroviral drugs have been made available free of users cost since 1999 for the Prevention of Mother To Child Transmission Project and for accidental injuries.
- Since April 2002 ARV drugs free of charge are extended to all infected persons in need.
- The first national multi-sectoral HIV/AIDS Strategic five-year Plan (2001-2005) which integrated various stakeholders such as governmental and non-governmental organizations, civil society and private sector has been re-evaluated for the purpose of elaborating an upgraded National Strategic Plan for 2006-2010.
- The transmission of the disease by Injecting Drug Users since 2002 has become a cause of serious concern in Mauritius. In this context, in 2003, a five-year HIV/AIDS Action Plan (2003-2008) for Injecting Drug Users has been elaborated in order to halt the spread of the epidemic.
- Mauritius has also recently approved harm minimization strategies, namely the introduction of Methadone as substitution therapy and subsequent implementation of a Needle Exchange Programme.
- Furthermore an HIV and AIDS Preventive Measures Bill is being finalized with a view to providing a comprehensive legal framework.
- A Monitoring and Evaluation Framework in accordance with the "Three Ones" principle has been recently elaborated.

Mr. Chairman,

Both prevention and treatment are two essential and mutually reinforcing components of successful strategies for HIV/AIDS prevention and impact mitigation. We must therefore deploy maximum efforts on one hand to protect those who are safe right now, while on the other hand we continue to provide the maximum treatment to

those who are already infected. In other words our ultimate aim should be to reach out to everyone and everywhere in a sustained manner so that human lives which are so precious are saved.

Mr. Chairman,

- Stigma and discrimination have damaging effects on the HIV/AIDS patients.
 Legal, social and cultural barriers which act as hurdles and undermine access to
 interventions for those most at risk of HIV infection and most affected by AIDS
 need to be removed.
- A global partnership in shielding women and children living with HIV/AIDS virus from any kind of discrimination is called for.
- Gender issues must be addressed to reduce women's vulnerability to the disease.
- It is imperative to protect and promote AIDS related human rights of people living with HIV/AIDS, and vulnerable groups of people to ensure that they are all involved in all aspects of response.
- These require strong commitments from all segments of the society as well as adequate financial resources and a supply of prevention tools to disseminate and maintain behavioural change.

Mr. Chairman,

Let us hope that the next time around when we meet to review our achievements of H1V/AIDS targets, we show greater optimism as by that time hopefully we would have made the world a better, safer and healthier place to live.

I thank you, Mr. Chairman