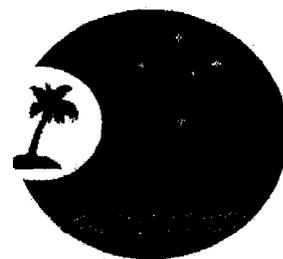


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STATEMENT

BY

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OF PAPUA NEW GUINEA TO THE UNITED NATIONS**

**ON BEHALF OF THE
PACIFIC ISLANDS FORUM MEMBER COUNTRIES,
SECRETARIAT OF THE PACIFIC COMMUNITY MEMBER COUNTRIES
AND TERRITORIES, AND PACIFIC CIVIL SOCIETY ORGANIZATIONS**

**ON THE OCCASION OF THE
UNGASS HIGH-LEVEL MEETING AND COMPREHENSIVE REVIEW OF THE
PROGRESS ACHIEVED IN REALIZING THE TARGETS SET OUT IN THE
2001 DECLARATION OF COMMITMENT ON HIV/AIDS**

02 JUNE 2006, NEW YORK, USA

Mr President, Secretary-General, Distinguished Delegates, Ladies and Gentlemen

The countries of the Pacific Islands region of the United Nations are pleased to participate at this second UNGASS high level meeting addressing the fight against HIV/AIDS. Five years ago, we were also part of the history-making UNGASS Declaration of Commitment, where the world community for the first time in its history, stood with one voice and committed to mobilize resources to fight the scourge of HIV/AIDS, Tuberculosis and Malaria. From that meeting was born the Global Fund to fight against HIV/AIDS, TB and malaria - a financing mechanism that had helped many countries in their fight against these diseases. The island countries of the Pacific region had also benefited from this financing mechanism in the round 2 bids, but had since not been as successful in obtaining much needed resources from this facility for HIV/AIDS in the later rounds.

I am pleased to inform this august body that the Pacific islands region had accomplished some important milestones in its fight against HIV/AIDS since the first UNGASS meeting five years ago.

The response by Political leaders from the small Pacific Island countries and territories to the call for increased political leadership to lead the fight against HIV/AIDS at UNGASS five years ago had been the single most important factor that drove the development of what is possibly the first, well coordinated, multi-country Pacific Regional Strategy for HIV/AIDS and other STIs in the Pacific region.

A post-UNGASS consultation meeting with representatives of Pacific governments in 2001 in Nadi, Fiji initiated the road for increased political commitment in the fight against HIV/AIDS. In August 2002, Pacific Island leaders for the first time collectively acknowledged the serious threat HIV/AIDS posed to their people and countries. In August 2003, they called for the development of a comprehensive response to HIV at the regional level. In August 2004 they endorsed the *Pacific Regional Strategy on HIV/AIDS 2004-2008*. This strategy now forms the basis for the regional response to HIV/AIDS in the Pacific islands region, covering twenty-two island countries and territories and complementing national HIV/AIDS strategies. Financial support for this regional strategy comes from Australia, New Zealand, France, the Asian Development Bank, Global Fund, UNAIDS (inclusive of other UN Agencies) and other development partners. This close cooperation between multiple development partners through a single regional strategy is an excellent demonstration of the Paris and Rome Declarations on Donor harmonisation and Aid effectiveness.

The Pacific Regional Strategy on HIV/AIDS articulated a vision of 'A *Pacific* region where the spread and impact of HIV is halted and reversed, where *leaders are committed to lead the* fight against HIV and AIDS; when; *people living with and affected by HIV are respected, cared for and have affordable access to treatment*, and where *all partners commit themselves to these collective aims within the spirit of compassion inherent in Pacific cultural and religious values*.

The vision for the Pacific Regional Strategy on HIV/AIDS is also in line with the Pacific Leaders' Vision articulated in the Pacific Plan as follows:

"Leaders believe the Pacific region can, should and will be a region of peace, harmony, security and economic prosperity, so that all of its people can lead free and worthwhile lives. We treasure the diversity of the Pacific and seek a future in which its cultures, traditions and religious beliefs are valued, honoured and developed. We seek a Pacific region that is respected for the quality of its governance, the sustainable management of its resources, the full observance of democratic values, and for its defence and promotion of human rights. We seek partnerships with our neighbours and beyond to develop our knowledge, to improve our communications and to ensure a sustainable economic existence for all."

The Pacific Regional strategy on HIV/AIDS builds on eight Pacific themes, against which it defines thematic objectives, including *Leadership; Prevention and Healthy Community; Access to Quality Services, Human Rights and Greater Involvement of People Living with HIV; Coordination and Partnership; Funding and Access to Resources; Monitoring, Surveillance and Research; and Addressing Vulnerability*.

Both the vision and the themes of the Pacific Regional Strategy on HIV/AIDS embody the elements of the UNGASS commitment that the Pacific region was party to in 2001.

Despite these achievements, the Pack Islands region still faces challenges.

In October 2005, Pacific Island leaders called for the further analysis of the concept of a 'Pacific Health Fund' that could help the 22 small Pacific Island countries and territories address health priorities specific to their setting including HIV/AIDS.

The call for this fund to be explored is in part due to the growing realisation in the small Pacific islands states, that the Global Fund, good as its intentions are, is becoming very difficult and costly for the small island countries to access. The current 'one-size fits all' approach of the Global fund whilst necessary under current arrangements will continue to marginalize regional submissions from countries where there are real opportunities to stem the tide, and reverse the trend of HIV infections. Unless there are some decisions taken at the GF to make special provisions for regional proposals from small island states, this financing mechanism will no longer be a source of funds for the small Pacific island states in the near future.

A soon to be released report from recent surveys in six Pacific island countries identifies very high rates of other sexually transmitted infections in some groups. Much of the STIs happen around urban settings, as well as in locations of particular industries such as logging camps, fish canneries, ports and other centres of population aggregation. Alcohol consumption is an important risk factor in the transmission of HIV particularly in a region where the main route of transmission is through sexual contact. Clearly, Pacific countries are vulnerable to explosive HIV epidemics in the near future and right now we still have the chance to curb the trend, halt the transmission of infections, prevent new infections, and ultimately reverse the trend. In addition the high prevalence of Tuberculosis in some of the countries of the region makes the burden of HIV/AIDS even more important to control.

Papua New Guinea is now in a generalised epidemic. Infection rates could follow a similar trajectory as those of sub-Saharan Africa if allowed to continue unchecked. PNG's response to the HIV/AIDS challenge is a National Strategic Plan on HIV/AIDS, the appointment of a Government Minister to personally lead the fight against HIV/AIDS and the placement of the National AIDS Council under the Office of the Prime Minister. The following quote from the Prime Minister of Papua New Guinea, the Rt Hon. Grand Chief Sir Michael T. Somare in the foreword of the PNG National Strategic Plan on HIV/AIDS sums up the implication to PNG of an uncontrolled epidemic, and the reason for definitive action to contain and control the HIV/AIDS epidemic:

"The impact of the epidemic at the family and household levels will have spiralling impact on national economy. Our labour force will be reduced, and every basic health and other social indicators we have invested so much into will be severely affected"

However, developing the national strategic plan for PNG is only part of the solution. The real test is with its implementation and achievement of results. The PNG government is working very closely with development partners, in particular with AusAID and national and international civil society organisations (NGOs, churches, private sector, and community organisations) to effectively implement the national strategic plan.

While the known prevalence of HIV infection in the rest of the Pacific region is otherwise low, poor sexual and reproductive health conditions, the presence of numerous other risk-factors including gender disparities and limited capacity to deal with HIV demonstrate that many Pacific Island countries are vulnerable to a rapidly escalating epidemic.¹ We need assistance now while there is still opportunity for a timely intervention.

Pacific leaders had called for greater involvement of civil society including people living with HIV/AIDS and representatives of vulnerable groups in the planning, designing and implementation of national HIV programs and services. Concerted effort now needs to focus on involving and transforming the PLWHA and Pacific civil society organisations into effective partners for change.

The HIV virus is strategic in its method, weakening our body's defence to fight. Likewise, we need to be strategic in our approach to combat HIV. We need to think outside the box.

¹ UNAIDS Pacific Report on Scaling Up to Universal Access in the Pacific, February 2006

For a region where the emphasis is on prevention, halting and reversing the trend of infections; incremental approaches, is not going to give the answers. It will only perpetuate the sense of helplessness against the disease. We need a new way of thinking and a new way of fighting this disease.

The region needs to embark on a more strategic and multi-faceted approach to fighting HIV/AIDS comprising a combination of a 'one-hundred percent' treatment coverage, coupled with the strategic positioning of regional / subregional laboratory and technical advisory / counselling and support centres to service a number of countries, and reducing gender disparities, violence against women, children and sexual minorities and helping vulnerable groups more directly will have a more positive effect.

Well-planned and properly executed in close collaboration with all Pacific countries and territories, this approach will not only ensure all suffers of HIV/AIDS will have a chance of leading a more normal existence. *More importantly, it will be an incentive to draw out many that are still not coming forward, because they can now have a real chance for treatment and a more normal life, thereby reducing the pool of infected people in the general community, and more importantly effectively reducing the risk of transmission of the virus to other people in the community.*

One major challenge that will need to be overcome in providing 100 percent treatment cover for all people living with HIV/AIDS is the cost of Anti Retroviral drugs. Pack leaders and strategic partners need to negotiate for better prices for ARVs for long-term sustainability of treatment programmes.

In the Pacific, the numbers are still small enough for this approach to work. *Even for Papua New Guinea, it is better to deal with their relatively large numbers now in a more definitive way than to wait for them to increase tenfold in the next few years before thinking strategically on how to contain and combat the epidemic.*

For a comprehensive a strategy to fight HIV/AIDS to be effective, the role of civil society, NGOs, the private sector, churches and PLWHA is critical. *The war against HIV/AIDS is not fought only in the hospital wards and laboratories, more importantly in the Pacific region it is fought at the homes, the communities, and individual families. This is where governments need to acknowledge the comparative advantage and strength of the civil society and accord them the trust, the responsibility and more importantly the resources to lead the fight in these quarters through genuine and effective partnerships - for that is the only way to win the war against HIV/AIDS - a war we will need to fight together.*

Mr President, HIV/AIDS had successfully and strategically divided its opposition into two camps in many countries, the government camp, and the civil society camp, such that instead of focussing on their common enemy, both camps are more engaged in fighting and discrediting each other, and helping the virus to forge ahead.

If there is anything that we can learn from the HIV/AIDS virus, it is to be strategic, united, anticipative, comprehensive and pre-emptive in our approach. Controlling, reducing and ultimately reversing the trend of HIV infections is still very much an achievable outcome for the Pacific islands region.

Let us not take lightly, the responsibility bestowed upon us through this UNGASS meeting. Let us not forget the eyes of millions focussed on the outcome of this meeting; their hope that decisions made at this meeting will give them the chance to live again, or even a live little longer. Let us not forget the millions that we will be condemning if decisions made at this meeting deny them their basic human right.

The challenge before us today is not what we do for ourselves, but what we do for others. What legacy does the world community want to leave behind, how does this generation of world leaders and decision makers want to be remembered by our current and future generations of human kind? For it is not only the decisions we make at meetings such as these, but the impacts of the decisions that will shape the future of humanity we leave behind. History will judge us, either as the generation that did its best to rid this world of the scourge of HIV/AIDS or the generation that had the opportunity to do it, but did not take it at the cost of humanity. It is not a decision we can shy away from, it is one where we have to make a choice on, and unfortunately it comes during our watch.

Mr President, the future of human kind is in our hands. In this regard, it is the hope of the Pacific islands delegations to this meeting that the declaration resulting from this meeting will be bold, strategic and realistic and takes the 2001 declaration of

commitment a step further to ensure universal access to care, prevention, and treatment, as well as agreeing on realistic targets and outcomes to be achieved along the MDG timelines. It is our hope that we will have a declaration that we can all be proud of, one that will make a real difference in people's lives.

Thank you for your attention.