



SOLOMON ISLANDS

Statement

by

**H.E. Ambassador Collin Beck
Chairman of Delegation**

**at the High-Level Meeting on HIV/AIDS
during the 60th session of the
United Nations General Assembly**

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Mr. Chairman,

Thank you for giving me the floor, I would like to begin by associating my delegation with the pleasantries registered by those that spoke before me and assure you of my delegation's cooperation during this debate.

Solomon Islands would like to associate itself with the statement issued by Papua New Guinea on behalf of the Pacific Islands Forum Group of States and take this opportunity to register its comments in its national capacity as a Small Islands Developing State with least developed country status.

Mr. Chairman,

The bulk of Solomon Islands population are young and sexual active, in that respect my delegation attaches much importance to subject at hand. Other preventable disease such as malaria remains the country's number one killer.

Solomon Islands remains committed in addressing the threat and incidence of HIV/Aids and has in place a National Multi-Sectoral Strategic Plan on HIV/Aids and STDs in Solomon Islands 2003-2006. This remains a strategy unless it is resourced and supported. Within its means, the government continues to pursue the goals; however it can not proceed beyond a certain point. It is through partnership internally and externally that we can make a real difference.

Mr. Chairman,

HIV/Aids is a multifaceted issue.. It has the potential to impose a social and economic burden on countries already under stress especially those recovering from a conflict situation such as Solomon Islands. A new approach needs to be undertaken to halt the spread of infection, identified gaps in such gathering as this must be collectively filled and addressed. There are a number of specific actions Solomon Islands wishes to propose.

First we must treat the disease globally and holistically in a fair and equitable manner. The Pacific and Asia region is home to two thirds of the one billion world's poor yet it is not given enough attention by the wider community. The lack of support to the region has created weak links in our global fight against HIV/Aids.

Secondly, likewise we the international community must accord equal status of HIV/Aids to other security threats facing the world today, once again certain threats have received more resources than those accorded to HIV/Aids, more people die form HIV/Aids than wars.

Third, we must address the issue of preventing HIV/Aids from a development perspective. We must address the root causes of HIV/Aids and that is poverty, we must

not work around it but address poverty head on. Such bold action must be people centered in the case of Solomon Islands rural focus with emphasis on agriculture. By changing the economic conditions of our people, we will only then see a more positive response to awareness and preventive programmes

Fourth, our fight against HIV/Aids could be better fought within a stronger coherent and well coordinated United Nations systems that is properly equipped to assist countries with the right tools to combat the disease at all fronts. This can be done by providing and availing financial resources on a more timely and predictable manner.

Mr. Chairman,

My delegation feels there must be special arrangements for Small Islands Developing states and Least Developed Countries to tap into Global Fund for Aids. For small Islands developing states, the stringent mechanism in place makes it difficult for SIDS to access funds. The Pacific regional HIV/Aids proposal was prepared at a cost of 350,000 dollars only to see it rejected. It is disturbing to note that some of our global system has grown so huge that small proposal of USD20 million programme per annum that covers awareness, education and treatment are considered too small for such a Fund to handle. It is estimated by some reports that by 2010, 40% of global incidence of the virus will come from the region.

Sixth, we must make it our business to ensure treatment gets to all those that needs it, for developing countries, it is a challenge to get people tested, yet not provide them treatments either too expensive or not available. Should we fail them now, by 2010 it is estimated that 40% of infection will come from a region that today is not considered a priority.

Mr. Chairman,

I would to close by making a plea to the international community to invest in people and avoid paying a high cost in treating a problem that is preventable. We must match our commitment with resources lest history will judge us harshly..

I thank you, Chairman