

2.20



ESPAÑA

**INTERVENCIÓN DE LA SRA. MINISTRA DE SANIDAD Y CONSUMO
DE ESPAÑA EN LA REUNION DE ALTO NIVEL
DE LA ASAMBLEA GENERAL DE NACIONES UNIDAS
SOBRE VIH/SIDA**

Nueva York, 2 de junio de 2005

(Cotejar con intervención definitiva)

**STATEMENT BY THE MINISTER OF HEALTH AND CONSUMER AFFAIRS
AT THE HIGH LEVEL MEETING OF
THE UN GENERAL ASSEMBLY ON HIV/AIDS**

New York, 2 June 2006

(Check against delivery)

WORDS FROM THE SPANISH MINISTER OF HEALTH AND CONSUMER AFFAIRS
AT THE SPECIAL MEETING ON AIDS OF THE UNITED NATIONS ASSEMBLY
(HIGH LEVEL SEGMENT)
New York, 2 June 2006

Thank you, Mr President, good morning, everyone.

When the first HIV infections were reported, AIDS was a health problem that primarily affected men living in wealthy countries, and its most frequent form of transmission was in the context of homosexual relationships. Twenty-five years later, the scenario has changed dramatically: while it still poses a health problem, it has become a social problem that mainly affects women in developing countries and with scant resources, and heterosexual transmission is now the first route of transmission. Hence, the problem calls for new policies and new commitments.

I wish to express my support for the address by the presidency of the European Union and my Government's backing for the Political Declaration that we are going to adopt. I would just like to add a few words to briefly highlight two key components of the Declaration that are particularly meaningful to us and which should, in our mind, have been addressed in more detail.

The first has to do with prevention. It has been calculated that broadening the scope of prevention strategies worldwide would avoid more than half the number of infections in the next ten years. Hence, I would like to emphasize the need to do away with the economic and ideological barriers that obstruct or restrict access to prevention measures that have proved to be effective: in particular, the use of condom and strategies to reduce the harm associated with intravenous drug use.

Spain is the country with the highest prevalence of HIV/AIDS in Europe. The disease has already claimed 46,000 lives and three out of every 1,000 citizens have HIV or have developed AIDS. These figures might have been far more dramatic had we not rolled out a very broad-reaching prevention programme which included substitute opiates and the provision of sterile injection material among the risk group of drug abusers. The mortality rate has been dropping, as has the prevalence of HIV, the number of drug injectors and, among those who continue to inject, HIV risk behaviour.

The second point that I would like to raise is human rights. They should constitute the framework for the response to HIV infection, implementing the measures necessary to avoid the stigma and discrimination faced by the person who has to live with HIV/AIDS, and of the most vulnerable groups of people (injecting drug users, men who have sexual relationships with men, people who practise prostitution, prison inmates, immigrants and transsexuals). What is more, I believe that these groups of people should participate in the design, execution and evaluation of interventions aimed at prevention.

Women are vulnerable, too. But their vulnerability is brought on by social, cultural and economic factors. If we work on those factors, we will be fighting the epidemic as well.

AIDS has influenced our lives ever since the first case was reported: both the lives of those who suffer the disease and of those who do not. AIDS has led to substantial changes in human relations. It has brought suffering and death, and constitutes a threat for human development. But, it must be admitted, the epidemic has also given rise to a greater sense of social solidarity, more tolerance and increased

equality. We are pledged to continue to invest in cooperation for worldwide access to prevention and treatment. The Spanish Government is aware of the importance of international cooperation in the field of health and that is why, a month ago, it approved a 42% increase in the contribution initially envisaged for this year to the Global Fund, which thus amounts to 50 million euros. With this contribution, Spain has now put 185 million euros towards the fight against AIDS, malaria and tuberculosis.

A major international effort has been made in the past few years. ONUSIDA has managed to multiply its budget as well as its technical and political activity, several times over. The United Nations General Assembly Special Session, which we are commemorating today, has brought about changes in many countries' political agendas, and, although the number of people who have access to prevention and treatment today cannot be considered a success, it is certainly a great step forward.

The advances made are due, largely, to the effort and the voice of NGOs. Today civil society and government authorities are gathered here together, and we admit that there is still much to do, but, as the UN Secretary-General's report of 24 March this year points out, we do also have a firm basis for delivering a full and wide-scale response.

Thank you very much.