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Statement by

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on the

**Report of the Secretary-General on
Monitoring of population programmes, focusing on population, development and
HIV/AIDS, with particular emphasis on poverty (E/CN.9/2005/4)**

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Mr. Chairman,

Distinguished Delegates,

UN System Colleagues and Friends:

It is a great honour to address this 38th session of the Commission on Population and Development and to introduce the Report of the Secretary-General on *Development Monitoring of population programmes, focusing on population, development and HIV/AIDS, with particular emphasis on poverty* (E/CN.9/2005/4).

More than 20 years have passed since the first AIDS cases were identified, and since then, this plague of the modern world has killed over 20 million men, women and children. Today, the number of people living with HIV has surged to over 40 million. Rates of infection continue to rise, and epidemics continue to rapidly advance, particularly in Eastern Europe and Asia. The AIDS epidemic is having an astounding impact on health, and on the social and economic stability of nations. These stark realities reaffirm that HIV and AIDS must be treated as both an emergency and a long-term development issue.

The international community has not been silent on AIDS. Your common commitments to combat the AIDS epidemic and mitigate its effects have been captured and communicated through a number of international forums, including the Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly Special Session on HIV/AIDS, and the Millennium Declaration. And we have gone even further through the acknowledgement that the MDGs cannot and will not be achieved without a scaled up and intensified response to the epidemic.

Mr. Chairman, the present report highlights the effect that HIV/AIDS has on population dynamics, including population losses and decreasing life expectancy, slowing economic growth and increasing extreme poverty. Poverty increases vulnerability to HIV. It also undermines the socio-economic conditions of people living with HIV and AIDS. The report notes the enormous burden of the AIDS epidemic on various development sectors including the health and education sectors, and on households, families and individuals. It cites the inadequacy of human and institutional capacity that prevents available financial resources from being used effectively, prevents expanded coverage of programmes and ultimately hinders or stops countries from making progress on their development goals. For many countries, weak information and monitoring and evaluation systems and a marked need for increased human resources only exacerbate the situation.

The report pays particular attention to the feminization of the epidemic and its impact on women and girls highlighting the depressing - but not unexpected trend - of increasing infections rates among women, most particularly young women and girls. The report further emphasizes that progress in responding to the epidemic is hindered by the preponderance of poverty, gender inequality, stigma and discrimination and the lack of respect for the universality of human rights. In countries throughout the world, individuals most vulnerable to HIV infection are the very

people who experience the greatest marginalization, stigma and discrimination, and economic and legal disempowerment. Such powerful realities discourage the use of HIV prevention and treatment services, including voluntary counseling and testing, and discourage disclosure of HIV status.

On young people, the report's message is clear. With over 1 billion adolescents now entering sexual maturity, we face a massive challenge in reaching young people with the information, education and youth-friendly health services they so urgently need to protect against unwanted pregnancy and to prevent disease, including HIV. Indeed, over one-half of new infections are among young people under the age of 25. Young people everywhere have the right to an environment in which they are safe from harm, supported through caring and close relationships with parents and families and have opportunities for personal growth and development.

Mr. Chairman, not all on the horizon is bleak - the good news is HIV/AIDS is a problem with a solution - we know what needs to be done. Awareness of HIV/AIDS and the need to take vigorous actions to combat the epidemic is growing in all parts of the world. Governments are adopting policy reforms and developing multi-sectoral strategies. Countries are increasingly implementing the "Three Ones" principles of one national HIV/AIDS action framework, one national AIDS coordinating authority, and one monitoring and evaluation system. The recent high-level meeting hosted by the Government of the United Kingdom, in partnership with France, the United States and UNAIDS on "Making the Money Work" outlined actions needed to provide a more effective and coordinated response from donors and multilateral organizations to support countries to deliver effective AIDS programmes. The history of AIDS has shown us that when we are united, people win. When we are divided, the virus wins.

Mr. Chairman, the report reminds us that prevention must be the mainstay of any response. Prevention is the best and most viable approach to reverse, and ultimately halt, the epidemic. Yet, less than one out of five persons in our world has access to basic HIV prevention programmes. Large-scale implementation of effective prevention remains hampered by social, cultural and --- much too often --- by leaders reluctant to deal openly and honestly with issues of sexuality and human behaviour. This is evidenced from the low levels of reproductive health and HIV-knowledge among the world's youth to the funding and access gaps for reproductive health commodities including male and female condoms. We must not be complacent on HIV prevention - the same urgency that has been brought to bear on the drive to expand treatment must be engaged to re-intensify HIV prevention.

We must remind ourselves that prevention, care, treatment and support are interlinked along a broad continuum, and their effectiveness is vastly improved when utilized together. Simply stated, prevention and treatment must work hand-in-hand. We can resolutely affirm that without prevention, treatment is not sustainable. And, without treatment and support, the required levels of prevention to halt the epidemic will not be realized.

We must seize every opportunity to effectively integrate HIV/AIDS and sexual and reproductive health including building on the growing recognition and evidence of the benefits of linking HIV/AIDS and sexual and reproductive health and the role that this linkage can play in meeting

the UNGASS and Millennium Declarations goals and targets. Strong linkages between sexual and reproductive health and HIV/AIDS result in more relevant and cost-effective programmes with greater impact. Stronger linkages benefit from utilizing existing infrastructure for delivering maternal health, STI management, family planning and community-based outreach. As stated in the *New York Call to Commitment*, efforts must be dramatically strengthened to address the links between HIV/AIDS and sexual and reproductive health, including more effective utilization of reproductive health services as entry points for HIV prevention and treatment. The UNAIDS Programme Coordinating Board has called on the Joint Programme and its partners to make such linkages strong and robust components of their work.

Looking longer term, we must address the underlying causes and consequences of the AIDS epidemic, including gender inequality, poverty, stigma and discrimination. We must engage with marginalized groups, meet the needs of the most vulnerable, and ensure that programmes work together with populations most directly impacted by the epidemic. We must build on positive cultural values and norms to raise awareness and help overcome the barriers and reverse the driving factors just mentioned.

To summarize, today there is increasing political commitment around the world, and more funds than ever before. We understand the synergies between prevention, care, treatment and support. We know more about effective and promising prevention interventions, and we know how to get millions of people onto life-saving treatment. What we need is a more rigorous upholding of the universality of human rights, including respect for women and girls, young people, and vulnerable populations. As our Secretary-General so wisely stated just days ago: “We will not enjoy development without security, we will not enjoy security without development, and we will not enjoy either without respect for human rights.” We need greater action on evidence-informed strategies that have proven to work. We need to strengthen existing infrastructures to ensure greatest coverage and impact. In short, we need to translate our knowledge and commitments into concrete and effective action in each country, and in each community. Only then will we reach the targets we have set for ourselves. We urge that the concerns and conclusions raised today have bearing on the discussions that will take place at the General Assembly in June and September this year to assess the progress towards the UNGASS and Millennium Declaration goals and targets, so that we move forward in unity to uphold human rights and bring an end to poverty and to AIDS.

Thank you.