



**Islamic Republic of Iran**

**Statement by**

**H.E. Dr. Mohammad Hossein Niknam  
Acting Health Minister of the Islamic Republic of Iran**

**at the**

**United Nations High-level Meeting on HIV/AIDS**

**(New York, 8-10 June 2011)**



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*In the Name of God the Merciful, the Compassionate*

**Mr. President,  
Excellencies,  
Honorable Delegates,**

At the outset, I would like to appreciate the organizers of the high-level meeting particularly H. E. President of the General Assembly and the Joint United Nations Program on HIV/AIDS (UNAIDS) for all their tireless efforts before and during the session.

Almost three decades since the beginning of the global HIV response, and five years before the target date for achieving the Millennium Development Goals, the world is still in need of intensifying efforts towards realizing universal access. However, ensuring universal access needs a combination of an increased and predictable funding as well as an effective response to diverse and evolving epidemics based on each countries national context and circumstances. Therefore, the national health response to HIV/AIDS should be guided by a well funded national strategic plan that prioritize specific interventions and service delivery based on specific requirements and needs at the country level.

Strengthening of the overall health infrastructure is a prerequisite for a successful and expandable response to HIV/AIDS. In the absence of a functioning and vast Primary Health Care network, provision of comprehensive and integrated services for controlling the progress of HIV/AIDS epidemic would be far from reality.

Meantime, a successful HIV and AIDS response programme needs to fully take into account socio-cultural circumstances and a culturally-sensitive approach. In this regard, the role of the family in reduction of risky behaviours specially among young people should be emphasized.

**Mr. President,**

Responding this epidemic, the Islamic republic of Iran has developed a national strategic plan, which addresses the specific needs of the target groups, namely general population, at risk and most at risk population in the national context and people living with and those who are affected by HIV/AIDS.

The main areas of the HIV/AIDS national strategic plan are: age appropriate information and education, voluntary counseling and testing, harm reduction, HIV/STI care and treatment and strengthened HIV related applied studies.

The Ministry of Health & Medical Education, in close collaboration with all relevant stakeholders who sit on the Nationals AIDS Control Task Force, has rolled out comprehensive

programmes to achieve the main goals of the strategic plan towards universal access to prevention, care, treatment and support.

Establishing voluntary counseling and testing (VCT) centers, Drop-in-Centers (DIC), putting together outreach teams, methadone maintenance treatment (MMT) programmes, launching Peer Group Education schemes, hotline services, Home Care programs and family education to prevent high-risk behavior among youngsters, prevention programs in workplaces, training of trainers, and installing the Counseling and Harm Reduction centers for vulnerable women are among key measures taken in line with the national plan to contain the spread of HIV/AIDS.

All these facilities provide their services confidentially and free of charge. Besides, all people living with HIV/AIDS and their families enjoy free health insurance coverage. As a result, a decrease in the number of new cases has been registered which in turn has contributed to HIV prevalence among the general population remaining at around 0.1 percent.

Based on the existing evidence on the expected change in the pattern of transmission from injecting drug use, the government has developed specific HIV preventive programs for vulnerable women.

Today more than 15 harm reduction centers for vulnerable women are delivering the services throughout the country. By the end of the current year the number of such centers is expected to be scaled up to 25.

The majority of women living with HIV in Iran are indicated to be spouses of injecting drug users. However, these centers address special needs of all HIV vulnerable women including spouses of male drug users or male prisoners, female drug users and the women with high risk behaviors. Such centers, solely providing care and services to women, have created a safe heaven for them where information, education, HIV counseling and testing, harm reduction, care and support can be provided without the fear of stigma and discrimination.

**Mr. President,**

In conclusion, I would like to reiterate that the government of the Islamic Republic of Iran remains committed to the global efforts to work towards elimination of the new generation of HIV cases and AIDS related death.

**Thank you for your kind attention**