

STATEMENT

**By Bertil Lindblad, Director, UNAIDS New York Office**

**To the Forty-eight session of the  
Commission for Social Development**

**Agenda item 3: Follow-up to the World Summit for Social  
Development and the twenty-fourth special session of the GA:  
(a) Priority theme: Social integration**

**5 February 2010, New York**

*[Note: check against delivery]*

Mr. Chairperson,  
Excellencies,  
Distinguished Delegates,

UNAIDS welcomes the opportunity to address the Commission at the fifteenth anniversary of the World Summit for Social Development. We also welcome the focus of this year's deliberations on one of its key objectives - to promote social integration, which is extremely pertinent in the context of addressing the AIDS epidemic and achieving the Millennium Development Goals.

The Copenhagen Declaration has recognized that **communicable diseases, such as HIV, pose a hindrance to social development and are often the cause of poverty and social exclusion**, and has therefore called to give highest priority to their prevention and treatment. Indeed, the HIV epidemic has had a devastating impact on social and economic development. It devastates and kills individuals without treatment and results in the dissolution of families. In the hardest hit countries it has undermined community resilience and traditional support networks, affected labor productivity and human capacity necessary for poverty reduction and provision of health and social services, as well as undermined socio-economic development gains. At the same time, the epidemic has brought to the forefront, and often compounded, some of the persistent social ills that fuel the spread of HIV, such as gender inequality, gender based violence, failure to realize and protect human rights, and stigma – especially for typically marginalized communities who often bear a disproportionate burden of HIV.

Mr. Chairperson,

The objective of the Copenhagen Declaration to foster inclusive societies that are stable, safe, just and tolerant, respect diversity and promote equality of opportunity and participation of all people, including disadvantaged and vulnerable groups and persons, goes to the very heart of the AIDS response. At the same time, as noted in the Secretary-General's report<sup>1</sup>, the objective of creating a "society for all" has remained elusive.

There can be **no true social integration and inclusiveness in a world where HIV-related stigma and discrimination are persistent, and where rights of people living with or affected by HIV are violated.** Unfortunately, nearly 30 years into the epidemic, millions of people worldwide continue to face discrimination, social exclusion and violence due to their HIV status. Populations that are most at risk of HIV infection, including men who have sex with men, people who inject drugs, transgender people and sex workers, remain at the periphery of the society, face double stigma and discrimination..

In 2006, by adopting the Political Declaration on HIV/AIDS, governments unanimously committed to achieve universal access to HIV prevention, treatment care and support by 2010 and to protect the rights of people living with HIV and of those vulnerable to HIV<sup>2</sup>. However, many countries have laws and policies that are inconsistent with the commitments. In 2007, one third of countries reported that they still lacked laws to prohibit HIV-related discrimination, and in countries where anti-discrimination legislation is in place, there are problems with their adequate enforcement. 84 countries reported having laws and regulations that present obstacles to effective HIV services for most-at-risk populations. Some 60 countries have laws that restrict entry, stay and residence of people living with HIV based on HIV-positive status only. Finally, there is a growing tendency among countries to enact overly broad laws that criminalize HIV transmission, as well as non-disclosure of HIV status. Such measures only reinforce HIV stigma and discourage people from testing and accessing essential HIV services and commodities. *Stigma and discrimination against people living with HIV and punitive laws, policies and practices that further marginalize most-at-risk populations must be removed, as they pose barriers to an effective HIV response and run contrary to the objectives and principles of social integration and human-rights based approach to development.*

The issue of HIV-related stigma and discrimination in the workplace is of particular significance in the context of achieving Copenhagen's objectives of poverty eradication and full employment and decent work for all. Globally, 33.4 million persons are living with HIV. Around 4 million in developing countries receive anti-retroviral therapy (ART)<sup>3</sup>. With increasing access to life-saving treatment, it is expected that the population of people living with HIV will continue to grow. At the same time, due to beneficial impact of the ART, more and more people living with HIV are able to live longer and lead full and productive lives, and contribute to the well-being of their families and to the development of communities and societies. It is therefore essential to *combat HIV stigma and discrimination in the workplace and promote employment opportunities for those living with or affected by HIV.*

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<sup>1</sup> E/CN.5/2010/2

<sup>2</sup> A/Res/60/262, Annex (paragraphs 20 and 29)

<sup>3</sup> This represents a 10-fold increase over past five years. However, with ART coverage rate of 42% globally, around 60% of those in need of such treatment still don't have access to it.

Mr. Chairman,

Let me provide more detail on the impact of the epidemic on some of the social groups, especially women, young people and children.

Globally, *women* represent about 50% of all people living with HIV, and over 60% of HIV infections in Africa. In Southern Africa, prevalence among young women aged 15-24 years is on average about three times higher than among men of the same age<sup>4</sup>. The vulnerability of women and girls to HIV is increased due to factors which affect their capacity to protect themselves from HIV infection. These include lack of legal rights, education and economic opportunities, sexual violence and coercion, and the pressure to engage in transactional and inter-generational sex. Women and girls also carry a disproportionate burden of AIDS-related care. They account for between two thirds to 90 % of all care-givers in countries hardest hit by the epidemic<sup>5</sup> and often miss out on employment and education opportunities for their own advancement. **It is imperative to empower women and girls to protect themselves from HIV (by ensuring equal legal rights and providing education and economic opportunities), in order to stop the spread of the epidemic and meet multiple commitments with regard to gender equality and advancement of women.**

*Young people* (15-24 years old) account for 40% of all new HIV infections globally. It is ironic that even though the current generation of youth has not lived in a world without HIV, only about 40 % of them have accurate and comprehensive knowledge about HIV. **It is impossible to stop the epidemic unless young people are empowered to protect themselves from infection by having access to necessary information, services and commodities for sexual and reproductive health, including HIV.**

*Children* are especially vulnerable to the impact of AIDS. Over 14 million children in sub-Saharan Africa were estimated to have lost one or both parents to AIDS. At the same time, in 11 high-prevalence countries, 85% of children orphaned or made vulnerable by HIV lived in households that received no form of assistance in 2007. **Child sensitive social protection is a key to reaching children affected by HIV**, including through provision of cash transfers (cash and in-kind transfers, i.e. school fees), social insurance and welfare support.

In conclusion, Mr. Chairman, UNAIDS would like to take this opportunity to reiterate the call on all governments and the international community to further strengthen efforts to eliminate all forms of HIV-related stigma and discrimination, and promote and protect human rights of all people vulnerable to HIV infection or living with HIV. This is a critical prerequisite to ensure an effective response to the HIV epidemic, as well as help achieve social integration and the overarching objectives of social and economic development. UNAIDS will continue to work with all partners towards the achievement of these goals.

Thank you.

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<sup>4</sup> 2009 AIDS Epidemic Update (UNAIDS)

<sup>5</sup> SG's Task Force 2004; Southern Africa Partnership Programme 2005: Impact of Home Based Care on Women and Girls in Southern Africa.

