

UNAIDS Statement to ECOSOC on behalf of the Executive Director

Mr. President, Excellencies,

I have the honor to address the Council on behalf of the UNAIDS Executive Director, Michel Sidibé.

Since the last report prepared by UNAIDS to the Economic and Social Council in 2007, we have seen very tangible results in the global response to the AIDS pandemic that continues to kill two million people per year.

Almost 14 billion US dollars was spent on AIDS last year. In this time of economic crisis we are indeed reporting back at a crossroads, but our call for full funding to reach the goal of universal access to HIV treatment, prevention, care and support remains unchanged.

Reports from agency staff in 71 countries indicate that eight countries are already facing shortages of antiretroviral drugs or other disruptions to AIDS treatment. However, these countries are home to more than 60% of people worldwide receiving AIDS treatment,

HIV prevention programs are also in jeopardy. In 34 countries, representing 75% of people living with HIV, respondents say there is already an impact on HIV prevention programmes focusing on high-risk groups such as sex workers, people who inject drugs and men who have sex with men.

Any interruption or slowing down in funding would be a disaster for the 4 million people on treatment and the millions more currently being reached by HIV prevention programmes.

To better increase the impact of results, the UNAIDS Secretariat and the cosponsors have agreed an Outcome Framework to focus and improve the way we work and optimize our partnerships. The Framework also holds UNAIDS accountable for making the resources of the UN work for results.

UNAIDS will work to end the two-tiered system of global AIDS treatment. This means stopping the practice of using outmoded drugs for people in developing countries. Some 3.2 million people are on treatment in Africa. We are committed to working with the World Trade Organization, WHO and WIPO, to further exploit the flexibilities of the Agreement on Trade Related Aspects of Intellectual Property Rights.

The Outcome Framework will also enable UNAIDS to lead the integration of HIV and tuberculosis services. Pursuing this priority will help to eliminate the half a million unnecessary deaths from tuberculosis/HIV co-infection and will provide life-saving nutritional support for those who need it most.

With some 2.7 million new AIDS infections annually or more than 7,000 each day, we need to break the trajectory of the epidemic. Systemic underinvestment in prevention remains a major concern. Evidence clearly calls for no 'one size fits all' prevention programme but wiser, targeted investments in combination HIV prevention based on knowledge of the specific epidemic in each country. Such investment will help us reach universal access as the foundation for the achievement of the MDGs.

For better results on prevention fundamental changes in attitudes, beliefs and laws need to happen and there is a clear dividend to be achieved by wiser, targeted investments in prevention.

UNAIDS has been improving monitoring and evaluation methods, HIV surveillance, epidemiology, resource tracking and financial needs analysis to help countries better know their epidemic and tailor

their responses based on this knowledge. Yet, key aspects remain resistant to change. Stigma, discrimination, gender inequities and the marginalized position of people living with HIV and most at risk populations continue to negate the efforts of all those contributing to the response to AIDS.

UNAIDS will also give the highest priority to the virtual elimination of mother-to-child transmission of HIV by 2015. We will not accept 300,000 newborn children becoming infected with HIV each year in Africa through vertical transmission when a medical solution exists to prevent this form of transmission.

Virtual elimination of vertical transmission will require a major push to strengthen maternal and child health services for sexual and reproductive rights. It will help delivering on other MDGs than merely MDG6 and contribute to strengthening primary health care. This brings me to my last point, namely UNAIDS efforts to take AIDS out of isolation - using the leverage of AIDS to effectively address other health problems.

AIDS has taught the world about the political power of public mobilisation and these efforts can be targeted in other areas such as around maternal and child health and the delivery of all MDGs.

In conclusion, I would like to remind us all that the most enduring solutions come from people infected and affected by AIDS and to reiterate UNAIDS core principle of working with people living with HIV who continue to be the cornerstone of effective responses in all countries.

Allow me to thank all the delegations for their constructive approach and flexibility during the negotiations of the draft resolution which we hope will be adopted by consensus.

Thank you.