



STATEMENT ON BEHALF OF THE GROUP OF 77 AND CHINA BY THE HONOURABLE JOHN H. MAGINLEY, MINISTER OF HEALTH OF ANTIGUA AND BARBUDA, TO THE 2008 COMPREHENSIVE REVIEW OF PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS (New York, 10 June 2008)

Mr. President,
Mr. Secretary-General,
Honourable Ministers,
Distinguished Delegates:

I am honoured to address you today on behalf of the Group of 77 and China.

At the outset, we would like to thank the Secretary-General for the comprehensive update of national progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. We would also like to thank the co-facilitators and UNAIDS as the substantive secretariat for organizing this 2008 review.

Distinguished Delegates,

The Secretary-General's report tells us that progress has been uneven since 2006 and that significant scaling-up is required if the international community is to achieve the goal of universal access to HIV prevention, treatment, care and support by 2010 and the MDG target of halting and beginning to reverse national epidemics by 2015.

Distinguished Delegates, we know the estimates compiled by UNAIDS for 2007:

There is the global total of 33.2 million people infected with HIV, 15.4 million of whom are women, some 2.5 million new infections since 2006 and 2.1 million deaths from AIDS-related illnesses.

There were also 2.1 million children under 15 years-old living with HIV and 290,000 who died of AIDS. Such sobering statistics only begin to tell the story of the potential lost because of this devastating disease.

Ladies and Gentlemen, we also know what needs to be done, and today we are challenged beyond what Dr. Peter Piot termed the "crisis management approach" to look at truly sustainable long-term responses to fight this pandemic. In this way, we increase the possibility, particularly for low and middle-income countries, to maintain and continue to build on the gains achieved to date. I will outline a few actions that the Group of 77 and China deems essential in the sustained response to HIV/AIDS. These are not presented in any particular order of priority.

First, prevention education - More than twenty-five years into this pandemic, every person should have the knowledge and means to protect him or herself from HIV infection. National strategies that provide information, education and communication on HIV/AIDS to the public remain critical to reducing the spread of the virus.

Second, strengthen health systems - In developing countries there is an urgent need to strengthen health systems. Maintaining strong linkages between reproductive health and HIV/AIDS policies, programmes and services will result in more relevant and cost-effective programmes with greater

impact, particularly as it relates to addressing infection rates among women and girls. In the same vein, national plans that integrate dual therapies to address co-infections that are common among people living with HIV can be instrumental in improving quality of life and life expectancy.

Third, build capacity - This is closely linked to my last point. The dearth of trained medical workers in many developing countries is impeding significantly the battle against HIV/AIDS. Developing countries are forced to find creative solutions to counter the effects of migration of health personnel to developed countries. Training and education initiatives are underway to shift tasks to nurses, medical officers and even community-based organizers who can be instrumental in providing critical treatment, care and support to the most-at-risk populations.

Fourth, provide access to affordable drugs - The G77 and China acknowledges initiatives that have enabled developing countries, in accordance with the 2006 Political Declaration on HIV/AIDS, to make use of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement's flexibilities for public health purposes. We continue to call for support in our efforts to access affordable HIV medicines, including generic antiretroviral drugs and other essential drugs for AIDS-related illnesses, thereby greatly facilitating the move towards universal access to HIV prevention, treatment, care and support by 2010.

Fifth, advance research and development - While we are disappointed with the outcome of recent trials of an HIV vaccine, we should remain encouraged by the work currently underway on developing a new generation of microbicides to be used in the prevention of the virus. The argument in support of strengthening efforts towards new prevention methods is a strong one.

WHO and UNAIDS reported that for every person placed on ARV treatment in 2006, another four people became newly infected. Quite simply, we have to be committed to intensifying scientific, political and financial support to the research into new and better prevention options, especially ones that empower women and girls to protect themselves from HIV infection. In this regard, we acknowledge the contributions that members of the Group of 77 and China namely, Brazil, China, the Dominican Republic, India, Kenya, Malawi, South Africa, Tanzania, Thailand, Uganda, Zambia and Zimbabwe, have made in funding and/or hosting microbicide clinical trials.

Sixth, mobilize resources - Funding for HIV/AIDS has increased dramatically in recent years. The G77 and China is thankful to the numerous bilateral and multilateral donors, including public and private sources that have answered the call for increased resources to support the global AIDS response. We are proud to recognize the significant role that South-South cooperation has played to this end.

Distinguished delegates, despite the tremendous increase in funding, there remains a significant gap between need and available resources. UNAIDS estimates that between US\$27 billion - US\$43 billion in 2010 and US\$35 billion - US\$49 billion in 2015 will be needed to close the resource gap required to achieve universal access. To ensure the sustained response that we acknowledge is essential, predictable funding from all sources will have to be secured. Developing countries know that this must include financing from our own national budgets and consequently we have risen to meet this challenge. As a result, domestic spending in low and middle-income countries has grown to represent approximately one-third of all money for the global AIDS response.

Yet, burdened as developing countries are under heavy external debt, unmet Official Development Assistance commitments, and vulnerability to changes in the international geopolitical and economic environment, it is worrisome that middle-income developing countries are disqualified and unable to benefit from much of the front-line funding that could be available to help fight the

epidemic in their countries.

To conclude, Mr. President, HIV/AIDS is a major obstacle to development that threatens the social and economic fabric of communities and nations. It cuts across all sectors and warrants a comprehensive, coordinated, integrated and sustained response. Continued progress in the fight against HIV and AIDS is essential for achieving several inter-related Millennium Development Goals including, eradicating poverty, achieving universal primary education, promoting gender equality and empowerment of women, reducing child mortality and developing global partnerships for development.

We have come a long way, but the disease continues to outpace our efforts. Any failure to acknowledge the extent to which HIV/AIDS is undermining the global development agenda is a failure for us all. While by no means an exhaustive list, our success is tied directly to the actions that I have outlined today and Distinguished Delegates, success must be our goal.

I thank you for your attention.