SPEECH

**Statement on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS)**
**Date:** 4 September 2014
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**Occasion: Third International Conference on Small Island Developing States (SIDS)**

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UNAIDS is pleased to contribute to this discussion.

UNAIDS is the only Joint Programme in the UN system. It brings together 12 organizations—11 UN cosponsoring agencies and a central Secretariat—to address the complex issue of HIV with a cross-sectoral and multi-disciplinary approach. At the county level, we work through Joint Teams under the overall leadership of the Resident Coordinator. We work with a broad range of partners, including representatives from Government, bilateral and multilateral, development partners, the private sector, science and academia, faith-based organizations and civil society. We are the only UN organization with civil society represented on its Governing Body.

This conference is very important to UNAIDS, despite the relatively low prevalence rates of HIV in most small island developing States. We are here because HIV as more than just a health issue. It is a development issue, a human rights issue, a gender issue.

UNAIDS supports governments and other partners to address the social and structural drivers of diverse and complex HIV epidemics. We look at how legal and policy barriers, as well as stigma and discrimination, impact the spread of epidemics. And we look at who is most at risk, and how to best empower and enable community responses that are locally owned and effective.

Our vision is Getting to Zero—zero new HIV infections, zero discrimination, zero AIDS-related deaths. We believe that this vision is achievable and that it possible to end AIDS as a public health threat by 2030.

Significant gains have been made in the AIDS response but AIDS remains an unfinished MDG.

- We have seen record-breaking declines in new HIV infections – a 38% decline since 2001.
- AIDS-related deaths are at their lowest levels - a drop of 35% since 2005.
- And by the end of 2013 there were 12.9 million people on antiretroviral therapy.

Small island developing States have done relatively well.

For example, Haiti has seen a 44% reduction in the number of new HIV infections since 2005. Similar trends are apparent in the Dominican Republic, where new infections declined by 61% and in Jamaica where they declined by 42% in the same period.

Pacific Island Countries and Territories experience a low level HIV epidemic, except for Papua New Guinea. Five countries (Cook Islands, Nauru, Niue, Tokelau and Pitcairn) have reported having no people living with HIV.

Madagascar, Mauritius and Seychelles, have low prevalence rates, very much in contrast to some neighbouring countries in Eastern and Southern Africa.

Yet, these achievements must be seen in the context of serious global challenges:

- AIDS remains the leading cause of death for women of reproductive age worldwide.
- HIV-related deaths have risen sharply among adolescents since 2000. HIV is estimated to be the number two contributor to adolescent mortality globally.
- 22.1 million people do not have access to treatment, including 76% of children living with HIV.
- Continuing high levels of stigma and discrimination persist in all parts of the world.
- Small nations are particularly vulnerable to a resurgence of HIV as a result of migration, high rates of gender-based violence, low levels of HIV knowledge and awareness among young people, and lack of access for these young people to adequate or friendly sexual and reproductive health services.

Progress is fragile and gains need to be sustained; this is not the time for complacency.

While each country must lead its national response in accordance with its own situation, experience shows that there are five key elements of a successful response.

Firstly, strategic information.

The response needs to be based on solid data which informs a national strategic plan.

We call it “know your epidemic, know your response”. In most small island developing States, there is a need for stronger data collection and reporting mechanisms.

Secondly, targeted investment.

Resources need to be allocated where they can have maximum impact. And increasingly national governments must invest domestic resources.

This is particularly important when countries are reaching middle income status. Many small island developing States are still heavily dependent on international funding for HIV programmes.

Investments need to be focused on certain geographic locations and key populations where the HIV epidemic is concentrated, for example men who have sex with men in Jamaica and Madagascar, peacekeeping mission personnel in Fiji, maritime workers in Tuvalu, sex workers in Haiti and PNG, and so on.

Thirdly, a focus on women and girls.

Today, women comprise 52% of those living with HIV in low- and middle-income countries. Worldwide, young women are twice as likely to be living with HIV as their male peers.

We know there are clear differences in men's and women's experience with the HIV epidemic. Biological factors that make women and girls more vulnerable to HIV infection are exacerbated by gender inequality, harmful sociocultural norms and practices, unequal power relations between men and women.

Countries need to know their epidemic in gender terms—this means an understanding of the epidemiological trends which are specific to women. Disaggregated quantitative and qualitative data on the impact of HIV on women and girls is essential to develop an effective response.

National HIV strategies need to be tailored to the needs of women and girls, and include specific programmes and budgets that address gender inequalities. Currently less than half (46%) of all countries allocate resources for the specific needs of women and girls in their national response to HIV.

There must be zero tolerance for gender-based violence, including intimate-partner violence. Gender-based violence is both a cause and a consequence of HIV infection. There is a clear link between violence and the increased vulnerability of women and girls to HIV. Data suggests that the risk of HIV among women who have experienced violence may be up to three times higher than those who have not. Violence, and fear of violence, can prevent a woman from insisting on condom use or from refusing unwanted sex.

- According to WHO, one in three women around the world will be raped, beaten, coerced into sex, or otherwise abused in her lifetime.
- According to a review by UN Women, up to 80% of women in Pacific Island Countries and Territories have experienced gender-based violence.

Women and girls must be meaningfully engaged at every stage of national HIV responses to ensure that their needs and rights are well-addressed and monitored. To ensure women are at the table, we need to empower them. This means promoting their self-esteem, enhancing their social and economic status, and ensuring they have the knowledge protect themselves against HIV. This includes access to quality sexual and reproductive health services.

Fourthly, a rights-based approach to ensure that the response leaves no one behind.

We need legal environments that protect—not punish—persons vulnerable to HIV, and persons living with HIV, and enable them to access prevention, treatment, care and support.

We need to ensure that all citizens have access to public health services, free of stigma and discrimination.

We need to ensure the right to information, especially for young people. The low levels of HIV knowledge among young people, a substantial proportion of the population in many small island developing States, is a concern.

- In the Caribbean for example, only 53% of girls and 45% of boys are able to correctly identify ways of preventing the sexual transmission of HIV.

- Studies in small island developing States have found that young people are particularly at risk as they are more likely to lack control over their sexual health, and less likely to have the information and services required to protect themselves.
- For example, in Solomon Islands, Vanuatu and Kiribati research has revealed approximately 20% of young people reported that their first sexual encounter was forced.
- The pregnancy rate among women aged 15–19 in the Pacific and Caribbean regions is higher than the global average. Adolescent pregnancy is another indication that sexual health education and services are not reaching young people.

We also need to ensure the right to freedom of movement regardless of HIV status. 38 countries still have HIV-related restrictions on entry, stay and residence. Nine are small island developing States (Belize, Cuba, Dominican Republic, Marshall Islands, Mauritius, Papua New Guinea, Samoa, Solomon Islands, and Tonga). There is no evidence that such restrictions protect public health.

We hope that these nine small island developing States will join the other 139 States which have found no need for such restrictions.

Finally, partnership and a multi-sectoral and integrated response.

The power of the AIDS movement globally has been its ability to build coalitions of stakeholders, across disciplines and sectors. And increasingly public-private partnerships.

Going forward, we need to continue integrating HIV into broader health and development efforts. Health systems across small island developing States are overstretched, including by noncommunicable diseases (NCDs), particularly hypertension, obesity and diabetes.

Research show that HIV and NCDs have many things in common:

- Both are chronic and preventable;
- Both disproportionately affect the poor;
- Both require a response that goes well beyond the health sector, including the need to address the social and political determinants and inequalities; and
- Both require strong political leadership and commitment, as well as social mobilization and public support.

There are many programmatic aspects where lessons can be shared and common approaches developed. Creating such synergies brings benefits for all, as resources are used more efficiently, and services can focus on people rather than on disease.

- In settings where strong HIV services are in place, we can leverage existing programmes and infrastructure, such as laboratory capacity and procurement, testing and counselling, supply chain and service delivery systems, as a platform to promote better integrated chronic care.
- The global AIDS response has provided rich lessons in how to collaborate with public, private and community sectors to achieve, in 10 years, a 100% decrease in the cost of life saving drugs for people living with HIV. We have managed to rapidly

reduce the time new drugs produced in developed countries become available in developing countries, from 15 years to three years.

- Service delivery innovations that helped advance ART scale-up, such as empowerment, engagement and leadership of affected individuals and communities, and de-centralization of services, can also help respond to NCDs.

In closing, I would like to emphasize that it is possible to end the AIDS epidemic as a public health threat by 2030. The next five years will determine what we can achieve by 2030. We have a narrow window in which to act.

This conference is an opportunity to galvanise our commitment to action to complete the unfinished business of the Millennium Development Goals and take the steps necessary, not only to end the epidemic by 2030, but to use the lessons of the last 30 years of the AIDS response to solve other pressing public health and social challenges.

Effective and creative partnership—the theme of this conference—has been our most powerful tool in the global response to AIDS.

UNAIDS looks forward to joining small island developing States in implementing an agenda that aims to eradicate poverty in all its forms, and ensure inclusive growth that targets inequality, while protecting and managing the natural and cultural resource base of our planet.

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**UNAIDS**
The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.