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Statement by

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on the

**Report of the Secretary-General on
Monitoring of population programmes, focusing on population, development and
HIV/AIDS, with particular emphasis on poverty (E/CN.9/2005/4)**

38th Session of the Commission on Population and Development

New York

4 April 2005

Mr. Chairman,

Distinguished Delegates,

UN System Colleagues and Friends:

It is a great honour to address this 38th session of the Commission on Population and Development and to introduce the Report of the Secretary-General on *Development Monitoring of population programmes, focusing on population, development and HIV/AIDS, with particular emphasis on poverty* (E/CN.9/2005/4).

More than 20 years have passed since the first AIDS cases were identified, and since then, this plague of the modern world has killed over 20 million men, women and children.

people who experience the greatest marginalization, stigma and discrimination, and economic and legal disempowerment. Such powerful realities discourage the use of HIV prevention and treatment services, including voluntary counseling and testing, and discourage disclosure of HIV status.

On young people, the report's message is clear. With over 1 billion adolescents now entering sexual maturity, we face a massive challenge in reaching young people with the information, education and youth-friendly health services they so urgently need to protect against unwanted pregnancy and to prevent disease, including HIV. Indeed, over one-half of new infections are among young people under the age of 25. Young people everywhere have the right to an environment in which they are safe from harm, supported through caring and close relationships with parents and families and have opportunities for personal growth and development.

Mr. Chairman, not all on the horizon is bleak - the good news is HIV/AIDS is a problem with a solution - we know what needs to be done. Awareness of HIV/AIDS and the need to take vigorous actions to combat the epidemic is growing in all parts of the world. Governments are adopting policy reforms and developing multi-sectoral strategies. Countries are increasingly implementing the "Three Ones" principles of one national HIV/AIDS action framework, one national AIDS coordinating authority, and one monitoring and evaluation system. The recent high-level meeting hosted by the Government of the United Kingdom, in partnership with France, the United States and UNAIDS on "Making the Money Work" outlined actions needed to provide a more effective and coordinated response from donors and multilateral organizations to support countries to deliver effective AIDS programmes. The history of AIDS has shown us that when we are united, people win. When we are divided, the virus wins.

Mr. Chairman, the report reminds us that prevention must be the mainstay of any response. Prevention is the best and most viable approach to reverse, and ultimately halt, the epidemic. Yet, less than one out of five persons in our world has access to basic HIV prevention programmes. Large-scale implementation of effective prevention remains hampered by social, cultural and --- much too often --- by leaders reluctant to deal openly and honestly with issues of sexuality and human behaviour. This is evidenced from the low levels of reproductive health and HIV-knowledge among the world's youth to the funding and access gaps for reproductive health commodities including male and female condoms. We must not be complacent on HIV prevention - the same urgency that has been brought to bear on the drive to expand treatment must be engaged to re-intensify HIV prevention.

We must remind ourselves that prevention, care, treatment and support are interlinked along a broad continuum, and their effectiveness is vastly improved when utilized together. Simply stated, prevention and treatment must work hand-in-hand. We can resolutely affirm that without prevention, treatment is not sustainable. And, without treatment and support, the required levels of prevention to halt the epidemic will not be realized.

We must seize every opportunity to effectively integrate HIV/AIDS and sexual and reproductive health including building on the growing recognition and evidence of the benefits of linking HIV/AIDS and sexual and reproductive health and the role that this linkage can play in meeting

the UNGASS and Millennium Declarations goals and targets. Strong linkages between sexual and reproductive health and HIV/AIDS result in more relevant and cost-effective programmes with greater impact. Stronger linkages benefit from utilizing existing infrastructure for delivering maternal health, STI management, family planning and community-based outreach. As stated in the *New York Call to Commitment*, efforts must be dramatically strengthened to address the links between HIV/AIDS and sexual and reproductive health, including more effective utilization of reproductive health services as entry points for HIV prevention and treatment. The UNAIDS Programme Coordinating Board has called on the Joint Programme and its partners to make such linkages strong and robust components of their work.

Looking longer term, we must address the underlying causes and consequences of the AIDS epidemic, including gender inequality, poverty, stigma and discrimination. We must engage with marginalized groups, meet the needs of the most vulnerable, and ensure that programmes work together with populations most directly impacted by the epidemic. We must build on positive cultural values and norms to raise awareness and help overcome the barriers and reverse the driving factors just mentioned.

To summarize, today there is increasing political commitment around the world, and more funds than ever before. We understand the synergies between prevention, care, treatment and support. We know more about effective and promising prevention interventions, and we know how to get millions of people onto life-