



ST. VINCENT AND THE GRENADINES

Permanent Mission of St. Vincent and the Grenadines to the United Nations

800 2nd Ave., Ste. 400G, New York, NY 10017 • Tel: (212) 599-0950 • Fax: (212) 599-1020 • www.svg-un.org

Statement

By

H.E. Camillo M. Gonsalves

Permanent Representative of St. Vincent and the Grenadines to the United Nations

At the

**High-level Meeting on a Comprehensive Review of the Progress
Achieved in Realizing the Declaration of Commitment on HIV/AIDS and
the Political Declaration on HIV/AIDS**

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Mr. President, Excellencies, Ladies and Gentlemen:

Saint Vincent and the Grenadines associates itself with the statements made by the Honourable Prime Minister of St. Kitts and Nevis on behalf of the Caribbean Community; and by the Honourable Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China.

This title of this high level meeting is couched in optimistic terms, asking us to review the “progress achieved” in our commitments and declarations on HIV/AIDS. Indeed, considerable progress has been made in the struggle against the pandemic, and it is fitting that the international community take stock of our achievements and individual experiences, even as we recognize the tremendous challenges that remain ahead of us.

Saint Vincent and the Grenadines remains a low HIV-Prevalence country, with an estimated 0.4% prevalence in the general population. Our National Strategic Plan, which includes a Care and Treatment Programme and a Mother-to-Child Advancement Programme, is rapidly increasing our responsiveness and effectiveness in addressing HIV/AIDS.

Forty-Six percent of health centers in St. Vincent and the Grenadines have been equipped for the delivery of counseling and testing services, and a number of HIV rapid-test sites have become operational in the last year. A community-by-community outreach programme has been initiated and has tested hundreds of volunteers to date. A human rights desk has been established to field complaints of HIV-based stigma and discrimination, and Government Ministries beyond Health – including the Ministries of Youth, Tourism, Education and Social Development – are now involved in a multisectoral strategy and action plan to address HIV/AIDS.

Antiretroviral treatment, which only became widespread in 2003, now reaches 86% of patients with advanced HIV. Eighty-eight percent of pregnant women were counseled and tested for

infection. Even more encouraging is the fact that 100% of infected children under 15 are receiving treatment, and that 100% of public schools currently provide life skills based HIV/AIDS education, a quadrupling of the number from 2005.

Nonetheless, despite this “progress achieved,” there are clearly no grounds for complacency, even in States with very low prevalence. The data paints a picture of a glass half empty, with preventable and treatable new infections still causing death in every corner of the globe.

Saint Vincent and the Grenadines is part of the global trend of the feminization of the pandemic, and we are rapidly approaching a 1:1 male-female ratio of new infections. The spread of HIV in our country, which accelerated 12 years ago and reached its height in 2004, is still hovering near peak levels.

Saint Vincent and the Grenadines’ survival rate remains unacceptably low. Frankly, our low HIV prevalence may owe something to the fact that many infected persons do not live for a particularly long time, relative to the potential survival rates in developed countries.

Seventy-four percent of new cases occur in our 20-49 year-old demographic, with 3% under the age of 15. Only 10% of general population has been tested in the past year and knows their results; and, of 15-24 year olds with more than one sexual partner, roughly 40% did not use a condom in their most recent sexual encounter.

Further, Saint Vincent and the Grenadines is part of a Caribbean region that has the second-highest prevalence of HIV/AIDS in the world. The pandemic is the leading cause of death among young people in Caribbean, and between 2001 and 2007, an additional 40,000 infections have been recorded in the region.

Mr. President,

The relative success of Saint Vincent and the Grenadines, the wider Caribbean, and much of the developing world in addressing the heart rending cases of HIV/AIDS among mothers and children is laudable, but it also begs the question of why we have fallen short in our treatment of other, arguably less sympathetic, segments of society. We must be careful not to allow our deeply held moral convictions or entrenched social norms to dissuade us from wholeheartedly and nonjudgmentally confronting HIV/AIDS wherever it occurs.

The war against HIV/AIDS may soon reach the point of diminishing returns if we do not begin to broaden the battlefield upon which we fight. It is certainly not an innovative insight to note that that places in which AIDS care is weakest are the places where general health care is weakest. Or that the places where HIV/AIDS education is poorest are the places where general education is inadequate. We cannot hope for ultimate success by jury-rigging sophisticated HIV/AIDS testing, treatment and education onto underequipped, underfunded and overmatched national health care and educational systems. The war against HIV/AIDS cannot succeed until the pandemic is addressed holistically, within the context of preexisting national requirements.

Mr. President,

In your statement at the beginning of this High Level meeting, you correctly identified HIV/AIDS as a “development emergency,” with cross-cutting implications. Speakers over the last three days have highlighted the security, gender, political, economic, human rights and public health dimensions of the pandemic. Our 2006 Political Declaration also recognized that “the spread of HIV/AIDS is a cause and consequence of poverty.” Further, in the context of the

current global hunger crisis, it is appropriate to recall the Political Declaration's resolution to integrate food security and nutritional support into the battle against the pandemic.

In light of the many sided plan of attack required against HIV/AIDS, Saint Vincent and the Grenadines calls for a recommitment in three broad areas if we are to consolidate our progress and turn the tide on this human catastrophe. First, it is critical that we increase global funding for HIV/AIDS well beyond current levels, and without bureaucratic income preconditions that cost lives unnecessarily. Second, we must strive to achieve further reductions in the cost of testing, care and treatment of those infected by HIV/AIDS – from the price of laboratory supplies to the cost of second-level antiretroviral drugs, whose expense remains an unacceptable barrier to long-term survival. In this regard, we strongly endorse the calls made by other states to fully capitalize on the flexibilities within the Trade Related Aspects of Intellectual Property Rights (TRIPS) for public health purposes. Third, we call again for increases in the levels of Official Development Assistance up to and beyond the oft-cited 0.7% of GDP, particularly in the areas of health infrastructure, education and poverty alleviation. The long-unfulfilled ODA promises remain a significant blot on the credibility of the developed world, and belie much of the commitments and declarations emanating from this august body.

Finally, Mr. President, Saint Vincent and the Grenadines applauds the G77, the Republic of Cuba and other States that have used this forum to discuss a vaccine and a cure to the pandemic. With the rapid pace of globalization, ever-increasing travel, and the unpredictability of human interaction, an HIV infection anywhere is a threat to health everywhere. It is only with a cure that we can discuss, with finality, the “progress achieved” against this global emergency.

I thank you.