



# AUSTRALIA



AUSTRALIAN MISSION TO THE UNITED NATIONS

E-mail [australia@un.int](mailto:australia@un.int)

150 East 42<sup>nd</sup> Street, New York NY 10017-5612 Ph 212 - 351 6600 Fax 212 - 351 6610 [www.AustraliaUN.org](http://www.AustraliaUN.org)

## General Assembly

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# Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

**Statement by HE Mr Gary Quinlan  
Permanent Representative - designate  
of Australia to the United Nations**

**As delivered**

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Mr President

We are here to track our progress in meeting our shared commitment to universal access to HIV prevention, treatment, care and support – a commitment which, as the Secretary-General has said, is based on the fundamental right of all people to the support, services and commodities that will protect them in health and provide them with care and treatment when they are ill.

In Australia's region, the Asia Pacific, we know that most countries are well behind schedule to achieve universal access by 2010 and many more countries are unlikely to achieve Millennium Development Goal 6 to halt the spread of HIV by 2015.

The region suffers around 1,300 new infections every day.

As 2010 fast approaches we are increasingly aware of the need to accelerate progress if we are to make good our pledges.

In a time of global recession, when many governments are under pressure to cut services, and when reduced family incomes may force people to take more risks, we need to be smart about identifying the key actions that will maximise our resources and make our efforts worthwhile.

Mr President

This year Australia launched *Intensifying the response: Halting the spread of HIV* - our new strategy for development assistance in HIV. Its goal is to make a significant and sustained effort to help our partner countries achieve both the universal access target and MDG 6.

The key question for Australia in developing our strategy was: how can we help our partners to do better?

Drawing on our international experience and information provided by UNAIDS, including the report of the Commission on AIDS in Asia, we concluded that one of the key actions we could support to accelerate the response was to intensify HIV prevention, especially among populations at greater risk. Comprehensive services are vitally important, but as the Secretary-General has made clear in his report we need to remove impediments to universal access, the intangible obstacles to prevention, care and treatment that have been created by stigmatising laws and policies.

Our new HIV strategy prioritises the review and improvement of legal and policy frameworks. This includes support to the implementation of policies and laws through the education and training of law enforcement personnel and service providers.

The removal of discrimination against people living with HIV and against people at higher risk of infection is vital to effective HIV treatment and care. The Commission on AIDS in Asia estimates that by 2020, male to male sex will become one of the main sources of new HIV infections in Asia. Protecting people from discrimination on the basis of their sexual orientation removes their fear of reprisal and need for secrecy and increases the likelihood of their accessing health services.

Sex work, too, is often criminalised and highly stigmatised. This makes sex workers reluctant to access health care services or report violence or abuse and makes it hard to negotiate safe sex.

Mr President

Australia is already helping our partner countries to revise policy and legal frameworks through our Asia Regional Harm Reduction Program. The program aims to reduce the spread of HIV associated with drug use. It promotes policies, laws and services that enable drug users to protect themselves from HIV, as well as to seek treatment and rehabilitation for their drug use. The program advocates for policies that bring together public security, public health and civil society to reduce the harm related to drug use as well as harassment and discrimination against those who use drugs.

Research in Papua New Guinea and elsewhere has established that women who have experienced physical and sexual violence have higher rates of HIV. Conversely, women with HIV often suffer violent reprisals when they tell their partners of their status. Australia is working with Papua New Guinea to roll out a National Gender Policy on HIV. This policy addresses the gender inequality and violence that renders women and girls more vulnerable to HIV infection than men, but less able to protect themselves.

We also know from our own domestic experience how critical policies and laws can be.

The policy of partnership with communities most affected by HIV was central to our success in reversing the epidemic in Australia in the 1980s and 1990s. These communities included people with HIV, people who use drugs, men who have sex with men, and sex workers. They worked in partnership with the government, health sector and researchers, which ensured the success of our public health efforts.

Finally, I am pleased to say that Australia will not falter in our contribution to the global HIV response. By the time the Millennium Development Goals target comes around in 2015, we will have increased our total development aid to 0.5 per cent of GNI. In 2009 alone, we will contribute AUD 160 million dollars to the international HIV response, including core funding for UN agencies working on HIV and an almost doubling of funding to UNAIDS.

Our aim in doing this is to assist countries to meet our common goal of health and development for all, including the most marginalised and vulnerable members of our societies, those pushed into taking unnecessary risks with their health, and often, their lives. This is a commitment Australia takes very seriously.

Thank you.