Statement by Ambassador Bagher Asadi (Islamic Republic of Iran), Chairman of the Group of 77, at the opening session of the Preparatory Process for the Special Session of the General Assembly on HIV/AIDS

New York, 26 February 2001

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Mr. President,

Allow me, at the very outset, to express, on behalf of the Group of 77 and China, our pleasure and satisfaction to see you presiding over the deliberations of this important preparatory process. I would also like to seize this opportunity to thank Ambassador Wensley of Australia and Ambassador Ka of Senegal for successfully conducting consultations on organizational arrangements which led to the adoption of the relevant resolution last Thursday. Our words of thanks also go to the Secretariat for all their good preparatory work for this session.

Mr. President,

As we all remember, our Heads of State and Government committed themselves at the Millennium Summit to halt and begin to reverse the spread of HIV/AIDS and to help Africa build up its capacity to tackle this tragic pandemic. Following the Summit and acting on this commitment, the United Nations General Assembly decided to convene, as a matter of urgency, a Special Session to review and address the problem. The Special Session will aim to strengthen the political will and secure a global commitment for enhanced coordination and intensified national, regional and international efforts to combat the epidemic, which does not recognize any border or political establishment.

Having concluded our consultations on organizational matters for the Special Session and its preparatory process, we can now proceed to substantive discussions on the issue at hand. For which we have the report of the Secretary-General, and to which the Group of 77 and China attaches its deep appreciation. It is a good report; it presents a very objective overview of the epidemic, elaborates on its socio-economic impact and also addresses the global, regional and national responses to what I just termed as a tragic pandemic. The report's section on the lessons learned and challenges ahead is equally enlightening and useful.

The report emphasizes that the spread of HIV has brought about a global epidemic far more extensive than was predicted even a decade ago. It has now become a major development crisis. It impoverishes families, weakens work forces, turns millions of children into orphans, and threatens the social and economic fabric of communities and political stability of nations. The tremendous negative impact of HIV and AIDS on development, particularly in Southern Africa but also increasingly in Asia and Caribbean, cuts across development sectors.

AIDS has hit the hardest in Sub-Saharan Africa. Currently, Africa is home to more than 70% of the nearly 36 million people living with HIV or AIDS around the world, and also home to three-quarters of the nearly 22 million people worldwide who have died of AIDS since the epidemic began two decades ago. In the year 2000 alone, an estimated 3.8 million people became infected with HIV in Sub-Saharan Africa, and 2.4 million people died . A particularly tragic aspect of the epidemic is the growing population of orphaned children, of the world=s 13.2 million children orphaned by AIDS, 12.1 million are in Africa.

Though not exactly similar in all aspects, the situation in other regions is also seriously threatening, thus calling for urgent preventive measures. It appears that for these regions there is still time and chance to act in order to prevent the epidemic from reaching the proportions it has assumed in Africa. Asia has so far escaped those high infection rates but infections are rising. The Newly Independent States, including the Central

Asian Republics, also present quite a dramatic trend and situation, particularly in terms of an extremely steep increase in the number of new infections. In the Americas, the Caribbean region has the highest rate of HIV infection in the world after Sub-Saharan Africa and AIDS already counts as the single biggest cause of death among young men and women in this region. The situation in the Latin American region, however, is not as threatening due to a number of factors, including South-South cooperation. Mention should also be made of the fact that the epidemic is not as menacing as in the past in high income countries. Existing data indicate that they have witnessed a major decline in AIDS- related death in the 1990's due to effective treatment.

While continuing to be an important health issue, the AIDS epidemic is caused principally by a number of economic and social factors, including pervasive poverty. It has simultaneously evolved into a complex emergency problem, primarily affecting young people, cutting a broad path through the society=s most productive layer. In some countries, these trends are reshaping the traditional population pyramid into a new Apopulation chimney@ with a narrowing base of young people and children. In some regions, AIDS is now reversing decades of development through its devastating impact on economic growth and incomes. For example, in the case of Sub-Saharan African countries, it is estimated that overall GDP growth would be 2.6% lower each year, thus shrinking their economy by two-thirds in 20 years. Indeed quite an inconceivable situation, whether in terms of the human resources lost, public revenues reduced and budgets diverted to the mere coping with the epidemic=s impacts. In the Caribbean countries, if the current rate of infection continues the effects on the labor force and development gains would be very serious.

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Having grappled with the spread of HIV/AIDS over the past two decades, not to say anything more about its causes or devastating social and economic impacts worldwide, the international community is now in a position to recognize, in fact, to admit, that AIDS is a huge and yet pressing global concern and priority. A recognition that calls for a response on a much bigger scale than currently is the case at all levels; national, regional and global. What is needed most, and in the first place, is the requisite political will and strengthened leadership at all these levels, to be followed by commensurate policy-making, coordination across all sectors of social and economic planning and, of course, the Achilles Heel of all endeavours, the resources, financial and otherwise, that are sorely needed to be mobilized and made available. It is not a secret that in many developing countries in the regions mentioned above and despite increased commitment and efforts of the national governments, existing services face dwindling resources and are already hard pressed to cope with a myriad of outstanding difficulties. Financial resources allocated to HIV/AIDS, particularly in the most affected regions, is terribly inadequate given the proportions of the epidemic. For example, a well resourced response for prevention and basic care programmes in Africa alone would require at least \$3 billion a year, not including antiretroviral therapy. The magnitude of the crisis in Asia and the Caribbean also needs huge financing.

It should be clear to all of us that an effective combat against the pandemic in all regions makes the mobilization and provision of the needed financial resources all the more imperative. And there is a rather wide range of sources to tap; bilateral and multilateral development agencies, commercial and foundation sources, non-governmental organizations and civil society actors. Debt relief efforts also has an important role to play in order to bridge the existing enormous resource gap in developing countries, where 95% of the worlds 36.1 millions HIV-infected people live. It is only through effective international support, and I underline, at the required levels, that developing countries would be in a position to place this predicament at the heart of their national plans and could be enabled to make strategic plans with adequate resources to combat HIV/AIDS. Furthermore, it should come as no surprise that the needed assistance should be in the form of increased grants and not loans in order to help the affected countries confront the formidable challenge they are facing in such areas as expanding national capacities to respond to the epidemic,

supporting essential infrastructure and training, mitigating the social and economic impacts, scaling-up of successful prevention interventions, and implementing a broad care agenda, including access to drugs. Trade policy provisions should also be used more effectively to increase access to care. In this respect, universal provision of affordable drugs could play a crucial role in checking the spread of the epidemic and its timely treatment.

The severity of the HIV/AIDS pandemic as the most formidable development challenge of our time, particularly in Africa, calls for an intensified international resolve and determination. It is true that national efforts, both by the government and the civil society actors, and regional cooperation each have an important role to play towards successful combating of the pandemic. It is equally true, however, that it is international cooperation that yet needs to be mustered, organized and delivered, and most certainly, on a much larger scale and in an expeditious manner. An urgent solution on a global scale is needed to help the infected people to live longer, and of paramount importance, to prevent new infections. In this regard, the Special Session of the General Assembly on HIV/AIDS and its preparatory process, where there is broad participation of the intergovernmental body as well as the non-governmental actors, should be seen as a unique opportunity and crucial event to muster and consolidate political will at all levels. This process should as well address the roots of this development crisis and undertake to explore the long-term strategy and practical ways and means to deal with it effectively.

Mr. President,

To conclude, let me reiterate, once more, on behalf of the developing world, that the main enemy we have to look for and to fight is the very same state of underdevelopment. That is where the bulk of the blame lies, and that is where we should undertake to change. Apart from all urgent relief efforts and short-term remedies, necessary and important as they are, the ultimate solution cannot but be found in the achievement of genuine, long-term, sustaining development.

And as the very last word, I would like to assure you and the Bureau of the full cooperation of the Group of 77 and China towards success of this process. And to our negotiating partners, let me assure them of openness in approach, readiness for constructive negotiation, and principled flexibility to arrive at consensus on what I hope - and we hope - will be a comprehensive final outcome and a set of concrete and practical measures in all areas under discussion in this process.

