

Colm. 1mg - 1/2 heffe: Brady
T = 4'45"

Feb 2001

N.O.

TESTO 5

01-1177 B cou 7

1177/B

Statement by Carol Bellamy Executive Director of the United Nations Children's Fund
At the 13th International AIDS Conference

Durban, 11 July 2000

Mr. Chairman, Excellencies, Dr. Brundtland, Distinguished Delegates, Colleagues,
Ladies and Gentlemen:

I am very pleased to be here, both on behalf of the United Nations Children's Fund -- and in UNICEF's capacity as chair of the committee of co-sponsoring organizations of UNAIDS.

Two years ago, UNICEF identified five priority areas in which to focus our efforts and resources in all countries, but particularly in those most seriously affected.

The first priority is aimed at bringing the magnitude of the problem of HIV/AIDS to the attention of policy makers at all levels. Thus the theme of this 13th International AIDS Conference -- "Breaking the Silence" -- could not be more appropriate.

But the silence will not be broken until every family and every community fully realises its own particular risks and vulnerabilities -- and has the capacity to care for those already infected and to stop future infection.

And the silence will not be broken until government and civil society at every level take measures to support and protect those who have the courage to share their HIV status with others.

UNICEF's second priority is to prevent HIV infection among young people by working with them to ensure that they have the requisite knowledge and skills -- and access to the services they need to help them reduce their risk of infection.

Mr. Chairman, this is an eminently feasible goal, for HIV infection among young people is 100 per cent preventable.

Even in communities that face the highest risk, we find groups of 15-year-old girls with HIV prevalence rates of just 1 or 2 percent. Yet within just three or four years, without dramatic action, one quarter or more of these girls will be infected.

There are three things we must do to prevent HIV/AIDS from infecting young people.

There must be better access to information and knowledge about the virus and how to prevent it, communicated through schools and other channels.

There must be support for young people to adopt safer behaviour, ^{patterns} including abstinence, delay in onset of sexual activity, fidelity and safer sex practices, including the use of condoms.

There must be improved access by young people to friendly health services where voluntary and confidential HIV testing, treatment of sexually transmitted infections and condoms will be available.

Mr. Chairman, UNICEF's third overall priority is to prevent the transmission of the HIV virus from mothers to their children. UNICEF, together with WHO, is presently supporting pilot programmes to prevent mother-to-child transmission in 12 countries.

(3)

In this connection, UNICEF is working with governments to provide voluntary HIV testing and counselling to pregnant women, as well to supply short antiretroviral drug regimes and advice and support for infant feeding for those who are found to be HIV positive.

Properly implemented, these interventions can reduce HIV transmission rates by half. And while we do not have ~~all~~ the answers in this area yet, we have sufficient confidence to begin planning large-scale programmes to reduce mother-to-child transmission.

We are also very hopeful that ways will be found in the near future to ensure access to drugs to treat all HIV/AIDS-infected individuals. For now, we have drug regimens that are 50 per cent effective in totally preventing AIDS in young children, and these are potentially available for just a few dollars or less.

Let us show that we can implement such programmes now, while working urgently to increase the options available to treat mothers living with HIV.

Mr. Chairman, UNICEF's fourth priority is to strengthen the capacity of families and communities to identify and respond to the needs of orphans and vulnerable children; to ensure their rights to inherit family resources, and to ensure their protection and access to basic health, education and child welfare services.

Finally, UNICEF is also engaged in workplace initiatives with staff. HIV/AIDS is taking a substantial toll on UNICEF personnel and their families, and our fifth priority is to develop strategies to both strengthen prevention and to provide support and services for staff and dependents affected by HIV/AIDS.

In acting on these priorities, UNICEF is using every opportunity to assess if more can be done to intensify the fight against HIV/AIDS. We have recruited additional staff in each of these areas to strengthen country programming -- and are training all staff to expand HIV/AIDS programming using a rights-based approach.

We are also strengthening our partnerships within UNAIDS, and with NGOs and the private sector to rapidly expand the coverage and quality of HIV/AIDS interventions.

And UNICEF has initiated a resource-mobilization strategy to raise an additional \$250 million to support intensified action in the priority areas in Eastern and Southern Africa alone.

Mr. Chairman, in supporting these priorities, UNICEF is committed to using a combination of proven techniques of community mobilization and empowerment, all linked to the rapid introduction of newer communications technologies.

For many years UNICEF has supported a range of successful communications activities aimed at promoting behaviour change and development -- and increasingly focussed on HIV/AIDS prevention and care.