

*National Dialogue on HIV, Human Rights and the Law
Port Moresby,
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Speech – David McLachlan-Karr, UN Resident Coordinator, PNG

On behalf of the UN family, I would like to thank the Government of Papua New Guinea and in particular the National AIDS Council and the Secretariat, for organizing this important dialogue on HIV, Human Rights and the Law and I wish to emphasize that the UN will continue to leverage its strengths to support Papua New Guinea to respond to HIV. This means addressing HIV in its multiple dimensions, in the health sector and beyond, through our work on poverty, governance, human rights, gender equality and capacity development, as well as maintaining appropriately focused HIV work.

Last week over 3000 leaders, activists, scientists, including 30 head of states gathered in NY at the UN headquarters where the High Level Meeting on AIDS was convened. And I would like to highlight some of the key messages that came out because this year's meeting marks an important milestone in the global AIDS response for a number of reasons.

First, it is exactly 30 years – a generation- that the world had a first glimpse of what was going to become a pandemic of unprecedented magnitude in modern history. A generation down the line, 34M people have been infected and over 25M people have died of a premature death, often in their prime productive years. This has left virtually no country or community unaffected.

Secondly, 2011 is a milestone because there is good news on the horizon, and this is particularly important because there is seldom good news about AIDS.

Almost everywhere the epidemic is leveling off. The global rate of new HIV infections has declined by nearly 25% between 2001 and 2009, showing that past and present prevention efforts are paying off. More people than ever before are accessing life prolonging treatment - treatments that are becoming more effective and safer. A record 1.4 million people started treatment in 2010 alone—more than any year before and since the beginning of the HIV response, some 5m lives have been saved.

The third reason to consider this year a milestone is because there are also very exciting developments on the research front. This brings much needed hope that major breakthroughs could be just around the corner. Advances in treatment are now very likely to allow for a transformation of the AIDS response. Results from new trials show that early treatment not only stops people from dying but also prevents transmission by up to 96%.

This is a major game changer and has the potential to revolutionize the way we address HIV and AIDS. However, make no mistake, there is no room for complacency at this point of time and enormous challenges remain. Treatment, even if more effective, stays expensive, requires strict adherence and heavy support structures, especially for the new drugs. With neither a definite cure nor a vaccine in sight, prevention remains the most cost-effective option.

Another key challenge that remains, globally, but that is also very salient in PNG and in the context of this dialogue is that HIV prevalence among certain populations—men who have sex with men, people who inject drugs, sex workers and their clients, and transgender people—remains higher than among other populations and even tend to rise in some countries.

Access to HIV prevention and treatment for these populations at higher risk of infection is generally lower due to punitive and discriminatory laws, stigma and discrimination that run deep in societies. This is often intensified by persistent misconceptions and myths about how HIV is transmitted and by moralistic judgments about people perceived to be most at risk and about people living with HIV or perceived to be HIV-positive.

On most front of the epidemic, PNG has been highly mobilized, with the support of its development partners, activism from its Civil Society and altruism from its many faith based organisations and churches which are often at the forefront of providing the HIV prevention and care services in communities.

That said, the socio-economic realities and gendered norms and expectations that shape behaviours, including sexual and often violent behaviours, continue to provide a fertile ground for the spread of HIV in PNG. Addressing these deep social determinants of HIV risk is tremendously difficult given the cultural diversity of this nation that renders centralized and “one size fits all” approaches ineffective.

Nevertheless, because PNG is unfortunately the most affected country in this region, and also because 2 out of 3 Pacific islanders live in PNG, the country has to lead the way.

In terms of prevention and treatment, as was highlighted, significant progress has been made. There are many reasons behind this good progress and given the theme of the dialogue today, I would only want to highlight one.

PNG has come a long way in creating a more enabling and supportive environment for people living with HIV. The passing of the HAMP Act in 2003 was a significant achievement in this regard. There are issues with it, in particular in terms of its implementation but it was the first of its kind in the Pacific Islands and still serves as an example to neighboring islands nations as to how the law can and should be changed. Some have since followed suit; with Fiji for example passing a progressive HIV decree at the beginning of this year.

The HAMP Act, by squarely putting Human Rights at the Centre of the policy response to HIV in Papua New Guinea, signals that it is no longer acceptable to discriminate against someone on the basis of his/her HIV status. The Act protects privacy and confidentiality and clearly provides that it is unlawful to deny a person access to means of protection from HIV infection.

By deliberately adopting an approach that puts human dignity at its core, a human rights based approach to HIV recognizes that the most effective way to tackle the epidemic is by respecting the rights of people most at risk of infection and most at risk of spreading the virus. This approach is based on global evidence that has countlessly demonstrated that human rights violations or denial actually

promotes infections rather than stop them. Poor access to information and services makes people more vulnerable and stigmatized and the resulting discrimination simply turns them away from services, condemning them to a silent death.

Without pre-empting the discussion today, I would also like to highlight that it is not only the substance of the law that matters but above all, its application and the extent to which an ethic of condemnation and externalization can be changed into one of compassion and acceptance.

This cannot be achieved by progressive laws alone but through political will, education, social mobilization and transformation and effective enforcement of the law.

We know that law reform alone is never enough but at this moment, having an effective enabling environment for a more effective and coherent HIV response is particularly critical.

It is so because 30 years into the response, we know what works and what doesn't and what is needed to end the cycle of death and sorrow that HIV and AIDS have spun across the world and in PNG. Ending it has probably never been so closely at grasp, the question is no longer whether we can? or how can we?, but whether we are prepared to be bold enough to take the necessary steps to do so. This dialogue is precisely one such step and indeed it is a bold one which I am sure will be followed by many more.

On this note, once again, I thank the National AIDS Council and the Secretariat for opening up this dialogue space and wish everyone a fruitful day.