Mr. President,

I have the honour to deliver this statement on behalf of the fifteen Member States of the Southern African Development Community (SADC). The SADC Member States align themselves to the statement delivered by the delegation of Rwanda on behalf of the African Group. The Group thanks the Secretary General for his report under this agenda item.

SADC Member States are gratified to be part of the statistics that speak to the progress that has been achieved in reducing HIV infection rates as well as expanding access to Anti Retroviral Therapy particularly in the hardest hit regions and countries. The SADC region is one of the regions that have experienced the ravages of the HIV/AIDS epidemic. High prevalence rates resulted in a reversal of decades of social and economic progress in our region and weakened our health systems. Against this background, SADC Member States adopted a collaborative approach to fighting the spread of HIV and AIDS in the region and combatting its deleterious effects on social and economic development. The SADC regional response to the HIV epidemic was guided by the SADC HIV and AIDS Strategic Framework. Largely stemming from the ravages of HIV and AIDS, the region also witnessed an unprecedented rise in the proportion of children who were orphans. As a result of the combination of high poverty levels and high morbidity among the adult population, many of these children ended up either under the care of elderly grandparents or being part of child headed households. This situation led the development of the region’s strategic framework on Orphans and Vulnerable Children, which has guided national initiatives on ensuring comprehensive support for this vulnerable group of children.

In addressing the HIV and AIDS epidemic, SADC Member States have adopted a multifaceted approach in recognition of the fact that there is no one model that, on its own, can yield sustainable results. Among other initiatives and programmes, SADC Member States have prioritized advocating abstinence as well as promoting
prevention and protection through improving condom promotion and distribution, behavior change programmes, increasing HIV testing and counselling as well as safe medical circumcision. Individual countries have also taken unprecedented steps to mainstream HIV and AIDS across all sectors, expand treatment for People Living with HIV and increase support for home based care.

Mr. President,

A number of important lessons have been learned in the course of combatting the HIV epidemic. We have seen an unprecedented mobilization of international cooperation around the goal of reducing HIV prevalence, notably under the Global Fund, which has resulted in a well-coordinated system geared towards addressing HIV. In a number of countries the spillover effects of the HIV response have positively impacted national responses to other diseases. However, we must be careful to make sure that the lessons learned from the HIV response are deliberately applied towards comprehensively strengthening health systems so that they are resilient and developed enough to effectively address the general health needs of the population.

SADC Member States are deeply concerned by the findings mentioned in the Secretary General’s report regarding the lag in access to treatment for adolescents. Indeed various SADC Member States have gleaned similar information through their statistical data regarding access to treatment by children and adolescents. We call for increased international cooperation in this area including in initiating collaborative approaches towards research into pediatric Anti-Retroviral Therapy (ART). The HIV response can never be labelled a success if children continue to receive insufficient access to treatment.

Mr. President,

Much has been said about the need for countries to know their epidemic in order to better respond to it and ensure that recorded gains not reversed. We emphasize that the drivers of the HIV epidemic differ in various settings and as such each country
must have the flexibility to tailor its intervention according to the specificities of its epidemic. We reiterate that there is no one size fits all. In the SADC region, the epidemic has disproportionately affected women. As such, the region has paid significant attention to the linkages between the status of women and HIV. Current data has shown that women and young girls continue to experience higher rates of infection. It is therefore important that we expand proven prevention programmes to target this vulnerable group. Some of these proven initiatives include delaying sexual debut among young people, expanding HIV prevention education and education on sexual and reproductive health, and expanding counselling and testing facilities. In addressing young people, we must increasingly pay attention to the needs of early beneficiaries of life prolonging Anti Retroviral Therapy who are now entering their adolescence and require counselling and support about living with HIV and AIDS.

Mr. President,

The issues we have outlined above require concerted cooperation to achieve. We have experienced unprecedented global partnership and international cooperation in the HIV response and we cannot afford to slacken or reduce our momentum at such a critical time. If we are to reach our goals of ending HIV, we must ensure that international assistance is sustained and possibly increased to assist those countries whose domestic capacity is unable to cope with the demands of containing the epidemic. As we conclude, we call on all stakeholders and partners to take decisive action to ensure that we do not lose the gains we have made to date in the global HIV response.

I thank you!