



PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

STATEMENT

BY

**THE HONOURABLE JOHN JUNOR, M.P.
MINISTER OF HEALTH
OF JAMAICA**

TO THE

**26TH SPECIAL SESSION OF THE GENERAL ASSEMBLY
TO REVIEW AND ADDRESS THE PROBLEM OF HIV/AIDS**

**United Nations Headquarters
New York
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Check Against Delivery

Mr. President, Distinguished Delegates,

On behalf of the government and people of Jamaica, it is a privilege for me to address the Twenty-Sixth Special Session of the General Assembly on HIV/AIDS.

Mr. President,

The convening of this special session should therefore be seen as an important first step in intensifying international partnerships and in building consensus for action against the HIV/AIDS epidemic at the global level. I wish to take this opportunity to express appreciation to the Co-facilitators, Ambassador Ka of Senegal and Ambassador Wensley of Australia for the outstanding work they have done in guiding the negotiating process for the outcome document.

Jamaica also appreciates the efforts of the Secretary-General who has taken a personal interest in advancing the fight against the epidemic.

Mr. President, the crisis created by HIV/AIDS has spawned significant new social, political and economic challenges, which have disproportionately affected the developing world. The current realities faced by those countries and regions most heavily affected by the crisis have generated legitimate fears of a reversal of decades of social and economic progress. In the Caribbean, the region which is most seriously affected by HIV/AIDS after Sub-Saharan Africa, AIDS has become a major threat to the most productive segment of the population. It is the leading cause of death among men and women in the 15 – 44 age group. The potential for undermining the productive capacity of crucial sectors such as education, health, agriculture and business presents a very real

and formidable challenge to the sustainable development of these small economies.

Jamaica is one of the largest islands of the Caribbean with a population of 2.5 million and a rate of HIV infection of 1-2% percent of the adult population. New HIV infections in adolescents have been increasing alarmingly since 1995 and adolescent females have three times higher risk of HIV infection than males the same age. The overall case fatality rate for AIDS is high and has contributed to an estimated 2,000 children being orphaned because of the loss of a mother or of both parents to AIDS.

As part of its response, the Jamaican government has undertaken comprehensive measures to strengthen the provision of health care services to those affected by the illness and has intensified its campaign to promote prevention, which we believe should be our primary response. Despite the serious financial constraints we face, we have made notable progress in important areas. The Ministry of Health has introduced a pilot programme directed at reducing mother to child transmission, with free HIV testing being provided to all mothers in the pilot area, as well as free anti-retroviral drugs at the time of delivery and after birth for the baby. Replacement feeding for the infant for up to six months is also included as part of a broad-based approach.

In the face of the costs associated with the treatment of HIV/AIDS and the overall impact of this epidemic on the economy, we will continue to make prevention a primary focus. Among our achievements in the area of prevention are gains made in lowering rates of infection for sexually transmitted diseases, particularly infectious syphilis and congenital syphilis. We have succeeded in maintaining a lower rate of HIV infection than initial projections. Yet we are aware that with increasing HIV prevalence among our young people there is

still urgent work to be done in controlling the spread of the disease among our population.

The Caribbean Partnership against HIV/AIDS and the Caribbean Regional Strategic Plan of Action, which were recently adopted promote widest participation among actors and stakeholders, each making a major contribution to the development of a comprehensive and aggressive response to the epidemic. Despite the high-level political response and the concrete multi-sectoral approaches we have undertaken however, countries in the region, like in many other parts of the developing world, face daunting constraints which require assistance to build capacity and promote and sustain prevention, care and treatment interventions.

We therefore welcome the proposed establishment of a global health and HIV/AIDS fund and hope that the allocation of resources from the fund will not be subject to bureaucratic impediments which would limit timely and adequate disbursement to those worst affected.

Mr. President,

If we are to win the battle against this deadly illness, adequate and sustained assistance to those in need must also be accompanied by measures to increase awareness and prevention efforts, reduce stigmatization, and limit the factors that make people more vulnerable, including gender inequality, social exclusion, conflict and economic deprivation.

There are no alternatives. We must act. Let us pledge to promote prevention, to ensure cheaper access to drugs and health care, and to respect the rights of those living with the disease. We must translate the rhetoric on HIV/AIDS into

action. There is a moral imperative to do so. Let us pledge to use this occasion as a platform for strengthening our collective efforts to achieve concrete targets in the areas of prevention, care, treatment, research and development and resource allocation.

In the final analysis, when all is said and done, more must be done than said.

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