PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

STATEMENT BY

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PERMANENT REPRESENTATIVE OF JAMAICA

ON

AGENDA ITEM 11:
IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATIONS ON HIV/AIDS

SIXTY-SEVENTH SESSION OF
THE UNITED NATIONS GENERAL ASSEMBLY

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Mr. President,

Jamaica aligns itself with the statement delivered by Haiti on behalf of the Member States of the Caribbean Community.

My delegation welcomes the opportunity to address this agenda item as the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS remains of key importance to Jamaica. We thank the Secretary General for the Report on achieving the targets of the 2011 Political Declaration, noting the cautious optimism conveyed therein. We concur with the findings calling for greater synergies between HIV programmes and broader development initiatives as well as for shared responsibility and global solidarity to bridge the existing funding gap.

Jamaica has made positive strides in the fight against HIV/AIDS. Through a multisectoral response, a five year strategic plan has been developed around the following priority areas: Prevention; Treatment, Care and Support; Enabling Environment and Human Rights; Governance and Empowerment; Monitoring and Evaluation; Sustainability. This collaborative approach in the national response includes Government, the private sector, faith based organizations and civil society.

Jamaica's prevalence rate stands at 1.7%. Young adults are the most affected by HIV with approximately 79% of all reported AIDS cases in Jamaica occurring in the 20-49 year old age group, and 90% of all reported AIDS cases aged between 20 and 60 years. The AIDS case rate among men continues to exceed AIDS case rate among women, though this gap has been narrowing in recent years

The number of persons with AIDS decreased by 17% and AIDS deaths were down 40%. At the same time, the 12-month survival of persons initiating treatment in 2009 and 2010 were 86% and 73% respectively. The number of HIV tests done annually has more than doubled from less than 100,000 tests per year prior to 2004 to over 258,000 in 2011. Nearly all pregnant women attending public clinics in 2010 and 2011 were tested for HIV, while 84% of HIV infected pregnant women and 98% of HIV exposed infants received ARVs in order to prevent mother to child transmission. The HIV epidemic profile of Jamaica showed a shift from a generalized epidemic to one in which HIV infections are largely concentrated in key populations.
Mr. President,

With reference to specific targets from the Declaration(s), Jamaica has made most progress in the reduction of Mother-to-Child-Transmission and the reduction of TB deaths among Persons Living with HIV (PLHIV). Both these targets have been met or are on track to be met by 2015. Improvements have been seen in relation to the reduction in the transmission rate, closing the resource gap and eliminating stigma and discrimination. These three areas, however, require more focused intervention in order for them to be achieved by 2015.

Jamaica has initiated or continued a number of prevention strategies, including the use of a multi-layered media campaign targeting youth, women and men as well as the tourism sector

separately. These have focused on behavior change, condom use, voluntary counseling and testing and transactional sex.

The national programme has also carried out its targeted intervention strategies to specific groups, with much focus on the Most At Risk Populations (MARPs). These interventions conducted at the community level have incorporated a multi-stakeholder, multiservice approach to outreach so that they, for example, include availability of other public and financial services. Targeting has also taken place in schools with the aim of reaching adolescents with information on HIV, sexual and reproductive health, and life skills based information.

Mr. President,
Despite these successes, the threat of HIV remains clear and present. While prevalence rates have declined in general and among some groups of Most At Risk Populations, there is insufficient movement amongst some groups such as MSMs where factors such as stigmatization continue to pose a challenge. Additionally, the sustainability of the success is threatened by the high cost of treatment which at this time is primarily funded through international grants. As funding dwindles, support for these critical areas may be jeopardized and risks reversals of the gains made in tackling the disease. In this regard, Jamaica's performance in increasing access to ARV treatment, though improving, remains below the baseline.

In addition to allocations from the Government of Jamaica, funding for the national HIV response is primarily sourced through the World Bank, the Global Fund to Fight AIDS, TB and Malaria as well as the USAID PEPFAR. Despite an increasing allocation from public funds, it would be most challenging for the Government of Jamaica to fund the programme in its entirety. Given the fact that funding from some international sources have recently been, or are due to be, concluded new and creative partnerships and mechanisms are being pursued to ensure that the commitments made to advance in the fight against HIV are maintained. Jamaica's classification as a Middle Income Country and the attendant withdrawal of donor funding poses a significant challenge to meeting the goal of closing the funding gap.

In closing, Mr. President, let me reiterate Jamaica's firm commitment to meeting the goals set in the declarations and to partnering with the international community to eliminate this epidemic from amongst us.