

Impact of HIV/AIDS on International Peace and Security

7 June 2011, United Nations Security Council Chamber

***Statement by the U.S. Permanent Representative to the United Nations, Susan Rice.***

Thank you, Mr. President. We're grateful for your personal leadership in the fight against HIV/AIDS.

Thank you also to Secretary-General Ban for your laudable leadership, and to UNAIDS Director Sidibe and your team for coordinating the massive global response.

I want to acknowledge that we have with us as part of the U.S. delegation, President Obama's Global AIDS Coordinator, Ambassador Eric Goosby, who is directing the U.S. global response to the epidemic.

Mr. President, just over a decade ago—thanks to the visionary leadership of former Vice President Al Gore and my predecessor, the late Richard Holbrooke—the Security Council took a monumental step. For the first time, it addressed the threat that HIV/AIDS poses to international peace and security. With this move, the Council squarely joined the world's fight against HIV/AIDS and put the epidemic on the global security agenda. In the 21st century, in our interconnected world, threats to peace and security stem not only from traditional armed conflicts. They also derive from far more dispersed dangers that know no borders, including the unchecked spread of lethal disease.

We are now entering the fourth decade of our collective struggle against this global pandemic. But the Council's pledge to lessen the security implications of HIV/AIDS must not lose any of its urgency. This scourge has spared no region or nation on Earth, including my own. AIDS-related illnesses have claimed more than 25 million lives—far more than the death toll of any conflict during these past 30 years. In all, more than 60 million people have been infected, and 16 million children have been orphaned.

Two decades of often heroic international efforts to extend the lives of those living with HIV/AIDS have significantly alleviated the health effects of the disease, but most people living with HIV still lack access to treatment. For every person who starts treatment, two more become infected.

Even beyond this unfathomable human toll, there are very real security consequences of HIV/AIDS. Consider first the toll on human security. It strains communities, fractures families, reduces economic productivity, drives people into poverty, and pressures health sectors that are often already struggling to cope. But HIV/AIDS also has specific and complex links to more traditional security threats. In the last 30 years, the patterns of HIV/AIDS transmission and impact have evolved, and so has our knowledge about the disease's impact on security.

We know that when conflicts end, societies are more vulnerable to HIV—a particularly cruel burden on vulnerable populations and countries struggling to rebuild after conflicts. Such states often find it especially difficult to ensure continuity of HIV prevention and AIDS treatment precisely when institutions are weak, capacities are low, and displaced populations are returning to their homes. The toll may be especially pronounced at local levels where the reach of public services is most limited. so we need to be vigilant about the toll that HIV/AIDS takes on capacity at all levels of government and redouble our efforts to support it.

Ten years ago, we had feared that AIDS incidence in military forces would be higher than in the civilian population, and that peacekeepers would become a vector of transmission of AIDS. One important reason that this has not occurred is the widespread adoption of effective HIV policies by national uniformed services. For example, the military in Senegal has conducted a program of prevention, care, and treatment that has been embraced throughout the ranks, from senior leaders to the junior-most troops. The United States is proud to have partnered with more than 70 militaries worldwide to develop similar programs, which have allowed nearly 3 million troops and family members to be tested and counseled, and more than 80,000 family members to participate in programs to prevent mother-to-child transmission of HIV/AIDS.

We also welcome the Secretary-General's commitment to ensure that UN mission commanders lead by example on HIV/AIDS awareness and prevention among peacekeeping personnel, including by promoting

mandatory induction training, peer education, voluntary and confidential counseling and testing, and providing male and female condoms and post-exposure prophylaxis kits. We urge that these efforts be robust and consistent across UN missions and mission staff.

Mr. President, as the Secretary-General has rightly noted, “The HIV response faces a moment of truth.” On the one hand, we have witnessed substantial progress. Global HIV/AIDS incidence has been declining and treatment is expanding. In sub-Saharan Africa, new antiretroviral treatments have saved hundreds of thousands of lives. We may also stand at the cusp of a breakthrough with the discovery of a cutting-edge antiretroviral treatment that could help treat the disease in those living with HIV/AIDS just as it serves to prevent them from transmitting the virus. We can trace this progress to a surge in global health financing and initiatives—a topic we will address tomorrow in the General Assembly. The vast majority of countries also explicitly acknowledge human rights in their national AIDS strategies, and 92 percent of countries report that they have programs to reduce HIV-related stigma and discrimination.

These are impressive achievements. But far too many people, especially the most vulnerable, still die unnecessarily from a preventable disease. We still lack resources globally to meet the worldwide demand for prevention, treatment, care, and support. The United States remains a global leader in this area through our direct support for anti-retroviral treatments, our increased support for mother-child health, our capacity-building partnerships with other Member States, and our historic multi-year pledge of \$4 billion to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. We are proud to have made the founding pledge to the Global Fund, and we remain today its largest single donor. In creating the President’s Emergency Plan for AIDS Relief in 2003, the United States took another transformative step. PEPFAR is not just the largest component of the U.S. Global Health Initiative. It is the largest international response to a single disease any country has ever undertaken—and, in conjunction with other efforts, it has transformed the lives of millions of people living with HIV in the developing world.

But we cannot and are not doing it alone. Other donor countries must step up and do more. Affected countries must mobilize their own resources to fight this scourge and ensure treatment for their people. In this regard, let me congratulate the Government of Gabon for the good news that your government will increase funding for HIV/AIDS programming by 150 percent. Your generosity will help save lives—and, ultimately, strengthen international peace and security.

Mr. President, we dare not be complacent. Our commitment to fighting HIV is not just a moral imperative. It is also a lifesaving investment that bolsters security and underpins prosperity. So today, let us all honor the commitment this Council made 11 years ago—not just by adopting the resolution we had before us, but by redoubling our efforts to fight the global HIV/AIDS pandemic.

It is a challenge that can only be met by us all together.

Thank you, Mr. President.