



**PERMANENT MISSION
OF THE PRINCIPALITY OF LIECHTENSTEIN
TO THE UNITED NATIONS
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GENERAL ASSEMBLY, 73RD SESSION

**IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON
HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS**

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NATIONS

CHECK AGAINST DELIVERY

Madam President,

The fight against HIV/AIDS has seen important successes and is testimony to the need for collective action and multilateral approaches to address global public health crises. Over the past decade, deaths from AIDS-related illnesses and HIV infections among children have both nearly halved. Between 2008 and 2017, AIDS-related mortality as well as new HIV infections have declined in East and Southern Africa – the region most affected by AIDS – by 53 per cent and 36 per cent, respectively. Also in other regions of the world, including our own, increased HIV testing and treatment services have achieved remarkable reductions in AIDS-related deaths alongside an overall decline in new HIV infections. The United Nations has significantly contributed to this success story. This Assembly has played a central role in transforming a culture of neglect, stigma and taboo into a culture of awareness, prevention and joint action. Following the achievement of the Millennium Development Goal to halt and reverse the epidemic by 2015, the Assembly agreed on the goal to end the AIDS epidemic by 2030 as part of the SDGs. The 2016 “fast-track” strategy for a rapid scale-up of evidence-based HIV prevention, testing and treatment services by 2020 in order to reduce new HIV infections and AIDS-related deaths by 90 per cent by 2030 has catalyzed our efforts since.

Madam President,

While the ambitious 90–90–90 targets have been conducive to that end, we have yet to fully implement them – and to think beyond 2020 and towards 2030. This includes finding responses for those 10 per cent of people living with HIV and not knowing their HIV status, also in line with our joint commitment to leave no one behind. Within the context of HIV, leaving no one behind requires a comprehensive set of health facility-based HIV services, additional public health and social protection services and structural changes to ensure that vulnerable and marginalized people can access the services they need.

In addition to universal health coverage, as part our commitment towards ending the AIDS epidemic, Liechtenstein has contributed almost 1.3 Mio. Swiss Francs to the Global Fund against HIV/AIDS and a total of 285'000 Swiss Francs to UNAIDS since 2009. We remain

committed, both politically and financially, in translating the 2016 Political Declaration on HIV/AIDS and the 2030 Agenda into reality.

Madam President,

As the Global Sustainable Development Report shows, the SDGs are strongly interlinked and synergies can be created in their implementation. This is also the case for the fight against HIV/AIDS. A country's adherence to the rule of law – covered in SDG 16 – is a proven prerequisite to achieve SDG 3 on good health and wellbeing. The Global Commission on HIV and the Law has documented the enormous potential the legal environment – laws, enforcement and justice systems – has to improve the lives of people living with HIV. It has also illustrated the harm that is done when legal systems fail to protect people from discrimination and other violations of their rights.

We applaud the 89 countries which have taken action to repeal or reform laws since 2012, including on criminalizing HIV, same-sex relations and drug possession. Some have enacted laws that advance reproductive rights, sex education and the human rights of people living with or at risk of HIV. Despite this progress, we are concerned that legal and de facto discrimination of people living with or at risk of HIV continue to push them out of sight and into oblivion in many countries. Laws and policies continue to prevent young people, women, key populations – including people who inject drugs, sex workers, transgender people, prisoners, and gay men and other men who have sex with men –, indigenous people, migrants and refugees from accessing health and HIV services.

We are particularly concerned about the remaining gender inequalities and harmful gender norms, which increase the risk of HIV infection among women, especially young women in sub-Saharan Africa. Limited access to education and unequal power dynamics in the home and wider society prevent women from controlling their lives and accessing HIV prevention and sexual and reproductive health services. They furthermore expose women to intimate partner and sexual violence, as well as a heightened risk of HIV, other sexually transmitted infections, unwanted pregnancies and maternal mortality. It is particularly devastating that women who experience intimate partner violence are 50 per cent more likely to acquire HIV than those who do not. Accordingly, gender equality and the empowerment of women and girls, as included in

SDG 5, go hand in hand with the fight against HIV/AIDS. It is important to acknowledge that a comprehensive response to HIV/AIDS cannot only consist of public health policies, but also needs to include a firm human rights dimension and proactive societal measures to fight stigma and exclusion. While the right to health as enshrined in the Universal Declaration of Human Rights is the direct underpinning for our fight against HIV/AIDS, peaceful, just and inclusive societies are as important for us to succeed. The fight against HIV/AIDS – a strong cause for the international community in its own right – thus also provides us a pathway into greater freedom for all.

I thank you.