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Madame Chair,
Distinguished participants,

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is very pleased that this year's observance of the International Day of the World's Indigenous People focuses on the theme of "HIV/AIDS and Indigenous Peoples". We would also like to thank the Secretariat of the Permanent Forum on Indigenous Issues for inviting UNAIDS to participate in the observance activities and to contribute to the discussion at this panel.

Madame Chair,

The problems of indigenous people with regard to HIV/AIDS are well-known. Unfortunately, many indigenous people still live in conditions that are favourable to the spread of HIV – including marginalization, discrimination, poverty, and inadequate access to health care and education.

So what is the overall framework for addressing the issues of indigenous people and HIV/AIDS?

First, through the UN Declaration on the Rights of Indigenous Peoples, the international community has undertaken clear-cut commitments to protect and promote the rights of indigenous people, including the right to improvement of their economic and social conditions, specifically in the areas of health, education, and employment. The Declaration unequivocally recognizes the equal right of indigenous people to the enjoyment of the highest attainable standard of physical and mental health.

Second, with regard to HIV/AIDS specifically, through the 2006 Political Declaration on HIV/AIDS, the world leaders committed to achieving the goal of universal access to HIV prevention, treatment, care and support, which naturally applies to the indigenous people as well.

To achieve these commitments, efforts and actions are necessary in several areas:

1. **Universal access** to HIV prevention, treatment, care and support for the indigenous peoples: In practice, this means a specific effort to overcome barriers that prevent indigenous peoples having access to the information and services necessary to prevent and treat HIV, as well as ensuring the provision of adequate support and care.

   In line with the guiding principles of universal access, the services must be accessible, affordable, equitable and non-discriminatory, ensuring also that indigenous communities have access to main-stream health and other services in a non-stigmatizing way.

2. **Rights-based approach**: the inextricable link between protecting human rights, promoting health and preventing HIV is even more critical and pertinent in case of indigenous people, against the background of historical violations of their rights. That imposes an obligation on HIV service providers to ensure that services are rights-based, and make special efforts to protect those most vulnerable to HIV, as well as those already infected. And these rights extend beyond indigenous people as a whole, to ensure that specific sub-groups – often at the highest risk – such as indigenous men who have sex with men, sex workers or drug users - are also included in responses in a respectful and empowering manner.

3. **Engagement of indigenous communities**: One of the most important lessons of the AIDS response is the invaluable role of communities in developing the response. To be successful, HIV interventions must be developed with participation of indigenous communities, to ensure their ownership and to be tailored to meet the cultural and traditional norms and beliefs of the groups involved.

4. **Social and economic empowerment** of indigenous communities: Underlying the vulnerability of many indigenous communities to HIV is the systematic lack of access to economic, political and social power, so any response on HIV and indigenous communities must be seen in this broader context. Particularly significant is the gender dimension of power, and here we can note that the empowerment of indigenous women will be one key strategy to reduce HIV-related vulnerability, as will overcoming the marginalization which has also affected indigenous men and boys.

5. **Data and information**: It remains the case that nearly thirty years into the global HIV epidemic, there is still a marked lack of data to indicate the real level of HIV infection among indigenous communities. Of course data disaggregation can be a double edged sword: on one hand data on HIV in indigenous communities can cause double stigma and discrimination, while the absence of such data can lead to neglect and invisibility of HIV and indigenous issues in the national and global AIDS response. It is important also not to exaggerate, but to properly apply the data: for example there are many contexts in which HIV rates among indigenous people are no higher than in non-indigenous populations, but there still is a case for special action because of the key vulnerabilities to HIV, where indigenous people lack access to, for example, health services or employment opportunities. Therefore, a balanced data collection is advisable, so that reliable data can support planning and resource allocation processes, as well as allow progress monitoring (with inclusion in national reporting, where relevant).

On our part, UNAIDS is bringing its modest contribution to help strengthen inclusion of indigenous issues in global, regional and national AIDS responses. We are doing so in collaboration with our 10 Cosponsoring UN agencies, national governments and civil society.

For example, UNAIDS is supporting a number of programmes which specifically address indigenous populations in the Latin American region, for example in Brazil, Colombia, and Guatemala, including trainings on prevention of HIV and STIs, awareness raising about the discrimination against and human rights of people living with HIV. It is notable that in many settings it has been indigenous men who have sex with men or indigenous drug users who have been most affected by HIV and accordingly UNAIDS has provided strategic support to national AIDS responses to address these issues both in Latin America and in the Asia and Pacific regions.

At the global level, we are working with *Health Canada* to organize a Policy Dialogue on HIV/AIDS and Indigenous Persons, to be held in Ottawa (Canada), on 21-23 October 2009.The Dialogue will bring together experts from governments, international agencies, civil society and academia, to: explore the issues of HIV/AIDS and indigenous peoples; share experiences and build partnerships; and make recommendations for the necessary policy and programme responses. If you are interested in further information on this policy dialogue I encourage you to contact UNAIDS either in New York or the HIV prevention team at the UNAIDS Secretariat in Geneva.

Madame Chair,

In conclusion, let me just make one final point: there is indeed a natural synergy and potential for collaboration between the AIDS response and the indigenous movement. Both are grounded in human rights and also share the principle of the meaningful participation of communities: people living with HIV and indigenous people, respectively. For years, AIDS activism has been a voice of the voiceless, by highlighting social and economic injustices, violations of rights of vulnerable and marginalized groups, and by engaging those living with and affected by HIV in developing response to the epidemic, which goes beyond the health sector alone. In joining the common cause with indigenous peoples, we can help achieve better social and economic equity to enable thousands of people to live in health and dignity.

Thank you.