Excellencies, honourable colleagues, ladies and gentlemen

It is my great honour and privilege to speak on behalf of the Kingdom of the Netherlands, comprising the Netherlands and the Caribbean islands of Sint Maarten, Curacao and Aruba.

The HIV epidemic varies throughout the Kingdom. The Netherlands faces a low prevalence epidemic with infections concentrated in specific groups. Unfortunately, prevalence rates are much higher on the islands, up to 3.5% in my own country, Sint Maarten, largely concentrated in key populations, particularly MSM.

Our responses to HIV are rights-based and fully embedded in the general health systems and programmes for sexual health. We tailor our programmes to specifically meet the needs of key populations. We adhere to an active testing policy and a good and consistent quality of care. People living with HIV, as well as key populations at higher risk, are closely involved in line with the GIPA principle.

However, we also face challenges. The population of people living with HIV is ageing which brings about specific problems. Stigma and discrimination still occur. And affordability of treatment over the long term is a problem for the countries in the Dutch Caribbean.

The Kingdom of the Netherlands applies pragmatism in our approaches and we have demonstrated that it works:

- The early roll out of harm reduction programmes in the Netherlands has limited infections among people who use drugs. We are now close to zero.
- Active testing and quality care during pregnancy in both the Netherlands and in Sint Maarten has resulted in zero transmission.
- Pragmatism in comprehensive sexuality education works too. Experience in the Netherlands show that if young people have the knowledge, the tools and access to youth friendly services, they are sexually active at later age and have safer sex.
- However, in other parts of the Kingdom sexuality education has not been systematically introduced and there the picture is different: sex occurs at earlier age and is less safe. We must improve our policies in this regard.

Thirty years into this epidemic much has been done, but still too much remains to be done. We have the tools to end the epidemic. As this week's Economist writes: "the question for the world will no longer be whether it can wipe out this plague but whether it is prepared to pay the price." This price tag is financial as well as political and moral.

- Existing financing targets should be met, both by donor and developing countries. Financing is a shared responsibility. If all countries would meet internationally agreed financing targets we could fund universal access.
- We must face realities. Recognize the specific vulnerability of women and girls, of key affected populations including men who have sex with men, transgender, people who use drugs, sex workers and prisoners. And within these groups, the even stronger vulnerability of young people. Social, cultural and legal barriers that increase vulnerabilities and limit access to comprehensive services should be identified and eliminated. This requires bold political leadership.
- Finally we should accept the reality that most HIV infections are sexually transmitted. We must be able to discuss sexuality in open and nonjudgmental terms. Especially when it comes to sexuality of young people. We should accept that young people are sexually active and equip them well to make safe choices.

  Only history can judge us. UNGASS 2011 should pave the way to end the epidemic. It should inspire an approach based on evidence and pragmatism towards those factors that drive the epidemic. Including the unequal status of girls and women. Gender based violence. Violation of sexual and reproductive rights. And human rights abuses against people living with HIV and against key populations.

  We must use the occasion of this high level meeting to not just sign another declaration but commit ourselves to ensuring that all of the commitments being made here are realised when we go back to our countries. We have the tools to end this epidemic; it is up to us now to use them effectively.