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Office of the United Nations Resident & Humanitarian Coordinator for Somalia

Press Release

Somaliland launches National Aids Commission

Nairobi (16 September 2005) - Somaliland¹ yesterday launched a National AIDS Commission which aims to increase and improve strategies for the prevention of HIV/AIDS and the treatment, care and support of those infected and affected with the virus.

The event was led by the President of Somaliland, Dahir Rayale, and attended by members of the UN Country Team, Somaliland authorities, religious leaders, civil society organizations including women's and youth groups and development partners. An HIV+ man also spoke out on the need to involve infected and affected people in the response.

The Somaliland National AIDS Commission will be a multi-sectoral partnership which will include the private sector and civil society.

President Dahir Rayale called on all sectors of society to work together to stop the spread of HIV/AIDS, saying, "It's real that the HIV/AIDS epidemic is in the country and already contributing to increased mortality, morbidity, fear, family disintegration, orphans, stigma and discrimination in our society. Denial serves as a negative fuelling factor of the epidemic and creates environment of more stigma and discrimination in the society." He added that his administration will provide matching funds towards the establishment of the Commission.

Acting Resident and Humanitarian Coordinator, Elballa Hagona praised the President for his personal commitment to the development of strong, accountable and transparent leadership structures. He also commended the President for addressing, head on, the factors fueling the epidemic globally, namely: denial, stigma and discrimination. Asking Somaliland to draw on the strengths of its religious community to bring about a change he said, "It is essential that we tap into the guidance and prominent placing of the religious leaders in our society to form a united front against HIV/AIDS."

UNICEF Representative for Somalia, Christian Balslev-Olesen underlined the need for the Commission to address the needs of the most vulnerable, women and young people of Somaliland. He urged the Commission to make the programmes pro-active in seeking

¹ All references to Somaliland pertain to the self-declared but unrecognised Republic of Somaliland.

solutions and addressing the potential explosiveness of the epidemic. In outlining that UNICEF had a special accountability as Principle Recipient of the HIV/AIDS component of the Global Fund on AIDS, Tuberculosis and Malaria (GFATM), Mr. Balslev-Olesen said these resources would help to build Somali governmental and civil society capacities. As the UNICEF Representative further noted, “The first in-country management meeting of the GFATM was held in Hargeisa [on Wednesday] and this launch is indicative of our commitment to ensure that Somaliland authorities are fully involved in the management of the funds”.

The large audience attending the launch was also addressed by UNAIDS Country Coordinator for Somalia, Leo Kenny, who cited the Presidential Decree on HIV/AIDS of July 2005 as an important and commendable step in building a comprehensive response to HIV/AIDS in Somaliland. He gave assurances that the UN and other international partners would also support the Somaliland government and civil society in establishing strong, transparent and inclusive monitoring and evaluation mechanisms to ensure that resources for HIV/AIDS work for the benefit of all Somali people.

Following the completion of the 2004 sentinel sero-prevalence study by WHO and Ministry of Health, Somaliland, among specific sub-population groups, the findings showed an overall average prevalence of HIV among Antenatal care attendants in Somaliland as 1.4%, which is a significant increase from the mean prevalence of 0.9% in 1999. The HIV prevalence among STIs patients was 3.5% and among TB, 5.6% in Somaliland.

Several vulnerability factors exist that are fueling the epidemic. These include low awareness on HIV/AIDS, high mobility; negative cultural practices related FGM, concurrent relationships for economic and cultural reasons and vulnerability factors related to long distant truckers and transporters.

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