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President: Mr. Kerim . . . . . (The former Yugoslav Republic of Macedonia)

In the absence of the President, Mr. Beck (Palau), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The Acting President: I would now like to turn to some organizational matters pertaining to the conduct of this meeting. We turn first, as we must, to the length of statements. As participants are aware, there are 152 speakers inscribed on the list of speakers. In order to accommodate all of the speakers at the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

To assist speakers in managing their time, a light system has been installed at the speaker's rostrum, which functions as follows. A green light will be activated at the start of the speaker's statement. An orange light will be activated 30 seconds before the end of the five minutes allotted to the speaker. A red light will be activated when the five-minute limit has elapsed. So, let us please honour those lights.

I now give the floor to the Honourable John Maginley, Minister of Health of Antigua and Barbuda.

Mr. Maginley (Antigua and Barbuda): I am honoured to address this Assembly today on behalf of the Group of 77 and China.

At the outset, we would like to thank the Secretary-General for the comprehensive update on national progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration (A/62/780). We would also like to thank the co-facilitators and the Joint United Nations Programme on HIV/AIDS (UNAIDS) as the substantive secretariat for organizing this 2008 review.

The report of the Secretary-General tells us that progress has been uneven since 2006 and that significant scaling up is required if the international community is to achieve the goal of universal access to HIV prevention, treatment, care and support by 2010 and to reach the Millennium Development Goals target of halting and beginning to reverse national epidemics by 2015.

We know the estimates compiled by UNAIDS for 2007. There is a global total of 33.2 million people infected with HIV, 15.4 million of whom are women. Some 2.5 million new infections have occurred since 2006 and there have been 2.1 million deaths from AIDS-related illnesses. There were also 2.1 million children under the age of 15 living with HIV, 290,000

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of whom died of AIDS. Such sobering statistics only begin to tell the story of the lost potential resulting from this devastating disease.

We also know what needs to be done and today we are challenged to look beyond what Dr. Peter Piot termed the "crisis management approach" to truly sustainable long-term responses aimed at fighting this pandemic. In this way, we increase the possibility, particularly for low- and middle-income countries, to maintain and continue to build on the gains achieved to date. I will outline a few actions that the Group of 77 and China deems essential in the sustained response to HIV/AIDS. These actions are not presented in any particular order of priority.

The first essential action is prevention education. More than 25 years into this pandemic, every person should have the knowledge and means to protect himself or herself from HIV infection. National strategies that provide information, education and communication on HIV/AIDS to the public remain critical to reducing the spread of the virus.

The second essential action is to strengthen health systems. In developing countries, there is an urgent need to strengthen health-care systems. Maintaining strong linkages between reproductive health and HIV/AIDS policies, programmes and services will result in more relevant and cost-effective programmes that have greater impact, particularly with regard to addressing infection rates among women and girls. In the same vein, national plans that integrate dual therapies to address co-infections, which are common among people living with HIV, can be instrumental in improving quality of life and life expectancy.

The third essential action is capacity-building, which is closely linked to my last point. The dearth of trained medical workers in many developing countries is significantly impeding the battle against HIV/AIDS. Developing countries are forced to find creative solutions to counter the effects of migration of health personnel to developed countries. Training and education initiatives are under way to shift tasks to nurses, medical officers and even community-based organizers, who can be instrumental in providing critical treatment, care and support to the most at-risk populations.

A fourth action is to provide access to affordable drugs. The G-77 and China acknowledges the initiatives that have enabled the developing countries, in accordance with the 2006 Political Declaration on HIV/AIDS, to make use of the flexibility for public health purposes of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). We continue to call for support in our efforts to access affordable HIV medicines, including generic antiretroviral drugs and other essential drugs for AIDS-related illnesses, thereby greatly facilitating the move towards universal access to HIV prevention, treatment, care and support by 2010.

A fifth action comprises advance research and development. While we are disappointed with the outcome of recent trials of an HIV vaccine, we should remain encouraged by the current work on developing a new generation of microbicides to be used in the prevention of infection by the virus. The argument in support of strengthening efforts towards new prevention methods is a strong one. The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that for every person placed on antiretroviral treatment in 2006, another four people became infected. Quite simply, we have to be committed to intensifying scientific, political and financial support for research into new and better prevention options, especially those that empower women and girls to protect themselves from HIV infection. In this regard, we acknowledge the contributions that G-77 members and China, namely, Brazil, China, the Dominican Republic, India, Kenya, Malawi, South Africa, Tanzania, Thailand, Uganda, Zambia and Zimbabwe, have made in funding and/or hosting microbicide clinical trials.

A sixth action is to mobilize resources. Funding for HIV/AIDS has increased dramatically in recent years. The G-77 and China is thankful to the numerous bilateral and multilateral donors, including public and private sources that have answered the call for increased resources to support the global AIDS response. We are proud to recognize the significant role that South-South cooperation has played to this end.

Despite the tremendous increase in funding, there remains a significant gap between need and available resources. UNAIDS estimates that between $27 billion and $43 billion in 2010 and between $35 billion and $49 billion in 2015 will be needed to close the resource gap, and achieve universal access. To ensure the sustained response that we acknowledge is essential,

predictable funding from all sources will have to be secured. Developing countries know that this must include financing from our own national budgets, and consequently we have risen to meet this challenge. As a result, domestic spending in low- and middle-income countries has grown to represent approximately one third of all money for the global AIDS response.

Yet, burdened as developing countries are under heavy external debt, unsettled official development assistance commitments, and vulnerability to changes in the international geopolitical and economic environment, it is worrisome that middle-income developing countries are disqualified and unable to benefit from much of the front-line funding that could be available to help fight the epidemic in their countries.

To conclude, HIV/AIDS is a major obstacle to development that threatens the social and economic fabric of communities and nations. It cuts across all sectors and warrants a comprehensive, coordinated, integrated and sustained response. Continued progress in the fight against HIV and AIDS is essential to fulfilling several interrelated Millennium Development Goals, including eradicating poverty, achieving universal primary education, promoting gender equality and empowerment of women, reducing child mortality and developing global partnerships for development.

We have come a long way, but the disease continues to outpace our efforts. Any failure to acknowledge the extent to which HIV/AIDS is undermining the global development agenda is a failure for us all. While by no means an exhaustive list, our success is tied directly to the actions that I have outlined today, and success must be our goal.

The Acting President: I now give the floor to His Excellency Mr. José Ángel Córdoba Villalobos, Minister of Health of Mexico.

Mr. Córdoba Villalobos (Mexico) (*spoke in Spanish*): It is an honour for me to take the floor on behalf of the 21 Latin American and Caribbean countries that belong to the Rio Group. Our countries commend you on the organization of this meeting, the considerable participation in which reflects the importance of the subject.

We also commend you for having encouraged the presence of civil society in this meeting, whose participation enriches the debate. We are convinced of the important contribution of civil society in the fight against HIV. We are working closely with national and international organizations, which perform an irreplaceable task at the community and implementation levels by participating as valid brokers in defining strategies and policies.

I would also like to stress that many of our Group's delegations include not only Government representatives and parliamentarians but also members of civil society and people living with HIV. The link between development and HIV/AIDS is clear. Apart from constituting one of the Millennium Development Goals (MDG), fighting AIDS and reducing its negative social and economic consequences contribute to the achievement of other MDGs, such as gender equality, the empowerment of women, reducing infant mortality and improving maternal health.

In our countries nearly 2 million people live with HIV. In Latin America the rate of prevalence continues to be relatively stable, but in the Caribbean it is growing. While our region has the highest rates of access to antiretroviral medicines in the developing world, the challenge for our countries is to prevent new infections, to provide treatment, care and support, as well as to reintegrate HIV-positive people into economic and social activity.

Since the Assembly addressed the issue of HIV/AIDS in 2001, the Rio Group has emphasized the need to achieve universal access to treatment. We have witnessed great progress since the 2001 Declaration of Commitments, when the goal of universal access was considered impossible. We believe that goal is achievable, and recognize universal access as an integral part of guaranteeing human rights and fundamental freedoms that our peoples should enjoy. However, we still need to make use of cooperative and innovative mechanisms towards reducing the price of antiretroviral medicines, especially bearing in mind that these represent the majority of the total resources that we allocate to the epidemic.

Similarly, we underline the importance of defining specific solutions for middle-income countries, ensuring that the initiatives to fight HIV/AIDS truly correspond to the challenges of our countries, where there are serious problems of inequality and poverty and where more than 40 per cent of people live on less than $2 a day. In our

region, we still need to increase access to second- and third-line antiretroviral medicines, the prices of which, I stress, we need to reduce. Over the past two years, we have seen that those prices are not set in stone and it is possible to reduce them.

The Rio Group recognizes the significant progress reached in the 2006 Political Declaration, especially the idea that the WTO Trade-Related Intellectual Property Rights should not be an obstacle to countries taking measures now or in the future to protect their citizens' public health and the provision to assist developing countries in benefiting from the flexibility set out in the WTO Agreement.

Moreover, the fact that in 2007 only 40 per cent of young men and 36 per cent of young women had clear and accurate knowledge about HIV/AIDS must serve both as a warning and as a guide for prevention activities. The needs of young people should therefore be taken into account in designing and implementing policies and strategies relating to the epidemic at the national level for both the health and education sectors.

In that regard, education about HIV/AIDS and prevention continue to be the best strategies to reduce the incidence of HIV/AIDS. Strategies in that regard should be comprehensive, evidence-based, aimed at vulnerable groups and include psycho-affective aspects and self-esteem. The goal should be that, by 2010, at least 95 per cent of young people will have accurate knowledge about HIV/AIDS.

In many cases, stigmatization, discrimination and homophobia have prevented open discussion of the subject, thereby creating a culture of secrecy, silence and shame and diminishing the results of efforts to promote effective measures aimed at prevention, care and support. It is necessary to break that cycle with clear, transparent and unbiased information, as well as with legislation that promotes equality.

It is true that the factors behind the growth of the epidemic can vary from country to country, or even within countries. There is therefore a need for increased resources to make detection tests more accessible, while at the same time developing studies that make it possible to identify and quantify the impact of the epidemic among various population groups, with a view to focusing and implementing responses appropriate to the needs of all groups.

Nevertheless, strategies aimed at preventing and combating HIV/AIDS must adhere strictly to the human rights of people living with HIV. They must also combat stigmatization, discrimination and homophobia, which especially affect women, girls and children living with HIV, young men, men who have sex with men, intravenous drug users, male and female commercial sex workers, prisoners, migrants, people in conflict and post-conflict situations and refugees. Their full access to health services, including sexual and reproductive health, must be ensured.

We know that there are still pending issues on the agenda, including preventing mother-to-child transmission, which should be fully attainable. It is therefore necessary to double or even treble our efforts to achieve it. There is also a need to reduce the feminization of the pandemic and to continue and strengthen initiatives aimed at development and research into drugs, vaccines and microbicides, which require both financial resources and political will.

We must also ensure the sustainability of the response to HIV/AIDS with plans that not only look towards the short term, but also the medium and long term, with solid financing schemes that include the strengthening of health systems.

The Rio Group reaffirms its role as a responsible actor in the fight against HIV/AIDS and calls for the participation of all sectors of society, in particular civil society, as crucial to reaching the goal in the fight against this epidemic.

Allow me now to say a few additional words in my national capacity.

In the past five years, Mexico has exponentially multiplied its resources in its response to HIV. With regard to the availability of antiretroviral medicines for people without health insurance alone, we have increased our expenditures by 390 per cent. Mexico currently devotes more than $350 million annually to finance its response to HIV. Treatment is completely free of charge. The distribution of free condoms, which are paid for by our national AIDS programme, has grown from 3 million units in 2005 to 30 million currently.

We have adopted a constitutional amendment against discrimination, as well as new national and local laws to protect people from HIV and to prohibit discrimination on the basis of sexual orientation.

Similarly, we have in place no laws or restrictions of any kind preventing people living with HIV from entering our country.

Given the foregoing, I should like to conclude by inviting everyone to visit Mexico from 3 to 8 August this year for the seventeenth International AIDS Conference. We have been working to receive visitors and would like to share our experiences. Above all, however, we want to learn from each and every one of you, for we are convinced that only through dialogue and cooperation can we find a comprehensive response to the challenge posed by HIV/AIDS.

The Acting President: I now give the floor to His Excellency The Honourable Brigadier General Brian Chituwo, Minister of Health of the Republic of Zambia.

Mr. Chituwo (Zambia): I am here as an envoy of the current Chairperson of the Southern African Development Community (SADC), His Excellency Mr. Levy Patrick Mwanawasa, to make a statement to this high-level meeting on HIV/AIDS. I regret that he is unable to be here owing to other international engagements. However, it is my pleasure to deliver the following statement.

I have the honour to speak on behalf of the member States of the Southern African Development Community — namely, Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Malawi, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Swaziland, the United Republic of Tanzania, Zimbabwe and my own country, Zambia. I should like to align my statement with the statement delivered by the representative of Antigua and Barbuda.

May I commend the Assembly for convening this very important review meeting to asses the progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. I also wish to thank the Secretary-General for his succinct report (A/62/780) and the recommendations contained therein, which merit our careful consideration.

I wish to share with the General Assembly the regional status of HIV/AIDS, current interventions and challenges impeding our efforts to intensify our response. The region has 4 per cent of the world's population, but accounts for 36 per cent of the world's population living with HIV/AIDS, making it the region most affected by the epidemic. Underdevelopment and poverty make many people in the region vulnerable to HIV/AIDS, while the epidemic itself continues to undermine ongoing developmental efforts.

SADC heads of State and Government have made several commitments to reverse the epidemic and reduce the impact of HIV/AIDS, as reflected in the following documents: the 2001 Abuja Declaration, the 2001 Declaration of Commitment of the special session of the General Assembly on HIV/AIDS, the 2003 Maseru Declaration on HIV/AIDS and the 2006 Brazzaville Declaration on Universal Access.

SADC's Maseru Declaration on HIV/AIDS articulated five priority intervention areas that guide the multisectoral response to HIV/AIDS in the region. Those are prevention and social mobilization; improving care, access, counselling and testing services, treatment and support; accelerating development and mitigating the impact of HIV/AIDS; intensifying resource mobilization and strengthening institutional monitoring and evaluation mechanisms. As a result of those commitments, significant progress has been made in implementing those five priority areas.

Member States have heightened prevention interventions in order to reduce new HIV infections. Efforts have also been scaled up to provide comprehensive treatment, care and support services, including treatment for opportunistic infections and antiretroviral therapy.

Given the high number of orphaned and vulnerable children, we are developing a comprehensive regional programme to complement impact mitigation efforts carried out by member States. At both the regional and country levels, more and more resources are being mobilized to support the response to HIV/AIDS. In 2007, SADC established a regional fund to which member States contribute every year. The response to HIV/AIDS in the region has also benefited from generous contributions by international cooperating partners and donors. Efforts are continuing to improve surveillance, monitoring and research capacities in the region.

Despite our commitments to make a difference in the lives of our people, we are faced with a number of challenges — such as overburdened health care systems, especially in terms of infrastructure and human resource capacities; underdevelopment and

poverty, especially now in the context of the rising costs of food and oil as well as the effects of climate change; inadequate monitoring and evaluation systems, as well as research capacity and ownership; limited alignment and harmonization of AIDS resources in line with the Paris and Rome Declarations; and unaffordable prices of medicines, especially antiretroviral drugs.

Aware of the challenges to which I have referred, member States of SADC have resolved to jointly mobilize our capacities and resources to fight the epidemic. This devastating challenge goes beyond our cultural, religious, national, continental and global boundaries. There is therefore a need for all of us to collaborate and cooperate, and even make personal commitments, in order to win the war against HIV/AIDS. As a region, we need to further explore the potential of the existing partnership arrangements with the various development and financing institutions. We need technical and financial support as we strive to meet the commitments we made to reaching universal access to HIV/AIDS prevention, treatment and support.

In conclusion, on behalf of SADC member States, I wish to take this opportunity to extend our sincere appreciation to all our development partners for providing technical and financial support. It is our hope that we will continue to work together as partners for mutual benefit in addressing this millennial challenge.

I shall now make a statement in my national capacity.

As an envoy of His Excellency Mr. Levy Patrick Mwanawasa, President of the Republic of Zambia, it is my pleasure and privilege to report on the HIV/AIDS situation in Zambia and to update the General Assembly on the progress made thus far in the fight against the pandemic following the commitments we made in 2001.

However, I regret to inform the Assembly that AIDS remains the most serious threat to the socio-economic development of Zambia. We have been living with this crisis for over two decades now, with more than 50 per cent of the Zambian population born in the era of HIV/AIDS. As a country, we recognize that most of the Millennium Development Goals (MDGs) may not be achieved unless we continue to scale up the response to HIV/AIDS.

We have initiated a multisectoral response and have invited partners to join us. In addition, we have taken a series of bold steps that include, among others, the introduction, in 1999, of a programme to prevent mother-to-child transmission. We are at the forefront in rolling out preventive services to protect unborn babies. Currently, nearly 40 per cent of pregnant mothers in Zambia are accessing services to prevent mother-to-child transmission of HIV. Moreover, in 2002 we introduced antiretrovirals in the public sector, using our own resources, despite the huge cost it entailed. By 2005 we had secured enough support for the antiretroviral therapy programme to sustain the provision of antiretrovirals. Today, we are proud that over 50 per cent of our citizens requiring treatment are accessing antiretrovirals free of charge. We are now on our way to achieving universal access to treatment, with a projected survival rate of nearly 90 per cent.

The Declaration of Commitment calls for universal access to HIV prevention, treatment, care and support, which implies that the responsibility to mitigate HIV/AIDS goes beyond the scope of the health sector and Government. Consequently, as part of the multisectoral response, the Government acknowledges the critical role played by civil society and the private sector, and appreciates the innovations of those stakeholders in scaling up the antiretroviral therapy programme.

An illustration of our commitment to the multisectoral response is the clear role assigned to the National AIDS Council, whose main focus is coordination. I am happy to report that, since the last special session of the General Assembly, the National AIDS Council has coordinated the development of a national strategic framework on HIV/AIDS and has mainstreamed HIV into our fifth national development plan. The National AIDS Council has also set up coordination structures at all levels to facilitate a decentralized response in our country. As a nation, we realize that HIV/AIDS cannot be fought without addressing the issues of poverty at the community level. We have therefore endeavoured to engage the community in both prevention and impact-mitigation efforts.

Our multisectoral response also encompasses the education sector, where we are experiencing even higher enrolment figures for orphans and vulnerable children following the introduction of free education. That is heartening, as it means that we are not losing

the next generation to ignorance. Similarly, in the area of agriculture and fisheries, we have begun to register success in providing mobile HIV testing to communities.

It is clear that encouraging progress has been made at the national level; however, the road ahead requires much greater effort by all players, including the Government, the international community and civil society, if we are to achieve the goals we set ourselves for 2010 and 2015. We are confident that the outcome of this meeting will identify critical elements necessary to significantly scale up efforts in the areas of prevention, treatment, care and support. Of particular interest among those are the following elements: increasing young people's knowledge about transmission; addressing the issue of children with HIV and the brain drain in the health sector; strengthening health systems; mobilizing resources; empowering women and intensifying research.

Let me take this opportunity to assure the Assembly that AIDS is at the core of our development agenda. Having mainstreamed HIV/AIDS into all sectors, there is a need to sustain and expand collective efforts over the next generation. I will continue to provide the leadership necessary to harmonize the response and to make sure that assistance is efficiently and effectively utilized in order to halt and reverse the spread of HIV/AIDS in my country.

The Acting President: I now give the floor to Her Excellency Ms. Amenta Matthew, Minister of Health of the Republic of the Marshall Islands.

Ms. Matthew (Marshall Islands): I have the honour to speak on behalf of the Pacific small island developing States, namely, Fiji, the Federated States of Micronesia, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, the Kingdom of Tonga, Tuvalu, Vanuatu and my own country, the Republic of the Marshall Islands.

I wish to take this opportunity to congratulate the President for his strong leadership in convening this high-level global leaders' forum on HIV/AIDS. This forum provides an opportunity for all State and non-State actors to undertake a comprehensive review of the progress made in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and, more importantly, it is an opportune time to further engage leaders in a comprehensive global response to the epidemic.

We welcome the recent decline in HIV infection in Africa, especially in certain sub-Saharan African countries. But we realize that great challenges remain, including in Southern Africa. We recognize that the tragic and grave impact of HIV/AIDS in Africa is far more than an isolated or purely regional concern. We encourage all Member States to address this most important shared responsibility.

Although the prevalence of HIV remains low in most of our countries, HIV/AIDS continues to be a major concern for all the small island States of the Pacific region. Our countries are at high risk because of the high proportion of young people among our populations, our fast rate of social change and the high mobility of our populations. The first case of infection was reported in 1984. Today, reported rates of infection are rising quickly in several Pacific island countries.

Tuberculosis is a problem in the Pacific region, and HIV/AIDS is especially deadly for tuberculosis-infected persons. Tuberculosis infection rates in several of our nations are among the highest in the world. We strongly urge the global community to strengthen its approach to co-infection with HIV/AIDS and tuberculosis. We note in particular the importance of strengthening our diagnostic laboratory and health-care capacities, especially in remote rural areas.

The unique and remote geographies of Pacific small island developing States provide barriers to the delivery of preventative health care. The Secretariat of the Pacific Community has identified 11 key factors in the transmission of HIV/AIDS. One of the major difficulties in our region relates to sustaining comprehensive national responses given the lack of resources; resistance in communities to addressing the stigma attached to HIV/AIDS and other sexually transmitted infections; the lack of capacity to provide adequate treatment and health care for people living with HIV; the lack of consistency in coordination between national and regional governments and the need to strengthen gender equality.

Governments in our region are committed to addressing the key causes of the HIV/AIDS epidemic. Our efforts have been consistent, and we continue to work together as a region to halt the spread of HIV/AIDS. In the mid-1990s, through the Secretariat of the Pacific Community, the countries of the Pacific region adopted a regional strategy to address the issue of HIV/AIDS. Subsequently, the current Pacific

regional strategy on HIV/AIDS for the period 2004-2008 was adopted. The strategy is framed in line with 11 principles that acknowledge the traditional, cultural and religious values of Pacific communities. It affirms the protection of human rights, the building of partnerships and the protection of vulnerable groups and people living with HIV/AIDS in the Pacific region.

We have made progress in combating the spread of HIV/AIDS in our region. For example, our national and joint regional initiatives are listed in our written statement.

In 2007, the Pacific Forum secretariat issued a communiqué that outlined the commitments made by the leaders and Government officials of our region. Those included the extension for five more years of the Pacific regional strategy on HIV/AIDS for the period 2004 to 2008, to cover the period 2009 to 2013. Stronger emphasis will be placed on taking preventative measures with regard to HIV/AIDS and other sexually transmitted diseases. The ministers of health of the region have committed themselves to develop a health framework that includes the priorities and the phase-two implementation of the priorities outlined by the strategy.

The negative impact of climate change is likely to heighten the vulnerability of our region and make us more susceptible to the spread of the epidemic. Climate change will not directly cause the spread of the epidemic, but it will significantly weaken our infrastructure, deplete our limited resources and over-stretch our already challenged health-care system. The increase in temperature and natural disasters threatens us not only with population displacement and death, but also food insecurity in our region. The lack of access to nutritious food will result in the weakening of our people's immune systems. Population dislocation also has the potential for the spread of infectious diseases, affecting in particular the most vulnerable groups, such as women and children.

To prevent such tragedies from happening, we urge the international community to continue its commitment to combating the HIV/AIDS epidemic by better addressing those cross-cutting issues and by incorporating preventative health measures into our global development and climate strategies.

I should now like to speak in my national capacity.

The Republic of the Marshall Islands is no stranger to the HIV/AIDS epidemic. For a country of 53,000 persons with a remote geography and limited medical capacity in our rural outer islands, even a case or two of HIV/AIDS poses a formidable challenge as regards containment and preventing further spread. Since we started to document and report cases, in the late 1980s, there have been 12 reported cases of HIV infection and two reported cases of AIDS, respectively. Given the size of our population, coupled with our limited capabilities and resources, the number should be significantly higher. The risk to our remote developing island nation is far greater than what the data show.

The rate of global funding has accelerated since the 2001 special session. We urge the international community to fulfil existing commitments and to provide funding for research and development. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has estimated that $11.4 billion will be needed to reverse the epidemic by 2015. We would like to commend the secretariat of UNAIDS and its co-sponsors for their leadership role regarding HIV/AIDS policy and coordination, as well as for the support provided to countries through the Joint United Nations Programme on HIV/AIDS.

We would like to take this opportunity to express our gratitude for the generous assistance from key international partners, including UNAIDS, the World Health Organization, the United States Centers for Disease Control and Prevention, the United Nations Population Fund, UNICEF, the United Nations Department of Political Affairs, the National Union of Organizations of People Living with HIV and AIDS, the United States Health Resources and Services Administration and the Ryan White Foundation, the Australian Government Overseas Aid Program, the International Federation of the Red Cross, the Pacific Island Forum secretariat and the Secretariat of the Pacific Community, for their efforts in combating HIV/AIDS in our region. We look forward to strengthening partnerships between our national and regional organizations and the international community.

The Acting President: I now give the floor to Her Excellency Ms. Caroline Chang, Minister of Health of Ecuador.

Ms. Chang (Ecuador) (*spoke in Spanish*): I should like to convey to the General Assembly the warm greetings of the Government of the citizen revolution.

My delegation would like to associate itself with the statements delivered by the representative of Antigua and Barbuda, on behalf of the Group of 77 and China, and the representative of Mexico, on behalf of the Rio Group.

Ecuador welcomes the General Assembly's decision to convene a high-level meeting to carry out a comprehensive review of the progress achieved in implementing the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS. Two years before the deadline set by the international community to achieve universal access to prevention, treatment, care and support in the fight against HIV/AIDS and halfway to the target date set for the achievement of the Millennium Development Goals (MDGs), this is a unique opportunity to assess how far we have gone towards achieving one of the most important of the Goals, namely, eradicating this global pandemic disease.

My delegation would also like to express its gratitude for the report (A/62/780) of the Secretary-General before the Assembly. We agree with his assessment that there has been progress in responding to HIV in many regions of the world since 2006 as a result of the political commitment of many countries, such as Ecuador, to carry out sustained policies in the areas of public investment aimed at eradicating HIV. However, as the Secretary-General himself has stated, that progress has been uneven and the pandemic has spread at a rate greater than the efforts made by States.

Ecuador believes that the spread of the disease cannot be brought under control unless we succeed in achieving the much-desired sustainability in policies to prevent and respond to the disease. Those policies must no longer be focused on emergency measures; rather, they should be transformed into long-term programmes that are sufficiently funded. However, achieving long-term sustainability requires that we address other factors. Those factors include eradicating poverty, reducing child mortality and achieving gender equality — all of which are Millennium Development Goals that are directly linked to the global fight against HIV/AIDS.

Political commitment and leadership — as well as participation by all social sectors, including civil society and people living with HIV — continue to be fundamental pillars in making further progress towards achieving universal access to prevention, treatment, care and support services.

Ecuador believes that, given the high and ever-growing number of young people living with HIV/AIDS, programmes on sexual education and the scope of the disease must be strengthened at all levels as some of the most important preventive measures.

With regard to responding to AIDS, Ecuador has made substantive progress in halting the spread of the pandemic. The Government of the citizen revolution has given priority to preventing AIDS and providing care as part of its national development plan. There are currently 12,740 cases of people who have lived with HIV/AIDS since 1984. Treatment, which is provided by the Ministry of Public Health through the public health network, covers 80 per cent of people living with HIV/AIDS. Ecuador relies on complementary funds from the World Bank to meet the current demand for antiretroviral treatment.

We have strengthened and established new treatment centres — known as AIDS clinics — in both our national specialized hospitals and those in provinces where demand is highest. At the end of 2007 our country had 6 clinics throughout the country. We now have 22 clinics providing specialized treatment — 10 of which provide comprehensive treatment to people living with AIDS, nine provide services to prevent the vertical transmission of HIV and eight provide both services.

Preliminary data from an initial sampling reveals that the prevalence of HIV among gay men, transgender persons and men who have sex with men was 19.3 per cent. That indicates that the epidemic is concentrated in those most exposed groups. The rate of infection among female sex workers was 3.76 per cent. The Ministry of Public Health is implementing a comprehensive care model that includes family care and community participation and efforts to combat stigmatization and discrimination in accessing health services, for our mission is to provide health care for human beings.

In 2006, 48.9 per cent of HIV-infected pregnant women were receiving antiretroviral treatment to prevent the transmission of HIV; in 2007, that

percentage increased to 74.1 per cent. The high rate of coverage in prophylactic treatment achieved in 2007 was due to the encouraging results of a public policy that made it a priority to achieve the country's goal of no more children with HIV by 2015.

Ecuador's constitution and local laws prohibit discrimination against people living with HIV/AIDS or having different sexual orientation, as well as on the basis of health status. Moreover, in the area of employment, a ministerial decree prohibits mandatory HIV testing as a precondition for employment. Draft legislation is currently pending on preventing all forms of discrimination, including for persons living with HIV/AIDS. In addition, the Government, the Office of the Vice-President, the various ministries with responsibilities in the social sector and civil society are all actively engaged in the fight against AIDS.

In 2004 10.4 per cent of women surveyed indicated that they had had their first sexual experience before the age of 15; in 2007 that age rose to 19. That points to a generational trend indicating a rise in the age of first sexual encounter, which could lead us to conclude that there is a greater impact to the efforts made in the areas of sexual education, reducing early pregnancy among adolescents and the scope of the disease.

There has been a clear increase in social investment in my country in the past two years to control HIV/AIDS. In that connection, the budget for prevention, which was barely $600,000 in 2005, rose by almost $3 million in 2006. The budget for care and treatment in 2006 was almost $4 million, as compared to $1.7 million in 2005.

We should not lose hope in the fight to eradicate this serious pandemic. Most of our countries have made important progress in responding to HIV/AIDS, especially as regards antiretroviral treatment, preventing mother-to-child transmission and in confidential and voluntary medical testing. However, there has been less progress as regards efforts aimed at prevention and universal access to treatment, especially for orphans, women and children living in poverty in many countries. It is crucial to reduce the gaps in access to prevention for the most exposed groups — such as female sex workers, men who have sex with men, intravenous drug users, persons deprived of their freedom and the poorest and most marginalized members of the population.

Similarly, if we want to meet the commitments we have entered into by 2010, we must redouble efforts at achieving universal access. To that end, we need clearer political direction and stronger leadership that will lead to a comprehensive, multisectoral and decentralized response to this scourge on humankind. That response must also be underpinned by the basic assumption that there is a need for rich and poor countries alike to honour the commitments they have assumed, especially those related to eradicating poverty and underdevelopment.

As it has until now, Ecuador will continue to engage with the international community in the ongoing efforts to ensure the survival of human beings and our peoples.

The Acting President: I now give the floor to His Excellency The Honourable Daniel Kwelagobe, Minister for Presidential Affairs and Public Administration of Botswana.

Mr. Kwelagobe (Botswana): It is indeed an honour and a privilege to address the General Assembly today on the progress that we have made, individually and collectively, as members of the global village, as we agreed here in 2006 and in 2001.

My delegation aligns itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China and by the representative of Zambia on behalf of the Southern African Development Community.

At the 2006 high-level meeting on HIV/AIDS, we committed ourselves to a set of ambitious national targets aimed at scaling up towards universal access to HIV prevention, treatment, care and support by 2010. The implementation of this commitment is a key milestone for the achievement of the Millennium Development Goal 6 in particular, a Goal aiming to halt and reverse the spread of HIV/AIDS by 2015.

This meeting is therefore a critical opportunity to share achievements and challenges, but, more important, also to exchange experiences and best practices that will guide us all along a sustainable path into a future free of HIV/AIDS. In the past we have continued to experience a growing number of new infections, moving us further away from achieving our goal.

As we welcome with appreciation the report of the Secretary-General (A/62/780), we are encouraged

that there are indications of progress around the globe, even though they are not uniform across and within countries. We note, for example, that the annual rate of new HIV infections has declined over the last decade.

While, to be sure, we must appreciate these achievements, we remain concerned that the current efforts are still not enough to enable us to achieve our set goals. The rate of progress in expanding universal access to the required services still cannot keep pace with the growth of the epidemic. It is therefore imperative that we accelerate the rate of the provision of services to combat HIV/AIDS in all aspects.

We in sub-Saharan Africa are particularly concerned by that continued threat. Our region, which is where more than two thirds of all people infected with HIV live, remains the most affected**.** It is encouraging that we have begun to experience a decline in prevalence in some countries of the region. We are confident that, with the unwavering support of the international community, we as a region will consolidate this achievement.

In recognizing the development effects of the epidemic, for more than two decades Botswana has mobilized and mounted an aggressive national response, which was led by the former President, His Excellency Festus Mogae, who during his tenure also chaired the National AIDS Council. I am happy to report that the former President continues to chair that Council, which is a clear indication of the current presidency's commitment to consolidate, and indeed to further, the political leadership needed to drive that development agenda.

Botswana is one of the countries that has made significant progress in combating the epidemic. Through our programme for the prevention of mother-to-child transmission, we are now able to deliver 96 HIV-free newborn babies out of every 100, compared to the average of 60 in 1999. This has the potential to significantly reduce infant mortality, among other things.

In 2002, we introduced a national treatment programme, offering free treatment to citizens who meet the criteria. It currently enrols over 88 per cent of those in need of treatment. More important, we are experiencing less than 10 per cent mortality among those receiving treatment. Our experience is that accessible, affordable and effective treatment creates a more favourable environment for HIV prevention. On the other hand, treatment success can also give a false sense of security. That is a challenge that, if ignored, will reverse the gains made so far.

For these programmes to be accessible, it is important that everybody knows their HIV status. Otherwise, the attainment of the set targets is at risk. To that end, in 2004 Botswana introduced routine HIV testing in all its facilities, which has had a telling impact. Since 2006, we have been experiencing a declining trend in prevalence among those who have been tested for the first time. Generally, there is strong evidence that is suggestive of a levelling off of, if not a decline in, the epidemic, which can only be due to reduced incidence, given the high survival rates, in particular, among those on treatment. In order to reinforce that trend, Botswana has now embarked on a more aggressive effort towards scaling up prevention, which we consider the mainstay of our national response.

Despite those achievements, we continue to be inundated with challenges. The high disease burden has directly affected our human resource capacities, which are pivotal in this fight.

Allow me to conclude by acknowledging and thanking all our partners for their various forms of invaluable support in saving many lives.

The Acting President: I now give the floor to His Excellency Mr. Amar Tou, Minister of Health, Population and Hospital Reform of Algeria.

Mr. Tou (Algeria) (*spoke in Arabic*): My delegation is honoured to support the statement delivered by the representative of Antigua and Barbuda on behalf of the Group of 77 and China and by the representative of Egypt on behalf of the African Group.

My delegation would also like to thank Secretary-General Ban Ki-moon for his report (A/62/780), which provides a comprehensive assessment of the progress made in implementing the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS. The report also gives an overview of the difficulties that continue to hamper our collective action against that scourge.

Turning to the item that has brought us together today, its breadth and scope are heartrending for all of us. The report of the Secretary-General has clearly shown that global HIV prevalence has stabilized and that the number of new infections has fallen. At the

same time, however, that praiseworthy progress is still uneven, because some regions and countries, in particular those in Africa, remain heavily affected by this scourge. Obviously, that situation is closely linked to poverty, conflict and the overall underdevelopment of that region.

Although the HIV/AIDS prevalence rate in Algeria is only 0.14 per cent, my country's commitment to fight against the pandemic remains full and unwavering, as has been confirmed by the relevant United Nations agencies.

Algeria's accession to all international commitments in the fight against HIV/AIDS demonstrates its willingness to deeply commit to the global response to this scourge. That commitment is reflected at the national level in the adoption and implementation of a comprehensive policy based on a broad health-care network with universal access to prevention, treatment, care, and psychosocial and social support, and based also on combating stigmatization and discrimination.

In addition, the fact that my country was the first in the Arab and Islamic world to see the creation of an association of people living with HIV clearly reflects the Algerian Government's strategic partnership with civil society in the fight against this pandemic.

Algeria's national policy is embodied in a special organizational structure to fight this disease. It involves a network of 60 voluntary and free HIV screening centres, 12 treatment and care centres and a national reference laboratory for confirmation, which will be decentralized in the near future through the ongoing establishment of some 20 annexes. This network covers the entire territory of our country and is aimed particularly at facilitating access for everyone without exception.

Furthermore, and thanks to the strong will and commitment of Mr. Abdelaziz Bouteflika, President of the Republic, important financial and human resources have been mobilized to put in place all necessary structures and to ensure diagnosis and free access to treatment and antiretroviral and hepatitis drugs.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have been of great help and we pay a warm tribute to them. Their ongoing support has helped and, without any doubt, will ensure the increasing effectiveness of our actions.

On the basis of our experience, we in Algeria reaffirm our commitment to pursue our efforts and our entire readiness to contribute to the praiseworthy efforts of the United Nations, and in particular to attain the health-related Millennium Development Goals.

The Acting President: I now give the floor to Her Excellency Ms. Ulla Schmidt, Federal Minister for Health of Germany.

Ms. Schmidt (Germany): I would like to thank the Secretary-General for his excellent report (A/62/780). It certainly shows that progress has been made in the fight against HIV/AIDS. Yet I am deeply concerned about some of its main messages. Obviously, we will not achieve the Millennium Development Goal of ensuring access to HIV/AIDS treatment for all people worldwide by 2010. This situation is not acceptable not only from a German point of view, but it is also a common position of the European Union.

That is why Germany brought up this topic at the Group of Eight (G-8) summit last year. As a result, the G-8 pledged $60 billion to the fight against HIV/AIDS, tuberculosis and malaria. Germany will contribute €4 billion by 2015 and as part of this contribution will double its financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria to €600 million until 2010.

Affordable drugs are essential to fight against HIV/AIDS. Yet, as already mentioned by many representatives, we have to be very aware of the fact that affordable drugs are only one element of an efficient strategy. Without massive improvements in on-site health-care delivery, the whole debate remains fruitless.

In this process, political leadership is vital. It has to be unambiguously assumed by heads of State or Government in order to build up infrastructure and to overcome discrimination and stigmatization, including discrimination in the form of HIV-specific travel restrictions.

Of course, another principal obstacle that remains is drug pricing. Drug prices are still too high and threaten to overwhelm local health-care systems.

Aware of these challenges, we launched, during Germany's European Council presidency, an initiative that might represent a new path for certain countries. All European member States as well as the most important non-governmental organizations (NGOs) are fully behind this initiative and have consented to the Bremen Declaration.

High-burden Eastern European and neighbouring States to which the Agreement on Trade-related Aspects of Intellectual Property Rights does not apply are supported in firmly establishing comprehensive national AIDS policies. Their experience too is that the pricing of antiretroviral drugs is one of the most urgent problems.

We involved the pharmaceutical industry in this process right from the start, and we made sure that there is a strong and lasting commitment by each country to build up an HIV strategy. The components of such a strategy are: education, particularly for young people and women, promoting sexual and reproductive health and rights; prevention, including promotion of safer sex, prevention of mother-to-child transmission, drug substitution, needle exchange, and targeted interventions aimed at other vulnerable groups; free and anonymous access to HIV testing and counselling; universal access to treatment and care; and surveillance, quality assurance and research.

I am deeply convinced that this can succeed only if the State and civil society join their efforts in a spirit of cooperation. I am very happy that our partners in and outside the European Union have responded actively to this initiative. One country after another has started to identify the fields of action that need to be combined in an overall programme. In this process, non-governmental organizations, the European Commission, the World Health Organization and the Joint United Nations Programme on HIV/AIDS were, of course, actively involved.

We have already made this idea a reality to a certain extent. Country-specific negotiations succeeded in putting the necessary infrastructure in place for a sustainable HIV/AIDS policy. The pharmaceutical industry has contributed by granting perceptible price reductions for antiretrovirals and by supporting the expansion of prevention efforts.

I hope and wish that this has created an exemplary model and that the path we have embarked upon may take us nearer to our common goal.

The Acting President: I now give the floor to Her Excellency Sheikha Ghalia Bint Mohammad Bin Hamad Al-Thani, Minister and President of the National Health Authority of Qatar.

Sheikha Al-Thani (Qatar) (*spoke in Arabic*): I would like, at the outset, to convey to you the greetings of His Highness Sheikh Hamad bin Khalifa Al-Thani, Emir of Qatar, and His Highness' wishes for the success of this important meeting, which aims at strengthening the continuous involvement of the nations of the world in the comprehensive global response to the spread of HIV/AIDS. I would also like to reaffirm our full commitment to the complete implementation of the Declaration of Commitment on HIV/AIDS adopted by the Assembly in 2001, and the Political Declaration on HIV/AIDS, adopted by the Assembly in 2006.

I am pleased to express my thanks and deep appreciation to the United Nations system and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their leading and decisive role in promoting and supporting the response to that disease. Our presence here today is to reaffirm that the State of Qatar supports those commendable and huge efforts and the mandate entrusted to them.

This meeting has been convened at a critical juncture, as we only have two years left to achieve the special goal of providing universal access to prevention, treatment, care and support programmes by 2010. There are growing signs, however, that the targeted efforts and investments made in the context of dealing with the spread of AIDS are still inadequate. It is therefore necessary, in this international forum, to renew the commitments we made and accelerate our individual and collective efforts with a view to dealing with this disease, through the strengthening and promotion of existing funding mechanisms. We must ensure the sustainability of the necessary support for low- and middle-income countries so as to enable them to provide the necessary diagnosis and treatment services. In that regard, we welcome the recommendations contained in the report of the Secretary-General, including that of giving greater importance at this critical juncture to the question of awareness-raising among children, youth and women on HIV/AIDS and on its means of transmission. Awareness is the best way to confront this disease.

Although the number of HIV/AIDS cases is still relatively low in the State of Qatar and national statistical reports indicate that only 228 cases had been detected by 2007, we firmly believe that it is our duty to support international efforts to help the most affected countries. The world has become one global village, and humanity has become one global family in the face of this pandemic, which threatens all of mankind. It is worth noting that in 2007, 35,000 nationals and residents of Qatar were tested for the virus, and a total of 10 new cases were diagnosed. We are working on expanding the scope of the voluntary screening programme as a free and readily available service, so as to cover the groups most at risk in the State of Qatar. In addition, we are aiming at providing full health care and antiretroviral treatment, all free, to all those affected.

Despite the relatively small number of reported cases in our country, the State of Qatar has taken upon itself the task of implementing the outcome of the Declaration of Commitment on HIV/AIDS and has undertaken several actions, including the establishment, in June 2006, of a National Committee for the Prevention of AIDS, chaired by the National Health Authority. Its membership includes ministries, government agencies, representatives of civil society organizations, including the National Committee for Human Rights, educational institutions and the private sector. Our efforts have gone a step further. We are keen on establishing cooperative relations with the relevant international organizations. A cooperation agreement has thus been signed between the National Committee for the Prevention of AIDS and UNDP, to develop an expanded and comprehensive national strategy to combat AIDS in the State of Qatar in a way that would reduce the spread of AIDS and keep it at a low level; to adopt policies and programmes that are in line with the principles and values of our society; and to provide comprehensive support for those living with HIV and their families.

In order to implement that strategy, the National Committee has developed short- and long-term plans of action involving various programmes and projects, such as the programme for building national capacities. Several activities have been carried out, including a training course for workers in the media and religious leaders, in recognition of the significant role that those groups could play in addressing this important issue. We have also initiated training sessions for transformational leadership in combating AIDS, with a view to training national leaders to support efforts by the National Committee. We have managed to establish small working teams that would take part in the activities of the National Committee, including a working team for studies, a working team for support of the rights of patients with AIDS, a working team for incorporating AIDS considerations in the educational curricula at all levels of education in cooperation with UNESCO, and a working team for the preparation of observing World AIDS Day every year. The teams have already begun their work on implementing those plans and programmes. Preparations are under way to organize training courses for teachers, to prepare them to teach students the skills to deal with the topic of AIDS in a scientific and sound manner at all educational levels. Given the importance of providing comprehensive information about the disease, a website for the National Committee for the Prevention of AIDS was launched on the Internet last November.

With regard to laws and legislation, the National Committee is working with the legal departments of the Government to support the rights of people living with HIV and integrate that approach into the laws of the State. Such a legal document would be the first of its kind in the Arab region, and we will work on making it a regional document to support the rights of people living with HIV in the Arab world.

Despite all those tremendous efforts at all levels, statistics show that we are facing great challenges that require a redoubling of efforts at the levels of Governments, the United Nations system, civil society organizations, media, religious leadership, donors and pharmaceutical companies. We must bear in mind that the fight against AIDS is a development challenge that cannot be dealt with independently from the challenges of achieving international development goals. We therefore hope that this meeting would provide an opportunity for frank discussions about what we have accomplished thus far and what we must do to bridge the huge gap between what has been achieved on the ground and the desired objectives for 2010.

The Acting President: I now give the floor to Her Excellency Ms. Andrea Kdolsky, Federal Minister for Health, Family and Youth of Austria.

Ms. Kdolsky (Austria): It is a particular honour and privilege for me to represent Austria at this high-level meeting on HIV/AIDS. At the outset, I would like

to sincerely thank the Secretary-General for this timely opportunity to review the progress that has been made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS at the high-level meeting in 2006.

First of all, allow me to take this opportunity to share with you information on the national achievements of Austria in the fight against HIV/AIDS. At a very early stage of the outbreak of the pandemic, Austria adopted specific legislation: on the one hand those measures grant high safety standards to prevent nosocomial infections and guarantees blood and product safety, and on the other hand they provide free access to testing, treatment and care.

Since their entry into force, those legislative measures have been accompanied by exhaustive information campaigns, addressing both the general public and vulnerable groups.

Those campaigns focused primarily on education and information about the main knowledge about HIV transmission and prevention, while also taking into account gender and discrimination questions. They were supported by an additional package of harm-reduction programmes for people at risk, and in particular by programmes for the provision of clean needles and syringes and a nationwide drug substitution programme. Moreover, effective measures in the field of vertical transmission and reproductive health have nearly eliminated mother-to-child transmission in Austria.

From 1997 onwards advances in treatment led us to reinforce structures to provide nationwide, free access to treatment and care for all, both for intramural and extramural settings. This has led to a dramatic decrease in the number of new infections and people dying from AIDS. Nevertheless, prevention, which we see as the cornerstone of all other activities within the comprehensive approach to fight the pandemic, remains our main focus in the fight against HIV/AIDS.

Due to excellent access to antiretroviral therapy, HIV/AIDS has become a chronic disease in the industrialized world. However, HIV/AIDS still causes a growing death toll in sub-Saharan Africa, where the majority of the world's people suffering from this disease live. This not only impedes the successful achievement of Millennium Development Goal 6, but also has a very negative influence on reaching the other Millennium Development Goals in sub-Saharan Africa. In particular, it negatively affects the fight to eradicate extreme poverty and hunger, to combat child mortality and to improve maternal health. HIV/AIDS not only means great human suffering, but leads in consequence to a dramatic decrease in life expectancy. High mortality rates of adults in productive age have a very negative impact on all aspects of human, social and economic development in the region.

Austria notes with growing concern the feminization of the pandemic in sub-Saharan Africa, which is the result of power imbalances between men and women. Currently, 61 per cent of people living with HIV/AIDS in the region are women. Increasing numbers of women, including young women and even girls, are becoming infected. Only a few pregnant women who are HIV-positive receive the necessary services to prevent the transmission of the virus to their newborns.

Care of orphans becomes a pressing social problem in the region, as 80 per cent of the children worldwide who have lost one or two parents to the pandemic live in sub-Saharan Africa.

Austria is fully committed to meeting its international obligations on official development assistance. Our Government programme explicitly recognizes the resolutions of the Council of the European Union, in accordance with which a share of 0.56 per cent of gross national income is to be used for development cooperation purposes by 2010.

Before concluding, I am proud to announce that Austria has been chosen to host the eighteenth International AIDS Conference, which will take place in Vienna in July 2010. The International AIDS Conference is the largest international meeting on HIV/AIDS, where every two years all stakeholders in the global response to the epidemic meet to assess progress and identify future priorities. The Conference is being organized by the International AIDS Society in partnership with the Austrian Government, the city of Vienna and local scientific and community leaders, who have a long history of involvement in HIV/AIDS issues. I am convinced that the 2010 Conference will be a very valuable contribution towards achieving the Millennium Development Goal of providing universal access to HIV prevention, treatment, care and support.

The Acting President: I next call on His Excellency Mr. Evgeniy Zhelev, Minister of Health of Bulgaria.

Mr. Zhelev (Bulgaria) (*spoke in French*): On behalf of the Bulgarian Government, I thank the Secretary-General, the President of the General Assembly and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their concerted action in organizing, leading and advancing the global response to HIV.

I am grateful for the honour of participating in this high-level meeting and sharing with other representatives the successes and challenges in the response to HIV in Bulgaria. Our country is situated in the region where the epidemic is growing most rapidly.

The Bulgarian Government has proved that an effective national response to HIV becomes reality when strong political will and national leadership are combined with joint actions and significant financial resources.

Since 1997 we have had one unified coordinating body — the National Committee for AIDS Prevention — and since 2001 the Bulgarian Government has supported the implementation of the National HIV/AIDS Strategy and Action Plan. During the past eight years annual allocations from the Ministry of Health budget to fight AIDS have increased by almost six times.

Since the beginning of 2004 Bulgaria has succeeded in significantly increasing access to and coverage of HIV-prevention services among the populations at higher risk, as well as care and support for people living with HIV.

Bulgaria is today implementing an integrated, balanced approach incorporating prevention, treatment and care and support for people affected by the disease. The efforts of the Government and other partners in the response to AIDS have been very successful. Our achievements are as follows.

The human and institutional capacity for HIV prevention, treatment, care and support has been considerably strengthened. National standards and best practices for the provision of specific services to populations most at risk have been boosted. These services are easily accessible, free and non-discriminatory. Access to them is increased by mobile medical units, centres for injecting drug users and community-based health and social centres for Roma people. People living with HIV also receive quality medical care, treatment of opportunistic infections, and psychological and social support.

Despite the success achieved so far, Bulgaria faces the following challenges. We need to ensure the sustainability of the financial resources allocated to the national response to HIV, and to increase them; to scale-up and increase the coverage of services to prevent HIV infection and reduce the harm to the health of populations most at risk; and to ensure that all young people have access to health education.

On behalf of the Bulgarian Government, I again confirm our readiness to achieve our national goals and implement the undertakings in the Declaration of Commitment on HIV/AIDS. I also call for the will, commitment and action of other leaders gathered here.

The Acting President: I now call on Her Excellency Ms. Christine Nebout-Adjobi, Minister in charge of HIV/AIDS of Côte d'Ivoire.

Ms. Nebout-Adjobi (Côte d'Ivoire) (*spoke in French*): On behalf of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Laurent Gbagbo, I wish to express gratitude for the invitation to speak before the Assembly. I also thank the Organization, its Secretary-General and the whole international community for their involvement in helping to resolve the crisis my country has experienced for nearly six years.

I also thank the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United States Government — through the President's Emergency Plan for AIDS Relief (PEPFAR) — for their support in the fight against HIV/AIDS.

My delegation fully supports the statement made by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China.

Côte d'Ivoire, with an estimated population of more than 20 million, is the West African country most affected by the HIV pandemic, having a prevalence of 4.7 per cent and seeing a clear feminization of HIV. This is a gloomy picture, but my country's social and political problems have not dampened its desire to stem this scourge, and we have a steadfast commitment to halt and reverse the HIV/AIDS epidemic by 2015.

The Government's determination, the strong involvement of civil society and the private sector and

the support of the international community have enabled Côte d'Ivoire to make the progress described in this year's report, the main items being as follows.

From 2005 to 2007 the funds devoted by Côte d'Ivoire and its financial partners to combat AIDS totalled about $80 million, with the State's contribution being about 15 per cent. It is significant that, despite the country's crisis, Côte d'Ivoire's share has increased regularly since 2002.

With regard to safety of transfusion, 100 per cent of transfused blood units are systematically tested for HIV/AIDS.

There is also progress in the number of people receiving antiretrovirals (ARV), up from 36,000 in 2006 to about 50,000 today; in the percentage of seropositive pregnant women receiving ARV, which has risen from 11 per cent in 2006 to 17 per cent in 2007; and in the percentage of people living with HIV still under treatment 12 months after its start, which has gone up from 87 per cent in 2006 to 89 per cent in 2007.

Since 2004 particular attention has been given to patients co-infected with tuberculosis, of whom 90 per cent are on cotrimoxazole and 26 per cent on ARV.

There is increased knowledge about HIV since the introduction of the subject, in 2006, into schools' and colleges' curriculums and training programmes for working life. There has also been a noteworthy change in the behaviour of young people, who are waiting longer and longer for their first sexual experiences.

Challenges to be overcome include the low level of knowledge about HIV among young people, estimated to be about 22 per cent; the low level of screening, estimated at 3.5 per cent of the general population; and the inadequate use of condoms in high-risk situations, which is estimated at less than 50 per cent, whatever the age group. However, steps are being taken to meet these challenges.

Four main obstacles are being encountered: the political and military crisis; the difficulty in disbursing financing; the persistence of gender inequalities; and insufficient alignment of partners and coordination of activities in the fight against AIDS. To respond to them, my country is taking action that should allow it to attain the special session goals. They include: with regard to the crisis, signing the political agreement of Ouagadougou in March 2007; putting into effect the plan to intensify prevention; and the imminent signature with the World Bank of the financing agreement for the Emergency Multisector HIV/AIDS Project.

With the prospect of an irreversible end to my country's crisis — which will make it possible for us to host the summit of the Group of 77 and China — the whole international community must help overcome all the obstacles to implementation of our national AIDS policy. To this end, while relying on itself, Côte d'Ivoire would like to be able to continue to count on international solidarity to end the crisis hampering our national response.

The Acting President: I now give the floor to Her Royal Highness Princess Norodom Marie Ranariddh, Senior Minister and Chairperson of the National AIDS Authority of Cambodia.

Princess Norodom Marie Ranariddh (Cambodia): I am delighted to have the privilege of participating, on behalf of the Royal Government of Cambodia, in this high-level meeting on AIDS. I am very pleased to have the opportunity to report the progress Cambodia has made in responding to the challenges of the AIDS epidemic, and, in particular, Cambodia's efforts to achieve its targets for universal access.

Prevalence data in Cambodia's 2008 report provide compelling evidence that the AIDS epidemic in Cambodia has been halted and reversed. Cambodia has effectively achieved its Millennium Development Goal for AIDS. The HIV prevalence among adults aged 15 to 49 decreased to 0.9 per cent in 2006 from a revised estimate of 1.2 per cent in 2003.

The reversal of the epidemic is attributable to a pragmatic approach to HIV prevention, coupled with extensive voluntary counselling and testing and rapidly expanded access to antiretroviral treatment.

Five elements have been, and remain, essential to sustaining Cambodia's efforts to reverse the HIV/AIDS incidence and prevalence over the next several years. First, consistent and committed political leadership at each level has created the space for individuals, communities and civil society to own and drive the response. Secondly, institutional leadership has ensured sound, evidence-based work and wise investments in national capacity development. Thirdly, inclusive, open and strong partnerships between Government,

legislative bodies and civil society have put the needs of marginalized communities, and especially people living with HIV, at the centre of the Cambodian response. Fourthly, good governance has produced and implemented an HIV law and a code of conduct. And fifthly, the silence and denial surrounding HIV have been confronted, leading to a remarkable reduction in stigma and discrimination at all levels of society.

Cambodia has established ambitious national targets to ensure that all Cambodians can share the benefits of universal access. The foundations for achieving these targets are already well established. Let me share three key examples.

Cambodia's recent national behavioural surveillance data confirm that consistent condom use in high-risk behaviour settings remains high, at between 88 per cent and 95 per cent; 26 million condoms were socially marketed in 2007.

Voluntary testing and counselling is widely available to many more Cambodians than ever, with voluntary counselling and testing facilities in 208 sites throughout the country. In 2007 alone, 260,000 people received voluntary counselling and testing services.

Cambodia has exceeded its 2010 universal access target of 25,000 people receiving treatment and care. The national continuum of care programme is bringing hope as never before to thousands of people living with HIV. As I speak, over 28,000 Cambodian adults and children — 85 per cent and 89 per cent respectively of all in need — are leading full, healthy lives because they are able to access antiretroviral therapy, a range of allied support services and quality care.

Costed action plans, finalized this year as part of our universal access road map, are guiding intensified efforts for national coverage of a minimum package of HIV prevention services for injecting drug users and men who have sex with men, and for the prevention of mother-to-child transmission.

As we celebrate these and other achievements in the national response, we together — the Government, civil society, the private sector and development partners — know that there are significant challenges ahead in meeting and sustaining Cambodia's universal access agenda.

Changing trends in the sex industry, emerging epidemics in communities of injecting drug users and men who have sex with men present significant challenges to our HIV prevention efforts, not least the need to rapidly scale up work to mitigate the possibility of a second-wave epidemic.

Gender inequities and gender-based violence continue to place Cambodian girls and women at an unacceptably high risk for HIV. Poverty continues to drive men to leave their families and wives, and women to sell sex in order to survive.

There are approximately 77,000 orphans and vulnerable children, many of whom lack adequate health, education, social support and protection. While a National Plan of Action is in place, much more needs to be done to strengthen local capacity to deliver a minimum package of services which are integrated with the existing national continuum of care programme network at the district and commune level.

Fifty-six per cent of all new infections now occur among monogamous, married women, and a third occur from mother to infant; services for the prevention of mother to child transmission — testing and prophylaxis — reach less than 15 per cent of pregnant women.

As Cambodia moves from an emergency scenario to one in which HIV is an endemic disease, much work needs to be done to ensure the sustainability of Cambodia's success. A key lesson for Cambodia has been the strategic investment of AIDS resources in health-sector strengthening. The dividends for paediatric health care, the tuberculosis programme and maternal health have been remarkable over the last two years. Similar investments will also be required in the social sector if we are to adequately tackle the impact of Cambodia's epidemic, particularly the impact on women and children.

Five rounds of the Global Fund, large multilateral contributions and extensive bilateral support have provided the financial foundations of Cambodia's response. It is essential to ensure the continuity of this support, particularly to maintain the large cohort of patients receiving treatment and to enable intensified and focused action for HIV prevention.

We recognize and appreciate the strong commitment of development partner Governments and the international community to sustain the long-term financing and capacity development required to meet our national obligations to achieve universal access to prevention and treatment. This commitment is also

critical for the work that now must be accelerated to address the larger development challenges that, if not confronted, may hamper our efforts to further reduce HIV prevalence.

The Royal Government of Cambodia and its civil society partners are finding solutions to the challenges that the AIDS epidemic continues to pose. We are together committed to realizing our agenda for universal access to prevention and treatment for all Cambodians and to the Millennium Development Goal of halting and reversing the global epidemic by 2015.

The Acting President: I have been reminded by the Secretariat that in order to accommodate all the speakers — we have a very long list — I should strongly appeal to speakers to limit their statements to five minutes, as has been agreed to by all Member States. The lighting system will provide the appropriate prompts.

I now call on His Excellency The Honourable Nimal Siripala de Silva, Minister of Health Care and Nutrition of Sri Lanka.

Mr. De Silva (Sri Lanka): Let me convey greetings and best wishes from His Excellency Mahinda Rajapaksa, President of Sri Lanka, for the success of this high-level meeting.

The special session of the General Assembly in 2001 and the high-level meeting in 2006 provided an impetus to strengthen and accelerate HIV and AIDS control programmes in a coherent and comprehensive manner. However, as the Secretary-General's report indicates, progress has been uneven. This, therefore, is an appropriate time to take stock, as progress in combating HIV/AIDS is essential to ensure the achievement of other interrelated Millennium Development Goals by 2015.

Mr. Soborun (Mauritius), Vice-President, took the Chair.

Although there are concerns about the pace of progress, we also need to recognize the significant gains and lessons learned from each other's success stories. Some countries in our region have shown very positive results in containing the prevalence of HIV/AIDS. But, of course, much more needs to be done to sustain this progress and consolidate these gains.

The first case of HIV infection in Sri Lanka was detected in 1987. Reliable surveillance estimates indicate that there are at present about 5,000 persons infected with HIV among our 20 million population. So far only 917 HIV-positive cases have been detected, and only 3 instances of HIV infection following blood transfusion have been detected in 20 years. I present this data with modest pride.

Representatives may ask what factors have contributed to Sri Lanka's success.

First, we have had strong political commitment and political will consistently over the years, and this has provided a firm foundation for the successful launch and continuation of HIV/AIDS prevention activities. The President of Sri Lanka chairs the National Committee for the Prevention of HIV/AIDS, which is identified as an essential element for ensuring good health in the Mahinda Chintanaya, the policy framework of the Government of Sri Lanka.

Secondly, Sri Lanka has had free health care and education for all its citizens since gaining independence in 1948. Since then, despite being a developing economy, we have succeeded in building an extensive health-care infrastructure focused on primary health care.

Sri Lanka has achieved low maternal and infant mortality rates, high vaccination coverage, an average life expectancy of 73 years and a literacy rate of 95 per cent. The strong health-care system, of which the HIV preventive programme is an integral part, and free education, which has resulted in a highly literate population, have contributed greatly to Sri Lanka's success in combating HIV infection.

Thirdly, the traditional and conservative nature of Sri Lankan society holds a deep and abiding respect for the sanctity of the family as an institution.

Fourthly, Sri Lanka has set in place a well-established national HIV/AIDS control programme, with the strong support of the World Bank, the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, the United Nations Population Fund (UNFPA) and the Global Fund. Sri Lanka is thankful to these institutions and donors for their support.

I have personally given political leadership to advocacy and awareness programmes targeting political leaders in Parliament and in local government,

and all segments of civil society. These interventions have contributed significantly to acceptance by the entire political and religious leadership of the country that HIV/AIDS is a serious threat to national health and development. They have also served to attenuate stigma and discrimination. These efforts paved the way for the success of the Eighth International Congress on AIDS in Asia and the Pacific, which was held in Sri Lanka in August 2007. Around 2,700 foreign delegates and 2,000 local delegates attended.

Sri Lanka provides antiretrovirals free of charge to all those who need them.

Our financial commitment to free health care has not been compromised, in spite of our being burdened with substantial defence expenditure to meet threats and sabotage by an armed group described by several Member States of the United Nations as the most ruthless and organized terrorist outfit in the world.

In conclusion, I wish to focus attention on the impact of the current unprecedented escalation of the price of oil and threats to food security. This, if not addressed immediately, has the potential to create a ripple effect in weakening health systems, affecting access to affordable drugs and treatment, and impeding research and development, and it could even reverse the gains achieved in developing countries.

As we stand at the midway point towards achieving the Millennium Development Goals, it is important that all stakeholders — Governments, private sector, civil society — use this opportunity to rededicate efforts to identify all challenges and address them, seeking sustainable ways to halt and roll back the spread of HIV/AIDS.

The Acting President: I now call on Her Excellency Ms. Elsa Palou, Minister of Health of Honduras.

Ms. Palou (Honduras) (*spoke in Spanish*): On behalf of the Government and people of Honduras, I wish to express our sincere appreciation of the efforts made by the United Nations in responding to the HIV/AIDS epidemic's challenges to the development and survival of mankind.

We pay public tribute to our friend Peter Piot and all those others who form part of the Joint United Nations Programme on HIV/AIDS (UNAIDS). They have shown us the path to follow. We are sad to see Peter leaving, but we are happy to see the results of his work.

This meeting is taking place at a very important time in our history. In the early years of a new millennium, it is appropriate that people around the world should think about the future of our countries, and the future of the epidemic.

We have seen the first man walk on the Moon, the end of apartheid in South Africa, and the signing of the peace agreements in Central America. But we have also seen the aberration of the Holocaust and ethnic conflicts and local wars that in the past 40 years have caused more deaths than the two World Wars together. We have seen the light of freedom, but also the void of poverty and the violation of human rights.

We have reasons to feel proud, but also to be ashamed of mankind's cruelty and hardness of heart.

The HIV epidemic, I am sorry to say, has been a shop window displaying every possible discrimination in our cultures. People living with the virus have been victims of isolation and persecution, and all forms of human ingratitude have been shown to men and women whose only difference is to be HIV-positive.

Women are the most affected, for biological, epidemiological and social reasons. The virus has reached to the very depths of our families. Women who have never left their homes have been affected by the pandemic. Their partners have died, and they are now heads of household, with no jobs, and fear the possibility of leaving their children orphans.

We must face the challenge of the feminization of the epidemic in a comprehensive way, attacking the symptoms that have created it, such as male chauvinism, violence and poverty. Our First Lady, Xiomara Castro de Zelaya, aware of this reality, led the formation of the Coalition of First Ladies and Women Leaders of Latin America on Women and AIDS in order to meet the challenge of the feminization of the epidemic, a joint effort with our sisters in ICW Latina — the regional body of the International Community of Women Living with HIV/AIDS — with the support of the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

For us, the epidemic is no longer a problem of public health; it has become a political and social problem that needs to be dealt with comprehensively.

We are therefore devoting all our resources to such action so that it is not just one more promise.

Since 2006, the year of the last Assembly meeting at which the special session commitments were examined, the Honduran State has made significant advances in increasing the levels of cover for the treatment of people living with HIV/AIDS. We have reached 57 per cent, with the support of the Global Fund.

It is noteworthy that since 2002, when antiretroviral therapy first became available in Honduras, the number of people being treated has risen from 40 to 6,400 today. However, we are aware of the gap that we still need to close. Our challenge is to increase coverage in areas with difficult access and among vulnerable, traditionally marginal populations, as part of our national response. Accordingly, we now have 22 centres with doctors prepared to attend to people living with HIV/AIDS.

Another successful strategy has been the prevention of transmission of HIV from mother to child. This programme has been integrated into 80 per cent of our prenatal care network. The challenge is to increase the access of pregnant women to prenatal medical consultations, lack of which is the reason for the low coverage stated in our 2008 country report.

Despite our achievements, we know that the response will not be sustainable if there is no consistent agenda for prevention. We need to stress far more the promotion of safe sexual behaviour and the implementation of sexual education programmes based on scientific evidence and human rights, directed at boys, girls, adolescents, young people and the groups in our population most affected by the pandemic.

In 26 years of the epidemic we have learned to recognize the very close link between it and human rights. In response, we have started to work on the defence of human rights, with two offices in the country's two main hospitals and the implementation by civil society of observation points that will ensure comprehensive attention and care, with ethical values, for people living with HIV and AIDS.

I take this opportunity on behalf of the Government of Honduras, while conveying the greetings of citizen President José Manuel Zelaya Rosales, to thank the United Nations for its enormous efforts in assisting countries to find an effective response to the pandemic, which has become a threat to the life and development of all.

I conclude by reiterating the commitment of Honduras to continue to make every effort on behalf of life and human dignity, and guarantee that we shall use all the support we receive transparently for the benefit of the neediest and most marginalized populations in our country.

The Acting President: I now give the floor to His Excellency the Honourable Khumbo Kuchale, Minister of Health of Malawi.

Mr. Kuchale (Malawi): On behalf of His Excellency Dr. Bingu wa Mutharika, President of the Republic of Malawi, and indeed on my own behalf, I join previous speakers in congratulating the Secretary-General on successfully organizing this meeting.

My delegation aligns itself with the statement made by Zambia on behalf of the Southern African Development Community (SADC).

The Malawi Government reaffirms its commitment to full implementation of the 2001 Declaration of Commitment on HIV/AIDS and also the 2006 Political Declaration on HIV/AIDS. It is for this reason that Malawi's National HIV/AIDS Policy and Action Framework addresses all the six commitments of the 2001 Declaration.

The Malawi Government and its leadership remain fully and strongly committed to the fight against HIV/AIDS. The President, Dr. Bingu wa Mutharika, is himself the Minister Responsible for Nutrition, HIV and AIDS. HIV/AIDS is also one of the six priority areas in the Malawi Growth and Development Strategy, which is a home-grown, overarching national development policy for achieving sustainable economic growth and development.

HIV/AIDS prevalence in Malawi among adults aged 15 to 49 years has declined from 14.4 per cent in 2005 to 12 per cent, according to the 2007 sentinel surveillance report. This has surpassed the universal access target of 12.8 per cent set in 2006.

HIV/AIDS knowledge in Malawi is almost universal, and is translating into positive behavioural change. For example, condom use has increased from 47 per cent to 57 per cent among sexually active males, and from 30 per cent to 37.5 per cent among sexually active females.

Malawi has also registered a remarkable improvement in the number of people accessing HIV services. For instance, in 2007: 661,400 people were tested, compared with 283,461 in 2004; 280,446 pregnant women were tested, compared with 52,904 in 2005; 146,856 people were on antiretroviral therapy (ART), compared with 3,000 in 2003, with a survival rate of 78 per cent; 39 per cent of HIV-positive tuberculosis patients were started on ART, compared with 29 per cent in 2005; 53 per cent of the 1 million orphans and other vulnerable children received different types of assistance, including direct cash transfer.

On fundamental freedoms and human rights to reduce vulnerability to HIV/AIDS, the National HIV/AIDS Policy provides a clear legal and administrative framework. The policy addresses the special needs of vulnerable groups and issues of stigma and discrimination in all settings.

Malawi's achievements have not been without significant challenges, which include human resource capacity, inadequate infrastructure, and donor fund disbursement procedures and procurement conditionalities, resulting in poor absorption of funds. On its part, the Malawi Government will continue to build and strengthen systems for effective HIV/AIDS service delivery.

However, Malawi would request all donor partners to review and relax their disbursement conditionalities in order to expedite cash flow and programme implementation, while maintaining high-quality fiduciary requirements.

I would stress the critical importance of international cooperation in our collective fight against HIV/AIDS. To this effect, Malawi thanks all cooperating partners for their unwavering support.

I conclude by thanking the United Nations for honouring Malawi with the hosting of the global launch of the Silver Jubilee International AIDS Candlelight Memorial.

The Acting President: I now give the floor to Her Excellency Ms. Naomi Shabaan, Minister of State for Special Programmes of Kenya.

Ms. Shabaan (Kenya): I take this opportunity to congratulate the President and the chairpersons of the panels during this high-level meeting on HIV/AIDS on their dedication in facilitating our deliberations. I equally express our appreciation to the Secretary-General for the elaborate and focused reports on issues pertinent to the HIV/AIDS pandemic.

My delegation joins the international community in paying tribute to the lost souls and those infected and affected by the HIV/AIDS scourge.

We associate ourselves with the statement made on behalf of the Group of 77 and China and that to be made on behalf of the African Group.

The HIV infection rate in Kenya declined from 14 per cent in 2001 to 5.1 per cent at the end of 2006. This rate was based on data taken from pregnant women attending antenatal clinics and calibrated to the household survey data, the Kenya Demographic and Health Survey, conducted in 2003. A more recent household survey — the Kenya AIDS Indicator Survey — was completed in December 2007, and the data are currently being analysed. These data will provide more detailed information on HIV/AIDS and other related sexually transmitted infections in Kenya.

Since the last Assembly meeting on this item, held here in June 2006, Kenya has made commendable progress on acceleration towards universal access to HIV/AIDS prevention, treatment and care services. The number of patients on antiretrovirals increased from 65,000 reported in 2006 to the current total of 190,000, an increase of almost 200 per cent in less than two years. This alone averted 90,000 deaths between 2006 and 2007.

Counselling and testing sites have grown from three in 2000 to over a thousand in 2007, while the target of providing services for the prevention of mother-to-child transmission services in 80 per cent of all the health facilities by 2010 has already been met.

In addition, testing strategies have been expanded to include voluntary counselling and testing, mobile counselling and testing centres, moonlight counselling and testing, camel-back counselling and testing, door-to-door counselling and testing, and early childhood diagnosis. Eighty-eight per cent of the orphans are now schooling.

Despite this progress, HIV/AIDS continues to be a major concern to the Government of Kenya. Currently 1.1 million adults and 100,000 children are living with HIV and AIDS. An additional 250,000 patients require to be put on antiretrovirals today.

We also continue to face problems regarding funding, shortage of workers, inadequate health infrastructure, stigma and high levels of poverty, which hinder the realization of universal access. Other concerns include inadequate care and treatment, particularly targeting most-at-risk populations, low reach-out to orphans and vulnerable children, due to increasing numbers, and a weak monitoring and evaluation system.

The Kenya Government continues to take the fight against HIV/AIDS seriously, due to its devastating impact on the social, economic and development dimensions of the economy and communities. As I mentioned earlier, its efforts have borne relative success, but we still face enormous challenges in our fight against the scourge.

Notable among the challenges are the following. The first is finance for scaling-up of AIDS responses in Kenya. Overall, during the financial years 2006-2007 and 2005-2006 the country spent from the combined donor and Government sources 1.3 per cent and 0.8 per cent respectively of gross domestic product on HIV/AIDS response. The expenditure lags behind our Strategic Plan's financial resource requirements. There was a significant closing of the gap in 2006-07, thanks to expenditure of the funds from the United States President's Emergency Plan for AIDS Relief (PEPFAR). Over the past five years, combating the HIV/AIDS epidemic has received significant funding, primarily from donors through bilateral arrangements and the Global Fund to fight HIV/AIDS. There is a need to explore alternative financing arrangements to complement donor support.

Secondly, there is the question of health human resources in Kenya. Provision of quality health services is a labour-intensive business which requires qualified health workers. Investment of up to $50 million per year for five years is required to put in place a reasonable number of members of the health workforce able to deliver quality health care.

The third challenge is that of affordable commodities and low-cost technologies. Drugs, medical supplies and equipment are major factors contributing to the high cost of health care. Legislative reforms to facilitate use of high-quality generic drugs and standardized medical equipment in the health sector could reduce costs. Increased investment in low-cost prevention technologies, such as microbicides, vaccines, condoms, school health education, voluntary counselling and testing and community mobilization to fight stigma discrimination could also reduce health-care costs.

Fourthly, there is the question of human rights, stigma and discrimination and gender equity. Awareness of legal, treatment, care and reproductive rights among people living with HIV/AIDS and among health workers needs to be enhanced. Stigma and discrimination contribute to low utilization of voluntary counselling and testing services, especially in rural areas. Strategies to effectively address prevention among most-at-risk populations — men having sex with men, commercial sex workers and injecting drug users — are being put in place. Investing in community organizations led by women is a feasible strategy to fight stigma and ensure gender equity.

We have produced a universal access targets scorecard.

I conclude by drawing attention to some of the areas in which we feel urgent follow-up action needs to be taken. Sustainability of HIV/AIDS funding is critical. Antiretroviral therapy is a life-long commitment; therefore, people put on treatment should have sustained access to drugs. Funding for prevention programmes has been inadequate. This should be enhanced, since prevention is the best way to fight HIV/AIDS. Financial support for fighting HIV/AIDS should be provided in the form of grants, not loans.

Kenya and other low- and middle-income countries should be considered for debt relief without conditionalities, and the funds should be channelled to other priority areas, including the Total War against HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Victor Makwenge Kaput, Minister of Public Health of the Democratic Republic of the Congo.

Mr. Kaput (Democratic Republic of the Congo) (*spoke in French*): I take this opportunity to convey the warmest greetings of His Excellency Mr. Joseph Kabila Kabange, President of the Democratic Republic of the Congo, who is personally involved in, and is following very closely, the implementation of our national and international responses to the AIDS pandemic. Being unable to attend, he asked me to represent him here at this high-level meeting.

I would also like in particular to sincerely congratulate the President of the General Assembly and the Secretary-General on having organized this high-level meeting devoted to the combat against HIV/AIDS. My delegation aligns itself with the statement to be made by the representative of Egypt on behalf of the Group of African States and the statement made by the representative of Zambia on behalf of the Southern African Development Community (SADC).

My country, the Democratic Republic of the Congo, led today by a democratically elected Government, rejoined the international community in June 2001, as it participated in a remarkable manner in the special session of the General Assembly devoted to the AIDS pandemic as a factor of poverty, a brake on development and a threat to national and world security. During that special session, President Joseph Kabila, like most of his counterparts, made the commitment to send a strong signal by personally assuming the direction of the fight against HIV/AIDS. This commitment was progressively confirmed by, specifically, his address before the Congolese parliament in December 2003; by the creation by presidential decree of the national multisectoral programme to combat AIDS, which was placed under his authority in March 2004; by his 11 April 2006 address on the occasion of launching the campaign for universal access to prevention; by including the fight against AIDS as one of the pillars of my country's growth and poverty reduction strategy in 2006; and by the 2008 vote by both houses of parliament on a draft law protecting the rights of people living with HIV/AIDS.

Today, the Democratic Republic of the Congo is experiencing a widespread AIDS pandemic, which is increasingly affecting women, rural populations and young people. Nationwide surveys have shown that HIV prevalence among the general population was 4.04 per cent at the end of 2007 and that the number of people living with HIV is estimated at 1,330,120.

We also note a concentration of people living with HIV in those zones where there are intense population movements, in particular in those zones where there are internally displaced persons and in border zones. The same phenomenon is also observed in population concentration areas, such as mining areas, ports and river zones, which seem to be pools of economic activity. We have been seeing over this time that just less than one quarter of young people are using condoms. At the same time, we are seeing more sexual violence against women as a consequence of the war.

With 168,530 new infections, 347,490 people living with HIV who need treatment and of whom less than 10 per cent have access to such treatment and 104,900 AIDS deaths in 2007, my country has been hard hit by this pandemic and needs resources for a large-scale response.

We need to read the situation within the very difficult social and economic context of the Democratic Republic of the Congo being a post-conflict country with close to 60 million inhabitants, of whom 60 per cent live in rural areas. Our road and transportation infrastructure is completely dilapidated, which leads to exponentially growing logistics costs. This situation is worsened by the weak health services coverage of the country due to the inadequacy, run-down state and the destruction of the social and health infrastructure and the population's weak purchasing power.

In the face of this situation, the Government of the Democratic Republic of the Congo is sparing no effort to mobilize the resources so as to curb this scourge. These efforts include accelerated progress towards universal access to prevention, treatment and care.

It is in this context that the issue of HIV/AIDS is now treated from the point of view of development because of its multisectoral character. That is why the fight against HIV/AIDS now takes its place among the priorities of our growth and poverty reduction strategy document and our Government's priority action plan for 2007-2008.

We must recognize at the same time that in spite of the Government's unequivocal commitment, current resources cover barely a third of our national needs in fighting HIV/AIDS. In fact, the resources expended for fighting HIV/AIDS today reach a little less than $1 per capita per year.

It is fitting to recall here that due to our country's strategic position, bordering nine countries and at the crossroads of three African regions, the Democratic Republic of the Congo has a crucial role to play in the global fight against this pandemic. We are actively participating in all regional initiatives, including the Southern African Development Community's AIDS

initiative, the Great Lakes Initiative on HIV/AIDS and the Central African initiative of countries bordering the Oubangui, Chari and Congo rivers.

To be sure, the Democratic Republic of the Congo is benefiting from the international community's support in its tireless fight against HIV/AIDS, but looking at the scale of the pandemic and the country's post-conflict situation, and in the light of the social and economic consequences mentioned previously, the available resources do not meet the country's needs to reverse the current trend of the pandemic. If urgent arrangements are not made to rapidly meet this need for resources, the country could become a time bomb capable of destroying any of the efforts provided by neighbouring countries and possibly even by the entire region. That is why the Democratic Republic of the Congo is asking the entire international community for a greater and multifaceted commitment to fight this pandemic.

Before this Assembly, where we see as many leading experts as leaders, I would like, on behalf of the President of the Democratic Republic of the Congo, to express the thanks of the Congolese people to all those countries, organizations and individuals that have brought us constant and much appreciated support in this merciless combat against HIV/AIDS.

Before concluding, allow me to pay tribute to all the pioneers in the fight against AIDS throughout the world and to all those people — researchers, doctors, nurses and social workers — who are committed to the fight against this pandemic and are braving all risks. I would like to pay a deserved tribute to those who are living with HIV/AIDS, who are fighting tirelessly, together with other players, to break the silence surrounding this pandemic and to contribute to eradicating the stigmatization and discrimination arising from HIV/AIDS.

The Acting President: I now give the floor to His Excellency The Honourable Leslie Ramsammy, Minister of Health of Guyana.

Mr. Ramsammy (Guyana): Guyana is on track to meet its targets for universal access to prevention, treatment and care for HIV. Since the historic special session of 2001, the HIV epidemic in Guyana has been stabilized, and there are definite signs of reversal.

Guyana would like to highlight one of our continuing struggles in the fight against HIV, namely, the problem of the outward migration of skilled health-care personnel. We are dismayed that an equitable solution is not anticipated soon. Guyana's position is that recipient countries should assist developing countries to enhance their training capacity.

Guyana has integrated the challenge of co-infection with tuberculosis into our fight against HIV. HIV-tuberculosis co-infection is already too deadly. A targeted global approach is required to deal with the problem, in particular given the growing issue of multi-drug resistant tuberculosis.

Our country has now adopted guidelines for earlier treatment of persons living with HIV. The treatment of persons living with HIV must not be restricted by imposed CD4 cut-offs or because of financial considerations.

Since 2001, significant progress has been made in making medicines and commodities for the fight against HIV more affordable; but commodities, such as female condoms, and various laboratory reagents and medicines, such as those needed for second-line treatment, are still too expensive and inaccessible for too many. HIV services must become fully integrated into the provision of health care for all. Important links to maternal and child health, immunization, mental health and non-communicable chronic diseases programmes are crucial for success.

We regret that we have not been able, for example, to persuade our partners that use of HIV funding for programmes such as visual inspection with acetic acid screening and testing and vaccination for human papilloma virus for cervical cancer is integral in the provision of effective anti-HIV programmes. We believe there is a need for a far more aggressive prevention strategy in which all tools are optimally utilized. The intensification of school education programmes on reproductive health, including about sexually transmitted infections, must be a major undertaking of countries. That must become a part of the leadership coming from the United Nations.

The leadership of the United Nations is vital as we tackle those foci that still drive the epidemic in many countries. Commercial sex is still a major source of infection. Commercial sex workers, their clients and their bosses — I am told that I cannot use the word "pimps", but we are talking about pimps — must be targeted in an aggressive programme to become part of

the solution, without restrictions owing to legal, cultural and religious considerations.

Legislation is required to mitigate stigma and discrimination linked to HIV. There are existing laws that need to be amended or repealed, and there is a need for new laws to specifically address stigma and discrimination linked to HIV. The United Nations must take a leading role in ensuring that there is global agreement around those issues. In particular, I would like to highlight that workplace programmes, how we deal with health and life insurance, and immigration policies must occupy space on the global agenda.

Guyana commends international efforts, in particular by developed countries, to mobilize resources. That ought to be strongly acknowledged. In their re-examination of eligibility criteria, we continue to urge donor countries, the Global Fund and other funding agencies to ensure that countries are not excluded merely on the basis of gross domestic product.

It is time that we acknowledge unequivocally that HIV is a public health threat and that leadership in the fight to stop HIV must come from, and be integrated within, the public health system. The exceptionality of AIDS is not disputed, but that must not become a vehicle to shift responsibility from public health to some other authority or sector.

Disease-specific responses have served us well, but it is time now to also focus on health system strengthening. We will not be able to provide effective HIV services on a sustainable basis unless we are able to build strong health systems. We cannot build capacity for human resources, a supply chain, information systems, health financing and so on vis-à-vis HIV unless those health system gaps are addressed comprehensively in countries.

I would like to join the Secretary-General, Prime Minister Douglas and other representatives in paying tribute to Dr. Peter Piot. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been critical in coordinating advocacy and in ensuring that global focus on HIV is not distracted. There are other critical challenges confronting the world today, such as escalating food prices and climate change, among others. Those equally daunting challenges are compelling reasons for enhanced relevance and a strengthened UNAIDS as we move resolutely towards universal access and the Millennium Development Goals.

I would be remiss, as the serving President of the World Health Assembly, not to remind everyone that we cannot go from meeting to meeting and ignore past agreements. This year, and in previous years, the World Health Assembly adopted significant agreements relating to HIV and tuberculosis. Those must be taken into consideration by this meeting and fully implemented if we are serious about universal access by 2010.

The Acting President: I now give the floor to His Excellency Mr. Gudlaugur Thor Thordarson, Minister of Health of Iceland.

Mr. Thordarson (Iceland): At the outset, I would like to welcome the report (A/62/780) of the Secretary-General on the progress made mid-way to the achievement of the Millennium Development Goals (MDGs) in realizing the targets set out in the Declaration of Commitment on HIV/AIDS.

It is encouraging to observe that since 2006 progress in containing the HIV epidemic is now being made in nearly all the regions of the world. However, as the report clearly shows, those positive trends are not uniform. Serious challenges remain. New infections continue to increase in several countries. Coverage for essential HIV prevention, treatment, care and support remains far too low in many parts of the world to have a major impact on the course of the epidemic. Especially in the countries most heavily affected by HIV, the epidemic's impact, sadly, continues to grow, with increasing numbers of HIV-affected households and children orphaned or made vulnerable by HIV.

Let me also say that I am deeply concerned about the overall expansion of the epidemic among women, children and vulnerable groups. Those groups must always be centrally involved in actions undertaken against the HIV epidemic. I want to emphasize what President Srgjan Kerim said in his opening speech, namely, that we cannot make progress when many teachers of children in some countries are dying from HIV/AIDS. Well-educated children are the hope for an AIDS-free world.

The rate of progress in expanding access to essential services is failing to keep pace with the expansion of the epidemic itself — a shortcoming that

is especially evident with respect to HIV prevention. Unless the international community takes immediate action to follow through on the pledges made to implement an exceptional response to HIV, the epidemic's humanitarian and economic toll will continue to increase.

It is only two years before the deadline for universal access to HIV prevention, treatment, care and support and midway towards the target date of 2015 for achieving the Millennium Development Goals. Current trends suggest that the global community will fall short of achieving universal access to HIV prevention, treatment, care and support services without a significant increase in the level of resources available for HIV programmes in low- and middle-income countries. Substantially greater progress will be required to achieve universal access to HIV treatment and care.

Much has been achieved in reducing prices for many first-line antiretrovirals over the last decade. Further price reductions for antiretrovirals will be needed to ensure the sustainability of treatment programmes, especially with respect to newer antiretroviral drugs. Accordingly, Iceland has adopted legislation on compulsory licensing to make it possible to assist those in need with affordable medicines facilitating our efforts in providing sustainable antiretroviral treatment coverage. An Icelandic pharmaceutical company is currently in the process of obtaining a prequalification licence from the World Health Organization to produce affordable antiretroviral drugs.

I am pleased to be able to inform the Assembly that the Icelandic Government has decided to contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria the sum of $1 million during the next three years.

I was very moved, as I think we all were, to listen to Ms. Ratri Suksma this morning describing the situation of those living with HIV, and I want to echo Secretary-General Ban Ki-moon's remark that he admired the courage of people living with HIV. They are certainly the heroes of our time.

To conclude, I would like to state that I truly believe we can reach the targets set out in the Declaration of Commitment on HIV/AIDS and the Millennium Development Goals. I agree with my colleague from Malawi that this must be done with a combined concerted effort by all nations. Tackling the epidemic is our common task.

The Acting President: I now give the floor to His Excellency Mr. David Homeli Mwakyusa, Minister for Health and Social Welfare of the United Republic of Tanzania.

Mr. Mwakyusa (United Republic of Tanzania): I bring fraternal greetings from my President, His Excellency Mr. Jakaya Mrisho Kikwete, who is unable to attend this important meeting owing to prior commitments. He sends his best wishes for a very successful event.

I would like to take this opportunity to congratulate the President of the General Assembly and the entire United Nations on the convening of this high-level meeting to review progress in our commitments and in the global response to HIV/AIDS. I would also like to thank the Secretary-General for his comprehensive report on this agenda item (A/62/780).

My delegation associates itself with the statement delivered by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, and with the statements delivered by the representatives of Egypt and Zambia on behalf of the African Group and the Southern African Development Community respectively.

Tanzania is among the countries in sub-Saharan Africa with a high HIV prevalence, which was 7 per cent in the 2004 demographic survey. Recently, we conducted another HIV/AIDS indicator survey; the preliminary results show that national HIV prevalence is declining and stands at 5.8 per cent. HIV transmission rates are declining as a result of effective prevention programmes and the commitment of the Government, development partners and other stakeholders. Prevention is at the core of all HIV strategies. We must stop new infections. That is our priority.

The socio-economic impact of the epidemic in a poor country like Tanzania is enormous. We are witnessing an increase in AIDS-related morbidity and mortality, as well as increasing numbers of orphans in the community. HIV/AIDS puts an enormous burden on the already overburdened health-care system, as more than 50 per cent of hospital beds are occupied by patients suffering from AIDS-related conditions.

The effective mobilization of all sectors, including Government, our development partners and other stakeholders, is a key component and is essential for success. The interventions that are currently being implemented are based on our National Multisectoral Strategic Framework. The framework emphasizes a multisectoral approach, impact mitigation and delivery of antiretroviral drugs. The framework embodies the guiding principle of our efforts to fulfil our obligations as enshrined in the global Declaration of Commitment on HIV/AIDS.

Tanzania has enacted supportive HIV/AIDS legislation, which aims, among other things, to protect vulnerable populations and to further reinforce observance of the human rights, fundamental freedoms and legal protections of people living with HIV/AIDS, orphans and vulnerable children.

Regarding HIV prevention, there are many organizations working with the Government in this area, including civil society and faith-based organizations, workplace programmes, programmes for members of the armed forces and programmes in refugee camps operated by the Office of the United Nations High Commissioner for Refugees. Other primary preventive programmes are being scaled up.

In Tanzania, testing sites and voluntary counselling and testing services have been available since 1995, yet the uptake of these services has remained rather low. To this end, a voluntary counselling and HIV testing campaign was launched in July 2007 by the President of the United Republic of Tanzania, His Excellency Mr. Jakaya Mrisho Kikwete, with the theme “Tanzania free from AIDS is possible”. The overall response to the campaign has been very encouraging. At the end of six months, 4,211,767 people had been tested. We think that is a good example of the results that can be achieved when high political commitment is demonstrated.

In responding to the plight of people living with HIV/AIDS, and considering the importance of care and treatment in the overall national response, the Government developed a HIV/AIDS care and treatment plan in 2003. This plan seeks to provide antiretroviral drugs free of charge to about 440,000 people living with HIV/AIDS. The provision of antiretrovirals to AIDS patients has brought new hope to thousands of people living with HIV/AIDS. Currently 143,451 patients are on treatment, and 276,761 have been enrolled and are being monitored.

Regarding care and support to orphans and vulnerable children, efforts are ongoing to strengthen the coordination and harmonization of resources and interventions at the local government level to ensure that orphans and vulnerable children are identified and that they have access to basic services and support within the communities.

Financing is a big challenge to already overburdened national budgets. Yet, its control is urgent and unavoidable. In order to ensure that there is a sustained response, HIV/AIDS has been mainstreamed in our National Strategy on growth and reduction of poverty.

The prevailing shortage of human resources for health care has been a major setback in our fight against this pandemic. We would like to add our voices to those who are calling for support and the commitment of additional resources so that we can achieve the goal of universal access to HIV prevention and treatment by 2010. Tanzania has adopted the “Three Ones” principle.

We have certain challenges, which we view as opportunities. One such challenge is the fact that levels of sexual and reproductive ill-health remain high. The existing weak health-care systems are now struggling with the additional burden of HIV. We have seen a sixfold increase in the number of tuberculosis cases. Other problems include sustaining care and treatment as well as prevention strategies; the increasing demand for nutritional support to poor community members who are infected and affected; the stigma of HIV/AIDS preventing access to prevention, testing, treatment care and support services; and the slow change towards positive behaviours that underpin a low risk of contracting HIV.

In conclusion, I would like to acknowledge the financial support that we are receiving from our development partners. We call for increased and predictable resources. While many gains are being reported following the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we are still far from reaching our goals. We need to redouble our efforts and sustain our gains.

Tanzania reaffirms its commitment to continue to implement the Declaration of Commitment and fully supports the initiatives undertaken by the Secretary-General in the fight against HIV/AIDS. Let us make a joint effort.

The Acting President: We will continue with the 104th plenary meeting immediately following the adjournment of the present meeting.

The meeting rose at 6 p.m.