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President: Mr. Lajčák . . . . . (Slovakia)

The meeting was called to order at 10.10 a.m.

Agenda item 10

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

Report of the Secretary-General (A/72/815)

The President: I welcome members to the Hall for our annual debate on HIV/AIDS. This is an opportunity to hear about the progress being made and about the hurdles we continue to face in eradicating AIDS from our world. I will make three brief points before giving the floor to others.

First, HIV remains a huge challenge. Indeed, there have been success stories and progress has been made. We have developed better antiretroviral therapy. HIV-positive people now live longer and healthier lives. We continue to see fewer mothers die during pregnancy or transmit the virus to their babies. Overall, there was a 40 per cent decline in the number of new infections between 2000 and 2016. However, we must be clear: we cannot afford to slow down. The virus continues to have a destructive and deadly impact on people around the world. One million people lost their lives to AIDS-related illnesses in 2016, and new drugs and treatments are not available to everyone — only 53 per cent of people have access to antiretroviral therapy. That is why we must work even harder. That is why we have committed to ending the AIDS epidemic by 2030. And that is why we are here today.

Secondly, we could use today's meeting to explore opportunities for even greater action. I would like to highlight two of them in particular. One is the high-level meeting on tuberculosis, to be held on 26 September, which will be the first meeting of its kind and will have a major impact on the work we do here. People infected with HIV are between 20 and 30 times more likely to develop active tuberculosis, which makes for a lethal combination. Without the proper treatment, nearly all HIV-positive people with tuberculosis will die. Also in September, the General Assembly will also hold its third high-level meeting on non-communicable diseases (NCDs), which will constitute another major opportunity. People with HIV have a much higher risk of suffering from NCDs. That is why more than ever we need a greater integrated approach. We must use those and other events and platforms to push ahead with our goal of eradication by 2030.

Thirdly, and lastly, we cannot forget that the work we do today ties into our other goals and objectives. We cannot speak just about HIV and AIDS. It is not just about the virus; we must also consider its context. The fact is that we are not on an even playing field. The likelihood of everyone contracting HIV is not the same. The likelihood of everyone surviving HIV is not the same. That is not the way it should be. We cannot continue to leave people behind. Universal health care can help to give everyone a chance and level the field. We all know that health care is crucial to sustainable development. That is why it has its own goal in the 2030 Agenda for Sustainable Development, namely, Sustainable Development Goal 3. As part of it, we

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have therefore committed to achieving universal health coverage. That will be on the General Assembly's agenda in 2019. It could accelerate our drive to eradicate AIDS once and for all.

We are on the right path. We should therefore be hopeful, but never complacent. Let us keep going. Let us continue to fight the virus and the stigma that comes with it. Let us speak up louder in memory of those who have died and in support of those living with HIV and AIDS today.

I now give the floor to His Excellency Secretary-General António Guterres.

The Secretary-General: We are at the halfway point to the 2020 fast-track commitments agreed by the General Assembly in 2016. The world is making good progress towards ending the AIDS epidemic by 2030. More people have access to HIV testing and treatment. Access to antiretroviral therapy has expanded by more than 20 million people since 1990. As mother-to-child transmission continues to decline and fewer children are living with HIV, we are moving closer to bringing about an AIDS-free generation. But progress is uneven and fragile. On all continents key populations at higher risk of infection continue to be left further and further behind, while young women remain unacceptably vulnerable where prevalence is high. We must empower young people to protect themselves from HIV. That includes providing a full range of sexual and reproductive health services and rights, harm-reduction strategies for people who use drugs and access to antiretroviral treatment for young people living with HIV.

Prevention is the key to breaking the cycle of HIV transmission. The Prevention 2020 Road Map focuses explicitly on adolescent girls, young women and key populations at risk. The sharpened focus on human rights, key populations and gender equality is essential. Greater leadership and investment must follow suit to remove the social and political barriers that keep so many people beyond the reach of necessary services.

The 2030 Agenda for Sustainable Development calls for an integrated approach to development challenges. Our efforts to end HIV are connected to other key areas, such as malaria, tuberculosis, access to medicines and the increasing threat of antimicrobial resistance. Success will require us to strengthen links across those areas and build resilient and sustainable systems for health, underpinned by principles of human rights and equity. This year's high-level meetings of the General Assembly on tuberculosis and non-communicable diseases, which the President just mentioned, are key opportunities to inform a new way of thinking and working that moves beyond the disease-specific silos of yesterday. Let us also look ahead to the 2019 high-level meeting on universal health care to build coherence across the global health landscape on financing, programming and accountability.

The progress towards ending the epidemic would not have been possible without forceful advocacy, solidarity and a spirit of shared responsibility. We must maintain that spirit. This year marks the fifteenth anniversary of one of the most significant commitments to ending the AIDS epidemic: the United States President's Emergency Plan for AIDS Relief. We commend the United States of America for its steadfast and generous commitment. Next month scientists and advocates from around the world, many of whom are with us today, will gather in Amsterdam for the twenty-second International AIDS Conference. From the beginning of the global response, that intersection of science and advocacy has helped to shape policy and expand access to rights-based treatment and support for millions around the world.

At this pivotal moment, we must renew our focus and shared commitment to a world free of AIDS. The pandemic is not over, but it can be. We must all do our part. Let us move forward in a bold new spirit of partnership to overcome the cycle of HIV transmission and deliver health and well-being for all.

The President: I thank the Secretary-General for his statement.

Mr. Amayo (Kenya): I have the honour to deliver this statement on behalf of the Group of African States. It should have been made by my brother the Permanent Representative of Mauritius as Chair of the Group for this month, but he is otherwise engaged and has requested that I deliver the statement on his behalf.

I thank the President of the General Assembly and the Secretary-General for their remarks in support of efforts to eradicate the HIV/AIDS epidemic. The African Group would like to thank the President for convening this first annual meeting to review the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030, adopted in June 2016. The Group takes note of the Secretary-General's report

entitled “Leveraging the AIDS response for United Nations reform and global health” (A/72/815), as well as the recommendations contained therein.

At the outset, the African Group would like to reaffirm its strong commitment to the fight against the AIDS epidemic. With support from partners, Africa continues to make considerable progress in responding to the AIDS epidemic, and the rate of new infections has stabilized in many countries of the continent. Much remains to be done, as HIV and AIDS continue to disproportionately affect sub-Saharan Africa, with the risk of new infections remaining particularly high among young women. New HIV infections account for 26 per cent of all infections recorded in eastern and southern Africa in 2016. As we undertake today’s review on the progress achieved in realizing the commitments of the Political Declaration on HIV and AIDS, and as part of efforts to ensure that the global goal of ending AIDS as a public health threat by 2030 is achieved, we reiterate the need for a comprehensive, universal and integrated approach to HIV and AIDS, including investments to that end.

We must put all people living with HIV on treatment. It is also our duty to protect future generations from acquiring HIV. We must eliminate new HIV infections by putting in place robust advocacy and education programmes to stop people from engaging in risky behaviour. We should strengthen initiatives to prevent mother-to-child HIV transmission and invest more to end the vulnerability of young people, in particular young women and adolescent girls, to new infections in Africa.

The African Union (AU) States have taken significant measures at various levels, including adopting the road map on shared responsibility and global solidarity for AIDS, malaria and tuberculosis. Their pledge made at the special summit at Abuja in July 2013 and their ongoing commitment to allocating to their health sectors 15 per cent of the State budget are clear demonstrations of their strong political will to strengthen ownership, accountability and partnerships. They are also committed to accelerating progress to achieve clear deliverables through financing, access to medicine and enhanced governance, in order to help countries build long-term and sustainable solutions.

However, we note with concern that the AIDS response with regard to children still lags behind, as there are now up to 1.5 million children living with HIV in sub-Saharan Africa. Unfortunately, that constitutes half of the children living with HIV globally. Treatment levels remain equally low, as around 50 per cent of children living with HIV are not receiving treatment. Furthermore, not all pregnant women are accessing antiretroviral therapy or being offered HIV testing.

We reiterate the need for the AIDS response to continue building on progress aimed at eliminating mother-to-child HIV transmission during pregnancy, delivery and breastfeeding. Increased access to early infant and paediatric diagnosis and treatment, which require strengthened health systems and mechanisms, need to be given the attention they deserve.

We note in particular that the report indicates that the scale-up for paediatric treatment is off-track to meet the 2018 global target of 1.6 million children on treatment. We therefore reiterate the need to ensure that the AIDS response continues to build on the progress towards the elimination of mother-to-child HIV transmission. Ending AIDS by 2030 will require focused efforts on women and children by improving maternal and childhood AIDS programmes across Africa, if we are to meet the global target of reaching 1.6 million children.

In the same vein, we believe that the goal of zero new infections, zero discrimination and zero AIDS deaths is attainable before 2030. We reiterate the importance of prevention, advocacy and education on healthy lifestyles. Treatment and innovation with regard to new medicines, including vaccines, should be at the core of our efforts. The African Group reaffirms the need for technology transfer, capacity-building, market access and support to make use of Trade-Related Aspects of Intellectual Property Rights flexibilities, including by simplifying and strengthening health regulatory procedures.

The Group furthermore recognizes that poverty and unemployment exacerbate HIV and AIDS. Ending AIDS requires progress on gender equality and the empowerment of women and girls via social protection measures, financial support and educational achievement among women and girls to reduce a woman’s personal risk. We applaud the recommendation in the report on promoting gender equality and the economic empowerment of women and girls as critical tools for protecting against HIV infection.

The Group looks forward to the holding of the first-ever high-level meeting of the General Assembly on the

fight against tuberculosis, to take place in September. We hope that the meeting will identify and adopt bold and actionable commitments that will put us on the path to ending tuberculosis by 2030 — the disease that remains the main cause of death among people living with HIV and AIDS.

We therefore reaffirm our support for the World Health Organization Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, held last year in Moscow, as well as its collective commitment to achieving universal health coverage, including by scaling up people-centred tuberculosis and HIV services. We could not agree more with the recommendation to close the funding gap of $2.3 billion through both domestic and international resources in order to accelerate the treatment of HIV and associated tuberculosis.

The African Group reaffirms the need to improve prevention, diagnosis, treatment and strong surveillance systems. We call for strengthened health systems and mechanisms and universal access to such services. It is equally important to provide sexual health education related to HIV. The inclusion of age-appropriate sex education in school curriculums can help create awareness of HIV and its effects and how to manage them, and consequently influence sexual behaviour.

The Group is concerned that stigma and discrimination against people living with HIV and AIDS continue to prevail, which undermine an effective response to AIDS, with people living with HIV continuing to face challenges in all regions of the world. The African Group calls for increased resources dedicated to an effective HIV and AIDS response, including the implementation of the Addis Ababa Action Agenda, an increase in official development assistance to support national plans and strategies, as well as the development of a financing plan and joint multilateral efforts aimed at combating the menace.

Finally, we believe that zero new infections, zero discrimination and zero AIDS can be attainable by 2030 if, as I said earlier, emphasis is placed on high-quality education, prevention, advocacy, access to affordable medicine and strong health systems.

Allow me now to make a statement of no more than two minutes in my capacity as the Permanent Representative of Kenya.

I thank you, Mr. President, for convening this meeting and giving us an opportunity to speak on the implementation of the Declaration of Commitment on HIV/AIDS and share our thoughts on reinvigorating the AIDS response to catalyse sustainable development. We welcome the Secretary-General's report and take note of its recommendations.

In June 2016, Member States came together and agreed on a fast-track strategy to end the AIDS epidemic by 2030 by accelerating the fight against HIV. At the halfway point to the 2020 fast-track commitments, we take note of the fact that the progress made thus far is inadequate when it comes to our desire to end the epidemic. Kenya is a country that carries the burden of HIV, with an estimated 1.5 million people living with the virus. Regrettably, HIV and AIDS account for 29 per cent of annual deaths in our country and make up 15 per cent of the overall disease burden.

His Excellency President Uhuru Kenyatta recently outlined his vision for the big four agenda, which will refocus Kenya's development priorities for the next five years. They include food security and nutrition, affordable housing, manufacturing and universal health care. The Ministry of Health has already put in place a rapid-results initiative in order to fast-track the implementation of universal health care. It will include HIV testing, prevention services and antiretroviral therapy as a package, which is critical for achieving universal health coverage for Kenyans.

About 75 per cent of eligible persons living with HIV were in treatment by the end of 2017. Seventy-seven per cent of them experienced successful viral load suppression. The resulting effect, I am happy to note, was a 52 per cent reduction in the number of recorded AIDS-related deaths between 2011 and 2017. In addition to that — and I apologize for so many statistics, but they are important — a 56 per cent reduction in HIV incidence among adults aged 15 to 49 has been recorded, while there has also been a 57 per cent decrease in the number of new HIV infections among people over the age of 15.

In ensuring that young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual reproductive health services by 2020, the Government is happy to report that 70 per cent of HIV-infected women of reproductive age receive family planning services, leading to a 40 per cent overall reduction in new infections among

young people between the ages of 15 and 24. Moreover, a 46 per cent reduction in HIV infections among young women has been registered, along with a 58 per cent reduction in infections among young men.

The Government of Kenya has also been committed to eliminating new HIV infections among children by 2020 by ensuring that children have access to HIV treatment. Kenya has registered a 38 per cent overall reduction in new HIV infections among children. There has also been a 62 per cent reduction in new HIV infections among pregnant women, while 76 per cent of HIV-positive pregnant women have received antiretroviral treatment.

Kenya is committed to ensuring that people living among us who are at risk of, or affected by, HIV receive social protection that is HIV-sensitive. That social protection system, which provides regular and predicable cash transfers to poor and vulnerable households, has been implemented with very positive results. More than 240,000 households — reaching close to 500,000 orphans and vulnerable children as of 2015 — have benefited from the social protection system.

The Government is also aware that resources for HIV programming remain a critical ingredient for an effective response. We are committed to developing mechanisms for sustainable development and HIV investment that targets returns. We have also worked to integrate HIV and non-communicable diseases with the relative cost-benefit analyses.

Although the HIV response has been largely donor-funded, the Government of Kenya has increased domestic financing for Kenya's AIDS response by 29 per cent since 2013 — from K Sh20 billion during the period 2013-2014 to K Sh26 billion in 2015-2016. We note with concern that resource availability for the global AIDS response is falling short of the commitments made in 2016. I appeal to Member States to commit to closing the $7 billion investment gap, which is required to end AIDS and achieve the Sustainable Development Goals.

In conclusion, high-burden countries such as Kenya cannot achieve these strategic milestones and targets without the cooperation and dedicated support of partners. We want to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to express our support for the partnership among the United Nations Population Fund, UNICEF, UN-Women, the World Health Organization, UNAIDS and the World Bank Group in continuing to serve as a global health accelerator and incubator of the United Nations development system reform.

Mr. Mero (United Republic of Tanzania): I have the honour to deliver the following statement on behalf of the Southern African Development Community (SADC). This statement is aligned with the one made by the representative of the Republic of Kenya on behalf of the Group of African States.

At the outset, I wish to reiterate SADC's unwavering commitment to the fight against HIV/AIDS. As such, we welcome this opportunity to take stock of the progress and challenges in achieving the bold targets and milestones set out in the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted by the General Assembly at the high-level meeting held in June 2016. Despite the progress made globally, our share of the burden of the disease remains high. While new cases of HIV infection have been reduced, they still remain very high compared to other regions.

However, since the adoption of the first political declaration on HIV/AIDS, in 2001, SADC Governments have made strides at both the domestic and regional levels to strengthen policies to better respond to the health-care needs of our people. Those include the signing of the 2003 Maseru Declaration on the Fight against HIV/AIDS by the SADC Heads of State and Government and the subsequent establishment of the SADC HIV and AIDS Special Fund to support regional interventions to complement national responses.

Cognizant of the cross-border nature of the disease, SADC member States have made commendable efforts, including facilitating the implementation of an HIV/AIDS cross-border initiative, established in 2011 with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and 12 select Member States, namely, Angola, Botswana, the Democratic Republic of the Congo, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe.

The overall objective of the cross-border initiative is to reduce the number of cases of HIV/AIDS, tuberculosis and malaria-related illnesses, as well as mortality and the incidence of sexually transmitted infections among mobile populations, especially sex workers, long-distance truck drivers, migrant workers and communities living in close proximity to borders.

Just two months ago, the SADC secretariat handed over a second HIV and AIDS cross-border wellness clinic — situated at the Tlokweng border site — to the Botswana Ministry of Health and Wellness.

It is worth noting that a number of SADC countries are participating in the Global HIV Prevention Coalition and have reported that they have either established national coalitions or have assigned responsibilities to equivalent existing bodies with broad representation, thereby strengthening the coordination and oversight of prevention efforts.

There are also clear signs of increased political support for prevention. The Presidents of South Africa and Zambia have personally committed to national prevention road maps or targets. In many other countries, the Ministers of Health and other senior political leaders have chaired recent national coalition meetings.

Other institutional changes are ongoing, such as the establishment of a national HIV committee in the Democratic Republic of the Congo. In several countries, including Lesotho, Malawi, Mozambique and Zimbabwe, existing national committees or partnership forums, equivalent to a coalition, have been designed or reconfigured to oversee the national prevention response. Importantly, several countries are strengthening their technical leadership on specific HIV prevention programme components. In Tanzania, the three existing subcommittees of the Prevention Technical Working Group, which deal with key populations, condoms and HIV prevention among adolescent girls and young women, are being strengthened. In Namibia, there are dedicated working groups on four of the five prevention pillars — except for pre-exposure prophylaxis, which is in the early stages of implementation in the country — with oversight from the Combination Prevention Strategy National Technical Advisory Committee.

Recognizing the particular requirements of young people, especially young women, with regard to their vulnerability to HIV and AIDS, SADC believes in a comprehensive approach, aimed at empowering young people, that takes into account their socioeconomic needs. In that regard, some States members of SADC have modified their national condom strategies so as to improve young people's access to condoms, including by extending the distribution of condoms beyond health facilities and into rural areas, while other countries have prioritized strengthening education sector policies on HIV and building capacity for sexual and reproductive health care.

Furthermore, there are plans to step up efforts to engage adolescent girls and young women and to enact new legislation on domestic violence so as to ensure that young people have the skills, knowledge and capacity to protect themselves from HIV and that they have access to sexual and reproductive health services. The SADC countries have made use of the support provided through the United States President's Emergency Plan for AIDS Relief (PEPFAR) for prevention activities, including voluntary medical male circumcision and the DREAMS initiative for HIV, among others.

At the United Nations level, our group continues to champion the resolution on women, the girl child and HIV and AIDS in the context of the Commission on the Status of Women. As we appraise our progress on the implementation of the 2016 Political Declaration, we call on all Member States to strengthen efforts to implement resolution 60/2, as it remains the authoritative resolution on the specific needs of all women and girls in the fight against HIV and AIDS.

The target of the 2016 Political Declaration on HIV and AIDS is to reduce new HIV infections among adults to fewer than 500,000 by 2020, from more than 1.8 million in 2010, and to scale up HIV primary prevention and treatment programmes in order to achieve that objective.

We believe that, with such commitment shown by our leaders, SADC will make a great deal of progress towards attaining the targets set out in the Political Declaration. In that regard, partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and PEPFAR continue to be crucial to supplementing our national funding efforts.

Finally, we encourage other development partners, as well as United Nations agencies, funds and programmes, to assist SADC and its member States in the fight against such epidemics, while commending the efforts of the leadership of the Joint United Nations Programme on HIV/AIDS, which has supported us in many ways.

The President: I now give the floor to the observer of the European Union.

Mr. Parenti (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States.

The EU remains fully committed to implementing the Sustainable Development Goals (SDGs), including Goal 3.3, on health, which encompasses the objective to end by 2030 the epidemics of AIDS and tuberculosis. Such work is based on the reflection process regarding the next steps for a sustainable future launched in 2016 and includes a comprehensive analysis of the progress made and an updated stocktaking of achievements with regard to the implementation of the SDGs within the European Union.

The European Union welcomes the report of the Secretary-General on leveraging the AIDS response for United Nations reform and global health (A/72/815) and its recommendations as a major contribution to steering the work in that area.

We stress the importance of prevention as the cornerstone of effective actions towards achieving the SDG targets. There is a strong linkage between HIV and AIDS and sexual and reproductive health and rights. We must work to ensure that HIV prevention is better integrated into reproductive health services, and vice versa. We must also do our utmost to ensure the sexual and reproductive health and rights of women.

That is why the focus has been on supporting early diagnosis by encouraging testing, as well as by promoting greater outreach to hard-to-reach vulnerable groups, such as prisoners, injecting drug users and men who have sex with men, in order to better understand the barriers that impede the effective prevention of such diseases. Furthermore, focusing on women and girls, while not forgetting men and boys or the importance of changing gender norms, is key to the success of the prevention agenda.

In order to achieve the goal of ending the AIDS epidemic, the EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sex education, and health-care services, as well as the commitment to sexual and reproductive health and rights.

We maintain a strong global health agenda and actively contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria in order not only to support its fight against for HIV, tuberculosis and malaria but also to ensure community engagement and health systems strengthening.

The European Commission supported the establishment of the Global Fund and is among its main donors, having disbursed €1.8 billion between 2002 and 2017. In March 2016, the European Commission pledged €475 million to the Global Fund for the period 2017-2019, which is an increase of €105 million as compared to the previous period. The cumulative contribution of the European Commission and of member States accounts for around 50 per cent of the Global Fund financing. Nevertheless, more investments are needed both from donors as domestic resources.

We underscore the need for evidence-based research. Since the 1980s, the European Commission has supported research ranging from basic research to the development and testing of innovative treatments, vaccine and microbicide candidates, new diagnostic tools and the improvement of patient management. Between 2007 and 2013, the European Commission invested more than €175 million in HIV/AIDS under the previous research programme. We continue to support research for the development of innovative or improved tools against HIV, and we have committed more than €115 million. Understanding the mechanism of the disease, novel vaccine candidates, a functional cure for HIV and improving patient empowerment are among the lines of research supported by the current programme. Through those research actions, the European Commission not only contributes to the global research agenda but also strengthens the involvement of relevant stakeholders in the research process, as well as influencing policymaking.

The European Union and its member States fully support the fight against tuberculosis, which is a major comorbidity of AIDS. Combating multidrug-resistant tuberculosis is a key objective at the global level and also an important element of the European One Health Action Plan against Antimicrobial Resistance. The objectives are to make the EU a best-practice region, boosting research, development and innovation and shaping the global agenda. In that context, the European Union welcomes the high-level meeting on tuberculosis, which the United Nations will convene in September this year.

In addition, we stress the importance of prevention as the cornerstone of effective actions towards achieving the SDG targets. We must ensure that adolescents and

young people have access to comprehensive sexuality education and youth-friendly sexual health and HIV services.

Our focus has been on supporting early diagnosis through the encouragement of testing, including community-based testing sites, as well as by promoting greater outreach to vulnerable groups in order to fulfil our common commitment to leaving no one behind. We laud the efforts of the Joint United Nations Programme on HIV/AIDS to refocus on prevention and its launch of the Global HIV Prevention Coalition in 2017.

Finally, it is paramount to end stigmatization in order to safeguard the human rights of people living with HIV.

Ms. Birx (United States of America): The United States commends the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and partner Governments on the tremendous progress outlined in the Secretary-General's implementation report (A/72/815). In addition, the United States applauds the strong statements by the President and the Secretary-General and on behalf of the Group of African States concerning the key gaps that still exist and the barriers that must be overcome.

At the halfway point to the 2020 fast-track goals we set together in 2016, we are closer than ever to controlling this pandemic. What many thought was impossible just a decade ago is now possible through strong partnerships and by being strategic and targeted in our collective approach. To that end, the United States collaborates with partner Governments and the communities that we serve, the private sector, multilateral institutions, civil society and, importantly, faith-based organizations. The United States has ensured that we have strong investments in prevention and treatment — nearly $1 billion annually in prevention, as discussed, including the United States' strong DREAMS programme — our initiative for determined, resilient, empowered, AIDS-free, mentored and safe women — which ensures that young women grow up thriving and HIV-negative.

Working together, we have saved and improved the lives of millions, in fact changing the very course of the pandemic. We have rapidly accelerated our HIV prevention and treatment efforts. To reach the 90-90-90 global targets, the United States President's Emergency Plan for AIDS Relief (PEPFAR) uses data to focus on the geographic areas and populations with the greatest need where we can have the most impact for our investments. The 90-90-90 targets will be reached only when they are attained for every gender, age and at-risk group, including the most neglected and hard-to-reach populations. We now know precisely who we are missing, and we are evolving our programme every day to reach everyone by strengthening the health system at the community and the facility level to welcome everyone. PEPFAR has invested billions in creating and supporting a horizontal health system, albeit through a vertical programme.

The focus of UNAIDS on producing the world's most extensive data collection on HIV epidemiology — AIDS Data, as it is known — continues to be fundamentally important and is our road map to controlling the pandemic. We have concrete targets to meet in order to end the AIDS epidemic by 2030 — Sustainable Development Goal 3 — but we cannot do it without the right data to track our progress, pinpoint our unmet need and effectively and efficiently direct resources for maximum impact. The United States strongly supports UNAIDS and its leadership in combating the HIV/AIDS pandemic.

We appreciate that UNAIDS and its sponsors will dedicate a thematic day during the upcoming UNAIDS Board meeting in June to discuss the joint response needed to end tuberculosis and AIDS. We know that tuberculosis is the leading killer of people living with HIV/AIDS. Yet, as reported by UNAIDS, it is estimated that fewer than 60 per cent of tuberculosis patients were tested for HIV in 2016. We also know that a significant number of HIV-infected patients are not evaluated for tuberculosis. Given the strong association between the two diseases, our Administration, under President Trump, has committed to addressing the two epidemics concurrently in a cost-effective and efficient high-impact manner. This is a critical point as we prepare together for the United Nations high-level meeting on tuberculosis this fall.

The United States commitment to ending the HIV/AIDS epidemic, through the Trump Administration and through bicameral and bipartisan Congressional support, is unwavering. As a global community, we have a historic opportunity — for the first time ever — to control a pandemic without a vaccine or a cure, although we will need those to actually eliminate HIV/AIDS. We are laying the groundwork today for a future where there will not be an HIV virus to contend with. To seize this moment, we must all focus our efforts

on where the burden of HIV/AIDS is the greatest. We must ensure that every man, woman and child we are still missing who do not know their status — in the hardest-hit countries, cities and communities — has the life-saving prevention and treatment services to allow them to survive, thrive and fulfil their dreams.

Mr. Duque Estrada Meyer (Brazil): I would like to make a personal comment. We all know about the commitment of all countries to the fight against AIDS, but it is so sad to see an empty Hall.

It is an honour for Brazil to take part in this debate, in which Member States have the unique opportunity to review and follow up the implementation of General Assembly commitments to the fight against HIV/AIDS in the context of the 2030 Agenda for Sustainable Development. As we reaffirm today the commitments made through the adoption of the 2016 Political Declaration on HIV and AIDS, it is reassuring that we can already see progress regarding the implementation of its 10 targets. Notwithstanding the progress made, the international community needs to remain vigilant and cautious, as there is much to be done in the next few years.

At the outset, my delegation welcomes the Secretary-General's report entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815). In the specific area of AIDS, the reforms undertaken by the Secretary-General must be rapidly translated into concrete actions in order to make it possible for us to achieve our main goal of leaving no one behind. In that regard, Brazil fully endorses the Secretary-General's five recommendations, which, if accomplished in a timely manner, will ensure that every person in need can access effective prevention, testing and treatment services, thereby decisively contributing to the eradication of the epidemic by 2030.

As expressed in previous years, for Brazil, an AIDS response must be based on three pillars — promoting the human rights of people infected with HIV, universalizing access to prevention and treatment, and ensuring the availability of the necessary national and international financial resources.

The 2016 United Nations high-level meeting on ending AIDS made history, as it recognized the importance of focusing on key populations. Countries and regions must therefore be able to respond to specific patterns of the epidemic while prioritizing the needs of populations that are at higher risk of infection. Given Brazil's HIV epidemiological profile, which serves to highlight the vulnerability of young people, my country has developed strategies to promote HIV prevention for that segment of the population — mainly young gay people and men who have sex with men. Furthermore, key populations cannot be seen in a passive way, but as fundamental partners in designing and implementing response policies.

Over the past three decades, Brazil has made significant progress in the fight against AIDS thanks to a strong national public-health system that guarantees universal access to treatment and diagnosis. Back in 1996, we adopted a national law that established that free treatment would be made available for all persons infected, which helped create the basis for our national HIV/AIDS programme.

More recently, in 2013 we became the first developing country to adopt the treatment-as-prevention approach, which recommends antiretroviral therapy for all people living with HIV, regardless of their viral load count — a recommendation that was to be endorsed by the World Health Organization two years later. In order to increase access to HIV testing among the populations most affected by the epidemic, the Ministry of Health established a community-based programme in 2014 aimed at developing the capacity of civil-society organizations to conduct rapid HIV testing through a peer-to-peer approach. At the beginning of 2018, in line with modern scientific evidence, the Government of Brazil started to offer pre-exposure prophylaxis on a universal basis in the context of strengthening its combination prevention policies.

Respect for human rights, with an emphasis on eliminating gender inequalities, the ongoing fight against stigma and discrimination and strengthening dialogue and cooperation with civil-society organizations are also pivotal elements of Brazil's national programme that have greatly contributed to its positive outcomes.

As we approach the deadline for implementing the 90-90-90 targets, it is high time to redouble our efforts at both the national and the international levels.

Besides scaling up access to diagnosis, Brazil has increased investment to reduce the gap between HIV diagnosis and treatment. It is estimated that 87 per cent of the people living with HIV in Brazil have been diagnosed. Today, since more than 500,000 people in the country benefit from antiretroviral therapy, we

have achieved the goal of increasing the proportion of those who have received such treatment for at least six months and have a suppressed viral load to more than 90 per cent.

Since the costs involved in universalizing the response are challenging, we must push for a reduction in the cost of therapy. The imperative of public health must always prevail over commercial interests. The full implementation of the flexibilities allowed under the Agreement on Trade-Related Aspects of Intellectual Property Rights, as agreed upon in the Doha Declaration and the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, is a powerful and effective tool for reaching the universal access targets, especially for the most vulnerable groups of society.

For Brazil, ensuring the affordability of medication at fair prices constitutes a human rights priority that has long been of special concern to our country. In that regard, in 2001, Brazil was responsible for presenting at the then Commission on Human Rights a draft resolution on access to medicines in the context of pandemics, with a particular focus on HIV/AIDS. It was the first time that such a nexus had been included in a United Nations resolution.

The role of innovative mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, the Drugs for Neglected Diseases initiative and the International Drug Purchase Facility must also be acknowledged, as they have shown to have a positive impact and have helped to reduce the cost of HIV treatment and, consequently, helped increase the number of people who benefit from such medicines.

Mr. Tevi (Vanuatu), Vice-President, took the Chair.

In the era of the Sustainable Development Goals (SDGs), an isolated HIV response will not succeed. For it to be effective, it must be based on a multisectoral and integrated approach that takes into consideration the multiple linkages between AIDS and its main coinfections and comorbidities, such as hepatitis and tuberculosis.

Given the fact that tuberculosis is the main cause of death among people living with HIV, during the high-level meeting on tuberculosis to be held in September we will have a historic opportunity to galvanize political engagement in ending tuberculosis and, hence, in also moving towards the eradication of the AIDS epidemic. In that context, we would like to call for a careful follow-up of the commitments made at the 2016 high-level meeting on antimicrobial resistance in order to ensure that antimicrobial resistance will not constitute an obstacle to the elimination of AIDS, tuberculosis and other infectious diseases in the upcoming years.

In addition, we also look forward to the high-level meeting of the General Assembly on universal health coverage, to be held in 2019. As one of the cornerstones of the 2030 Agenda on Sustainable Development, achieving universal health coverage will contribute to progress towards achieving the SDGs.

As current Chair of the Foreign Policy and Global Health group, along with the other members of the initiative, Brazil is committed to working to maintain the political momentum of global health debates at the General Assembly, thereby contributing not only to the achievement of the AIDS targets but also to implementing all the health-related SDGs.

The 2030 Agenda and the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 provided us with the necessary institutional tools for accelerating an end to the AIDS epidemic. We must therefore take action now so as to scale up the implementation of such commitments. We cannot miss the window of opportunity for seeing a world free of AIDS within our generation.

Mr. Srivihok (Thailand): It is my great pleasure and honour to represent Thailand before the General Assembly today at this annual review of the progress made on the implementation of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic. As we reach the midway point of the time that we set for meeting the fast-track commitments made by leaders two years ago, Thailand appreciates this opportunity to share an update on where we are and to reaffirm our commitment to redoubling our efforts to achieve that noble goal.

Thailand has been implementing its 2017-2030 national AIDS strategy, which is in line with the target of the 2030 Agenda for Sustainable Development of ending the AIDS epidemic by 2030, to establish high-impact HIV responses through, first and foremost, the achievement of the fast-track commitments. Over time,

we have demonstrated an all-out effort to achieve the 90-90-90 target by the year 2020.

Following the adoption of the Political Declaration in 2016, Thailand made remarkable progress across all 10 fast-track commitments during 2017. Thailand has achieved the first 90-90-90 treatment target, by which 90 per cent of the people living with HIV know their HIV status. The other two 90-90-90 targets, by which 75 per cent of the people who know that they are HIV-positive have access to treatment and 80 per cent of those who receive treatment are virally suppressed, are within reach.

We must give credit to our community-led and people-centred approach, which has helped to expand the coverage of HIV testing throughout the country, such that those who are tested and found to be HIV-positive receive immediate treatment and care.

We do not tackle HIV/AIDS in isolation. Rather, we adopt an integrated approach. For example, tuberculosis and HIV services are provided at one single point of care. Very recently, people living with HIV and people who inject drugs became eligible for screening and treatment for the hepatitis C virus free of charge.

It is two years since Thailand was validated the first country in the Asia-Pacific region to have eliminated mother-to-child transmission of HIV and syphilis. Today we are maintaining and further strengthening our efforts as we continue to reach out to those who are vulnerable or are in vulnerable situations, whether or not they are Thai nationals, including key populations who are at higher risk of being infected with HIV. As a result, the HIV vertical transmission rate has further declined to 1.7 per cent. At that rate we are certain that it will fall to 1 per cent by 2020. However, the goal of achieving a 75 per cent reduction in new HIV infections still remains a challenge for Thailand, although new HIV infections have declined by 56 per cent as compared to eight years ago.

Thailand is committed to making use of innovative technologies and technological advances to deliver high-impact HIV interventions. As such, Thailand is preparing to expand pre-exposure prophylaxis projects in a large number of health facilities nationwide, targeting key populations that are at higher risk of being infected with HIV. On the financing front, investment in that area is front-loaded. The Royal Thai Government also approved, as a priority, an increase in funds to support prevention programmes for key populations, with the critical support and engagement of various civil-society organizations.

Recognizing that stigmatization and discrimination against those living with HIV is a major stumbling block in our efforts to end the AIDS epidemic, Thailand reaffirms its commitment to tackling such issues through more robust education and awareness-raising campaigns.

It is true that the fight against AIDS is not yet over. However, it is our conviction that, together with a strong partnership with civil society, the private sector and, most important, communities and each and every individual themselves, we will win.

Lastly, we need to adopt a whole-of-system and integrated approach to addressing every existing or unknown health challenge. Together with Hungary, as co-facilitator of the universal health coverage process, Thailand will work closely with Member States and other leading partners on the modalities for the high-level meeting on universal health coverage, which will take place next year during the seventy-third session of the General Assembly, to contribute to our effort to create a healthier world for humanity where no one will be left behind.

Mr. Margaryan (Armenia): Armenia welcomes the convening of today's meeting and the report of the Secretary-General entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815).

In Armenia, the implementation of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 is supported through the relevant response measures identified in the national programme on HIV/AIDS prevention for 2017-2021, in line with the internationally agreed commitments of the 2030 Agenda for Sustainable Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016–2021 Strategy, the World Health Organization (WHO) Global Health Sector Strategy on HIV, 2016–2021 and the Action Plan for the Health Sector Response to HIV in the WHO European Region.

The overall goal of the national programme on HIV/AIDS prevention is to develop an effective response to the HIV epidemic for the period from 2017 to 2021 and to define the prerequisites for ending AIDS by 2030. The objectives of the programme include reducing the

number of new HIV infections, including those among key populations at high risk of infection, maintaining the country's validation status for the elimination of mother-to-child transmission of HIV, achieving the UNAIDS 90-90-90 targets, reducing the mortality rates as a result of AIDS and addressing the issues of stigma and discrimination.

Armenia's track record gives us confidence to continue on the path of an effective multisectoral response to the AIDS epidemic, as well as that of HIV prevention and treatment. Armenia has in place today a closely integrated system of services for HIV/AIDS, tuberculosis and maternal and child health, which ensures early diagnosis, the provision of quality health care, the most effective treatment and other medical services for those in need.

The prevention of mother-to-child transmission is an important area of proven progress in Armenia, which has been recognized by the United Nations. In 2016, Armenia was one of only four countries to be validated by the World Health Organization for eliminating mother-to-child transmission of HIV. We see such progress as an important step towards fulfilling the commitment to ending AIDS by 2030. In 2017, the National Center for AIDS Prevention of the Ministry of Health of Armenia received the United Nations Public Service Award in the category entitled "Innovation and Excellence in Delivering Health Services".

While progress has been made, AIDS is still far from over. A decrease in international donor funding continues to pose serious challenges for the HIV response in Eastern Europe. A continued decrease in financing could seriously undermine the sustainability of prevention and treatment programmes in resource-limited countries, thereby posing a major threat to the implementation of the key targets and objectives of the 2016 Political Declaration and the Sustainable Development Goals.

As the Secretary-General mentions in his report, AIDS is not over, but it can be. We believe that that can be achieved through continued commitment, solidarity and support at all levels. We look forward to our further partnership and cooperation with the United Nations agencies, including UNAIDS and WHO, as well as the Global Fund, so as to translate the commitments of the 2016 Political Declaration on HIV/AIDS into action.

Mr. Mulenga (Zambia): At the outset, allow me to thank the President of the General Assembly for convening this second annual meeting to review the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted in June 2016.

My delegation aligns itself with the statements delivered by the representatives of Kenya, on behalf of the Group of African States, and of Tanzania, on behalf of the Southern African Development Community.

We take note of the report of the Secretary-General and its recommendations, contained in document A/72/815, entitled "Leveraging the A1DS response for United Nations reform and global health".

Since the beginning of the epidemic, Zambia has promoted a robust multisectoral response that has been durable and consistent. We have worked tirelessly towards finding lasting solutions to eliminating HIV and AIDS. We have implemented test-and-treat programmes, activities aimed at preventing mother-to-child transmission, voluntary male medical circumcision and free condom distribution through collaboration and partnerships among the Government of the Republic of Zambia and health institutions, the Church, non-governmental organizations and traditional leaders. As such, we have seen a decline in new infections from 77,500 in 2010 to approximately 46,000 in 2016. Our efforts at the country level have been reinforced by ensuring that HIV remains a priority area in all policy documents. The fast-track targets have been mainstreamed in the national development plan 2017-2021, which is inclusive and leaves no one behind.

In addition, our health strategic plan and the national AIDS strategic framework for the period 2017-2021, along with other substantial policy documents, have ensured that the AIDS response is comprehensive and targets all key populations, with a focus on adolescent girls and young women. More than half the population of our country is under the age of 20, so adolescent health issues are of paramount importance to ensuring a positive outcome for all.

We have made a strong political commitment to fighting against HIV/AIDS. In Zambia, 75 per cent of the estimated 1.2 million people living with HIV know their status, which means that 340,000 individuals who are infected with HIV are still unaware of their status. As a result, the President of the Republic of Zambia, Mr. Edgar Chagwa Lungu, launched an HIV testing,

counselling and treatment campaign in August 2017. Since then, we have seen a 20 per cent testing increase and a rise in the uptake of treatment by 4 per cent, which means that 860,000 people who live with HIV are on antiretroviral therapy.

In addition, on World AIDS Day 2017, the President launched the Lusaka antiretroviral therapy surge campaign to achieve the 90-90-90 targets. At the same time, he also launched a "Know your child's status" campaign for children, in order to accelerate paediatric treatment uptake. In line with the Global HIV Prevention Coalition commitment to reducing new infections by 75 per cent by 2020, the President launched the National HIV Prevention Coalition, under the patronage of the First Lady, to implement an HIV prevention road map for reducing new HIV infections. In that regard, we have been developing and monitoring various activities.

To improve sustainable financing in the health sector, including the AIDS response, and as part of our effort to mobilize domestic resources for universal health care, our Parliament enacted the National Health Insurance Act in April. We appreciate the contributions of donors, including the European Union, which have enabled us to fast-track our response and achieve results. The United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria have supported us throughout the period.

A decrease in resources would threaten the rapid scale-up and health outcomes that have been achieved. We call on our partners to continue to reaffirm their global responsibility and maintain their contributions, so as to ensure that we control the HIV epidemic together and by 2030 attain the goal of an AIDS-free generation.

Allow me to highlight some of the achievements that we have made regarding the targets set at the high-level meeting on HIV/AIDS (see A/70/PV.97-102). On the 90-90-90 targets, 75 per cent of people in Zambia know their HIV status, 72 per cent are undergoing treatment, and 89 per cent are virologically suppressed. We have ensured the attainment of 89 per cent national coverage of prevention of mother-to-child transmission, and the rate of transmission from mother to child is less than 5 per cent. We have also started to implement pre-exposure prophylaxis as part of the combination prevention option. Sex education in schools has also increased to cover 9,000 public schools, reaching 1.7 million students in grades four to 11.

The Government remains committed to reducing poverty and vulnerability. To that end, the social protection strategy includes the social cash-transfer programme, which has benefited 700,000 vulnerable households. In addition, the Government has integrated the AIDS response by providing linkages with other services, including those related to tuberculosis, sexual and reproductive health, and non-communicable diseases. Specifically, cervical cancer screening has been scaled up to the national level and, currently, 21.6 per cent of women have been screened.

In conclusion, I wish to reaffirm the commitment of my delegation to the global effort on ending the AIDS epidemic by 2030.

Mr. Gertze (Namibia): Namibia aligns itself with the statement delivered by the Permanent Representative of Tanzania, on behalf of the Southern African Development Community, as well as with the statement delivered by the Permanent Representative of Kenya, on behalf of the Group of African States. My delegation also joins other member States in thanking the President of the General Assembly for having convened this important meeting.

At the outset, I wish to reiterate Namibia's strong commitment to the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. To that end, I am pleased to share with the Assembly that Namibia is making good progress in domesticating the Political Declaration through the country's new strategic framework on HIV/AIDS for the five-year period 2018-2022. That framework is linked with the country's fifth national development plan, which, in turn, is linked to the 2030 Agenda for Sustainable Development.

The Government of Namibia has taken the lead in many areas of the fast-track agenda by: first, committing 30 per cent of the HIV response budget to prevention; secondly, delivering on the majority of the Global HIV Prevention Coalition items; and thirdly, prioritizing the combination of prevention pillars in the new national strategic plan on HIV/AIDS.

Engaging the public in the fight against HIV/AIDS is key to eliminating the virus. There is an absolute need for personal commitments if we are to make

any headway. In that regard, Namibia has explored innovative ways of male engagement, the delivery of innovations such as HIV self-testing, pre-exposure prophylaxis and engaging local councils in promoting greater accountability and involvement in the HIV response. The Government also continues to focus on high-impact interventions that reduce new HIV infections and mortality. I could not agree more with Secretary-General Guterres in his strong conviction that prevention is critical to our collective fight to eradicate and end the HIV/AIDS epidemic.

In the Namibia national strategic framework for HIV, we follow a two-pronged approach that includes prevention strategies and treatment strategies. Among the prevention strategies are the introduction and scaling up of voluntary medical male circumcision. We also continue to provide free condoms, and we are committed to increasing distribution channels. Namibia will continue to advocate for an increased uptake of prevention and treatment services.

We remain focused on identifying those among the population who are at a high risk of being left behind. There is a need for us to design interventions that address problems specific to those populations, for example adolescent girls and young women.

We have prioritized pre-exposure prophylaxis as one of the key prevention approaches in the new national strategic framework for 2017-2022. Any person with a substantial risk of contracting the HIV infection can access pre-exposure prophylaxis at public health facilities. The programme focuses on high-risk population groups, such as discordant couples, female sex workers and men who have sex with men. It is essential that we ensure that the structural barriers hampering access to HIV prevention treatment services for specific community groups who cannot readily access HIV services are removed.

Namibia also wishes to highlight the importance of focusing on the prevention, diagnosis and treatment of sexually transmitted infections. Our treatment strategies include treating all patients who are HIV-positive. We have rolled out that treatment campaign at the national level since 2017, and it is in line with the recommendations of the 2016 Political Declaration for ending AIDS by 2030.

We strongly believe that the decentralization of HIV services through nurse-initiated management of antiretroviral treatments is essential, and we are committed to the ongoing promotion of the new programme in our country. Differentiated care models, such as community-based antiretroviral treatment and community adherence clubs, are now also promoted in our country and are making a positive contribution. Scaling up cost-effective testing services such as index partner testing is being given high priority in Namibia.

Our next steps for 2020 include the restructuring of the Ministry of Health, now under way, which will improve coordination, the effective use of staff and an improved implementation of services, ensuring that HIV is integrated into the entire health system and taken out of isolation.

We believe that public-private partnership plans and policies will also further bolster linkages of health within the Namibian economy and engage non-traditional partners in the response. Namibia is on track to reach the 90-90-90 Joint United Nations Programme on HIV/AIDS (UNAIDS) targets. By the end of this year, Namibia will further deliver on the fast-track targets through developing and implementing a road map on the elimination of mother-to-child transmission of HIV, including subnational plans, and by increasing synergies with social protection and legal and policy systems to create a more enabled environment to deliver the HIV response.

In conclusion, Namibia remains committed to the 2016 HIV Political Declaration. We continue to work with all bilateral partners, particularly UNAIDS, and we call on the global community to fully implement the Political Declaration so that we are able to eliminate AIDS by 2030.

Mr. García Moritán (Argentina) (*spoke in Spanish*): Two years after the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, under which States reaffirmed their commitment, as reflected in the 2030 Agenda for Sustainable Development, to accelerating the fight against HIV and ending the AIDS epidemic by 2030, as well as the implementation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy 2016-2021 and the achievement of the 90-90-90 treatment targets by 2020, we are halfway there and have the opportunity to take stock of our achievements and remaining challenges.

As detailed in the report of the Secretary-General (A/72/815), since 2016 important gains have been

made in the context of the 10 commitments made in the Political Declaration in terms of access to adequate treatment and a reduction in mortality. However, the challenges remain, and much remains to be done. We must not dwell on the achievements made; rather, we must focus on the path that our countries must follow in order to reach the final goal.

States made a commitment to end the AIDS epidemic in Sustainable Development Goal 3, reflecting the overarching principle of leaving no one behind. That principle must be the fundamental premise for addressing the pending challenges: stigmatization, discrimination and other social or gender barriers that hinder effective access to HIV prevention services, treatment and assistance.

We believe that States must work to ensure that their resources reach more and more people and that those people are able to benefit from the policies adopted. To that end, it is essential to implement a human rights and gender approach to end AIDS as a threat to public health while reaffirming the dignity of persons living with HIV or who are vulnerable to the epidemic. In that regard, our future objective is eliminating discrimination and stigma, facilitating accessibility to services, improving the quality of medical care and increasing the participation of people with HIV/AIDS in decision-making.

Argentina will continue to support the full implementation of the UNAIDS strategy 2016-2021, as well as the achievement of the 90-90-90 treatment targets by 2020. To that end, we as member States pledge to increase and concentrate investments on the initial stages of the national response to AIDS and to significantly expand the coverage of HIV-related services. To achieve such commitments, we must generate more resources, strengthen technical cooperation among States and international organizations, and develop strategic partnerships such as the one within the framework of UNAIDS.

Moreover, we believe that health policies must recognize the vulnerability of certain population groups to HIV/AIDS. In that regard, the specific cases of women, children, adolescents and young people must be considered, including key populations facing the HIV/AIDS epidemic that are especially vulnerable not only to the virus itself, but also to multiple forms of discrimination, stigmatization, violence and exclusion.

To conclude, we once again reiterate our strong support for the work of UNAIDS and the full implementation of its programmes and strategies, and we call for it to be provided with all the resources necessary to enable it to carry out its mandate in pursuit of the final goal of ending the HIV/AIDS epidemic by 2030. The international community is firmly committed to the fight against HIV, and we call for increased efforts to ensure a future in which the HIV/AIDS epidemic has been defeated.

Mrs. Rodríguez Camejo (Cuba) (*spoke in Spanish*): We are grateful for the report (A/72/815) submitted by the Secretary-General on the subject at hand. As the document reflects, progress has been made in the fight against HIV/AIDS since 2001. However, opportunities for accessing health services remain unequal. In that regard, in order to progress and to successfully address HIV/AIDS, a deep-seated reform of the current international order and the promotion of a true spirit of cooperation and solidarity are required.

Dr. Carissa Etienne, Director of the Pan American Health Organization, once said:

> “Each country must find its own way to achieve universal health coverage, based on its particular historical, social and economic background, while promoting broad social dialogue”.

That is exactly what we in Cuba have done since implementing our national programme for the prevention and control of HIV/AIDS more than three decades ago, thereby ensuring effective prevention, diagnosis and treatment. The programme has been expanded and kept up to date, in line with changes in the criteria recommended by the World Health Organization and the Joint United Nations Programme on HIV/AIDS. The Cuban HIV/AIDS response strategy, like our entire health-care system, is founded on the principle that health is a basic human right, and on a comprehensive approach, with a biotechnology capacity that has enabled us to research and develop generic medicines and a highly educated citizenry that trusts its national public-health system. We also have an extensive sex education programme that covers all population groups; anonymous, free testing for all who request it; free antiretroviral treatment; a wide range of counselling, evaluative and support services for patients; the active involvement of civil society in preventive activities; and the participation of people

with HIV in the design, implementation and evaluation of those programmes.

The results are there for all to see. In 2015, Cuba was certified by the World Health Organization as the first country in the world to eliminate mother-to-child transmission of HIV; the percentage of the population aged between 15 and 49 with HIV/AIDS is well below 1 per cent; and we have made sustained progress in raising awareness in our society on eliminating all forms of discrimination related to gender, sexual orientation, gender identity or HIV status. In short, the Cuban experience has shown that the will of a Government, together with an integral and participative approach, can have a positive impact on HIV prevention, as well as providing a dignified life for people with HIV/AIDS, even when, as in our case, we have had to deal with the adverse effects of an unjust international order, compounded by the economic, commercial and financial blockade imposed on my country by the United States that continues in full force and has led to considerable material deficiencies in our public health sector.

The full exercise of the right to education and health is essential to ending this epidemic. We must foster international cooperation with a view to strengthening primary health-care services and promotion and prevention activities in the countries most in need. Cuba reaffirms its willingness and availability to cooperate with countries in need, on the basis of our experience and achievements, and we renew our political commitment to help accelerate the global response to HIV/AIDS.

Mr. Kononuchenko (Russian Federation) (*spoke in Russian*): We thank the Secretary-General for his comprehensive report (A/72/815) on measures to intensify cooperation in order to counter the spread of HIV and provide social and medical support to those living with the virus.

The Russian Federation is firmly committed to the goals and principles of the 2016 Political Declaration on HIV and AIDS, and we consider it an important tool for mobilizing international efforts to fight the infection. We share the report's assessment of the progress that has been made at the halfway point to the 2020 fast-track commitments for eradicating the epidemic. We welcome the latest results in countering the spread of the epidemic, including in scaling up testing and antiretroviral therapy and reducing vertical transmission of HIV from mother to child, and we note the gradual decrease in the number of new cases of infection. We support the belief in the importance of ensuring patients' access to social protection and services at the local level and increasing funding for such measures. The recommendations aimed at achieving the 90-90-90 targets and preventing related infections and diseases are as relevant as ever.

We also believe that the treatment and prevention of HIV/AIDS should take an approach that focuses on specific geographical areas, countries and population groups, which is an integral part of the successful fight against HIV. However, we have also noted the comments on the need to eliminate social, economic and cultural barriers that in some cases may prevent patients from accessing medical services. While of course we believe that with regard to this issue the rights of all individuals must be taken into account, it is also important to maintain strict respect for each country's unique religious and cultural situation and comply with its national legislation, as the 2016 Political Declaration affirms.

We read with interest the data on the use of combination prevention, including the controversial and not universally recognized practice of harm reduction. The statistics in the report directly link needle-syringe exchange programmes and the use of opioid substitution therapy to a reduction in the number of cases of HIV. Conclusions are drawn about their effectiveness in solving problems of drug use and drug-related crime. In that regard, we would like to see scientifically reliable information about how the distribution of prohibited substances by a State can prevent drug use. We believe that the key task for public health is not just reducing drug-related harm, but also totally eliminating the use of drugs for non-medical purposes. In our view, treating opioid dependence by replacing one drug with another fundamentally contradicts scientific approaches to preventing and treating drug addiction.

In the section on equipping young people with the skills and knowledge to protect themselves from the virus, the emphasis is on expanding access to sexual and reproductive health services. While we certainly believe that it is vital to create an environment where young people feel able and willing to seek help, it appears that the preventive aspect of HIV is not fully covered. It is important to pay greater attention to preventing high-risk behaviour and not to limit combating the spread of the virus to medical measures but to cultivate a more

responsible attitude among the population towards their health in general.

We support an integrated approach to addressing the issue of combating the epidemic alongside other diseases. According to official estimates, people living with HIV are between 20 and 37 times more likely to contract tuberculosis than healthy individuals. We hope that this aspect will be reflected in the outcome document of the United Nations high-level meeting on the fight against tuberculosis, on 26 September.

The Russian Federation considers the fight against this epidemic at both the national and global levels to be extremely important. We are implementing a Government strategy for countering the spread of HIV, with a comprehensive approach to providing medical assistance to HIV-positive people. We are introducing technology for social adaptation and rehabilitation, as well as measures for social support, and we are conducting a widespread information campaign. In 2017 34 million of our citizens, an unprecedented number, were tested for HIV. Russians are provided with the entire series of measures for combating HIV, including preventive steps and medicines, at no cost. In 2017 320,000 patients received antiretroviral therapy. With a view to creating a social environment that does not discriminate against HIV-positive people, we are considering making changes to the list of diseases that are grounds for being forbidden to adopt or foster children.

One important result that the Russian Federation has achieved is effectively halting vertical transmission of HIV from mother to child. We have reached the 90-90-90 strategy indicators for our child population. With the support of the Russian Government, the sixth international conference on HIV/AIDS in Eastern Europe and Central Asia was held in Moscow in April. The forum is a key platform for developing cooperation and exchanging experience in this field among the countries of the region. The discussion focused on four areas: science and medicine, the promotion of international development, effective prevention and the involvement of civil society. As a result, we adopted a declaration that reaffirms our commitment to the Sustainable Development Goals, specifically the Goal of ending the AIDS epidemic by 2030.

Ms. Blais (Canada): Canada is proud of the momentum that the fast-track approach and the 2016 Political Declaration on HIV and AIDS have created. However, 2020 is at our doorstep, and we are concerned about the significant gaps that remain in meeting the global targets. We welcome the report of the Secretary-General (A/72/815), and we are grateful for its recommendations aimed at accelerating progress. In particular, we share the view that we must further intensify our efforts to protect and promote human rights and gender equality. That is why Canada has launched its first feminist international assistance policy, which we are now putting into action. It focuses on the poorest and most vulnerable women, particularly women in fragile and conflict-affected settings. Putting the human rights of women and girls at the centre of what we do is essential to ending AIDS.

Our goal is to reach the hardest-to-reach groups with the HIV prevention, treatment and care that they need and deserve. That includes working on several fronts towards ending the stigma and discrimination faced by vulnerable and marginalized groups such as lesbian, gay, bisexual, transgender and intersex persons, as well as ethnic minorities, indigenous peoples and intravenous drug users.

Similarly, we share the concern highlighted in the Secretary-General's report that many young people lack the knowledge and skills necessary to prevent HIV infection and that as a result, significant numbers are completely unaware of their HIV status. That is unacceptable. In Canada, we also recognize the importance of ensuring that young people have access to health information to prevent infections, and we are committed to supporting their access to knowledge about HIV and sexually transmitted infections, prevention, testing, treatment and care. At the recent Group of Seven summit, under the leadership of Prime Minister Trudeau, Ministers agreed that their investments in helping adolescent girls must be holistic, multisectoral, integrated and take an intersectional approach. Many participants highlighted the importance of ensuring that the needs of adolescents are fully integrated into national policies and that they can access youth-friendly services. As we all know, when young people are empowered with knowledge and skills related to their sexual health, they are more likely to seek HIV testing and start treatment earlier on.

We share the view that the upcoming 2018 high-level meeting on the fight against tuberculosis (TB) this autumn represents an effective platform and a tremendous opportunity to focus international attention on the need to accelerate progress on tuberculosis,

including by strengthening integrated TB and HIV responses in order to end both epidemics by 2030. For Canada, addressing the gender dimensions of TB is critical, and we want to tailor our approaches. We must also recognize that in order to end TB by 2030, it is essential to use science-based evidence to guide our actions and investments. Canada supports the development of a multisectoral accountability framework based on an independent, constructive and positive review of progress, especially in high-burden countries.

(*spoke in French*)

In conclusion, we are committed to achieving the global goal of ending AIDS, viral hepatitis and sexually transmitted infections by 2030. We support the Joint United Nations Programme on HIV/AIDS and the efforts made so far to strengthen the current operational model. We will continue to turn to the Joint United Nations Programme to promote accountability for the results of a human rights-based epidemic strategy and to guide us on the road towards ending AIDS by 2030.

Mr. Sparber (Liechtenstein): The fight against HIV/AIDS is a showcase for the impact that the international community can have if we all join forces. However, it is also a reminder of how fragile progress can be if we fall back into complacency or waver in walking the last mile. It is therefore extremely important that the General Assembly regularly discuss and readjust its policies in this area. For more than three decades, the HIV/AIDS epidemic has caused immense human suffering across the globe, with devastating effects on those affected and on their communities. Yet while a lot remains to be done, ending the epidemic by 2030, as agreed in the Sustainable Development Goals, is possible. At the halfway point of our 2016 fast-track commitments, the Secretary-General's report (A/72/815) cites very welcome progress. We should use that momentum to make sure that we deliver on our promise collectively and comprehensively.

We have known for a long time that HIV/AIDS is not only a public-health issue, but also has an important sustainable development and human rights dimension. It is encouraging that a number of countries have taken positive steps to destigmatize people affected by HIV/AIDS, for example by protecting the rights of marginalized populations and prohibiting discrimination on the basis of HIV/AIDS status. At the same time, we are alarmed by the ongoing legal and de facto discrimination in many countries. The fact that homosexuality is still criminalized in almost 60 countries remains a key obstacle to effectively addressing the epidemic. People at a higher risk of HIV infection, including drug injectors, sex workers, prisoners, transgender people and men who have sex with men, continue to suffer from stigmatization, which often prevents them from fully enjoying their fundamental freedoms and human rights, above all, the right to health.

A comprehensive and sustainable response to HIV/AIDS must be based on the recognition of all fundamental elements of HIV risks and vulnerabilities. Gender inequality and harmful gender norms contribute to an unacceptably high risk for HIV infection of women and girls. Their particular situations must therefore be at the focus of our response. Granting women and girls access to sexual and reproductive health services is successful in preventing HIV/AIDS and has, as a matter of fact, significantly helped to eliminate mother-to-child transmission. However, neither the recognition of women's rights nor the availability of women's health services is universal; their disenfranchisement and marginalization continues to happen even though we know better, and we have a collective moral responsibility to stop that.

The Secretary-General's report contains encouraging data on our efforts to reach the 90-90-90 targets. Seventy per cent of people living with HIV globally know their HIV status; 77 per cent of them are accessing antiretroviral therapy, and 82 per cent of that number have suppressed viral loads. Nevertheless, important gaps in the area of HIV testing and treatment remain that need to be addressed, as progress on reducing HIV infections has slowed.

In addition, our commitments need to be more consistently translated into investment and action on the ground. Financing is falling significantly short compared with our 2016 commitments. Innovative tools and strategies, such as community-based HIV testing models, HIV self-testing and viral load testing, continue to be underutilized. Moreover, more needs to be done to ensure that young people have the necessary skills, knowledge and capacity to protect themselves from HIV. That is where we need to focus our attention in order to bring us onto the path towards achieving our targets collectively and comprehensively.

To conclude, let me express our full support for the recommendations of the Secretary-General and commend his staff for their tireless work to translate the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, the 2030 Agenda for Sustainable Development and other important agreements into reality. Liechtenstein remains committed to this endeavour, both politically and financially. We will continue to support HIV/AIDS-related projects through the Global Fund to Fight AIDS, Tuberculosis and Malaria and others, with a priority on prevention. By investing in prevention, we have the best chance of creating sustainable results in the long run.

Ms. Cohen (Australia): Each year, we gather at this event to reflect on our 37-year campaign to end HIV/AIDS. This year, Australia welcomes the gains that we have made across many of the 2020 fast-track targets. Approximately 21 million people living with HIV are on antiretroviral therapy. This scale-up has directly led to a decline in AIDS-related deaths by 48 per cent since the peak, in 2005. In my region, Asia and the Pacific, new HIV infections declined by 13 per cent between 2010 and 2016.

The 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 placed human rights at the core of the global HIV response. It recognized the need to empower women and girls through comprehensive sexuality education, universal access to sexual and reproductive health and rights, and the elimination of gender-based violence. It also recognized the need for a continued emphasis on those who are at the greatest risk of contracting HIV, based on epidemiological evidence. Moreover, it recognized that ending stigma and discrimination and resisting criminalization was the only way to bring people out of the shadows to fulfil their right to access prevention, diagnosis and treatment.

In 2016, Australia was satisfied that the Declaration represented a significant step forward from its 2011 predecessor. However, at that time we stated plainly that the Declaration outlined the minimum needed to end the HIV epidemic. We are at risk of losing those hard-won gains. The current rate of decline is too slow to reach the global targets. We are particularly concerned that it is becoming more and more difficult to reach consensus on the issues of sexual and reproductive health and rights and ending the stigmatization of and discrimination against marginalized populations. Those issues are at the very heart of an effective HIV response.

We cannot meet the targets without compassion, understanding, respect and partnership with key populations, not just because it is the decent thing to do, but because it is proven to be the most effective approach to tackling the epidemic. We also need to address the structural drivers of the epidemic through a comprehensive approach, anchored in primary prevention, universal health coverage and equal access to health services.

That integrated approach to health is vital and has driven a decline in tuberculosis-related deaths among people living with HIV. This year, the States Members of the United Nations will consider a range of health-related resolutions, including on tuberculosis, non-communicable diseases and universal health coverage. They are inextricably linked and if we do not view them through the prism of building strong health systems with access for all, we will fail to meet the expectations of the communities we serve.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has a vital role to play in convening and propelling the global AIDS response, and we acknowledge its important work. We thank the UNAIDS secretariat for its efforts to address UNAIDS' funding shortfall and sharpen its resource mobilization through the Joint Programme action plan, and we look forward to receiving information about how UNAIDS is engaging and aligning its work with the broader United Nations development system reform process.

Mr. Gimenez (Norway): Looking back to the years after the turn of the millennium, we have good reason to celebrate our success in the field of HIV/AIDS. HIV treatment has provided life and hope to millions of individuals and their families.When people are kept healthy and can support themselves and their families, this has great ripple effects for local communities and societies as a whole.

Over the past 15 years, we have seen a decline in AIDS-related deaths, particularly in the regions most affected, eastern and southern Africa. The steady decrease in mother-to-child infection and the subsequent reduction in child mortality is perhaps the biggest success of them all, as those figures have been halved in just six years. In other words, most of the

decline in the number of new infections and deaths can be attributed to the decline in new infections among children, linked specifically to the successful treatment of pregnant women. At the same time, the death toll is increasing in Eastern Europe, Central Asia, the Middle East and North Africa. The epidemic continues its spread in most regions outside sub-Saharan Africa, alarmingly so in Eastern Europe and Central Asia.

The rationale for a renewed focus on prevention is therefore strong, and Norway welcomes the establishment of the Global HIV Prevention Coalition. The Coalition and its partner countries are adding important high-level political commitments, coordination and oversight of essential prevention efforts at the regional and national levels. We welcome the Prevention Coalition's efforts to address the sensitive and challenging issues that need to be tackled in order for us to succeed in fighting HIV effectively.

We know that treatment is costly, and we need to step up prevention efforts so as to avoid new infections. We also know that there are two distinct patterns of risk profiles. In high-prevalence settings, young women have the highest risk, while in lower-prevalence settings, most of the persons infected belong to what we call key populations. In all cases, these groups lack a range of services and find themselves in unfavourable positions, with limited power to minimize risk behaviour and get access to information and services.

HIV should not and cannot be tackled in isolation; our response must be holistic and be addressed with consideration for the need for services of the people affected. In relation to HIV prevention, we are essentially talking about access to sexual and reproductive health services, and harm-reduction services. These topics are, unfortunately, quite sensitive, and that is also a major reason why the world still has seen only limited success in HIV prevention. Prevention is also about inclusion and partnerships. Building partnerships and trust with the populations affected and giving them a key role in the work of prevention is crucial in order to achieve results.

I would like to focus on two groups: first, adolescents, particularly girls and young women; and, secondly, people who use drugs. Research shows that young people who have good knowledge about sexuality tend to postpone their sexual debut. Knowledge leads to more responsible decisions and grants people options and choices for their lives. Providing young people with sexuality education is therefore an important way to prevent HIV and other sexually transmitted infections. At the same time, it also prevents early and unwanted pregnancies and may secure educational opportunities for young people.

That is why Norway supports the rolling out of comprehensive sexuality education in the world, and we commend UNESCO, the United Nations Population Fund and other partners that have produced good-guidance documents on the topic, which we encourage countries to follow.

The principle of reducing harm is a good ethical principle that is important for prevention. Even if a particular behaviour is not encouraged by society, it is important for society, the individual and the family to avoid harm to people. This argument jusitifies providing condoms and taking other measures to avoid sexual infections even if society would prefer that young people refrain from having sexual relations. The same logic applies to sharing hypodermic needles, even though the practice of injecting drugs is illegal in most countries. The extra harm of acquiring HIV is not helpful to anyone and should be avoided.

Let me conclude by giving an example from my own country, Norway. In many ways, HIV initiated a paradigm shift in social and health policy in Norway, as it has in many countries around the world. While injecting drugs was seen as a very negative behaviour to be curtailed, there was also a realization that it served no one for a drug user to also get HIV — not the health system or society at large. In other words, both public-health concerns and concerns for the individual led to major HIV-prevention initiatives containing harm-reduction measures — first and foremost, access to clean needles, and, later, oral substitution therapy. More and more services have since been developed and added.

Norway also chose to follow the principle of the involvement and empowerment of the persons and groups most affected. As one substance-use expert put it, marginalized and stigmatized persons are not in a position to think about risk or consider risk reduction. Only meaningful inclusion and empowerment can increase the ability to protect oneself and others.

We know that drug-driven HIV epidemics continue to rise and that we are nowhere near the goal of ending HIV among people who use drugs. We in Norway have had only seven or eight new HIV infections in these

groups per year. Indeed, Norwegian drug users have demonstrated that they could change their behaviour and participate actively in reducing the harm of drug use. Other countries have had similar experiences, noting that the principle of harm reduction, combined with inclusion and empowerment strategies, leads to good results.

Fifteen years ago, the global community decided to take the bold step of rolling out HIV treatment. It was a real challenge and there were many sceptical voices, but overall, the results are encouraging. However, we are not finished; we need to continue to be bold and courageous and take the prevention challenge seriously so that we may reach the global targets we have set together.

Mr. Gonzalez (Colombia) (*spoke in Spanish*): Colombia is grateful for the convening of this debate and thanks the Secretary-General for his report (A/72/815) and its invaluable recommendations.

This meeting comes two years after the adoption of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, whose goal was to accelerate the response to HIV and set the course for ending the AIDS epidemic by 2030, as part of the commitments made by States with the adoption of the 2030 Agenda for Sustainable Development.

Colombia is aware of the great challenges that remain in the global fight against this epidemic. AIDS remains a public health and development issue, and requires strong political commitment, significant international cooperation and sustained action.

It is gratifying to know that the Secretary-General's assessment indicates that the eradication of AIDS as a public health threat by 2030 is a goal within our reach. However, the report itself makes an unequivocal appeal; the slow rate of progress in reducing new infections highlights the shortcomings and problems that we must address in order to achieve our ultimate goal.

It therefore seems important to recall our commitments and to carefully consider the Secretary-General's recommendations. First, we must undertake a campaign to scale up HIV detection and achieve the 90-90-90 targets related to 2020 targets for knowledge, diagnosis and therapy. Secondly, the high-level meeting of the General Assembly on tuberculosis — the first in the history of the Assembly — to be held in September offers a historic opportunity to intensify efforts to end tuberculosis and other associated infections and will also serve as a platform to accelerate the response to tuberculosis, including HIV-related tuberculosis. Thirdly, we must safeguard human rights and promote gender equality by using people-centred service delivery models and supportive legal and policy frameworks.

The actions undertaken by Colombia have been approached from a rights-based perspective so as to promote respect for human rights within the community. Hence, our country recognizes that sexual and reproductive rights are inviolable human rights that must be recognized, promoted and protected for all people without any kind of discrimination.

Finally, it must be recognized that the fight against this epidemic presents major challenges for States, particularly in financial terms, and that resources for public health are scarce and compete with other priorities. Innovative international cooperation strategies are essential in order to accelerate progress in the global response to HIV, including the transfer and dissemination of technology on favourable terms, including concessions and preferential terms for developing countries.

We are convinced that we still have a lot of work ahead of us, at both the national and international levels. That is why Colombia today reaffirms its political commitment to the fight against HIV/AIDS, with a view to eliminating the epidemic by 2030.

Mr. Arrocha Ruíz (Panama) (*spoke in Spanish*): Two years after the adoption of resolution 70/266, entitled "Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030", by which we proposed a road map aligned with the 2030 Agenda for Sustainable Development, we can say that without a doubt we have made progress. Panama is fully committed to the Declaration and to the global actions taken in favour of human rights and zero discrimination and stigma, with the aim of ensuring that all people live in conditions of respect and dignity.

The country's commitment to ending this public-health threat has extended throughout the region and world since 2015, when the First Lady of the Republic of Panama, the Honourable Lorena Castillo de Varela, was appointed Joint United Nations Programme on HIV/AIDS (UNAIDS) Special Ambassador for AIDS in Latin America. In that role, she has, as the Global

Spokesperson for the Zero Discrimination Movement, spearheaded major efforts and become a prominent voice for inclusion and respect.

We welcome the Secretary-General's report (A/72/815) entitled "Leveraging the AIDS response for United Nations reform and global health". It puts into perspective the significant strides made in fulfilling the commitments to reduce the number of AIDS deaths and improve access to treatment, and it underlines the challenges posed by HIV to achieving the 90-90-90 targets, a commitment that my country maintains at the highest political level.

As part of our national efforts, we founded a commission for the prevention and control of the human immunodeficiency virus, a forum in which public institutions, civil society and cooperating agencies have created synergies to assist the affected population and those at risk, because we believe in the value of collective efforts to achieve the accelerated-action approach. Moreover, we have created awareness-raising campaigns, such as Tests that Save Lives and on zero discrimination, that strive to inform the public of the importance of getting tested — something that is also offered free of cost with a view to reducing the rate of transmission and death.

As the Secretary-General's report notes, the elimination of mother-to-child transmission of human immunodeficiency virus remains an achievable goal. It is with that in mind that we have launched an initiative entitled "The best test of your love", which aims to contribute to the elimination of mother-to-child transmission of HIV. Furthermore, given that the Office of the First Lady emphasizes the importance of women assuming leadership roles in order to ensure the development of programmes and policies that meet their needs in the response to HIV, the mobile clinic programme "Love on Wheels" is also being promoted, with a view to preventing and making timely diagnoses of HIV and breast cancer in hard-to-reach rural areas and in the most remote and vulnerable indigenous communities of the country.

As I am aware of the tragic and incalculable price that humankind and society have had to pay for this pandemic, I cannot forgo saying that beyond the goal of ending AIDS — meaning the complete eradication of the human immunodeficiency virus, which causes AIDS — must be the higher goal of our efforts. I am honoured that our delegation today includes Dr. Adán Ríos, an internationally renowned Panamanian oncologist, who has devoted tremendous efforts to the development of a preventive inactivated vaccine against HIV, emulating past efforts with respect to other infectious diseases such as measles and polio.

The global struggle against that scourge inspires us. To that end, and motivated by the possibility of kick-starting additional efforts to save lives, Panama would like to bring to the attention of the Assembly the proposed "Manhattan Project", a collective and collaborative effort in which all States would contribute to promoting the development of a preventive HIV vaccine. Today it is within our power to make a difference, and future generations will remember the moment when men and women joined forces under the umbrella of the United Nations, pooling their talent, ingenuity and scientific and human efforts in order to achieve that lofty goal.

Panama is firmly committed to accelerating the response to HIV in order to achieve the fast-track 90-90-90 targets and zero discrimination by 2020, as set forth in the Political Declaration, and we are making progress in that direction. In those efforts, UNAIDS is, and will continue to be, a strategic ally of my country, and we recognize the value of its collaboration.

In conclusion, it is imperative, now more than ever, that we be the change we wish to see.

Mr. Lauber (Switzerland): Allow me to begin by echoing the sentiments expressed by our colleague from Brazil this morning, as well as my hope that the rather low attendance at this morning's meeting does not reflect on our common effort to implement our common strategy to end the HIV/AIDS epidemic by 2030. We clearly need to do better and focus our efforts and engagement if we want to succeed with the fast-track strategy that we adopted two years ago in resolution 70/266 and end the epidemic by 2030, as promised.

(*spoke in French*)

Let me express our appreciation for the concise and analytical report of the Secretary-General (A/72/815). The recommendations, which we fully support, provide clear guidance on what the focus of the AIDS response needs to be. However, despite the commendable efforts and important progress made to date, we cannot but acknowledge that the implementation of the fast-track approach has not yet reached the level and pace required

to end the epidemic of AIDS as a public health threat by 2030.

Unlike in the situation 20 years ago, the knowledge and tools are available today to end the epidemic. It is therefore high time to fast-track a combination approach to prevention and create access to testing and treatment, and it is equally vital to strengthen human rights and gender equality. In that regard, we wish to underline that the fast-track approach must be undertaken in a way that reduces existing inequalities and ensures that no one is left behind.

Information and services must reach the most vulnerable populations, including women and girls, people who use injectable drugs, men who engage in sex with men, and other key populations, and their rights must be respected and safeguarded. We are particularly concerned at the fact that the level of support for civil-society partners is diminishing rather than increasing, as had been intended in the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, even though they are on the front lines in the fight against HIV.

We encourage the United Nations to continue, through the Joint United Nations Programme on HIV/AIDS (UNAIDS), its multisectoral approach to the fight against AIDS and to guide the work of the entire United Nations system and its partners. Similarly, we encourage the H6 partnership — UNAIDS, UNICEF, the United Nations Population Fund, the United Nations Entity for Gender Equality and the Empowerment of Women, the World Health Organization and the World Bank — to ensure that the HIV/AIDS issue is systematically included in general discussions on health, as it is in those on universal health coverage.

Ms. Turner (Jamaica): The Government of Jamaica reiterates its commitment to the Political Declarations related to HIV/AIDS and their effective implementation towards meeting Sustainable Development Goal 3, specifically target 3.3, to end the AIDS epidemic by 2030.

My delegation recalls the most recent commitment made by our Heads of State in this Assembly Hall in 2016, on the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030. We welcome the opportunity, at this halfway juncture, to share the progress achieved in the national context in attaining the 10 2020 fast-track commitments.

In that regard, we thank the Secretary-General for his report (A/72/815) and note the recommendations therein to support Member States' efforts to reduce AIDS-related deaths to fewer than 500,000 globally, reduce new HIV infections to fewer than 500,000 globally and eliminate HIV-related stigmatization and discrimination — all by 2020.

Since 1982, 35,904 persons in Jamaica have been diagnosed with HIV, 72.6 per cent of whom are still alive. At the end of 2016, an estimated 30,000 persons were estimated to be living with HIV in Jamaica, at a prevalence rate of 1.7 per cent. However, higher prevalence rates are recorded for at-risk groups such as commercial sex workers, inmates and homeless persons.

The accelerated fast-track approach is a valuable tool in achieving the 90-90-90 targets: that by 2020 90 per cent of people living with HIV will know their HIV status, 90 per cent of people who know their status will be receiving treatment and 90 per cent of people on HIV treatment will have a suppressed viral load, so that their immune system remains strong and the likelihood of their infection being passed on is greatly reduced.

Jamaica has recorded progress towards those goals in the following focus areas. Four out of every five persons living with HIV in Jamaica — 88 per cent — know their status. That is the highest percentage in the English-speaking Caribbean and close to the 90 per cent target. This is a strong achievement for the country given that in 2010 epidemiological data indicated that only half of those infected with HIV were aware of their status. That success is attributable to the range of testing options that have been made available, including community outreach approaches, provider-initiated testing and focused services for key populations.

Additionally, the AIDS mortality rate declined from 25 deaths per 100,000 people in 2004 to just over 13 deaths per 100,000 people in 2016, representing a 48 per cent decrease since the inception of universal access to antiretroviral drugs in 2004. Moreover, the mother-to-child transmission rate continued to decline in the three-year period from 2014 to 2016, with 2 per cent of babies being infected with HIV in 2014 and 1 per cent in 2016.

Even as we acknowledge those strides, we remain mindful of and focused on tackling the remaining challenges. In 2016, 2,015 newly diagnosed cases were reported to the Ministry of Health. Of those, 15 per

cent, or 305 cases, were reported to the Ministry for the first time as deaths. That is an indication that despite the immense success in testing in 2016, there is still a need for wider testing.

Significant gaps remain with respect to treatment. In that regard, the Government intends to redouble its efforts to ensure that once diagnosed, people are linked to treatment, retained in care and achieve viral suppression. While significant progress has been made towards achieving the target of ending mother-to-child transmission, there is a lag in the achievement of the key monitoring indicators.

Jamaica supports addressing HIV/AIDS in a comprehensive way, in particular through addressing the overlapping epidemics of HIV and tuberculosis. In that regard, we are pleased to note that the first high-level meeting on tuberculosis will be held later this year, and we support a stronger link between HIV and tuberculosis in the outcome document for that meeting.

The Government of Jamaica is maintaining its focus on a whole-of-Government, whole-of-society, multisectoral approach to tackling the HIV epidemic by engaging persons living with HIV and other stakeholders from civil society and the private sector and international development partners, as well as within the Government. These partnerships have been guided by the national plan and programme to respond to HIV, which was crafted in 1988, and we hope to strengthen existing partnerships while forging new collaboration for the effective implementation of national policies geared at arresting and ultimately eliminating the AIDS epidemic.

My delegation looks forward to hearing the progress achieved by other member States in the implementation of the Declaration of Commitment on HIV/AIDS and remains available for continued exchanges on best efforts to end the AIDS epidemic by 2030.

Mr. Dludlu (Eswatini): Permit me at the outset to express my delegation's gratitude at the initiative taken to host the annual review on the implementation of the 2016 Declaration of Commitment on HIV/AIDS. As this is the midway point in attaining the 2020 fast-track targets, it provides us all with an opportunity to assess our progress relative to our targets and to learn from and appreciate one another's efforts to that end.

On behalf of the delegation of the Kingdom of Eswatini, let me express my country's appreciation at the actions that have been undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in mobilizing political commitment at the very highest levels and in engaging the global community, in particular the donors that rallied around the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. The work achieved in that regard is laudable indeed.

The results that have been achieved in the AIDS response in Africa have been extraordinary. They are attributed to a number of factors, including the dynamic leadership shown by UNAIDS combined with the political will and leadership of States, which has effectively coordinated and driven the global fast-track response to date.

The Kingdom of Eswatini remains highly committed to ending AIDS in our country by 2022. That is eight years ahead of the schedule as set in the global goal. Through the leadership of His Majesty King Mswati III, the country is on track to achieve that goal. In 1999, His Majesty declared HIV/AIDS an emergency in the Kingdom and channelled the resources necessary to combat this scourge. That contributed to halving new infections notably over the past five years, from 2.8 per cent in 2011 to 1.36 per cent in 2016 — a 44 per cent reduction. There was also a significant drop in AIDS-related deaths, from 4,767 in 2010 to 3,315 in 2015 and 3,178 in 2018. That resulted in Eswatini being one of only a few countries that have achieved viral suppression of 91.9 per cent among people on antiretroviral treatment.

In conclusion, I would like to take this opportunity to renew the commitment of the Kingdom of Eswatini to strengthening its efforts to attain the fast-track AIDS response in order to achieve the 2020 prevention targets and the Goals of the 2030 Agenda for Sustainable Development.

Mr. Sisa (Botswana): Botswana commends the President of the General Assembly at its seventy-second session for convening today's plenary meeting on the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS.

Botswana aligns itself with the statements delivered earlier today by the representatives of Kenya, on behalf of the Group of African States, and Tanzania, on behalf of the Southern African Development Community.

With bold ambitions at the heart of its HIV pathway, Botswana is on the cusp of a historic achievement with regard to epidemic control, thereby ensuring an HIV-free future for itself, as envisaged in its National Vision 2036. In June 2016 our former President Mr. Seretse Khama Ian Khama launched our Treat All strategy in another demonstration of Botswana's political commitment to responding to HIV and AIDS. By the end of December 2017, of our people living with HIV, 86 per cent — 323,385 — knew their HIV status; 84 per cent — 317,945 — were on life-saving treatment and 81 per cent — 306,817 — had suppressed the HIV virus in their bodies. These numbers will ensure that people living with HIV/AIDS will remain healthy and will greatly contribute to preventing the transmission of new HIV infections.

Both the Government and its partners have put in place initiatives to fast-track 90-90-90 targets and bring the epidemic under control. The measures include targeted HIV testing for populations such as patients with sexually transmitted infections, patients with tuberculosis, inpatients and potentially HIV-positive mothers for whom preventing mother-to-child transmission is important, as well as key populations such as female sex workers and men who have sex with men; new innovations such as community testing, which includes home-based and index testing and HIV self-testing; the promotion of youth-friendly HIV testing services to appeal to young people, and the integration of approaches to HIV, sexual and reproductive health, tuberculosis and non-communicable diseases.

Other game-changing strategies that we have embarked on include promoting and providing voluntary medical male circumcision; comprehensive condom programming and social marketing; intensifying social and behavioural change interventions; addressing structural drivers and other cross-cutting issues such as gender-based violence, alcohol and substance abuse and strengthening linkages to services. In addition, health facilities are providing integrated services that are easily accessible to key populations. Services such as antiretroviral treatment, the management of sexually transmitted infections, and condoms and lubricants are provided to civil-society organizations working with such populations. Pre-exposure prophylaxis is currently available through private service providers and is used as an additional HIV-prevention strategy.

Notable success has been made on the prevention of mother-to-child transmission of HIV, with an uptick of 96 per cent in 2017, pointing to the virtual elimination of mother-to-child transmission, which now stands at 1.4 per cent, as a possibility in our generation. Despite those select successes, however, the most recent evidence indicates a slight increase — 4 per cent — in new HIV infections, from 13,208 in 2010 to 13,799 in 2017. Furthermore, 61 new HIV infections occur every week among adolescent girls and young women. There is therefore an urgent need to revitalize HIV prevention alongside treatment, with a particular focus on adolescent girls and young women between the ages of 10 and 24 and on key populations. Other indications are that 67 per cent of women 18 years and older experience gender-based violence, while our national teenage pregnancy rate is 9.7 per cent. Men who are 35 and older need special attention, as men generally test for HIV and start treatment later in life than women.

Botswana's national strategic framework for HIV and AIDS from 2018 to 2023, which is currently being developed, is an opportunity for a major strategic shift and thrust on revitalizing primary HIV prevention. That is strongly supported by our Government's recent paradigm shift to primary health care for its general health-care delivery. Our recent joining of the Global HIV Prevention Coalition and active involvement in the Southern African Development Community's agenda on revitalizing HIV prevention are other new decisions that will help to ensure that we can control the epidemic.

Botswana's high-level political commitment remains unequivocal. In his inaugural address on 1 April, President Mokgweetsi Masisi announced that HIV/AIDS would be one of his Government's priorities, and he has called for renewed attention to the manner in which it responds to HIV and AIDS. Besides that, the Government of Botswana continues to invest in its HIV response and contributes more than 57 per cent of its total health budget to HIV/AIDS. Botswana is committed to integrating and linking its approaches to HIV and tuberculosis, sexual and reproductive health services and cervical cancer and maternal and newborn and child health services. That will help to address our high tuberculosis burden and high maternal mortality rate, with a view to meeting our reduction target of 21 per 100,000 live births. Like other countries with a high prevalence of HIV, Botswana is also facing ever-increasing epidemics of other chronic infections such as hepatitis B and C and other non-communicable diseases (NCDs). We have undertaken actions to address such

chronic infections, especially non-communicable diseases, through our just-completed NCD national strategy. Some of the challenges we face in ending the epidemic include inadequate investment in interventions for changing social behaviour, a proliferation of illicit habit-forming drugs and underresourced civil-society and community-based organizations competing for financial and human resources.

In conclusion, Botswana reaffirms its commitment to implementing the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS and to ending the AIDS epidemic by 2030.

Mr. Xu Zhongsheng (China): The world is at a critical juncture in the global response to the HIV/AIDS epidemic. We must review our joint efforts and determine where we are in the process of implementing the Declaration of Commitment on HIV/AIDS and achieving our targets by 2020. Today's meeting will help us to intensify our efforts and create a world for future generations in which the AIDS epidemic will no longer be a public-health threat, as we promised in the 2030 Agenda for Sustainable Development.

The Chinese Government welcomes and endorses the report of the Secretary-General (A/72/815). We are responding positively to the call in his report to further consolidate our efforts and ensure the end of the AIDS epidemic. China has maintained a strong political commitment to its response to the HIV/AIDS epidemic. With respect to the global 90-90-90 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS), our national coping strategies follow the plan of action to continue to prevent AIDS in China.

China is a member of the Global HIV Prevention Coalition and has given top priority to prevention in the outline for its Healthy China 2030 plan. We have made steady progress in responding to the ever-changing HIV epidemic. HIV infection through blood transfusions and blood products has largely been stopped. The rate of new reports of injecting drug users has dropped from 19.1 per cent in 2010 to 3.4 per cent in 2017, bringing international praise for China's injury reduction intervention programme. In China, all pregnant women enjoy free AIDS screening services, and infected pregnant women and their infants enjoy free intervention services for preventing mother-to-child transmission. Treatment services for people living with HIV are also steadily under way and cover 80 per cent of the population in need. With the expansion of treatment services, the number of fatalities caused by HIV has also dropped dramatically. In order to further expand services and ensure that no one is left behind, China has established an innovative fund aimed at enabling social organizations to participate in such activities. The Chinese Government provides financial support through community groups in order to promote a wider range of outreach services for people in hard-to-reach areas and at a high risk of infection. We would like to thank UNAIDS for its technical support in operationalizing this fund.

Among other things, China is also playing a role in helping other countries achieve the fast-track targets by 2020 by offering training and learning opportunities for personnel, creating innovative health products and fostering South-South cooperation with a view to enhancing the health system. Such measures, based on the principle of development focused on win-win cooperation, have contributed to the joint efforts to build a world with universal health coverage. Like many other countries, China faces a multitude of challenges itself, notably those related to the difficulties of preventing and controlling HIV transmission. China would like to take this opportunity to thank UNAIDS for its leadership and close cooperation with China. We appreciate its efforts in uniting worldwide efforts to achieve the fast-track targets for 2020 and ending the public health threat of the AIDS epidemic by 2030.

Mr. Sandoval Mendiolea (Mexico) (*spoke in Spanish*): Mexico appreciates the Secretary-General's introduction of his report (A/72/815) on the progress achieved in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS. We welcome the progress achieved at the global level in meeting the 10 commitments in the 2016 Political Declaration on HIV/AIDS, in which my country joined with determination. However, we want to emphasize the importance of revitalizing the proposed action for ending HIV, and on the need for coherent and coordinated work by the United Nations system in the implementation of the 2030 Agenda for Sustainable Development to achieve the related Goals. We agree that despite progress, challenges remain in the areas of universal health coverage, access to sexual and reproductive-health services and medical care for key populations, where the epidemic continues to be concentrated.

I would now like to highlight some of Mexico's progress in relation to the topic. Given the time

constraints, I will focus only on those commitments where we have made major advances. Mexico has had a national policy for universal and free access to HIV/AIDS treatment since 2003. We consider health care an inalienable human right. To that end, we have invested in our national response to HIV, which aims to guarantee universal and free medical care for those affected by the virus. The national programme for HIV and other sexually transmitted infections views them as an important part of the medical care process in its strategies.

Prevention should be the focus of our response. In our national experience, preventive policies are cost-effective by comparison to other interventions for controlling HIV/AIDS. In Mexico, we achieved an 89 per cent increase in federal investment in combined HIV prevention projects between 2013 and 2018, for which we received international recognition from the Joint United Nations Programme on HIV/AIDS (UNAIDS) for our best practices. We also recognize that detection is fundamental. We believe that targeted testing among key populations identified in individual societies is a better investment of resources than massive generalized testing. It not only identifies key groups, but it is also more effective in reaching people living with HIV and getting them treatment, in line with the 90-90-90 initiative. The number of people in Mexico diagnosed with HIV increased from 43 per cent to 57 per cent from 2013 to 2016, which represents progress and shows that detection is an important factor in providing HIV care. In order to eliminate new HIV/AIDS infections, my country aimed to reduce the number of new cases by 84 per cent by the end of 2018. The preliminary figures for 2017 showed that we already had seen a 40 per cent decrease. Our main task in achieving the planned reductions will be to increase HIV detection in pregnant women.

Recognizing that inequalities and barriers to effective access to health services for the entire population still persist, Mexico made a commitment to developing a protocol for care for lesbian, gay, bisexual, transsexual, transvestite, transgender and intersex (LGBTI) people as part of our national day against homophobia in May 2017. The protocol and specific guidelines for non-discriminatory access to health care services for LGBTI people were developed based on international recommendations and have also been singled out as a best practice by UNAIDS.

My country is fully committed to working for the rights of adolescents and their development. In that regard, in February 2016 we issued our national strategy for preventing adolescent pregnancy with the aim of guaranteeing access to sexual and reproductive-health services, preventing sexually transmitted infections and promoting a self-care lifestyle among young people. That strategy aims to reduce the pregnancy rate among teenagers aged between 15 and 19 by 50 per cent and to end pregnancies among girls aged 14 or under by 2030.

The co-morbidity of HIV and tuberculosis is also an extremely important issue, as it is a leading cause of death among HIV-positive people, and we therefore test everyone with HIV for tuberculosis, and vice versa.

Mexico realizes that there we still have a long way to go in meeting our commitments in the fight against HIV/AIDS, and in that regard we reiterate our commitment to the effort and concur with the Secretary-General's report that the joint United Nations approach to the fight against AIDS, together with the United Nations comprehensive reform initiative, will provide opportunities to accelerate progress towards ending the epidemic and achieving the Sustainable Development Goals.

Mr. Ry Tuy (Cambodia): It is my great honour and privilege to address the General Assembly on behalf of the Royal Government of Cambodia. My Government welcomes this important opportunity to assess the progress made in realizing the 10 commitments made in the 2016 Political Declaration on HIV and AIDS. The Political Declaration has played a crucial role in scaling up the HIV response in Cambodia. Among the results that have been achieved, I would like to underscore the following.

In 2017, an estimated 70,000 people were living with HIV in Cambodia. The prevalence of HIV among the general population decreased from 1.8 per cent in 1998 to 0.6 per cent in 2016. New HIV infections fell from an estimated 20,000 in 1996 to 654 in 2017. In 2017, 81 per cent of pregnant women living with HIV were provided with services to prevent mother-to-child transmission of the virus. Cambodia has attained the highest antiretroviral therapy coverage in the region among low- and middle-income countries, with 97 per cent — 58,315 — of the estimated number of people living with HIV/AIDS who know their status on antiretroviral therapy at the end of 2017. AIDS-related deaths decreased from an estimated 9,000 in 2002 to

1,594 in 2017. Cambodia is one of the seven countries in the world that reached its 90-90-90 targets in 2017. In May we approved a law on compulsory licensing that will ensure Cambodia's access to affordable medicines for HIV and other communicable and non-communicable diseases. The Royal Government of Cambodia has committed to funding $2.2 million annually for antiretroviral and human resources for the period from 2018 to 2020. Our successful HIV programme has emerged from a sound policy and strategic framework that dates back more than two decades. Our national strategies and goals complement our legal framework, generally helping to create an enabling environment for HIV response.

We have been able to achieve this success through our high-level political and multisectoral commitment; strong collaboration between the Royal Government of Cambodia, civil society, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its sponsors and development partners; and our early adoption of preventive measures, including 100 per cent condom-use policy, innovative community-led testing and rapid scaling up of access to treatment. Besides this work to create an enabling environment, we also initiated efforts to increase local ownership of the HIV and AIDS programme, such as integrating HIV and AIDS in our village-commune safety policy, developing standard operating procedures for integrating HIV and AIDS into commune development plans and enrolling poor people living with HIV/AIDS in our ID Poor identification process.

Those achievements have been heavily dependent on external financial and technical support. International investments amounted to 82 per cent of financing for our HIV response in 2015. Analysis conducted in 2017 by UNAIDS showed that donor support was likely to continue to diminish in the coming years. In recognition of the impending transition, a national sustainability technical working group, co-chaired by our national AIDS authority and UNAIDS, was created. Under the overall leadership of the national AIDS authority, UNAIDS facilitated a transition readiness assessment that identified major HIV transition and sustainability risks in the areas of service delivery, cost and financing and the engagement of civil society. They included high dependence on external funding for treatment and prevention services for key populations; a lack of funding enabling civil society to operate effectively, which erodes the established capacity for advocacy; the urgent need to strengthen health information systems and national capacities for forecasting and procuring drugs and commodities.

Just 12 days ago, on 30 and 31 May, with UNAIDS support, national stakeholders, including representatives of the Royal Government of Cambodia, civil society, academia, United Nations organizations, development partners and people living with and affected by HIV gathered to formulate actions to mitigate the risks that have been defined and develop a road map for a sustainable AIDS response. With that, Cambodia is the first country in the Asia-Pacific region to develop a road map for a sustainable AIDS response. The sustainability road map, which includes a matrix of recommendations to be implemented over the next 10 years to mitigate risks in the short and medium term, will serve as a platform for developing the next national strategic multisectoral HIV plan for the period from 2019 to 2023.

Although the Royal Government of Cambodia has been gradually increasing domestic funding for AIDS response, programmes focused on key populations will still need more investment, as they have been fully funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and established by civil society. In 2017, 60 per cent of female entertainment workers, 56 per cent of men who have sex with men and 80 per cent of transgender people were provided with HIV prevention services, while 33 per cent of people who inject drugs were provided with harm-reduction services. In other words, it is community-based prevention programmes for key populations that suffer the most when donors transition away from investing in AIDS response in Cambodia. In the light of that issue, Cambodia would like to request that UNAIDS and its sponsors and other international partners maintain their focus not just on fast-track countries but also on countries that are very close to reaching the end of AIDS as a public-health threat, but that face challenges in closing their financial gaps. Scaling back development assistance in Cambodia puts at risk those in greatest need and jeopardizes our collective progress towards a global vision of zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination.

Following the adoption of the 2030 Agenda for Sustainable Development in which we committed to leaving no one behind, the Royal Government of Cambodia has set itself the ambitious goal of ending AIDS as a public health threat by 2025, five years

before the globally agreed date. In conclusion, I would like to reiterate my Government's strong commitment to accelerating the pace of progress in fighting AIDS and to the 2016 Political Declaration on HIV and AIDS.

The Acting President: We have heard the last speaker in the debate on this item for this meeting. We shall continue the debate this afternoon in this Hall, following the conclusion of our consideration of agenda item 35, entitled "Protracted conflicts in the GUAM area and their implications for international peace, security and development".

The meeting rose at 1.10 p.m.