



General Assembly

Seventy-third session

86th plenary meeting
Monday, 3 June 2019, 10 a.m.
New York

Official Records

President: Ms. Espinosa Garcés. (Ecuador)

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

Agenda item 11

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

Report of the Secretary-General (A/73/824)

The President (*spoke in Spanish*): When it first began, the AIDS epidemic was marked by despair, fear and exclusion. Today, however, thanks to the extraordinary collective action that has been taken all over the world, we can affirm that its end is within reach. I would like to highlight the crucial role that the General Assembly has played in keeping the commitment to the fight against HIV/AIDS at the centre of international attention, setting and following up on ambitious objectives, including the 2030 Agenda for Sustainable Development, in which we pledged to eradicate the epidemic by 2030. I thank the Secretary-General for the comprehensive report he has submitted (A/73/824), which will be extremely useful during our deliberations.

The enormous achievements made in the response to HIV/AIDS in the past few decades, under the strong leadership of the Joint United Nations Programme on HIV/AIDS, is one of the best examples of multilateralism in action. It is certainly an indication of what we can achieve when we band together around a common cause. Thanks to those collective efforts, what was not long ago a death sentence has become a chronic disease when, of course, people have access to antiretroviral

therapy. In 2017, a record number of 21.7 million people living with HIV received antiretroviral therapy, that is, five and a half times more people than just 10 years ago. We have also prevented children from being born with HIV when their mothers have access to the necessary prophylaxis. In fact, a growing number of countries have eliminated mother-to-child transmission of the virus altogether.

Those remarkable results have made a critical difference in the lives of millions of men, women and children. However, there is no room for complacency or for letting our guard down. On the contrary, this is the time to intensify efforts to meet the agreed targets, especially considering that progress has not been equal in every country or region, and many may not reach the 2020 targets set in the 2016 Political Declaration on HIV and AIDS, which in turn would affect the achievement of the Sustainable Development Goals.

In order to win the battle against AIDS, it is essential to meet the 90-90-90 targets by expanding access to HIV testing and antiretroviral therapy. It is also essential to implement specific initiatives to ensure that key populations that are especially vulnerable to HIV have access to comprehensive services to prevent and treat the virus. We will not be able to end the AIDS epidemic if people continue to be stigmatized, discriminated against and neglected. We must empower all individuals and communities to protect themselves from HIV and thereby mitigate the impact on those who contract it. This means ensuring gender equality and the empowerment of women and girls, providing comprehensive youth education and sexual and

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reproductive health services and eliminating gender-based violence and the normative and structural barriers that impede access to HIV-related services. Indigenous peoples, migrants and refugees must be included in efforts to halt the epidemic if we are to make good on our commitment to leave no one behind.

Countries' access to new technologies and the most innovative and effective tools for prevention and treatment is crucial. We must continue to strengthen strategic partnerships between Governments, international organizations, the private and academic sectors and civil society, as well as people living with HIV/AIDS. And, of course, it is essential that we close funding gaps. We need greater commitments from donors and we must mobilize national resources in order to reach the investment goal by 2020. The next Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which will take place in October in Lyon, France, will be decisive for regaining momentum and securing sufficient funds for the coming years. I also want to note the direct link between this subject and the upcoming high-level meeting of the General Assembly on universal health coverage, which will be a hugely important opportunity to improve on and take advantage of the progress we have made. We must do our best to ensure that HIV services are included in comprehensive health-benefits packages.

We still have time to take the urgent and necessary measures that will enable us to fulfil the promise of an AIDS-free world by 2030. We owe it to the millions of people we were unable to save to continue to make headway in this endeavour, and it is the best possible legacy we can pass on to generations to come.

In accordance with rule 70 of the rules of procedure of the General Assembly, I now give the floor to Ms. Maria Luiza Ribeiro Viotti, Chef de Cabinet of the Executive Office of the Secretary-General, to make a statement on behalf of the Secretary-General.

Ms. Viotti: When AIDS was first identified more than 30 years ago, the suffering and death seemed unstoppable. With no sign of treatment or cure, people died rapidly in huge numbers, and stigma was rife, adding to the trauma. But alongside the shock, we also saw the stirrings of a great global movement that encompassed communities, health workers, medical professionals, donor Governments and our own United Nations. The result was a global response that is still

making remarkable progress. AIDS-related deaths have fallen by nearly half since their peak in 1996. Nearly 8 million deaths have been averted since the year 2000. Three quarters of people living with HIV now know their status. Some countries have eliminated mother-to-child transmission of HIV, while many more are close to doing so, which is a major public-health triumph. The end of paediatric AIDS is within reach.

That progress has been made thanks not only to health professionals, donors and administrators. Much of the work has been done by communities themselves. The effective prevention and treatment of HIV/AIDS starts with fighting stigma and discrimination, promoting respect and dignity for all, educating people and enabling them to make choices about their lives. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been at the forefront of all our efforts to end the AIDS epidemic, and I thank Michel Sidibé and the dedicated staff of UNAIDS for their commitment over the past 10 years.

In 2015, all countries signed up to the 2030 Agenda for Sustainable Development, which includes a commitment to ending AIDS by 2030 and a target for expanding the delivery of community-led services. In order to achieve that, we will have to address the remaining challenges with urgency and commitment.

First, progress on reducing HIV infection is uneven across regions. For example, in Eastern Europe and Central Asia there has been a 30 per cent increase in new infections since 2010. People living with HIV must have access to life-saving treatment no matter where in the world they live.

Secondly, some 15 million people living with HIV are still not receiving treatment. When people hide their condition or are not aware of it, they can miss out on health services and on ways to prevent further infections. In many cases, that is related to the stigma and discrimination they face. As everyone here knows, stigma kills. Laws and policies that criminalize HIV transmission, sex work, personal drug use or sexual orientation are obstacles to treatment that saves lives and stops further infections. We must step up our efforts to ensure that no one faces shame or punishment for their HIV status. Effective policy means reaching out to the most marginalized and vulnerable, from sex workers to undocumented immigrants, and offering them the vital help they need.

Thirdly, HIV/AIDS continues to have a disproportionate impact on women and girls. In the hardest-hit countries, adolescent girls account for more than 80 per cent of new HIV infections in their age group. Globally, AIDS-related illnesses are the leading cause of death among women and girls aged between 15 and 49. We must do far more to address the gender inequality and the harmful gender stereotypes that increase vulnerability to HIV infection. Ending AIDS is about righting power imbalances as well as about health services. And we have to increase efforts to end all forms of violence against women and girls, which is possibly the greatest contributor to their vulnerability.

Looking ahead, let us make the most of the opportunity that the high-level meeting on universal health coverage on 23 September offers to make sure that all countries are on track to meet the 2030 targets for HIV/AIDS. I call on the Assembly to push for progress on comprehensive HIV services, additional public health and social protection services and measures that end stigma and discrimination. We must redouble our efforts if we are to fulfil the pledge to end AIDS by 2030, in just over 11 and a half years. The challenges that remain show that we still have far to go. The remarkable progress made so far shows that we can do it.

The President (*spoke in Spanish*): I thank Ms. Viotti for her statement on behalf of the Secretary-General.

Ms. Bird (Australia): Today's meeting provides an opportunity both to take stock of progress and to reiterate our commitment to meeting our target and ending the HIV epidemic by 2030. I am speaking on behalf of Canada, New Zealand and Australia (CANZ). We think that today should be about celebrating the gains that have been made. HIV/AIDS no longer features in the World Health Organization's top-10 list of leading causes of death, and new HIV infections have declined by 47 per cent since the peak of the epidemic in 1996. But we must also remember that the HIV epidemic remains a critical challenge. The most recent data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that 36.9 million people globally are living with HIV. Every week, around 7,000 young women become infected, and in 2017 there were 940,000 deaths. Current rates of decline of HIV infections are too slow, and some countries are experiencing rising incidence.

We are deeply concerned about the fact that it is increasingly difficult to reach a consensus on the issues

of sexual and reproductive health and rights and on ending stigma and discrimination against marginalized populations. Those issues are at the very heart of an effective HIV response. Compassion, understanding, respect and partnership with key populations are critical to an effective approach. The 2016 Political Declaration on HIV and AIDS 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 that facilitating the right of key populations to access prevention, diagnosis and treatment can be achieved only by ending stigma and discrimination and resisting criminalization.

While the 2016 Political Declaration represented significant progress when it was adopted, CANZ firmly reiterates that it outlines the minimum response needed to end the HIV epidemic. Further to the recommendations contained in the Secretary-General's report (A/73/824), and ahead of the high-level meeting on universal health coverage, it is essential that efforts to achieve universal health coverage encapsulate a comprehensive HIV response and strong community engagement, anchored in primary prevention. That integrated approach to health is vital and has helped to drive a decline in tuberculosis-related deaths among people living with HIV. If we do not approach epidemics such as HIV through the lens of building strong health systems with access for all, we will fail to meet the needs of the communities we serve. We also need appropriate funding for the HIV response, including support for countries transitioning to domestic public spending.

CANZ would like to acknowledge the valuable role of UNAIDS in convening the HIV/AIDS community and driving the global response. We thank the individual staff for their tireless efforts.

It is the firm belief of the CANZ countries that we can end this epidemic only through understanding, respect and partnership with key populations, not through discrimination, stigma and criminalization.

Mr. Mabhongo (South Africa): I have the honour to deliver this statement on behalf of the member States of the Southern African Development Community (SADC): Angola, Botswana, Comoros, the Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles,

the United Republic of Tanzania, Zambia, Zimbabwe and my own country, South Africa.

On behalf of SADC, I would like to express our gratitude for the Secretary-General's report (A/73/824) and to update the Assembly on our collective implementation of the Political Declarations on HIV and AIDS. The report paints a positive picture with regard to the gains that Member States have made in the last 10 years. Many countries have achieved tremendous milestones, including the elimination of mother-to-child transmission of the HIV virus. The report also alerts us that we are facing another unique window for making even greater gains, through the growing movement to achieve universal health coverage. We are also pleased to see that the report outlines the important steps that Member States still need to make, especially within the context of the 90-90-90 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

It is no secret that SADC's region has the world's highest HIV/AIDS burden and that many of those infected run the risk of being left furthest behind. The key populations vary within the countries of the region, and Governments design and implement strategies that work for their individual cases. However, that is in addition to the region-wide Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations adopted by our Ministers of Health in 2017. The Regional Strategy serves as a guide for member States in designing and implementing appropriate sexual and reproductive health programmes and programmes for HIV prevention, treatment and care for key populations that meet their needs. It is also focusing on the major issues that have to be addressed at the policy, legal, institutional and facility level.

Since the adoption of the 2016 Political Declaration on HIV/AIDS, SADC countries have made tremendous achievements in combating the disease. Our countries have recorded higher levels of testing across the board, and in Botswana, Eswatini and Namibia testing has nearly reached or has surpassed 90 per cent, in line with the UNAIDS targets. Similar achievements have been recorded in the treatment of HIV, with Malawi, Lesotho and South Africa recording high rates of treatment and steadily working towards the 90-90-90 targets. That trend is being seen across many SADC member States, and I can assure the Assembly that this commitment will continue. The Assembly can also rest assured that we are not only seeing those efforts in individual

countries but through cross-border initiatives as well. With the assistance of the Global Fund to Fight AIDS, Tuberculosis and Malaria, SADC has been able to set up and operate cross-border clinics to cater to mobile communities, some of which are key populations in our region. Figures from that initiative indicate that over this period the initiative has increased the percentage of key populations — truck drivers, for example — who are getting tested and accessing treatment and information on prevention measures.

Underpinning those achievements is our Governments' commitment to the principles of universal health coverage, particularly the need to provide basic and essential health care that does not cause financial hardship. And despite working with a myriad of challenges, SADC member States have prioritized investments in the health sectors at every level. Political will has been essential to focusing those investments on the right interventions, and SADC's leadership has shown once again that it considers the health of the region to be of paramount importance.

SADC looks forward to the political declaration on achieving universal health care that the General Assembly is currently discussing, and especially to a strong, action-oriented and collaborative declaration that includes elements that are important to our region, such as financing the health agenda through all available resources, including official development assistance; access to quality and affordable essential medicines, vaccines, diagnostics and health technologies; and a strengthened health workforce.

I would now like to make a statement in my national capacity on behalf of the South African delegation.

The year 2019 is an important one in the fight against HIV and AIDS. It is the year before the deadline we set ourselves for the 90-90-90 fast-track targets on the rapid expansion of HIV prevention, testing and treatment services to put us on the right path towards achieving Sustainable Development Goal 3. We set bold targets in 2016, and today we should be evaluating ourselves to determine whether ending AIDS by 2030 is a goal that we can still be optimistic about. I would like to mention a few points on how South Africa has been faring in that regard. In line with the 90-90-90 target, South Africa currently provides nearly 3.5 million people with life-saving antiretrovirals. We have dramatically reduced the mother-to-child transmission of HIV. The Government continues to promote responsible sexual

behaviour, including using condoms, avoiding multiple sexual partners and getting regularly tested. Our understanding of the disease has improved. We now understand that co-infections such as tuberculosis (TB), and the burden of antimicrobial resistance, require an integrated approach. Bringing the care and treatment of TB to the doorstep of vulnerable populations in correctional services and mining towns has contributed to the decline in HIV- and AIDS-related deaths.

However, while we are now experiencing few HIV- and AIDS-related deaths, new infections among young people, in particular adolescent girls and young women, remain a serious concern. Those numbers are driven by socioeconomic determinants such as inequalities, gender-based violence, negative social norms and gender stereotypes, the limited provision of HIV services due to shortages of health workers, and numerous other health-system challenges.

In addition to its existing youth-empowerment programmes, the South African Government has launched a She Conquers campaign to alleviate social ills that affect adolescent girls, such as teenage pregnancy and gender-based violence. Scaling up efforts in the implementation of comprehensive sex education is critical. Furthermore, ensuring that all South Africans have shelter, food, water and decent sanitation, addressing gender inequality and ending violence against women and children at home, in the community and the workplace remain priorities for the South African Government.

In the wake of the 2016 Political Declaration, the General Assembly has addressed HIV co-infections and co-morbidity, as we saw with the adoption of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (resolution 73/2) and the first-ever political declaration of a high-level meeting of the General Assembly on the fight against tuberculosis (resolution 73/3). We have come full circle as we embark on the intergovernmental negotiations on universal health coverage, with the principle of leaving no one behind.

Strengthening health systems is fundamental in the fight against HIV and AIDS. As the Secretary-General notes in his report, ensuring universal access to affordable high-quality health services will also make

an important contribution to ending extreme poverty by 2030. Ensuring access to quality, affordable, safe and efficacious medicines and diagnostic tools through the full use of the flexibilities established under the Agreement on Trade-Related Aspects of Intellectual Property Rights is equally important.

The report also highlights how non-discriminatory laws have had a measurable positive effect in addressing the stigma surrounding the epidemic. We have learned that fighting HIV is both a moral and a human rights obligation. We do not have the luxury of discriminating against society's vulnerable and key populations, for denying them access to essential social protection services and programmes because of their origins, race, gender or poverty undermines our core human rights values as well as our common principles.

We welcome the strides made over the past decade in reducing AIDS-related mortality in Africa's eastern and southern regions. The efforts of middle-income countries should be supported by the international community, including through commitments made to the Global Fund to Fight AIDS.

In conclusion, South Africa would like to reiterate its commitment to working with its various partners, including those from civil society and the private sector, to improve efforts in the fight against HIV and AIDS. In that regard, we appreciate the work of UNAIDS and the World Health Organization in assisting Member States in meeting the targets set in the 2016 Political Declaration. We will continue to advocate for a holistic, whole-of-Government, whole-of-society approach to fighting the virus.

Mr. Srivihok (Thailand): Today I have the honour to deliver this statement on behalf of the States members of the Association of Southeast Asian Nations (ASEAN) — Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Viet Nam and my own country, Thailand, at this year's annual review. We strongly reaffirm our region's long-standing commitment to the global effort to put an end to the AIDS epidemic worldwide.

The report of the Secretary-General, entitled "Galvanizing global ambition to end the AIDS epidemic after a decade of progress", as contained in document A/73/824, shows the remarkable progress that countries have made in the past decade, while also highlighting the remaining gaps and challenges and clearly

demonstrating the intrinsic link with universal health coverage, which is an umbrella for the achievement of Sustainable Development Goal 3.

From the Millennium Development Goals to the Sustainable Development Goals (SDGs), and from the 2001 Declaration of Commitment on HIV/AIDS to the 2016 Political Declaration on HIV and AIDS, the international community, including ASEAN, has come a long way. Under the ASEAN Socio-Cultural Community Blueprint 2025 and the ASEAN Post-2015 Health Development Agenda, we have set the clear goal of creating a healthy and caring ASEAN community.

To that end, ASEAN is guided by its 2016 Declaration of Commitment on HIV and AIDS: Fast-Tracking and Sustaining HIV and AIDS Responses to End the AIDS Epidemic by 2030, which aligns with the global commitments embodied in the SDGs. ASEAN will continue to work together and strengthen its efforts to operationalize its Declaration of Commitment and to translate those commitments into action through its work programme on HIV and AIDS for the years from 2017 to 2020. The goal is already in sight.

For ASEAN, the 90-90-90 targets called for in the 2016 Political Declaration — aimed at ensuring that 90 per cent of people living with HIV know their HIV status, 90 per cent of the people who know that they are HIV-positive have access to antiretroviral treatment, and 90 per cent of the people on treatment are virally suppressed — are within reach. ASEAN member States have been working to achieve those fast-track 90-90-90 targets by the year 2020 and have made significant progress. Such achievements propel us to keep improving across the full spectrum of the HIV treatment cascade to ensure a continuum of care, prevent a resurgence of HIV infections and reduce AIDS-related deaths in our respective countries.

One of the keys to our region's success is community-based and people-centred approaches. For instance, I cite our ASEAN Cities Getting to Zero project, which emanates from the 2011 ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths. It has constantly expanded, involving authorities and engaging communities at the local level in the collective AIDS response, particularly including preventing mother-to-child transmission of HIV.

While financing for HIV responses remains a challenge for many countries as financial aid and

international funding continue to decrease, ASEAN recognizes the need to transition to sustainable financing from domestic resources through needs-based prioritization of funding and investment harmonization, among other things, in order to maximize the impact of finite resources.

In fighting the AIDS epidemic we must leave no one behind, especially key, vulnerable populations who are at risk or carry the greatest HIV burden, and the most neglected segments of the population, which are furthest behind and still face stigma and discrimination. That is the only way that health coverage can be truly universal.

To achieve that goal, ASEAN is ready to foster partnerships and international cooperation within and between regions in order to build on the progress made. In that regard, ASEAN welcomes and looks forward to the forthcoming high-level meeting on universal health coverage in September, where we will commit to building a healthier world through strong health systems and universal health coverage in order to ensure access to essential, high-quality medicines and health services for all.

ASEAN remains committed to working with the international community to end the AIDS epidemic by 2030, as set out in the 2030 Agenda for Sustainable Development.

Mr. Condor (Saint Kitts and Nevis): I have the honour to deliver some brief remarks on behalf of the 14 States members of the Caribbean Community (CARICOM). At the outset, we wish to thank the Secretary-General for his report (A/73/824), which illustrates the global progress we have been able to achieve over the past decade, but also provides a sober look at the road ahead if we are to end the AIDS epidemic by 2030.

We are at a critical time in our history. We are months away from 2020, and we have a narrow window of opportunity between now and 2030. The leaders of the Caribbean Community have embraced the 2030 Agenda for Sustainable Development as the foundation of a people-centred approach that promotes the welfare and well-being of people and that contributes to poverty reduction, social inclusion and equity. The post-2015 era presents a policy landscape that will enable us, nationally and collectively, to end the AIDS epidemic by 2030 and HIV/AIDS transmission as a public health threat.

Since the adoption of the first United Nations Political Declaration on HIV and AIDS in 2016, CARICOM Governments and civil society have worked and mobilized to registered the following achievements, which we are proud to announce to the General Assembly today.

The Caribbean region is well on its way to becoming the first region in the world to end paediatric AIDS. Seven Caribbean countries have eliminated mother-to-child transmission of HIV. The annual number of new infections among adults in the Caribbean declined about 18 per cent from 2010 to 2017, and the number of deaths from AIDS-related illnesses declined by 23 per cent over the same period. The region's prevalence rate is moving towards the 0.03 epidemic transition benchmark, having reached 0.05 in 2017.

Our region has been able to accomplish this because we adopted indigenous approaches that are consistent with our political, social and cultural environment. We work primarily through two major frameworks, the road map of the Pan-Caribbean Partnership against HIV/AIDS (PANCAP) Justice for All and the Every Caribbean Woman Every Caribbean Child initiative. We are reminded that they are due in no small measure to the fact that the Caribbean region has pursued functional cooperation in health, education, culture and foreign policy, all essential elements of our integration process.

Notwithstanding those major achievements, we are still seeing recent regional and global statistics that demonstrate that there is much left to be done. We must therefore redirect our efforts to ensure the early diagnosis, testing and treatment of persons living with HIV/AIDS, as prescribed by the 90-90-90 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS); accelerate efforts in sustaining viral suppression for persons being treated for HIV; drastically reduce the number of new infections by at least 75 per cent by 2020 and 90 per cent by 2030; and improve and increase prevention packages adapted to the specific needs of key populations. We must also scale up efforts in the provision of HIV-related services during natural disasters and humanitarian emergencies, and particularly to reduce the prejudice, violence, stigma and discrimination associated with HIV/AIDS and key populations, including female and male sex workers and drug users, among others.

Against that backdrop, we will continue to galvanize efforts among our leaders and health officials and develop and sustain partnerships with civil society and other important stakeholders in the Caribbean. Partnerships with stakeholders such as the Caribbean Public Health Agency, PANCAP, the Pan American Health Organization, the World Health Organization, UNAIDS, as well as the United States President's Emergency Plan for AIDS Relief and the Clinton Foundation, have contributed to our successes and have the potential to help us do what is left to be done to achieve our goals.

We heed the call to achieve the financial sustainability of our goal to end AIDS. However, the Caribbean Community remains resolute in its advocacy against the insidious classification based on gross domestic product for access to concessional funding for HIV and other key health and development areas. As we have insisted, such a classification fails to include other conditions and vulnerabilities that impede our small island developing States and limit the gains that we can achieve in our AIDS and other health-burden responses.

We are now being presented with yet another opportunity to galvanize global efforts to end the AIDS epidemic. The universal health coverage process has gained our focus and priority. We will engage to ensure that the outcome of that process ensures that all people can access high quality health-care services, be safeguarded from public health risk and be protected from impoverishment due to illness.

Finally, we remain committed to the pledges made 18 years ago. We will continue to stand in solidarity with all the regions in the world, particularly those where the epidemic is worsening, to forge ahead to end the HIV epidemic around the world. While the Caribbean endeavours to be the first to reach zero, we will leave no region, no country and no one behind.

The President (*spoke in Spanish*): I now give the floor to the observer of the European Union.

Mr. Gonzato (European Union): I have the honour to deliver this statement on behalf of the European Union (EU) and its member States.

We would first like to thank the Secretary-General for issuing his report, entitled "Galvanizing global ambition to end the AIDS epidemic after a decade of progress" (A/73/824). The report not only acknowledges the progress made in the fight against

the AIDS epidemic, but also rightly points out the remaining challenges.

The report clearly shows that the joint and sustained efforts of all stakeholders to halt and reverse the HIV and AIDS epidemic have proved effective but are not enough. Most importantly, that concise and action-oriented document calls for an accelerated response and gives concrete recommendations to galvanize political will and take action to make the 2020 targets happen. Today's meeting is a good opportunity to reiterate those targets and reaffirm our commitment to reaching them.

HIV/AIDS is a serious disease that continues to impact the lives of millions globally, but HIV is also preventable and treatable. Reducing the ongoing high volume of new HIV infections is critical to addressing the disease. At the same time, access to timely antiretroviral treatment is paramount and allows the reduction of viral loads to undetectable levels, stopping further transmission of the virus.

In order to leave no one behind, we must strengthen the response and ensure universal access to prevention, early diagnostics, treatment and care, including for the most vulnerable. AIDS is still the biggest killer of women of reproductive age worldwide, and we have to pay special attention to preventing mother-to-child transmissions. We should also promote comprehensive sex education to address young people and tackle stigma and discrimination, which are major obstacles to seeking testing and accessing and staying on treatment.

The 90-90-90 treatment targets have set out clear goals for 2020, and with sustained efforts members of the EU and the European Economic Area are on track to meet those goals. Eighty-six per cent of people living with HIV have been diagnosed; 91 per cent of all people diagnosed are receiving treatment; and 92 per cent of all people diagnosed and on treatment are virally suppressed.

Yet the fight is not over. Between 25,000 and 30,000 new cases are reported yearly, and despite the overall decline, HIV rates continue to increase in a third of the EU and European Economic Area countries. Those are alarming statistics. Around 800,000 people were living with HIV in the EU and European Economic Area in 2018, and about 14 per cent of them had not yet been diagnosed. We must focus our efforts on those undiagnosed individuals.

The epidemic continues to disproportionately affect the most vulnerable who are already socially marginalized, such as sex workers, undocumented migrants, people who inject drugs, prisoners and those often affected by multiple infections. As such, health and social policies must work hand in hand to reach those most at risk. We should increase our solidarity with the most vulnerable among us and ensure a stronger focus on prevention strategies, training and health services, including for men having sex with men and transgender people. Strengthening public-health systems is paramount. We welcome the development of national and regional HIV/AIDS strategies to address individual countries' challenges and capacities and the acceleration of plans to achieve universal health coverage. HIV and AIDS can affect everyone, but countries' capacity to respond can vary. We recognize the enormous contribution of the Joint United Nations Programme on HIV/AIDS and its role in advising the global response, providing technical support for developing and implementing programmes and coordinating responses at the country level.

The European Union and its member States are at the forefront of the fight against HIV in partner countries through their long-standing support to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Funding from the European Commission and EU member States represents close to 50 per cent of the total financing for that global health initiative. As a donor since the creation of the Global Fund in 2002, the European Commission has so far contributed €2 billion and will continue its support through an ambitious contribution at the sixth Replenishment Conference, to be held on 10 October in Lyon, France. We want to accompany the Global Fund in its adaptation to the new challenges of global health, notably through greater emphasis on strengthening health systems and achieving universal health coverage.

We must continue investment in research and support the shift towards a patient-centred, integrated approach, as well as ensuring that innovative technologies, products and solutions are available and affordable, particularly for the groups that are hardest to reach. We must support community-based organizations and lobby for an increase in public funding for civil society in order to enhance service provision and advocacy.

In conclusion, I want to emphasize our commitment to supporting action to address HIV and AIDS at home, in

the European neighbourhood and globally, using all the available financial, technical and political instruments.

Mr. Chumakov (Russian Federation) (*spoke in Russian*): We thank the Secretariat for preparing a detailed analysis (A/73/824) of the trends of the past 10 years. We are pleased to see the information on the efforts to combat AIDS, including the 43 per cent global reduction in AIDS mortality. However, the spread of HIV infection remains an acute global health problem and continues to cause economic and human losses. In that regard, we are deeply concerned about the report's data on the increase in this illness in Eastern Europe and Central Asia. Russia is committed to the goals of the Political Declaration on HIV and AIDS adopted by the Assembly in 2016. We are currently implementing a Government strategy to curb the spread of HIV for the period up to 2020. In 2018 we offered free HIV testing for 37.9 million people, or a fourth of our population, and we also tested 2.5 million foreigners residing in Russia. On average, the number of people who have been tested for HIV has increased by 2 million a year, while the rate of new cases of infection has not grown in the past three years. The risk of mother-to-child HIV transmission declined to 1.5 per cent in 2019, while of the more than 99 per cent of HIV-positive children who are under medical observation, 91 per cent are receiving antiretroviral therapy.

Russia is increasing its contribution to international cooperation in this area, including in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS). For many years we have held several international conferences together with UNAIDS on combating this illness in Eastern Europe and Central Asia. Nearly 3,000 people, from 63 countries all over the world, attended the 2018 conference in Moscow. Last year we decided to make a voluntary contribution to UNAIDS of \$17.8 million for the period from 2019 to 2021 in assistance to the countries of Eastern Europe and Central Asia. In total, since 2012 Russia has contributed \$50 million to UNAIDS and \$12 million to bilateral projects. As part of that effort, 1 million people in partner countries were tested for HIV/AIDS, the relevant regulatory framework has been updated and research conducted in the area of prevention and epidemiology.

We are interested in a broad exchange of experience in combating HIV/AIDS, taking national priorities in the area into account. In that regard, we were sorry to see that the authors of the report once again could

not resist putting forward controversial approaches that are not unanimously supported by Member States, including concepts such as so-called harm reduction, universal sex education in schools and so-called sexual rights. Passages criticizing national legislation seem objectionable, including with regard to the criminal prosecution of drug addicts, leading us to question how that message relates to the protection of public health.

Our country is prepared to continue constructive joint work together with interested partners in order to achieve international goals in the fight against HIV/AIDS and to eradicate this illness throughout the world.

Mr. Amayo (Kenya): I have the honour to deliver this statement on behalf of the Group of African States.

The African Group thanks the Secretary-General for his report (A/73/824) on galvanizing the global ambition to end the HIV/AIDS epidemic after a decade of progress, and takes note of its recommendations.

Today we continue to sustain momentum in forging global commitment and partnerships in the fight against HIV and AIDS. Indeed, the 2030 Agenda for Sustainable Development has pledged to leave no one behind. Achieving that target requires the rapid expansion of HIV prevention, testing and treatment, as well as the search for a cure. We applaud the fact that over the past decade the number of people living with HIV on treatment has increased. Changes in behaviour, communications and condom distribution programmes have succeeded in reducing the incidence of HIV infection in a variety of settings and a number of countries, including some of the countries with the highest HIV prevalence in Africa, and have achieved major reductions, particularly in mother-to-child transmission. The ongoing decline in the number of children acquiring HIV is a major breakthrough. That progress shows that we have the potential to bring about the end of paediatric AIDS in the near future. Globally, deaths from HIV/AIDS-related illnesses among people of all ages and HIV infections among children have fallen by nearly half and new infections among adults have declined by 19 per cent.

In sub-Saharan Africa, the decline in child mortality, combined with ongoing high fertility rates, has created a situation in which children and young adults make up a very large part of the overall population. We are concerned about the fact that this huge youth bulge is not being consistently reached by HIV-prevention efforts. Knowledge about HIV prevention among young

people has remained stagnant over the past 20 years. High rates of HIV infection continue among adolescent girls and young women across sub-Saharan Africa, many of whom become mothers. In West and Central Africa, insufficient domestic funding, weak health systems, the formal and informal use of fees for health care, humanitarian problems and high levels of stigma and discrimination have undermined efforts to scale up HIV testing and treatment.

As a result, there are huge gaps along the continuum of HIV testing, treatment and care. Among people living with HIV in the region in 2017, fewer than half knew their HIV status, 40 per cent accessed antiretroviral therapy and less than one-third had suppressed viral loads. In all regions, combinations of primary HIV-prevention services tailored to meet the needs of people at the highest risk of infection are rarely provided on an adequate scale or with sufficient intensity.

We are therefore pleased that the search for an HIV vaccine and a cure remains a priority. The Secretary-General's report notes that two vaccine candidates are currently being tested in large-scale phase 3 trials in Africa, the first large-scale trials since the vaccine study conducted in Thailand a decade ago. The confirmation in 2019 of long-term remission in a second person living with HIV who had received a bone-marrow transplant, gives new hope that a cure is possible. However, we note that the difficult and dangerous procedure is not readily scalable and that experimental kick-and-kill techniques to eliminate reservoirs of HIV in the human body have so far not been successful. Gene-editing techniques are providing promising results in animal models. More practical advances in HIV treatment include the ongoing development of long-lasting injectable forms of antiretroviral medicines and the introduction of dolutegravir into first-line treatment regimens.

We note that since the General Assembly committed to eliminating HIV-related restrictions on entry, stay and residence in 2011, 29 countries have either repealed such restrictions or officially clarified that they do not discriminate on the basis of HIV status. Twenty countries reported the existence of such restrictions in 2017. We acknowledge the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, which was launched in 2018, with some countries already pledging to take action on stigma and discrimination. We appeal to all countries to open up their borders and to implement the Global

Partnership for Action in order to eliminate stigma and discrimination with respect to HIV and AIDS.

Migration can place people in situations that increase their risk of acquiring HIV. Poverty, exploitative working conditions, the denial of entitlements and a high background prevalence of infection at the origin or destination are among the factors that influence the risk of HIV, tuberculosis and other infections among migrants. Refugees and migrants may also be subject to mandatory HIV testing and restrictions on freedom of movement or other rights violations for those testing positive. People living with HIV who are forced to flee their homes are also in extreme danger of treatment disruption and HIV/AIDS-related morbidity and mortality. Food insecurity during emergencies can also affect treatment adherence and result in HIV risk-related behaviour, such as prostitution.

HIV is the fourth leading cause of death in low-income countries and the second leading cause of death in sub-Saharan Africa. Leaving no one behind requires a health benefits package that includes a comprehensive set of HIV care services, additional public health and social protection services, provided through dedicated Government and donor-funding streams, and structural changes to ensure that vulnerable people can access the health-care services they need. Declines in domestic and donor financing of condom social-marketing programmes, which are part of an overall decline in the percentage of funding allocated to primary prevention, have an impact on access to condoms in high-prevalence countries.

Mr. Chumakov (Russian Federation), Vice-President, took the Chair.

Furthermore, user fees and other out-of-pocket expenses limit access to health care for people living with HIV. Even if antiretroviral medicines are available free of charge, fees for diagnostic tests, consultations and medicines for opportunistic diseases have a huge impact on low-income people. The growing movement for universal health coverage is aimed at ensuring that all people can access the high-quality health care they need to safeguard all people from public health risks and to protect all people from impoverishment due to illness — whether from out-of-pocket payments for health care or a loss of income when a household member falls sick — while ensuring that universal access to affordable health care remains a necessity in the fight against HIV/AIDS and other diseases.

In conclusion, the African Group remains committed to the full and effective implementation of the 2016 Political Declaration on HIV/AIDS. We agree with the Secretary-General's report that it is important to implement the Global HIV Prevention Coalition 2020 road map, as appropriate. It is the view of the Group that it will be imperative to continue to increase donor and domestic resource allocation if we are truly committed to ending HIV/AIDS by 2020 and achieving universal health coverage for all.

I would now like to take a few minutes to make a statement in my national capacity.

Kenya has made significant progress in addressing its high HIV burden and remains on track to achieve the 90-90-90 targets by 2020. The Government has invested in the rapid scale-up of antiretroviral therapy and 1.2 million Kenyans are currently on lifelong antiretroviral medication. That has resulted in a 52 per cent reduction in AIDS mortality across all age groups, thereby attaining the target of reducing AIDS-related deaths by 25 per cent by 2020, ahead of schedule. Recognizing the need to rethink HIV prevention, Kenya has developed and implemented the Kenya HIV Prevention Revolution Road Map. This innovative and bold population-location approach has now become a global standard for HIV programming and resource allocation and promises to fast-track HIV prevention. With this approach, Kenya has registered a reduction of more than 51 per cent in new infections, moving from 100,000 infections per annum to less than 50,000, with HIV incidence currently at 1.8 per cent.

Efforts to eliminate mother-to-child transmission have included championship by the First Lady of Kenya through the Beyond Zero campaign. Technical and policy action, such as free maternal health services and investments in mentor mother programmes, has resulted in increased coverage of services preventing mother-to-child transmission to 79 per cent, and a 3 per cent reduction in mother-to-child transmission rates.

Kenya relies on a whole-of-Government approach to drive its HIV response and meet targets for vulnerable children. The Government's social protection measures and cash transfer programme for orphans and vulnerable children, most of whom have ended up in that situation as a result of HIV/AIDS, has reached over 800,000 children. Adolescents and young people, whose HIV incidence has been increasing, are now experiencing reduced infections.

We have adopted a multisectoral HIV response with 30 per cent community-led services. That includes the development and roll-out of a community AIDS-reporting system to capture non-health-facility-based HIV activities, with more than 1,500 routine monthly reports. Kenya's one-of-a-kind HIV and AIDS tribunal ensures continued protections against discrimination for people living with HIV.

It is critical to mobilize resources for an effective response. In that regard, both our national and county Governments have increased their health budgets by about 30 per cent to \$1 billion between the financial years of 2017 to 2018 and 2018 to 2019. We note with concern that funding for HIV responses in low- and middle-income countries globally has also been flat for most of the past five years. Many other challenges remain in keeping the global response on track, including the stigma and discrimination faced by people living with HIV. High-burden countries such as ours depend on more cooperation and funding to meet our targets, not less. We thank our partners, including the Joint United Nations Programme on HIV/AIDS, for their continued dedicated cooperation and support.

In conclusion, Kenya remains steadfast in its implementation of the Declaration of Commitment on HIV/AIDS.

Mr. Margaryan (Armenia): Armenia welcomes this annual discussion on the implementation of the Declaration of Commitment on HIV/AIDS and the other relevant political declarations. We thank the Secretary-General for the report on galvanizing global ambition to end the AIDS epidemic after a decade of progress (A/73/824), which acknowledges the positive results of collective efforts against AIDS.

Armenia is committed to the implementation of the 2016 Political Declaration on HIV and AIDS. That commitment is anchored in our national strategic programme on HIV/AIDS prevention for the period of 2017 to 2021. In that area we are also strongly guided by the goals of the 2030 Agenda for Sustainable Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy for the period from 2016 to 2021, the World Health Organization (WHO) Global Health Sector Strategy on HIV and the action plan for the health sector response to HIV in the WHO European region.

In recent years Armenia has made substantial progress towards halting the epidemic. Over the

past five years, HIV prevalence in each of the key population groups at higher risk of HIV exposure has been below 5 per cent, and well below 1 per cent among pregnant women. Armenia is among the first countries worldwide to have received WHO validation for having eliminated mother-to-child HIV transmission. The importance of early diagnosis and treatment cannot be overestimated. To improve accessibility to those vital services, Armenia is revising the testing strategies and protocols in line with WHO guidelines. The coverage of community-based preventive interventions expanded to reach the 60 per cent target set in the national strategic programme.

Provider-initiated testing, community-based testing and self-testing are being implemented in the country. Relevant national authorities are also exploring novel ways of testing in order to reach the target of 90 per cent of people living with HIV who know about their status. In 2017 the treat-all approach to immediate initiation of antiretroviral treatment was adopted to include 90 per cent of people diagnosed with HIV. Armenia's authorities attach great importance to close collaboration with civil society to ensure inclusive policies and practices. We are also continuing our quest for newer treatment schemes, new drugs and new long-lasting injectable drug formulations to prevent treatment interruptions.

Some of the important prerequisites in the fight against HIV/AIDS include a legal framework and societal norms that are conducive to reducing stigma and discrimination and improving access to services, particularly in order to ensure that marginalized and vulnerable groups have access to HIV-related health care. Armenia has a recognized track record of an effective multisectoral response to the AIDS epidemic, as well as HIV prevention and treatment. As the Secretary-General mentions in his report, the response to AIDS does not exist in isolation. It is in that context that our country has developed a tightly integrated system of services on HIV/AIDS, tuberculosis and maternal and child health care that ensures early diagnostics, the provision of quality health care, effective treatment and other medical services for those in need.

While progress has been made all over the world, AIDS is still far from being eradicated. Important challenges still exist, such as a high percentage of late-diagnosed HIV patients, high mortality, insufficient coverage of prevention interventions among key populations, including labour migrants, difficulties

in initiating treatment, treatment interruption, low adherence and the risk of being lost to follow-up. The drop in international donor funding continues to pose serious risks for the HIV response in Eastern Europe, requiring increased funding for a successful transition.

We look forward to furthering our partnership and cooperation with the United Nations agencies, particularly UNAIDS and WHO, as well as with the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a view to mobilizing the action necessary to reach the targets set by the General Assembly and incorporating a comprehensive HIV response into universal health coverage, leaving no one behind. Armenia is strongly committed to ending AIDS as a public health threat by 2030 and to achieving other health-related commitments within the framework of the Sustainable Development Goals.

Mr. Favre (Switzerland) (*spoke in French*): We thank the Secretary-General for his clear and comprehensive report, which highlights both successes as well as the considerable gaps still to be filled (A/73/824). According to the report, the fast-track strategy is working. However, it is clear that if the ambitious but feasible goal of ending the epidemic by 2030 is to be achieved, we must not only strengthen this accelerated approach but also take targeted actions to systematically address the gaps that have been identified. I will cite three short examples of how Switzerland supports the ongoing commitment to the 2016 Political Declaration on HIV and AIDS, at both the national and international levels.

At the international level, in addition to lending ongoing support to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland is working with the International AIDS Society to make the latest scientific evidence available to countries and to adapt them to various national contexts. While the focus is on HIV/AIDS, the interventions have to be fully integrated into health systems and should help to strengthen them.

In Southern Africa, Switzerland has supported the Southern African Development Community in its goals of preventing new infections among young people, improving treatment for young HIV-positive individuals and encouraging them to seek care. Last year, Switzerland contributed to helping 11 million people, particularly families, teachers, social workers

and prison guards, who live or work with at-risk or HIV-infected youth.

Switzerland is making every effort to eliminate HIV/AIDS by 2030, in accordance with the Sustainable Development Goals, the Political Declaration on HIV and AIDS and the UNAIDS 90-90-90 strategy. Last month, the Federal Commission for Sexual Health, a national extraparlimentary commission of experts, tasked with a mission by our Federal Council — our Government — and the Federal Swiss Administration submitted its road map for the elimination of HIV/AIDS in Switzerland.

The road map strongly urges the Government to make the elimination of HIV/AIDS by 2030 the primary objective of the future national programme on HIV and other sexually transmitted diseases. It also recommends that all efforts in that regard be based on respect for human rights and access for key populations, such as men who have sexual relations with men, and migrants. The Commission's road map is critical for the development of the future national programme with all stakeholders. The implementation of the programme is slated to begin in 2022.

In conclusion, the Declaration continues to be a primary reference document in the global response to HIV, including for Switzerland. As a co-facilitator of the Declaration, we take this opportunity to thank Mr. Michel Sidibé, former Executive Director of UNAIDS. He contributed significantly to shaping and implementing the Declaration and to broadening the scope of the global response to HIV.

Mr. Kemayah (Liberia): I want to thank the President of the General Assembly for convening the eighty-sixth plenary meeting of the Assembly on the implementation of the Declaration of Commitment on HIV/AIDS and the 2016 Political Declaration on HIV and AIDS, as it creates a platform for Member States, including Liberia, to bring their perspectives on the issue to the fore. We would also like to commend the Secretary-General for his report (A/73/824).

In that context, I am pleased to inform the Assembly that since the 2011 Political Declaration on HIV and AIDS was adopted, Liberia has made steady progress on its commitments in terms of reducing new HIV infections and AIDS-related deaths, reducing mother-to-child transmission and increasing the number of people living with HIV who receive antiretroviral treatment.

In addressing the AIDS epidemic, Liberia has made persistent efforts to strengthen its collaboration with local and international partners, as well as in its research and assessment to determine the trends in the epidemic and explore ways to mobilize resources at the domestic level. We place strategic emphasis on interventions for key population groups.

A 2019 Spectrum assessment estimates that 39,000 people are living with HIV in Liberia, 1,900 new infections and 1,800 AIDS-related deaths are recorded annually and 93 per cent of pregnant women who need antiretroviral treatment are currently receiving it.

In 2016, inline with the global vision to end HIV and AIDS as a global health threat by 2030 and to leave no one behind, and in keeping with the strategy of implementing a fast-track approach to avert new HIV infections and AIDS-related deaths, the National AIDS Commission of Liberia developed a catch-up plan that went into effect in January 2017 and is expected to end in December 2020. The two-phase plan, which supplements our national strategic plan, effectively seeks to triple the current testing and treatment figures within a short window of opportunity in order to fast-track progress towards the 90-90-90 global targets by 2020.

The catch-up plan set targets of 55-55-70 by December 2018, a huge step forward from December 2016, when we were at 26-21-0. By the end of 2018, Liberia had reached 66-53-52. In other words, 26,000 of an estimated 39,000 people knew their status, 13,880 of those who knew their status were on antiretroviral treatment and 1,452 patients of the 2,804 screened for viral load were showing that they were virally suppressed. The plan is set to meet its goal of achieving the 90-90-90 targets by December 2020.

Prevention of mother-to-child transmission of HIV steadily declined. The availability of mother-to-child transmission prevention centres across the country, which offer counselling and testing to pregnant women, has greatly contributed to that result, with the number of centres now standing at 433. Final results from the antenatal care survey recently conducted puts HIV prevalence among pregnant women at 2.4 per cent.

Since the Ebola crisis, Liberia has continued to conduct early infant diagnoses to determine the HIV status of infants exposed to HIV, and the 2018 results showed a decline in infection.

Key population groups continue to be a major driver of the epidemic in Liberia, and a size-estimate study conducted in 2017 documented a major increase. Those groups now account for more than 79 per cent of the estimated number of people living with HIV in our country. The national response has included various platforms and interventions to mitigate the increase in HIV prevalence among key population groups.

Under the stewardship of the National AIDS Commission of Liberia, steady progress has been made in creating an environment conducive to addressing the epidemic among key population groups, such as men who have sex with men and female sex workers. Several drop-in centres now provide free and safe access to care and treatment services for key population groups.

Primary HIV prevention remains a central component of Liberia's AIDS response strategy. Behavioural change, communication and condom distribution programmes have successfully reduced the incidence of HIV infection in Liberia. Most important, the response strategy has included strengthening awareness and information among young people. With support from the United Nations HIV/AIDS Technical Working Group, age-appropriate life-skills education, targeting adolescents in particular, has been conducted both in and out of schools, and we have also been promoting HIV counselling and testing.

Our ongoing progress in addressing the HIV/AIDS epidemic is not without challenges. Our response efforts are impeded by inadequate funding and a struggle to retain people living with HIV in care. Other challenges include poverty, resulting in inadequate nutrition, a lack of easy access to medical facilities, owing to the long distances patients have to travel, and stigmatization and discrimination. In spite of those bottlenecks, the Government of Liberia, under the thoughtful leadership of President George Manneh Weah, remains resolute and committed to the global effort to rid the world of this scourge by the target date of 2030.

On behalf of President Weah and the Government and the people of the Republic of Liberia, we thank the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS, the World Health Organization and other partners for their continued support for our efforts. We urge for financial resources to be consistently mobilized to foster the efforts to achieve our common objective.

Mr. Djani (Indonesia): My delegation aligns itself with the statement made by the representative of Thailand on behalf of the Association of Southeast Asian Nations.

At the outset, I would like to thank the President for convening this review of the Declaration of Commitment on HIV/AIDS. I also want to thank the Secretary-General for his report (A/73/824) updating Member States on the current progress to push back the global spread of HIV/AIDS.

Indonesia values the work of the United Nations in supporting global action against HIV/AIDS. We are committed to implementing the United Nations 90-90-90 fast-track global targets by setting a three-zeros strategy, that is, reducing the number of new HIV infections, lowering HIV-related deaths and eliminating HIV/AIDS-related stigma by 2030. In that context, we are working on the following approaches.

First, we are focusing on preventing mother-to-child transmission by conducting HIV tests and counselling services performed by the Government through 214 mother-to-child prevention service units and 465 service units for care, support and medication.

Secondly, we consider continuous and comprehensive care for people with HIV and other sexually transmitted diseases to be an effective approach in our national HIV/AIDS programme to accommodate the role of the community.

We are also strengthening the health system at every level, especially through primary care and mobile testing, particularly for at-risk groups susceptible to stigma and discrimination. We are pleased to say that the Government has been providing free antiretroviral drugs to all people living with HIV/AIDS, which can be accessed at all of Indonesia's care, support and treatment service centres.

We are educating the masses to reduce the negative stigma that surrounds HIV and AIDS through comprehensive engagement with key affected populations and communities, as well as advancing AIDS prevention programmes, community-based testing and counselling.

Indonesia is making sure that the whole population can access key health services for HIV/AIDS. Every municipality and city is mandated by the Ministry of Health to establish centres that can implement youth-friendly health-service programmes. Currently,

there are almost 3,000 adolescent-friendly health service programmes in 405 municipalities and cities. In addition, there are as many as 450 Government-designated hospitals that the public can turn to for referrals on HIV/AIDS services, along with 1,300 service units for sexually transmitted diseases.

Ultimately, defeating HIV/AIDS requires responsible and sensible behaviour. We must therefore recommit to strengthening measures to avoid the transmission of the HIV/AIDS virus, which demands that all stakeholders ensure awareness and proper implementation in order to achieve the General Assembly's 2020 target.

This high-level meeting once again serves as a stark reminder that the international community has to work together in addressing an important issue that affects the welfare of everyone. It is Indonesia's fervent hope that one day we will all be able to declare that we have an HIV/AIDS-free generation. Let us make that happen.

Ms. Oehri (Liechtenstein): The fight against HIV/AIDS has seen important successes and is testimony to the need for collective action and multilateral approaches to addressing global public-health crises. Over the past decade, deaths from AIDS-related illnesses and HIV infections among children have both been nearly halved. Between 2008 and 2017, AIDS-related mortality, as well as new HIV infections, declined in East and Southern Africa, the region most affected by AIDS, by 53 per cent and 36 per cent, respectively. Also, in other regions of the world, including our own, increased HIV testing and treatment services have achieved remarkable reductions in AIDS-related deaths, alongside an overall decline in new HIV infections.

The United Nations has significantly contributed to this success story. The General Assembly has played a central role in transforming a culture of neglect, stigma and taboo into one of awareness, prevention and joint action. Following the achievement of Millennium Development Goal 6 to halt and reverse the epidemic by 2015, the Assembly agreed on a goal of ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs). The 2016 fast-track strategy for a rapid scale-up of evidence-based HIV prevention, testing and treatment services by 2020, in order to reduce new HIV infections and AIDS-related deaths by 90 per cent by 2030, has catalysed our efforts since.

While the ambitious 90-90-90 targets have furthered progress to that end, we have yet to fully implement them with a view to thinking beyond 2020 and towards 2030. That includes finding responses for the 10 per cent of people who are living with HIV and do not know their HIV status, in line with our joint commitment to leave no one behind. Within the context of HIV, leaving no one behind requires a comprehensive set of health-facility-based HIV services, additional public health and social protection services, and structural changes to ensure that vulnerable and marginalized people can access the services they need. In addition to universal health coverage, as part of our commitment to ending the AIDS epidemic, since 2009 Liechtenstein has contributed almost SwF1.3 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria and a total of SwF285,000 to the Joint United Nations Programme on HIV/AIDS. We remain committed, both politically and financially, to translating the 2016 Political Declaration on HIV and AIDS and the 2030 Agenda for Sustainable Development into reality.

As the *Global Sustainable Development Report* shows, the Sustainable Development Goals are strongly interlinked, and synergies can be created in their implementation. That is also the case for the fight against HIV/AIDS. A country's adherence to the rule of law, which is covered in SDG 16, is a proven prerequisite for achieving SDG 3, on good health and well-being. The Global Commission on HIV and the Law has documented the enormous potential of the legal environment — laws, enforcement and justice systems — to improve the lives of people living with HIV. It has also illustrated the harm that is done when legal systems fail to protect people from discrimination and other violations of their rights.

We applaud the 89 countries that have taken action to repeal or reform laws since 2012, including those criminalizing HIV, same-sex relations or drug possession. Some have enacted laws that advance reproductive rights, sex education and the human rights of people living with or at risk of HIV. Despite that progress, we are concerned about the fact that legal and de facto discrimination against people living with or at risk of HIV continues to push them out of sight and into oblivion in many countries. Laws and policies continue to prevent young people, women, key populations — including people who inject drugs, sex workers, transgender people, prisoners and gay men and other men who have sex with men — indigenous

people, migrants and refugees from accessing health and HIV services.

We are particularly concerned about the remaining gender inequalities and harmful gender norms that increase the risk of HIV infection among women, especially young women in sub-Saharan Africa. Limited access to education and unequal power dynamics in the home and in wider society prevent women from controlling their lives and accessing HIV prevention and sexual and reproductive health services. Furthermore, they expose women to intimate-partner and sexual violence, as well as a heightened risk of HIV, other sexually transmitted infections, unwanted pregnancies and maternal mortality. It is particularly devastating that women who experience intimate-partner violence are 50 per cent more likely to acquire HIV than those who do not. Accordingly, gender equality and the empowerment of women and girls, as included in SDG 5, go hand in hand with the fight against HIV/AIDS.

It is important to acknowledge that a comprehensive response to HIV/AIDS cannot consist only of public health policies, but must also include a firm human rights dimension and proactive societal measures to fight stigma and exclusion. While the right to health, as enshrined in the Universal Declaration of Human Rights, is the direct underpinning for our fight against HIV/AIDS, peaceful, just and inclusive societies are just as important for us to succeed. The fight against HIV/AIDS — a strong cause for the international community in its own right — therefore also provides a pathway to greater freedom for all.

Mrs. Mills (Jamaica): The Government of Jamaica remains committed to the full implementation of the Political Declaration on HIV and AIDS, and in particular to intensifying our efforts towards the goal of comprehensive prevention, treatment, care and support programmes, leading to the end of the AIDS epidemic by 2030. Jamaica notes that three years after the adoption of the fast-track strategy, country progress reports are indicating its effectiveness, and with continued investment, partnership, political will and accelerated action, we can ensure that we deliver on the promise to leave no one behind. Against that background, my delegation commends the Secretary-General for his comprehensive report (A/73/824), prepared for this agenda item.

We align ourselves with the statement delivered by the representative of Saint Kitts and Nevis on behalf the Caribbean Community.

There are approximately 32,000 people living with HIV in Jamaica. In 2016, there were 1,700 new infections and 1,300 AIDS-related deaths. Our 2017 survey of knowledge, attitude, behaviour and practices revealed that more people in the 15-24 age group have multiple sex partners, with the numbers rising from 58 per cent in 2012 to 65.3 per cent in 2017. In addition, it indicated that knowledge about how HIV is transmitted had declined. Those statistics are cause for deep concern. Consequently, the Government of Jamaica is continuing its efforts to support the goals and objectives of the fast-track strategy to achieve the 90-90-90 targets of diagnosing 90 per cent of all HIV-positive persons, providing the requisite treatment to 90 per cent of those who know their status, and achieving viral suppression in 90 per cent of those receiving treatment by 2020. As of March 2019, Jamaica was at 78-49-57.

In that respect, our Government has sought to accelerate its efforts to attain those targets through a range of initiatives, including the use of social media, community engagement, improvements in health infrastructure and a multi-agency approach. Particular attention is being given to implementing programmes aimed at preventing mother-to-child transmission, including through improvements in laboratory testing and the implementation of related services across the island. The elimination of mother-to-child transmission programme also focuses on HIV, syphilis and hepatitis B.

The Government has also sought to inculcate responsible values and attitudes among young people as a way of addressing negative behaviours such as violence, truancy and risky sexual behaviours. To that end, in November 2017 we officially launched the Teen Hub at one of the capital's major transportation centres. At the Hub, health-care workers conduct mental-wellness and sexual and reproductive health clinics. In addition, the National Family Planning Board provides HIV counselling and testing and arranges follow-up for any positive results. Approximately 4,800 young people accessed services from the Hub between January and September 2018.

The Government is also modernizing the legislative and policy frameworks of the Standards and Regulations Division of our Ministry of Health and Wellness,

with support from the Caribbean Public Health Agency Medicines Quality Control and Surveillance Department. The Division's functions are essential to ensuring conformance with legislation, standards and guidelines for the health sector.

The Government of Jamaica remains concerned about the fact that the progress that has been made so far risks being stymied by the persistent and deeply rooted stigma, discrimination and marginalization directed at those living with HIV, the deepening complacency that has arisen as a consequence of success in prolonging the lives of those living with HIV, as well as gender and cultural biases. The Government is therefore committed to redoubling its efforts to confront the problem.

It is clear that many of our initiatives are already aligned with the recommendations outlined in the Secretary-General's report and are critical to our efforts to achieve Sustainable Development Goal 3, specifically target 3.3. We must continue to work together if real and sustained progress is to be realized at every level. Jamaica is ready to play its part and to work with partners, including the United Nations system, in that regard.

Mr. Verdier (Argentina) (*spoke in Spanish*): Three years after the adoption of the Political Declaration on HIV and AIDS, in which States reaffirmed the commitment, already reflected in the 2030 Agenda for Sustainable Development, to accelerating the fight against HIV and ending the AIDS epidemic by 2030, and with regard to implementing the 2016-2021 Strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and achieving the 90-90-90 treatment targets by 2020, we are now at the halfway point, with an opportunity to assess the achievements made and take stock of the remaining challenges.

As is apparent in the report of the Secretary-General (A/73/824), which we commend and appreciate, since 2016 significant progress has been achieved in the commitments agreed in the Political Declaration on HIV and AIDS with regard to access to adequate treatment and the reduction of mortality. We welcome the fact that the countries of southern Africa have met or are close to meeting the 90-90-90 targets and that countries of Western and Central Europe, East and Southern Africa, North America and Latin America are on track to meet those targets. However, much remains to be done. That is why we cannot dwell on what has been achieved but must rather focus on new challenges.

In Sustainable Development Goal (SDG) 3, Member States expressly committed to putting an end to the AIDS epidemic. In addition, the 2030 Agenda embraces in all the SDGs the cross-cutting principle of leaving no one behind, which should be the fundamental premise for addressing the remaining challenges of stigma, discrimination and the other social and gender-based barriers that hinder effective access to HIV prevention services, treatment and care. In that regard, it is essential to implement a human rights- and gender-based approach to putting an end to AIDS as a threat to public health, while ensuring respect for the dignity of those living with HIV.

We believe that health policies should recognize certain population groups' vulnerabilities to HIV/AIDS. That is why we must particularly consider the situation of women and girls, including their sexual and reproductive rights, as well as that of key populations in the face of the HIV/AIDS epidemic. Those groups are especially vulnerable not only to the virus itself but also to multiple forms of discrimination, stigmatization, violence and exclusion for various reasons, such as age, disability, economic status, sexual orientation and gender identity, among other reasons.

In that regard, Argentina is implementing policies aimed at vulnerable groups with a human rights-based approach, promoting access to information on existing resources, encouraging the active participation of people living with HIV in decision-making and reaffirming the principles of equality and non-discrimination.

In that connection, various intervention and management strategies are being developed in Argentina to reduce new infections, improve the quality of health services and access to them, support adherence processes for people in treatment, and fight against stigma and discrimination, which make those affected by HIV more vulnerable and increase the risk of infection for people in stigmatized groups. Our Ministry of Health continues to promote the establishment of prevention, counselling and testing centres, which implement prevention and diagnosis policies at the local level, develop strategies based on strengthening rapid HIV testing in various parts of the country and emphasize the importance of linking counselling and care and working with civil society, with a focus on vulnerable populations.

At the international level, we welcome the United Nations high-level meeting on universal health

coverage to be held during the second high-level week of the General Assembly in September. It will be a key opportunity to emphasize the importance of access to universal health coverage for all and renew efforts to ensure a package of health benefits and services that would include services, treatment for marginalized and vulnerable populations affected by HIV, among other things. We therefore hope that the document to be adopted will be ambitious and action-oriented and will contribute to efforts to achieve the goals of the 2030 Agenda for Sustainable Development.

In conclusion, Argentina once again reiterates its firm support for the full implementation of the UNAIDS 2016-2021 Strategy and for the achievement of the 90-90-90 targets by 2020. In order to achieve those commitments, it will be necessary to generate greater resources, strengthen technical assistance among States and international organizations through cooperation and the development of strategic partnerships, such as those provided for in the framework of UNAIDS, and redouble our efforts to ensure that in the future we can eradicate the HIV/AIDS epidemic.

Ms. Shikongo (Namibia): Namibia aligns itself with the statements delivered by the representatives of Kenya, on behalf of the Group of African States and South Africa, on behalf of the Southern Africa Development Community. We would like to add the following comments in our national capacity.

HIV/AIDS remains a challenge for Namibia, and we thank the President for once again scheduling this important debate. In the face of diminishing attention to this epidemic, it is heartening to know that the international community remains engaged on this important issue.

Namibia has recorded remarkable successes in the past five years. Namibia's population-based HIV impact assessment, which was carried out in 2017 and announced results in 2018, shows that 77 per cent of all HIV-positive adults in Namibia have achieved viral load suppression, a widely used measure of effective HIV treatment in a population, surpassing the Joint United Nations Programme on HIV/AIDS (UNAIDS) target of 73 per cent by 2020. Compared with the UNAIDS 2012 estimates, Namibia has reduced its adult HIV incidence rate by 50 per cent, and among women those figures are even higher. Namibia has also nearly reached the 90-90-90 UNAIDS targets, recording a score of 86-96-

91, and every possible effort is being made to scale up those figures even further.

Those accomplishments were made through a strategic expansion of HIV prevention and treatment services, with a focus on viral load suppression at the individual and community levels and the swift implementation of forward-facing HIV policies. In that regard, it has been absolutely vital to have innovative, data-driven prevention, care and treatment to assist those affected by HIV.

Several challenges remain, and the high infection rates among young women aged 15-24 continue to worry my Government. We will have to scale up all our efforts to target that key population in prevention, treatment and other assistance. Strategies that include access to sexual and reproductive health and rights, access to essential health care in regard to sexual health, and gender empowerment policies will be key to tackling the spread of HIV among young and adolescent girls.

Another continuing challenge is getting more men tested and promoting prevention among them. In that regard, male circumcision has been proven to help, and the Ministry of Health and Social Services has been increasing advocacy in that area.

Success in Namibia is supported by strong political will in every sector. In Namibia, which is a high HIV-burden country, engagement on HIV eradication has to come from all sectors — not just the Ministry of Health, but the Ministries of Education and Finance and other key stakeholders.

Adequate funding for HIV programmes is also vital, and we therefore urge Member States to scale up all funding. In Namibia's case, the Government pays for 64 per cent of the overall HIV programme and purchases nearly all the antiretroviral medication itself rather than using donor funding. The existence of strong partnerships with UNAIDS, the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria also play a crucial role, especially in the field, and we continue to rely on their expertise in that regard.

Namibia looks forward to the meeting on universal health coverage, and especially to seeing strong recommendations on financing affordable health care. Engaging the public remains crucial in the fight against HIV and is key to eliminating the virus, because we need people's personal commitments if we are to

make any headway. In that regard, Namibia has been exploring innovative ways of engaging men on the issue and delivering innovations such as HIV self-testing and pre-exposure prophylaxis, and encouraging greater accountability and involvement in the HIV response on the part of local councils.

I hope that next year, when we report at the meeting on this same subject, Namibia will be able to assure the Assembly that we have reached the UNAIDS 90-90-90 targets.

Mr. Duque Estrada Meyer (Brazil): If I may, I would just like to say something that I mentioned last year in the same meeting in this Hall (see A/72/PV.94), which is that it is so sad that the room is totally empty for such an important issue.

I thank the President for convening this meeting. Brazil is honoured to participate in this debate, which represents a timely occasion for Member States to reflect on the implementation of General Assembly commitments to the fight against HIV/AIDS in the context of the 2030 Agenda for Sustainable Development. At the outset, we want to welcome the Secretary-General's report, entitled "Galvanizing global ambition to end the AIDS epidemic after a decade of progress" (A/73/824). But that progress should be regarded as encouragement rather than an accomplishment, as many obstacles and challenges remain for the international community. In that regard, Brazil fully endorses the Secretary-General's six recommendations and believes that their achievement is fundamental to the eradication of HIV/AIDS. The report's particular attention to facilitating the access of marginalized and vulnerable populations to HIV/AIDS health services is noteworthy and a concrete inspiration to commitment and action. We also commend the Secretary-General's recognition of the critical role that civil society can play in ending the AIDS epidemic, a well-timed acknowledgement that will strengthen the global response to this serious issue.

Brazil's coordinated and effective response to HIV/AIDS, with universal access to treatment and diagnosis, is internationally recognized and a product of hard work and firm commitment to the promotion and protection of human rights. Since 1996, when we first put in place legislation that guaranteed free treatment for people with HIV/AIDS, Brazil has striven to strengthen and broaden its public health system and to allocate resources more effectively. In 2013 we became the first

developing country to adopt the treatment-as-prevention approach, recommending antiretroviral therapy to all people living with HIV, regardless of their viral load count. In 2014, the Ministry of Health diversified HIV testing and the delivery of health care by establishing a community-based programme that enabled civil-society organizations to conduct rapid HIV testing using a peer-to-peer approach. And it is my pleasure to inform the Assembly that this year Brazil has increased the budget dedicated to HIV/AIDS by 30 per cent in comparison to last year. These results reflect Brazil's determination to achieve Sustainable Development Goal (SDG) 3.3 related to ending the AIDS epidemic by 2030, through the full implementation of the 90-90-90 targets, the first step of this journey.

The eradication of HIV/AIDS demands a strong and global commitment to universal health coverage, which is key to leaving no one behind. In that regard, my delegation looks forward to seeing the recommendations of the Secretary-General on HIV/AIDS reflected in the high-level meeting to be held in September. Universal health coverage is a cornerstone of the sustainable development agenda and is fundamental to the achievement of the SDGs. In that regard, Brazil calls on Member States to consider a multisectoral and integrated approach to fighting AIDS, along with its main co-infections and co-morbidities, such as hepatitis and tuberculosis.

A world free of AIDS is not only possible, it is close at hand. Basing our efforts on the tools provided by the 2030 Agenda and by the 2016 Political Declaration on HIV and AIDS, let us now work together to eliminate the inequalities, discrimination and stigma that too often surround the issue. It is time to consolidate progress and amplify actions.

Mr. Rybakov (Belarus) (*spoke in Russian*): Preventing the spread of HIV/AIDS is a national health-care priority for the Republic of Belarus, reflected in our Government programme on the health and demographic safety of the people of the Republic of Belarus for the period from 2016 to 2020. We are fully committed to 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, and we are implementing the action plan for combating HIV infections in the European region of the World Health Organization. Our country is actively implementing a policy aimed at achieving the 90-90-90 global targets of the Joint United Nations Programme

on HIV/AIDS (UNAIDS). At the national level, we have adopted additional measures to achieve the targets for the period from 2018 to 2020. We consider the time remaining until 2020 a window of opportunity to have an impact on the HIV-infection epidemic. Belarus has made progress on the first of the 90-90-90 targets. We have general access to anonymous and free HIV consultations and testing, including with the involvement of HIV non-profit service organizations. We provide opportunities for HIV self-testing, and we have express blood testing.

Today 81.8 per cent of those assessed as living with HIV know their HIV status. To achieve the second of the 90-90-90 targets, we have been implementing the treat-all principle since 2018. We have access to diagnostics and treatment for people living with HIV and those in the penal system. We are developing antiretroviral medications that correspond to more than 70 per cent of all identified treatment models. In following the Minsk declarations of 2016 and 2018 to expand access to qualitative and low-cost medications in the countries of Eastern Europe and Central Asia, we are making efforts to reduce prices for these antiretroviral therapies. Today we have succeeded in ensuring that 77.6 per cent of our citizens who are living with HIV and who know their status are receiving antiretroviral therapy.

To achieve the third of the 90-90-90 targets, working with international and national organizations, we are adopting a two-part strategy. First, alongside health organizations, we are establishing multidisciplinary teams. For the second part, we are creating conditions to ensure that we can admit and treat patients, including within the framework of Government registration. Today already 75.1 per cent of those in treatment have an undetectable viral load. We have also adopted a fast-track strategy. At the end of 2018 the Mayor of Minsk signed the Paris Declaration on Aid Effectiveness. As part of our efforts to implement the regional project to provide sustainable services to key population groups in Eastern Europe and Central Asia, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period of 2019 to 2021, we have been able to bring the initiative to two more towns, Salihorsk and Svietlahorsk.

We have set ourselves the ambitious goal of ending the HIV epidemic by 2023. We are very pleased with our cooperation with UNAIDS to curb the spread of HIV and eradicate the AIDS epidemic by 2030, and we appreciate the opportunity to participate in the

work of the Programme Coordinating Board. A recent example of our cooperation was the March signing of a memorandum of understanding between the Directorate of the second European Games and UNAIDS. As a prelude to the Games, which will take place in our capital just a few weeks from now, from 21 to 30 June, the memorandum represented a significant contribution to developing and strengthening our cooperation by popularizing healthy lifestyles and preventing the spread of HIV/AIDS by 2030 through the formative and humanitarian legacy of the second European Games. We see the upcoming Games not only as a major sporting event but also as a good platform for providing information on the importance of preventive care against HIV/AIDS. During the competitions there will be special events in support of people living with HIV/AIDS, and there will be specific areas in the spectators' stands for express blood testing and self-testing.

We are keen to continue our constructive cooperation with UNAIDS, and I would like to take this opportunity to invite everyone to come to Minsk and see first-hand how sport can help us achieve the 90-90-90 targets as well as the Sustainable Development Goals.

Mrs. Tripathi (India): We thank the President of the General Assembly for convening today's meeting on HIV/AIDS. We also thank the Secretary-General for his report (A/73/824), which provides an insightful and informative update on the global fight against HIV/AIDS.

While remarkable progress has been made in the fight against the HIV epidemic, significant challenges remain as we advance towards eliminating the disease as a public-health threat by 2030. Targeted, evidence-based strategies at the national and sub-national levels are key to achieving the global fast-track 90-90-90 treatment targets by 2020. Ensuring uninterrupted access to affordable antiretroviral drugs and quality care, as well as adherence to treatment through support services, is crucial to combating drug resistance. We must continue our political commitment in order to ensure that competing financing demands and changing priorities at the international and domestic levels do not divert attention from adequately financing efforts to combat HIV/AIDS.

India is contributing to the international fight against HIV/AIDS by the fact that almost two thirds of the antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry. Those affordable

generic medicines have helped scale up access to treatment across developing countries.

In the context of the HIV/AIDS response within India, we are now building on the lessons learned in the past few decades in order to tackle the last-mile challenges. We are focusing on reducing new infections, ending mother-to-child transmission and eliminating stigma and discrimination by 2020. We have seen a more than an 80 per cent decline in estimated new infections since the epidemic peaked in India in 1995. Similarly, estimated HIV/AIDS-related deaths have declined by 71 per cent since their peak in 2005. In 2017 we saw an 85 per cent drop in deaths from tuberculosis among people living with HIV in India, three years ahead of the 2020 deadline. More than 40 million HIV tests are being done every year at around 30,000 facilities across the country, including coverage for 22.5 million pregnant women. That progress has been enabled by the involvement of our communities, civil society and persons living with HIV in related policies and the delivery of services, as well as by an intensified information, education and communication drive.

To enhance its response with a view to meeting the 2030 targets, India has revamped its prevention and targeted intervention strategy by strengthening outreach activities, biomedical waste management and community-based screening and by providing peer navigation services. The Government has adopted test-and-treat and viral-load-testing policies for providing comprehensive free care, support and treatment. Around 1.3 million people are receiving free treatment and support services under those initiatives, and we have ramped up viral load monitoring of all people living with HIV in order to reduce transmission and mortality.

Measures are being planned to identify the common causes of death among people living with HIV, based on which we can establish interventions for preventing HIV/AIDS-related deaths. A landmark act on preventing and controlling HIV/AIDS came into force in September 2018, providing a rights-based legal framework for ensuring a dignified life without stigma and discrimination for people living with HIV, and it is a milestone. It empowers people living with HIV/AIDS to report discrimination in the areas of employment, health-care services, educational services, public facilities, property rights, the holding of public office and insurance. It penalizes the propagation of hatred against protected persons and makes it necessary to get informed consent for undertaking HIV tests, medical

treatment and research, and includes provisions for safeguarding the property rights of HIV-positive people. Every HIV-infected person below the age of 18 years has the right to reside in a shared household and enjoy its facilities. It is mandatory for state Governments to appoint an ombudsperson for investigating complaints about violations of the law.

Significant advances have been made in understanding, treating and preventing HIV/AIDS globally. The United Nations system has played a crucial role in sustaining the momentum and supporting national efforts. It is time to focus on future challenges and invigorate research in key areas, including improving diagnosis so as to identify as many HIV-infected persons as possible, expanding antiretroviral therapy coverage, developing vaccines and new treatments to alleviate the need for lifelong antiretroviral therapy and, finally, preventing new cases of HIV infection. International commitments in the areas of capacity-building, research and development, as well as sustained financing for developing robust and affordable health-care systems in developing countries, will help to fast-track the efforts to achieve the global targets for HIV/AIDS.

Ms. Zeggar (France) (*spoke in French*): At the outset, France fully endorses the statement made on behalf of the European Union. I would like to take this opportunity to add a few words about an important event.

The fight against HIV/AIDS and other pandemics has long been a traditional priority in France's international policy. On 10 October, in Lyon, my country will host the sixth Replenishment Conference for the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Conference will be the global-health high point of our presidency of the Group of Seven. As the host State, we welcome the commitment of India, which hosted the preparatory meeting in New Delhi in February. That advocacy work is fully in line with the work of the Group of 20 under Japan's presidency on health financing with a view to the implementation of universal health coverage, and with the United Nations high-level meeting to be held next September on the same subject.

It will be essential to ensure that the Replenishment Conference is a success, as progress is tenuous, people continue to die, new infections are on the rise in more than 50 countries and there is the threat of resistance. Every partner has a key role to play in accelerating

the momentum. France therefore calls for a general mobilization of donors, new and old, to reach the target of at least \$14 billion for the period from 2020 to 2022. We also urge States to implement concrete commitments to increasing their national health budgets and providing free health care.

We look forward to seeing everyone in Lyon on 10 October to reaffirm our collective ability to ensure improvement on the path to eliminating HIV/AIDS and other pandemics.

Mr. Konfourou (Mali) (*spoke in French*): I would first like to thank the President for organizing this meeting on HIV and AIDS.

The delegation of Mali endorses the statement made by the representative of Kenya on behalf of the Group of African States.

My delegation takes note of the report of the Secretary-General (A/73/824) under consideration.

I would like to commend the outstanding work and substantial results in the fight against the HIV/AIDS pandemic by my fellow countryman Mr. Michel Sidibé, former Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We are very proud of Mr. Sidibé, who has now returned to Mali, where he has been called on to put his immense experience at the service of our country in his new role as Minister of Health and Social Affairs. I would like to thank all the delegations that have recognized and welcomed Mr. Sidibé's immense contribution to the fight against HIV/AIDS.

Since the discovery of the first case of HIV in Mali, in 1985, Mali has included the response to the HIV/AIDS pandemic among its national priorities. We have made significant progress in terms of prevention and treatment and the protection of human rights, reversing the spread of the pandemic and reducing the national prevalence rate to 1.1 per cent. However, two major challenges have significantly influenced the health system and interventions against HIV/AIDS.

The first challenge relates to the security crisis in northern Mali, which has accentuated the chief factors in the populations' vulnerability to HIV/AIDS. They include interruptions of services, the dispersal of health personnel, discontinued treatments and disruptions in access to treatment. If not for that crisis, which we have been dealing with since 2012, Mali would now be below the 1 per cent prevalence rate.

The second major challenge concerns the scramble of populations to gold-mining activities in southern Mali and several other West African countries. That phenomenon, which is not new to us, is leading to an expansion in activities related to the quest for gold that are linked to high concentrations of people, especially young people.

In order to achieve the goal of zero new infections, zero discrimination and zero HIV-related deaths by 2030, the Government of Mali has focused on five key strategic areas. The first is the elimination of mother-to-child transmission of HIV. The second is the protection of highly vulnerable populations in conflict zones that have, on the one hand, a strong military presence and peacekeeping forces, and, on the other, terrorist and violent extremist groups, as well as transnational crime networks in organized gangs. The third strategic area is our response in gold-mining areas, which have become sites for high concentrations of at-risk populations from other parts of Mali and neighbouring countries and are also becoming focuses for commerce of all kinds. The fourth concerns an accelerated response in the impoverished parts of large cities, where people's limited access to essential basic services promotes the rapid spread of HIV/AIDS. The fifth and final area is the protection of the human rights of people living with HIV, including against stigma, discrimination and exclusion.

To help overcome those challenges, Mali has established an HIV treatment centre and an HIV-elimination policy statement for the next 15 years that includes the implementation of five-year national strategic frameworks. The policy clarifies the roles and responsibilities of all actors involved in the response at the various stages of elimination. To implement the policy, the Government of Mali has set up a national fund to mobilize internal and external resources for the fight against AIDS. We have also developed fast-track programmes that focus on priority areas of intervention and target marginalized and vulnerable populations.

Those efforts, supported by our partners and national civil society, have made it possible to achieve considerable progress in the fight against HIV/AIDS, but it is still fragile. It must be consolidated, especially in the context of the threat posed by the growing problem of unorganized traditional gold-mining in Mali and several West African countries. In fact, illegal gold-mining sites are sprouting up like weeds, and the population, particularly young people, are

flocking to them in large numbers, which may put our achievements in the fight against HIV/AIDS at risk. We therefore believe that this problem needs greater attention. It ignores the borders between West African countries, and if nothing is done, could bring dangerous changes to the HIV epidemiology in the region. I also believe that in the context of United Nations support to our national AIDS-prevention efforts, it is useful for the United Nations Multidimensional Integrated Stabilization Mission in Mali to continue to train its personnel before and after their deployment to Mali.

In conclusion, I would like to express the gratitude of the Government of Mali to the international community for its invaluable support to our country. The Government of Mali remains committed to the fight against HIV/AIDS.

Mrs. Azucena (Philippines): The Philippines aligns itself with the statement delivered by the representative of Thailand on behalf of the Association of Southeast Asian Nations.

The first case of HIV infection in the Philippines was reported in 1984. Since then there have been 65,467 confirmed HIV cases reported to our Department of Health, of which 80 per cent have occurred in the past five to seven years. The victims are from all walks of life — people who engage in transactional sex, overseas Filipino workers and, tragically, young people, children and adolescents.

It is very worrying that the average age of those diagnosed has gone down. Between 2001 and 2005 the predominant age group was from 35 to 49 years old, but from 2006 to the present it has shifted to between 25 and 34 years old. Furthermore, the proportion of HIV-positive cases in the 15-to-24 age group has nearly doubled in the past 10 years, from 17 per cent between 2000 and 2009 to 29 per cent between 2010 and 2019. It is clear that we in the Philippines are facing a fast-growing epidemic.

Against that backdrop, we have renewed our commitment to the Political Declaration on HIV/AIDS, which we have translated into local and national legislation and programmes that aim to effectively arrest the epidemic. Our development plan for the period from 2017 to 2022 targets a reversal of the increasing trend in new HIV infections by 2022.

The Philippines HIV and AIDS policy act of 2018 requires that all Government health facilities and

workers incorporate HIV/AIDS awareness and health-care services programmes. It also urges the relevant stakeholders to accelerate access to free treatment for HIV and related illnesses and embeds care for individuals with HIV/AIDS in universal health care by requiring PhilHealth — the Government corporation charged with implementing the national health insurance programme — to develop a revised benefits package, including medication and diagnosis for both inpatients and outpatients.

The act further clarifies the roles and mandates of various Government agencies and institutionalizes the country's national strategic plan to fight HIV with multi-year strategies and interventions to reverse the epidemic. City executives have also signed the fast-track HIV and AIDS intervention plan, and developed their 2019-2022 HIV strategies with targets and investment plans.

National universal health care was enacted into law this past March. The law ensures that all Filipinos are guaranteed equitable access to quality and affordable health-care goods and services, and protected against financial risk. In line with the 2030 Agenda for Sustainable Development, the Philippines universal health-care law takes a whole-of-system, whole-of-Government, whole-of society and people-centred approach, focused on people's needs and well-being, to ensure that no Filipino is left behind. In all those efforts, we give particular attention to the vulnerabilities of Filipino migrants and the importance of strengthening their access to health services wherever they may be.

In conclusion, I want to underline that increased and sustained funding to assist developing countries in their efforts to address the HIV/AIDS epidemic remains crucial. We should continue to support focused efforts and investment in cures, including the development of vaccines against HIV.

Ms. Norman-Chalet (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 report (A/73/824) on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We are closer than ever to ending AIDS. What once seemed impossible is now possible, through the power of partnership and being strategic and targeted

in a collective approach. To that end, the United States continues to collaborate with partner Governments, the private sector, philanthropic organizations, multilateral institutions, civil society, faith-based organizations, people living with HIV and many others. Working together, we have saved and improved millions of lives and changed the course of the AIDS epidemic through the rapid acceleration of HIV prevention and treatment efforts.

To help reach the 90-90-90 global targets, the United States President's Emergency Plan for AIDS Relief uses data to focus on the geographic areas and populations in the greatest need, where we can have the most impact with our investments. The 90-90-90 targets will be reached only when they are attained for every gender, age group and at-risk group, including neglected and harder-to-reach populations such as adolescent girls and young men.

The focus of UNAIDS on producing the world's most extensive data collection on HIV epidemiology, or AIDS Data, as it is known, continues to be fundamental. We have concrete targets to meet in order to end the AIDS epidemic by 2030, but we cannot do it without the right data to track our progress, pinpoint unmet needs and effectively and efficiently direct resources. The United States strongly supports UNAIDS and its leadership in combating the HIV/AIDS pandemic.

The Trump Administration's commitment to ending the HIV/AIDS epidemic is unwavering. As a global community, for the first time ever we have a historic opportunity to control a pandemic without a vaccine or a cure, laying the groundwork for eventually eliminating HIV through future scientific discovery. To seize this moment, we must all focus our efforts on where the burden of HIV/AIDS is the greatest. We must ensure that men, women and children in the hardest-hit countries, cities and communities have the life-saving HIV prevention and treatment services that allow them to thrive, survive and fulfil their dreams.

Mr. Gimenez (Norway): The rolling out of widespread testing and effective treatments has led to tremendous progress in the HIV response in recent decades. For example, thanks to the many advances, an HIV-positive person who is given access to treatment can now have the same lifespan as someone who is HIV-negative. However, we are concerned about the remaining critical gaps that are identified in the report of the Secretary-General (A/73/824).

Too many people are still infected by the virus every year. Sadly, fear, stigma and discrimination around the disease persist and continue to have a disproportionate effect on marginalized people. We cannot afford to backtrack. We must move faster to make sure that we reach everyone in need of treatment, care and prevention, especially those in at-risk and key populations and people living with HIV.

Norway fully supports the recommendations in the Secretary-General's report and would further like to highlight a few important points.

First, HIV continues to disproportionately affect adolescents and young people in many countries. About one third of new infections are in people aged 15 to 25, and in almost all countries where HIV affects many groups, young women and girls aged 15 to 24 are far more likely than their male counterparts to contract HIV. Any successful HIV-response must therefore be aimed at reaching young women and girls in particular.

The link in this regard between girls' education and positive health outcomes is irrefutable. Results are particularly convincing when girls stay in school and complete secondary education. Girls who have been in school can make informed choices and take better care of themselves and their families. They have stronger political and economic power in their communities and societies. Keeping girls in school also reduces their risk of HIV. That is one of the many reasons that focusing on girls' education is a key priority of Norway's development cooperation.

Secondly, comprehensive sex education is an important component of HIV prevention. Girls as well as boys need knowledge about their bodies, health and rights to be able to make informed decisions and create positive relationships. Ample evidence shows that comprehensive sexuality education delays the start of sexual activity, increases the use of contraceptives and reduces sexual and gender-based violence. Norway supports the inclusion of comprehensive sex education in primary and secondary school as well as for children, adolescents and youth who are out of school.

As several previous speakers have highlighted, taboos and stigma related to sexual health are the biggest factors holding us back from eliminating HIV completely. We need the provision of non-discriminatory youth-friendly health services, including for adolescents, young people and persons with disabilities. Access to sexual and reproductive

health services and the empowerment of young women and girls go hand in hand with the effective prevention of HIV. If we want services to be truly effective and acceptable, we should strive to include women and girls in programme design and implementation.

Unfortunately, many of the issues that I am addressing today continue to be the subject of controversy here at the United Nations. As a man growing up in Western Europe, I have had many privileges, perhaps none more basic than my access to health services, including my rights and reproductive and sexual health. Few privileges are more unquestioned than my right to contraceptives and the access to information and guidance on how to protect myself in avoiding sexually transmitted diseases. An unfortunate realization working on these issues, even here at the United Nations, is that many of those rights are not as available to women and girls, indeed far from it, because very often we hold women and girls to a different standard from men and boys.

We are in this together. The fight against HIV concerns us all, and we have been presented with ample facts. For example, more than 80 per cent of HIV cases are transmitted sexually, while girls and women are more than three to five times more likely to be affected than their male counterparts. The empowerment of girls and women is therefore key, as is granting everyone the same rights. It is irresponsible to turn a blind eye to the facts gathered during more than 30 years of working in the field, including the hard empirical evidence of experts, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and others, not least of which are many of the countries that have delivered their statements here today and told us what has been effective.

Several important processes in global health are currently on the agenda at the United Nations. The action plan of Sustainable Development Goal 3 is key to strengthening collaboration among global health actors. While there are valuable lessons to be shared from the HIV response, it is also important to ensure that HIV is integrated into the broader health agenda. People with HIV often have other infections, known as co-morbidities, such as tuberculosis or hepatitis. One in three deaths in people with HIV is from tuberculosis. HIV cannot be dealt with in isolation.

The future of the HIV response will also require that we look beyond the provision of care for HIV and

ensure that both sexual and reproductive health and rights and an effective disease response are embedded in universal health coverage. That will provide an important opportunity for better results and efficiency gains and ensure that no one is left behind.

We must ensure that marginalized and vulnerable groups, including key populations at risk of HIV, are involved and funded in the evolution of the global health architecture. Reaching and working with those groups remains essential to creating a robust response to the epidemic, delivering services to everyone in need and tackling HIV-related stigma and discrimination. As part of that effort, Norway recently increased its funding to the Robert Carr Civil Society Networks Fund, which supports networks that address the needs and human rights of inadequately served populations.

Finally, we look forward to another successful replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. I would like to end by acknowledging the importance of United Nations reform in enabling UNAIDS and the rest of the United Nations system to support countries in implementing the 2030 Agenda for Sustainable Development. We have a chance to end the spread of HIV by 2030, but we cannot afford to be complacent in that response.

Ms. Yáñez Loza (Ecuador) (*spoke in Spanish*): My country is grateful to the President of the General Assembly for convening this meeting, which enables us to review our shared commitment to ending the HIV/AIDS epidemic by 2030, as envisaged in the Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), as well as to underscore the urgency of accelerating action to achieve the goals set out in the Political Declaration on HIV and AIDS, adopted by the General Assembly in resolution 70/266 in June 2016. Much undoubtedly remains to be done in the world to end the HIV/AIDS epidemic, although there is clear progress. Today I would like to share Ecuador's efforts along that path.

Through our national office for control and prevention and our national HIV/AIDS strategy, my country's Ministry of Public Health is working to detect new cases, monitor patients and provide treatment and prevention efforts. Ministry of Public Health facilities carry out screening tests, including third-generation rapid tests and automated enzyme-linked immunosorbent assay tests, mostly on pregnant women during their regular check-ups. We also have in place a

national HIV/AIDS strategy that currently manages the system of estimated data, in which information related to regular medical check-ups, treatment provision and examinations is collected.

Ecuador instituted a single medical history information system in 2017 to track our entire population. To that end, we also developed a dedicated module for the care of patients with HIV/AIDS, which enables better control and monitoring. Similarly, in order to increase access to HIV/AIDS treatment and quality care and support, we maintain a medical history registry of 39,224 HIV/AIDS patients, of whom 16,997, or 43.3 per cent, are under treatment. In 2017, \$6,858,978 was invested in purchasing antiretroviral drugs, an increase of 39.29 per cent over the resources allocated the previous year.

With regard to preventing mother-to-child transmission in order to reduce the vertical transmission rate, those testing positive in screenings receive the appropriate care. In that regard, the national HIV/AIDS strategy provides medications to health centres for patient care, including caesarean sections, follow-up testing, including for viral load, and maternal milk substitutes.

The promulgation in Ecuador of a national plan for sexual and reproductive health for the period from 2017 to 2021 established strategic guidelines for implementing inclusive services with an emphasis on non-discrimination. Work is being carried out in conjunction with public institutions and non-governmental organizations to draw up regulatory documents based on a comprehensive care model, which is a multisectoral strategic plan that is updated every five years. Furthermore, comprehensive care guides for pregnant women, paediatric adolescent patients and adults are available and updated on an ongoing basis.

With regard to universal access to prevention, Ecuador's efforts are in line with international commitments. Measures are being implemented throughout the country to eliminate mother-to-child transmission by affording pregnant women timely diagnosis, access to antiretroviral treatment and medical follow-up. The goal is to reduce the percentage of mother-to-child transmission of HIV to less than 2 per cent by the end of this year.

We have designed a virtual course entitled "Human rights and good practices in HIV care procedures", with a view to preventing new infections. The course

aims at ensuring full rights for HIV/AIDS patients and applying the procedures established in the guides to comprehensive care for adults and adolescents with HIV/AIDS, the prevention and control of mother-to-child transmission of HIV and congenital syphilis and comprehensive care for children with HIV/AIDS, and HIV/AIDS counselling. We also encourage the adoption of positive measures to prevent or reverse discrimination suffered by people living with HIV.

The State of Ecuador has established a national sexual and reproductive health plan that views gender, rights and equality as fundamental in our approach and seeks to promote inclusion, equality and respect for human rights in the sexual and reproductive health services of our national health system, with emphasis on priority care groups and diverse populations.

We welcome the initiatives undertaken by Member States, the United Nations system and civil society to accelerate and make the fight against the HIV/AIDS epidemic effective. Ecuador will continue to work to fulfil its commitments under the 2030 Agenda and the SDGs and to meet the needs of all those affected by this disease, to whom we dedicate our efforts to preserve their health, rights and welfare.

Mr. Cepero Aguilar (Cuba) (*spoke in Spanish*): My delegation appreciates the report submitted by the Secretary-General (A/73/824) on the subject at hand. As it shows, progress has been made in the fight against HIV/AIDS since 2001, but opportunities for access to health services remain uneven.

Funding for HIV action in developing countries has remained stagnant globally for most of the past five years. The stigma and discrimination faced by people living with HIV and the existence of harmful gender norms also figure among the challenges to achieving the targets agreed on by the General Assembly. In that regard, moving forward and successfully addressing HIV/AIDS require a profound reform of the current international order and the promotion of a genuine spirit of partnership.

Since the start of Cuba's national programme for the prevention and control of HIV/AIDS, more than three decades ago, effective prevention, diagnosis and treatment have been guaranteed, expanded and updated in line with the changes in criteria recommended by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS. Like our entire health system, Cuba's strategy for responding

to HIV/AIDS is based on the principle that health is a basic human right that includes three fundamental pillars — a comprehensive approach, the country's biotechnological capacity, which has enabled research and the development on generic medicines, and a highly educated citizenry that believes in its national public health system. The strategy also includes a comprehensive sex education programme that covers all population groups.

Free, anonymous testing is provided to all who request it. In addition, free antiretroviral treatment is guaranteed and a wide range of counselling, advice and support services are offered to patients. That is coupled with the active involvement of civil society in prevention activities as well as the participation of people living with HIV in the design, implementation and evaluation of those programmes.

Those measures led to Cuba's 2015 WHO certification as the first country in the world to eliminate mother-to-child transmission of HIV. The prevalence of HIV/AIDS among the population aged 15 to 49 is well below 1 per cent, while sustained progress is being made in awareness-raising within society to eliminate all forms of discrimination based on gender, sexual orientation, gender identity or HIV status.

In sum, Cuba's experience has demonstrated that a display of will on the part of the Government, together

with a comprehensive and participatory approach, can have a positive impact on the prevention of HIV, as well as on providing a dignified life for people living with HIV or AIDS, despite the fact that in our case we face the adverse effects of the intensified economic, commercial and financial blockade imposed by the United States, which causes considerable material deficiencies in our public-health sector.

The full exercise of the right to education and health is crucial to ending the epidemic. International cooperation should be encouraged to strengthen primary health-care services, advocacy and prevention in the countries most in need. Cuba reaffirms its willingness and readiness to help other countries in the world in need based on our experience and achievements, and renews its political commitment to helping to accelerate the global response to HIV/AIDS.

The Acting President (*spoke in Russian*): We have heard the last speaker in the debate on this item.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 11?

It was so decided.

The meeting rose at 1.05 p.m.