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Asia-Pacific Intergovernmental Meeting on HIV and AIDS

Bangkok, 28-30 January 2015

Agenda item 9

Adoption of the report of the Meeting

Draft report

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I. Matters calling for action by the Commission or brought to its attention

Decisions

1. The Meeting endorses the Regional Framework for Action on HIV and AIDS beyond 2015, as contained below:

January 2015	Asia-Pacific Intergovernmental Meeting on HIV and AIDS	
May 2015	Consideration by the Commission at its seventy-first session, of the outcome of the Asia-Pacific Intergovernmental Meeting on HIV and AIDS	
June 2015 and after	National stakeholder consultations to promote access to affordable medicines, diagnostics and vaccines	Evidence-based national HIV investment cases and sustainability plans
	Regional input into the high-level meeting on HIV/AIDS to be convened by the General Assembly (2016)	
	Regional review of the progress made in implementing the Regional Framework for Action on HIV and AIDS beyond 2015 (2018)	
	Continuing national reviews and multisectoral consultations on legal and policy barriers	

2. The Meeting requests that the Commission at its seventy-first session consider, with a view to endorsing, the report of the Asia-Pacific Intergovernmental Meeting on HIV and AIDS, which was held in Bangkok from 28 to 30 January 2015.

II. Proceedings

A. Review of national progress in meeting the commitments contained in General Assembly resolution 65/277 on the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, and ESCAP resolutions 66/10 and 67/9

1. The Meeting had before it a document entitled "Overview of progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific" (E/ESCAP/HIV/IGM.2/1).
2. Statements were made by representatives of the following ESCAP members: Australia; Bangladesh; Bhutan; China; Fiji; India; Indonesia; Iran (Islamic Republic of); Japan; Maldives; Myanmar; Nepal; Philippines; Republic of Korea; Russian Federation; Sri Lanka; Thailand; and Viet Nam.

3. Statements were also made by representatives of the following intergovernmental organizations: the International Organization for Migration; and Partners in Population and Development.
4. A consolidated statement on behalf of civil society organizations was delivered by the representative of the Pacific Sexual Diversity Network.
5. The secretariat was commended for the timely convening of, and excellent preparations for, the Meeting, including the high quality of the background documentation. The close cooperation of ESCAP with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), as well as the support rendered by the United Nations Educational Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO), were appreciated.
6. Many delegations affirmed their continuing commitment to the implementation of the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (General Assembly resolution 65/277), and Commission resolutions 66/10 and 67/9.
7. The Meeting noted the findings of the ESCAP survey on progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific. The findings indicated the significant progress of the Asia-Pacific region in meeting its commitments at the global and regional levels to halt the spread of HIV, and to ensure universal access to HIV prevention, treatment, care and support. The Meeting was informed that, since the endorsement of the ESCAP road map to 2015, 28 Governments had undertaken national reviews and/or consultations to review legal and policy barriers to HIV services. Many of the national reviews and consultations involved the participation of multisectoral stakeholders, including the engagement of civil society.
8. Several delegations reported progress in implementing national plans and strategies to address HIV and AIDS. They also referred to achievements in increasing access to treatment reaching out to key populations and preventing mother-to-child transmission. In some countries, free treatment had been made available to people living with HIV, while in several others, voluntary community-based testing and counselling had been expanded. The successful integration of HIV services into overall sexual and reproductive health services, maternal health services, and universal health-care systems was reported by several delegations.
9. Several delegations noted the positive impact of implementing HIV and AIDS prevention and treatment guidelines, together with national HIV and AIDS strategic plans, in promoting a continuum of care, with more effective surveillance. Achievements in terms of increasing HIV and AIDS funding were also noted, with efforts having been made to transition to greater domestic funding and attain sustainability, including through the development of HIV investment plans.
10. Progress was further reported with regard to developing policies and legal frameworks for more effective AIDS responses, encompassing, inter alia, initiatives to address stigma and discrimination, including by means of promulgating related legislation.

11. Some delegations informed the Meeting of initiatives taken to promote gender equality as central to the national response on HIV and AIDS; these included the empowerment of women and girls and addressing gender-based violence through grass-roots-based programmes. The Meeting was also informed of programmes aimed at preventing infections among children and keeping mothers alive.
12. A number of delegations focused on the vulnerabilities of migrants to HIV. Where migration was increasingly a factor in HIV transmission, strategies were being devised to focus on source, transit and destination points.
13. Moreover, many delegations reported that greater attention had been given to programmes directed at key populations, including men who have sex with men, people who inject drugs, transgender people, sex workers, as well as youth and migrants.
14. Taking note of the increasing number of infections among young key populations, the Meeting was informed of the need to ensure that programmes were tailored to their specific needs.
15. Some delegations highlighted steps that they had taken to promote harm reduction for people who inject drugs, such as opioid substitution therapy and methadone maintenance treatment.
16. Partnerships were highlighted as a means of achieving more comprehensive results. Several delegations cited the benefits of adopting multi-ministerial approaches and working with civil society organizations, faith-based organizations, the private sector and communities.
17. Regional cooperation was cited as an effective modality for addressing HIV and AIDS in the region through, inter alia, development assistance programmes, involving technology transfer, sharing of lessons and promotion of good practices.
18. The delegation of Bangladesh informed the Meeting that its Government would host the Twelfth International Congress on AIDS in Asia and the Pacific, to be held in Dhaka from 20 to 23 November 2015.
19. Several delegations emphasized the importance of political commitment, non-discriminatory legal and normative frameworks, data and strategic partnerships for addressing their priorities. They also emphasized the value of multisectoral, multi-level and multi-stakeholder cooperation, within and across countries.
20. The delegation of the Islamic Republic of Iran stressed that AIDS responses should take into consideration national contexts, particularly cultural, moral and religious norms, ethical values, and legal and social systems.
21. Challenges to mounting an effective response to HIV in the region were reported. Many delegations noted the concentrated HIV prevalence among key populations. Many delegations also discussed challenges to improving access to affordable medicines, vaccines and diagnostics, particularly for key populations and across all geographic areas. The challenges to reducing the costs of treatment posed by the international environment, in particular the implementation of intellectual property frameworks, were also noted.

22. The need for strengthened governance of HIV programmes, including adequate funding of national plans and strategies, technical capacity and effective coordination of AIDS responses was highlighted by a number of delegations.
23. The persistence of legal and policy barriers and social discrimination against people affected by HIV and key populations was identified as an obstacle to further progress in responding to HIV by many countries.
24. Several delegations addressed priorities for the future, including enhancing prevention efforts, particularly among key populations and across all geographic areas. Some delegations identified, as a priority, the reduction of stigmatization of, and discrimination against, people living with HIV and key populations.
25. Many delegations also highlighted the improvement of HIV services, particularly HIV testing, as well as treatment and care, as their priorities for the future. The importance of ensuring affordable access to medicines was underscored by some delegations.
26. Many delegations reported on plans to increase domestic resources for financing the AIDS response on a sustainable basis. Some delegations informed the Meeting of their plans to strengthen the integration of HIV services within the general health delivery system, and to use social protection as a means of responding to HIV. Strengthening regional cooperation and enhancing multisectoral stakeholder engagement were also identified as priorities for the future by several delegations. A number of delegations identified migrants and mobile populations as key population groups in need of greater attention in AIDS responses.
27. The representative of the International Organization for Migration highlighted the need to address vulnerabilities to HIV experienced by migrant and mobile populations, and called for greater efforts to ensure their access to HIV prevention, treatment, care and support. Such efforts would ensure the right of migrants to health and minimize the negative impact of the migration process.
28. The representative of the Partners in Population and Development informed the Meeting of the Twelfth International Congress on AIDS in Asia and the Pacific, which would be hosted by the Government of Bangladesh in Dhaka in November 2015, with the support of his organization.
29. The representative of civil society organizations expressed appreciation to member States that had undertaken national reviews and consultations, and offered assistance to those that had yet to undertake such reviews. While noting the progress made in reducing new infections, the representative drew attention to the concentration of the epidemic among key populations and in cities. The representative drew attention to the need for stronger accountability mechanisms to uphold and fulfil the human rights of all people.

B. Assessment of the outcomes of the national reviews and multisectoral consultations on policy and legal barriers to universal access to HIV services

30. The Meeting had before it a document entitled “Overview of good practices in conducting national reviews and consultations on policy and legal barriers to universal access to HIV prevention, treatment, care and support in Asia and the Pacific” (E/ESCAP/HIV/IGM.2/2).

31. A panel discussion on the subject was moderated by Dr. Mandeep Dhaliwal, Director, HIV, Health and Development Practice, UNDP, New York. The panellists were:

- Dr. Tia Phalla, Vice-Chair, National AIDS Authority, Cambodia
- Mr. Shoaib Mir, Additional Secretary, Ministry of Law, Justice and Human Rights, Pakistan
- Mr. Michael Kirby, former Justice of the High Court of Australia
- Mr. Jonas Bagas, representative, civil society organizations

32. Dr. Phalla shared the experience of Cambodia in implementing innovative partnerships with the police in order to foster supportive partnerships between local governments and key populations. He also referred to the country's progress in increasing the availability of life-saving medicines at an affordable cost. He explained the economic rationale of focusing on key populations as a means of reaching zero new infections in the most efficient manner and in a context of budgetary cuts. He also referred to the need to review the legal environment to improve access by key populations to HIV services, and the relationship between rights holders and duty bearers.

33. Mr. Mir shared the experience of Pakistan in conducting a legislative review through a consultative exercise involving diverse stakeholders. He noted that the inclusion of provincial authorities and civil society in consultative and legislative processes would not only strengthen protective national laws and policies, but would help facilitate the adoption of laws and policies at the subnational level, together with city-based interventions. The recent passage into law of the Sindh provincial AIDS act in Pakistan was highlighted as success of this engagement process. He also discussed the role of health-care coverage, particularly for key populations, as well as quality assurance of medications.

34. Mr. Kirby expressed concern over the lack of progress on removing legal barriers to key populations in accessing HIV services in a number of countries in the region. He emphasized that the scaling up of legal reforms across the Asia-Pacific region to address stigma and discrimination was critical for improving access to HIV services. While welcoming the progress made thus far in parts of the region, Mr. Kirby urged accelerated action on prevention among key populations. Mr. Kirby outlined three key challenges that justified urgent government action in this area, namely: reduced international funding for AIDS responses; the increased need for heavily patented, higher-line antiretroviral treatments; and the persistence of discriminatory laws against key populations, which made it difficult to reach those groups through HIV services.

35. Mr. Bagas discussed the experience of national and legal reviews in the Philippines. Those reviews indicated that punitive and discriminatory laws were not protective; instead they actually created a "back door" that accelerated the transmission of HIV. Mr. Bagas stressed the importance of laws that protected the rights of key populations, ensuring a positive impact on wide societal acceptance of diversity. He also stressed the importance of involving communities, key populations and other civil society entities in participatory processes at local and national levels to promote legal and attitudinal change.

36. In the discussion that followed the panel presentations, some delegations stressed the importance of reconciling regional strategies with national laws. In so doing, they emphasized the sovereign right of member States to formulate AIDS responses in accordance with national laws, and religious and cultural norms and values, while respecting internationally recognized human rights. The delegations also suggested that the implementation of the regional road map should be based on multilaterally agreed concepts and respect for diverse domestic legal systems, in order to maximize effective and responsive national strategies.

37. One representative emphasized the need to engage both national and local government bodies, the judiciary, law enforcement agencies and civil society to promote positive legislative change and build supportive partnerships. He also highlighted the central role of the education of all stakeholders, particularly law enforcement agencies, to increase their legal literacy in order to ensure the implementation of laws and create an enabling environment.

38. Some delegations briefed the Meeting on the steps taken to review the legal and policy barriers to universal access to HIV services.

39. The delegation of the Islamic Republic of Iran indicated that it was the sovereign right of each member State to implement the recommendations and proposals contained in the outcome document or any other document referred to in the regional road map, as well as its related HIV/AIDS policies, in consonance with the respective national laws and development priorities, and with full respect for the various religious and ethical values and cultural backgrounds of the people, and in conformity with universally recognized human rights.

40. The representative of civil society noted the importance of innovation in the development of antiretroviral treatments, and urged maximum use of flexibility under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). In that regard, Indonesia and Thailand were commended for their efforts, including through the issuance of compulsory licenses.

41. In concluding the panel discussion, Dr. Dhaliwal underlined the need for enhancing the efficacy of AIDS responses through improved legal and policy environments. She highlighted the need for an acceleration of the legal and policy review process, and use of regional platforms for dialogue as a means of South-South cooperation and peer learning.

C. Review of the financing of national HIV and AIDS responses

42. The Meeting had before it a paper entitled “Review of the financing of national HIV and AIDS responses in the Asia-Pacific region” (E/ESCAP/HIV/IGM.2/3).

43. A panel discussion on the subject was moderated by Mr. Pradeep Kakkattil, Deputy Director, Regional Support Team for Asia and the Pacific, UNAIDS. The panellists were:

- Mr. J.V.R. Prasada Rao, United Nations Secretary-General’s Special Envoy for AIDS in Asia and the Pacific
- Mr. Taweessap Siraprasasiri, Director, National AIDS Management Centre, Ministry of Public Health, Thailand

- Mr. Bui Duc Duong, Deputy Director-General, Viet Nam Authority of HIV/AIDS Control, Ministry of Health, Viet Nam
- Mr. David Wilson, Global HIV/AIDS Programme Director, World Bank
- Ms. Malu Marin, Regional Coordinator, Coalition of Asia-Pacific Regional Networks on HIV/AIDS (7 Sisters)

44. Mr. Rao noted that, in the preceding four to five years, complacency had weakened the HIV and AIDS response, and the sense of urgency in responding to HIV had been lost. He highlighted that there was a funding shortfall and thus a need to use resources in a more effective manner. As such, Mr. Rao noted that countries could: (a) examine their domestic resource base to identify ways to improve financing of their HIV and AIDS responses; (b) invest in prevention among key populations; and (c) strengthen the political will to promote sustainable financing of HIV and AIDS responses. He also stated that a regional procurement system for life-saving medicines would go a long way towards reducing treatments costs and increasing the sustainability of AIDS funding.

45. Mr. Siraprapasiri described the “investment case” and strategies of Thailand that had been planned and implemented to maximize the economic and social returns of investing in HIV services. He discussed the need for more efforts and funding to tackle HIV. That included “smart investments” that focused on prevention among key populations with their full engagement. Mr. Siraprapasiri added that the health system of Thailand reflected an improved understanding of the situation in communities and how technology could be used to enhance treatment. Thailand had adopted a holistic approach whereby the pillars of prevention and treatment were seen as complementary rather than competing priorities.

46. Mr. Duong explained that Viet Nam had pursued a national “investment case” and had increased its domestic resources for addressing HIV. He noted that the country had pursued decentralization of its health system and HIV services, with a focus on key populations and sustainable financing. He recognized the urgent need to fill the financing gap within the next five years. Mr. Duong discussed how the integration of HIV services into the health system, setting clear targets and undertaking periodic national reviews had been instrumental in realizing effective testing, treatment and counselling of people living with HIV.

47. Mr. Wilson stressed the overriding importance of reducing new infections to end the AIDS epidemic. In that regard, he highlighted the significance of HIV prevention among key populations, as well as the need to integrate AIDS responses in universal health-care coverage systems, while retaining essential additional services for key populations. He cited Thailand as an example of good practice in that respect and noted that community-based treatment was an effective approach. He added that targeted investments could generate savings. Mr. Wilson also noted that it was important for countries to make the transition to funding AIDS responses from domestic resources. Noting that the bulk of new infections were expected to occur in middle-income countries, the decision of international funding agencies, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, to withdraw from those countries posed a serious challenge.

48. Ms. Marin called for changes in governance structures and legislation to promote greater inclusion of key populations. She stressed the need for greater civil society and community engagement to change mindsets, in

particular by matching increases in funding for treatment with increasing investment in prevention among key populations, which was key to ending the epidemic. She highlighted the importance of engaging people at the local level, strengthening the political will and moving from reliance on external resources to greater allocation of domestic resources. Ms. Marin gave particular emphasis to addressing stigma and discrimination so that persons, particularly those from key populations, could fully and freely access HIV services. In addition, she encouraged communities to build their own constituencies to demand their rights and to fight political complacency.

49. The Meeting noted that there had been an increase in the total funding of HIV and AIDS responses in the past two decades, with governments playing a larger role in funding responses. It was observed that the private sector and new approaches to financing, such as funding through crowdsourcing, had become more prominent, although shortfalls in funding remained. It was also noted that indicators and the documenting of change were important for establishing the evidence base for resourcing effective responses.

50. The Meeting further noted that there was a need for: (a) sustainable financing for HIV and AIDS responses that engaged both the public and private sectors; (b) increased effectiveness of responses, requiring improvements in existing governance and administrative processes and of universal health coverage; (c) the harmonization of domestic and external resources, inclusive of the transition from primarily external-based to domestic financing; (d) greater focus on eliminating stigma and discrimination against key populations and people living with HIV to provide them with access to HIV services; and (e) coordinated and cooperative responses, from the local to the regional levels, that involved the diverse sectors of government, civil society and key populations.

D. Enhancing regional cooperation to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific beyond 2015

51. The Meeting had before it a paper entitled “Regional cooperation to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific beyond 2015” (E/ESCAP/HIV/IGM.2/4).

52. Statements were made by the representatives of the following ESCAP members: Australia; Bangladesh; Cambodia; China; Fiji; Georgia; India; Iran (Islamic Republic of); Japan; Maldives; Nepal; Pakistan; Russian Federation; and Sri Lanka.

53. The Meeting endorsed the Regional Framework for Action on HIV and AIDS beyond 2015, as set out in the figure in section IV of document E/ESCAP/HIV/IGM.2/4, which contained the following:

(a) Consideration by the Commission at its seventy-first session of the outcome of the Asia-Pacific Intergovernmental Meeting on HIV and AIDS (May 2015);

(b) Continuing national reviews and multisectoral consultations on legal and policy barriers (June 2015 and after);

(c) National stakeholder consultations to promote access to affordable medicines, diagnostics and vaccines (June 2015 and after);

(d) Evidence-based national HIV investment cases and sustainability plans (June 2015 and after);

(e) Regional input into the high-level meeting on HIV and AIDS to be convened by the General Assembly (2016);

(f) Regional review of progress made in implementing the Regional Framework for Action on HIV and AIDS beyond 2015 (2018).

54. In response to a query, the secretariat clarified that the Regional Action Framework, if endorsed, would not be legally binding.

55. In the context of the Regional Action Framework, the delegation of Australia emphasized the need to use existing mechanisms for organizing national reviews and consultations to avoid duplication of processes.

56. Some delegations expressed the view that the implementation of the Regional Framework for Action should be consistent with national laws, development priorities and cultural and religious norms and values.

57. The delegation of the Islamic Republic of Iran reiterated its reservation to the 2011 Political Declaration on HIV and AIDS, which reads as follows:

The delegation of the Islamic Republic of Iran stated that, while the country was committed to providing the widest possible access to care, treatment and support for people living with HIV/AIDS, it found the Declaration to be discriminatory to the health care of the general public. Government had the responsibility to support the health of all its citizens. Moreover, paragraph 29 of the Declaration failed to recognize the detrimental role of risky and unethical behaviours in the spreading of the disease. Accordingly, the Iranian Government wished to put on record its reservation to that paragraph. The Islamic Republic of Iran was also not committed to those parts of the Declaration that might in one way or another be interpreted as promoting unethical behaviour that ran counter to the religious beliefs and cultural values of Iranian society.

58. Several delegations emphasized the importance of regional cooperation and expressed their support for the road map. Many delegations provided examples of regional cooperation initiatives focusing on capacity-building, including in research, South-South cooperation and exchange of good practices. Several delegations identified international migration as a key issue for regional cooperation for addressing HIV and AIDS in a transboundary context.

59. Several delegations expressed their support for the inclusion of targets on addressing HIV in the development agenda beyond 2015. Several delegations reiterated the importance of taking multisectoral approaches and involving communities and civil society in responses to HIV. Some delegations emphasized the need to integrate HIV into health-care services and provide universal health-care services that reached all population groups, using a human rights framework.

60. Some delegations informed the Meeting about initiatives taken by their Governments to provide funding for HIV programmes in the region. The importance of international support for ensuring that adequate medical supplies, including generic medicines, were available for diagnosis and treatment at affordable costs, was also highlighted by some delegations.

61. One delegation informed the Meeting that it had analysed domestic funding commitments related to HIV and had developed an investment plan to guide funding priorities.

62. A consolidated statement delivered on behalf of civil society organizations emphasized that funding on HIV and AIDS had to be invested efficiently and effectively. To that end, communities that were left behind had to be targeted through programmes aimed at reducing their vulnerability to HIV and AIDS. In the statement, the Regional Framework for Action on HIV/AIDS beyond 2015 was praised as being a right step towards universal access to treatment and prevention and the need to ensure access to affordable life-saving medicines was emphasized.

E. Other matters

63. No other matters were raised.

F. Adoption of the report of the Meeting

64. The report of the the Asia-Pacific Intergovernmental Meeting on HIV and AIDS was adopted on 30 January 2015.

G. Closing of the Meeting

65. Closing statements were made by Mr. Ratu Epeli Nailatikau, President of Fiji; Ms. Shamshad Akhtar, Executive Secretary of ESCAP; and Mr. Michel Sidibé, Executive Director of UNAIDS.

III. Organization

A. Background

66. The regional framework for action on HIV and AIDS, or the ESCAP road map to 2015, endorsed by the intergovernmental meeting on HIV and AIDS in 2012, has supported ESCAP members and associate members in accelerating and monitoring national efforts towards achieving universal access to HIV prevention, treatment, care and support through regional cooperation, including the sharing of information, experiences and good practices in the HIV and AIDS response. An inclusive regional intergovernmental review meeting was included in the road map to reflect the mandate provided by the 2011 Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS, which requests the regional commissions, within their respective mandates and resources, “to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV”.¹

67. The Asia-Pacific High-level Intergovernmental Meeting was convened by ESCAP in close cooperation with the UNAIDS and UNDP, and with support from UNESCO, UNFPA, UNODC and WHO.

B. Objectives

68. The objectives of the Meeting were as follows:

¹ General Assembly resolution 65/277.

(a) To assess national progress and to exchange multisectoral experiences in meeting the commitments contained in the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, and in ESCAP resolutions 66/10 and 67/9;

(b) To review measures to enhance the financial sustainability and effectiveness of HIV and AIDS responses in Asia and the Pacific;

(c) To evaluate the outcomes of national reviews of policy and legal barriers to universal access to HIV prevention, treatment, care and support in pursuance of ESCAP resolution 67/9;

(d) To consider enhancing regional cooperation, particularly in addressing legal and policy barriers to universal access to HIV prevention, treatment, care and support.

C. Attendance

69. The Meeting was attended by the following ESCAP members and associate members: Australia; Bangladesh; Bhutan; Brunei Darussalam; Cambodia; China; Fiji; France; Georgia; India; Indonesia; Iran (Islamic Republic of); Japan; Lao People's Democratic Republic; Maldives; Mongolia; Myanmar; Nepal; Pakistan; Philippines; Republic of Korea; Russian Federation; Samoa; Sri Lanka; Thailand; Uzbekistan; Viet Nam; Cook Islands; and Macao, China.

70. In addition, representatives of the following United Nations bodies, attended: UNDP; UNFPA; United Nations Human Settlements Programme; United Nations Children's Fund; UNODC; United Nations Entity for Gender Equality and the Empowerment of Women; World Food Programme; and UNAIDS.

71. The following specialized agencies and related organizations were represented: UNESCO; WHO; and World Bank.

72. The following intergovernmental organizations were represented: Asian Development Bank; Association of Southeast Asian Nations; International Organization for Migration; Partners in Population and Development; and South Asian Association for Regional Cooperation.

73. The following non-governmental organizations were represented as observers: International Drug Policy Consortium; International HIV/AIDS Alliance; and International Planned Parenthood Federation, South Asia Region.

74. In addition, the following entities participated as observers: 12D; Action for AIDS Singapore; AMAL Human Development Network; Asia Pacific Alliance for Sexual and Reproductive Health and Rights; Asia Pacific Coalition on Male Sexual Health; Asia Pacific Council of AIDS Service Organizations; Asia Pacific Network of People Living with HIV/AIDS; Asia Pacific Network of Sex Workers; Asia Pacific Transgender Network; Asian Interfaith Network on AIDS; Asian Network of People Who Use Drugs; Astitva Trust; Australian Federation of AIDS Organisations; Aye Myanmar Association; Blue Diamond Society; Cambodian People Living with HIV Network; CARE Bangladesh; Center for Supporting Community Development Initiatives; Coalition of Asia-Pacific Regional Networks on HIV/AIDS; Coordination of Action Research on AIDS and Mobility Asia; Family Planning Association of Bangladesh; Family Planning Association of India; Gender and Development Advocates Philippines; Haus of Khameleon; Heart to Heart Lanka Organization; HIV/AIDS Human Rights Solidarity;

HIV/AIDS Research and Welfare Centre; Human Development Foundation; International Community of Women Living with HIV; International Community of Women Living with HIV in Asia Pacific; International Federation of Red Cross and Red Crescent Societies; India HIV/AIDS Alliance; Indian Drug Users Forum; Kirby Institute; Kripa Foundation; Light House; Malaysian AIDS Council; Men's Health Cambodia; Myanmar Youth Stars Network; Nagaland Users Network; Naz Male Health Alliance; National Coalition of People Living with HIV in India; National User Network in Nepal; Nepal Drug Users Prevention Association; NGO Delegation to the UNAIDS Programme Coordinating Board; NoBox Transitions Foundation Incorporate; North East India Harm Reduction Network; Ovibashi Karmi Unnayan Program; Pacific Sexual Diversity Network; Peoples Development Community; Pinoy Filipino Transgender Men; Positive Action Foundation Philippines Incorporated; PSI Thailand Foundation; PT Foundation; Qingdao Rainbow Voluntary Service Centre; Radanar Ayar Rural Development Association; Sanggar Warna Remaja; Save the Children Bangladesh; Shine Sockssargen Incorporated; Society for Promotion of Youth and Masses; Society of Universe Lovers; Swasti Health Resource Centre; Thai National AIDS Foundation; Thai Red Cross AIDS Research Center; Thailand Business Coalition on AIDS; The Global Fund to Fight AIDS, Tuberculosis and Malaria; The Humsafar Trust; Youth Voices Count Tonga Leitis Association; TREAT Asia; United States Agency for International Development; Unzip the Lips; Vectoring China; We Are Student Club; Young Key Affected Populations Nepal; Youth Advocacy Network; Youth Caucus; Youth for Health; Youth LEAD; Youth Peer Education Network; and Youth Voices Count.

D. Opening and duration

75. The Asia-Pacific Intergovernmental Meeting on HIV and AIDS was held in Bangkok from 28 to 30 January 2015. The Meeting was inaugurated by Mr. Ratu Epeli Nailatikau, President of Fiji.

76. Statements were delivered by: Mr. Ratu Epeli Nailatikau, President of Fiji; Dr. Somsak Chunharas, Deputy Minister of Public Health, Thailand; the Executive Secretary of ESCAP; the Executive Director of UNAIDS; and Ms. Nukshinaro Ao, representative of civil society organizations.

77. A presentation on HIV-related issues faced by young key populations was made by young people under the auspices of Youth Lead.

E. Election of officers

78. The Meeting elected the following officers:

Chair:	Mr. Ratu Epeli Nailatikau (Fiji)
Vice-Chair:	Ms. Leah C. Tanodra-Armamento (Philippines)
Rapporteur:	Dr. Neeraj Dhingra (India)

F. Agenda

79. The Meeting adopted the following agenda:

1. Opening of the Meeting.
2. Election of officers.
3. Adoption of the agenda.

4. Review of national progress in meeting the commitments contained in General Assembly resolution 65/277 on the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, and ESCAP resolutions 66/10 and 67/9.
5. Assessment of the outcomes of the national reviews and multisectoral consultations on policy and legal barriers to universal access to HIV services.
6. Review of the financing of national HIV and AIDS responses.
7. Enhancing regional cooperation to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific beyond 2015.
8. Other matters.
9. Adoption of the report of the Meeting.
10. Closing of the Meeting.

G. Side/special events

80. The following side/special events were held:

(a) 28 January 2015: “How old are you? Engaging young people to create an enabling legal environment for access to HIV and sexual and reproductive health services”, coorganized by ESCAP, UNESCO and UNFPA in partnership with Youth LEAD and Youth Voices Count;

(b) 28 January 2015: “My body, my right: fighting HIV and AIDS from the perspective of sexual rights”, coorganized by the International Planned Parenthood Federation, South Asia Regional Office and the Asian Population Association;

(c) 29 January 2015: Launch of the report entitled “Investing for results: how Asia-Pacific countries can invest for ending AIDS”, organized by the High-Level Panel on AIDS Funding Landscape in Asia and the Pacific;

(d) 29 January 2015: “Harm reduction imperatives: overdose prevention and HCV services for people who use drugs”, coorganized by UNAIDS and UNODC;

(e) 30 January 2015: “Sex work and violence: understanding factors for safety and protection. Evidence to action in Asia and the Pacific”, coorganized by the Asia-Pacific Network of Sex Workers/CASAM, UNAIDS, UNDP and UNFPA;

(f) 30 January 2015: “Keeping the focus on HIV-affected women and girls”, coorganized by UNDP, the Asia-Pacific Interagency Task Team on Women, Girls, Gender Equality and HIV, and Unzip the Lips;

(g) 30 January 2015: “Fast-tracking the AIDS response: regional perspectives on UNAIDS strategy 2016-2021”, organized by UNAIDS.

Annex
List of documents

Symbol	Title	Agenda item
<i>General series</i>		
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E/ESCAP/HIV/IGM.2/3	Review of the financing of national HIV and AIDS responses in the Asia-Pacific region	6
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