



Economic and Social Council

Distr.: Limited
8 February 2012

Original: English

Economic and Social Commission for Asia and the Pacific

Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress
against Commitments in the Political Declaration on HIV/AIDS
and the Millennium Development Goals

Bangkok, 6-8 February 2012

Agenda item 7

Adoption of the report

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 to Support the Implementation of International and Region-specific Commitments, as contained in document E/ESCAP/HIV/IGM.1/3/Rev.1.
2. The Meeting requests that the Commission at its sixty-eighth session consider with a view to endorsing the report of the Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals, held in Bangkok from 6 to 8 February 2012.

II. Proceedings

A. Review of regional implementation of the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access, including regional follow-up to the outcome of the 2011 General Assembly High-level Meeting on AIDS.

3. The Meeting had before it the document entitled “Overview of regional implementation of the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access in Asia and the Pacific, including regional follow-up to the outcome of the 2011 General Assembly High-level Meeting on AIDS” (E/ESCAP/HIV/IGM.1/1 and Corr.1).
4. The Meeting welcomed the adoption of the Political Declaration on HIV/AIDS by the States Members of the United Nations in June 2011. It also noted the leadership role played by the Asia-Pacific region in adopting ESCAP resolution 66/10 on “Regional call for action to achieve universal access to HIV prevention, treatment, care and support” in May 2010 and ESCAP resolution 67/9 on “Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS” in May 2011 as significant regional inputs to the General Assembly High Level Meeting on AIDS, which was convened from 8 to 10 June 2011.
5. The following delegations made statements during the Meeting discussion under agenda item 4: Bangladesh, Cambodia, China, Fiji, India, Indonesia, Japan, Lao People’s Democratic Republic, Malaysia, Maldives, Marshall Islands, Mongolia, Nauru, Nepal, Pakistan, Philippines, Russian Federation, Tajikistan, Thailand and Tuvalu.
6. The Meeting noted that much progress had been achieved in addressing the HIV epidemic in the Asia-Pacific region since the adoption of the Millennium Development Goals in 2000 and the Political Declaration on HIV in 2006. This included a 20 per cent reduction in new HIV infections since 2001 and greater access to HIV services across the Asia-Pacific region, including a significant increase in the number of people receiving anti-retroviral treatment. Several delegations noted that technical capacity to detect infections and provide treatment had been improved through training, upgrading of medical equipment, and increased coverage of health centres even in rural and remote areas.

7. To achieve the MDG targets under goal 6, member States had been increasing efforts to improve the following: (a) access to HIV counselling and testing services; (b) anti-retroviral treatment; (c) elimination of new HIV infections among children, including through parent-to-child transmission; (d) condom promotion and behaviour change programmes to reduce sexual transmission and (e) harm reduction programmes among people who inject drugs. Some member States reported an increasingly decentralized response, increasing domestic resources, and the increasing involvement of civil society groups and people living with AIDS. In Cambodia, although MDG 6 had already been met, and the country had achieved universal access it was recognized that such gains would have to be sustained.

8. The Meeting noted that overall, the gains were uneven and that critical challenges remained. The epidemic was still outpacing the response in the region. The Meeting noted the unique characteristic of the epidemic in Asia-Pacific: new infections were concentrated among key populations at higher risk, including men who have sex with men, people who inject drugs, people who buy and sell sex, transgender persons, mobile populations and their intimate sexual partners. It was further noted that young people under the age of 25 constituted a significant proportion of those with new infections. Despite efforts to scale up prevention and treatment in the past decade, many countries would not achieve universal access targets for HIV prevention, treatment, care and support by 2015 unless efforts were intensified. The Meeting recognized that, with external funding declining, more domestic funding was needed to ensure adequate and sustained investments in the HIV response.

9. The Meeting noted that, across the Asian and Pacific region, national and subregional variations existed with regard to the HIV situation. Furthermore, the drivers of the epidemic changed as the epidemic evolved. In South-East Asia and South and South-West Asia, HIV prevalence remained high among key affected populations at higher risk, especially sex workers, people who use drugs, men who have sex with men and transgender persons. However, some parts of those subregions had seen a significant fall in HIV prevalence among people who use drugs. In North and Central Asia, the HIV epidemic was largely driven by injecting drug use, while in parts of the Pacific, sexual transmission, including that related to sex work, was more prevalent. In some countries of the Pacific, prevalence among men who had sex with men remained high or was rising. This was also the case in East and North-East Asia. Across Asia and the Pacific, parent-to-child transmission of HIV was falling, although more rapidly in some countries than in others. It was also noted that, in the HIV epidemics of many countries of Asia, internal and international migration appeared to be a vulnerability factor.

10. The Meeting acknowledged that, for countries of the region to achieve universal access, it would be essential to ensure high impact responses, particularly targeting populations at higher risks. It was observed that the declining epidemics in countries, such as Cambodia, India, Nepal and Thailand, were illustrative of the efficacy of combining high-level coverage of priority services with the intensive engagement of key affected populations. In those countries, for example, comprehensive prevention programmes targeting people who buy and sell sex had significantly reduced the infection rates among those population groups.

11. Several delegations reported that they had initiated and expanded programmes for people who injected drugs, including programmes that targeted young drug users, and programmes in prisons. Some delegations informed the Meeting of efforts to enhance programme coverage of men who had sex with men.

12. The Meeting noted that unless concerted efforts were made to enhance access to anti-retroviral treatment, the coverage gap might widen even further, including as compared to the rest of the world, jeopardizing the region's chances of meeting internationally agreed targets on universal access. Access to affordable drugs, sustained funding and involvement of PLHIV were recognized as key factors to achieve the regional target of 2.4 million people under treatment by 2015 (up from 922,000 by end 2010). One delegation noted that graduation from the Least Developed Country category would have an impact on access to generic medicines.

13. The Meeting welcomed the efforts by some countries in the region to address legal and policy barriers as well as discriminatory practices which impeded HIV responses and compromised the rights of people living with, and affected by, HIV. Those efforts included the decriminalization of drug users and acknowledgement of the right to treatment and rehabilitation under the 2009 Narcotics Law in Indonesia, legal recognition of transgender persons as the third gender in Nepal, recognition of the civil rights of transgender persons in Pakistan, and the endorsement of legislation on HIV/AIDS control and prevention which committed government to providing the necessary resources for the HIV response and tackling stigma and discrimination.

14. One delegation noted the importance of balancing both the public health goals and rights of diverse population groups with addressing socially- and culturally-sensitive issues, so as to ensure political and social acceptance. Another delegation drew attention to cultural barriers that prevented open discussion of sexual behaviour and HIV/AIDS. The Meeting noted that stigma and discrimination against persons living with, or affected by, HIV/AIDS remained a key barrier in the region. One delegation noted the importance of political leadership at the highest level in addressing stigma and discrimination.

15. The Meeting recognized that, for the HIV response to be sustainable, greater national ownership and well targeted and sustainable financing would be essential. At present, low and middle income countries in the region were still dependent on international funds, which were dwindling in the light of the uncertain global economic environment. However, countries such as China, Malaysia, Pakistan and Thailand had succeeded in funding the bulk of their HIV responses from domestic resources. One delegation noted that the establishment of an HIV Fund was under consideration to support a stronger role of local administration in the response, and improve governance of resources for HIV/AIDS in line with current trends in aid effectiveness.

16. The Meeting noted the significant economic costs of inadequately addressing the HIV epidemic. Aside from the burden of treatment costs, HIV exacerbated poverty and income inequality. In that regard, the Meeting stressed the crucial need for more explicit and meaningful inclusion of HIV responses within national development agendas. Some delegations reported that HIV responses had been mainstreamed into their national development plans and budgets. Others underscored the importance of mainstreaming HIV into national governance systems through monitoring and evaluation mechanisms and emphasis on research to support evidence-based policy and programme development.

17. The Meeting recognized that addressing gender norms and relations were crucial for reducing HIV vulnerability. For women, a major source of transmission of HIV was unprotected sex with their male partners, especially if those were the clients of sex workers, and the impact of the epidemic on monogamous women infected by their intimate partner across the region was

highlighted by one delegation. The need to increase male involvement in reproductive health was noted.

18. The Meeting was informed of national experience of the active involvement of all key stakeholders, including diverse government ministries, civil society and key affected populations as a critical factor for success. In many countries, multisectoral coordination mechanisms were active in the response.

19. The Meeting noted that the above-mentioned Political Declaration (adopted in June 2011) called upon all governments of the ESCAP membership to redouble efforts to achieve universal access by 2015, with a view to fulfilling Millennium Development Goal 6, namely, to halt and begin to reverse by that year the spread of HIV. Given that 2015 was only three years away, the Meeting stressed the urgency of action by ESCAP member States to meet the commitments in that Political Declaration and in ESCAP resolutions 66/10 and 67/9, including the following:

(a) Expanding programmes focused on key populations at higher risk.

(b) Moving towards greater shared responsibility across the region with a view to increasing domestic funding for comprehensive HIV responses through establishing transparent management systems to ensure accountability.

(c) Increasing multisectoral dialogue and cooperation among concerned sectors, including justice, law enforcement, health and social protection to address legal and policy barriers that impede universal access to HIV prevention, treatment, care and support, as well as in planning and delivering the response.

(d) Strengthening institutions that lead the HIV/AIDS response.

(e) Mainstreaming HIV/AIDS into the wider development agenda

(f) Further efforts to reduce stigma and discrimination.

(g) Monitoring and evaluation to ensure that programmes are effective in delivering results and are cost effective in view of funding constraints.

(h) Recognizing the needs of migrant and mobile populations in accessing prevention, treatment, care and support for HIV/AIDS and the difficulty in reaching them. Involving cross border and regional collaboration to provide, and expand, a comprehensive response for these high risk groups.

(i) Undertaking periodic reviews at the national and regional levels of progress made in countries of the Asia-Pacific region to meet the internationally agreed commitments.

20. The delegation of the Russian Federation indicated that the HIV prevalence rate of the Russian Federation was 0.36 per cent and not 1 per cent or higher, as had been cited in para 18 of document E/ESCAP/HIV/IGM.1/1.

21. The Meeting called upon ESCAP, in cooperation with UNAIDS and its cosponsors, to facilitate the exchange of information, experiences and good practices at the regional level to promote universal access to HIV prevention, treatment, care, and support, and to support governments in conducting

periodic regional intergovernmental reviews of progress in fulfilling the international and regional commitments to address HIV and AIDS.

22. The Meeting acknowledged with appreciation the convening of the Meeting by the ESCAP secretariat in cooperation with UNAIDS, UNDP, UNODC, UNICEF, UNFPA, UN Women and WHO. The Meeting also appreciated the support extended by UNAIDS and its cosponsors to governments in undertaking comprehensive national HIV responses. Some delegations requested their support in resource mobilization.

23. The representative from the Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters) urged Governments to: (a) develop strategies and allocate resources that would address the specific challenges in the Asia and Pacific AIDS epidemics and the rights and health needs of key affected populations; (b) protect the manufacture, export and import of life-saving generic medicines; (c) strive for higher levels of coverage in HIV treatment, care and support, including treatment for co-infections of Hepatitis C and TB; (d) develop and implement national strategic plans for services that were equitable, accessible, affordable, comprehensive and responsive to the recommendations of the Commission on AIDS in Asia and the Commission on AIDS in the Pacific; (e) review and amend national policies and laws that criminalized HIV transmission and non-disclosure, and impeded access to healthcare services, including for sexual and reproductive health; (f) develop and implement innovative financial mechanisms, including those related to greater cost-effectiveness and more allocations to community organizations for advocacy and prevention; (g) eliminate donor restrictions on essential HIV programmes for sex workers and people who used drugs.

24. The representative of the International Seafarers Action Centre drew attention to the need to reach migrant and mobile workers, such as seafarers, who were a key population at higher risk, to provide awareness-raising, support and treatment.

B. Consideration of measures to promote multisectoral cooperation and build national capacity in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support

25. The Meeting had before it the document entitled “Overview of good practices in promoting multisectoral cooperation and enhancing national capacity in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support in the Asia-Pacific region” (E/ESCAP/HIV/IGM.1/2 and Corr.1).

26. The Meeting recalled the provisions of ESCAP resolution 66/10, whereby the Commission called upon members and associate members, *inter alia*, “to ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV response, in particular with regard to key affected populations” and requested the Executive Secretary to convene a high level intergovernmental meeting “to assess progress against commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access, and identify areas for regional cooperation, in particular in such areas as policy and legal barriers to universal access and promoting dialogue between health and other sectors, including justice, law and order and drug control.”

27. The Meeting further recalled the provisions of ESCAP resolution 67/9, whereby the Commission called upon members and associate members, *inter*

alia, to "... initiate, as appropriate, in line with national priorities, a review of national laws, policies and practices to enable the full achievement of universal access targets with a view to eliminating all forms of discrimination against people at risk of infection or living with HIV, in particular key affected populations."

28. The Meeting noted the contribution of the Global Commission on HIV and the Law in identifying areas of particular significance, such as an enabling legal environment for effective, and sustainable responses to HIV and affordable access to medicines, enactment of laws, and access to justice and protection against discrimination and human rights abuses with regard to key affected populations.

29. The following delegations made statements under agenda item 5: Cambodia, China, Fiji, India, Indonesia, Islamic Republic of Iran, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Russian Federation, Sri Lanka, Thailand, Tuvalu, Uzbekistan and Viet Nam.

30. The Meeting noted that HIV prevalence among key affected populations remained significantly higher than in the general adult population. The Meeting acknowledged that one reason for the persistence of HIV in the region was the significant gap in access to services by key affected populations, including people who use drugs, sex workers, men who have sex with men and transgender people. Most countries continued to spend the bulk of their prevention efforts on low-risk populations or low-impact, high-cost interventions.

31. The Meeting noted that the capacity of governments to develop effective HIV responses had often been compromised by a punitive legal and policy environment that hindered efforts targeting key affected populations. Those included laws that rendered drug use, same sex relations and sex work illegal, criminalised HIV transmission or exposure and imposed HIV-related restrictions on entry, stay and residence.

32. The Meeting underscored the importance of developing a constructive multisectoral dialogue to share experiences and good practices in such areas as legislative, policy and programme development. Delegations exchanged experiences on the following: political commitment and leadership at the highest level; legislative reviews to ensure the consistency of laws across all sectors; mainstreaming of HIV interventions in all government ministries, including public security, drug control, social protection and justice, as part of national HIV strategic plans; meaningful partnerships with all key stakeholders, including people living with HIV and key affected populations, and their organizations; and the active engagement of children and youth in HIV prevention interventions.

33. The Meeting stressed the importance of moving from a punitive to a public health and rights-based approach in addressing the needs of people who inject drugs in the context of HIV. Some delegations informed the Meeting of effective experiences in establishing voluntary rather than compulsory drug treatment centres. Key in that respect, the Meeting noted, was support for peer-led interventions, the development of decentralized and community-based treatment, and the decriminalization of drug use.

34. The Meeting highlighted the use of legal provisions to promote healthy lifestyles and harm reduction as strategies for addressing problematic drug use with the capacity to effectively reduce demand for drugs and the transmission of HIV among people who use drugs. Several countries noted the use of

methadone maintenance treatment as opioid substitution therapy for drug dependent people and needle-syringe programmes to reduce the spread of HIV among people who inject drugs.

35. In responding to the increase in HIV prevalence among men who have sex with men in the region, the Meeting noted the programmes of countries such as Indonesia, Thailand and Viet Nam, which had promoted greater access to HIV services among men who have sex with men through a broad range of activities. Furthermore, several delegations were in the process of developing policies and guidelines to promote effective HIV prevention, treatment and care among men who have sex with men.

36. The Meeting recognized the importance of identifying and incorporating gender dimensions when addressing HIV. Some delegations highlighted the positive impact of gender-sensitive policies and interventions on empowering women in the context of HIV responses, including addressing gender-based violence. The delegation of Uzbekistan informed the Meeting that in Uzbekistan pregnant women were offered voluntary HIV testing. The delegation of Myanmar noted that over 80 per cent of women living with HIV were receiving anti-retroviral prophylaxis, which had significantly reduced the vertical transmission of HIV and contributed to Myanmar's achievement of the HIV-related MDG targets.

37. The Meeting acknowledged that transgender people faced heightened stigma and discrimination, including a lack of formal recognition of their gender identity. Some delegations reported formal legal recognition of transgender people as a third gender and the issuance to them of identification cards. Furthermore, some delegations acknowledged progress on developing policies and guidelines on the HIV response among transgender people, as well as the inclusion of transgender people with regard to the provision of support services for key affected populations.

38. The Meeting provided successful examples of national programmes that had reduced infection rates among people who buy and sell sex, including peer-led interventions and high coverage of sex workers by HIV prevention services. Some countries were protecting the right of sex workers to demand the use of condoms with clients. Additionally, some countries had made progress in excluding the possession of condoms as evidence for arresting sex workers.

39. The Meeting underscored the importance of addressing the HIV needs of mobile and migrant populations as a strategic priority for protecting these populations. The delegation of the Maldives highlighted that all migrant workers living in the country who became HIV positive while working there were provided free HIV treatment and care. The delegation of China informed the Meeting that in 2010 China had removed immigration restrictions for people living with HIV. Some delegations called for more cross-border programmes and enhanced regional and international cooperation through bodies such as ASEAN, Asian Development Bank and ESCAP to address HIV needs among migrants.

40. Some delegations reported that measures had been taken to address the stigma and discrimination faced by key affected populations. For example, data collection and analysis informed advocacy campaigns and strategies to reduce stigma and discrimination. Use of the media and community participation and involvement in awareness raising activities were also noted as effective.

41. Several delegations reported that anti-discrimination legislation was being developed or being promulgated to strengthen universal access to HIV prevention, treatment, care and support, as well as to protect people living with HIV from discrimination in the workplace.

42. The Meeting acknowledged the importance of involving key affected populations in policy and programme development, implementation, monitoring and evaluation. The Meeting noted that approaches such as peer outreach and partnerships with key stakeholders, including law enforcement officials, increased the impact of interventions.

43. The critical role played by civil society organizations in the implementation of HIV-related projects and programmes was highlighted. Some delegations noted that civil society organizations had brought about changes in attitudes, mobilized communities, generated demand for HIV services, linked those in need to government HIV services, provided critical input to relevant laws and policies, worked to reduce stigma and discrimination and increase access to justice for people living with HIV and key affected populations, and provided feedback through community-based monitoring.

44. The representative of the International Development Law Organization stressed that legal services and access to justice were essential to the HIV response, to address discrimination and legal issues related to certain police practices.

45. The representative of the Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters), urged governments to: (a) eliminate the compulsory detention of sex workers and people who use drugs; (b) promote access to harm reduction services; (c) ensure that HIV programming and services recognized sexual diversity, were age appropriate and linked with sexual and reproductive health services; (d) provide sustainable access to effective, affordable and quality drugs; (e) harmonize national laws and policies with international standards to ensure universal access to HIV prevention, care, treatment and support for key affected populations, including women and girls; (f) uphold and protect the individual's rights to non-discrimination, privacy, confidentiality, consent and access to sexual and reproductive health services; and (g) prioritize the financing of high-impact, community-based programmes for key affected populations.

46. The representative of the International Drug Policy Consortium highlighted that drug users should not be treated as criminals. Furthermore, in stressing that barriers should be removed to increase needle and syringe exchange programmes, he called for more training, awareness raising, and evidence-based policies and programmes.

C. Promotion of regional cooperation to accelerate the implementation of the internationally agreed commitments to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific

47. The Meeting had before it the document entitled "Accelerating regional implementation of the internationally agreed commitments to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific" (E/ESCAP/HIV/IGM.1/3/Rev.1).

48. The following delegations made statements under agenda item 6: Cambodia, China, Indonesia, Japan, Marshall Islands, Mongolia, Nepal, Pakistan, Philippines, Tuvalu, Thailand, and the Russian Federation.

Additionally, Cambodia, in its capacity as the current Chair of the ASEAN Taskforce on AIDS, made a statement.

49. The Meeting stressed the importance of delivering on the commitments made in the Political Declaration on HIV/AIDS, as well as ESCAP resolutions 66/10 and 67/9, including the commitment to redouble efforts to achieve, by 2015, universal access to HIV prevention, treatment, care and support as a critical step towards ending the HIV epidemic, with a view to achieving Millennium Development Goal 6, in particular to halt and begin to reverse the spread of HIV.

50. The Meeting recognized that decisive, inclusive and accountable leadership would be necessary to fully implement the commitments, goals and targets contained in the Political Declaration and ESCAP resolutions 66/10 and 67/9.

51. The Meeting reaffirmed the value of regional cooperation and mutual support in meeting the international commitments in the 2011 Political Declaration on HIV/AIDS as well as the regional commitments in ESCAP resolutions 66/10 and 67/9.

52. The Meeting endorsed the Regional Framework to Support the Implementation of International and Region-specific Commitments, as contained in document E/ESCAP/HIV/IGM.1/3/Rev.1, which included the following:

(a) Review by the Commission at its sixty-eighth session, of the outcome of the present Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against the Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals;

(b) Organization of national multisectoral consultations on policy and legal barriers to universal access, in accordance with ESCAP resolution 67/9;

(c) Undertaking of national reviews of the implementation of the Political Declaration and ESCAP resolutions 66/10 and 67/9;

(d) Preparation of a regional overview of the progress in meeting the commitments in the Political Declaration and ESCAP resolutions 66/10 and 67/9;

(e) Convening of an inclusive regional intergovernmental review meeting of national efforts and progress to address the HIV epidemic;

(f) Assessment by the Commission at its seventy-first session, in 2015, of the outcome of the inclusive regional intergovernmental review meeting, including the adoption of a regional input for the 2015 General Assembly review of the Millennium Development Goals.

53. In recognizing the imminence of 2015, several delegations proposed areas for regional cooperation to accelerate the implementation of commitments in the 2011 Political Declaration and ESCAP resolutions 66/10 and 67/9 that included the following:

(a) Establishment of regional accountability and governance mechanisms for intergovernmental reviews of country progress to attain

universal access, including the development of performance measures to track service delivery outputs and outcomes;

(b) Development and implementation of regional financing modalities to enhance the respective country's self-reliance, especially in response to the decline of global funding allocation for the Asia-Pacific region;

(c) Harmonization of national policies with internationally agreed commitments such as those to address the rights, and enhance the social protection of, mobile populations and migrant workers;

(d) Research to advance innovative and high-impact programmes, including through regional research frameworks for priority areas, pooling of technical support and promotion of the sharing of key research findings;

(e) Promotion of access to medicines and commodities, such as antiretroviral drugs, and development of new treatment strategies through enhanced multilateral cooperation in processes related to discussions involving free trade agreements and the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS);

(f) Provision of technical support to enable countries to develop appropriate laws and policies in order to better utilize the safeguards and flexibilities provided by TRIPS.

54. Many delegations emphasized the need to share good practices and lessons learnt for implementing the measures and commitments related to HIV responses, including on the following:

(a) Multisectoral approaches to enhance universal access to prevention, treatment, care and support;

(b) Horizontal linkages within the health sector, including programmes for reproductive, maternal and child health, tuberculosis and sexually transmitted infections;

(c) Partnerships, at local, national, subregional and regional levels, involving government and civil society, including key affected populations, and faith-based organizations, as well as the private sector;

(d) National ownership of HIV/AIDS programmes that used predominantly domestic resources for funding HIV responses;

(e) Elimination of stigma and discrimination such as through non-discrimination literacy programmes.

55. Many delegations also acknowledged the key role played by the United Nations system in strengthening national and regional HIV responses, such as concerning resource mobilization, advocacy and capability building. In that regard, the Meeting requested ESCAP, UNAIDS and its Cosponsors to extend full support to ensuring the successful implementation of the Regional Framework.

56. Several delegations informed the Meeting that their Governments supported other countries through contributing funds, organizing international conferences on HIV/AIDS and developing joint programmes with those countries. For example, Japan's Global Health Policy, 2011-2015, committed Japan to contributing development assistance amounting to US\$5 billion from

2011 to 2015 for the achievement of the health-related MDGs. The Russian Federation had organized several international conferences on the reduction of mother-to-child transmission. Thailand would host the Eleventh International Congress on AIDS in Asia and the Pacific.

57. Some delegations highlighted the importance of South-South cooperation in strengthening the HIV response in developing countries. China shared its experience in providing HIV training to African countries, as well as to selected South-East Asian countries. Pakistan also shared its experience in South-South exchanges with Afghanistan, Iran, India and other countries in the region. Furthermore, at the subregional level, ASEAN countries had adopted in November 2011 the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-related Deaths, following the 2011 Political Declaration.

D. Adoption of the report

58. The Meeting adopted the present report on 8 February 2012 for submission to the Commission, at its sixty-eighth session, for endorsement.

III. Organization

A. Opening, duration and organization of the session

59. The Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals was convened in Bangkok from 6 to 8 February 2012.

60. The session was jointly inaugurated by His Excellency Ratu Epeli Nailatikau, President of Fiji and His Excellency, Mr. Kittiratt Na-Ranong, Deputy Prime Minister and Minister of Finance of Thailand.

61. In his keynote address, the President of Fiji emphasized the importance of bold political leadership in addressing HIV and related health challenges. The Government of Fiji, in close partnership with civil society and other stakeholders, had recently enacted the Fiji HIV/AIDS Decree, which was internationally compliant in addressing human rights violations that served as barriers to the HIV response. The President informed the Meeting that the Decree had repealed discriminatory laws, including decriminalizing men who had sex with men, promoting consultations that created an enabling environment for sex workers and lifting HIV-related travel restrictions. The President highlighted the importance of country ownership and ensuring sustainable financing of the HIV response. In that regard, he pointed out that the Government of Fiji had been the first Pacific island developing country to allocate funds from its national budget to provide antiretroviral treatment to all of those in need. The President paid tribute to Thailand's hard-won success in its HIV response which served as a model for emulation by other countries in the region. The President also noted that co-sponsorship by Pacific island developing countries of ESCAP resolutions 66/10 on "Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific" and 67/9 on "Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS" was a clear demonstration of Pacific leadership and commitment to strengthening the HIV response in Asia and the Pacific. The President highlighted the crucial need for broad partnerships, including with key affected populations and civil society and multi-sectoral

cooperation to achieve universal access to HIV prevention, treatment, care and support and to get closer to the global vision of “Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths.” In that regard, the President informed the Meeting of Fiji’s rewarding experience of engagement with stakeholders at every stage of planning, policy formulation and programming.

62. In his opening address, the Deputy Prime Minister and Minister of Finance of Thailand, stressed the significance of the Meeting and the need for timely action to ensure comprehensive responses to achieve universal access to HIV prevention, treatment, care and support. He stressed that, if Governments of the Asia-Pacific region did not act immediately, the economic cost to the region would be especially high. In 2001 alone, the economic losses in the Asia-Pacific region due to the epidemic were US\$7.3 billion. In addition to that, millions of people had been impoverished, while the poorest had been pushed into further destitution. The Deputy Prime Minister and Minister of Finance stated that, with strong political will and prudent allocation of resources, universal access could be a reality in countries of the region. He further emphasized the crucial need for greater resource mobilization and regional cooperation, including ensuring the availability of high-quality, affordable and life-saving generic drugs for the millions of people living with HIV in Asia-Pacific. The Deputy Prime Minister and Minister of Finance referred to Thailand’s success in mainstreaming the HIV response into its universal national health coverage scheme as a vital component of social protection systems. By doing so, Thailand had achieved a positive impact on reducing stigma and discrimination against people living with HIV. Thailand’s success in integrating the HIV response into the national scheme and seeing it in a similar light to cancer, diabetes or other diseases which caused hardship and suffering had been due to the commitment of talented individuals and the collaboration of diverse ministries and sectors, including a vibrant civil society. That collaboration had also enabled Thailand to make the universal health coverage largely self-reliant, with domestic sources covering 80 to 90 per cent of the budget for HIV prevention and control. The Deputy Prime Minister and Minister of Finance commended ESCAP for the two ground-breaking resolutions adopted over the past two years, namely ESCAP resolutions 66/10 and 67/9. He acknowledged that the two resolutions had provided a strong basis in introducing, for the first time in a global declaration, reference to key affected populations and strengthened commitments towards achieving universal access.

63. In her welcoming statement, the Executive Secretary of ESCAP highlighted the unique feature of the Meeting in bringing together, for the first time, multisectoral delegations of regional leaders, policymakers and practitioners from diverse sectors, including justice, law enforcement, drug control, health and social protection, to promote regional cooperation concerning universal access, and on addressing all forms of discrimination against people living with, and affected by, HIV. The Executive Secretary noted the impressive gains made by the region, including a 20 per cent reduction in new HIV infections since 2001. She further noted that the Asia-Pacific region had been instrumental in manufacturing and ensuring the availability of high-quality, affordable generic drugs which had delivered life-saving treatment to millions regionally and globally. The Executive Secretary indicated, however, that the gains were fragile and that the epidemic still continued to outpace the response in the Asia-Pacific region. New infections remained concentrated among key affected populations, namely people who buy and sell sex, people who use drugs, men who have sex with men, sex workers and transgender people. She pointed out that the majority of countries in the region still had laws that acted as barriers to the HIV response. Positive

steps, however, were being taken by countries of region to address those barriers and the adoption of ESCAP resolutions 66/10 and 67/9 was reflective of the strong commitment of ESCAP member States to strengthen the regional HIV response and accelerate the implementation of the HIV-related internationally agreed commitments. The Executive Secretary emphasized the need for strong leadership, multi-sectoral cooperation, country ownership and broad partnerships, particularly with key affected communities.

64. The opening session also featured personal testimonies by representatives of the following key affected populations: transgender people, gay and bisexual men, sex workers, people who inject drugs, women and mothers living with HIV, migrants and other mobile population groups, as well as young people at higher risk of HIV. They highlighted the impact of issues of stigma, discrimination and harassment faced that impeded their access to employment, healthcare and a range of other services to which all citizens were entitled.

B. Attendance

65. The Meeting was attended by representatives of the following members of ESCAP: Australia, Bangladesh, Cambodia, China, Fiji, France, India, Indonesia, Iran (Islamic Republic of), Japan, Kazakhstan, Kiribati, Lao People's Democratic Republic, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nauru, Nepal, Pakistan, Papua New Guinea, Philippines, Republic of Korea, Russian Federation, Sri Lanka, Tajikistan, Thailand, Timor Leste, Tuvalu, United States of America, Uzbekistan and Viet Nam. The Meeting was also attended by representatives of the following associate member of ESCAP: Macao, China.

66. Representatives of the following offices of the United Nations bodies and specialized agencies, which cosponsored the Meeting, attended as part of the Joint Meeting Secretariat: Joint United Nations Programme on HIV/AIDS, Regional Support Team Asia and the Pacific (UNAIDS RST AP); United Nations Development Programme, Asia-Pacific Regional Centre (UNDP APRC); United Nations Office on Drugs and Crime, Regional Centre for East Asia and the Pacific (UNODC/RCEAP); United Nations Children's Fund, East Asia and Pacific Regional Office (UNICEF EAPRO); United Nations Population Fund Asia and Pacific Regional Office (UNFPA APRO); United Nations Entity for Gender Equality and the Empowerment of Women, East and Southeast Asia Subregional Office (UN Women/ESA SRO); and the World Health Organization, Western Pacific Regional Office (WHO WPRO).

67. In addition, representatives of the following offices of the United Nations bodies, and specialized agencies and related organizations attended: International Labour Organization (ILO); Joint United Nations Programme on HIV/AIDS (UNAIDS); Office of the United Nations High Commissioner for Human Rights (OHCHR); United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); World Bank (WB); and World Health Organization (WHO).

68. The following intergovernmental organizations were represented: Association of Southeast Asian Nations (ASEAN); International Development Law Organization (IDLO); International Organization for Migration (IOM); and South Asian Association for Regional Cooperation (SAARC).

69. The following non-governmental organizations were represented: AIDS Care China (ACC); Asia Pacific Alliance for Sexual and Reproductive

Health (APA); Asia Pacific Coalition on Male Sexual Health (APCOM); Asia Pacific Council of AIDS Service Organizations (APCASO); Asia Pacific Network of People Living with HIV/AIDS (APN+); Asia Pacific Network of Sex Workers (APNSW); Asia Pacific Transgender Network (APTN); Asian Forum of Parliamentarians on Population and Development (AFPPD); Asian Network of People Who Use Drugs (ANPUD); Asian-Pacific Resource and Research Centre for Women (ARROW); Catholic Asia-Pacific Coalition on HIV/AIDS (CAPCHA); China Access to Medicines Research Group (CAMRG); Coalition of Asia-Pacific Regional Network on HIV/AIDS (7 Sisters); Coordination of Action Research on AIDS and Mobility (CARAM Asia); Empower Foundation (EMPOWER); Global Science Academy (GSA); International Community of Women Living with HIV in Asia Pacific (ICWAP); International Drug Policy Consortium (IDPC)/Transnational Institute (TNI); International HIV/AIDS Alliance (AIDS Alliance); International Seafarers Action and Centre (ISAC) Philippines Foundation Inc.; International Treatment Preparedness Coalition (ITPC); Korea Young People Living with HIV and AIDS (PLWHA) Community; Males Empowerment Network Fiji (MEN FIJI); Myanmar Positive Group (MPG); National MSM Network/Bandarrah Chaktomuk (BC); Population Services International (PSI); Positive Women Inc.; Positive Women's Network (PWN+); Research Triangle Park (RTI International); Samoa Aids Foundation (SAF); Sangama; Service Workers in Group Foundation (SWING); Thai Red Cross Society (TRC); Thai Transgender Alliances (Thai TGA); and YouthLEAD.

C. Election of officers

70. The Meeting elected the following officers:

Chairperson: His Excellency Ratu Epeli Nailatikau
(President of Fiji)

Vice-Chairperson: Dr. Nafsiah Mboi (Indonesia)

Rapporteur: Mr. Sunil Samaraweera (Sri Lanka)

D. Agenda

71. The Meeting adopted the following agenda:

1. Opening of the Meeting.
2. Election of officers.
3. Adoption of the agenda.
4. Review of regional implementation of the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access, including regional follow-up to the outcome of the 2011 General Assembly High-level Meeting on AIDS.
5. Consideration of measures to promote multisectoral cooperation and build national capacity in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support.
6. Promotion of regional cooperation to accelerate the implementation of the internationally agreed commitments to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific.
7. Adoption of the report.
8. Closing of the Meeting.

E. Side events

72. The following side events were held:

(a) 6 February 2012:

Side event on “Effective law enforcement practices in the HIV response” moderated by Ms. Veronica Pedrosa and coorganized by UNDP, UNODC, UNFPA and UNAIDS. The panellists were Ms. Teejep Menon, Mr. Zaman Khan, Ms. Surang Janyam and Mr. Nicholas Thomson;

(b) 7 February 2012:

Side event on “Making Gender Equality Central in National HIV Responses” moderated by Ms. Nisha Pillai and organized by the Interagency Thematic Working Group on Gender. The speakers were Dr. Nafsiah Mboi, Ms. Gina Davis, Dr. Nipunporn Voramongkol, Ms. Jane Bruning, Ms. Rattanawat Janamnuaysook and Ms. Joana Qereqeretabua;

(c) 8 February 2012:

- (i) Interactive panel discussion on “Enhancing political commitment and multisectoral cooperation to accelerate universal access to HIV prevention, treatment, care and support” moderated by Ms. Nishal Pillai, and organized by ESCAP. The high-level panellists comprised H.E. Ratu Epeli Nailatikau, President of Fiji, Dr. Nafis Sadik, Secretary-General’s Special Envoy for HIV/AIDS, Hon. Michael Kirby, former Justice of the High Court of Australia and Mr. J.V.R. Prasada Rao, Special Advisor (Asia-Pacific) to the Executive Director, UNAIDS;
- (ii) Side event on “Engaging with young people: removing legal and access barriers” moderated by Ms. Justine Sass and Mr. Vince Crisostomo, and organized by the Interagency Task Team on HIV and Young Key Affected Populations. The resource persons comprised Mr. Skand Amatya, Ms. Tsheltrim Dema, Ms. Ayu Oktariani, Mr. Gerard Ompad, Ms. Ketan Rai, Mr. Milinda Rajapaksha, Mr. Eunchan Ry, Mr. Mok Sokha, Mr. Thu Yain Pye Aung and Ms. Thaw Zin Aye.

Annex**List of documents**

Symbol	Title	Agenda item
E/ESCAP/HIV/IGM.1/L.1	Annotated provisional agenda	3
E/ESCAP/HIV/IGM.1/1	Overview of regional implementation of the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access in Asia and the Pacific, including regional follow-up to the outcome of the General Assembly High-level Meeting on AIDS	4
E/ESCAP/HIV/IGM.1/2	Overview of good practices in promoting multi-sectoral cooperation and enhancing national capacity in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support in the Asia-Pacific region	5
E/ESCAP/HIV/IGM.1/3	Accelerating regional implementation of the internationally agreed commitments to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific	6
E/ESCAP/HIV/IGM.1/INF/1	Information for participants	
E/ESCAP/HIV/IGM.1/INF/2	List of participants	
E/ESCAP/HIV/IGM.1/INF/3	Tentative programme	
E/ESCAP/HIV/IGM.1/INF/4	ESCAP Resolution 66/10: Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific	
E/ESCAP/HIV/IGM.1/INF/5	ESCAP Resolution 67/9: Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS	
E/ESCAP/HIV/IGM.1/INF/6	Resolution adopted by the General Assembly A/RES/55/2. United Nations Millennium Declaration	4
E/ESCAP/HIV/IGM.1/INF/7	Resolution adopted by the General Assembly A/65/277. Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS	4