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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

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

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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 and AIDS by the States Members of the United Nations in June 2011.¹ It also noted the leadership role played by the Asia-Pacific region in adopting ESCAP resolution 66/10 on a regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific in May 2010 and ESCAP resolution 67/9 on the 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 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/AIDS 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

¹ See General Assembly resolution 65/277 of 10 June 2011 on the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS.

training, upgrading of medical equipment, and increased coverage of health centres even in rural and remote areas.

7. To achieve the Millennium Development Goal targets under Goal 6, member States had been increasing efforts to improve the following: (a) access to HIV counselling and testing services; (b) access to 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 HIV. In Cambodia, although Goal 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 critical challenges remained. The epidemic was still outpacing the response in the region. The Meeting noted the unique characteristic of the epidemic in the Asia-Pacific region: new infections were concentrated among key populations at higher risk, including men who have sex with men, people who use drugs, people who buy and sell sex, transgender persons, mobile populations and their intimate sexual partners. It also 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 risk. 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 their countries 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, jeopardizing the region's chances of meeting internationally agreed targets on universal access. Access to affordable drugs, sustained funding and involvement of people living with HIV were recognized as key factors to achieve the regional target of having 2.4 million people under treatment by 2015. Coverage had been 922,000 at the end of 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 decriminalization of drug use 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 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 the 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 people 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 were essential. Currently, low- and middle-income countries in the region were still dependent on international funds, which were dwindling in the light of an 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 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 was under consideration.

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 across the region on monogamous women infected by their intimate partner was highlighted by one delegation. The need to increase male involvement in reproductive health was noted.

18. The Meeting was informed of national experiences 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 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 by 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) Furthering 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 in 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.

It reaffirmed the sovereign rights of member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the Political Declaration on HIV and AIDS consistent with national laws, national development priorities and international human rights.

21. The Meeting called upon ESCAP, in cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors, 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, the United Nations Development Programme (UNDP), the United Nations Office on Drugs and Crime (UNODC), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Health Organization (WHO). The Meeting also expressed appreciation for the support extended by UNAIDS and its co-sponsors to Governments in undertaking comprehensive national HIV responses. Some delegations requested their support in resource mobilization.

23. The representative of the Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters) urged Governments to: (a) develop strategies and allocate resources that would address specific challenges in the Asian 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 tuberculosis; (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 health-care 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 had 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 had 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 also recalled the provisions of ESCAP resolution 67/9, whereby the Commission had 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; Iran (Islamic Republic of); 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 challenged 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, criminalized 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 representative of Thailand clarified that the “100 per cent condom use” programme had brought together various stakeholders, including local government officials, venue owners, sex workers, health service providers and the police. The implementation of the programme in Thailand had resulted in a significant reduction in HIV prevalence, from 20 per cent to 5 per cent, among sex workers. The programme had also resulted in greater collaboration from the police and had fostered among them a better understanding of the HIV situation.

34. The Meeting, while discouraging drug abuse in principle, stressed the importance, in the context of HIV, of moving from a punitive to a public health, multisectoral and rights-based approach in addressing the needs of people who inject drugs. 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.

35. 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.

36. In responding to the increase in HIV prevalence among men who have sex with men in the region, the Meeting noted the programmes in countries such as India, 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.

37. 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 targets associated with the HIV-related Millennium Development Goal.

38. 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 the 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.

39. 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.

40. The Meeting underscored the importance of addressing the HIV needs of mobile, migrant and cross-border 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 with 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 the Association of Southeast Asian Nations (ASEAN), the South Asian Association for Regional Cooperation (SAARC), the Asian Development Bank (ADB), ESCAP and other United Nations entities and development partners to address HIV needs among migrants.

41. 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 helped advocacy campaigns and strategies to reduce stigma and discrimination. The use of the media and community participation and involvement in awareness-raising activities were also noted as effective.

42. 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.

43. 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.

44. 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.

45. 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.

46. 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 and integrate harm reduction into treatment; (c) ensure that HIV programmes and services recognized sexual diversity, were youth-friendly and linked with sexual and reproductive health services and were

rights-based and gender-sensitive; (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; (g) recognize that sex workers had the same rights as other workers, including the right to social protection; and (h) prioritize the financing of high-impact, community-based programmes for key affected populations.

47. 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, she 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

48. 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).

49. The following delegations made statements under agenda item 6: Cambodia; China; Indonesia; Japan; Marshall Islands; Mongolia; Nepal; Pakistan; Philippines; Russian Federation; Thailand; and Tuvalu. Additionally, Cambodia, in its capacity as the current Chair of the ASEAN Taskforce on AIDS, made a statement.

50. 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.

51. 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.

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

53. 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) A review by the Commission at its sixty-eighth session of the outcome of the 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) Organizing national multisectoral consultations, as appropriate, on policy and legal barriers to universal access, in accordance with ESCAP resolution 67/9;

(c) The undertaking of participatory and inclusive national reviews, as appropriate, of the implementation of the Political Declaration and ESCAP resolutions 66/10 and 67/9;

(d) The 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) The convening of an inclusive regional intergovernmental review meeting on national efforts and progress in addressing 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.

54. 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;

(c) Strengthening of efforts for sustainable funding for national, subregional and regional HIV programmes, especially in response to a decline in global funding allocation for the Asia-Pacific region;

(d) 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;

(e) 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;

(f) Promotion of access to medicines and commodities, such as anti-retroviral 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);²

² See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT Secretariat Publication, Sales No. GATT/1994-7).

(g) 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.

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

(a) Multisectoral approaches to enhance universal access to HIV 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 the 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 through, among other things, non-discrimination literacy programmes.

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

57. Several delegations informed the Meeting that their Governments supported other countries by 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 \$5 billion from 2011 to 2015 for the achievement of the health-related Millennium Development Goals, which included a contribution of up to \$800 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Japan was determined to implement the commitment even in the face of huge resource requirements in the aftermath of the large-scale natural disaster that had hit Japan in March 2011. The Russian Federation had organized several international conferences on child mortality. Thailand would host the Eleventh International Congress on AIDS in Asia and the Pacific.

58. Some delegations highlighted the importance of South-South cooperation in strengthening the HIV response in developing countries. China shared its experience in providing African countries and selected South-East Asian countries with HIV training/experience sharing. Pakistan also shared its experience in South-South exchanges with Afghanistan, India, the Islamic Republic of Iran and other countries in the region. Furthermore, at the subregional level, the nineteenth ASEAN Summit (Bali, Indonesia) had adopted, on 17 November 2011, the ASEAN Declaration of Commitment:

Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-related Deaths, following the 2011 Political Declaration.³

D. Adoption of the report

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

60. The representative of the Islamic Republic of Iran expressed a reservation regarding paragraph 29 of the Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS and on the reflection of the groups mentioned in that paragraph in the outcome document of the High-level Meeting.

III. Organization

A. Opening, duration and organization of the session

61. 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.

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

63. 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 male-to-male sex, 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 anti-retroviral 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 a regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific and 67/9 on the 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 multisectoral cooperation to achieve universal access to HIV prevention, treatment, care and support and to get closer to a global vision on zero new HIV infections, zero discrimination and zero AIDS-related deaths. In that regard, the President informed the

³ http://www.aseansec.org/documents/19th%20summit/ASEAN_Declaration_of_Commitment.pdf.

Meeting of Fiji's rewarding experience in engaging with stakeholders at every stage of planning, policy formulation and programming.

64. 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 in 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 had been \$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 and the 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 viewing it in a similar light as cancer, diabetes and other diseases that 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 preceding two years, namely ESCAP resolutions 66/10 and 67/9. He acknowledged that both resolutions had provided a strong basis in introducing, for the first time on a global level, a reference to key affected populations and strengthened commitments towards achieving universal access.

65. 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 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 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 the 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, multisectoral cooperation, country ownership and broad partnerships, particularly with key affected communities.

66. 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 stigma, discrimination and harassment that they had faced and that had impeded their access to employment, health-care and a range of other services to which all citizens were entitled.

B. Attendance

67. 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; 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.

68. Representatives of the following United Nations bodies and specialized agencies, which had co-sponsored the Meeting, attended as part of the Joint Meeting Secretariat: Joint United Nations Programme on HIV/AIDS Regional Support Team Asia and the Pacific; United Nations Development Programme, Asia-Pacific Regional Centre; United Nations Office on Drugs and Crime, Regional Centre for East Asia and the Pacific; United Nations Children's Fund, East Asia and Pacific Regional Office; United Nations Population Fund, Asia and Pacific Regional Office; United Nations Entity for Gender Equality and the Empowerment of Women, East and Southeast Asia Subregional Office; and the World Health Organization, Western Pacific Regional Office.

69. In addition, the Special Envoy of the Secretary-General for HIV/AIDS in Asia and the Pacific as well as representatives of the following United Nations bodies, specialized agencies and related organizations attended: International Labour Organization; Joint United Nations Programme on HIV/AIDS; Office of the United Nations High Commissioner for Human Rights; United Nations Development Programme; United Nations Educational, Scientific and Cultural Organization; United Nations Population Fund; United Nations Children's Fund; and World Health Organization.

70. The following intergovernmental organizations were represented: Association of Southeast Asian Nations; International Development Law Organization; International Organization for Migration; and South Asian Association for Regional Cooperation.

71. The following non-governmental organizations were represented: AIDS Care China; Asia Pacific Alliance for Sexual and Reproductive Health; 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 Forum of Parliamentarians on Population and Development; Asian Network of People Who Use Drugs; Asian-Pacific Resource and Research Centre for Women; Catholic Asia-Pacific Coalition on HIV/AIDS;

China Access to Medicines Research Group; Coalition of Asia-Pacific Regional Network on HIV/AIDS (7 Sisters); Coordination of Action Research on AIDS and Mobility; Empower Foundation; Global Science Academy; International Community of Women Living with HIV in Asia Pacific; International Drug Policy Consortium/Transnational Institute; International HIV/AIDS Alliance; International Seafarers Action Centre; International Treatment Preparedness Coalition; Korea Young People Living with HIV and AIDS Community; Males Empowerment Network Fiji; Myanmar Positive Group; National MSM Network/Bandarrah Chaktomuk; Population Services International; Positive Women Inc.; Positive Women's Network; Research Triangle Park (RTI International); Samoa Aids Foundation; Sangama; Service Workers in Group Foundation; Thai Red Cross Society; Thai Transgender Alliances; and YouthLEAD.

C. Election of officers

72. The Meeting elected the following officers:

Chair:	Mr. Ratu Epeli Nailatikau (Fiji)
Vice-Chair:	Dr. Nafsiah Mboi (Indonesia)
Rapporteur:	Mr. Sunil Samaraweera (Sri Lanka)

D. Agenda

73. 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

74. The following side events were held:

(a) 6 February 2012:

Side event: "Effective law enforcement practices in the HIV response", moderated by Ms. Veronica Pedrosa and co-organized by UNDP, UNODC, UNFPA and UNAIDS. The panellists were Ms. Tejdeep Kaur Menon, Mr. Zaman Khan, Ms. Surang Janyam and Mr. Nicholas Thomson;

(b) 7 February 2012:

Side event: “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: “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 were: Mr. Ratu Epeli Nailatikau, President of Fiji; Dr. Nafis Sadik, Special Envoy of the Secretary-General for HIV/AIDS in Asia and the Pacific; Mr. Michael Kirby, former Justice of the High Court of Australia; and Mr. J.V.R. Prasada Rao, Commissioner and Member Secretary, the Global Commission on HIV and the Law;

(ii) Side event: “Engaging with young people: removing legal and access barriers” moderated by Ms. Justine Sass and Mr. Vince Crisostomo, and organized by the Inter-agency Task Team on HIV and Young Key Affected Populations. The resource persons were Mr. Lalith Piyum Perera, Mr. Noel R. del Prado, Ms. Rachel Arinii Judhistari, Ms. Kath Khangpiboon, Mr. Jeffry Acaba, Mr. Skand Amatya, Ms. Tsheltrim Dema, Ms. Ayu Oktariani, Mr. Gerard Ompad, Ms. Ketan Rai, Mr. Milinda Rajapaksha, Mr. Eun Chan Ryu, Mr. Mok Sokha, Mr. Thu Yain Pye Aung and Ms. Thaw Zin Aye.

Annex**List of documents**

Symbol	Title	Agenda item
<i>General series</i>		
E/ESCAP/HIV/IGM.1/1 and Corr.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 and Corr.1	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	5
E/ESCAP/HIV/IGM.1/3 and Rev.1	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
<i>Limited series</i>		
E/ESCAP/HIV/IGM.1/L.1 and Corr.1	Annotated provisional agenda	3
E/ESCAP/HIV/IGM.1/L.2	Draft report	7
E/ESCAP/HIV/IGM.1/CRP.1	Draft report (additional paragraph)	
<i>Information series</i>		
E/ESCAP/HIV/IGM.1/INF/1 and Rev.1	Information for participants	
E/ESCAP/HIV/IGM.1/INF/2	List of participants	
E/ESCAP/HIV/IGM.1/INF/3 and Rev.1	Programme	
E/ESCAP/HIV/IGM.1/INF/4 and Corr.1	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 and Corr.1	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 and Corr.1	United Nations Millennium Declaration	4
E/ESCAP/HIV/IGM.1/INF/7 and Corr.1	Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS	4