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New York

President: Ms. Al-Khalifa . . . . . (Bahrain)

The meeting was called to order at 3.20 p.m.

Agenda item 46 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/61/816)

Draft decision (A/61/L.58)

The President: I should like to inform members that there still remain 26 speakers on the list for this afternoon. I should therefore like to encourage Member States to limit their statements to 10 minutes.

Mrs. Núñez Mordoche (Cuba) (*spoke in Spanish*): Six years ago the Heads of State and Government adopted a Declaration of Commitment on HIV/AIDS. On that occasion, the international community devised a series of actions to reduce the spread of this disease and to mitigate its effects through prevention, assistance, support and treatment for all those affected by the pandemic.

Five years later, the Political Declaration on HIV/AIDS was adopted by the Assembly, which set as a new goal universal access to prevention, treatment, health care and support programmes for all by 2010. That commitment was an important milestone in the pursuit of meeting the Millennium Development Goals by 2015, in particular Goal 6 on reducing the spread of HIV/AIDS, but it was also linked to more general objectives related to poverty, education, infant mortality and maternal health, among others.

We have witnessed the great efforts made in the fight against HIV/AIDS, which has become an unprecedented human catastrophe. However, notwithstanding the progress made by some countries in the battle against the pandemic, the landscape has barely changed since 2001; on the contrary, the number of persons living with HIV/AIDS continues to rise. In 2001, about 32 million persons had become infected with the disease. Five years later, according to estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS), there were about 40 million human beings living with HIV/AIDS as of December 2006.

According to the most recent report of the Secretary-General (A/61/816), prevention measures have been unable to adapt to the rapid spread of the epidemic. And at this point we should ask ourselves what has failed and what needs to be done. What is certain is that worsening poverty creates greater inequality, which in turn renders the poorest more vulnerable to this terrible infection.

The situation is even worse on the African continent, especially in sub-Saharan Africa, which remains the area most affected and most in need of urgent and exceptional measures to stop the devastating effects of the disease. Two thirds — 63 per cent — of all the world's adults and children with HIV/AIDS live in sub-Saharan Africa. Three fourths — 72 per cent — of deaths among adults and children have occurred in that region. In some cases, we are faced with the danger that entire populations may disappear. The gravity of the situation is also reflected in the Caribbean region, which is second in

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HIV/AIDS prevalence worldwide, after sub-Saharan Africa.

Today more than ever, Cuba reaffirms that in order to break the cycle of HIV/AIDS infection, exclusion at the macro-structural level must be addressed — extreme poverty, hunger, lack of access to health care and education services, the denial of the right to reproductive health and gender equality — along with the strengthening of policies, strategies and plans aimed at reducing the risks, vulnerability and impact by reinforcing a broader response across all social sectors. The full implementation of the commitments made by Member States through national action in the fight against HIV/AIDS should be construed holistically and not separated from action that should be taken at the regional and international levels in the fight against the pandemic.

International cooperation and meeting the objective of allocating 0.7 per cent of gross national income to official development assistance are paramount to overcoming the lack of human resources in health care and to mobilizing the resources necessary for an appropriate global response to mitigate the impact of the poverty and inequality that today plague developing countries. Moreover, access to medication in the fight against HIV/AIDS is one of the key elements in realizing the right of every person to enjoy the best possible physical and mental health. In that regard, there is an urgent need to reduce the price of antiretroviral medications, including the latest ones.

Likewise, Cuba reiterates that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) should be construed and implemented so as to uphold the right to protect public health, and especially to promote access to medication for all, including the production of generic antiretroviral drugs and other essential pharmaceuticals to fight HIV/AIDS-related infections.

Those issues were reflected in this year's report of the Secretary-General and we hope that next year, when a more comprehensive review of the issue will be carried out, we will have a full assessment of national, regional and international action in the fight against HIV/AIDS.

Cuba has demonstrated its political commitment in its response to the challenge of HIV/AIDS, and it serves as an example of what a country can do using its own resources and applying its experience of community-wide participation in resolving health problems. After some 20 years of the epidemic, HIV/AIDS prevalence in the Cuban population between 15 and 49 years of age remains under 0.1 per cent — the lowest in the Americas and one of the lowest in the world. Likewise, in 2001, antiretroviral treatment was provided to all those in need totally free of charge, and AIDS-related mortality began to decrease. From 2003 on, the number of AIDS patients has dropped.

We have been able to contain the pandemic despite the rigid economic, trade and financial blockade imposed by the Government of the United States, which hinders access to approximately 50 per cent of the new drugs produced worldwide, because they are manufactured by United States companies or their subsidiaries.

Cuba is developing a large-scale extended response, which involves institutions, organizations, non-governmental organizations (NGOs), civil society and the Government and with a political commitment to attach similar priority to prevention, assistance and support. Thus, a national prevention programme is being developed which includes four key components: epidemiologic monitoring, health care, education and research.

Free and accessible education has been one of the main aspects in Cuban society which has expanded our range of tools to fight HIV/AIDS. The active participation across social sectors is crucial in halting the spread of the epidemic. The Operational Group to Control and Fight AIDS — which was set up in 1986 and which comprises Government officials and representatives of different sectors at all levels — helps establish and design strategies and expedites decision-making.

Priority has been given to working with young people, and efforts to improve access to information, education, including peer-to-peer education as well as specific education on HIV for youth, has helped to reduce their vulnerability to infection. Research conducted in Cuba in 2005 shows a high level of awareness about HIV/AIDS — about 98.9 per cent — among persons between 12 and 49 years of age. Moreover, there has been an increase in the quality of life of HIV/AIDS patients through the provision of free medication, diagnostic services and follow-up, social assistance and steps to improve nutrition and health care. These have led to a reduction in the number of AIDS cases, lower mortality, increased life expectancy

after infection, a reduced number of hospitalizations and a drop in the prevalence of opportunistic diseases.

Despite the results obtained, work continues on reviewing and improving the various areas of the programme, in order to reduce vulnerability and risk among populations most affected with a view to adequately tackling the epidemic.

In 2001, national goals were set in order to reduce the incidence of HIV/AIDS in the general population, from 12.1 to 11.5 for every 100,000 by 2008 — placing emphasis on young people. Prevalence in young people between 15 and 24 years of age thus decreased in the period 2001-2005 from 0.07 per cent to 0.05 per cent, throughout the country's provinces.

The essence of the internationalist stand of the Cuban people is to share what we have without asking anything in return. That is why, in the context of the international fight against the HIV/AIDS epidemic, Cuba, which is a developing country under blockade, with few resources, has done its best to share with the neediest. Almost 30,000 Cuban health professionals are providing specialized services in more than 60 countries of Latin America and the Caribbean, Africa and Asia. At the same time, we have offered selfless cooperation in the training of human resources. Thus, more than 1,200 doctors from dozens of countries of the South graduated in Cuba in 2005-2006.

By devoting the planet's infinite resources to the service of humanity, without narrow commercial interests or national selfishness, we will be able to stop the spread of the pandemic. Together we can do it.

Ms. Marzec-Boguslawska (Poland): Poland aligns itself with the statement made by the representative of Germany on behalf of the European Union. The Government of the Republic of Poland would like to thank the Secretary-General for his report (A/61/816) and its very valuable recommendations. We can see from the report that six years after the adoption of the Declaration of Commitment, which was a milestone in combating AIDS, its outcome has been a success. It was strengthened by the Political Declaration on HIV/AIDS, a global consensus adopted last year. Combating HIV/AIDS and implementing the conclusions of the two Declarations, of 2001 and 2006, is a continually evolving process.

We in Poland are committed to contributing towards achieving the Millennium Development Goals and to ensuring universal access to treatment, care and prevention. Let me briefly outline my country's experience in that regard. This year, 2007, is the first year of implementing the new comprehensive Polish national strategy on HIV/AIDS, the national programme for combating AIDS and preventing HIV infection. It was approved by the Council of Ministers and will remain our fundamental policy paper until 2011.

Poland faces a low-prevalence epidemic. At present, there are 3,200 patients receiving comprehensive free-of-charge antiretroviral treatment. The care of people living with HIV/AIDS also includes treatment for co-infections and substitution therapy.

Universal access to treatment remains a continuing priority for the Polish Government and its partners. We are happy to be able to offer comprehensive treatment to all patients without discrimination on any grounds. On the other hand, Poland, like many other European countries, faces the challenge of high medication prices. That is why we welcome current initiatives that could lead to a reduction in the cost of antiretroviral products. To counter that problem, Poland has worked out a system of purchasing drugs centrally, by which we have been able to substantially reduce the cost of antiretroviral drugs.

With regard to prevention, Poland, like many other countries, is challenged by the limited financial resources that can be dedicated to that purpose. Despite that, multisectoral and multi-level policies and the involvement of civil society organizations have significantly contributed to developing the capacity of our preventive services. What is more, each year our National AIDS Centre conducts a national multimedia prevention campaign. In 2006 it was focused on families and youth. Targeted preventive messages directed to vulnerable populations are also being delivered continuously.

We have been more and more successful in improving our response to gender inequality and the feminization of the epidemic. Last year, 2006, was the first year of the implementation of a more wide-ranging national programme of offering HIV tests to all pregnant women. Furthermore, the Polish Ministry of Health, along with numerous partners including the United Nations Population Fund, the United Nations Development Programme and local and international

researchers, worked out the first comprehensive Polish report on women's sexual and reproductive health. We believe that the synergy between HIV prevention and sexual and reproductive health will be the road map for our activities in the coming years.

Poland also welcomes the strengthened initiatives regarding HIV/AIDS at the workplace that are being developed by local and global companies. The Polish Government offers its support to such initiatives, as they have been found to be effective and a good way to reach new populations with the prevention message. We still expect more participation from local governments and authorities. At the same time it is worth stressing that some of them are already implementing excellent local and community-based prevention programmes, including cross-border programmes.

Despite the challenges that Poland faces, we can see the effectiveness of the implementation of both the 2001 and the 2006 Declarations, which are tools to further improve our efforts. In that light, the Polish delegation would like to welcome the fruitful cooperation with our partners from the European Union and its current German presidency. We also appreciate the cooperation with our neighbours and the countries of Eastern Europe and Central Asia, as well as our global partners, civil society and the private sector. We strongly believe that the synergies between our national responses and global political leadership can make a difference in achieving the Millennium Development Goals and universal access to HIV/AIDS prevention, treatment and care.

Mr. Fernie (United Kingdom): The United Kingdom aligns itself with the statement of Germany, made on behalf of the European Union.

The United Kingdom welcomes the progress that has been made in the past year, but we underline that if we are to achieve universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010 we need to redouble our efforts. We should now implement our commitments.

While we support the recommendations in the Secretary-General's welcome and comprehensive report (A/61/816), we are concerned that the report does not track progress on the political commitment to support the active participation of people living with HIV, vulnerable groups, most-affected communities, civil society and the private sector in moving forward the universal access agenda.

The report recognizes the crucial role of civil society and people living with HIV and AIDS in scaling up treatment. However, the report does not sufficiently emphasize the need for involvement of people living with HIV and AIDS in all responses to the epidemic. We are concerned that some national AIDS plans remain uncosted and that many do not address the obstacles identified in their national consultations. We urge countries that have not yet done so to develop costed prioritized national plans, incorporate targets and address all obstacles to scaling up. It is important to focus on developing a better definition of a credible plan and to ensure that credible plans are financed without delay.

We strongly support the importance given to "knowing your epidemic". We note that recent rises in HIV incidence amongst men who have sex with other men in Asia and the recent emergence of injecting drug use as a factor for HIV infection in sub-Saharan Africa have not yet received adequate attention in some national prevention responses. Nonetheless, we strongly welcome the leadership on prevention and the excellent examples of good practice noted in the Secretary-General's report.

The United Kingdom recognizes the need for stronger links between HIV and AIDS and sexual and reproductive health service provision. Given that over 90 per cent of HIV infections are a result of heterosexual or mother-to-child transmission, that link is an important strategy for improving access to health care. The United Kingdom supports the need for a strong health system, including sexual and reproductive health services and supplies, for the delivery of HIV and AIDS programmes. As such, the United Kingdom welcomes the African Union Maputo Plan of Action, which represents broad-based African political support for comprehensive sexual and reproductive health rights and commodity security in the African response.

To address the challenges, bilateral and multilateral partners need to work together in a more harmonized way to support the Global Task Team's recommendations. Progress to date has been slow; there are few incentives and many practical barriers to joint working by the United Nations and international partners at the country level. The international system

must work together to overcome those barriers, reduce inefficiencies and deliver results where it matters most.

We look forward to the 2008 interim progress report assessing progress towards interim targets.

Mr. Cooney (Ireland): It gives me great pleasure to make this statement on behalf of Ireland. Ireland associates itself with the statement delivered by the representative of Germany on behalf of the European Union.

At no time in the history of the HIV pandemic have we been more certain of its causes and consequences, as well as of what is needed to fight it. The key challenge is making what we know work for those who are most at risk and most vulnerable to its impact. Evidence has shown that poverty, underdevelopment, gender inequality and social exclusion all increase vulnerability to HIV infection. We know that, without a concerted effort to address those underlying causes of HIV infection, the current rising infection rates will continue.

AIDS is undoubtedly a development issue. Addressing the global HIV pandemic is central to the achievement of the Millennium Development Goals. Long-term vision and commitment are vital to address the context of underdevelopment and marginalization that drives HIV.

Progress against poverty is progress against AIDS. That is why Ireland has made the fight against HIV/AIDS a core priority of our overall development response. That is clearly articulated in the first ever white paper on Irish aid, launched in September last. Its overall objective is poverty and vulnerability reduction. Tackling HIV/AIDS is central to the achievement of that objective. The white paper commits the Irish Government to reach the United Nations target of spending 0.7 per cent of gross national product on official development assistance by 2010. That major scaling-up of funding will enable us to invest further in the fight against HIV/AIDS.

My Prime Minister has been at the centre of leading Ireland's response to HIV/AIDS. He addressed this Assembly when it met last year, as he did the seminal General Assembly special session on HIV/AIDS in 2001. He has made a number of commitments to intensify Ireland's role in fighting the global HIV/AIDS pandemic.

Ireland is meeting those commitments. We currently spend over €100 million per year on HIV/AIDS and other diseases of poverty. We have substantially increased our funding to both the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria and to the Joint United Nations Programme on HIV/AIDS (UNAIDS) to €20 million and €6 million per annum respectively. We have moved towards the provision of longer-term predictable financing. Earlier this year, we signed a five-year agreement with UNAIDS and have indicated our willingness to consider a three-year commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria for their forthcoming replenishment cycle covering 2008-2010. We have also signed a new agreement with the Clinton Foundation, providing €70 million over the next five years to address comprehensive HIV treatment and care programmes in Mozambique and Lesotho. Working in close cooperation with the respective ministries of health, key progress is being made — more health clinics have been built, more people are being tested, and people are living longer and more productive lives. That progress needs to be sustained.

We know that fighting HIV is not just about more money. It is about the choices we make in investing that money and it is about how we conduct business. The Secretary-General's report points to the gaps in coverage in HIV prevention, treatment and care and the critical challenges we face as we move towards achieving the ultimate goal of universal access by 2010.

One of the biggest challenges in achieving universal access will be to ensure that the resources available for HIV/AIDS are targeted at key multisectoral interventions that address both the underlying causes of HIV infection as well as the specific interventions required to save lives, increase productivity and reduce suffering.

That means ensuring that HIV/AIDS is central to our overall response to poverty reduction. That requires different ways of working. It means bringing the international AIDS community together with the international development community in support of joint programming, strengthening local leadership, and supporting national development plans that reflect a strong analysis of the impact of HIV/AIDS across sectors. The ultimate goal, of course, is better outcomes for women, men and children infected and affected by HIV.

HIV/AIDS has produced new patterns of vulnerability and is increasingly threatening people's livelihoods. There is growing evidence of the increasing number of women, men and children being pushed deeper into chronic poverty due to HIV and AIDS. We need to make international development assistance work for those people. Expanding social

protection and welfare systems are receiving increasing priority as policy options for mitigating AIDS. However, evidence shows that only small numbers of communities are accessing such services and support. More needs to be done.

The role of the United Nations has never been more critical in providing leadership to address the many challenges ahead. The value added of a multilateral approach is evident in the global response to HIV. The fight against AIDS is a test case of United Nations reform in action.

We are making progress, but it is slow and time is not on our side. We believe that the United Nations can work faster to institutionalize the changes necessary to do better. We welcome the leadership of the new Secretary-General and are prepared to work closely with him to ensure strong outcomes from the reform process that will lead to a more effective United Nations and ultimately to achieving the national and international targets set in tackling HIV/AIDS.

Progress is much needed in addressing the increasing feminization of the epidemic. Women's lack of status in society, low economic power, and high levels of violence are driving up infection rates for women. Ireland is very concerned about that trend and has made addressing the gender dynamics of HIV a priority. In particular, we are working at the country and global levels in addressing gender-based violence as a key HIV prevention strategy. Other strategies are also required. We are keen to see a much stronger responsibility across the United Nations and global HIV and health initiatives to address the feminization of the epidemic.

We can point to progress being made by the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria in improving the way it does business — moving to the consolidation of country grants, funding national plans, and joining with other international organizations in agreeing codes of best practice in support of national priorities. Mozambique, Ethiopia and Malawi are examples of where such processes are building confidence in national planning and budgeting, strengthening local capacity, increasing access to services and improving health status.

We will continue to seek to replicate these successes. We need to learn from these examples in order to inform and improve our ways of working and ensure that HIV/AIDS represents a strong focus in all our poverty-reduction measures.

The Governments of developing countries struggling to contain the epidemic are obliged to carry a heavy burden in the administration of aid. HIV/AIDS should be prioritized as an area where commitments to donor harmonization are being put into practice.

HIV is one of the major threats to the survival and well-being of humanity. It has contributed directly to the reversal of human development indicators in many countries, and the severity of its impact will persist to future generations. Reversing the current trends of HIV infection and addressing its impact calls for an exceptional and sustained international response and strong international leadership. Ireland will continue to play its part in efforts to halt and reverse the global HIV/AIDS pandemic.

Mr. Sergeyev (Ukraine): At the outset, Madam President, let me, through you, thank the Secretary-General for a very comprehensive report (A/61/816) on progress made over the past year in the implementation of the Declaration of Commitment on HIV/AIDS. My delegation shares the view that a lot has been done since the adoption of the Declaration of Commitment. Nevertheless, a lot more remains to be done.

For Ukraine, the issues under discussion are of utmost, crucial importance. Today, the HIV and AIDS epidemic represents a global threat, and combating its devastating effects is a matter of urgency for Governments, international organizations, non-governmental organizations (NGOs), civil society, the private sector and, in fact, every individual.

Statistics show that Ukraine is among those hardest hit in Eastern Europe. According to recent data, the growth in HIV transmission in 2006 was 16.8 per cent compared to 2005. Deaths caused by AIDS in 2006 were more than 10 per cent higher than two years ago. Every single day in Ukraine, 44 persons became infected, and six die from the disease.

The President and the Government of Ukraine are leading our national efforts to cope with the HIV/AIDS challenge. In accordance with our national HIV/AIDS programme, the central and local executive powers are mandated to introduce and implement activities directed at the reduction of the spread of HIV/AIDS in Ukraine. Priority areas of this prevention programme include awareness-raising, particularly among children

and youth, increasing access to antiretroviral treatment and reduction of the risk of infection among vulnerable groups. Additional important efforts are being undertaken to ensure donor blood safety and the provision of health care and social services to people living with HIV/AIDS.

However, the long-awaited changes cannot happen through government efforts alone. All sectors of society — both public and private — should partner together in their determination to win the battle. Most important, drawbacks such as stigma and discrimination towards HIV-positive people can be eliminated only in a sound civil society.

Adoption of the 2006 Political Declaration gave an enormous push to halting the spread of HIV/AIDS, in particular through the efforts of United Nations agencies, funds and programmes. That historic Declaration, to which Ukraine is highly committed, is further evidence of the great attention being devoted to this issue.

My delegation is convinced that there is an intimate link between the successful fight against HIV and AIDS and achieving the Millennium Development Goals (MDGs). Moreover, national strategies without a clear commitment to universal access to comprehensive HIV/AIDS prevention, treatment and support programmes are not fully conducive to the attainment of the MDGs.

Our country highly appreciates the active cooperation with and assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and agencies of the United Nations system, in particular the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the United Nations Children's Fund. We are also grateful to the European Union for its perseverance in strengthening the political framework to fight HIV/AIDS.

Ukraine is eager to discuss in 2008 national progress reports on the HIV/AIDS response. My country stands ready to cope with this deadly threat and hopes that international endeavours in this domain remain as concerted and comprehensive as our debate today.

Mr. Sen (India): We thank the Secretary-General for his useful report (A/61/816) focusing on the progress made since the High-level Meeting on HIV/AIDS a year ago. The report provides a good overview of the most recent developments in the global AIDS response and serves as a useful interim assessment pending the more comprehensive review next year.

A lot of progress has been made in recent years in dealing with the HIV pandemic. There has been renewed concern among donor countries, which have mobilized resources for countries affected by HIV/AIDS. The Global Fund, set up a few years ago, has pledged assistance of over $10 billion to over 130 countries to fight HIV, malaria and tuberculosis. Affected countries have in turn laid strong foundations for giving an effective response to this epidemic. Steps have been taken by national Governments to raise domestic resources, to expand access and to strengthen the implementation of the various initiatives under HIV/AIDS control programmes.

Yet, what has been achieved so far falls short of what needs to be done. While 2 million people in low- and middle-income countries were receiving antiretroviral therapy, 2.9 million people died from AIDS in 2006. The Secretary-General identifies some important areas. These include the need to prevent new infections through keeping the preventive efforts at par with the epidemic's growth, national target-setting and a move from working on an emergency footing to a longer-term effort to lay the groundwork for sustainable progress. The Secretary-General rightly highlights the need for enhanced resources, particularly international funding for public health and development, as many countries, especially low-income countries, cannot achieve universal access goals without external resources.

India remains a low-prevalence country with overall HIV prevalence of 0.9 per cent. However, we are cognizant of the gravity of the problem and the urgent need for a strong commitment to reverse its further progression, as the epidemic masks several sub-epidemics. Moreover, with India's large population, this low percentage converts into a large number of HIV-infected people. A young, mobile population, coupled with the rapid economic and social transformation that India is undergoing, adds to the complexity of the HIV/AIDS epidemic. The past few years have seen the epidemic moving from high-risk groups to the general population, with women, youth and rural population being highly vulnerable.

India is making significant progress in addressing the challenges posed by the HIV epidemic. Integrated with the National Rural Health Mission, our flagship programme for addressing inequities in accessing health services in rural areas, the HIV/AIDS strategy seeks to balance prevention with the continuum of care and treatment. With prevention as the key, the strategy focuses on expanding access to preventive services.

The National AIDS Control Organisation (NACO) has developed a clear and effective response for every segment of the community, highlighting the fact that each individual is at risk and that prevention is the key. NACO has been engaged in scaling up its programmes through targeted interventions for high-risk groups, strategizing comprehensive information, education and communication packages for specific segments and scaling up of the service delivery component. The 3 million elected representatives of the local self-governments at the village level, including a million women, are being involved in the effort, as are a large number of non-governmental organizations (NGOs). There is increased focus on women and youth and enhanced emphasis on widespread informational campaigns to increase awareness about the disease and methods of prevention.

To facilitate a strong multisectoral response to combat HIV effectively, a National Council on AIDS (NCA) headed by the Prime Minister of India, and consisting of Cabinet ministers and leading civil society representatives, has been constituted. Under its direction, a multisectoral response is under way, involving the participation of the private sector, civil society and key Government departments.

Research and development efforts on HIV/AIDS remain strong in India. In view of their enormous potential, vaccine development initiatives continue, and the fruits of those efforts — that is, vaccines — should be available in a few years. Two centres of excellence — set up at the National AIDS Research Institute in Pune, Maharashtra, and at the Tuberculosis Research Centre in Chennai, Tamil Nadu — have been engaged in clinical evaluations and trials of vaccines. A prototype of a candidate vaccine based on DNA and MVA has also been developed for HIV-1 subtype C at the All India Institute of Medical Sciences, New Delhi.

India's first national paediatric programme on HIV/AIDS was launched on 30 November 2006 to enhance coverage of children living with HIV/AIDS and to provide them with specific paediatric formulations. Close to 3,500 children are receiving treatment in paediatric formulations. Paediatric drugs have been provided to 86 antiretroviral treatment centres, and arrangements are being made to supply the rest of the centres.

NACO also organized a series of events on World AIDS Day 2006, which included an address by the President of India to both Houses of Parliament to reassert their commitment to fight against the HIV epidemic; the release of a special postage stamp to commemorate the Day; a cultural show with popular film personalities and singers committed to HIV/AIDS prevention; the broadcast of a 30 minute special programme in 24 languages by 174 All India Radio stations; and a press advertisement highlighting the commitments and achievements of the National AIDS Control Programme.

India is a source of low-priced and effective essential drugs for several countries in the developing world. Indian pharmaceutical companies have been able to obtain United States Food and Drug Administration approval for over 14 drugs, which will further ease the availability of affordable drugs.

We have come a long way since we committed ourselves to goals related to the HIV pandemic. In the moving words of one of our leaders, HIV is a most deadly scourge, a disease that is not a medical or a scientific subject alone, but a poignant social issue as well. India is fully committed to zealously responding to the HIV/AIDS pandemic in a multipronged, multisectoral and multidimensional way.

Mr. Sorcar (Bangladesh): My delegation appreciates the report (A/61/816) and the statement of the Secretary-General on the status of the implementation of the commitment on HIV/AIDS. It is heartening that treatment efforts are continuing to gather momentum. However, the gains of the past two years are overshadowed by the increase in the number of people living with HIV/AIDS in every region of the world. The epidemic constitutes a global emergency, challenging humanity with a problem of a magnitude never seen before.

The Declaration of Commitment on HIV/AIDS underlines the fact that the prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic. Awareness-building and the availability of effective means of

prevention are the bedrock for halting the spread of HIV/AIDS. We also recognize that prevention, treatment, care and support are mutually reinforcing. An integrated approach taking into account social values and local circumstances is important if we are to combat the epidemic.

Last year, the High-level Meeting on HIV/AIDS set out the objective of universal access to comprehensive prevention programmes, treatment, care and support by 2010. The realization of the commitment undertaken is important if we are to achieve the Millennium Development Goals, especially the goal on HIV/AIDS. We are disheartened to note that global interventions are far below the level of what is required. If the current, insufficient, pace of expansion of care and treatment continues, the number of people receiving antiretroviral drugs in 2010 will be only about 4.5 million — less than half of those in urgent need of treatment.

If we are to achieve universal access — a target that we have agreed on — we need far greater investment in the infrastructure of health systems, including human, administrative, procurement and financial resources. Additional international funding initiatives will be necessary for public health and development. Innovative sources of financing, such as the International Drug Purchase Facility airline levy, are welcome; we look forward to other such initiatives. Harmonization and coordination, as well as stability and the long-term predictability of funding with full national ownership and leadership, are important for achieving the target.

Achieving universal access also requires the participation of a whole range of stakeholders, including the private sector, civil society and non-governmental organizations. The Secretary-General's report underlines the fact that Government agencies, with the support of civil society, can effectively contribute to the delivery of HIV-related services and to the monitoring of national performance. Such a broad, integrated strategy can facilitate achieving the Millennium Development Goal of combating HIV/AIDS, malaria and other diseases.

Easy access to medicines is critical. Under existing global rules, every citizen of the world has the right to access to essential medicines and treatment at an affordable price. No agreement in the World Trade Organization or elsewhere should compromise the possibility of affordable medicines for the poor. The transfer of technology and capacity-building in the pharmaceutical sector are the cornerstone of affordable treatment, as identified in paragraph 6 of the Doha Declaration.

Bangladesh remains one of the lowest-prevalence countries for HIV/AIDS. In all six rounds of the national HIV sero and behavioural surveillance process, HIV rates were found to be below 1 per cent in all groups except that of injecting drug users. The first case of HIV in Bangladesh was detected in 1989, and recent statistics show that the number of reported cases of HIV is 874, with 240 cases of AIDS; 109 have died.

Bangladesh's response to the pandemic has been greatly appreciated. The National AIDS Committee was formed back in 1985, involving all relevant stakeholders. In 1997, Bangladesh drew up a well-defined strategy paper, entitled "National policy for the prevention and control of HIV/AIDS and STD-related issues". In 2001, legislation on safe blood transfusion was enacted in parliament. A total of 98 blood transfusion centres have already been established. A national strategic plan for the period from 2004-2010 has been adopted and is now in the process of operationalization. Bangladesh hosted the Expert Group Meeting of the South Asian Association for Regional Cooperation (SAARC) in April 2006 to develop a workplan to implement the SAARC Regional Strategy on HIV/AIDS. These policies and programmes have borne fruit, as the prevalence and spread of the pandemic are satisfactorily low in Bangladesh.

Although AIDS prevalence is extremely low in Bangladesh, there is little room for complacency, as we are in a high-incidence zone. There is cause for great concern about entering into concentrated expansion among high-risk groups. The vulnerability of Bangladesh to HIV/AIDS is high, owing to the prevalence of HIV in neighbouring countries, increased population movement through internal and external migration and lack of adequate awareness among the general population about HIV infection.

The HIV and AIDS Prevention Project (HAPP), which the Government is implementing, is a critical area in which significant support is essential from development partners to scale up the national effort. We strongly urge the international community to

provide long-term, predictable resources to identified national priorities on HIV/AIDS. This is to sustain the current low level and prevent a flare-up as a result of the risk factors.

Until recently, HIV/AIDS prevention was not considered a priority in conflict management. Security Council resolution 1308 (2000) recognizes the need to raise HIV/AIDS prevention awareness among peacekeeping forces. Bangladesh remains firmly committed to the full implementation of that resolution. Fortunately, out of 57,000 personnel deployed, so far only three cases of seropositivity have been detected. That record testifies to the effectiveness of our intensive and comprehensive programme to reduce the risk of the transmission of HIV and sexually transmitted infections among peacekeeping personnel.

AIDS is a silent killer that claims around 8,000 lives a day. The international community is committed to making further efforts to address this challenge. What is needed is goodwill, a scaling up of efforts and coordinated action at all levels. We are convinced that through a combined global effort, we will overcome one of the biggest challenges that humanity has ever faced.

Mrs. Asmady (Indonesia): My delegation appreciates the report of the Secretary-General on the progress being made to implement the Political Declaration on HIV/AIDS, adopted in June 2006. The report takes note of the specific progress made towards achieving the goal of universal access to HIV prevention programmes, treatment, care and support by 2010. To that end, Governments have set national targets reflecting the pressing need to meet that objective.

However, as indicated in the report, much remains to be done in terms of how best to scale up services and create universal access in the shortest time possible and of ways to strengthen existing infrastructures. It is evident that many countries continue to experience fundamental challenges. Their health systems are weak, their access to affordable services limited, their human resources insufficient, and sources of financing are unpredictable and unsustainable. These matters need urgent attention if the 2010 deadline is to be honoured.

Indonesia, too, faces its own challenges in the area of HIV/AIDS. Since 1999, injecting drug users and those involved in risky sexual behaviour have been the major cause of the spread of the HIV/AIDS epidemic in Indonesia, particularly in Jakarta, West Java and Bali. Meanwhile, in Papua, men engaging in commercial sex work and premarital sex without condom use have contributed to the increasing number of HIV/AIDS cases.

Because of those triggers, Indonesia's estimated HIV- infected population was 193,000 in 2006. The current number of persons with fully developed AIDS is 8,194. The highest prevalence of AIDS cases can be found in the group aged 20-29 years. They represent 54.76 per cent of total AIDS cases, while the 30-39 age group accounts for 27.17 per cent and the 40-49 group, 7.9 per cent.

Since the earliest days of the response to the emerging epidemic in Indonesia, the national leadership began to take action at the ministerial level under the guidance of the National AIDS Commission, chaired by the Coordinating Minister for People's Welfare. Leadership, management and coordination at the provincial level have been placed in the hands of local AIDS commissions. These are multisectoral bodies made up of governmental and non-governmental organization (NGO) representatives.

Those stakeholders fulfil their responsibilities within the broad framework of the national AIDS strategy. That strategy emphasizes the important values of family welfare and religion in combating the spread of HIV. At the same time, it provides strong support for a practical public health approach to the HIV challenge, including condom promotion and harm reduction strategies for injecting drug users.

Among the major challenges currently affecting Indonesia's efforts to combat HIV/AIDS are, first, the difficulties that groups at high risk of HIV/AIDS face in accessing prevention and treatment programmes; secondly, low condom usage; thirdly, the high number of injecting drug users sharing needles; fourthly, the stigma and discrimination against people living with HIV; and, fifthly, the lack of voluntary HIV/AIDS testing facilities and the unavailability of antiretroviral drugs.

To handle those difficulties, the Government of Indonesia has enhanced the capacity of the National AIDS Commission at the national, regional and district levels; set up a national action plan with costed allocations; built up the institutional and management capacities of non-governmental organizations;

improved its coordination mechanism; provided sterile injecting needles and condoms for high-risk groups; and fostered greater private sector involvement.

Increased funding has been obtained from donor communities, and the national budget has also increased annually. It now amounts to about $13 million. Regional governments also received funding amounting to $1.6 million in 2006, a 100 per cent increase over the $0.8 million 2004 budget. Indonesia's President, Susilo Bambang Yudhoyono, has also expressed great interest in tackling the HIV/AIDS epidemic through a 250 per cent increase in the health sector budget in 2007. That increase will be used primarily to combat HIV/AIDS.

In the light of the continued spread of the global AIDS epidemic, I call on the entire international community to renew and fulfil the commitments made in 2001 and 2006. In particular, it is important that low- and middle-income countries receive the international financial backing they need to achieve the national targets they have set for themselves.

It is also clear that whatever capacity exists globally needs to be greatly enhanced, because HIV infection rates are not going into a consistent decline. Moreover, while we acknowledge that access to treatment and care has improved in recent years, the persistence of the global epidemic underlines the need for increased access to basic prevention services and affordable antiretroviral therapy. It is believed that simultaneous scaling up both prevention and treatment would prevent 29 million new infections by the end of 2020. Therefore, we must all act now. We cannot afford apathy or delays.

Mr. Wai (Myanmar): Today's meetings are very timely indeed. They provide us with an opportunity to review how effectively we are implementing our commitments and how we can reinforce our efforts to face the complex challenge of the HIV/AIDS pandemic.

My delegation wishes to commend the Secretary-General for his comprehensive report (A/61/816) on the most recent developments in the global AIDS response. His report covers a broad range of measures implemented by the world community to fulfil the commitment made at the High-level Meeting on HIV/AIDS, held in New York last year. The commitment set out the new global objective of moving towards the goal of universal access to HIV prevention programmes, treatment, care and support by 2010. This will create a very important impetus in our collective endeavours to meet the target set out in the Millennium Development Goals, that is, to halt and reverse the spread of HIV/AIDS by 2015.

We are encouraged that many countries, including lower- and middle-income countries, have laid down important groundwork over the past 12 months for a longer-term effort to move towards universal access. We welcome the fact that the Secretary-General's report not only gives us an overview of progress, but also includes useful recommendations for moving towards universal access. The report also highlights the fact that, in addressing the challenges of HIV/AIDS, the scaling up of antiretroviral therapy must be coupled with the scaling up of prevention. It also clearly shows that only half of the resource requirements of the lower- and middle-income countries are being met in 2007.

I would like at this point to apprise the Assembly of my country's endeavours to meet the commitments made in the Millennium Declaration, the Declaration of Commitment on HIV/AIDS and the Political Declaration adopted at the High-level Meeting on HIV/AIDS in 2006.

HIV/AIDS has been designated in my country as a disease of national concern, and Myanmar is committed to fighting it by using all available resources. In this connection, national leadership is provided by the First Secretary of the State Peace and Development Council, as Chairman of the National Health Committee, under which a high-level multisectoral national AIDS committee, chaired by the Minister for Health, is spearheading the national AIDS programme. Priorities of the national AIDS programme include reducing and preventing HIV/AIDS transmission through access to behavioural change information, encouraging the adoption of healthy lifestyles and enhancing the quality of life of people living with HIV/AIDS through treatment, care and support.

As part of the national AIDS programme, the national strategic plan for the period 2006-2010 was approved in 2006, and it includes six broad strategic areas. The national strategic plan was developed as a multisectoral, broad-based strategy in line with the "Three Ones" principles, and with the active involvement of all partners from the United Nations

system, non-governmental organizations (NGOs), the private sector and the local community.

In his report, the Secretary-General states that access to life-saving treatment is a pivotal component of universal access. We fully agree with his view. In my country, HIV-infected patients and their affected families are now provided with counselling, treatment with antiretroviral drugs and home-based care and support. Since 2005, antiretroviral therapy for the public sector has been provided in 13 hospitals, including two major hospitals in Yangon. Five international NGOs are also providing antiretroviral therapy in partnership with the Ministry of Health. We have scaled up antiretroviral therapy and hope to increase the number of patients treated with it by 400 per cent between 2006 and 2008. A total of 17 local NGOs, 19 international NGOs, one bilateral agency and seven United Nations organizations have been participating in the national response against HIV/AIDS in the country.

In our fight against HIV/AIDS, we are also collaborating with other regional countries, through the Association of Southeast Asian Nations (ASEAN) Taskforce on AIDS and the Greater Mekong Disease Surveillance Network. Since 2000, collaborative bilateral activities relating to AIDS, tuberculosis and malaria have been carried out in 16 townships in the Myanmar-Thai border areas.

Due to extraneous factors, the Global Fund to Fight AIDS, Tuberculosis and Malaria unilaterally terminated its programme in Myanmar in August 2005. Myanmar deeply regrets that. However, to bridge the gap, a group of six donors, comprising the European Commission, Sweden, the Netherlands, the United Kingdom, Norway and Australia, agreed to set up the Three Diseases Fund to support our national strategic plan for HIV/AIDS, tuberculosis and malaria. A memorandum of understanding between the Ministry of Health and the United Nations Office for Project Services, as fund manager, was signed in October 2006.

In conclusion, I would like to reaffirm that Myanmar will do its utmost to fight HIV/AIDS nationally with all available resources. We will continue to collaborate and cooperate with regional and international partners to further strengthen our efforts to address the pandemic, which has caused untold suffering to humankind.

Mr. Khoc (Sudan): Madam President, the Sudan has been following with interest and appreciation your commitment and efforts in the areas of United Nations reform and the implementation of international treaties, covenants and declarations, notably the United Nations Declaration of Commitment on HIV/AIDS. The very existence of mankind and human civilization is seriously threatened by the HIV/AIDS epidemic, an epidemic that has no borders and does not discriminate among victims. The Joint United Nations Programme on HIV/AIDS (UNAIDS) programme, a good example of United Nations system-wide coherence, where all United Nations sectors cooperate and coordinate policies and actions to facilitate an effective fight against HIV/AIDS, deserves our commendation.

My delegation aligns itself with the statement delivered by the Permanent Representative of the United Republic of Tanzania on behalf of the African Group. That statement painted the true picture of the HIV/AIDS epidemic in Africa and underlined the concerted effort undertaken by Governments of Member States, non-governmental organizations and civil society organs aimed at combating HIV/AIDS. Alone, Africa cannot win the fight against HIV/AIDS. We therefore look to the international community to fulfil its commitments to Africa in the war against HIV/AIDS. We urge the international community to redouble its efforts in providing the required assistance so that our control methods can match the speed of the spread of the disease.

In spite of the vigorous control programmes undertaken, a number of factors have combined to facilitate the spread of, and/or increase vulnerability to, HIV/AIDS in the Sudan. Those factors include climate change, resulting in economic disruption, reduced agricultural production and low or inadequate food security; social unrest; poverty; long borders; and open frontiers. Economic sanctions against my country curb its development potential and negatively impact on technological progress and medical service delivery. Thus, curative measures, including access to antiretroviral drugs, and preventive measures necessary for combating HIV/AIDS have been reduced.

Despite the enormous challenges, the Government of the Sudan aims at creating an atmosphere conducive to stability, peace, socio-economic progress and equal opportunity for all citizens. Towards that goal, and with the assistance of the African Union and other international bodies, the

Comprehensive Peace Agreement, the Darfur Peace Agreement and the Eastern Sudan Peace Agreement were successfully concluded. Current efforts are under way that are aimed at achieving comprehensive peace throughout the whole country by bringing on board the groups that have not yet signed on to the Darfur Peace Agreement. If this is successful, economic revival could lead to enhanced sustainable development and an energetic HIV/AIDS combat programme.

The Government of the Sudan attaches great importance to the war on AIDS. This is demonstrated by our national framework on combating the disease; it is headed by both the President of the Republic and the first Vice-President and President of the Government of South Sudan. A national strategy to combat the epidemic through 2009 has been scaled up. The implementation of this strategy requires a multisectoral national response team, chaired by the Federal Minister of Health. A national coordinating council liaises with other regional monitoring and evaluating programmes. Specific action areas include public awareness, the enactment and enforcement of protective laws, and reaching out to the most vulnerable sectors of society: youth, women and those living with HIV/AIDS. In addition to the African continental HIV/AIDS, Malaria and Tuberculosis Control Programme, other institutions overseeing the HIV/AIDS control programme implementation include those at the regional and State levels and administrative community and village councils.

In order for the Sudan to correctly implement this ambitious strategy, collaborative coordination with and support from the international community is important. Improving the living conditions of persons infected with HIV/AIDS, building the capacities of partners engaged in the combat against the epidemic and mobilizing the necessary resources are priority areas. Although the trend of the spread of the disease is declining, the goal of reducing prevalence to less than 1 per cent of the population, noble as it is, appears elusive in the short term. Special emphasis is placed, among other things, on encouraging traditional beliefs and practices that reinforce positive behaviour.

I wish to end my statement by thanking the international community, represented by the United Nations, its subsidiary and specialized bodies and international organizations, including UNAIDS, the malaria and tuberculosis control funds and donor Member States, for the technical and financial assistance they have and still are offering to the Sudan in its fight against HIV/AIDS.

However, the fight is ongoing, and we therefore expect the international community's support to continue. Last, but not least, my delegation will support the draft decision before the Assembly in document A/61/L.58.

Mr. Kodera (Japan): At the outset, I would like to convey to the Secretary-General my delegation's sincere appreciation for his report (A/61/816) on the progress made over the past 12 months in the international response to HIV/AIDS.

The Political Declaration adopted at last June's High-level Meeting on HIV/AIDS set a new goal of universal access to HIV prevention programmes, treatment, care and support by 2010. According to the Secretary-General's report, it is estimated that 2 million individuals in low- and middle-income countries were undergoing antiretroviral therapy as of December 2006. This number shows an increase of 700,000 from the previous year and represents 28 per cent of the estimated 7.1 million people in need of such therapy. The international community must take this reality seriously and continue to strive to achieve universal access to care.

The Secretary-General's report stresses the importance of a comprehensive and multisectoral approach to HIV/AIDS. Japan has taken such an approach since it adopted its Global Issues Initiative on Population and AIDS in 1994. As part of this Initiative, Japan has helped improve national responses to HIV in developing countries. My Government is pleased to note that the Secretary-General's report recognizes signs of improvement in several Asian and African countries with which Japan has cooperated under that Initiative.

The Secretary-General's report also points out that many national plans fail to take into account the costs of non-health-sector interventions, such as programmes focusing on youth, both in and out of school, and community mobilization.

In addition, the report highlights the importance of information about HIV/AIDS — in other words, of knowing your epidemic. Non-health-sector interventions have long been a part of Japan's support for responses to HIV/AIDS, and it is highly significant that this issue was raised in the report.

Japan launched its Health and Development Initiative in June 2005. That initiative puts forward Japan's concept of economic cooperation to achieve the three health-related Millennium Development Goals. As a part of that initiative, Japan will help developing countries respond to HIV/AIDS in the following ways: first, lowering the risk of infection by supporting the development of the human resources necessary for prevention awareness activities, and by providing condoms; secondly, fighting the spread of sexually transmitted diseases, which increase the risk of HIV infections, particularly among vulnerable members of society; thirdly, promoting voluntary counselling and testing by providing test kits and building essential human resources and facilities; fourthly, expanding antiretroviral therapy programmes and supporting the treatment of opportunistic infections, measures against mother-to-child transmission and activities that encourage social participation among people living with HIV/AIDS; fifthly, providing care for AIDS orphans; and sixth, supporting the creation of a safe blood supply. Through those efforts, Japan intends to continue to improve the quality of the global response to HIV/AIDS by working alongside developing countries as a responsible partner.

As we look ahead to next year, when the United Nations will undertake a comprehensive review of the global AIDS response, Japan hopes that the Organization will continue to work actively to ensure that the goal of universal access is achieved.

Mr. Romero-Martínez (Honduras) (*spoke in Spanish*): Allow me to commend you, Madam President, for having organized these important meetings of the General Assembly to follow up the outcome of the twenty-sixth special session on HIV/AIDS, an issue to which my country attaches the highest priority. We wish also to thank the Secretary-General of his report (A/61/816), in which, as requested by Member States, he has provided an overview of the global AIDS situation.

In our view, the figures quoted in the report are terrifying. This morning, Madam President, you cited a number of sobering and alarming figures. I believe we cannot simply ignore those figures. You stated, based on reports, that 25 million people have died since the outset of the pandemic, that 40 million human beings are currently infected, that 12 million children in Africa have been orphaned, that 8,000 people die and 6,000 are infected every day. Those figures and that scenario should cause us all to shudder and here in this Assembly should cause us to wonder where we are headed — perhaps towards the extinction of the human race.

Billions of dollars have been misspent and wasted on weapons, on fratricidal wars pitting brothers against brothers, on novel experimentation and on frivolous matters. The high prices of medications increasingly cause us to lose sight of the human faces of our people who struggle daily to meet the basic food needs of their families while fighting a pitched battle, minute by minute, against death. Is that not evidence of a deplorable contradiction between the wasteful costs of war and the loss of human life?

The struggle for affordable prices for antiretroviral drugs may seem difficult, but it must continue. Transnational profiteers should take greater account of the human suffering, of the orphaned children, of the tragedies of thousands of families, of the loneliness, of the weeping — in short, of the human tragedy that is undermining the foundations of our continents.

The Honduran delegation wishes to associate itself with the statement made by the Dominican Republic on behalf of the Rio Group. For Honduras, the HIV/AIDS situation is a matter of urgent priority. Under the leadership of the first lady of our nation, Mrs. Xiomara Castro de Zelaya, a global coalition of first ladies has been established to fight against this terrible disease, which threatens to destroy humankind. The coalition organizes and attends regional and global forums, raising a united voice of engagement in initiatives to prevent and combat HIV/AIDS.

Every day, the Government of Honduras, civil society and various sectors of our country are constantly fighting to improve the situation of infected persons. That is an immense challenge, but are meeting it with the greatest resolve — and, most important, with the greatest dignity. Our Government has established the Solidarity Network programme to provide assistance, education, help and, above all, hope to the most vulnerable sectors of our society. The programme devotes particular attention to the fight against AIDS, including prevention, education and relief for persons living with AIDS.

The struggle must be a shared one that is rooted in a collective consciousness at the global level,

making us more aware and enabling us to draw on all available resources in order to find a viable, appropriate solution that can help the millions of people who are suffering from the disease. We should devote ourselves to that struggle, not simply extending our hand for gifts, but by reaching out and giving our hearts in a gesture of solidarity — genuine, global solidarity. That is what we aspire to: genuine solidarity.

Mr. Muburi-Muita (Kenya): I would like to thank you, Madam President, for having organized this important meeting. I would also like to thank the Joint United Nations Programme on HIV/AIDS for having made the preparatory arrangements. My delegation further commends the Secretary-General for his comprehensive report (A/61/861) on this subject.

Kenya wishes to fully associate itself with the statement made earlier by the representative of the United Republic of Tanzania on behalf of the African Group.

It is almost six years since the world made a firm commitment to review and address, as a matter of urgency, the problem of HIV/AIDS in all its aspects and manifestations. Since then, concerted efforts have been made and resources utilized to fight the epidemic. Our efforts notwithstanding, the epidemic continues to leave a trail of devastation and upheaval.

The situation in sub-Saharan Africa is still grim — very grim indeed. Although the region has done a lot with regard to advocacy and community involvement, particularly at the grass-roots level, it is still saddled with the worst effects of the epidemic. Today, however, some of the best statistics in the world — in terms of cutting down infection and prevalence rates, as well as of advocacy and sensitization campaigns — can be seen in sub-Saharan Africa. The elaborate prevention programmes and strategies put in place, which have integrated the “Three Ones” principles, have begun to bear fruit, although the road has been a difficult one.

Unfortunately, those encouraging results are in danger of being wiped out if we do not move from a global response based on an emergency footing to long-term efforts that lay the ground work for sustainable progress. In order to attain that goal, it will be necessary — as the Secretary-General observes in his report — to establish sound, reliable financing schemes and to implement strategies.

In 2000 HIV/AIDS was declared a national disaster, and in 2003 President Kibaki declared war against the scourge. That is a clear demonstration of political will. In Kenya, the National Aids Control Council, working in collaboration with the National HIV/AIDS and Sexually Transmitted Infections Control Programme, Government ministries, civil society, non-governmental organizations, people living with HIV/AIDS and the private sector, has embarked on an aggressive campaign to inform, educate and communicate with Kenyans on all aspects relating to the scourge.

The National Aids Control Council is coordinating and managing the implementation of a multisectoral approach to HIV/AIDS programmes at the national, provincial and constituency levels to provide policy direction and to mobilize resources. As a result, there is expanded access to commodities and to voluntary and confidential counselling and testing. Tremendous strides have been made in making blood samples safe, in programmes for the prevention of mother-to-child transmission and in interventions in the early and effective treatment of sexually transmitted infections.

As a result of those interventions, the number of voluntary counselling and testing centres has increased from 3 in 2000 to 600 in 2006, and the number of people sent for tests by the centres has climbed to 2.5 million this year. Currently, the prevalence rate is 5.9 per cent, having come down from 18 per cent in less than 10 years. The war is far from having been won, as we currently have 1.2 million Kenyans who are HIV positive, more than half of whom are women.

In Kenya, aggressive media campaigns and the many workshops at the community level in schools and other institutions carried out by the Government in coordination with civil society and the private sector have helped to reduce the stigma and combat the social exclusion connected with the epidemic. Free primary education and the abolition of tuition fees in secondary schools will go a long way towards augmenting those campaigns. Those strategies are being included in all Government policies, programmes and activities at the national, provincial, constituency and community levels.

As correctly observed in the Secretary-General’s report, Kenya launched a rapid-results initiative, and one of the tasks was for the districts to set targets for

treatment. Nearly all of the districts exceeded their targets, thus clearly demonstrating their commitment to and understanding of the nature of the task.

Society and individuals have committed efforts and resources to addressing this terrible scourge. Partnerships are extremely important. Unfortunately, there are still those who look away, and we have to grapple with competing interests and priorities. Stubborn silence heralds victory for the enemy. Denial, silence, wishing it away or leaving it to other people to deal with will only invite the virus and associated problems closer to home. The silence and political paralysis in some quarters, the cries of shame and the stigma only exacerbate the cycle of ignorance, poverty and defeat.

It is incumbent upon us to act in order to help our people. Our inaction is making this world a more dangerous place to live in. Individual efforts, however feeble they may be, will make a difference. As we work towards preventing infection, we must scale up support and care for the infected and the affected, particularly widows and orphans. The number of orphans and child-headed households is growing. That is unacceptable. We must first expand access to treatment by providing cheap and affordable antiretrovirals and provide long-term care for the disadvantaged.

There is an urgent need for more international funding for public health and development in general and for expanding second-line treatment in particular. We must also ensure that prevention retains its status as a key priority in the global response. We must not sacrifice health at the altar of profits. The cost of drugs must come down. It is in that connection that we laud the partnership between Kenya and the Global Fund to Fight AIDS, the Clinton Foundation HIV/AIDS Initiative and others. We praise them for their support in providing medicines and for initiatives to campaign for the reduction of prices of essential drugs and antiretroviral medicines. Kenya is grateful for the support received by the development partners.

In conclusion, I wish to note that we are all aware that lack of adequate investment in HIV prevention, treatment and care has the potential both to reverse hard-won development gains and to render ineffective current and future development across all sectors. Let us build on the gains we have made, and at the same time let us ward off any encroachment by the adverse effects of the scourge.

Mr. Pramudwinai (Thailand): Having heard all of the various novel statements today, I am convinced that no country is allowing the Political Declaration on HIV/AIDS to become just another beautiful, unfulfilled promise. For Thailand, the Political Declaration embodies the hope, aspiration and determination of millions of people who have been affected by HIV/AIDS throughout the world. It speaks about the shared responsibility and shared destiny of all stakeholders. We are convinced that all commitments contained therein, ambitious as they are, are nevertheless achievable if all countries match their words with deeds — as we have heard this morning and this afternoon. We all know that we have the means to reverse the global pandemic and to avert millions of needless deaths. What stands between success and failure is certainly our own will.

Thailand is closely attached to the Political Declaration. We were given the honour of being a co-chair, along with Barbados, of the negotiations for the Declaration. We have seen the Declaration from its conception right up to its adoption last June. But we know that the adoption alone is not enough; it was just the beginning of the long road ahead. To live up to its spirit and intent, the Political Declaration must be acted upon. Thailand is therefore determined to play an active role in ensuring its effective implementation at home and abroad.

Thailand welcomes the opportunity for the General Assembly to review the progress thus far in implementing the Political Declaration. We would like to express our appreciation to the Secretary-General for his excellent report (A/61/816), which provides an interim assessment of the progress of the global AIDS response since the adoption of the Political Declaration. The report indeed serves as a reality check and a wake-up call for all of us on how far we have come as we approach the halfway point to the 2015 MDGs milestone.

A mixed picture emerges from the report,. We are warned once again that, although much progress has been achieved, much more remains to be done. We are pleased to learn that the nationally driven scale-up process has gathered strength in many countries. While we take heart in learning that access to treatment has

expanded at a greater speed, we are concerned that prevention is still lagging in many countries. The much-needed sense of urgency in scaling up prevention programmes has unfortunately been missing and has been replaced by complacency. Such complacency is certainly a death trap. While welcoming the availability of financial resources for HIV/AIDS, which is now at the highest point in history, we must take up the challenge to ensure that those resources are best utilized over the long run.

The struggle against HIV/AIDS is a national struggle for all affected countries around the world. Because HIV/AIDS affects the survival of citizens and thus the national economic productivity, competitiveness and social fabric of every country, the fight against HIV/AIDS is therefore a fight for the present and the future of all.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization AIDS Epidemic Report released in December 2006 indicated that in Thailand, an estimated 580,000 people had been infected by HIV at the end of 2005. That estimated number speaks for itself about the scope of the challenge that Thailand is facing in achieving universal access.

Faced with that enormous challenge and driven by our commitments as contained in the Political Declaration, Thailand has taken the following steps to turn our commitments into action.

First, the Thai Government, in collaboration with all stakeholders, has adopted the National Integrated Strategic Plan for HIV Prevention and Resolution of HIV/AIDS-Related Problems for the Years 2007 to 2011. That will serve as a blueprint for our implementation of the Political Declaration. Key components of that Strategic Plan include promotion of concerted, multisectoral partnerships between all stakeholders, strengthening the health infrastructure, further decentralization of responses to the local levels and promotion of community responses.

Secondly, domestic resources have been mobilized to back up the national plan. The public health budget of Thailand has been increasing steadily for the past two decades. The present public health budget is more than 11 per cent of the overall public budget, second only to education. Over 4.4 billion Thai baht have been allocated to the fight against HIV/AIDS for the year 2007, making Thailand one of the few developing countries able to mobilize over 50 per cent of its resources for HIV/AIDS from domestic spending. That money has been allocated to relevant Government agencies at all levels and to non-governmental organizations working at the community level, to scale up access to prevention programmes, treatment, care and support.

Thirdly, Thailand strongly believes that prevention must be the mainstay of any successful response. Thailand's success in dramatically reversing the rate of infection during the 1990s has been recognized worldwide. Through our experience, we have shown that reversing the rate of HIV infection is possible. However, we know that we cannot be complacent. The nature of the epidemic in Thailand is changing, and we need to adapt and adjust ourselves to that changing nature. We are concerned that lately a large percentage of new HIV infections in Thailand has occurred in population groups that were previously considered to be at low risk, such as married women, men who have sex with men, and youth.

In response to the urgent need for a more assertive scaling-up of prevention, the National AIDS Committee last month established a subcommittee specifically to monitor and accelerate prevention efforts throughout the country. The new subcommittee is led by Mr. Meechai Viravaidya, who has won international recognition for his success in reversing the HIV infection rate in Thailand during the 1990s through his 100 per cent condom use campaign among commercial sex workers.

At the same time, an ambitious national prevention target has also been set to scale up efforts towards universal access, which is to halve the number of new infections expected for 2010. It is also expected that new infections for 2008 will be reduced to 7,500 cases and to 6,000 cases in 2011. Target groups under the scheme would be discordant couples, men who have sex with men, intravenous drug users and youth.

Fourthly, Thailand is committed to scaling up access to treatment, care and support. The budget earmarked for access to antiretroviral therapies for 2007 is more than $100 million — an increase of more than 10 fold in six years. That level of spending from domestic resources on access to treatment is considered the highest among the low- and middle-income countries.

Since 2006, universal access to antiretroviral therapies has been guaranteed for all Thai citizens in need under the Government's universal health care scheme. Voluntary counselling and testing and care and support programmes are also integrated as part and parcel of the universal health care schemes, in collaboration with non-governmental organizations and networks of people living with HIV/AIDS. It is important to note that, according to the latest UNAIDS Epidemic Update, Thailand is the only country in Asia to have succeeded in achieving more than 50 per cent of treatment coverage for those in need.

However, the sustainability of that success is at risk owing to the growing demand for second-line ARVs, which remain beyond the reach of the majority of those in need as a result of very high prices. Since 2004, there have been negotiations with patent holders of second-line ARVs in Thailand to reduce their prices in order to ensure greater affordability and accessibility. A working group was set up for that purpose in April 2005, but there has been little cooperation from the drug companies concerned.

Against that backdrop, in November 2006 and January 2007 the Ministry of Public Health of Thailand availed itself of the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to authorize compulsory licensing for the public, non-commercial use of two antiretroviral products that are patented in Thailand. That decision was consistent with the rules of the World Trade Organization and has not been legally contested. It was also consistent with the spirit and the letter of paragraphs 43 and 44 of the Political Declaration. That fact is clearly reflected in the latest report of the Secretary-General under this agenda item (A/61/816). While that was the first time that Thailand had used such a measure, we were not the first country to do so. The decision was not made lightly. We recognize the importance of intellectual property protection in maintaining incentives for innovation, as well as the vital need to balance it with access to lifesaving drugs to protect public health.

With the lives of more than 500,000 people at stake in our country, we cannot simply stand idly by, nor should we do less than what we can. The generic versions of medicines manufactured or imported under compulsory licensing will be provided only to patients covered by the Government's universal health care schemes. Before the compulsory licensing announcements, Government-supported patients could not afford patented drugs and therefore were not considered a market for them in the first place.

Patent holders still have the same right as before to produce, import and sell their products in Thailand. Those who can afford these drugs out of their own pockets and are not covered by the Government's universal health care schemes still have to pay market prices, as they have always had to do in the past. Hence, the existing market for patented drugs is not affected in any way by the employment of the TRIPS flexibilities. And since the decision to employ those flexibilities was made, the agencies have been negotiating in good faith with concerned parties to improve access for those in need.

Thailand's commitment to the global fight against HIV/AIDS and to the implementation of the Political Declaration has been, and will always be, strong and consistent. We stand ready to intensify our cooperation with all interested parties at home and abroad in a spirit of partnership. As incoming Chair of the UNAIDS Programme Coordinating Board, we are ready to play an even more active role in mobilizing and strengthening international efforts and coordination to fulfil the hopes, aspirations and promises embodied in the Political Declaration.

Thailand sincerely hopes that, when we meet again next year for a comprehensive review, we will not have to look back and ask ourselves, "What if?" in this matter of life and death.

Mr. Ehouzou (Benin) (*spoke in French*): At the outset, I should like to say that my delegation is pleased to take part in this debate on follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS. We align ourselves with the statement made this morning by the Permanent Representative of Tanzania on behalf of the Group of African States.

The High-level Meeting held in June 2006 was one stage in the global fight against the HIV/AIDS pandemic, during which the international community renewed its commitment to establishing immediately attainable national objectives in the context of providing universal access so as to accelerate progress towards 2010, a decisive date in the attainment of the Millennium Development Goals. The interim report of the Secretary-General (A/61/816), whose relevance we welcome and which covers the past 12 months, shows

the extent to which Member States have implemented this commitment to achieve universal access to prevention, care and treatment and have accordingly updated their national plans. The report also indicates, to the satisfaction of our Government, that there is an alignment of international action with national priorities in many countries.

Benin, despite having had fairly stable moderate prevalence of HIV infection, around 2 per cent since 2002, will not be safe from an explosion of the epidemic if our national response is not intensified in order to move towards universal access to prevention, care and treatment. In that context, Benin has made a priority of promoting a favourable multisectoral environment, ownership, sustainability and effective coordination in the fight against HIV/AIDS.

Despite its efforts to combat the pandemic, Benin believes that active subregional cooperation is necessary in that regard — hence the implementation of a subregional project to prevent HIV/AIDS along the Abidjan-Lagos migration axis. Called Project Corridor, it covers the following five countries: Nigeria, Togo, Ghana, Côte d'Ivoire and, naturally, Benin. The project is aimed at vulnerable groups: drivers and mobile populations. My country hosts the project's secretariat and participates in its activities, as do the four other countries.

Universal access is a process in which prevention remains paramount. Unfortunately, the 2005 data show only a slight increase in prevention services. Indeed, the 2 per cent increase between 2005 and 2006 in the number of pregnant women receiving care to prevent mother-to-child HIV/AIDS transmission is not enough. We continue to see new cases of HIV infection because of insufficient investment in prevention, which must be multisectoral so that we can better address the causes of the spread of the epidemic and the risk factors.

Likewise, the rate at which care and treatment are improving is not in proportion with the increase in urgent demand. As a consequence of that discrepancy, 2.6 million people died of HIV/AIDS throughout the world in 2006. There is thus a pressing and increasing need for investment in infrastructures and health systems, including in the areas of human resources and management.

Today, the basic problems facing the arsenal to combat the pandemic are the following: finding long-term financing to fund our modest but realistic national plans; ensuring the viability of national plans by taking into account and covering the costs of second-line treatment; caring for orphans; investing in national infrastructures; and providing non-health-sector prevention services. We are grateful for the efforts of the international community in mobilizing resources, and we acknowledge the importance of prioritizing key elements of national plans, depending on the resources available.

However, increased international financing is a sine qua non for the low-income countries in general and the least developed countries in particular, if we are to have a chance of achieving universal access by 2010. That is why my delegation appeals to all bilateral and multilateral donors, the World Bank, the African Development Bank and others, to increase their contributions to the Global Fund to Fight HIV/AIDS, as well as to other international mechanisms involved in the struggle, and to continue to take greater account of the need to make funding part of national priorities.

In the crusade against the scourge, we must strengthen partnerships among Governments, people living with HIV, vulnerable groups, religious organizations, the private sector and international institutions so as to ensure a global and comprehensive response.

Ms. Banks (New Zealand): New Zealand fully supports global efforts to address HIV/AIDS — one of the greatest threats to the economic and social development and stability of developing countries. AIDS has caused 20 million deaths and left tens of millions of children orphaned. As noted in paragraph 7 of the Secretary-General's report (A/61/816), "By the end of 2006, an estimated 39.5 million people worldwide were living with HIV infection." I would like to take this opportunity to thank the Secretary-General for his report.

Globally, half of the 40 million people living with HIV are women. While young people aged 15 to 24 account for nearly half of new HIV infections, statistics indicate that approximately two thirds of them are young women. The Secretary-General notes that gender inequality continues to drive the feminization of the epidemic, as more girls and women of 15 years of age and over are living with HIV than ever before.

We will never halt and reverse HIV/AIDS if we do not address those gender issues. We have witnessed the feminization of HIV/AIDS, resulting from the lack

of women's equality and empowerment, often as a consequence of social norms, attitudes and behaviours. The protection and promotion of women's human rights, including the right to be free from violence and the right to control their own sexuality, is crucial to combating the epidemic.

Stigma and discrimination must be also addressed as root causes fostering the spread of the epidemic if programmes are to be truly effective. Social, economic and cultural factors contributing to women's risk of HIV infection, together with access to prevention, treatment and care, must be addressed through international, national and community-level action.

Commitment to the 2003 Rome Declaration on Harmonization and the 2005 Paris Declaration on Aid Effectiveness can contribute to controlling the impact of the HIV/AIDS pandemic. We welcome the Global Task Team's recommendations on improving AIDS coordination among multilateral organizations and international donors. The "Three Ones" approach of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative aid effectiveness mechanism, encompassing one coordinating body, one plan and one monitoring and evaluation framework.

New Zealand regards HIV/AIDS as a domestic, regional and international development priority. We support national Governments in their efforts to address HIV/AIDS, especially in countries where there are many pressing poverty and development issues. We recognize and value the crucial role that civil society plays in supporting people vulnerable to and affected by HIV/AIDS.

New Zealand is deeply concerned about the HIV/AIDS threat in the Pacific. We believe that regional cooperation is an important element in addressing the problem and we are working in close cooperation with our Pacific neighbours to support their fight against HIV/AIDS. We advocate that the special needs of the Pacific region be incorporated into regional and international public policy.

New Zealand acknowledges that addressing the underlying causes of vulnerability to infection is critical in tackling HIV/AIDS in the Pacific, as elsewhere. We have agreed a package of support over the next three years to help Pacific countries fight HIV/AIDS through implementation of the Pacific Regional Strategy. Through that Strategy, and through partnership with civil society, we aim to target gender inequality, access to reproductive health services, stigma and discrimination, leadership and political awareness, mother-to-child transmission, improved predictability of reproductive health commodity supplies, adolescent reproductive health and life skills and the elimination of violence against women.

New Zealand will be on the UNAIDS Programme Coordinating Board in 2007 and 2008. We take seriously our responsibility to represent not only New Zealand, but all those people vulnerable to the impact of HIV/AIDS globally. We will also take to the Board our serious commitment to the International Conference on Population and Development, the Beijing Platform for Action, the Millennium Development Goals and the Paris Declaration on Aid Effectiveness.

Mr. Rachkov (Belarus) (*spoke in Russian*): The Republic of Belarus welcomes the results of the High-level Meeting held in May and June 2006 to carry out a comprehensive review of progress in attaining the goals set out in the Declaration of Commitment on HIV/AIDS. We support the text of the Political Declaration (resolution 60/262). It does not just give a preliminary summing up of our efforts to implement the decisions of the twenty-sixth special session, but also outlines areas for adjusting our work in order to achieve the principal goal, as set out at the Millennium Summit: halting the spread of HIV/AIDS by 2015.

We are very far from that goal. Forty million people are living with HIV, more than 95 per cent of them in the developing countries. The High-level Meeting was preceded by intensive work to assess the spread of HIV/AIDS and to analyse measures taken in each region. Regional meetings provided representative forums involving the participation of politicians, doctors and academics devoted to one goal: finding the right response to this very dangerous modern pandemic. I would like to commend the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) for their efforts in organizing those meetings. Many of the conclusions and recommendations reached provided a basis for the final Political Declaration.

The delegation of the Republic of Belarus expresses gratitude to the Secretary-General for his report (A/61/816), which provides a preliminary

evaluation of progress made in combating HIV/AIDS since the adoption of the Political Declaration.

Although the Central and Eastern European region is, on the whole, fortunate with regard to the prevalence of HIV/AIDS, the speed of the pandemic's spread in the region is cause for serious concern. That is especially true as regards the largest countries. Coordination of our efforts to combat the pandemic is therefore a subject of particular concern for the Government of the Republic of Belarus. Our specialists played an active role in the regional meeting on HIV/AIDS that took place in Moscow in March 2006.

The efforts of the Republic of Belarus to prevent the spread of HIV/AIDS involve the participation of 19 ministries and more than 800 State and public agencies. In order to coordinate those efforts, a national inter-agency council has been established on the prevention of HIV infection and venereal diseases. Thanks to that system-wide effort, we successfully implemented a national HIV-prevention programme that covered the years 2001 to 2005. A strategic plan of action for the years 2004 to 2008 is also being implemented to combat the HIV/AIDS epidemic in the Republic of Belarus.

As a result, the prevalence of HIV/AIDS in our country has been stabilized. About 7,300 cases of HIV infection have been identified — a figure that translates as 75 out of 100,000 persons being infected. The principal cause of infection is the injection of narcotic drugs, which accounts for over 65 per cent of cases. However, in recent years there has been an increase in the number of persons infected through sexual contact. That trend is of the greatest concern to our specialists, and our priority is to halt it.

Notwithstanding the relatively low level of HIV infection in Belarus, we realize the importance of efforts to prevent AIDS. We stand ready to develop close cooperation with Member States of the United Nations and with the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the United Nations Population Fund and other United Nations bodies, in an effort to work jointly to combat this pandemic, which has already killed 25 million people.

Mr. Gass (Switzerland) (*spoke in French*): Switzerland would like to thank the Secretary-General for his report (A/61/816), which clearly sets out the progress that the international community has made since the adoption of the Political Declaration on HIV/AIDS, 12 months ago, to ensure access to prevention, treatment, care and support services to all who need it. That progress encourages us to further strengthen our commitment.

However, as the Secretary-General has indicated, many challenges must still be overcome to achieve the goal of universal access by 2010. One of those challenges is to improve our approach to combating HIV/AIDS. In that regard, we encourage our partner countries to equip themselves with in-depth knowledge of the nature of the epidemic, so as to properly identify goals, priority target groups and the indicators necessary to measure the progress made.

We fully share the concerns of the Secretary-General with regard to the failure of efforts to prevent the spread of the epidemic. We continue to believe that only ongoing prevention efforts will make it possible to reach Millennium Development Goal 6.

It is certainly easier to count the number of HIV-infected persons and those receiving antiretroviral treatment. However, we need country-specific indicators that are based on clear knowledge of the causes of the spread of the epidemic, as well as indicators that can be utilized to identify the percentage of a population that has access to prevention measures. That should make it possible to better adapt a gender-specific approach and to combat discrimination against and ostracism of people infected and affected by the virus — male and female sex workers, men who have sex with men and drug users — as well as to combat the feminization of the epidemic.

Of course, prevention is an investment whose results become apparent only in the medium term. Switzerland has learned a lesson in that regard, namely, that ongoing long-term preventive efforts that include a range of complementary actions produce results — although those results can never be considered permanent.

Several initiatives have been implemented to increase the effectiveness of the operational activities of the United Nations at the country level. Switzerland believes that the Joint United Nations Programme on HIV/AIDS (UNAIDS), with its 10 co-sponsoring agencies, is a highly exemplary platform. In particular, UNAIDS is playing a very relevant role with regard to the apportionment of roles and responsibilities, both at

the strategic and the institutional levels. The UNAIDS unified budget and work plan is an important tool for inter-agency coordination. That coordination must necessarily be translated into concerted efforts at the country level. It must also include new partners — in particular financial partners — which is already occurring.

We are aware that we too have an important role to play in that coordination, in particular as regards sending out coherent messages to the co-sponsoring agencies of UNAIDS. Doing so would make it easier to operationalize the UNAIDS unified budget and work plan. It would also make it possible to better identify the accountabilities of the agencies concerned. In that regard, we should consider the possibility of receiving a joint report from co-sponsoring agencies that sets out the activities undertaken and the results obtained in the implementation of the unified budget and work plan.

In conclusion, Switzerland would like to reiterate its support for the implementation of the Declaration of Commitment and the Political Declaration on HIV/AIDS.

Mr. Liu Zhenmin (China) (*spoke in Chinese*): The Chinese delegation would like to thank the Secretary-General for his report (A/61/816) submitted under this agenda item.

The spread of HIV/AIDS poses an enormous threat to our health. In many developing countries the prevalence of the pandemic has seriously hampered social and economic development. At its 2001 special session on HIV/AIDS the Assembly adopted the Declaration of Commitment on HIV/AIDS, which has played an important role. The 2006 High-level Meeting on HIV/AIDS set the goal of universal access to prevention, treatment, care and support programmes by 2010. That has further facilitated efforts by Governments to implement the Commitment.

With regard to prevention, the international community has done a great deal of work in the past year. However, we continue to face enormous challenges in achieving the goal of halting and reversing the spread of HIV/AIDS. The international community must intensify its efforts at prevention and at providing antiretroviral therapy.

On the basis of China’s specific conditions and our experience, my delegation would like to underscore the following points.

First, more attention must be paid to prevention education. We must promote both reducing premarital sex and avoiding having multiple extramarital sex partners. We should educate young people about fidelity in order that they not change sex partners frequently. That is one way of limiting infection rates. We hope that the international community will realize the growing importance of prevention education and take steps in that area.

Secondly, we must pay greater attention to mobile populations. Given their specific circumstances, they constitute a vulnerable high-risk group and should be a target of our prevention efforts. We encourage United Nations agencies and relevant international organizations to intensify their support for improved HIV/AIDS prevention efforts among this group.

Thirdly, we must increase information sharing and guidance. United Nations agencies have many experts at their disposal with rich experience in the field of preventing HIV/AIDS. We hope that the United Nations and other international organizations will take steps to further support and promote prevention and treatment efforts and increase information sharing and guidance for Member States. For instance, local offices of the relevant United Nations agencies can provide technical guidance and promote best practices in host countries. That would produce the optimal combination of international best practices and the practical work of host countries in the field.

In recent years, the Chinese Government has taken a series of steps in the area of prevention. We are currently implementing regulations on the prevention and treatment of HIV/AIDS, as well as our national programme of action on the containment and treatment of HIV/AIDS for the period 2006-2010. A mechanism for the prevention and treatment of HIV/AIDS has been established that includes Government leadership, the assigning of specific responsibilities to various governmental departments and full participation by all of society. Government at all levels is taking steps to increase education and the dissemination of information about the pandemic. Our goal is to reach out to 85 per cent of those aged 15 to 49 living in cities, as well as 75 per cent of those living in rural areas, by 2010.

The Chinese Government is also conscientiously implementing a policy of providing free treatment services in four spheres and of protecting the legitimate

interests of victims of HIV/AIDS, which includes the eradication of social discrimination against them. We spare no effort in promoting the use of condoms and other intervention methods among targeted groups, including methadone treatment. We are working to achieve the goal of making our intervention measures available to major high-risk groups and mobile populations by 2010.

We realize that, despite our enormous efforts, the spread of HIV/AIDS in China has yet to be brought effectively under control. That is due, among other things, to financial shortfalls, a lack of technology and prohibitively expensive drugs and diagnostic tools. We hope that the international community will deploy the various ways and means to provide us with more effective support for our prevention and treatment efforts. The Government of China fervently hopes that, with the support and assistance of the international community, we will achieve positive results in our efforts to prevent and treat HIV/AIDS.

Mr. Mpundu (Zambia): My delegation is pleased to participate in this important debate on agenda item 46, entitled "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS". My delegation aligns itself with the statements delivered by the representative of the United Republic of Tanzania, on behalf of the African Group, and the representative of Lesotho, on behalf of the Southern African Development Community.

My delegation wishes to express its appreciation for the report of the Secretary-General contained in document A/61/816, which represents an interim assessment of the global AIDS response 12 months after the adoption of the 2006 Political Declaration on HIV/AIDS. We are mindful that a more comprehensive report will be prepared in 2008 based on the submission of reports by Member States. We are, however, grateful for this interim report, which gives us an opportunity to assess the progress that has been made and the challenges we continue to face in scaling up our efforts and moving towards the goal of universal access by 2010. In that regard, my delegation welcomes the recommendations contained in the report, which merits our careful consideration.

HIV/AIDS continues to be a global concern and poses a major challenge to development. The staggering figure of an estimated 39.5 million people living with HIV infection at the end of 2006 remains unabated, marking a sharp increase since 2001, when the number of people living with HIV was 32.9 million. Sub-Saharan Africa continues to be the most affected region, with a total number of people living with HIV/AIDS estimated at 28 million, with women and children having a higher rate of infection than men. Women represent 15.5 million of those infected — or 55.5 per cent — which constitutes 88 per cent of the world's women living with HIV/AIDS. The expansion and feminization of the pandemic is indeed an area of great concern. That requires urgent action to address gender inequality and to promote the empowerment of women in order to reduce their vulnerability to HIV/AIDS.

My delegation welcomes, and notes with appreciation, the fact that that there has been progress on many fronts, including the development of national plans by low- and middle-income countries. However, as indicted in the report of the Secretary-General, such plans have highlighted major weaknesses, in that they do not address the key obstacles to universal access — such as weak health systems, insufficient human resources, the lack of predictable and sustainable financing and the lack of access to affordable services. In low- and middle-income countries, estimated global resources for HIV/AIDS fall far short of what is required, and it is evident that external resources are required to meet the funding gap in order to achieve the goal of universal access.

Zambia is one of the countries that have been hard hit by the HIV/AIDS pandemic. The HIV prevalence rate in Zambia is 16 per cent among the adult population in the 15-49 age group, which translates to 1 million infected with HIV. The infection rate is higher among women — 18 per cent — than among men — 13 per cent. Approximately 40 per cent of infants born of HIV-positive mothers are infected with HIV, and more than 200,000 people are in need of antiretroviral therapy (ARV).

Zambia's vision is to become a nation free of HIV and AIDS. The diverse nature of the HIV pandemic demands a collaborative and targeted response from all. However, the response and the resources have not been commensurate with the obvious destruction caused to families, communities and, especially, women and children. The current Government has provided leadership for a coordinated fight against HIV/AIDS, including a high-level Cabinet committee on HIV/AIDS to provide policy guidance

and the National AIDS Council, which was established in 1999 to coordinate and support the development of a multisectoral national response. A positive development is the endorsement by the Government of the "Three Ones" principle. Zambia has declared AIDS a national crisis, and AIDS has been recognized as a development issue. As a result, anti-AIDS strategies have been incorporated into the country's national development plan for 2006-2010.

With regard to prevention, Zambia promotes a multipronged prevention strategy and has introduced routine testing of all pregnant women, with an option to opt out. Zambia also introduced ARVs in 2003, using its own resources, and introduced free antiretroviral therapy services in 2005. The Ministry of Health, with the support of the Global Fund and the United States President's Emergency Plan for AIDS Relief, has placed 50,000 people on ARVs, out of an estimated 200,000 people living with AIDS. That translates to 25 per cent of those in need, although it falls short of the national target of placing 100,000 HIV patients on ARVs. Zambia is committed to accelerating treatment, including paediatric treatment, and prevention of mother-to-child transmission of HIV/AIDS. However, all these efforts require sustained resources and funding.

Zambia recognizes that, given the complexity of HIV/AIDS, sustained treatment and prevention interventions need to address structural and social factors such as poverty, gender equality and human rights violations, which increase people's vulnerability to HIV infections. With regard to the situation of orphans and vulnerable children, Zambia faces an uphill battle. The Government has introduced a number of measures in its attempt to mitigate the impact of HIV/AIDS on widows and vulnerable children, including the introduction of free basic education, skills training and AIDS prevention programmes. Civil society has also been an instrumental partner and has created a variety of programmes to combat the impact of HIV/AIDS.

It is evident that we continue to face numerous challenges in our efforts to scale up our response and move towards universal access. In that regard, we support some of the recommendations outlined in the report of the Secretary-General (A/61/816) concerning the importance of knowing one's epidemic and intensifying HIV prevention, the need for substantial funding for national AIDS plans and the need for significant investment in infrastructure and capacity-building in terms of human resources if we are to substantially scale up the HIV/AIDS response.

At this juncture, I wish to commend the partnerships that we have enjoyed with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsoring agencies and to thank our donors for their support. We urge them, however, to continue to align their support with our national plans in order to ensure an effective response.

In conclusion, I wish to state that Zambia remains committed to full and effective implementation of the national, regional and international goals and commitments that we have set ourselves in combating HIV/AIDS. We will continue to move forward in meeting the new global objective of universal access in order to reverse, and indeed end, this pandemic.

Mr. Martirosyan (Armenia): In fighting HIV/AIDS during the past few decades, we all have learned that, unfortunately, there are no appropriate short-term solutions. Significant financial and human resources have been directed towards research and treatment, but the number of infected people is still growing. Efforts to treat the disease have been effectively complemented with a prevention campaign through awareness-raising aimed at slowing the spread of HIV/AIDS. And perhaps it is in this field that we all can agree that progress is evident.

In order to implement the Declaration of Commitment adopted at the twenty-sixth session special session on HIV/AIDS, the Government of Armenia adopted and has been implementing its national HIV/AIDS prevention programme for 2002-2006. In Armenia, as in many societies, it used not to be the convention to talk about or discuss HIV/AIDS, safe-sex behaviour, drugs or homosexual issues. However, society has undergone major transformations. Considerable efforts have been made to raise public awareness, which is an important component in preventing the disease. The most vulnerable groups — drug users, sex workers, homosexuals, inmates of penal institutions and migrant workers returning to their families after seasonal work — have been identified and addressed.

The success of the programme's implementation can be attributed to the financial support provided by the Global Fund, United Nations agencies and bilateral development agencies. Since 2005, antiretroviral

treatment has also been available in Armenia; today, all those in need receive it. In 2002, the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria was established. It is a multisectoral commission that includes representatives of the Government, international and local non-governmental organizations and bilateral and multilateral development agencies, as well as persons with HIV/AIDS.

On 1 March 2007, the Government of Armenia adopted its national control programme on HIV/AIDS. All prevention activities are carried out within the programme. HIV/AIDS prevention, safe-sex behaviour and drug abuse issues are included in the national education programme. The Ministry of Health of Armenia has introduced a youth-friendly health service concept with a special emphasis on HIV/AIDS prevention. In its national reports, Armenia has been reporting regularly on the activities carried out within the framework of the commitments arising from the decisions taken at the twenty-sixth special session.

I am confident that all the goals envisaged in the 2007-2011 national programme are in line with all the targets set for 2010 in resolution 60/262 regarding universal access to treatment, care and support.

Mr. Soborun (Mauritius): Allow me at the outset to thank you, Madam President, for convening these important meetings on follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS.

My delegation fully associates itself with the statement made by Ambassador Mahiga, Permanent Representative of the United Republic of Tanzania, on behalf of the African Group and also with the views expressed by the representative of Lesotho on behalf of the Southern African Development Community.

It is well known that Africa and, more specifically, the sub-Saharan region are hardest hit by the pandemic of HIV/AIDS, which continues to have devastating effects on the social, cultural, political and economic life of the continent. The most vulnerable groups are women and children. It is imperative to reverse that trend in the most expeditious and effective manner possible. Failure to do so would undoubtedly jeopardize progress in achieving the Millennium Development Goals and especially the target, under Goal 6, that calls for a halt to the spread of HIV/AIDS.

My delegation notes with satisfaction that the report of the Secretary-General (A/61/816) underlines some encouraging progress that has been made over the past year towards universal access to comprehensive prevention programmes, treatment and care, and the fact that a number of low- and middle-income countries have developed national plans to combat the AIDS epidemic. However, in its paragraph 11, the report states:

> “Recently, injecting drug use has emerged as a new factor for HIV infection in sub-Saharan Africa, especially in Mauritius, but also in Kenya, Nigeria, South Africa and the United Republic of Tanzania. Unfortunately, such trends have not always triggered a commensurate national prevention response.”

I would like to emphasize that in Mauritius, the prevalence rate of HIV/AIDS at the national level is 0.2 per cent. Members of vulnerable groups such as prison inmates, intravenous drug users and commercial sex workers make up 20 to 30 per cent of that total.

In Mauritius, the HIV/AIDS epidemic is said to be concentrated, as the infection rate among the general population is low. At first, the mode of transmission of the virus was essentially heterosexual. However, beginning in the year 2000, a gradual shift towards transmission by injecting drug users has emerged. That trend became evident in 2003, when 66 per cent of new cases were detected among injecting drug users. In 2006, 85.6 per cent of new infections were among injecting drug users. That is a major cause of concern for the country, as the number of cases of infection among injecting drug users has been rising sharply since 2000, when only 2 per cent of new infections were among injecting drug users.

The Government has therefore made it a priority to reduce the spread of infection and to minimize the harm caused by risk-taking behaviours, rather than attempting to eliminate such behaviours altogether. In that respect, and in its fight against HIV/AIDS associated with illicit drug use, the Government of Mauritius has issued an action plan for injecting drug users, which includes a three-pronged strategic approach, namely, methadone substitution therapy, HIV/AIDS legislation and a needle exchange programme. The latter programme provides access to sterile injection equipment for injecting drug users. A pilot needle exchange project in Mauritius was started

by a non-governmental organization in November 2006 and has had a good response. The Government is also planning to start, on a pilot basis, its own needle exchange programme with a view to reaching injecting drug users throughout the country.

Mauritius has also elaborated a national strategic plan for 2007-2011, in line with the guiding principles of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Priority has been given to, inter alia, reviewing and intensifying primary prevention efforts aimed at groups engaged in high-risk behaviour and improving the quality of life of people living with HIV/AIDS through comprehensive care and support. However, a key element for the success of the strategic plan has been identified as cohesiveness, achieved through one national coordinating body, one national strategic framework and one monitoring and evaluation unit. The strategic plan is being overseen at the highest level by a committee under the chairmanship of the Prime Minister of Mauritius himself.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has so far launched seven appeals inviting countries to submit programmes for financing under the Global Fund. Since Mauritius is considered a low-HIV/AIDS-prevalence country in the upper-middle-income group, it was eligible for the Global Fund's assistance to fight AIDS under only the first appeal. However, as a result of the rapid propagation of HIV/AIDS in countries where the HIV/AIDS epidemic is driven essentially by injecting drug use, funds are needed to address the issues of demand reduction and harm minimization, as well as to protect the population. In the case of Mauritius, funding will be needed precisely for implementation of the project to prevent HIV among injecting drug users, scaling up methadone substitution therapy, a continuous media campaign, outreach activities, carrying out socio-behavioural surveys and implementing the needle exchange programme.

To conclude, I would like to reiterate the commitment of the Government of Mauritius to full and effective implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS adopted by heads of State or Government. We also look forward to the comprehensive review, scheduled for 2008, of developments in the fight against the global HIV/AIDS crisis.

Programme of work

The President: Before adjourning the meeting, I would like to remind members that tomorrow morning, as announced in the *Journal*, the Assembly will, as the first item, elect two members of the Organizational Committee of the Peacebuilding Commission. As the second item, the Assembly will elect 30 members of the United Nations Commission on International Trade Law. Thereafter, the Assembly will continue its consideration of agenda item 46.

The meeting rose at 6.10 p.m.