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Official Records

President: Mr. Kerim (The former Yugoslav Republic of Macedonia)

In the absence of the President, Mr. Soburun (Mauritius), Vice-President, took the Chair.

The meeting was called to order at 6 p.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (continued)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The Acting President: I now give the floor to Her Excellency Ms. Siti Fadilah Supari, Minister of Health of Indonesia.

Ms. Supari (Indonesia): Allow me to begin by expressing my profound appreciation for the opportunity to participate in this high-level meeting on HIV/AIDS. I am doing so on behalf of my President, who was keen to be here but, regretfully, could not because of a prior commitment.

The delegation of Indonesia would like to thank the Secretary-General for his report on the progress being made in response to HIV in different regions. Indonesia would like to emphasize at the outset its firm commitment to the implementation of the 2001

Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS for the attainment of the Millennium Development Goals. In addressing this issue, we align ourselves with the views expressed by Antigua and Barbuda on behalf of the Group of 77 and China.

Recognizing the grave danger HIV/AIDS represents, Indonesia has been putting safeguards in place to control and eventually stop its spread. However, for the present, even though we have a low aggregate HIV prevalence, the problem impacts many adults aged 15 to 49. Overall, as at 2006, it was estimated that 193,000 people in Indonesia were living with HIV.

Since the first case of AIDS was identified in 1987 in Indonesia, the number of infected individuals has increased annually. However, there has been an indication of accelerating growth in the last four to five years. Available data demonstrate that more than half of intravenous drug users are HIV-positive.

In response to this challenge, Indonesia has mounted a comprehensive attack on the epidemic with the primary goal of slowing and, ultimately, stopping new infections. That response includes moving towards universal access targets for prevention, care, support and treatment for people living with HIV/AIDS. Antiretroviral drugs are now available to more than 10,000 eligible people living with HIV/AIDS. Since 2004, we have been scaling up voluntary counselling and testing and increasing referral units for care and services with the aim of establishing units in every

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district by the end of 2010. There has been an increased emphasis on the education of our youth and the community at large about the disease so as to avoid the stigmatization of and discrimination against people affected by HIV/AIDS.

The strong commitment of the Government of Indonesia is stipulated by Presidential Regulation No. 75/2006, which assigns responsibilities to the National AIDS Commission.

The National HIV and AIDS Action Plan 2007-2010 provides the framework for action by the Government and its development partners through 2010. The National AIDS Commission has defined targets for the progressive achievement of universal access to HIV prevention, care, support and treatment services, as required by the 2001 Declaration of Commitment on HIV/AIDS of the special session of the General Assembly, which was reaffirmed by Indonesia in 2006.

Since then, Indonesia has made significant strides in reaching the global targets. In the coming years, the key building blocks for implementing our central-level commitment and vision are a national strategic plan for HIV, a ministerial decree ensuring free antiretroviral drugs for all people living with HIV/AIDS, and a policy on the co-infection issues between tuberculosis and HIV.

At this point, I would like to thank all our partners and donors for their strong technical and financial support.

Indonesia recognizes that the situation unfolding in the country demands more than reaction. We must position ourselves ahead of the curve of disaster to prevent it from happening. To achieve that, we look forward to the continued support of our international partners, including the United Nations system. However, the effectiveness of the United Nations system in the field would improve significantly if it were to ensure greater coherence and coordination among its agencies dealing with this challenge.

Finally, I hope and urge the forum to come up with clear recommendations and responsible commitments for the fight against HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Mantombazana Tshabalala-Msimang, Minister of Health of South Africa.

Ms. Tshabalala-Msimang (South Africa): I stand before this gathering to represent President Thabo Mbeki of the Republic of South Africa, who unfortunately could not attend this very important meeting because of prior commitments. He sends all of us good wishes for success in our deliberations. It is therefore a great honour and privilege for me to take this opportunity to address the General Assembly at the high-level meeting on HIV/AIDS.

South Africa is committed to working with the Southern African Development Community, the African Union, the Group of 77 and China and, indeed, the international community, to ensure that we are true to the commitments we made collectively as regards universal access to prevention, treatment, care and support for persons living with HIV/AIDS.

South Africa would also like to join other Member States in expressing their appreciation for the work done by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, in the compilation of the latest report (A/62/780) of the Secretary-General regarding the implementation of our commitments. We are especially grateful for the aptness of the report's recommendations, as they highlight the critical importance of sustainable responses to the challenges posed by HIV/AIDS. In that regard, South Africa welcomes the report.

The recommendations in the Secretary-General's report should be viewed in the context of reports from countries that indicate substantial progress balanced with continuing challenges. It is indeed a balanced scorecard. The sobering reality acknowledged in the report is that there is a need for effective prevention strategies. South Africa is encouraged by the discussions on harmonization. We hope that donor and recipient countries will commit themselves to working together to develop the necessary capacities to achieve the alignment of development assistance with national priorities, policies and plans.

Since the last high-level meeting, in 2006, South Africa has intensified its country's response to HIV/AIDS in many ways. The national strategic plan was reviewed and a new one was developed; the national AIDS council has been restructured; national AIDS budgets have been increased by more than 25 per cent in each of the two years since 2006; and the prevalence of HIV among those younger than 25 years

of age has consistently decreased. We want to commend our young for applying the ABC messages, as well as for their understanding and participation in both the life skills and healthy lifestyles programmes. That has begun to translate into a decline in the national prevalence rate of HIV.

More than 480,000 people have been enrolled in the public sector antiretrovirals programme, 10 per cent of them being children. In February 2008, after critical consideration, we adopted dual therapy as part of the comprehensive package to prevent mother-to-child transmission. Seven of the country's nine provinces have started to implement that new policy; the other two provinces are expected to start soon. All of those facts are contained in the report that South Africa submitted to UNAIDS earlier this year.

Despite national and global achievements, we will continue to be concerned about the rate of new infections, as indicated in the Secretary-General's report. The situation as portrayed in the report is indeed untenable. It calls for an enhanced and sustainable response by all of us, especially the strengthening our prevention programmes.

South Africa has participated in regional and global meetings where difficult but correct questions have been posed about the pathogenesis of HIV, the nature of the health systems that will ensure the implementation of sustainable and comprehensive programmes, the affordability of all medicines, including antiretrovirals, human resources challenges and appropriate diagnostic technologies. The current review of progress as regards combating HIV/AIDS should not only be informed by those international and regional debates within the health sector, it should also consider the current development challenges that affect the African continent and, indeed, the whole world.

In that context, we would like to refer to the acute problems of food shortages, the high cost of food, the energy crisis and the challenges of climate change that will put additional strain on budgets in the region and elsewhere. Those debates and those conditions should be considered when we talk about sustainable responses to HIV/AIDS. The bidirectional relationship between the institutional problems of poverty, underdevelopment, poor access to education and gender inequality require urgent attention if we are to meet and exceed the targets set in the Millennium Development Goals. Although 2015 is an important

milestone, Africa needs long-term sustainable solutions that address the drivers of communicable and non-communicable diseases as well as trauma and violence, for better health outcomes.

The primary health-care approach in that regard, which celebrates its thirtieth anniversary this year, should be the cornerstone of our attempts to build a sustainable response to other communicable diseases — including HIV/AIDS as well as non-communicable diseases, trauma and violence. The principles on which the approach is based are as relevant today as they were in 1978, when the Alma-Ata Declaration was adopted.

South Africa continues to honour its commitments to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We acknowledge with gratitude and appreciation the assistance we continue to enjoy from cooperating partners in fighting the spread of HIV/AIDS in our country and mitigating the impact of AIDS.

We challenge the General Assembly to carefully consider the implications of knowledge gaps in basic science and their consequences for HIV vaccine and microbicide development. My delegation wishes to urge the international community to put more resources into basic science research. We also propose that more resources should be dedicated to research into affordable alternatives, such as complementary and traditional medicines and nutrition.

We are particularly concerned about inadequate drug surveillance and pharmacovigilance capacity, especially in the African region. We call upon our development partners to assist us in that regard.

While the issue of the empowerment of women has been raised in several statements and interventions, we believe that concrete recommendations together with monitoring mechanisms are needed to ensure visible action with respect to the empowerment of women and the survival of children. Similarly, children infected and affected by HIV/AIDS and other social and economic conditions appear only to be discussed in the context of orphans. We need a far more coherent dialogue, one that builds families and communities and gives hope to our youth.

In conclusion, South Africa pledges to continue to work with the international community to consider

these challenges as we look for sustainable responses and solutions.

South Africa will continue to implement its national strategic plan but also to lead and create the necessary space for debates and action on those challenges that I have just outlined and other difficult questions in our continuing quest for a better life for all.

The Acting President: I now give the floor to Her Excellency Ms. Ana Jorge, Minister of Health of Portugal.

Ms. Jorge (Portugal): It is a pleasure to be here in New York to participate in this important meeting on HIV/AIDS. The United Nations has a key role to play in the global fight against the HIV/AIDS epidemic, bringing together all the relevant actors, including Governments and civil society.

Portugal fully aligns itself with the statement to be delivered by Slovenia on behalf of the European Union.

We recognize and express our appreciation to those who have led the effort to raise awareness of HIV infection and those who deal with the health and social challenges of this epidemic. In this context, the key role played by people living with HIV/AIDS and civil society must be noted.

Portugal reaffirms its full support to the 2001 Declaration of Commitment on HIV/AIDS, as well as to the Dublin and the Bremen Declarations. We commit ourselves to achieving their goals and targets.

I would like to thank the Secretary-General for his report (A/62/780) on the progress made in the implementation to date. As the report underlines, we are still some way from reaching the goals we all have pledged to achieve. Progress in containing the epidemic is uneven, and its expansion often grows faster than the capacity of national health services.

It is in that context that Portugal strongly reaffirms the need to focus on prevention. It is important that the following critical areas are given more attention: prevention of mother-to-child transmission of HIV; young people's knowledge of HIV infection; prevention for populations most at risk; and the promotion of early diagnosis and positive prevention. Those prevention measures should be accompanied by efforts to achieve a better quality of

life and improve access to comprehensive care for people living with HIV/AIDS, as well as to guarantee universal access to combined antiretroviral therapy.

Decision makers need to clearly know the magnitude of the epidemic and to monitor the impact of global, regional, national and local actions. Reliable public health data are the essential foundation for an effective response to HIV/AIDS. That demands full commitment to standard procedures for data gathering and information sharing to enable evidence-based public health policies.

Portugal has made significant progress in the fight against the infection, as a result of the priority given to AIDS in our national health plan. The policies in place to ensure universal access to HIV-related services are important elements of this plan.

Target areas and programmes of our national health strategy include sexual health and education in schools; promotion of corporate responsibility, and fighting stigma and discrimination in the workplace; needle and syringe exchange programmes, recently extended to prisons, which have resulted in a clear decrease of HIV infection among drug users; and migrant health and the health rights of undocumented people.

During its presidency of the European Union, Portugal organized the first meeting of national AIDS coordinators of the twenty-seven EU member States and neighbouring countries. That meeting, which aimed at translating principles into action, called for: convergence in policies and strategies for prevention, control and treatment; sharing of information on best practices; and development of compatible monitoring methodologies.

Over the next two years, Portugal will have the presidency of the Community of Portuguese-speaking Countries, a group of eight countries with 230 million people, spanning four continents. During that time, we are committed to do our best, through multilateral and bilateral cooperation, to help that group move faster towards achieving universal access to HIV prevention, treatment, care and support.

In closing, let me emphasize that we need effective and sustainable responses to HIV and scaled-up prevention efforts that address HIV-TB co-infection, gender inequities and sexual practices. I believe that the first HIV-TB Global Leaders' Forum and this High-

level Meeting are contributing decisively to a better coordination of our efforts towards those aims and are coming as close as possible to the goals of the United Nations commitments.

The Acting President: Before I give the floor to the next speaker, let me draw attention to the fact that there are 130 names inscribed on the list of speakers. In order to accommodate them all at the high-level meeting, I strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to His Excellency, Mr. Humaid Mohammed Obaid Al Qutami, Minister of Health of the United Arab Emirates.

Mr. Al Qutami (United Arab Emirates) (*spoke in Arabic*): At the outset, on behalf of the delegation of the United Arab Emirates, I take pleasure in expressing our appreciation to the President for presiding over this important meeting. I also wish to express our gratitude to the Secretary-General and the agencies of the United Nations for their valuable efforts in addressing the HIV/AIDS epidemic throughout the world.

We are currently facing many global health challenges that are of great concern to the international community as they pose a threat to the world's health security. However, the HIV/AIDS epidemic continues to be the single greatest challenge to international efforts and the one that most seriously threatens international health security, thereby demonstrating that the efforts of the international community have not yet achieved their objectives. A cursory look at the reports of the Joint United Nations Programme on HIV/AIDS (UNAIDS) reveals that the number of people infected with the virus through December 2007 was estimated at 33.2 million, while the number of deaths from the disease was put at 2.1 million. In addition, there were an estimated 2.5 million new cases in 2007. Those figures require that we redouble our efforts, especially given that half the time specified for the attainment of the Millennium Development Goals (MDGs) has elapsed, and that the Goals emphasize the importance of implementing the HIV/AIDS commitment by 2010.

The United Arab Emirates is committed to the implementation of the 2001 Political Declaration on HIV/AIDS. We are deeply concerned about the speed with which the disease is spreading throughout the world — especially in developing countries, where it has taken the lives of millions of children, mothers and

young people, resulting in the deterioration of economic and human conditions in those countries. In that regard, the United Arab Emirates would like to emphasize the importance of redoubling international and regional efforts to provide sufficient resources to enable those countries to obtain treatment drugs, implement their national strategies to combat the disease, address the effects of the epidemic and put in place prevention and support measures, especially measures focused on awareness and changes in behaviours that contribute to the transmission and spread of the disease.

Although HIV/AIDS does not pose a national health problem in the United Arab Emirates, in line with our wise leaders' belief in the importance of solidarity in international efforts to address this global problem, we stand united with all the countries of the world in combating the epidemic. In 1985, the United Arab Emirates adopted an effective national strategy to combat HIV/AIDS. It includes the provision of moral, financial, social and medical support for those infected with the disease and their families, so as to guarantee that patients receive medical treatment and to prevent complications brought about by the disease. That model has resulted in a low level of infection, as has been reflected in reports by the World Health Organization.

Our national programme includes several preventive measures, including reliance on local blood donors and using the latest technologies to screen donated blood, tissue and human organs. As a result, no cases of blood-borne transmission have been recorded in any blood centre in the country since the implementation of the programme. Moreover, a programme has been developed to screen those at highest risk of infection. There is also mandatory AIDS testing for couples planning to marry, as well as an active screening programme to detect the epidemic.

The United Arab Emirates is continuing to develop its national AIDS-prevention programme, as well as relevant laws and health regulations. We are also continuing to update protocols for multiple-drug treatment and for the protection of patients and their families and of society, in accordance with guidance provided by United Nations system organizations and other agencies dealing with human rights and providing support for the dignity and rights of patients in civil society.

In conclusion, I would like to wish this meeting full success in mobilizing the international will to strengthen the national efforts of States and of the United Nations in their endeavour to combat the epidemic and to find definitive solutions to preventing its spread throughout the world.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Safiétou Thiam, Minister of Health and Prevention of Senegal.

Ms. Thiam (Senegal) (*spoke in French*): At the outset, I should like to express my heartfelt congratulations to the President for convening this important meeting, which will allow us to assess the progress made in the fight against AIDS and to look ahead to future efforts.

This United Nations High-level meeting on HIV, which is the third of its kind in less than a decade, is a reflection of the commitment and determination of the international community to provide a strong and sustained response to the AIDS epidemic commensurate with the numerous challenges it poses.

We should first and foremost emphasize the efforts made by the Group of Eight, which has responded favourably to the appeal of leaders of developing countries by regularly increasing its contribution to the Global Fund. We also pay tribute to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsor agencies, the Global Fund and all development partners for their ongoing support to our countries and the development of other international initiatives, such as the United States President's Emergency Plan for AIDS Relief and the International Drug Purchase Facility, which attest to the G8's steadfast commitment to combat AIDS.

These efforts complement the efforts made by developing countries utilizing their own budgets and the private-sector initiatives. We should also duly commend the major involvement and advocacy of groups, the HIV-positive community and non-governmental organizations (NGOs).

Yet, although the results achieved through the strong mobilization of the international community and the significant investment made to support national efforts are encouraging, we must nevertheless note that they are still insufficient given the scope of the challenge. Indeed, together, we must conduct more sustained and more consistent action if we wish to put

an end to the negative impact of this epidemic on the productivity and the health of the populations of developing countries, which suffer under the triple burden of increased oil prices, a falling dollar and high prices for basic foodstuffs.

The midterm review of the United Nations Declaration of Commitment on HIV/AIDS of 2006 and the actions directed towards providing universal access to HIV/AIDS services by 2010 show that significant progress has been made in the different countries. However, we much recognize that Africa remains the continent most deeply affected and that progress made remains insufficient. For this reason and many others, Africa still needs international solidarity to reach this goal of universal access by 2010.

The concept of universal access to health care was first raised in 1977 during the thirtieth session of the World Health Assembly, which stated at the time that the year 2000 was the deadline for achieving health for all. The concept of universal access was then adopted in 1978 by the International Conference on Primary Health Care, which defined the notion of universal access to health care for individuals and families.

We note that, 20 years after this decisive turning point, the HIV pandemic has severely compromised the possibility of achieving these goals of universal access to health-care services. Africa, the most grievously affected continent, is subjected to the cruel effects of the HIV epidemic, which has moreover underlined the weaknesses of its health systems.

In Senegal, despite the lasting success that has built up over 20 years, the actors in the fight against AIDS are aware of the fact that HIV responses must be sustained. The acceleration of programmes and the quality of interventions must be strengthened, which will allow us to improve access for the whole population to prevention, care and quality treatment.

Mobilization continues under the leadership of His Excellency Mr. Abdoulaye Wade, President of the Republic, who was the first African head of State to declare, in 2003, that access to antiretroviral therapy would be free of charge. His lead was followed by a number of countries, and the health of persons living with HIV improved as a result. The response to HIV is becoming increasingly ambitious, by both attempting to preserve what has been achieved and extending the scope of actions and improving their quality. It is a

question of effectively preventing new infections among the most vulnerable population groups, of keeping the prevalence of HIV at a low level — less than 1 per cent — and of improving the quality of life of HIV-positive people and their families.

Our country's performance in responding to HIV was honoured in 1997 by the Joint United Nations Programme on HIV/AIDS (UNAIDS), for being in the category of countries with the best AIDS programmes in Africa, and it was recently recognized by the World Bank in 2007 in Rwanda and in 2008 in Madagascar.

A new generation of adolescents and young people has grown up in the past 10 years. The appeal launched by President Wade in 2001 in a statement prepared for the twenty-sixth special session of the General Assembly of the United Nations devoted to HIV/AIDS remains relevant today:

“Millions of men and women living with AIDS ... will not be satisfied with mere declarations of intent. Only urgent and concrete measures, sustained by the deployment of considerable resources, could bring about a light of hope in our common fight against this evil that, indifferent to geographical borders and social barriers, calls out to all of us, rich or poor”.

Africa, the continent most affected by HIV, must step up the mobilization of all its internal and external resources to confront social, economic, medical and institutional realities to ensure that universal access to prevention, care and treatment of HIV/AIDS is achieved.

We must therefore work together so that this High-level meeting will give rise to concrete and decisive acts to safeguard future and present generations.

The Acting President: I now give the floor to His Excellency Mr. Faisal Bin Yaqoub Al-Hamr, Minister of Health of Bahrain.

Mr. Al-Hamr (Bahrain) (*spoke in Arabic*): It is both an honour and a privilege for me to head the delegation of the Kingdom of Bahrain at the direction of His Majesty King Hamad bin Isa Al-Khalifa, King of Bahrain, and of His Highness Shaikh Khalif bin Salman Al-Khalifa, our Prime Minister, and to address this High-level meeting.

This meeting reflects the desire of world leaders to extend a helping hand to their citizens and to defend them against disease, especially the deadly HIV/AIDS. Assembling here gives the proceedings more prestige and encourages us to exert greater efforts and to give more of ourselves.

In talking about AIDS, I will at times refer to the experience of the Kingdom of Bahrain.

Over 30 million people have been struck by this epidemic, and every day 14,000 people join the ranks of the sick, 95 per cent of whom are citizens of poor countries. Almost 25 million human beings have died of AIDS since it was discovered. On a daily basis, this disease to which the United Nations has dedicated this global meeting infects 6,000 boys and girls, and it quickly destroys the lives of children — a child a minute — while a man or a woman dies every 15 seconds. Despite all our efforts, we have not managed to lessen the blow. The proof is that fewer than 5 per cent of children infected with this disease receive medicine, while fewer than 10 per cent of infected pregnant women receive treatment.

Today we meet as leaders and representatives of the world's nations, heeding the call of the United Nations slogan made on World AIDS Day, 1 December 2007: “Leaders, stop AIDS. Keep the Promise”. We in the Kingdom of Bahrain fully understand the importance of this slogan. All branches of the Government and the civil society and its institutions are well aware of the slogan at both the personal level and the field level and take it seriously, leadership being considered crucial in the struggle against this epidemic.

The Government of the Kingdom of Bahrain, in the person of His Majesty the King, his Royal Highness the Prime Minister and His Highness the Heir Apparent follow the directions of the Ministry of Health and its programmes to combat AIDS and take care to bolster those efforts. Moreover, attention is given to ensuring that young men receive appropriate education about the disease and that they participate in preventive action against this deadly epidemic. We also give attention to young people as they engage in different activities.

The Government enlists the help of civil society organizations as an engine of progress. At the head of those organizations is the National Committee to Combat AIDS, which has intensified its cooperation

with the UNICEF Gulf Area Office. Moreover, the category of young people has been chosen to be the focus of attention for the future since young people represent a high-risk group for HIV/AIDS. Therefore, campaigns to raise awareness are held in places where young people gather, such as civil associations, and religious celebrations, on the grounds that young men and women have the right to receive information on how to protect themselves from this disease.

Along with the National HIV/AIDS Committee, other organizations also contribute to the efforts, including the Bahraini Red Crescent and the Bahraini Committee on Reproductive Health and Family Planning. One of the most important services they provide is care for those infected with HIV/AIDS in order to put a stop to the discrimination that is practised against them. They also provide the means to combat sexually transmitted diseases and to lessen the risk of drug addiction.

Even though the spread of HIV/AIDS is quite limited in Bahrain compared to the rest of the world, the country's political leadership, as well as its religious, social and cultural figures, have given close attention to the health, social and economic aspects of the problem, because AIDS has national, regional and international repercussions and dimensions. It also requires vigilance, attention, participation and support on the local and universal levels. Indeed, the most important element for success in confronting this danger that is lying in wait for individuals, families and societies is a unified national commitment. By this I mean a commitment on the part of political leaders, as well as influential persons, who should dedicate some of their authority, capabilities and resources to the noble goal of dealing with HIV/AIDS.

National efforts must not be limited to a general raising of awareness through the traditional mass media. Rather, we need a vision that is more realistic and more intelligent and places more focus on the groups that are at high risk for HIV/AIDS. Moreover, efforts to protect the young generations from infection must include the preparation and teaching of school curricula on the prevention of the transmission of HIV/AIDS that are attuned to cultural, religious and spiritual values of the recipients and are understandable even for the illiterate.

Bahrain calls on the United Nations and its Members to launch universal action in combating

another scourge that is no less important and that may be among the main causes of the spread of the disease and its repercussions, namely poverty and unemployment. Today, that scourge is accompanied by a rise in the prices of basic foodstuffs, which, we believe, is the reason for the spread of the various forms of violence and organized crime and their accompanying dangers.

In the Kingdom of Bahrain we are working diligently to put a stop to the dangerous and fatal virus. In cooperation with UNDP, we carried out a field survey to collect data on social trends and HIV/AIDS-related behaviour in three target groups: pregnant women, young men and women, and intravenous drug-users. After analysing the results, we formulated a practical media programme to correct misperceptions regarding means of infection and transmission, to do away with the stigma of HIV/AIDS and discrimination against its sufferers and to give the latter the attention they deserve, integrating them into society and to ensuring their participation in various plans and programmes. We also conducted workshops for religious leaders on the theme "Religion and the service of humankind" in cooperation and coordination with several Government ministries whose expertise was relevant. We then launched a series of lectures and seminars via religious podiums, the Government and private schools.

With respect to the medium term, the Ministry of Health has adopted a joint strategy whose theme is "Bahrain free of HIV/AIDS". The strategy continues until 2012 with the participation and coordination of public and private sectors and is integrated with all other policies to combat HIV/AIDS and strengthen preventive health care.

Since the 2001 special session of the General Assembly, the Kingdom of Bahrain has been committed to combating HIV/AIDS through an effective programme of action to stem the spread of that disease. In 2004, a national committee to combat HIV/AIDS comprising representatives from several sectors was established by decision of the Cabinet. The number of AIDS cases in Bahrain has been estimated at around 1,000, according to the statistics of a joint Health Ministry/UNDP programme.

Moreover, Bahrain has a unit where voluntary testing is conducted in complete confidentiality. It targets high-risk groups in particular, especially drug

addicts, since approximately 70 per cent of the HIV/AIDS cases are caused by intravenous drug use. A study of the behaviour of drug addicts has shown that 80 per cent of them have access to sterilized needles, yet 70 per cent of them prefer to share needles. The Kingdom of Bahrain considers this behaviour a challenge and aims to change it. The Ministry of Health is offering free treatment and providing antiretroviral drugs that meet WHO standards. Moreover, it follows up those cases with advice on contagious diseases, while offering psychological and psychiatric follow-up to those with HIV/AIDS and their families through specialized personnel.

I do not need to remind you that approximately 30 million people are living with the Damocles' sword of HIV/AIDS suspended over their heads, a fact that requires action rather than words. Those people must enjoy their human rights, and those rights must be implemented. I apologize if I prolong my speech but this issue is of great importance not just at the national or regional level, but also at the international and global levels. Commitment and playing a role model are important elements in combating HIV/AIDS.

I close by saying the following. If the United Nations cannot put a stop to smoking in the halls of this building, where no smoking is allowed, how are we to solve the HIV/AIDS problem together?

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Sagaré Maimouna Bah, Minister for Public Health of Guinea.

Ms. Bah (Guinea) (*spoke in French*): I would like to thank the President for convening this meeting, which reflects the resolve and determination of the international community to do what is needed in the fight against HIV/AIDS. I convey to all present the greetings of His Excellency Le Général Lansana Conté, the President of the Republic of Guinea, and his Government, for whom our shared struggle is a priority concern.

My delegation supports the statement made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, and the statements to be made by the representatives of Egypt, on behalf of the African States, and of Bangladesh, on behalf of the least developed countries.

By adopting the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political

Declaration on HIV/AIDS, the international community clearly renewed its resolve to meet the time-bound goals and targets agreed upon in 2001 and to move towards the goal of achieving universal access to prevention, treatment, care and support in the field of HIV/AIDS by 2010. In taking stock, in the course of our work, of the progress achieved before 2010, we once again reiterate our concerns, given the multiple consequences of HIV/AIDS, as well as our resolve to eradicate those consequences.

In that regard, my delegation welcomes the comprehensive report of the Secretary-General and supports the recommendations contained in it. The progress achieved is without a doubt significant, but we must redouble our efforts at the local, national, subregional, regional and international levels in a coordinated and complementary framework that includes the various stakeholders involved in the fight against this disease.

In that context, it is a pleasure to inform you that the various national surveys carried out in my country have shown that, among the general population, HIV prevalence fell from 2.8 per cent in 2001 to 1.5 per cent in 2005. Nevertheless, certain variations persist in relation with specific demographic characteristics. In terms of gender, we have seen a feminization of HIV infection, with a level of HIV prevalence of 1.9 per cent among women aged 15 to 49, as compared to 0.9 per cent among men in the same age group. The level of HIV prevalence in urban environments, 2.4 per cent, is higher than in rural environments, where it is 1 per cent.

Starting in 2002, our Government has waged a multisectoral fight against the HIV/AIDS epidemic. In line with that vision, the country launched a planning process, which resulted in the development of the first national strategic framework, covering the period 2003 to 2007. That framework lays out the key lines of action in the fields of HIV prevention, the provision of medical and psychosocial care, the reduction of socio-economic impacts and the institutional framework and governance for the national response. The results of the implementation of that project are contained in the April 2008 report submitted by our Government.

I would therefore like to underscore the following: the creation of an HIV/AIDS chair at the medical faculty of the University of Conakry; the effective insertion of HIV/AIDS education in school

and university curricula; the enactment of laws on the prevention, treatment and monitoring of HIV; the free provision of antiretroviral drugs and biological monitoring as of 2007; the enrolment of 6,850 orphans and vulnerable children in school and the provision of food support to 2005 HIV-affected households; the Government's full support for networks and associations for people living with HIV/AIDS; and the efforts to address the issue of HIV/tuberculosis co-infection in terms of diagnostics and treatment.

In order to deal with existing shortcomings and build on the gains made, the Government has developed a new strategic framework for the period from 2008 to 2012, which strengthens the partnership, coordination and guiding principles of the "Three Ones". That has resulted in a greater involvement of local communities, the private sector, non-governmental organizations and civil society.

I take this opportunity to thank our bilateral and multilateral partners, who have continued, throughout, to support us in the implementation of our development programmes, in particular the Joint United Nations Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the World Health Organization, UNICEF and UNDP. We would like to encourage the United Nations system to continue and extend its joint programme to re-launch local economic and social development efforts in the Guinea Forest Region.

Mr. Reina Idiaquez (Honduras), Vice-President, took the Chair.

Two years from the target date that has been set to achieve the objective of universal access, and halfway towards the deadline established for the achievement of the Millennium Development Goals, without a doubt, reinforcing the health system, promoting scientific research, mobilizing appropriate financial resources and ensuring access to medicine are all indispensable efforts in order to meet the objectives that we have set ourselves. In that regard, I would like to launch a heartfelt appeal to all of our partners to lend their full support to this joint struggle against the HIV/AIDS pandemic. In that context, I can assure you that the Government of Guinea will do everything possible to fulfil its commitments. I harbour the hope that this meeting will lead to concrete results, allowing us to achieve our aims.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Saleh Meki, Minister of Health of Eritrea.

Mr. Meki (Eritrea): Allow me at the outset to thank the President, on behalf of the Eritrean delegation, for convening this high-level review meeting on HIV/AIDS.

Eight years ago, world representatives convened in this Hall to address one of the most serious threats to human well-being, that is, the spread of HIV/AIDS throughout the globe and its devastating consequences for all affected communities. The challenges we faced seemed insurmountable and our resources were limited. Nevertheless, the determination to meet the challenge was palpable, and most significant of all was the will to work collectively and join the common cause, which gave us hope for a successful outcome in line with our ideals.

Eight years later, I believe, we can look back with a sense of accomplishment with respect to the arduous task of at least having controlled the spread of the disease, increased awareness among probable victims and strengthened the involvement of the community, both in the prevention of the disease and in fighting stigma and discrimination. Most important of all, a significant number of those affected are being provided with the required treatment, thus making it possible for them to lead a productive life.

Obviously, those real accomplishments should not overshadow the failures we have witnessed and the future challenges we face. They are considerable in number and difficult in their nature. Some were failures of strategic planning in meeting unforeseen developments. Others were failures in vision, and many were the inevitable weaknesses resulting from having undertaken new major endeavours with little or no experience to guide our activities.

But that is to be expected. A new action-oriented objective, global in scope, inclusive by definition and essentially based in changing human behaviour for efficacy and a positive outcome, required monumental strategic reorientation, considerable resources, significant sacrifices by those involved and a coordination capacity as never before attempted in our experience. The surprise is how much we accomplished in the face of such obstacles.

There were several advantages, however, that made a difference in the eventual positive outcome, and two in particular: first, political will on the part of the affected — mainly developing — countries; and secondly, an unexpected desire and will on the part of our major partners to assist with and finance the considerable cost of the programmes. That combination made the satisfactory outcome possible.

Therefore, in taking stock of the recent past and the experience gained in the learning curve, the next phase of our planning ought to take the following areas into consideration: first, assuring the continuity of the salient factors that have helped make our efforts worthy of the cause thus far; secondly, central positioning of all civil society, especially those affected by the disease, in the planning and implementation of our programmes; and, thirdly, encouraging our partners to continue playing a positive role in our future endeavours, as they have done in the past.

It is my delegation's fervent hope that this gathering will help us to employ our collective wisdom and combine our resources to support each other in combating the menace that has threatened human society. It is in that spirit that Eritrea contributes to this review conference and commits itself to doing its part to make our endeavour successful.

As has been noted by several speakers before me, the global HIV situation demands of all of us that we make every possible effort to combat and control the most pressing health issue ever encountered by humanity. If we succeed in controlling this killer disease — and succeed we must — we will have met the monumental challenge that faces our health services organizations and, more important, we will have a great impact on our efforts to provide for the well-being of all our people.

From this perspective, with regard to the epidemic, Eritrea's situation is still controllable, which strengthens our belief that concerted joint efforts will result in the successful mitigation of tragic events and in real hope for all of us who are at risk.

In Eritrea, the estimated current national rate of infection is about 1.3 per cent. Aware of this statistic, and because of the dangers posed by this disease as well as all its social and economic consequences, the Government of Eritrea, through its Ministry of Health, has taken a leadership role and made a strong commitment to addressing this challenge with all the

resources at its disposal. In the past 10 years, the Government implemented an effective national policy on AIDS, established multisectoral selective and technical committees, and requested its partners in development to assist it in all its various approaches to controlling this real threat to the Eritrean people.

As a result, for example, the prevalence of HIV among antenatal patients who participated in the urban and rural sentinel surveillance sites has been reduced from 3 per cent in 1999 to 2.8 per cent in 2001, to 2.41 per cent in 2003, to 2.38 per cent in 2005 and 1.3 per cent in 2007. This trend shows that the country has been able to control the epidemic. These results have been achieved because the Government of Eritrea, through its multisectoral efforts, has succeeded in mobilizing financial and human resources for a national response to HIV/AIDS during the last 17 years.

As these activities have been implemented, the response of the public, the Government and multilateral institutions, has been very encouraging. In particular, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations agencies involved in the programme, in addition to our bilateral partners, have played crucial part in the process. We thank them all for this effort.

The guiding principles for the fight against the epidemic in Eritrea include a multisectoral approach, evidence-driven and results-based priorities, targeting vulnerable groups and linkage with national and international principles and guidelines.

In conclusion, as one perceptive commentator succinctly put it, "the history of public health efforts in AIDS prevention will undoubtedly show the folly of ignoring what we know in favour of what we might prefer". We have benefited and will continue to benefit from our collective wisdom at this High-level meeting. It must be the goal of the international community to implement the Declaration of Commitment on HIV/AIDS and to follow up the decisions of this Assembly with unified action.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Walter Gwenigale, Minister of Health and Social Welfare of Liberia.

Mr. Gwenigale (Liberia): I bring the Assembly greetings from Her Excellency President Ellen Johnson-Sirleaf, the Government and the people of the

Republic of Liberia. I thank the Secretary-General for organizing this very important High-level meeting that is devoted to reviewing our joint progress towards the goals of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

My delegation is aware that this meeting is taking place at a very crucial time. Two years from now, the world community will be taking stock of our response to the challenge of attaining universal access to prevention, treatment, care and support for victims of the HIV/AIDS epidemic. My delegation is here to report on Liberia's progress in accelerating our national response to HIV/AIDS.

In responding to this epidemic, Liberia's vision remains one of creating an AIDS-free society and, by extension, creating a global community of societies free of AIDS. Each of us here today faces the challenge of HIV/AIDS in our own countries. Our collective vision of a world liberated from the scourge of HIV/AIDS brings us all together to provide the leadership needed to defeat this global menace.

The global battle against AIDS is a major challenge for all of us. Recognizing the magnitude of this battle, we need to launch a major HIV prevention programme, not only targeting our young people, but also serving, in particular, the needs of women, who continue to bear a disproportionate burden of the disease in Liberia and globally.

Liberia has begun a process of recovery after 14 years of a brutal civil war. In 2005, Ellen Johnson-Sirleaf became the first woman to be elected head of State of a country on the African continent. Through her leadership, substantial progress is being made with legislative, judicial and economic reforms, and with the restoration of basic services, including health-care services.

Despite the optimism generated by the election of President Sirleaf, the Government of Liberia faces serious social challenges today. Liberia's health services were completely disrupted by the conflict. Ninety per cent of our doctors, nurses and other health professionals left the country during the war. Hospitals were looted or were completely burned down. During the civil war we were simply unable to respond to HIV/AIDS. Since the end of the conflict, however, we have restructured and expanded the activities of the National AIDS Control Programme, and President

Ellen Johnson-Sirleaf herself holds the chair of the National AIDS Commission.

Data collection for the purposes of determining the prevalence of HIV/AIDS in Liberia has been intensified. There are substantial differences between two principal surveys. The 2007 demographic and health survey found an HIV prevalence rate of 1.5 per cent with a higher prevalence rate among women than in men. The same survey found HIV prevalence at the rate of 2.5 per cent in the capital city of Monrovia and in certain areas in south-eastern part of the country.

Two antenatal care surveys have also been conducted recently. The HIV prevalence in the 2006 antenatal care survey was 5.7 per cent among pregnant women in the urban areas. Data from the 2007 antenatal care survey shows a relatively similar prevalence rate of 5.4 per cent. The surveys also indicate that the area in the south-eastern and the eastern part of the country have much higher prevalence rates — 7.4 per cent — than the rest of the country.

We continue to face serious challenges, including scaling up prevention programmes, expanding access to treatment, reducing the impact on orphans and other children made vulnerable by AIDS and addressing the challenge of rape of our young women, whose lives are forever changed by the trauma and by the likelihood of being infected with HIV.

Working towards those goals with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have strengthened our national response to HIV/AIDS and have placed almost 2,000 persons living with HIV/AIDS in treatment. Liberia's full report to this Assembly contains the efforts we have made and the successes we have achieved.

Under the leadership of President Ellen Johnson-Sirleaf, Liberia reaffirms its commitment and resolve to fight HIV/AIDS. To succeed, we must also address poverty and illiteracy and must bring about the improvement of our health care system. We are doing this through our national health policy and plan and the implementation mechanism entitled "Basic Package of Health Services". We firmly believe that these actions will contribute to making life better for our people.

Before concluding, I want to give special thanks to the United Nations for the efforts of the United Nations Mission in Liberia (UNMIL). We could not

have achieved the successes we have achieved if we had not had peace — which has been made possible by the presence of UNMIL in Liberia, for which we remain grateful to the United Nations.

We thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for the financial support it has provided. We also thank all the United Nations agencies and the Clinton Foundation for their technical support in using these funds.

We will continue to count on the leadership of everyone here and their countries to help us sustain the gains we have made and to confront and overcome the threat that HIV/AIDS poses to our aspirations for national development.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Maret Maripuu, Minister of Social Affairs of Estonia.

Ms. Maripuu (Estonia): We are meeting only two years before the deadline that we Member States set to achieve universal access to HIV prevention, treatment, care and support.

However, as the Secretary-General's report (A/62/780) shows, the epidemic is expanding in some areas faster than we are able to combat it. HIV causes an increasing humanitarian and economic burden on countries. The whole world is working towards achieving the Millennium Development Goals, and the results depend to a large extent on how successful we are in fighting against HIV. Estonia is contributing to this fight through the activities of the European Commission and through support to the United Nations family.

Estonia is a country with a relatively high rate of HIV-positive people. Last year, 470 new cases per 1 million inhabitants were diagnosed. Our main risk group is injecting drug users. Still, it is an issue that affects the whole of society — and that also needs the efforts of the whole of society to fight it.

Estonia has compiled a broad-based strategy to achieve a sustainable reduction in the spread of HIV with clear national targets to be achieved by 2015. The strategy, which is fully in line with the commitments set out in the 2001 Declaration of Commitment on HIV/AIDS, unites the efforts of the governmental, municipal and non-governmental sectors in order to take effective actions.

For four years, Estonia had the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This helped to expand considerably evidence-based prevention interventions and to cover expenses related to the increasing need of antiretroviral drugs. The Estonian Government has now fully taken over these financial responsibilities.

Two months ago, the World Health Organization (WHO) and the United Nations Office on Drugs and Crime evaluated Estonia's progress in fighting HIV. Results show that we have been able to slow down a little the spread of the disease among our main risk group, injecting drug users, who are mostly men in their best working years. This proves that our commitment to follow the national strategy to fight HIV and to be consistent in prevention, syringe replacement, substitution treatments and providing free access to health care is the right way ahead.

However, much more needs to be done to fight the spread of HIV. The focus of our national response will continue to be on providing systematic health education for young people, teaching them how to protect themselves from the virus and live a healthy sexual life. Our challenge is to continue providing necessary harm reduction services, treatment and care. We need to guarantee access to medical services and antiretroviral therapy for those infected today and in the years to come. We also need to make sure that the services, once started, will continue, be of good quality and be able to respond to specific needs.

Estonia is committed to continue its prevention activities and provide access to the best available antiretroviral treatment for our patients. Our experience in providing treatment, care and counselling to all people with HIV has proved to be very effective also in regard to reducing mother-to-child transmission of HIV.

We need to unite our strengths to be successful in prevention and effective in working with the groups at risk by providing the help and programmes they need. We need to guarantee access to professional health care and affordable medication for those who are infected. And we need to be consistent in our efforts.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Oumar Ibrahima Touré, Minister of Health of Mali.

Mr. Touré (Mali) (*spoke in French*): I wish at the outset to convey the regrets of His Excellency Mr. Amadou Toumani Touré, President of the Republic of Mali, who owing to a particularly heavy national agenda, is unable to be with us today at this important high-level meeting on HIV/AIDS. He has asked me to convey to the Assembly his best wishes for success and to read out the following message.

“At the outset, I thank all those who, in one way or another, have committed themselves to the fight against the HIV/AIDS pandemic. I wish in particular to thank Secretary-General Ban Ki-moon and, through him, the entire United Nations system for their tireless efforts in the fight against HIV/AIDS.

“We in Mali consider that HIV/AIDS is not only a major obstacle to development but also one of the greatest threats to the survival of humankind and to international security. The AIDS pandemic jeopardizes the economic and social development and the security of our countries, which have already been weakened by existential problems of access to basic essential services. In Africa in particular, the HIV/AIDS situation demands action from us at the highest level, as African leaders. It should also demand action from the international community for humanistic reasons and reasons of solidarity and interdependence.

“With a prevalence rate of 1.3 per cent, my country remains concerned about the pandemic. In that connection, Mali is party to the 2001 Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases, the 2006 Abuja Declaration, the Brazzaville Commitment on scaling up towards universal access to HIV and AIDS prevention, treatment, care and support in Africa by 2010, and the Lomé Declaration on HIV/AIDS in Africa.

“To meet our commitments, we have undertaken a vast multisectoral programme of institutional and operational reform. It requires all sectors, including the public and private sectors and civil society, to become better organized, to better manage their activities in the fight against AIDS, to produce results and to be accountable to the nation. Based on the Three

Ones principles, our fight against HIV/AIDS is structured around a single coordination body chaired by the head of State. This has enabled us to achieve significant results, including: the adoption of a national policy statement making treatment free of charge; the June 2006 adoption of a law on prevention, treatment and control of HIV/AIDS; antiretroviral treatment for more than 60 per cent of patients, that is 16,609 out of 28,000 individuals; and a reduction in the prevalence rate from 1.7 per cent to 1.3 per cent between 2001 and 2006, as reflected in the most recent edition, the fourth, of our demographic and health survey.

“In the African Union framework, the observatory of heads of State established to combat this scourge has mandated me to engage in continent-wide advocacy among my African counterparts to expedite universal access to prevention, care and treatment, as well as to work with civil society and the private sector. In December 2007, therefore, I appealed to all African heads of State to achieve these results in the context of this partnership.

“Mali is aware of its responsibilities in achieving its goals in the fight against HIV. Our overall objective is to achieve universal access by 2010. To attain that objective, various strategies have been developed and implemented with the support of the international community, which I commend and sincerely thank for its unwavering support.

“In spite of the many difficulties besetting our countries today, the fight against HIV/AIDS must remain a priority. We must therefore maintain the momentum that has enabled us to mobilize significant resources and achieve tangible results.

“We must bear in mind that the target dates for the achievement of the Millennium Development Goals require accelerated action in research and development and in strengthening the role of civil society, people living with HIV/AIDS and the private sector. Here, strengthened partnerships are essential for mobilizing the additional resources that are needed. We should therefore take the opportunity offered by the International Health Partnership to

build positive synergy among the world's health systems and international initiatives.

“For those reasons, we look forward with interest to the operational conclusions that will come out of this meeting.”

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency The Honourable Richard Nchabi Kamwi, Minister of Health and Social Services of Namibia.

Mr. Kamwi (Namibia): My delegation aligns itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, by the representative of Egypt on behalf of the African Group and by the representative of Zambia on behalf of the Southern African Development Community.

It is indeed a great honour for me to address the Assembly. We meet here to review the progress made over the past two years following the previous high-level meeting on this subject, in 2006. In that regard, we thank the Secretary-General for his report (A/62/780). Furthermore, it is our expectation that we will leave this meeting with an enhanced understanding, a further defined set of priorities and a robust framework for action that will strengthen our collective response in the fight against the HIV/AIDS pandemic.

Namibia has made significant progress in achieving the goals delineated in the 2001 Declaration of Commitment on HIV/AIDS. My country's socio-economic development strategic plan, entitled “Namibia Vision 2030”, regards HIV/AIDS as the most serious threat facing the country. Therefore, “Vision 2030” highlights the need to mainstream the HIV/AIDS programme as a catalyst for our development challenges. Recognizing the national importance of mainstreaming HIV/AIDS responses, I am pleased to report that the national policy on HIV/AIDS, which serves as a guiding framework for coherent and sustained efforts in the fight against HIV/AIDS, was approved by our parliament in March 2007.

Namibia is estimated to have 202,000 people living with HIV/AIDS, of which around 65,000 are in need of antiretroviral therapy. Through sustained and united efforts, there are currently 47,963 people receiving antiretroviral therapy. This translates into

Namibia having been able to reach out to, and provide antiretroviral treatment for, over 77 per cent of those in need.

I confirm Namibia's sustained commitment to universal access. Allow me to state clearly that we will continue to work hard to ensure that by the next meeting of this kind, Namibia will have reached universal access targets for its population.

In terms of HIV prevalence, recent surveys carried out over the past several years indicate that the epidemic is stabilizing in Namibia. As regards antiretroviral prophylaxis in the prevention of HIV through mother-to-child infection, I am pleased to report that, countrywide, more than 93 per cent of babies born to HIV-positive mothers are receiving antiretroviral prophylaxis.

With those advances, the focus for Namibia is now on prevention. The aim is to reduce the incidence of new HIV infections by paying particular attention to young people, creating awareness and reducing stigma and discrimination.

This progress has been made notwithstanding major challenges and setbacks. Most pressing among them is tuberculosis-HIV co-infection. Compounding the situation is the increasing number of cases of multi-drug resistant and extremely drug resistant tuberculosis.

In order to address these challenges as we strive to curb the spread of HIV/AIDS and to mitigate its effects, Namibia has intensified its interactions with all stakeholders in HIV programming. At the national level, the Government of the Republic of Namibia continues to increase financial resources for health sector programmes, which include HIV/AIDS, tuberculosis and malaria. At the international level Namibia receives substantial support from sources such as the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the implementation level, we continue to engage in teamwork with our partners from bilateral and multilateral organizations, the private sector and civil society, including people living with HIV/AIDS as key stakeholders.

In conclusion, the Namibian Government remains committed to providing political leadership and creating a conducive environment free of intimidation

and discrimination and with full respect for human rights in the fight against HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Nilcéa Freire, Minister of the Special Secretariat of Policies for Women of Brazil.

Ms. Freire (Brazil): In the context of the commemorations of the sixtieth anniversary of the Universal Declaration on Human Rights, I wish to reaffirm Brazil's commitment to fight HIV/AIDS by taking fully on board the promotion and protection of human rights for all.

I am here, along with a delegation from the Ministry of Health, chaired by Dr. Mariangela Simão, director of the national programme on sexually transmitted diseases and AIDS, and from the Ministry of Foreign Affairs, chaired by Ambassador Maria Luiza Viotti, our Permanent Representative to the United Nations, along with representatives from Brazil's civil society and its parliament.

The Brazilian response to AIDS is integrated and comprehensive. It harmonizes health promotion, prevention and care, based on the principles of the national health system. Our response proved to be sustainable, renewable and in line with the epidemiological and social dynamics of AIDS, by innovating and scaling up actions aimed at preventing new infections and providing integral and universal care for people living with AIDS.

Since we last met, in 2006, the international community has taken important steps to overcome barriers that impede access to good quality antiretroviral drugs and laboratory supplies. However, plenty of work remains to be done. According to the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS), only 30 per cent of patients in need worldwide receive treatment.

One of the actions taken by Brazil in order to ensure universal access was the compulsory licensing of an antiretroviral drug in 2007, allowing the Government to buy a generic version of that drug. Our aim is to ensure the long-term sustainability of the universal access policy and to provide access to third-line drugs for those in need. Each dollar of the 30-million saved is crucial to save more lives in Brazil and other parts of the world. That action was in line with the international agreements on trade, the Doha

Declaration on the Trade-Related Intellectual Property Rights Agreement and Public Health, and Brazil's national legislation.

As a major step forward in relation to the Doha Declaration, let me take this opportunity to mention the adoption of the Global Strategy on Public Health, Innovation and Intellectual Property during the latest World Health Assembly. Member States mandated the WHO to play a strategic and central role in the relationship between public health, innovation and intellectual property. As Dr. Margaret Chan has stated,

“This is a major breakthrough for public health that will benefit many millions of people for many years to come. This is a contribution to fairness in health and this is pro-active public health at its very best”.

Affordability of drugs and other supplies remains a major challenge for most developing countries. In order to address that issue, Brazil and France, together with Chile, Norway and the United Kingdom, launched the International Drug Purchase Facility (UNITAID) in September 2006. So far, the Facility has gathered around \$300 million, supporting countries to purchase drugs for second-line treatment for HIV infection, tuberculosis and malaria. Moreover, UNITAID is supporting the WHO pre-qualification process, in order to accelerate the entry into the market of good-quality and safe generic drugs for those three diseases.

I also wish to stress the importance of promoting condom use in any HIV prevention policy, which, combined with other strategies, is crucial to decrease rates of HIV transmission. I am convinced that one of the reasons Brazil has managed to stabilize the epidemic is the significant increase in the use of male condoms, not only among more vulnerable groups, but also among the general population. Brazil bought recently 1 billion male condoms for public distribution. This year, we are also buying 6 million female condoms to distribute among specific groups, including sex workers and women who are subjected to sexual or domestic violence. In our experience, other prevention strategies based on moral values, such as abstinence and fidelity, should remain individual choices, not the basis of public health policies.

AIDS still remains the leading infectious-disease challenge in public health. Therefore, it must continue to be addressed in conjunction with efforts to strengthen health systems in the long run. The specific

characteristics of the epidemics require appropriate resources, as its potential to overburden health systems is enormous.

We must also acknowledge that addressing AIDS goes beyond the health sector. In Brazil, the fight against AIDS is a common effort that involves the various sectors of the Government, civil society organizations, universities, the private sector, United Nations agencies and bilateral partners.

In that connection, in March 2007 President Lula launched a national plan to tackle the feminization of AIDS and other sexually transmitted infections, a joint initiative between the Special Secretariat of Policies for Women and the Ministry of Health, with the support of the United Nations Population Fund, the United Nations Children's Fund, the United Nations Development Fund for Women and Brazilian civil society organizations.

That plan focuses on the issues that contribute to women's increased vulnerability to HIV and other STIs. Domestic and sexual violence against women and girls, like stigma and discrimination based on race and sexual orientation, are true expressions of inequality. They can only be dealt with by incorporating a gender perspective, in particular the promotion and protection of sexual and reproductive rights, in the political agenda.

Another important priority is the fight against the epidemic among gay men, men who have sex with men and transgender persons. I have the honour to announce that last week President Lula launched the first national conference for lesbian, gay, bisexual and transgender people, as part of an integrated governmental programme called "Brazil without homophobia". The conference brought together civil society and Government representatives to discuss pragmatic approaches to reduce the different vulnerabilities that affect the population, including strategies with a view to adopting a law that criminalizes homophobia.

To take advantage of the political momentum generated by this special session, our Governments should commit to protecting the human rights of vulnerable groups and increasing access to information, prevention, treatment and care.

In concluding, let me say that we, our Governments, the United Nations agencies, civil

society, the private sector, and the affected communities must tackle structural changes and, at the same time, address needs for treatment, social inclusion and prevention strategies, including for vulnerable groups. I would like to express our appreciation for the role UNAIDS is playing in helping to focus United Nations efforts on strengthening national responses to fight the epidemic.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Jean-Jacques Campana, Minister of Social Affairs and Health of Monaco.

Mr. Campana (Monaco) (*spoke in French*): The Principality of Monaco has placed the fight against the HIV/AIDS pandemic and the support to persons living with the virus at the core of its health policy and its international cooperation actions.

In so doing, its efforts and the attention it draws have been amplified by the personal commitment of our head of State's sister, Her Serene Highness Princess Stéphanie, Special Representative of the Joint United Nations Programme on HIV/AIDS (UNAIDS), who in her capacity as Chairperson of Fight AIDS Monaco leads the fight in the field for access to treatment, prevention and care for persons living with HIV/AIDS. It is in her name that I am delivering the message of the Government of the Principality, a message which contains a measure of hope and expresses some serious concerns.

The measure of hope is clearly linked to the progress achieved over the past few years, particularly since the adoption of the Political Declaration on HIV/AIDS of 2006, specifically with respect to access to care, distribution of antiretroviral treatment and financing of HIV programmes.

Even though progress has remained insufficient and very uneven, it nevertheless demonstrates that sustainable and long-term mobilization is the only appropriate response to the countless individual sufferings which keep on growing as the epidemic expands, with an estimated 2.5 million people newly infected with HIV and 2.1 million AIDS deaths in 2007.

The remarkable analysis contained in the report presented by the Secretary-General at the sixty-second session of the General Assembly, however, can only raise concerns and lead us to consolidate our efforts.

Prevention remains crucial to any effective and reliable policy in the fight against this pandemic.

The Monegasque authorities, cooperating closely with non-governmental organizations, and in particular with Fight AIDS Monaco and the Monegasque Red Cross, have put in place an information and prevention system to assist both schools and the working world, relying in addition on a free and anonymous screening centre.

The recommendation made by the Secretary-General to give special attention to the most vulnerable is taken into account through the organization of access to condoms, the financing of therapy by social institutions and the establishment of dependency consultations.

This action is also carried out at the international level. A three-year agreement was signed with UNICEF on 22 May 2008 to strengthen the prevention of mother-to-child transmission of HIV for the period 2008-2010. Furthermore, the Principality has also co-financed a United Nations Population Fund (UNFPA) project concerning the care and support of female sex workers since 2006.

The global fight against HIV/AIDS and respect for the goal of achieving universal access by 2010 more than ever in low- and middle-income countries depends on the financing of programmes.

Convinced that international solidarity alone can fill the gap between available resources and actual needs, as emphatically stated by the Secretary-General in his report, the Principality, which has contributed to the financing of UNAIDS since its creation, has decided over the past few years to significantly scale up its funding commitment.

This initiative was formalized on 28 February 2007 by the signing of a framework agreement on cooperation with UNAIDS to strengthen direct assistance to the countries most affected by the pandemic, in particular, through the UNAIDS Programme Acceleration Fund.

Finally, progress made in the fight against any form of discrimination or stigmatization must be pursued to ensure that each community adopts a more human and fraternal approach towards persons living with HIV/AIDS.

The conference "HIV+Monaco", held in the Principality in January 2008 upon the invitation of Her Serene Highness Princess Stéphanie of Monaco with a view to hearing from persons living with HIV/AIDS, represented an important milestone towards recognizing the valuable role that persons with HIV/AIDS play in the fight against the epidemic and as such was a major initiative.

I cannot conclude this statement without paying special tribute to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, and to all those who dedicate themselves at all levels of responsibility and in the field to helping persons living with or infected by HIV/AIDS and children orphaned by AIDS.

I assure them they will always find in the Principality the support they need to carry out their action.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Issa Lamine, Minister of Health of the Niger.

Mr. Lamine (Niger) (*spoke in French*): It is an honour for me and affords me great pleasure to speak before this Assembly on behalf of the Government of the Niger and of His Excellency Mr. Mamadou Tandja, President of the Republic and head of State, on my country's efforts in implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. In this framework, and in keeping with regional commitments, in particular those contained in the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, as well as those contained in the resolutions adopted by leaders worldwide and development partners, demanding that renewed efforts be made in the fight against HIV/AIDS, tuberculosis and malaria. We have continuously improved our national policy in this area.

Thus, a new approach with a multisectoral and decentralized dimension was given to the struggle through the national strategic framework 2002-2006. We have taken a great step forward in institutional terms by placing the Office for the Intersectoral Coordination of the Fight against HIV/AIDS, the national body for coordinating actions to fight the disease, under the auspices of the Office of the President of the Republic.

This political commitment also coincides with the drafting of a new reference document for the period 2008-2012, which outlines the major guidelines for the struggle. This document rests upon the results and the lessons learned from the preceding document to ensure a better response to HIV/AIDS and better targeting of interventions with the scaling up of actions by all actors in order to facilitate universal access to treatment, care and support for those suffering from HIV. Strategic areas for intervention have been freed up for each actor.

However, these efforts would be in vain if the main causes of the spread of the disease were disregarded. Thus, there has been clear targeting of specific groups and identification of key sectors, in the light of the concentrated type of epidemic that is prevalent in our country.

In epidemiological terms, our 2006 demographic and health survey reported HIV prevalence of 0.7 per cent. This demonstrates that the trend is towards stabilization of the epidemic, with a gap between rural areas, where the rate is 0.5 per cent, and urban areas, where the rate is 1.5 per cent. However, these relatively low rates must be viewed in a different light when we look at specific groups, such as sex workers and members of the defence and security forces, where the situation remains worrying, with rates above 30 per cent and 2 per cent, respectively.

However, some behaviours have changed for the better. In particular, sex workers now make more widespread use of condoms; the rate of use rose from 56 per cent in 2002 to 95.6 per cent in 2006. Among the general population too, condom use has increased, from 9 per cent in 2002 to 45 per cent in 2006 for men. This situation reflects greater knowledge among the target groups about the illness as well as awareness of the risks that HIV represents for the population as a whole.

In the area of care for HIV/AIDS patients, we have also made significant progress, thanks to the commitment of the President of the Republic, and thanks to the will of the partners who are working with us. Antiretroviral treatment, voluntary screening and treatment for opportunistic infections have been free of charge since 2004. Today, out of 13,650 eligible people, 3,716 receive antiretroviral treatment, from a countrywide population of HIV-positive people estimated at 91,000. We have also obtained

encouraging results in campaigns for the prevention of mother-to-child transmission; 129 sites are now functioning throughout the country.

In social terms, our programme places particular emphasis on the struggle against stigmatization and discrimination against people living with HIV/AIDS, and here we are grateful for the help of Muslim and Christian religious associations and traditional leaders. That has allowed us to raise awareness of the issue of HIV/AIDS, and associations and networks of people living with HIV have emerged. Complementary socio-economic support measures have also been provided for highly vulnerable segments of the population, in particular orphans and widows. On 30 April 2007, the National Assembly of Niger, through its parliamentary network, initiated and adopted a law on the prevention, treatment and monitoring of HIV.

Those are just a few of the modest results that we have been able to achieve in the past few years thanks to the cooperation of our technical and financial partners, in particular the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, we should emphasize that we have come up against a number of obstacles, which have prevented us from achieving the results that we had hoped for.

On the organizational level, for example, we regret that civil society, because of its limited capacities, has been unable to support the public sector in its activities. We have also faced a number of difficulties in controlling the supply chains for reagents, medication and supplies; deliveries have frequently been interrupted. That has had a negative impact on the quality of the care provided by our programme.

That has led us to consider future efforts aimed at, in particular, integrating and strengthening the capacities of civil society, in order to establish an effective long-term community-based approach to HIV/AIDS, with the support of associations for people living with HIV. With respect to the supply chain problems, we have taken measures to improve the system. When we obtain the results of the audit of the supply and distribution chain for antiretroviral medicine and reagents currently under way, we will adopt a national strategy to deal with this.

At present, we are committed to formulating, through a strategic planning process, a national multisectoral plan to fight HIV/AIDS for the period

2008-2012. That will eventually lead to a round table to mobilize resources for the financing of all planned activities.

In the meantime, on behalf of the people of Niger, we would like to thank our technical and financial partners, who have allowed us to face the threat of HIV/AIDS and to announce the upcoming launch of the seventh Global Fund cycle. We would like to take this opportunity to ask our partners to renew their efforts to further support us, because much remains to be done to consolidate our achievements and to prevail in the struggle we have undertaken. Our Government has made commitments to substantially increase its contribution, through the national treasury, to efforts undertaken in the fight against HIV/AIDS.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Mphu Keneiloe Ramatlapeng, Minister of Health and Social Welfare of Lesotho.

Ms. Ramatlapeng (Lesotho): My delegation aligns itself with the statements delivered by the Ministers of Health of Antigua and Barbuda on behalf of the Group of 77 and China and of Zambia on behalf of the Southern African Development Community.

At the outset, let me reaffirm Lesotho's commitment to the principles set out in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. With an adult HIV prevalence of 23 per cent, Lesotho has one of the highest HIV prevalences in the world. We therefore welcome this opportunity to exchange views with other members of the international community, as we jointly review the progress attained towards universal access to HIV prevention, treatment, care and support.

Indeed — and this can be attributed mainly to strong and consistent leadership from the highest political level — Lesotho embarked in 2005 on an accelerated programme to achieve universal access to HIV prevention, treatment, care and support by 2010. First and foremost, we have made very significant increases in budget allocation, as we are committed to taking robust action to meet the ambitious targets that we set for ourselves in areas such as services for the prevention of mother-to-child transmission; enhancing knowledge and improving behaviour among young people; provision of antiretroviral therapy; support for orphans and vulnerable children; and a reduction in new HIV infections.

In the area of prevention, the enhanced implementation of the innovative Know Your Status campaign, the expansion in the number of health centres offering HIV testing and counselling and a shift to provider-initiated testing led in 2007 to a threefold increase in the number of people who have ever received an HIV test. In addition, the scale-up of efforts to prevent mother-to-child transmission expanded that coverage from 5 per cent to 31 per cent over the last two years. Further measures that have been undertaken by the health sector include support for post-exposure prophylaxis, empowering health facilities to offer male circumcision and screening all donated blood.

Lesotho is harnessing efforts aimed at empowering young people in the area of prevention. Currently, there are approximately 400,000 young people who are receiving life-skills education out of school. Concurrently, the school curriculum is being revised to include reproductive health and HIV/AIDS issues.

Care and treatment services have expanded significantly in the past two years, with an increase in antiretroviral treatment coverage from 10 per cent to 25 per cent. The proportion of children receiving treatment is increasing steadily, due to the expansion of access to tests for early infant diagnosis, the availability of affordable paediatric formulations of antiretroviral medications and an expanding network of centres providing paediatric HIV care and treatment throughout the country. Guidelines for adult and paediatric antiretroviral treatment, prevention of mother-to-child transmission, tuberculosis, infant and young child feeding and severe malnutrition have been reviewed and updated to reflect the most current recommendations. Lesotho has also adopted a national policy on orphans and vulnerable children and has mobilized funds for expanded services for orphans and vulnerable children as part of the national response.

Some additional areas of progress that the country is pursuing include: improved management and coordination of the response at all levels; a more favourable legal environment, which includes the drafting of a comprehensive national HIV/AIDS bill; and legislation to remove barriers to access for women and girls and to address stigma and discrimination in the workplace.

Lesotho, however, faces the following obstacles and challenges: human resources limitations in the health sector; slow progress in achieving behaviour change; lack of data and targeted interventions for high-risk populations; inadequate coordination of services for tuberculosis-HIV co-infection; difficulties in supply-chain management; a crisis in food security for many patients, and for people in general; increasing numbers of orphans and vulnerable children vis-à-vis available support; inadequate data collection, monitoring and evaluation systems; and challenges in collaboration and coordination among stakeholders.

The Government of Lesotho remains committed to finding sustainable solutions to those challenges. We will expand prevention efforts, especially in educating young people, undertaking behaviour change interventions, targeting high-risk populations and further expanding access to services for the prevention of mother-to-child transmission. With a tuberculosis-HIV co-infection rate of up to 80 per cent, we will prioritize the strengthening of tuberculosis-HIV co-infection services. We will strengthen the supply chain management and distribution systems and build the capacity of health-care workers, including task shifting where necessary. Lesotho will continue to scale up paediatric HIV care and treatment services and support community-based activities through improved support for community health workers and civil society organizations.

Allow me to reiterate the commitment of the Government of Lesotho to fully implement the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. We look forward to continued progress towards the attainment of Millennium Development Goal 6, aimed at halting and reversing the threat of HIV/AIDS by 2015.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Christos Patsalides, Minister of Health of Cyprus.

Mr. Patsalides (Cyprus): Allow me at the outset to note that Cyprus, as a member of the European Union (EU), fully supports the statement to be made by the Slovenian EU presidency on behalf of the Union. Our statement will be limited to some additional comments of national concern.

Today, we attend this high-level meeting on HIV/AIDS to review the progress achieved since the adoption of the 2001 Declaration of Commitment on

HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. As we are at the midpoint of the process of attaining the goal of halting the spread of AIDS by 2015, and two years from the target date for reaching the goal of universal access to prevention, treatment, care and support, this gathering could not have been more opportune. In that respect, we wish to express our gratitude to the Secretary-General for convening this well-timed meeting and to reiterate our commitment to remain actively engaged in this long-term effort of the international community to win the battle against HIV/AIDS.

Significant progress has been achieved since 2001 in the areas of funding, access to HIV prevention, treatment, care, voluntary counselling and testing and support. The annual rate of new HIV infections appears to have decreased over the past decade, and the annual number of AIDS deaths declined in 2007 as a result of a substantial increase in access to HIV treatment in recent years. The world must now build on its successes to accelerate the pace towards achieving universal access. We stand at a decisive point in time. Effective efforts to achieve Millennium Development Goal 6, which addresses the issue of AIDS, will have a positive impact on the advancement of most of the other Millennium Development Goals, which are related to hunger, sexual health, child mortality, maternal health, gender equality and primary education.

In Cyprus, HIV/AIDS infection has been maintained at the very low prevalence rate of 0.1 per cent of its population. Since 1986, when AIDS made its first appearance in Cyprus, the Government has made the issue one of its highest priorities. As of that point, we set up time-bound plans of action to combat the epidemic, which are systematically updated and adjusted based on new knowledge, experience and technological advances. Cyprus's policy is formulated in line with EU positions and in close coordination with its EU and other international partners. Educational programmes about AIDS have been incorporated in school curricula, aiming at building the capacity of young people to decrease their risk of being infected. The National AIDS Committee of Cyprus, which is comprised of all competent governmental authorities and departments, private institutions, non-governmental organizations and the relevant specialized agency responsible for policy on this issue, actively promotes the inclusion of all sectors of society

in promoting public HIV awareness, especially among high-risk groups, alleviating stigma and providing support.

Treatment, including combination antiretroviral therapies, care, voluntary counselling and testing, is provided free to all citizens of the Republic, European citizens, political refugees and vulnerable groups.

Data patterns regarding HIV infection in Cyprus present a stable and consistent trend. Nevertheless, the Government continues to strictly monitor the situation by conducting studies to assess the threat posed by factors intimately linked to the virus, such as sexual behaviour and drug abuse.

The 2004-2008 strategic plan to fight AIDS sets out specific targets and goals, engaging all societal and governmental sectors. The formulation and implementation of national strategies and actions has involved the cooperation of the Ministry of Health with principal governmental and non-governmental stakeholders in the fields of HIV/AIDS, reproductive health and the wider social sector.

As in all other countries, the HIV epidemic in Cyprus is influenced by a changing social profile and is subject to further evolution. The basic components expected to shape the epidemic in Europe in the coming years are the mixing and movement of populations; increasing circulation and use of drugs; risky sexual practices; the deceptive feeling of security created in some social groups due to the widespread use of antiretroviral therapy in many European countries; and the worsening public health situation on an international level. Cyprus experiences those effects and is directly influenced in all sectors of social life, including public health.

In the face of those challenges, Cyprus fully endorses the call for reinforcing the efforts of Governments around the world aimed at removing barriers to care and prevention and reversing the course of the pandemic at the national and international levels. We have the political will to continue and accelerate our efforts in line with the principles of the Declaration of Commitment and of the HIV/AIDS strategies of the European Commission. Within our capacity, we will provide all necessary support and cooperation in order to halt and start reversing the pandemic, particularly in those countries and among those vulnerable groups that have been worst affected.

In full awareness of the seriousness of the global HIV/AIDS situation, but also of the important progress that has been achieved and the enormous potential for further progress and change, we pledge to cooperate with all other nations, at the European and global levels, for the realization of the Goals of the Declaration of Commitment of 2001, of the Political Declaration of 2006 and of the Millennium Development Goals.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Saccoh Kabia, Minister of Health and Sanitation of Sierra Leone.

Mr. Kabia (Sierra Leone): I am privileged to be here representing my Government and my people at this historic event. My President, His Excellency Ernest Bai Koroma, would have been here but for the fact that he had some pressing issues of national importance to attend to.

As a new Government under the leadership of President Bai Koroma, we have embarked on a process of policy reforms geared towards enhancing socio-economic growth and development to improve the welfare of our people. Greater political openness continues to strengthen the commitment of my Government to meeting the basic needs of our people amid the diverse development and global challenges, such as HIV/AIDS, that we face as a Government.

My Government is fully committed to fighting the HIV/AIDS epidemic. Without doubt, renewed political will, strong leadership and sustained commitment are necessary to mobilize our people if the battle against HIV/AIDS in my country is to be won. As members may be aware, Sierra Leone has a relatively low prevalence of HIV/AIDS. But the potential for escalation exists. Our 2005 population-based sero-prevalence survey indicated a prevalence of 1.53 per cent as a national average; the figure was 2.1 per cent in the 15-to-24 age group, and among pregnant women it was 4.4 per cent.

However, we shall not be lulled into a sense of false security, so our national effort focuses on strong, comprehensive and innovative preventive strategies. Maintaining a low HIV/AIDS transmission rate, therefore, remains our most important priority. In that regard, a key component of the national strategy is to promote awareness and prevention among the most vulnerable and high-risk groups, in particular those in the 15-to-24 age range, women, children and migrants.

We also hope to decrease HIV transmission from mother to child and have striven to adopt and implement safe blood transfusion practices.

We are aware, however, that prevention alone is not enough. My Government, through the national AIDS programme, now provides free antiretroviral therapy for all affected citizens who come forward. By so doing, in a multisectoral approach with the help of public-private partnerships that we have built, and with the collaboration of religious and community leaders and the private sector and the civil society, we are facilitating the provision of free treatment to citizens while increasing awareness of the risk factors for this deadly disease.

However, it must be stated that shame, stigma and fear continue to deter people from seeking and accessing our services. It is noteworthy to observe that a crucial step was taken to address the issue of the stigma and discrimination associated with HIV/AIDS. In line with the statement in the 2006 Political Declaration that “full realization of all human rights and fundamental freedom for all is an essential element in the global response to the HIV/AIDS pandemic” (*resolution 60/262, annex, para. 11*), my Government has enacted the HIV/AIDS Prevention and Control Act, which seeks, among other things, to address the stigma and discrimination directed against persons with HIV/AIDS by providing them with the legal protection they deserve.

In addition, pursuant to the commitment of the 2006 high-level meeting, we have developed a comprehensive national strategic plan for HIV/AIDS, which takes into account the changing nature of the epidemic and the epidemiology of the disease and which seeks to address the needs of all sectors of our population with respect to diagnosis, confidential counselling, treatment and disease surveillance, while adopting measures to mitigate the impact of cross-cutting issues such as co-infection with tuberculosis and malaria. That strategic programme, which is being managed by the National AIDS Secretariat under the chairmanship of His Excellency the President himself, is in line with the Three Ones principle of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which enhances the mobilization and use of resources in a transparent, efficient and accountable manner, with the goal of achieving universal access to treatment by 2010.

We as a nation are faced with immense socio-economic challenges and constraints while recovering from a devastating 11-year conflict. We are facing severe constraints in areas such as human resources, where the number of health-care personnel is very limited, and challenges in the area of reproductive and child health. Some of our indicators are the worst in the world. To have in place a comprehensive response to HIV/AIDS requires tremendous resources that stretch the capacity of our economy.

In that regard, we acknowledge and are grateful for the contributions of all our international partners to the progress we have made thus far. The Government and the people of Sierra Leone are particularly grateful for the support provided by the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and all our development partners, including the United Nations agencies.

At this juncture, we would like to commend the Secretary-General, His Excellency Ban Ki-moon, for his very comprehensive report, contained in document A/62/780, the findings and recommendations which my delegation fully endorses. We also align ourselves with the statement made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China and with that to be made by the representative of Egypt on behalf of the African Group.

In conclusion, let me reaffirm my Government’s commitment to sustaining the battle against HIV/AIDS. As members are all aware, the greatest allies of the HIV/AIDS pandemic are poverty, ignorance and lack of information and education, while the greatest weapons against the scourge are information, communication, education and behaviour modification.

This is a battle we must win. This is a battle we cannot afford to lose. We are all in this together, and only by working together shall we succeed.

The Acting President: I now give the floor to His Excellency The Honourable Hubert Minnis, Minister of Health and Social Development of the Bahamas.

Mr. Minnis (Bahamas): On behalf of the Government of the Commonwealth of the Bahamas, I am pleased to address the General Assembly today and to reaffirm my Government’s fervent commitment to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The Bahamas thanks the Secretary-General for his most

comprehensive report (A/62/780) and applauds the United Nations for its ongoing efforts in forging the political will and commitment that are crucial to the fight against HIV/AIDS. The Bahamas also extends its appreciation to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and his team for their hard work and dedication to this issue.

At the outset, let me take this opportunity to align my delegation with the statement made by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China, and with the statement made by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

As the Prime Minister has already alluded to the HIV/AIDS epidemic from a regional perspective, allow me to offer a few comments from a national perspective. Twenty-five years since the detection of the first clinical case of AIDS in the Bahamas, universal access to antiretroviral therapy has decreased mortality from 18.4 per cent to 8.8 per cent. The Bahamas has experienced a significant level of progress in responding to the HIV/AIDS epidemic and was one of the few countries recognized in 2005 as having turned the tide against HIV.

One of our most positive achievements was the significant decline in mother-to-child transmission of HIV in 1995, which became more marked with the advent of triple combination drug therapy. Since 2003, no mother-to-child transmission of HIV has occurred in women receiving treatment according to protocol. The Bahamas is pleased to note references in the Secretary-General's report to its success in having achieved 80 per cent coverage in 2007 in the prevention of mother-to-child transmission. We have also seen favourable trends, with decreasing rates of infection. Our prevalence rate, estimated to be around 3 per cent, may appear not to be decreasing; this is due to people on antiretroviral therapy living longer.

The epidemiology of HIV and AIDS is changing today, and the Bahamas, like its Caribbean neighbours, is experiencing an increase in the number of new HIV infections among women in the 15-to-24 age group. There are also increases in HIV-tuberculosis co-infections and in the identification of drug resistant strains of tuberculosis. Our mortality rate is 10 times higher for persons co-infected with HIV and

tuberculosis, as compared to individuals with tuberculosis alone.

The archipelagic nature of the Bahamas is in itself a challenge. The growing migrant population, which accounts for 25 per cent of HIV and AIDS cases in the Bahamas, places an increased burden on the country's health care system. Our ability to reach these populations with prevention, care, treatment and support services is compromised due to language barriers and cultural differences.

It is imperative that we find creative ways to procure adequate and sustainable financing for HIV and AIDS programmes. Funding is required to improve and strengthen safety networks and to provide for children and their families, the majority of whom are poor and are living in low- and middle-income countries. We must also address the ongoing problem of stigmatization in the workplace and in other settings.

The economic impact of HIV and AIDS is cross-cutting. Providing adequate nutrition, especially quality food products, is becoming increasingly challenging in the light of the rising cost of food. Nutrition is critically important in supporting and maintaining a strong and functioning immune system to combat the infection.

No country can win the fight against HIV and AIDS alone. It is incumbent upon us, as an international community, to join forces to do so. It is important to change behaviour, promote healthy lifestyles, address the spread of the disease in the adolescent population and endorse a policy for HIV testing among specific populations. Emphasis must be placed on the sharing of technical expertise, technological support, training and the transfer of knowledge.

Before concluding, I would like to remind the Assembly that enjoying the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic or social condition. In order to ensure this for persons both infected and affected by HIV and AIDS, and for the survival of future generations, we must develop sustained programmes for prevention, care, treatment and support. It is only through this achievement that we can then meet the Millennium Development Goals to which we have all committed ourselves.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Vasyl Knyazevich, Minister of Health of Ukraine.

Mr. Knyazevich (Ukraine) (*spoke in Ukrainian; English text provided by the delegation*): At the outset, I would like to thank the organizers of this high-level meeting for the opportunity for us to come together to discuss progress in implementing commitments undertaken in the historic Declarations on HIV/AIDS. We have established an unprecedented partnership between the Ukrainian leadership and national and public institutions, including the Ukrainian network of people living with HIV. Representatives of those organizations are among us now.

Today, I have the honour to read out a statement by the President of Ukraine, Victor Yushchenko, addressed to the participants in this event. The statement reads as follows.

“Ukraine is among the countries that initiated the historic special session of the General Assembly on HIV/AIDS in 2001. Since then, there have been significant achievements in response to the epidemic at the global, regional and national levels.

“We are grateful to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the organizations and agencies of the United Nations system, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and UNICEF, for their significant support and reliable partnership in overcoming the epidemic.

“Ukraine’s 2006-2007 national report on the implementation of the Declaration of Commitment on HIV/AIDS is the most detailed document ever prepared on this issue. It demonstrates the significant progress made in Ukraine over the past two years.

“Prevention services are being widely implemented among the populations at greatest risk, including the provision of substitution therapy among injecting drug users; these are essential to respond to the epidemic. Significant results have been achieved in the area of treatment. Nearly 9,000 people with HIV/AIDS now have access to antiretroviral therapy, thanks to the support of the Global Fund. This year,

6,000 of those patients are being transferred to support provided by Ukraine’s medical support system.

“At the same time, we are well aware of the danger that HIV/AIDS represents and we recognize the complexity and enormity of the tasks that lie ahead of us. We are deeply concerned by the rate at which the epidemic is spreading, having already reached 1.63 per cent of the adult population of Ukraine.

“We recently established a coordination council on HIV/AIDS, tuberculosis and drug use. Under the personal supervision of the President of Ukraine, the council will monitor the processes of responding to the epidemic at the national level. I should like to point out that a significant contribution to that fight is being made by Ukrainian civil society, in particular by people living with HIV/AIDS. Their networks and organizations are fully represented in Ukraine’s coordination council and other national councils.

“HIV/AIDS remains one of the gravest challenges of our time. Victory in this fight can only be achieved through intensive work in the areas of prevention and universal access to treatment, care and support for all those who have the immunodeficiency virus. That task requires an increase in funding from the Government of Ukraine as well as consistent support from our foreign partners. Ukraine reaffirms its commitment to the fight against HIV/AIDS. We also express our readiness to cooperate closely at the international level in this area of such crucial importance for humankind.”

On behalf of the Government of Ukraine, allow me to express our sincere gratitude to the donor community and our international partners for their assistance in the preparation of our national response to the epidemic.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Eusebio del Cid Peralta, Minister of Health and Social Assistance of Guatemala.

Mr. Del Cid Peralta (Guatemala) (*spoke in Spanish*): I have the honour to make this statement on behalf of the constitutional President of the Republic of

Guatemala, His Excellency Mr. Álvaro Colom Caballeros.

At the outset, on behalf of the people and Government of Guatemala, allow me to reiterate our commitment to combating HIV/AIDS. That is the reason we are at this meeting today: to address the crucial issue of fighting and preventing AIDS and to evaluate the progress made in that regard. My delegation would like to associate itself with the statement made by the representative of Antigua and Barbuda on behalf of the G-77 and China, as well as with the statement made by the representative of Mexico on behalf of the Rio Group.

Guatemala has committed itself to making the necessary efforts to devise a response to HIV/AIDS. Ours is a multicultural, multilingual and multi-ethnic country in which the Government, civil society, people living with HIV/AIDS, private enterprise and international cooperation agencies have all united to redouble efforts to respond to the epidemic and to implement comprehensive strategies.

Those strategies have included both the strengthening of gynaecological facilities throughout all Guatemalan hospitals in order to address vertical transmission of the disease and improve their infectious disease departments so as to provide comprehensive care for people living with HIV. The strategies also include partnerships with the private sector — including doctors in private practice and laboratories — to respond to the epidemic; coordination between the secretariat for social communication of the presidency and the Ministry of Health in order to develop campaigns intended to change behaviour; information, education and communication schemes aimed at adolescents and young people in the informal education sector; and coordination with the Ministry of Education to develop procedures for the formal education sector.

With regard to health services, we have begun a training programme focused on human sexuality that is centred on four areas, namely, peer-to-peer and youth-focused methodologies; the prevention of sexually transmitted diseases, HIV and AIDS; human, sexual and reproductive rights; and gender-based analysis and perspective and the intercultural dimension.

In cooperation with the Pan American Health Organization, through the Ministry of Health and the Guatemalan Institute for Social Security, we have

established a joint system to negotiate the price of medication at the international level. Our national AIDS programme, working with non-governmental organizations and cooperation agencies, has also developed a handbook to help people living with HIV/AIDS to deal with their feelings.

Congressional decree 638-2005, which addresses public policy, decree 27-2000 and legislative agreement 317-2002 provide the framework for our country's efforts with regard to HIV/AIDS while guaranteeing the human rights of people living with HIV/AIDS.

We have also strengthened our national health institute and made it the leading reference laboratory for the Ministry for Public Health and Social Assistance and the regional HIV/AIDS project for Central America, Panama and the Dominican Republic.

We also have at our disposal the national AIDS spending assessment report, which provides financial information with regard to national investment in the country and allows us to monitor the mobilization of resources. The public sector currently provides 58.1 per cent of all national investment with regard to HIV/AIDS.

Guatemala believes in an approach based on human rights. We have therefore enacted laws to promote education and information. The purpose is to prevent stigmatization and marginalization in connection with HIV among the most vulnerable and those infected with or affected by the virus.

We know that we need technical and financial support from all entities committed to slowing the spread of HIV/AIDS if we are to overcome this pandemic. It is only by working together and through leadership at all levels — and especially at the highest level — that we will be able to change the course of HIV/AIDS in our countries.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Kessile Tchala Sare, Minister of Health of Benin.

Mr. Tchala Sare (Benin) (*spoke in French*): It is a great honour for me to take the floor to address this high-level meeting devoted to evaluating the progress made in the implementation of the Declaration of Commitment and the Political Declaration on HIV/AIDS. Allow me, at the outset, to convey to the General Assembly the warm personal greetings of His

Excellency Mr. Boni Yayi, Head of State, President, head of Government and Chairperson of the National Commission to Combat HIV of the Republic of Benin. I also wish to convey to the Assembly the friendship of all the people of Benin, as well as the delegation of Benin's heartfelt congratulations to Secretary-General Ban Ki-moon for the excellent report (A/62/780) he has provided for this meeting.

It is not necessary to point out that AIDS is the most serious and devastating disease of our time. The prevalence of AIDS among Benin's general population dropped from 4.1 per cent in 2001, to 1.2 per cent in 2006. In that regard, Benin's case is unique in the West Africa subregion. The success achieved in combating HIV/AIDS was possible due to the political leadership provided at the highest level through the personal involvement of the head of State and Chairman of the National Commission to Combat HIV. That made it possible to mobilize resolute support to promote the institutional framework that was established.

We developed a multisectoral approach that, among other things, entailed the establishment of focal points on combating AIDS at all ministries and national institutions, including the Office of the President of the Republic. In addition, we increased resources in the national budget in order to combat AIDS and adopted and enacted a law to control the epidemic and provide protection from stigmatization and discrimination for persons living with HIV.

Benin's success was due mainly to its bringing together of national structures. In so doing, we were able to make inroads into how Benin's society has traditionally done things, thereby making the fight against HIV/AIDS a vehicle for promoting health and development across the board. We have also succeeded in shaking up long-held ancestral beliefs and social taboos, making it possible to provide better treatment for all diseases in Benin. The strategy we have implemented involves the active participation of all sectors of society, including religious groups and practitioners of traditional medicine, thereby promoting synergies and close cooperation between modern medicine and the traditional medicine developed as part of the culture of voodoo, which was born in Benin.

Benin has therefore been able to extend coverage from less than 10 per cent of people living with HIV/AIDS receiving antiretroviral treatment in 2002 to

60 per cent by 2007, with such services provided free of charge since 2002. Benin will nevertheless not be shielded from the pandemic's explosion if our national response is not further strengthened to achieve universal access to prevention, care, treatment and sustainable support for people living with HIV/AIDS.

In that connection, Benin has designed a new national strategic framework for the period 2007-2011 which hinges on prevention and aims at preventing new infections and reducing the social and economic impact of the disease. Estimates indicate that in order to achieve universal access by 2010, Benin will require a budget of \$300 million to implement the strategic framework.

If we want to protect future generations, achieve the Millennium Development Goals and preserve the potential for development in our country, we must continue our efforts to ensure that there is no backsliding in the positive trends we have experienced. We are committed to ensuring that happens, with the ongoing support of the Joint United Nations Programme on HIV/AIDS and its partner agencies and all other development partners, to which we extend our profound gratitude.

This meeting affords us a valuable opportunity to commend the efforts made by the international community and the progress made as reflected in the report of the Secretary-General. That report also refers to the mobilization of resources through various mechanisms, including multisectoral action plans, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the African Development Bank, the International Drug Purchase Facility, the United States President's Emergency Plan for AIDS Relief, the Gates and Clinton Foundations, the United Nations system and bilateral and multilateral mechanisms.

Nevertheless, additional resources must be mobilized to broaden national responses and truly scale up prevention, care and support services, especially as regards antiretrovirals. To that end, we must also strengthen leadership, political commitment, multisectoral coordination, monitoring and evaluation as part of an effective global partnership linking Governments, the private sector and civil society. Doing so requires the mobilization of additional sustainable financing, which is crucial given the enormous challenges that the response must overcome

in many parts of sub-Saharan Africa facing serious economic and socio-political crises.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Rudyard Spencer, Minister of Health and the Environment of Jamaica.

Mr. Spencer (Jamaica): Let me, at the outset, align myself with the statement made by the representative of Antigua and Barbuda on behalf of the G-77 and China, as well as that made by His Excellency Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis. My statement will focus on Jamaica's efforts to implement the 2001 Declaration of Commitment on HIV/AIDS and the Political Declaration adopted by the General Assembly in 2006.

The Government has coordinated a comprehensive HIV/AIDS programme during the past two decades. Despite numerous obstacles and challenges, the HIV prevalence rate has slowed, stigma and discrimination against persons living with HIV and other marginalized groups have decreased considerably and Jamaica has started to experience a downward trend in AIDS mortality.

Considerable progress has been made, in particular in the areas of access to antiretroviral treatment — with over 60 per cent coverage for people living with HIV and needing treatment. Vertical HIV transmission plummeted from 25 per cent in 2004 to 5 per cent in 2007, largely due to Jamaica's robust programme to prevent mother-to-child transmission. Over 90 per cent of pregnant women between the ages of 15 and 49 receive counselling and testing for HIV.

Despite our achievements, challenges remain. Behavioural practices such as increased transactional sex, multiple partners, unprotected sex in risky situations and the decreasing age of sexual initiation help to exacerbate the spread of HIV in Jamaica. We remain concerned that women and girls are not sufficiently empowered to negotiate condom use.

The risk of sexual transmission of HIV has been compounded by a dramatic shift in access to explicit sexual messages and material. Despite our numerous interventions, there are still too few messages about appropriate sexual behaviour to compete with the surge of explicit material available for any age group on the Internet and via cable television.

The commitment of leaders at the highest level is essential for a successful response. During World AIDS

Day 2007, the Prime Minister of Jamaica, The Honourable Orett Bruce Golding, took the lead and demonstrated the Government's highest commitment to the HIV response by publicly testing for HIV. In line with expanded initiatives for HIV testing, we have documented significant increases in the proportion of persons participating in voluntary counselling and testing.

Jamaica has witnessed growth in visible commitment from leaders as role models. Well-known personalities in sport, entertainment, business and the media have endorsed mass media messages against discrimination. Noteworthy among them are the Coalition of Artists against AIDS and the Media Alliance against AIDS. The private sector has also signalled its support through the establishment of the Jamaica Business Council on HIV/AIDS.

A national HIV/AIDS policy and a national strategic plan on HIV/AIDS (2007-2012) have been reviewed and approved by the Government, employers and workers, as well as by persons living with HIV and AIDS and other marginalized groups. Our national policy and plan embrace the protection of human rights, including the right to work, regardless of real or perceived HIV status.

In moving forward to the achievement of universal access over the next five years, Jamaica will focus on four priority areas: First, a focus on prevention with considerable expansion and emphasis on vulnerable groups; secondly, treatment and care with the removal of barriers to access and the provision of free health care, including antiretroviral therapy; thirdly, development of an enabling environment and human rights framework, and fourthly, empowerment and governance for commitment and sustainability.

The commitment and partnership of all stakeholders will be required to achieve universal access, including access to antiretroviral treatment and the strengthening of the provision of existing care and support systems. We are in the process of reviewing the legislative framework in which we operate in order to ensure the protection of human rights of all Jamaicans regardless of their beliefs, practices, health or political status.

Despite the progress made, a number of challenges still persist. The current macroeconomic climate, including rising food and oil prices, poses a significant threat to our already fragile economy. For

this reason, Jamaica welcomes continued external support for its response to HIV and AIDS while we seek to integrate the response into overall social and economic programmes, including poverty reduction.

Allow me to conclude by acknowledging the important role being played by the United Nations and its agencies, in particular, UNAIDS as well as the World Bank. I must also recognize the significant role of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which continues to support our national efforts.

The fight against HIV/AIDS is not a country-specific issue. International cooperation remains critical to the response. We must continue to place HIV/AIDS within the macroeconomic agenda for poverty reduction and the achievement of the Millennium Development Goals.

The Government of Jamaica remains committed to the fight against HIV/AIDS and will continue to provide high-level leadership to ensure the success of the response at all levels.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Darko Žiberna, State Secretary, Ministry of Health of Slovenia.

Mr. Žiberna (Slovenia): It is an honour and privilege to speak on behalf of the European Union (EU). The candidate countries Turkey, Croatia and the former Yugoslav Republic of Macedonia, the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, align themselves with this statement.

The EU would like to thank the Secretary-General for the excellent opportunity he has provided for us to review the progress made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS, adopted at the high-level meeting in 2006.

Since we gathered for the General Assembly's special session in 2001, the world has transformed its response to the global HIV/AIDS pandemic. Today, while much still remains to be done, 3 million people have access to antiretroviral treatment and we are making remarkable progress on access to prevention and care. Since 2006, progress in containing the HIV epidemic can now be seen in nearly all regions

worldwide. We are convinced that political will, strong leadership, sustained commitment and concerted efforts from all stakeholders at all levels will contribute to this achievement.

But there is no room for complacency; progress is not uniform across or even within countries. The HIV/AIDS epidemic remains a major and long-term challenge which calls for permanent global political attention, leadership and a sustainable long-term response.

The EU remains fully committed to the achievement of the Millennium Development Goals (MDGs), in particular Goal 6, by providing a wide range of policies and instruments to fight HIV/AIDS throughout the world. The response to HIV/AIDS is and shall remain a top priority for the EU, both internally and externally.

This was made clear by the European Council in the EU Statement on keeping the promise to stop HIV/AIDS of 1 December 2007 on the occasion of World AIDS Day, as well as by the European Council in its conclusions of 21-22 June 2007, when HIV/AIDS was discussed for the first time ever by our heads of State or Government.

European Council conclusions of 23 April 2007 on recently emerging issues regarding HIV/AIDS, called for the implementation of existing commitments within the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action, adopted in May 2005, and identified newly emerging issues and barriers that hinder progress in tackling HIV/AIDS and the effective implementation of the European Programme of Action. The European Union reaffirmed that the fight against HIV/AIDS can only be successful if a comprehensive approach is taken by 2010 that includes scaling up significantly towards the goal of universal access to prevention, treatment, care and support.

The European Union reaffirms its focus on prevention, which remains the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS. Without vigorous promotion of primary prevention measures, implementation of harm reduction measures, such as the exchange of needles and syringes among injecting drug users, and targeted interventions aimed at vulnerable groups, the goal of ensuring universal access to prevention, treatment, care and support cannot be achieved.

As indicated in the report of the Secretary-General, the number of new HIV infections currently exceeds by 2.5 fold the increase in the number of people receiving antiretroviral treatment.

The most at-risk populations, particularly men who have sex with men, injecting drug users and homeless people, including children living on the street, still lack meaningful access to HIV prevention services, despite the fact that they are also, in many areas, often targets of violence, including sexual violence.

We call again for further action to promote safer sexual behaviour and practices, including condom use, and to scale up access for injecting drug users to prevention, drug dependency treatment and harm reduction services.

We remain deeply concerned by the overall expansion and feminization of the pandemic. Women now represent half of those living with HIV, including 61 per cent in sub-Saharan Africa. In this regard, we recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS. The proportion of women among those newly detected with HIV infection is also increasing in Eastern Europe and Central Asia.

To reverse the current trend of feminization, the European Union, within the context of its established positions, has successfully led efforts to strengthen global attention and action to address gender inequality, gender-based violence and abuse as drivers of the AIDS pandemic. We have called for intensified efforts to safeguard women's and girls' rights, develop effective HIV and AIDS policy programmes and services for women and girls, including those related to sexual and reproductive health rights, and support the full involvement of women in planning and decision-making related to HIV strategies and programmes. We are committed to working collectively and individually to support partner countries in implementing strategies for gender equality, women's rights and empowerment and for approaches that are effective for women and girls in response to the AIDS pandemic.

The European Union affirms its strong support for and commitment to the full implementation of the Cairo Programme of Action, as well as the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development (ICPD), agreed at the ICPD+5

meeting, and the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development.

We also remain gravely concerned with the number of all new HIV infections among children and young people, low coverage in mother-to-child transmission prevention and the lack of paediatric drugs in many countries, which significantly hinders efforts to protect the health of future generations. Access to antenatal care, information and counselling and other HIV services, confidential counselling and testing, as well as to antiretroviral treatment and breast milk substitutes, is far from sufficient. In this regard, relentless efforts should also be made to address and remove barriers to providing HIV prevention counselling and testing.

Young people's knowledge regarding HIV is crucial for the future course of the epidemic. Regardless of that fact, only 40 per cent of young males and 36 per cent of young females have accurate knowledge of HIV according to the Secretary-General's report, which is still well below the 95 per cent goal stated in the Declaration of Commitment on HIV/AIDS.

It is unacceptable that only 15 per cent of orphans live in households receiving some sort of assistance, as the report states. We should increase protection for children orphaned and affected by HIV/AIDS and address as a priority the vulnerabilities faced by children provide support and care to children infected by HIV, promote child-oriented HIV/AIDS policies and programmes, ensure adequate nutrition and access to treatment, intensify efforts to develop new treatments for children, as well as build and support social security systems to protect them and to mitigate the impact of the pandemic on their daily lives and futures. We encourage stronger commitment to these goals.

Antiretroviral coverage rose by 42 per cent in 2007, reaching 3 million people in low- and middle-income countries. This represents approximately 30 per cent of those in need and is still far below the 2010 target of universal access to antiretroviral treatment. Despite the existence of affordable treatments for tuberculosis, only 31 per cent of individuals living with HIV and tuberculosis co-infection received both antiretroviral and anti-tuberculosis drugs in 2007. We emphasize here the need for accelerated scaling up of collaborative activities regarding tuberculosis and HIV

in line with the Global Plan to Stop Tuberculosis 2006-2015, and investment in new drugs, diagnostics and vaccines appropriate for people with HIV/tuberculosis co-infection. More research is also urgently needed into microbicides, vaccines and pre-exposure prophylaxis, as well as into the most effective ways to effect behavioural change.

The European Commission and its member States have been active contributors to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria since its inception in 2001-2002. There has been a steep increase in contributions by donors in response to HIV/AIDS as well as in the domestic resources spent on HIV/AIDS by low- and middle-income countries. Still, despite a 12 per cent increase in the funding for HIV-related activities during 2006 and a tenfold increase in less than a decade, we have not been able to fulfil present and future expectations. The European Union urges all partners, donors, developing countries, the private sector, civil society and the pharmaceutical industry to accelerate efforts to ensure access to and procurement of affordable medicines.

As emphasized in our European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis (2007-2011), more investment should be made in strengthening health systems and the human resources necessary to deliver health, education and social services of vital importance to effective HIV prevention, treatment, care and support.

We are committed to support and strengthen existing financial mechanisms, including the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, as well as the relevant United Nations organizations, through the provision of funds in a sustained and predictable manner, including by generating additional funds through the continued development of innovative sources of financing.

Mindful of the need to help to close the huge financing gap between needs and available resources and to ensure long-term and predictable financing of HIV and AIDS programmes and measures for sexual

and reproductive health, we reaffirm our commitment to continue making contributions that reflect the weight and importance of Europe as a major international partner in development.

Full realization of human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic. It reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with the infection or the disease. Appropriate solutions are required to overcome legal, regulatory and other barriers that inhibit access to effective HIV prevention, treatment, care and support, including medicines, commodities and services, as necessary. We welcome the promotion of all human rights and all freedoms of all people living with HIV/AIDS, members of vulnerable groups and the facilitation of their participation in all aspects of HIV/AIDS responses.

The European Union reiterates its commitment to the freedom of movement of patients, in accordance with article 13 of the Universal Declaration of Human Rights, and invites States that impose such restrictions, particularly against people infected with HIV, to lift them. We call for close collaboration on the part of Governments, national parliaments, donors, regional and subregional organizations, the United Nations system, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders. With all the measures that have been taken, cooperation and linkages constitute one of our strongest potentials, of which we all have to be aware and which we must exploit better.

It is our common responsibility on the international, European and national levels to take this opportunity and to act on our words and our commitments in order to support the development of strategies and effective responses to the HIV/AIDS pandemic.

The meeting rose at 9.20 p.m.