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

In the absence of the President, Mr. Njie (Gambia), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.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: There are 107 names remaining on the list of speakers. In order to accommodate all the speakers for the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to Her Excellency The Honourable Esther Byer-Suckoo, Minister of Family, Youth Affairs, Sports and the Environment of Barbados.

Ms. Byer-Suckoo (Barbados): At the outset, Barbados wishes to align itself with the statements made by The Honourable Denzil Douglas, Prime Minister of St. Kitts and Nevis, on behalf of the Caribbean Community and by Antigua and Barbuda on behalf of the Group of 77 and China.

There can be no doubt that for the past 25 years, HIV has emerged as one of the greatest threats to human security; it continues to dominate the global landscape, decimating human capital and weakening social structures.

In the Caribbean region, which has the second highest prevalence after sub-Saharan Africa, the impact of the disease has been no less devastating. AIDS is now among the leading causes of death in persons between the ages of 25 to 49.

We in Barbados have therefore had to double our prevention efforts, and I am pleased to report the tremendous success of our prevention of mother-to-child transmission programme: over the past three years, only one child has been born HIV-positive in Barbados.

Our responses at every level must reflect the dynamics of the disease and, therefore, must adapt to address the key issues encountered. Central to those issues is universal access to HIV prevention, care, treatment and support services by all in need, regardless of gender, immigrant status or sexual orientation. That is more than access to antiretroviral drugs, but includes access to highly trained professionals, suitable facilities, current information and funding. In addition, it calls for the elimination of all barriers to access.

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In Barbados, standard mobilization efforts have primarily captured public and private sector partners. We have also learned that engaging civil society partners, including persons living with HIV, is neither easy nor straightforward, but it is crucial and effective. Our pledge is to achieve universal access, and that means that every partner in our national AIDS programme must cooperate and collaborate to attain that goal.

Last July, we convened a special consultation on universal access for our civil society partners. That saw a unique movement away from merely sharing ideas to orienting our partners on the nuances of universal access and clarifying any pressing concerns.

The assurance given by our non-governmental partners that they will play an integral role in our quest towards universal access must be supported by equally strong action on the part of the Government. Successive Governments in Barbados have shown their commitment to responding to the challenges that the HIV epidemic poses to the social and economic stability of our island.

Over the past two weeks, members of Parliament in the Senate and Lower House of Assembly debated resolutions to endorse the national strategic plan for HIV prevention and control for 2008 to 2013 and the Barbados national HIV policy.

As the Minister of Family with responsibility for HIV, I led the debate, and was heartened by the unanimous support shown for the content and budget of the national AIDS programme. There was a frank discussion of issues by our country's leaders and wide media coverage. That historic debate is part of the Government's plan to foster parliamentary leadership and to strengthen the involvement of legislators in the national, multisectoral response to the disease.

Barbados' new HIV policy is multisectoral, developmental and human-rights based. For the first time, we have been able to produce a holistic policy to address the scourge of HIV/AIDS, which will, inter alia, serve as a benchmark in the principal related areas of governance.

Lowering the age of medical consent from 18 to 16 is but one of the policies that my Government will be pursing. Evidence suggests that that action will facilitate greater access to sexual and reproductive health services by those youth who need those services but do not have the requisite parental support.

Our new national strategic plan represents a dynamic approach to addressing the HIV epidemic within the country. Built on the achievements of the national AIDS programme to date, our plan places human capital at the heart of the national response. In keeping with that idea, the Government will invest heavily in behaviour change communication interventions.

We reaffirm our unswerving support for and commitment to the realization of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, which will help us achieve universal access. Our response as a community must always be ahead of the changing face of that disease.

The Acting President: I now give the floor to His Excellency Gennady Onishenko, Head of the Federal Service for Supervision of Consumer Protection and Welfare of the Russian Federation.

Mr. Onishenko (Russian Federation) (*spoke in Russian*): Protecting the health of the population and reducing mortality are among the most important areas of State policy for the Russian Federation. In that context, addressing the global spread of the HIV/AIDS epidemic, which claims the lives of 3 million people every year, is acquiring special significance.

In combating the epidemic, the Russian Federation is guided by the Declaration of Commitment on HIV/AIDS, adopted at the twenty-sixth special session of the General Assembly in 2001. The international conferences on AIDS in Eastern Europe and Central Asia, held in Moscow in 2006 and 2008, reviewed the results of organizational and prevention activities in the region and charted a course to effectively combat the epidemic.

Among the other momentous international events in this field, I should mention the Group of Eight (G-8) Summit held in Saint Petersburg in July 2006. On Russia's initiative, that meeting analysed the issue of consolidating the efforts of the international community to combat the spread of infectious diseases — especially HIV/AIDS — as well as the G-8 report on the implementation of the commitments to combat HIV/AIDS, tuberculosis and malaria that was produced in 2007 on the initiative and with the direct participation of Russia.

In our country, the basis of State policy and strategy in this area is determined by the federal law on the prevention of the spread in the Russian Federation of diseases caused by the human immunodeficiency virus, which guarantees for all HIV-infected citizens access to a comprehensive array of services. The Governmental Commission on HIV Infection and the Coordinating Council on HIV/AIDS are working to implement those principles. Members of civil society and people living with HIV actively participate in those bodies.

The Russian Federation clearly recognizes the magnitude of the threat posed by HIV/AIDS and attaches priority importance to the issue. Significant progress has been made in the past two years to improve prevention and access to treatment, care and support for people living with HIV. To that end, major national programmes and projects have been carried out whose objectives are in line with the concept of universal access established by the Joint United Nations Programme on HIV/AIDS.

In the course of the implementation of our priority national project on health care, in 2007 and 2008 the federal budget alone allocated $450 million to diagnosing and treating HIV infection and to the implementation of prevention programmes. That figure is dozens of times larger than it was in the previous period.

In order to identify HIV infection, over 23 million tests are carried out annually. More than 35,000 HIV-infected patients are currently receiving antiretroviral therapy, with more than 90 per cent of HIV-infected pregnant women undergoing full prevention therapy. Those activities will be significantly scaled up this year.

Changes have been made to the system of organizing and providing medical assistance to people with HIV. New standards for treating people living with HIV have been adopted that are consistent with international standards. In 2007, we implemented more than 300 different prevention projects.

Financing has been increased for non-governmental organizations and civil society groups involved in combating the epidemic, above all as regards prevention. For the period 2008 to 2010, $50 million will be devoted to research into a vaccine against HIV infection and to the establishment of a mechanism to coordinate research in Eastern Europe and Central Asia and to harmonize that research with the work of the global HIV vaccine centre.

We attach great importance to international cooperation in the humanitarian field, especially with regard to public health. Combating infectious diseases — especially HIV/AIDS — has been made one of the priorities of the Russian Federation's policy on its participation in international development assistance, which was approved in June 2007. In that connection, in addition to the previous commitment to provide it $40 million, a decision was taken to reimburse the Global Fund to Fight AIDS, Tuberculosis and Malaria in the amount of an additional $217 million. Of that amount, $118.5 million has already been disbursed to the Fund to expand assistance to developing countries.

Our own experience with regard to cooperation with the Commonwealth of Independent States shows that efforts at the regional, subregional and local community levels are becoming critically important. Russia is ready to assume leadership in the region with regard to a number of aspects related to addressing the epidemic. Above all, we view that as a responsibility for expanding technical, financial and organizational assistance. I am confident that the political commitment demonstrated at this meeting, backed by practical measures, will open a new important chapter in the history of global partnership against HIV/AIDS.

The Acting President: I now give the floor to His Excellency The Honourable Trevor Mallard, Minister of the Environment of New Zealand.

Mr. Mallard (New Zealand): Let me first thank the Secretary-General for his report (A/62/780) and acknowledge the work of the co-facilitators and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in organizing this 2008 review. We also want to acknowledge the extraordinary leadership of Dr. Peter Piot and thank him for his commitment to our region.

New Zealand is very committed to achieving universal access to prevention, treatment, care and support for people affected by HIV and AIDS by 2010. However, we must all understand what needs to be done. We therefore strongly support the focus of UNAIDS under the theme "Knowing your epidemic". To build on the work done to date, we have to be brave enough to seek out the correct evidence and to know

the truth about our epidemics. We need to have the right information to know the epidemic.

Our data collection cannot reflect reality when people are afraid to tell the truth: if, for example, a young sexually active woman or man says they are not sexually active out of fear that their parents and community will punish and condemn them; if, for example, a drug user cannot get access to clean needles out of fear of being discriminated against and imprisoned; if, for example, a man who has sex with another man says he got HIV from a woman out of fear of public condemnation; if, for example, an HIV-positive sex worker is forced to lie about her HIV status because she knows that there is no other way to feed her children; and if, for example, a wife cannot get the sexual and reproductive health services she needs because her husband does not support her wish to use condoms.

We have witnessed the feminization of HIV/AIDS. We recognize the vulnerability and inequality for so many women in all societies. Violence against women and negative and harmful practices that subordinate women are fuelling the HIV/AIDS epidemic.

Human rights approaches are essential. We in the global community must eliminate stigma and discrimination from the lives of people affected by, and infected with, HIV. We must integrate HIV and sexual and reproductive health programmes. Bringing HIV-related programmes into the mainstream of health systems and through multisectoral approaches will deliver cost-effective outcomes.

HIV/AIDS is a major obstacle to development and is a constraint to achieving the Millennium Development Goals. It cuts across all sectors. The response to HIV and AIDS is linked to the reduction in child and maternal mortality and gender equality. We believe that better coordination at the country level promotes stronger ownership and leadership.

An example of our approach can be seen in our support to countries in the Pacific region to implement the Pacific regional strategy on HIV/AIDS. That includes working with all partners to strengthen health systems and to build workforce capacity to sustain the progress made so far.

New Zealand is one of the world leaders in the area of evidenced-based prevention. We have one of the lowest rates of HIV prevalence. We have achieved that by putting human rights at the centre of our response — by decriminalizing men who have sex with men and making discrimination on the basis of sexual orientation and HIV status illegal and by decriminalizing prostitution and establishing needle exchange programmes. That could happen only through true partnerships between civil society, especially people living with HIV, and the Government of New Zealand.

To make every person count, we must ensure that we count every person. The only way to do that is to eliminate stigmatization and discrimination. Let us act together in solidarity to ensure that, when we meet again in 2011, we have met the 2010 target of universal access to prevention, care, treatment and support. That way we can count our success and know that it is true.

The Acting President: I now give the floor to His Excellency Mr. Ponemek Daraloy, Minister of Health of the Lao People's Democratic Republic.

Mr. Daraloy (Lao People's Democratic Republic): On behalf of the delegation of the Lao People's Democratic Republic, allow me at the outset to express our appreciation for the opportunity to participate in this high-level meeting on AIDS. We highly commend the United Nations for the initiative to organize this timely meeting to undertake a comprehensive review of the progress made in achieving our commitments with regard to HIV/AIDS.

The Lao People's Democratic Republic continues to be classified among countries with a low prevalence of HIV. The prevalence of HIV is less than 1 per cent among the general population. Between 2000 and 2007, the cumulative number of people living with HIV was about 2,500 — with 1,600 having AIDS and 800 having already died.

Despite that low prevalence, we are not complacent. We realize that we are living in an era of regional and global integration. The Lao People's Democratic Republic is making the transition from landlocked country to land-linked hub. That brings both opportunities and challenges. That includes, for example, a rapid increase in the exchange of goods and persons, including migrant workers and tourists, the influence of inappropriate values and lifestyles and the phenomenon of human trafficking. All of that will make us vulnerable to the spread of HIV/AIDS and permanently expose us to the threat of the epidemic.

In order to face that threat, the Lao Government is fully committed to fighting HIV/AIDS and is involving its entire society in that undertaking. To that end, HIV/AIDS has been incorporated into our national growth and poverty eradication strategy, as well as other development policies of the Government. In the implementation of the strategy, we are focused on prevention through the promotion of safer sexual behaviour, while at the same time addressing treatment, care and support. All those activities are targeted at high-risk groups. By doing so, we believe that we can prevent an epidemic among the general population. There are indications that the overall prevalence of HIV among sex workers has stabilized, decreasing from 2 per cent in 2004 to 0.6 per cent this year. The prevalence of HIV among their clients has also dropped.

With regard to our national performance in achieving universal access, the Lao People's Democratic Republic is classified as a country on track, with some challenges ahead. Some progress has been made in that regard — for instance, counselling and testing activities have been expanded, with the number of individuals tested having increased twofold between 2006 and 2007. The coverage of prevention activities among sex-workers is also high, with more than 70 per cent utilizing condoms.

We have also started prevention activities directed at men who have sex with men. We plan to expand those activities with the support of the Global Fund.

We have worked on the issue of preventing HIV among injecting drug users by creating a task force on HIV and drug use.

We are committed to treatment, care and support for people living with HIV. Two facilities are currently providing antiretroviral treatment, with three more planned for the next few years. Coverage in the antiretrovirals programme now stands at 60 per cent. There is no waiting list and everyone in need of antiretroviral treatment is enrolled.

In order to fully achieve the ambitious goal of universal access to coverage by 2010, there is a need for greater political commitment and external support. To date, the support provided by the Global Fund, the United Nations system, development partners and other stakeholders has proved that the universal access indicators can be achieved. In that regard, we would like once again to express our profound gratitude to the donor community for the continued support rendered to us. We hope that we will continue to enjoy such support.

The Lao People's Democratic Republic reaffirms its political commitment to fighting AIDS. AIDS is neither an exclusively global challenge nor one that only confronts a country like ours. We have to make the money work. We have to motivate and support a comprehensive multisectoral response, and we have to keep our focus on social protection, the strengthening of health systems and respecting human rights. We have to integrate HIV into our health system, as the country faces numerous health challenges.

We are pleased that the Lao People's Democratic Republic remains classified as a low-prevalence nation. We think that our national efforts to date have contributed to that low prevalence. However, we know that we are at risk as a nation. Continued action is necessary. We are committed to taking that action. However, the Lao People's Democratic Republic is one of the least developed nations in the world. Our economy is growing, but our resources are still limited. We request continued and increased support for our future efforts to remain a low-prevalence nation. A modest amount of support now can forestall a much greater problem in the future.

With such an approach and with determination, we will cooperate with all our partners in the greater Mekong subregion and in the Association of Southeast Asian Nations, as well as with neighbouring countries in the Western Pacific region and countries in other parts of the world. With such conviction, let us wish the high-level meeting full success.

The Acting President: I now give the floor to His Excellency Mr. Bernat Soria, Minister of Health and Consumer Affairs of Spain.

Mr. Soria (Spain) (*spoke in Spanish*): It is an honour for me to participate for the first time in the deliberations of the General Assembly. I would like to begin by pointing out the relevant role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and by expressing our appreciation to Dr. Piot, its Executive Director, and his entire team for the achievements made. His vision of the response necessary in the face of AIDS, the enormous capacity for work he has demonstrated and his political and

cultural acumen have been crucial in defining how the world must respond to an epidemic.

I should first like to express my support for the statement made on behalf of the Slovenian presidency of the European Union and to explain how my country has met its commitments at the national and international levels.

Although Spain was the European country in which the epidemic had the greatest impact, we can nevertheless say that since the mid-1990s we have experienced a favourable evolution in its decline. That result was possible due to the framework we put in place to involve all stakeholders in acting in a coordinated way, as well as to the fact that there is universal coverage as regards prevention and treatment. The participation of non-governmental organizations (NGOs) and affected persons themselves in that framework was also crucial in developing preventive policies and ensuring access for the most vulnerable members of the population. Some of those NGOs are represented here today, and I express to them my heartfelt appreciation. Moreover, in the context of that framework, we continue to emphasize the need to renew our commitment to prevention, for the strategies we have put in place are continuing to prove their effectiveness. In that connection, I should like to underscore the effectiveness of harm reduction strategies, which have been at the centre of our prevention strategy.

Those programmes were put in place in Spain during the final decade of the twentieth century, as we understood and accepted the root cause of the problem. This is not a matter of changing the habits or sexual orientation of people; rather, it is about reducing risky behaviours and providing solutions that do not clash with reality and can be accepted by the most vulnerable groups. As the Assembly is aware, the availability of sterile syringes for all injecting drug users and the provision of opiate substitution treatment continue to be crucial to controlling HIV and the hepatitis-C virus.

We in Spain have just adopted — unanimously and with the consent of all the relevant administrative bodies — a new plan to combat HIV/AIDS infection that takes into consideration the efforts to be made in the next five years and relies on cooperation and consensus from all those affected. It is a plan in which combating stigmatization and discrimination are among the main priorities. Protecting human rights through solidarity, tolerance, respect for diversity, the defence of confidentiality and voluntary diagnostic testing has enabled early detection and a more adequate response.

My Government is pursuing the achievement of the Millennium Development Goals as a great opportunity to promote a global vision of progress. We have therefore bolstered our institutional presence and participation in cooperation programmes that prevent discrimination on the basis of age, gender, ethnic origin or social status.

Apart from being an ethical imperative, reducing the prevalence of AIDS and many other diseases that could become globalized is an essential joint task in achieving harmonious and sustainable human development. In order to reduce the burden created by those diseases and alleviate their devastating consequences, we must follow a medications policy that allows universal access to essential drugs.

In recent years, Spain has made a remarkable effort in the area of international cooperation. The goal has been to reduce the growing gap between needs and the resources available. Our official development assistance (ODA) for 2008 will exceed €5.5 billion, thereby making it possible for us to meet the commitment of devoting 0.5 per cent of our gross domestic product (GDP) to ODA and putting us on track to achieving the 0.7 per cent target by 2012.

Our development assistance committee recently determined that Spain was the donor to have most increased its assistance in 2007. That makes us the seventh largest donor in absolute terms, and ninth when our aid is viewed in relation to GDP.

Ms. Ataeva (Turkmenistan), Vice-President, took the Chair.

Our Government is also continuing to increase its contributions to other multilateral bodies, such as the International Drug Purchase Facility, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. We know that many prevention and treatment needs are not being met. In that regard, we shall continue to work and to invest in cooperation until we have honoured the commitments we have undertaken.

I should like to conclude by acknowledging the efforts made by international organizations, Governments, NGOs and the private sector in the fight against this epidemic. UNAIDS and the Global Fund have multiplied their budgets many times over and

intensified their technical and political efforts in order to improve results.

The special session of the General Assembly that we are marking today succeeded in making changes to many political agendas. The number of persons who have access to prevention and treatment services today cannot be considered an absolute success, but it can be viewed as great progress.

The Acting President: I now give the floor to His Excellency Mr. Abdallah Abdillahi Miguil, Minister of Health of Djibouti.

Mr. Miguil (Djibouti): I should like to express my gratitude for the opportunity to address the General Assembly at this very special event on behalf of His Excellency the President of the Republic of Djibouti and his Government. Allow me also to express our thanks to the Office of the Special Adviser on Africa and the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, which initiated a side event on a very important topic on the theme of "Universal access to affordable diagnostics, prevention and treatment: in search for sustainable solutions".

HIV/AIDS has become one of the most devastating killers in the world, causing death to millions and increasing the overwhelming socio-economical backwardness of many developing countries. Nevertheless, the world's awareness of HIV/AIDS increased with the General Assembly's establishment, in 2001, of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which harnessed the efforts and resources of the organizations of the United Nations system in order to respond to AIDS, help the world prevent new HIV infections, care for people living with HIV and mitigate the impact of the epidemic. There has been considerable improvement since then, focused on efforts and strategies to prevent the spread of the epidemic, especially in least developed countries.

With regard to the situation in my region, we can say that there is no single epidemic in the Middle East and North African region (MENA). HIV is continuing to spread insidiously in the region. Most MENA countries are experiencing some increase in the number of reported cases of HIV and AIDS. The situation in the Sudan and Djibouti, where 2.6 per cent and 2.9 per cent, respectively, of the adult population is estimated to be infected with HIV, is in contrast with those of other MENA countries. Some countries, such as Iran, are experiencing concentrated epidemics among injecting drug users; while in other countries there is increasing evidence of an elevated prevalence of HIV in specific geographical locations and populations.

Many countries in MENA have recently set or revised targets within their national strategic plans on HIV/AIDS in an effort to move towards universal access to HIV prevention, treatment, care and support. However, the main challenges that hamper sustained progress towards achieving universal access in MENA encompass the sustaining prioritization and public resources for AIDS in perceived low-prevalence contexts; increasing HIV prevention services for those who are most in need; ensuring affordable and sustained availability of treatment and commodities; addressing the exacerbating impact of conflict, particularly on health systems and provision of services; improving and increasing medical follow-up and psychological support for people living with HIV; and decreasing the stigma and marginalization of people most at risk, including those living with HIV.

Since 2003, Djibouti has opted for a multisectoral strategy uniting more than 12 ministries, coupled with strong involvement of civil society, in order to bring appropriate, efficient and concerted responses to mitigate the spread of HIV/AIDS. With a strong political engagement, we have been able to accomplish positive results in providing appropriate services with the aim of achieving universal access to prevention, treatment, care and support.

The result of our engagement towards universal access has been positive, with the prevalence rate dropping from 2.9 per cent in 2002 to 2.1 per cent in 2007, based on the estimates of the national AIDS programme.

In terms of care, more than 1,136 patients — 40 per cent of the target — are being followed up, with 736 patients under antiretroviral treatment since 2002. Voluntary counselling and testing is provided in more than 29 out of 44 hospitals and health centres all over the country.

The multisectoral strategy gives priority to community-based programmes that work with more than 200 non-governmental organizations (NGOs) to provide prevention services to vulnerable groups and to promote behaviour change, communication and advocacy, targeting the whole population. Community-

based programmes are also working closely with associations of people living with HIV/AIDS, who participate and share experiences in the area of prevention and care, and thus overcome stigma and discrimination vis-à-vis the epidemic.

Nevertheless, outstanding efforts have been made with the Ministry of Religious Affairs in adopting a common view with respect to issues related to discrimination and stigma and the position of religion on HIV/AIDS questions. Important achievements were also made by the Ministry of Justice and the parliament in officially adopting laws protecting the rights of people who are living with HIV/AIDS.

The fight against HIV/AIDS in the MENA region can only be fruitful if partnership among member countries is encouraged and strengthened, taking into consideration a number of key issues such as the following: A window of opportunity to avoid the further spread of HIV still exists in MENA. The continuous engagement of leaders in low, concentrated and generalized epidemics in MENA needs to be sustained and reinforced to overcome barriers to universal access and to prevent HIV from spreading further.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) must continue to support and advocate maintaining a response to AIDS in the social, health and developmental agenda. Investing efforts on knowing the status of the epidemic, including generating understanding of localized epidemics and factors of vulnerability to HIV, will serve to overcome the dangerously false assumption of relative security from HIV in the MENA region.

A partnership of decision makers from the different sectors of health, social affairs, education, law enforcement and justice, on the one hand, with religious leaders, communities, civil society and people living with HIV, on the other, is essential for ensuring HIV prevention, treatment, care and support services, reaching those in need at the community level.

HIV prevention programmes need to be urgently implemented and must be commensurate with the needs of young people at risk and marginalized populations, including drug users, men who have sex with men, sex workers, prisoners and migrants and mobile populations.

We need to overcome obstacles related to stigma to HIV and social exclusion, to address the needs of women and to ensure equal access to services for all those in need. Affordability of commodities and universal access to treatment, care and support remains a key priority in the response to the epidemic.

All partners — Governments, civil society, international collaborators and UNAIDS — should advocate and ensure affordable commodities, reduce antiretroviral drug prices and ensure access to services based on the principle of equity. People living with HIV are at the heart of the response and part of the solution. We need to continue to promote the participation of those living with HIV and of civil society in policy forums, decision-making and implementation as equal actors. Governments, international partners, civil society and those living with HIV need to ensure that resources reach communities with services and strengthen the links of prevention with access to treatment and care, including in the context of post-conflict situations.

Realizing Millennium Development Goal 6, on HIV/AIDS — to halt and reverse the spread of the epidemic by 2015 — requires far greater access to HIV prevention services and AIDS treatment, care and support than is currently being achieved in my country. The current pace of most of our responses are far too slow in reaching all in need of HIV information and services. This is because of the number of people being tested for the virus, as well as antenatal testing of pregnant women and the number of patients with tuberculosis who undergo HIV testing, is low.

Sustainable solutions can only be attained by implementing concerted strategies and uniting our efforts, by giving priority to programmes targeting the most vulnerable groups and by enhancing engagement in achieving universal access.

The Acting President: I now give the floor to His Excellency Mohamed Ould Mohamed El Hafedh Ould Khil, Minister of Health of Mauritania**.**

Mr. El Hafedh Ould Khil (Mauritania) (*spoke in Arabic*): At the outset, allow me to extend my thanks to Mr. Srgjan Kerim, President of the sixty-second session of the General Assembly, for organizing this high-level meeting on AIDS. We would like to extend our thanks to Secretary-General Ban Ki-moon for the efforts undertaken by the Organization to combat this devastating disease, efforts that are reviewed in his progress report on implementing the Declaration of

Commitment and Political Declaration on HIV/AIDS (A/62/780).

We meet today two years after the General Assembly's high-level meeting on AIDS, which was attended by a large number of decision makers and influential actors at the international level who declared that efforts to combat AIDS should be sustainable and extraordinary. Achievements attained since that meeting in combating this devastating global disease amount to a qualitative leap. There is now a strong and effective international will and great hope of engendering progress against this disease and in reaching the objectives to which we all aspire.

The Islamic Republic of Mauritania has experienced great changes in the area of democracy that have led to the establishment of democratic institutions and a peaceful and democratic transition of power. These changes have resulted in the founding of a State based on the rule of law and the practice of transparency in all areas of public life. They have brought the administration nearer to its citizens and are now involving civil society in decision-making with respect to development and the promotion of national unity and ethics in public life. All this leads to respect for the freedom and dignity of human beings and allows civil society institutions to engage in the struggle against this disease.

Since humankind is the source and the purpose of development, HIV/AIDS is one of the most serious problems that our contemporary world faces. In order to confront this serious danger and despite the low rate of infection in Mauritania, which is no more than 0.62 per cent, according to the latest survey conducted in 2007, my Government has put at the top of its agenda the control of and fight against HIV/AIDS. The Prime Minister of Mauritania presides over the country's national committee to fight HIV/AIDS, which welcomes all those involved in this field to participate actively. Indeed, Government sectors and civil society are working in a coordinated and cohesive manner to establish national plans for eradicating this disease.

To improve the social and economic conditions of the population, the efforts to eradicate AIDS involve poverty reduction, in view of the dialectical relationship between HIV/AIDS and poverty. Allow me therefore to recall that Dr. Peter Piot, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), urged world leaders to view the disease within the context of economic and social development as well as security. I would like to add that the struggle against HIV/AIDS requires a complete renovation of the international health-care system.

The Islamic Government of Mauritania has cooperated with our development partners in a strategy to combat poverty that views the fight against HIV/AIDS as part of its national development plan. A necessary funding mechanism should be established for that purpose and a public policy must be elaborated that allows us to obtain the funds necessary for a sustainable, effective, multisectoral response. The Mauritanian experience in the control of this disease is distinguished by the serious and active participation of the clergy, in particular imams associated with mosques, and by the mobilization and the raising of awareness through Islamic education. The Association of Mosque Imams of Mauritania holds the presidency in Central and West Africa of an organization that plays a central role in combating this disease.

With the assistance of our development partners, we have established an HIV/AIDS treatment and cure centre as well as a large number of free voluntary testing centres for preventive epidemiological control and for preventing transmission of the virus from mothers to children. This is in addition to the mobilization and awareness-raising programmes that have been sponsored in Government ministries and at private institutions. We must refer here to the pioneering role undertaken by civil society organizations in mobilization and awareness-raising with respect to preventing HIV/AIDS. Indeed, associations of people living with the disease, as well as women's associations, play a very important role in this area.

Promoting these endeavours on the institutional level, the Mauritanian parliament has ratified a special law to fight HIV/AIDS, and many parliamentarians are very active in this field. In the same context, a national strategy has been adopted to care for those living with HIV/AIDS without discrimination and without cost to the patient for treatment and medication. Foreigners who reside in our country are also eligible to avail themselves of the same services that Mauritanian citizens enjoy. The free treatment includes antiretroviral drugs, medication for opportunistic diseases, testing, transportation to care centres and the provision of foodstuffs. Many HIV-positive persons

and those living with HIV/AIDS avail themselves actively and effectively of these services and activities.

In order to see to the interests of those living with HIV/AIDS, two persons living with HIV/AIDS are working with the Executive Secretary of Mauritania's national committee to fight HIV/AIDS. We would like to point out that these efforts have been recognized internationally through an award given recently to Mauritania at an annual meeting held in Madagascar last March.

To conclude, on behalf of Mauritania, I would like to commend the huge efforts undertaken by the international community to confront this disease, along with the determination of people who have contributed to improvements in so many areas. However, this recognized improvement does not lessen the need to remain aware of the seriousness of the disease. It is not just a health problem; it is an economic and social problem as well.

I would like to take this opportunity to extend my profound and sincere thanks and appreciation to all our partners in development for the support they give to all the development programmes in my country, in particular, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. I would like to stress and renew Mauritania's unshakable commitment to continue its efforts in order put an end to the spread of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Tomica Milosavljevic, Minister of Health of Serbia.

Mr. Milosavljevic (Serbia): It is a great honour and privilege for me to represent Serbia at this high-level meeting of the General Assembly. Allow me first to thank the Secretary-General for his report (A/62/780), which not only provides a comprehensive assessment of the actions undertaken and the progress achieved worldwide but also gives us an overview of the difficulties and challenges at the global level.

The number of AIDS patients and AIDS-related deaths has decreased in Serbia over the past eight years. The cumulative number of HIV/AIDS cases reported prior to December 2007 was 2,200, out of which 1,398 patients developed AIDS and 923 died. The majority of the people infected with HIV in the past were subsequently diagnosed as having full-blown AIDS — more than 70 per cent. But recently these figures have begun to decrease to 53 per cent in 2003 and 30 per cent in 2005 and 2007.

The number of persons obtaining free-of-charge confidential and anonymous HIV testing has increased, as has the level of promotion of friendly and highly professional voluntary confidential counselling and testing services at the institutes of public health in most of the districts of the country. Media coverage has also intensified, which helps us reduce the stigma and discrimination associated with HIV testing.

There have been some important achievements in the past several years. First, a national commission to fight HIV/AIDS was set up in 2002 under the Minister of Health. The commission is also comprised of other professionals as well as representatives of civil society and non-governmental organizations dealing with HIV/AIDS. People living with HIV are also involved and take an active role in the creation and implementation of HIV policy.

In addition, the Government of Serbia launched in 2005 a national strategy through the year 2010 as a result of the desire to take joint action and use a multisectoral approach involving non-governmental organizations.

A national office for HIV/AIDS was established in 2006 within the institute of public health of Serbia. As the entity responsible for surveillance and monitoring of HIV response on the national level, the office is designed to host a centralized country response information system.

In 2007, the national commission to fight HIV/AIDS adopted guidelines for clinical management and treatment of HIV infection setting forth qualifying criteria for the provision of highly active antiretroviral therapy. These guidelines have been developed in accordance with recommendations provided by the European AIDS Clinical Society.

Serbia received a grant of €9.5 million from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria for the implementation of a coordinated country proposal designed to scale up Serbia's national HIV/AIDS response by decentralizing the delivery of key services for the period 2007-2012. The overall goal of the programme is to halt the spread of the disease among vulnerable groups, namely injecting drug users, men who have sex with men, commercial sex workers,

Roma youth, prisoners, institutionalized children and children without parental care, as well as to provide care, support and treatment to people living with HIV/AIDS.

Prior to 2007, the treatment of HIV/AIDS patients was organized in one centre, but by the end of 2008, three additional departments are to be opened in university centres.

In coordination with the Ministry of Health's project coordination unit and with the support of a network of non-governmental organizations, several round tables dealing with stigma and discrimination were organized in Serbia. An international AIDS candlelight memorial was observed and representatives from a number of countries participating in the Euro Song 2008 Contest, held in Belgrade during this year's memorial, provided support. All of these activities contribute a framework for joint action and a unique national response to the HIV/AIDS epidemics in Serbia.

Serbia's national surveillance system lacks certain specific data such as behavioural determinants of HIV prevalence in the most at-risk populations. Preliminary figures show that the prevalence of HIV among these populations is higher than in the general population.

HIV/AIDS awareness is very high in Serbia, with almost all adolescents, aged 15 to 19, as well as 91 per cent of the adult population, having heard about HIV/AIDS, based on results from a 2006 national health survey.

Serbia's national AIDS programme is funded from a variety of sources: one third of the funds allocated for HIV/AIDS are covered directly by the Republic's budget and two thirds, mainly devoted to treatment and diagnostics, by the national health insurance fund. Local and municipal health authorities are increasingly committing resources for the implementation of local health programmes implemented both by local health institutions and non-governmental organizations. It is assumed that this trend will continue.

The stigma of AIDS is still highly prevalent in Serbia among the general population, as well as in the health sector.

In 2000, the incidence of HIV-infected persons per 1 million was, as a baseline, 10.2; in 2006, 7.0, and in 2007, 5.7, with the target for 2015 being 5.0. The AIDS mortality rate was at a baseline of 6.4 in 2000, 3.2 in 2006 and 2.0 in 2007.

The condom use prevalence rate among young people during high-risk sexual activity was at a baseline of 33 per cent in 2000 and 75 per cent in 2006. The 2015 target on this issue is 80 per cent.

In our country, the targets within Millennium Development Goal 6 have been adjusted to the actual situation and possibilities, while indicators have been selected in such a way as to enable the monitoring of the basic situation from year to year.

Allow me to conclude by again underlining our strong commitment to continue and improve our local and global actions, together with all Member States. This is our substantial, common mission against the HIV/AIDS pandemic.

The Acting President: I now give the floor to His Excellency Mr. Pehin Dato Suyoi Osman, Minister of Health of Brunei Darussalam.

Mr. Osman (Brunei Darussalam): At the outset, my delegation would like to take this opportunity to commend the Secretary-General for convening this high-level meeting on HIV and AIDS. It is important and timely that we review the progress made in our Declaration of Commitment on HIV/AIDS and renew our political commitment to stop this scourge.

The report of the Secretary-General on the status of the HIV/AIDS pandemic reveals that in 2007, the number of new HIV infections was 2 to 5 times higher than the increase in the number of people receiving antiretroviral treatment.

Brunei Darussalam is fully committed, and is on track, towards achieving the targets of the Millennium Development Goals (MDGs) which include ensuring universal and equitable access to better and comprehensive health-care services. His Majesty's Government provides free and comprehensive health care to all citizens and permanent residents of Brunei Darussalam.

Antiretroviral drugs are readily available with 100 per cent coverage, including second and third-line therapies for those who require them. All pregnant mothers continue to be routinely screened for HIV. By ensuring that all HIV-positive mothers receive antiretroviral treatment and that all deliveries are done

by fully trained personnel, the risk of mother-to-child transmission of HIV has been virtually eliminated.

Brunei Darussalam continues to record a relatively low number of cases of HIV, with only 39 reported over the past 22 years. However, we cannot afford to be complacent, as sexually transmitted infections are on the rise and the population continues to become increasingly mobile. We recognize that unsafe sexual practice is the main mode of transmission.

In this regard, great efforts are directed towards HIV prevention programmes which aim at increasing sexual health awareness, particularly targeting youths, through multisectoral collaboration between Government and non-governmental agencies, such as the Brunei Darussalam AIDS Council and Youth Council, as well as between the Government and community leaders.

This underlines the importance of intervention that utilizes the efforts of civil society in HIV/AIDS prevention. Other prevention and control strategies include ensuring the safe supply of blood and blood products and intensifying surveillance of high-risk groups.

In conclusion, I would like to take this opportunity to commend the Secretary-General for his endorsement of the first HIV/Tuberculosis Global Leaders Forum to address the issue of HIV-tuberculosis co-infection.

Brunei Darussalam has been successful in achieving the World Health Organization's objectives of reducing tuberculosis mortality and morbidity, transmission of infection and of preventing the development of drug resistant tuberculosis. This has been accomplished through the rigorous implementation of our national tuberculosis programme, which includes provision of a directly observed treatment short course for all tuberculosis cases in the country. All tuberculosis cases are also routinely screened for HIV. Brunei Darussalam, however, recognizes the threat posed by HIV/Tuberculosis co-infection. We join the global community in its call for effective action against this problem.

Finally, the Brunei Darussalam delegation wishes to congratulate you, Mr. President, for your able leadership towards a very productive and successful meeting.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. André Mama Fouda, Minister of Public Health of Cameroon.

Mr. Fouda (Cameroon) (*spoke in French*): Allow me, first of all, to thank the Secretary-General for his report (A/62/780) on the midterm progress achieved in reaching the Millennium Development Goals with respect to the Declaration of Commitment and the Political Declaration on HIV/AIDS, endorsing the relevant provisions of the Declaration of Abuja as well as the Declaration of Commitment on HIV and in partnership with civil society and with the associations of persons living with HIV/AIDS.

In 2006, the Government of Cameroon developed a multisectoral five-year strategic plan with a view to achieving the goals set for 2010. This plan involves the coordinated participation of several ministerial structures, local and religious communities as well as non-governmental organizations.

With a zero-prevalence rate of 5.5 per cent among the adult population, aged 15-49, HIV infection is a true public health challenge and a genuine obstacle to development. Young people between the ages of 15 and 24 and women are paying the high cost of the pandemic.

The social and economic impact of this pandemic is dramatic. In 2007, 543,294 were living with HIV. Among them, there were 44,800 children. In the same year, there were 46,000 adult deaths linked to AIDS, thus bringing the number of orphans from this scourge to roughly 305,000.

Given this tragic context, the Government resolved to make the fight against HIV/AIDS one of its greatest priorities. Significant progress has been achieved since then, namely in the area of prevention, universal access to service and care, and in providing support to orphans and vulnerable children, as well as through multifaceted partnerships.

With respect to universal access and prevention, HIV counselling is free for pupils, students, men in uniform, prisoners, pregnant women and people suffering from tuberculosis. The prevention of mother-to-child transmission has become a basic service in almost all of the health centres. As of 2007, there were 739 health clinics that offer prevention of

mother-to-child transmission, covering 70 per cent of districts in the country.

HIV/AIDS education is now part of the curricula in primary and secondary schools. In 2007, 1,896 teachers were trained with the support of UNESCO. HIV/AIDS education is now present in 400 schools. Major efforts have been made to make condoms available and accessible. In 2007, 26,173,000 condoms were distributed. Additionally, thanks to the "Holiday without AIDS" almost 500,000 young people were made aware of the pandemic in 2007.

With respect to universal access to care and treatment, Cameroon is continuing to intensify its policy to gradually decentralize care for patients through a district approach. The number of health clinics providing medical coverage for people living with HIV has gone from 91 in 2005 to 113 at the end of 2007.

Thanks to co-funding between the Government and the Global Fund, the antiretroviral treatment is free in Cameroon and has been so since 1 May 2007. Roughly 85 per cent of pre-therapeutic assessments and biological follow-up is subsidized. This has considerably increased the number of patients treated with antiretroviral treatment. The number of people receiving this treatment increased from 17,156 at the end of 2005 to 45,817 by the end of 2007.

Four hundred community officers were recruited in 2006 to ensure the psychosocial follow-up and care for persons living with HIV.

With respect to orphans and vulnerable children, a national programme was set up in cooperation with the Ministry of Social Affairs. Fifty-two non-governmental organizations and associations have been recruited throughout the country and provide holistic support to the orphans and vulnerable children. By the end of 2007, 45,186 orphans and vulnerable children had benefited from assistance thanks to funding from the Global Fund and from UNICEF. Another element which contributed to an improved environment for these children are measures taken by the Ministry of Education for school enrolment.

The progress of Cameroon in the fight against HIV/AIDS would have been limited without the ongoing support of bilateral and multilateral partners, among which we must thank the Global Fund, bilateral cooperation agencies, United Nations agencies as non-governmental organizations in the field of development.

However, the constant increase in the number of patients receiving antiretroviral treatment following the establishment of free coverage for it and the improvement of life expectancy of these patients has unfortunately led to an increase in the need for antiretroviral treatment and biological follow-up.

The major challenges before us are, therefore, making sure that antiretroviral treatment remains free of charge, continuing to provide free biological follow-up to all patients, ensuring them a proper diet and, now, to reinvest in health clinics which are taking care of a growing number of patients from one month to the next.

The challenge, of course, lies in the necessary increase of the budgets allocated to AIDS and, in this respect, it is crucial to continue to provide all essential support to the Global Fund. Donors to whom we would like to pay a special tribute are engaging in tireless efforts to provide support to our countries in the fight not only against HIV/AIDS, but also against tropical diseases which are true obstacles to the socio-economic development of our States.

We are pleased at the attainment of the objective set in 2001 to mobilize $10 billion in the fight against AIDS in low- and medium-income countries, even though this was achieved two years late: in 2007 instead of 2005. But this massive and effective mobilization proves that if we want to do it, we can.

At the same time, there are fears that the current food crisis could considerably reduce the increases we have seen in the last few years in the funds per inhabitant that the most affected countries devote to the fight against AIDS. That is why the discussion under way on the food crisis should be comprehensive and global.

In conclusion, I would like to say that Cameroon will pay special attention to the recommendations in the report of the Secretary-General. We are pleased with the central role played by the United Nations in strengthening and supporting the fight against HIV.

The Acting President: I now give the floor to Her Excellency Ms. Jiko Luveni, Minister of Health, Women and Social Welfare of Fiji.

Ms. Luveni (Fiji): I join previous speakers in congratulating all who have been chosen to preside over this important meeting.

My delegation wishes to associate itself with the statement delivered by the representative of the Republic of the Marshall Islands on behalf of the Pacific small island developing States.

Fiji wishes to express its appreciation to the United Nations for its leadership on the General Assembly's HIV/AIDS reporting process. Certainly, the direction the United Nations has given us in addressing the HIV epidemic has helped us to redirect our health system in quite fundamental ways. We have initiated a programme in which we have drawn partners from outside the traditional health service sector. In this effort, we have involved groups of people who are most at risk of HIV infection.

We are fully committed to achieving universal access to HIV prevention, care, treatment and support. We have already made important progress towards this goal. Fiji was the first country in the Pacific region to conduct national consultations to set targets for the scaling up of universal access. This has provided a framework to monitor and evaluate the impact and outcomes of HIV-related programmes. The Fiji Government makes a specific budget allocation to the national HIV and AIDS programmes.

The Government is now in the process of enacting legislation to give legal status to the National Advisory Committee on AIDS to function as an independent body to coordinate national HIV-related activities and policy implementation. The membership of this Council will be drawn from all sectors of society, including most-at-risk populations and people living with HIV. Overall, 40 per cent of the members of the council will represent non-governmental organizations.

We recently established a country coordinating mechanism to plan for and manage the implementation of international donor-funded activities relating to HIV/AIDS. Again, the membership of the mechanism is drawn from all sectors, including Government, civil society, faith-based organizations and people living with HIV/AIDS.

It is interesting to note that Fiji recently passed the Employment Relations Bill, which provides for protection of people living with HIV/AIDS against discrimination in the workplace.

In 2007, Fiji formulated its third national strategic plan to address the HIV/AIDS epidemic, which will direct all national activities to 2011. Again, that includes all groups of people at greatest risk of HIV infection — sex workers, men who have sex with men, street children, mobile workers such as seafarers and the uniformed services, young people and women.

Fiji has maintained a low rate of HIV prevalence and stakeholders are committed to keeping that rate low. Like other Pacific Island countries, Fiji has a small population but one that is highly vulnerable to an HIV/AIDS epidemic. Fiji and our neighbouring countries are at high risk because of the high proportion of youth in our populations, our fast rate of social change, the high mobility of our populations, and growing levels of poverty and unemployment.

Fiji also recognizes that HIV/AIDS goes far beyond being only a health issue. Containing and reversing the epidemic is critical to all aspects of our development, the maintenance of our well-being and the preservation of our cultures. In that respect, women play a vital role and their involvement in the decision-making process is very important. In 2008, the minister responsible for women was included as one of the five members of Fiji's National Security Council. Moreover, all hospital boards have included women; 190 women have been made board members of hospitals throughout Fiji. The Government has agreed that the membership of all Government councils and boards will be comprised of at least 30 per cent women to increase to 50 per cent in the near future. National women's organizations have made HIV/AIDS issues central to their programmes, recognizing the fundamental vulnerability of women and the potential of an HIV/AIDS epidemic to derail all other national progress.

Fiji recognizes the vital role NGOs play in moving the HIV/AIDS programme forward to help achieve universal access and the Millennium Development Goals. Of particular interest is the NGO Fiji Network for People Living with HIV/AIDS, which was registered in 2004. Fifty per cent of the members have made their status public and are mobilized nationwide as HIV advocates. That has been made possible with the support of the Joint United Nations Programme on HIV/AIDS, the Australian Agency for

International Development, the World Council of Churches, the Global Fund and the Pacific Islands AIDS Foundation.

It is crucial that we retain only low levels of HIV infection, and that is where our commitment to universal access provides us with the best strategy for HIV/AIDS prevention, treatment, care and support programmes. In maintaining our own political commitment to addressing the threat of HIV/AIDS, we depend on sustained commitment from the global community.

We reaffirm our commitment to the 2001 General Assembly special session on HIV/AIDS and look forward to reporting our progress to the Assembly in 2010.

The Acting President: I now give the floor to the Her Excellency Ms. Batsereedene Byambaa, Minister of Health of Mongolia.

Ms. Batsereedene (Mongolia): On behalf of the Government of Mongolia, I wish to extend our great appreciation to President Kerim for convening this important and timely meeting. My delegation also commends the strong leadership of Secretary-General Ban in the global fight against AIDS.

We agree with the main conclusion of the Secretary-General's report (A/62/780) that the world is now at a critical moment in its response to the HIV/AIDS crisis. The important progress made against HIV/AIDS since the 2001 General Assembly special session in terms of greater resources, stronger national policy frameworks, wider access to treatment and prevention services, and broad consensus on the "Three Ones" principles provides a solid basis for globally sustainable, longer-term strategies.

Although Mongolia is among the low-prevalence countries, it is highly vulnerable to the HIV/AIDS epidemic due to such factors as the high prevalence of sexually transmitted infections, excessive alcohol use, prostitution, high numbers of sexually active young people, increased migration and recent indications of intravenous drug use. To effectively address those challenges, my Government has taken significant steps to improve its national response through applying the "Three Ones" principle. Mongolia has adopted a national strategy on HIV/AIDS and re-established its national AIDS committee, led by the Deputy Prime Minister.

Despite its efforts to implement an agreed HIV/AIDS action framework under the guidance of one coordinating body and one country-level monitoring and evaluation system, Mongolia is faced with a number of challenges. Let me cite some of the important challenges we face.

First, evidence is important to get a true picture of the problem. Despite the fact that prevention, public awareness, treatment and care interventions have been conducted at a reasonable level, many stakeholders questioned the quality and reliability of the indicators reported in the sentinel surveillance.

The second challenge is the issue of funding. Ongoing programmes and interventions are funded mainly by external resources. In order to take ownership of those, the Government needs to improve its commitment to a sustainable financing mechanism and adopt a proactive policy.

Thirdly, we acknowledge the weak involvement and collaboration of the different stakeholders, including non-health sectors, civil society and the private sector. We can strengthen involvement and collaboration through a fully committed and functional national AIDS committee. The Government has taken measures to expand the network of its outreach by establishing local HIV/AIDS committees and subcommittees at the Ministry of Roads, Transportation and Tourism, the Ministry of Justice and Internal Affairs, and the Ministry of Defence.

Fourthly, strengthening human and institutional capacity remains a major challenge. Here, we rely largely on our continued collaboration with United Nations agencies and other multilateral and bilateral partners. Other avenues of cooperation could be helpful, including mentoring programmes; strategic partnerships and staff exchange programmes between institutions; and sharing technical expertise and experience with other countries.

All in all, we could sum up by saying that the lessons learned during the implementation of our national strategy on HIV/AIDS have helped us achieve a critical review of the defined priorities, strategies and approaches. The revised plan strives to address longer term and costed outputs to achieve the interrelated Millennium Development Goals.

In addition to our national efforts, Mongolia initiated and hosted a regional conference in Asia for

low-prevalence countries in October 2006. The conference produced the 2006 Ulaanbaatar Call for Action, which appealed to Governments, civil society, donors and multilateral institutions to continue their support to low-prevalence countries. We are grateful to our regional partners and United Nations agencies for recognizing the challenges faced by low-prevalence countries and for extending their support in organizing a second regional conference, to be held in August in the Philippines.

In conclusion, I would like to thank all our partners and donors, especially the United Nations system, for their continued support. Mongolia wishes to reaffirm its strong commitment to the full implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS and fully supports the steps undertaken by the Secretary-General in our common fight against HIV/AIDS.

The Acting President: I now give the floor to His Excellency The Honourable Malick Njie, Secretary of State for Health and Social Welfare of the Gambia.

Mr. Njie (Gambia): It is with great pleasure and a sense of urgency that I accept this invitation to participate in the General Assembly's high-level meeting on HIV/AIDS on behalf of His Excellency Dr. Al Hadji Yahya A. J. J. Jammeh, President of the Republic of the Gambia.

Allow me to express my delegation's appreciation for the professional manner in which the President of the Assembly has been guiding our deliberations.

HIV/AIDS is one of the greatest threats to the security and development of the world and a major obstacle to the attainment of many internationally agreed development goals, including the Millennium Development Goals. The HIV/AIDS pandemic is a genuine global emergency, taking the lives of 8,000 people a day and threatening the lives of tens of millions more as the infection continues to spread around the world. HIV/AIDS is a social disease. It has no barriers and does not discriminate on the basis of sex, race, class, location, education or sexual orientation.

In the Gambia, our 2006 National Sentinel Surveillance Study revealed a prevalence of 2.8 per cent for HIV-1 and 0.9 per cent for HIV-2. Countries such as ours still have a window of opportunity. It is in that context, therefore, that this high-level meeting is timely and relevant, providing the framework for reflection on our efforts at the global, regional and country levels.

In the past few years, we have created a National AIDS Secretariat, chaired by His Excellency the President, and a National AIDS Council, under the President's office, charged with the responsibility of coordinating a multisectoral national response to HIV/AIDS.

We have also succeeded in providing additional resources in our efforts to win the battle against the epidemic. The Government, in partnership with United Nations agencies, non-governmental organizations and other civil society organizations, has been working to educate and create awareness on HIV/AIDS.

In the area of treatment, care and support, my Government, in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been providing antiretroviral medicine free of charge to people living with HIV/AIDS. The Government recognizes the important role of people living with HIV in the fight against HIV/AIDS. Their involvement is an important component in our national strategy. In collaboration with partners, 10 support groups were established and are being supported in the fight against stigma and discrimination. They are also represented in the National AIDS Council.

Our national response strategies will continue to enhance awareness programme activities on HIV/AIDS and promote behavioural change communication. Through the National Aids Secretariat, the Department of State for Health and Social Welfare and other partners, prevention of parent-to-child transmission services are being scaled up in all regions. Voluntary counselling and testing and antiretroviral treatment services are also provided and promoted.

Notwithstanding these achievements, there still remain some significant obstacles requiring urgent action. One such obstacle to HIV/AIDS prevention, care and support is fear, stigma and discrimination. It is of real concern that, after two decades of HIV/AIDS, stigma and discrimination still remain a problem in our efforts to control this epidemic.

Another challenge to our efforts, and particularly to the laudable initiative of universal access to prevention, treatment, care and support, is the critical

shortage of skilled human resources for health-care delivery.

Over the past few years, our response has led to wider participation by non-governmental and community-based organizations in the fight against the disease. Although that multisectoral approach is commendable and very positive, it has compounded the problem of coordinating our interventions.

The environment has improved in terms of preventing HIV/AIDS in our society as a result of renewed political commitment. We must continue that trend in order to facilitate prevention, care and support. We must encourage and promote the translation of knowledge into positive behavioural changes. There is a need for tolerance, compassion, care and support for people living with and/or affected by HIV/AIDS.

On behalf of His Excellency the President and people of the Gambia, I wish to express our gratitude to our partners in the fight against AIDS and to thank the organizers and sponsors of this high-level meeting on HIV/AIDS.

Let me end by saying that we have a good understanding of the nature of the pandemic and what we need to do to combat it and reduce its negative impact on development. What we need now is concerted and sustained international support and cooperation to win the battle.

The Acting President: I now give the floor to His Excellency Mr. Balaji Sadasivan, Senior Minister of State for Foreign Affairs of Singapore.

Mr. Sadasivan (Singapore): It is now 27 years into the HIV/AIDS epidemic. Also, we stand at the halfway point in our quest to halt, and begin to reverse, the spread of HIV/AIDS by 2015. Despite substantial progress so far, we still have a long way to go. HIV/AIDS remains an ongoing challenge for Singapore. The HIV prevalence in our resident population is low, at about 0.1 to 0.2 per cent, but we have seen a 33 per cent rise in people newly diagnosed with HIV/AIDS over the past three years. Clearly, there is no room for complacency.

To better coordinate a broad-based and inclusive response across the different sectors of our society, Singapore has set up a high-level multisectoral national HIV/AIDS policy committee, which I chair. One of the committee's major achievements has been in successfully coordinating and scaling up the implementation of HIV education programmes across different sectors. We have introduced an enhanced school-based education programme on sexually transmitted infections and HIV in almost every secondary school in Singapore. HIV education in workplaces is being scaled up. Education targeted to specific at-risk groups, such as high-risk heterosexual men and men who have sex with men, has increased. We have also introduced new educational programmes to tackle HIV-related stigma and discrimination.

More than half of our HIV patients are diagnosed only when they are in a late stage of infection. We have thus been ramping up our HIV testing messages and initiatives. We have introduced the use of non-invasive or minimally invasive rapid test kits in primary care clinics throughout Singapore, so as to make HIV testing more easily accessible to the population. Several of our public-sector hospitals have also begun doing opportunistic provider-initiated HIV testing for their inpatients. In the last two years, we have implemented an enhanced positive prevention programme for newly diagnosed patients, to help them adopt safer sex behaviours.

The main mode of transmission of HIV in Singapore is through unprotected sex with an HIV-infected person. Our first line of defence against HIV is therefore to educate our population on how they can protect themselves. However, once they are infected, we counsel them and expect that they will take measures to protect their partners.

The Infectious Diseases Act is the main legislation governing the control and prevention of infectious diseases in Singapore. Under the current Act, a person who knows he is HIV-infected is required to inform his sexual partner of the risk of contracting HIV from him, prior to sexual intercourse. However, this law is contingent on a person knowing that he is HIV-positive. Despite the easy access to HIV testing in Singapore, we estimate that for every known HIV case there could be another one or two persons who are infected but undiagnosed. This group of individuals may continue spreading HIV unknowingly for many years before they are diagnosed.

We have therefore amended the Infectious Diseases Act so that a person who does not know that he is HIV-infected but who has reason to believe that he may be infected or has been exposed to a significant risk of contracting HIV infection must take reasonable

precautions to protect his sexual partner, such as using condoms. Alternatively, he can go for a HIV test to confirm that he is HIV-negative. If he does not wish to do either, he must inform his partner of the risk of contracting HIV from him, leaving his partner to voluntarily accept the risk if he or she so wishes. We hope that this amendment will greatly encourage the use of condoms and promote regular HIV testing for those who are at risk of infection. We also want to send the strong message that no one has the right to put another person at risk through his own irresponsible, high-risk behaviours.

Singapore remains deeply committed to the fight against HIV/AIDS. We have allocated an additional $27 million over the next three years to strengthen our education programmes, especially for our at-risk populations; to support HIV testing efforts; enhance the clinical management of our HIV patients; and build up our surveillance and monitoring systems.

Singapore reaffirms its commitment to the global fight against this disease and will continue to work with other countries to protect lives and relieve suffering caused by this epidemic.

The Acting President: I now give the floor to Her Excellency Ms. Lidieth Carballo Quesada, Acting Minister of Health of Costa Rica.

Ms. Carballo Quesada (Costa Rica) (*spoke in Spanish*): We are gathered here today because of our strong commitment to fight a pandemic that continues not only to cause sorrow and death, but also to frustrate aspirations and dreams. All nations, some more than others, are afflicted by this human tragedy that also affects the social and economic development of our peoples. The world has already set the goal of reducing the negative impact of the social and economic consequences of HIV/AIDS. But, this must be a commitment of solidarity.

I am here today to express the need to tackle this fight together: persons living with HIV/AIDS, their families, States, the international community, international organizations, international financial institutions and civil society must all join our efforts to address this scourge. In this united fight we cannot exclude countries simply because their macroeconomic indicators are expressed in numbers that are often inaccurate and that do not reveal the reality hiding behind those overall national averages.

Costa Rica has been advocating in international forums for a new approach to international cooperation and official development assistance (ODA). Many here have probably already heard of the Costa Rica Consensus, through which we urge donor countries and international organizations, including the international financial institutions, to respond to the needs of middle-income countries, in particular those that have shown a real commitment to the human development of their peoples. Through this initiative my country intends to change the current approach to international cooperation and ODA, which currently penalizes those countries that are working to comply with their international obligations and commitments.

Today we call upon the Global Fund to Fight AIDS, Tuberculosis and Malaria, to devote attention to the needs of countries like Costa Rica, which are acting in accordance with their lofty mandate and spirit of work, and to support the enormous efforts undertaken by countries like mine to fight HIV/AIDS. We need the support of the international community if we are to address and provide an effective response to this pandemic.

The criteria that the Global Fund has been using to implement the allocation of resources for cooperation is based on indicators that, in the case of middle-income countries, reveal a prevalence of HIV higher than 1 per cent of the total population or of 5 per cent in vulnerable populations. The Global Fund was established to finance a radical change in the approach to the fight against HIV/AIDS, tuberculosis and malaria. With the support of donor countries and international organizations, middle-income countries could intensify prevention strategies to provide a stronger and more effective response to those diseases. Given the socio-epidemiological characteristics of HIV/AIDS, no country should be excluded from a comprehensive and inclusive response.

My country has achieved significant progress in its response to HIV/AIDS. Among the most important developments achieved, I would like to highlight the adoption of our national policy on HIV/AIDS 2007-2015, the update of our national strategic plan 2006-2010, the adoption of a national plan on monitoring and evaluation of the national response 2007-2010, and the drafting of a new comprehensive law on HIV/AIDS, which is currently in the Legislative Assembly. All of those instruments and tools are part of the efforts undertaken by my country to respond to

the epidemic within the overall framework of universal access.

In addition, we have joined efforts in drafting the national monitoring plan with a focus on the second generation 2007-2010 and the development of a national research plan on HIV/AIDS, and set in motion the first study for the assessment of national expenditures and a rational allocation of resources for the national response to HIV/AIDS from 1998 to 2006. That evaluation will allow for a better and more efficient allocation of resources from our budget towards the implementation of ongoing national programmes and activities to respond to the epidemic vis-à-vis pending and future actions to develop.

That inclusive and preventive approach towards HIV/AIDS has also been implemented as a cross-cutting pillar in the curriculums of the education programmes prepared by our Ministry of Public Education in order to increase the population's timely awareness of the issue.

I would like to conclude by reiterating that the fight against HIV/AIDS is the responsibility of all of us. As former Secretary-General Mr. Kofi Annan said in 2003,

> "We have come a long way, but not far enough. Clearly, we will have to work harder to ensure that our commitment is matched by the necessary resources and action. We cannot claim that competing challenges are more important or more urgent. We cannot accept that 'something else came up' that forced us to place AIDS on the back burner. Something else will always come up." (*A/58/PV.3, p. 3*)

HIV/AIDS must always be the first item on our political and practical agenda.

The Acting President: I now give the floor to His Excellency the Honourable Wesley George, Parliamentary Secretary of Trinidad and Tobago.

Mr. George (Trinidad and Tobago): My delegation is pleased to be participating in this high-level meeting to review the progress achieved in realizing the commitments made in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We wish to thank the Secretary-General for his very informative report on progress towards realizing our commitments globally.

This meeting affords us an opportunity to outline the progress that we, the Republic of Trinidad and Tobago, have made in that area. It is our expectation that, during the course of these two days, we will benefit from learning about the new and innovative ways that other nations have used to combat those challenges that we continue to face in our struggle with the pandemic.

My delegation aligns itself with the statement made by the Honourable John H. Maginley, Minister of Health of Antigua and Barbuda, on behalf of the Group of 77 and China, and with the statement made by the Honourable Denzil Douglas, Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

Permit me to outline the major points concerning our epidemic. As of December 2007, 18,735 cases of HIV infection were reported to the National Surveillance Unit. The gender breakdown is 58 per cent male and 42 per cent female.

Heterosexual intercourse continues to be the main mode of transmission among newly diagnosed cases. There is a trend towards the feminization of the epidemic. Of the newly diagnosed HIV cases, 53 per cent occur among females. In the case of new infections in the age group 15 to 24 years, females comprise 74 per cent.

The modalities used by Trinidad and Tobago in the management of its HIV/AIDS programme are as follows. A National AIDS Coordinating Committee (NACC) has been established to manage the response to the epidemic. The NACC is multisectoral in composition and includes persons living with HIV, representatives of relevant public sector agencies, faith-based organizations, other civil society groups and the private sector. The NACC is administered through the Office of the Prime Minister. The national response is funded principally through budgetary support from the Government of Trinidad and Tobago, a World Bank loan and a grant from the European Union.

There is ongoing support from the Central Statistical Office to the national HIV response. A number of research studies, including a national knowledge, attitude, practice and behaviour household study, provide the baseline information that informs the Government's policies and programmes.

The goals of the five-year national strategic plan are to reduce the incidence of infection and to mitigate the negative impact of HIV/AIDS on infected and affected persons alike in Trinidad and Tobago. The strategic plan is founded on the pillars of inclusion, sustainability, accountability and respect for human rights. The five priority areas of the strategy are prevention, treatment, care and support, advocacy and human rights, surveillance and research, and programme management, coordination and evaluation.

I will now highlight some of the major achievements of my country's HIV/AIDS programme. HIV testing is available at all public health-care facilities, and there are 88 sites offering same-visit HIV/AIDS testing results. Since April 2002, antiretroviral therapy has been offered free of charge to all persons living with HIV. As of 30 April 2008, 5,292 persons have accessed the treatment and care programme, of whom 2,687 are on antiretroviral therapy. The ratio of AIDS to HIV was 1 to 15 in 2005, 1 to 14 in 2006 and 1 to 13 in 2007. AIDS-related deaths have declined 15 per cent from 2005 to 2007, mainly because of the availability of antiretroviral therapy.

The prevention programme for mother-to-child transmission of the virus promotes the testing of pregnant women. As a consequence, infants are diagnosed earlier using the dry blood spot method. There was a decline in the rate of transmission from mother to child from 20 per cent in 1999 to 3 per cent in 2007. A pilot project has been established for home-based community care and support for persons living with HIV.

The Ministry of Labour, Small and Microenterprise Development, in collaboration with the International Labour Organization, has developed and is in the process of implementing a national HIV policy and programme for the workplace. An information technology platform has been developed to link the health-care system, which enhances data management for the purpose of surveillance. A multidisciplinary training centre has been established to support capacity-building. The centre is sponsored by the Government of Trinidad and Tobago and supported by the University of the West Indies and other regional and international agencies.

The Government of Trinidad and Tobago has focused on the provision of awareness programmes to educate its populace on HIV and AIDS, particularly on HIV/AIDS prevention. There is Government support for non-governmental organization outreach, projects and programmes. One such project is the campaign on HIV prevention entitled "What's Your Position?", inviting people to reflect on their stance on HIV/AIDS: abstinence, faithfulness, condom use, the HIV test, or education. The Government has also integrated HIV education into its health promotion and wellness trust.

In the interest of time, I have sought only to highlight the progress achieved by the Government of the Republic of Trinidad and Tobago in combating the epidemic. The national response continues to be galvanized by the political will of the leadership to meet its commitments. It is in that regard that the National AIDS Coordinating Committee was launched and continues to operate under the aegis of the Office of the Prime Minister, to which it is accountable.

In closing, permit me to express my thanks for the opportunity to participate in this meeting, the benefits of which will enrich our national approach to fighting this epidemic.

The Acting President: I now give the floor to His Excellency Mr. Mark Dybul, Assistant Secretary of State and United States Global AIDS Coordinator of the United States of America.

Mr. Dybul (United States of America): The United States welcomes this opportunity to express its commitment to effective partnerships in the fight against HIV/AIDS. We thank the Secretary-General and his staff and we thank Mr. Peter Piot, who has led the Joint United Nations Programme on HIV/AIDS since its creation and has been a catalyst and global leader for the progress we have begun to make in recent years.

Today, while much remains to be done, the sceptics have been proven wrong. Millions of people are receiving life-sustaining antiretroviral treatment and many millions more have benefited from prevention and care programmes.

Over the past five years, the American people, through the President's Emergency Plan for AIDS Relief, are meeting their commitments, providing $18.8 billion — well over the $15 billion originally announced. We are on track to support countries in reaching accountable and transparent results.

But we should not overlook the lessons that that success provides beyond the fight against one disease. The unprecedented progress on HIV/AIDS should be understood as part of a larger global health and development agenda. It represents what President Bush has called a new era in development.

The global effort to combat HIV/AIDS has been the first in the history of global public health to build and maintain the infrastructure to prevent, treat and care for a chronic disease. That infrastructure can — and must — be a platform for an expansion of general health and development. The lessons we have learned implementing HIV/AIDS programmes are relevant to health and development as well.

We have a responsibility to make sustained progress towards fulfilling the promise of the Paris Declaration on Aid Effectiveness and the Monterrey Consensus to promote and support country ownership. Moving past a failed and flawed era of donors and recipients, we are entering this new era in development based on partnership between equals. In fact, it is a partnership in which international partners must acknowledge their role as the junior partners to the countries we are privileged to support.

That does not mean there is one approach to financing; it means there is one national strategy for development and health — a strategy that supports all sectors — and we support national strategies through varied but coordinated mechanisms. As we have, together, taken on the mantle of leadership in new models of effective implementation, we should take on the mantle of leadership pushing all of development towards country ownership.

At the heart of support for country ownership is support for local people, families and communities. It is otherwise ordinary people, working in their own communities, who have irrevocably shattered the pernicious and paternalistic myth that people in resource-poor countries could not manage complex, chronic prevention, care and treatment programmes on a national scale.

When we have put our trust in those countless heroes and foot soldiers of compassion — from government and non-governmental organizations, faith- and community-based organizations and the private sector — that trust has been repaid many times over. Persons closest to their communities have taken ownership of their lives and combated HIV/AIDS one person at a time. Persons living with HIV/AIDS have contributed so much by standing up to be counted with courage and strength. All have demonstrated that people everywhere, regardless of social, economic or HIV status, care about and have pride in themselves, their families, their communities and their nations. We must believe in them because, as one community health worker put it, what they do, they do out of love.

Five years ago, sceptics said treatment was not possible in resource-limited settings, and we have proven them wrong. Now, the sceptics say we cannot build health systems by focusing on specific diseases with definable outcomes. We are distracted by debates about vertical and horizontal programmes, and once again we are proving sceptics wrong. We are proving them wrong by going about the serious and sober work of building health systems for prevention, care and treatment — human resource systems, logistics, communications and supply chain systems. The data are showing that those structures and foundations are contributing to health and development in general: enhancing antenatal care, sexually transmitted infection screening and other areas of work.

By saving lives through HIV prevention and treatment, heroic implementers provide the greatest hope for orphans by preventing them from ever becoming orphans and so give them a greater chance for life and happiness. But they have also given hope to those already orphaned or made vulnerable by HIV/AIDS through education, food and shelter and a place to call home. It is therefore not surprising that we are starting to see the fruits of all those labours in the most important of general health outcomes: decreases in infant mortality and increases in life expectancy.

As we look forward, perhaps the greatest need and opportunity we face is to take the next quantum leap in prevention. We need to acknowledge that HIV prevention is chronic disease management, just like treatment. We must walk with people from a very young age to the time they are beyond risk, keeping messages fresh and alive. We need to develop "combination prevention" to parallel the intensity, focus and success of combination antiretroviral treatment, integrating social behaviours with proven scientific and medical methods. Together, we can push prevention to the next level and ensure that we begin the generational approaches that are necessary for an HIV-free generation.

As President Bush often says, to whom much is given, much is required. Let us therefore rededicate ourselves to meeting the commitments we have made and, most of all, to supporting the leadership of the people in the nations we are privileged to serve in an openness of spirit, friendship and partnership. They have taught us that, working together, everything is possible.

The Acting President: I now give the floor to Mr. Serhat Ünal, special representative of the Prime Minister of Turkey.

Mr. Ünal (Turkey): Allow me to convey, at the outset, my distinct pleasure and honour in addressing this impressive gathering of senior statesmen, policymakers, experts, scientists, academics, industry representatives, political observers and civil society representatives in my capacity as the special representative of Turkish Prime Minister Erdoğan.

My Prime Minister was very much looking forward to attending this landmark meeting. He has unfortunately been held back by other matters of pressing urgency and therefore asked me, as an expert on the frontlines, a professor in medicine and founder and head of the Turkish AIDS Prevention Society, to represent him before the Assembly as his special envoy.

HIV/AIDS is not only a health issue, but a matter of human security. As such, the fight against the pandemic is very much part of the global efforts to achieve the Millennium Development Goals and thus defeat poverty, ensure gender equality, prevent discrimination and secure the universal application of human rights.

Turkey has a population of 70 million people. Geographically, it is located between regions where HIV/AIDS levels are increasing. According to the figures provided by the Turkish Ministry of Health, the number of HIV-positive cases, as at November 2007, is 2,920. Male patients constitute approximately 70 per cent of that total.

Although we have a relatively small number of HIV-positive cases, we are concerned that the following factors could have the potential to contribute to an increase in that number: the young population of Turkey; general lack of awareness of sexually transmitted diseases; a rise in intravenous drug usage; an influx of commercial sex workers; and the high number of Turkish men working abroad. We too must therefore be vigilant.

In 1985, with the diagnosis of the first case in the country, a comprehensive reporting system was established, including a coding system for HIV/AIDS. We have an important range of preventive measures in place. HIV testing and treatment is free of charge. Serological testing for blood, tissue and organ donors, registered sex workers and patients who undergo major surgical operations is mandatory. In 1996, the National AIDS Commission was established in order to carry out countrywide activities. The Commission continues to work on the issue with 35 representatives from State institutions, universities, non-governmental organizations and the United Nations system.

The current national strategic plan on HIV/AIDS lays out our national strategies from 2007 to 2011 to enhance our activities in the fields of prevention and support, voluntary counselling and testing, diagnosis and treatment, a supportive environment, monitoring and evaluation, social support and intersectoral collaboration.

There is no problem in Turkey with respect to the diagnosis and treatment of HIV/AIDS patients. We have achieved universal access for more than 90 per cent of patients. Nevertheless, challenges remain, such as insufficient preventive services for vulnerable groups, an increasing number of unregistered commercial sex workers, intravenous drug users and high treatment costs.

Our domestic efforts, I believe, are therefore quite sufficient and satisfactory, given the low incidence of HIV/AIDS cases. However, we realize that we should exert more efforts to maintain solidarity and cooperation with those countries less fortunate than ourselves, in terms of both economic capability and the burden of HIV/AIDS.

The total amount of Turkish humanitarian assistance since 2005 has exceeded $250 million. In addition to that, the combined official and private sector development assistance provided by Turkey in 2006 amounted to $1.7 billion. While official figures for 2007 have not yet been published, our combined official and private sector development assistance is expected to be around $2.5 billion.

It is evident that Turkey needs to channel a portion of that aid to the global fight against

HIV/AIDS. We need to review our existing foreign aid programmes so that we can also assist the countries that are facing the threat of HIV/AIDS. I want to assure the General Assembly that we will look into our programmes once again with that priority in mind.

In that regard, we are grateful to the Secretary-General for his recent report. We also thank the Commission on HIV/AIDS and Governance in Africa for its report entitled "Securing our future". Both reports constitute a road map that we should all follow if the danger of HIV/AIDS is to be contained and then eradicated. At the same time, we must also respond to the hopes and expectations of all patients by providing effective treatment.

I would like to thank everyone who took part in the organization of this important and timely meeting. The high-level participation is indeed tangible proof of our determination to cope with the immense challenge.

The Acting President: I now give the floor to His Excellency Mr. Juan Carlos Nadalich, Deputy Minister of Health of Argentina.

Mr. Nadalich (Argentina) (*spoke in Spanish*): My delegation wishes to align itself with the statements made by the Minister of Health of Mexico on behalf of the Rio Group and by the Minister of Antigua and Barbuda on behalf of the Group of 77 and China. In the interest of saving time, I shall highlight the main aspects of my statement, which is being circulated in the Hall.

We would like to thank the Secretary-General for his update on the progress made at the national level in the implementation of the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. In that regard, we believe that we need to join our efforts even more closely towards the achievement of universal access to prevention, treatment and care by 2010. From a legal point of view, in Argentina the right to health has been a constitutional right since 1994 with the incorporation of international human rights declarations, conventions and covenants into the national constitution. We must continue working to remove the legal barriers that undermine our people.

Our country maintains that the right to health has precedence over commercial interests and that intellectual property rights do not and should not prevent the adoption of measures to protect public health. In that respect, in 1990 our country was one of the first countries in the region to have enacted legislation on AIDS to control the pandemic and explicitly defines the responsibility of the State to guarantee comprehensive treatment and ensure confidentiality for persons living with HIV/AIDS.

At the level of administration, Argentina has been increasing its investments in order to meet the goal of ensuring national financing plans and strategies on the HIV/AIDS pandemic. In that regard, we have included in the national health budget considerable resources amounting to $80 million for the fiscal year 2008. To that, we may add some $15 million allocated by the social security administration and health providers for the people living with HIV/AIDS, and approximately $5 million by the external financing of the Global Fund project.

We have been making great strides in identifying indicators demonstrating that we have been able to stop and begin to reverse the epidemic, with the active and visible participation of all of the players, and by prioritizing populations in situations of increased vulnerability, as well as children, youth and women.

With regard to the commitment to comprehensive treatment for persons living with HIV/AIDS, Argentina guarantees universal access to diagnostic studies and follow-up, as well as antiretroviral drugs and drugs for opportunistic diseases. Thus, access to medication has been fostered and sustained through a quality generic drug policy and through active participation in joint bargaining with other countries in the region vis-à-vis the pharmaceutical industry so as to bring down costs. In that framework, we also consider it a priority to optimize strategies to improve access by individuals to both diagnostic studies and treatment without neglecting social integration strategies and the right to development, which engender a better quality of life.

Gender perspectives and identity have been taken into account in the national HIV/AIDS policies, with special focus on pregnant women living with HIV, 87 per cent of whom receive treatment to prevent mother-to-child transmission. In that regard, their partners are also included in the prevention and treatment.

Furthermore, we acknowledge as populations in situations of increased vulnerability sex workers, the transvestite and transsexual community, the homosexual community, men who have sex with men,

the migrant population, aboriginal peoples, people living in poverty, women, children, adolescents, drug users and prisoners. The active participation of those communities helps to prevent invisibility or discrimination from threatening their right to health and to make prevention of the epidemic more difficult.

We reaffirm the central role of the joint effort among the various actors and at the regional level in order to improve the quality of life of persons with HIV/AIDS by moving forward in key areas, such as the promotion of and access to condoms, the implementation of testing with counselling, steps to reduce discrimination in the health system and society as a whole, and all of the other prevention and risk-reduction tools that contribute to a better quality of life for the population.

In that regard, we would like to end by reaffirming that, with HIV/AIDS, fragmented responses cannot be effective. If they are to be effective, policies must be inclusive, multisectoral and multidisciplinary. We also consider it key to call upon all levels of Government to work in a coordinated way among themselves and with civil society. We also call upon international organizations to continue to consider the countries in our region as a priority in combating the HIV/AIDS pandemic.

The Acting President: I now give the floor to His Excellency Mr. Adam Fronczak, Deputy Minister of Health of Poland.

Mr. Fronczak (Poland): At the outset, allow me to thank the Secretary-General for his excellent report (A/62/780) on the progress the international community has made in the fight against the HIV/AIDS epidemic and the challenges that are still ahead.

Poland fully associates itself with the statement made by the representative of Slovenia on behalf of the European Union. Here, I would like to share some thoughts from our national perspective. The Declaration of Commitment on HIV/AIDS of 2001 and the Political Declaration on HIV/AIDS adopted five years later have become the foundation for the global progress achieved in the fight against the HIV/AIDS epidemic. Thanks to those documents, the need to respect human rights in the context of the epidemic has been underlined and has gained greater importance. Partnerships, on both the national and international levels, and the involvement of various stakeholders, including people living with HIV and civil society, are thus very important in the fight against the epidemic.

Allow me to speak about the progress that has been achieved in Poland in seven years of implementing the Declaration of Commitment on HIV/AIDS. In Poland, the epidemiological situation can be described as stable. That is beyond doubt the result of having taken action early enough at the governmental level, but also due to a broad collaboration between the Government and numerous non-governmental organizations. Since the very beginning of the epidemic, the Minister of Health has provided financial support to non-governmental organizations to implement prevention programmes and programmes aimed at reducing the negative effects of the epidemic. Since 2001, the number of these non-governmental organizations has grown considerably.

In the fight against HIV/AIDS, Poland fully supports and implements the Three Ones principle. Within the Polish Government, the Minister of Health, represented by the National AIDS Centre, is responsible for combating the HIV/AIDS epidemic. Since 1994, successive versions of a national strategy on combating the epidemic have been implemented. At present, we are implementing the national programme for combating AIDS and preventing HIV infections for the period 2007 to 2011.

Allow me to now turn to some specific questions. No progress in fighting the epidemic can be achieved without universal access to diagnostics, antiretroviral treatment and comprehensive care for patients living with HIV/AIDS. Today I am pleased to recall that Poland was the first country in Eastern and Central Europe to offer free access to antiretroviral medicines and tests to monitor therapy, including genotyping.

Since 2001, the number of patients on antiretroviral therapy has increased by a factor of more than two and a half. At present, everyone who meets the medical criteria, including marginalized populations, people in penitentiary centres and asylum-seekers — overall, 3,500 patients — receives such treatment. The Ministry of Health has systematically increased the funds for the antiretroviral therapy programme. In 2007, total funds amounted to about $45 million.

In Poland, as in other countries, we struggle with the problem of limited financial resources. Nevertheless, the system for purchasing antiretroviral

drugs and drugs management monitoring, which was established in 2001 and has been developed by the National AIDS Centre ever since, has allowed us to optimize prices and to make the best use of the funds at our disposal.

In recent years, we have achieved important progress in terms of mother-to-child transmission prophylaxis. Thanks to the introduction of special information programmes and campaigns addressing pregnant women, we have managed to reduce the vertical infection rate from 25 per cent to less than 1 per cent. All pregnant women who are diagnosed HIV-positive are included in the mother-to-child transmission prevention programme. Our country successfully implements reproductive health programmes that enable serodiscordant couples to have healthy children. Specialists from Eastern Europe have repeatedly benefited from the Polish experience in that field.

In Poland, a great deal of attention is paid to respecting human rights and human dignity in the context of the HIV/AIDS epidemic. Activities related to the promotion of human rights are systematically implemented and developed. They include broad social consultations at all levels and activities aimed at providing people affected by HIV/AIDS with the option of benefiting from counselling on legal issues and at promoting a policy of equal opportunities for women and men.

As I have already mentioned, Poland is a country where there is a strong partnership between the Government and civil society. That collaboration is most visible in the implementation of prevention programmes, including the systematic development of a network of voluntary counselling and testing sites where one can take a free and anonymous HIV test and receive pre- and post-test counselling. In 2001, there were 11 centres, and now, in 2008, there are 26 sites, in all major cities nationwide.

Each year, in cooperation with numerous partners, including from the private sector, the National AIDS Centre conducts multimedia information and education campaigns. The target groups are chosen according to the epidemiological situation. When a campaign is concluded, its effectiveness is carefully analysed.

In Poland, we are pleased to support a growing commitment of the private sector to the fight against HIV/AIDS. Poland also actively cooperates with international organizations dealing with the issue of HIV/AIDS. In recent months, we have intensified our collaboration with the HIV/AIDS programme of the International Labour Organization.

I wish to underline that Poland has been systematically increasing financial resources destined to support countries particularly affected by the HIV/AIDS epidemic. Through almost 25 years of the fight against the epidemic, we have elaborated many good practices, which we willingly share with other countries.

Despite the unquestionable progress that has been achieved in our country in the fight against HIV/AIDS, we are well aware that there is still a great deal to be done in the process of implementing the Declaration of Commitment in Poland, as well as in other countries. The issue we should pay close attention to in the near future is the issue of HIV-Hepatitis C co-infection treatment, the intensification of educational activities for young people and scientific research.

Allow me to conclude by reiterating, on behalf of the Polish Government, our strong commitment to the fight against the HIV/AIDS epidemic and the problems of people affected by the epidemic and living with the virus. We will also continue our efforts to develop international cooperation in that regard. Poland strongly believes that only by joining the forces of all stakeholders will we be able to fulfil the commitments adopted in 2001 and save millions of human beings from the destruction caused by the epidemic itself and by its consequences.

The Acting President: I now give the floor to His Excellency Mr. Luis Estruch Rancaño, Deputy Minister of Health of Cuba.

Mr. Estruch Rancaño (Cuba) (*spoke in Spanish*): No country has escaped the suffering caused by the HIV/AIDS pandemic. Today, despite the progress mentioned in the report of the Secretary-General (A/62/780), the world faces increasing poverty, the effects of climate change are more evident, we are seeing a worldwide food crisis and the pandemic is spreading mainly in countries with difficult economic and social conditions. It is in those countries that the most vulnerable population groups live, in destitute and marginal conditions, and it is those groups that represent the majority of the population affected by the epidemic.

Cuba believes that enjoying the highest possible level of physical and mental health is a basic human right, and consequently we attach great importance to the fight against HIV/AIDS, tuberculosis and malaria at all levels and in all parts of the world. We strongly support the need to guarantee treatment and universal access to the medicines and medical technology that are necessary to tackle the scourge, as well as to the development of a health-care system in communities for all affected, without discrimination of any kind.

It is not possible to understand how we can prevent a person from becoming infected with a sexually transmitted disease if he or she does not know how to read and write. It is impossible to follow a course of treatment without an adequate diet. The multisectoral Cuban programme for HIV/AIDS prevention and control was launched in 1986 by President Fidel Castro Ruz. It guarantees access to services to 100 per cent of the population and provides education, monitoring and research activities and antiretroviral treatment for all who need it, including such aspects as the right to employment, a salary and a differentiated diet, social and political rights, and free access to necessary medicines and medical services.

Cuba is subject to a tight economic, commercial and financial blockade by the United States of America, with unfortunate consequences for the health of the Cuban people, but it is addressing the pandemic in a positive manner.

The prevalence of HIV in the 15 to 49 age group is 0.1 per cent. Mortality rates have been reduced by more than 50 per cent in the past six years, and the number of those who have fallen sick has decreased by 42 per cent. In 22 years of epidemic, there have been only 32 cases of mother-to-child transmission, with one or two children per year suffering from a new infection, and the programme provides 100 per cent coverage to all Cuban women of childbearing age. Progress has been made in HIV prevention, fulfilling the commitment to reduce HIV prevalence in young people between the ages of 15 to 24 from 0.07 per cent to 0.05 per cent and increasing awareness programmes for young people by more than 90 per cent.

Analysing the Millennium Development Goals, I note that in my country, malaria was eradicated in 1967, the incidence of tuberculosis is 6.6 per 100,000 inhabitants, and in 2004, we received the World Health Organization (WHO) award through the Stop Tuberculosis Partnership secretariat for meeting our commitments.

Cuba does not have significant financial resources, but we do participate with heart and in a real and authentic way in comprehensive health programmes in 78 countries and in tuberculosis and HIV/AIDS programmes in various principal directions. More than 25,000 students from third world countries, mostly in Africa, Latin America and the Caribbean, now study medicine in Cuba. In more than 12 countries, our collaborators train young doctors in their communities. More than 35,000 Cuban doctors and other health personnel are located in more than 78 countries, and in some of the most difficult places in those countries.

Cuba has also entered into bilateral scientific agreements that make our vaccines and products accessible to brother countries. New vaccines against cholera and meningitis A-C are now being developed for African countries.

Cuba welcomes the major efforts that have been made by the United Nations, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund and others in this fight for life. We would especially like to recognize the Executive Director of UNAIDS, Peter Piot, and his entire team for their praiseworthy work.

I believe that the estimated financing required to tackle the epidemic in the world in the coming years, though necessary, is still inadequate and should enjoy greater support from the richest countries.

I conclude by recalling the Cuban delegation's statement here in 2001:

> "The only possible cure is to place all of the planet's boundless resources at the service of humanity without petty commercial interests or national selfishness. It is our responsibility to achieve this goal." (*A/S-26/PV.1, p. 21*)

Today, humankind needs greater unity and the globalization of cooperation and solidarity.

The Acting President: I now give the floor to Ms. Rigmor Aasrud, State Secretary of Health and Care Services of Norway.

Ms. Aasrud (Norway): I will limit my intervention to a few comments. The full text of the Norwegian statement is available in printed form.

AIDS remains a global challenge. Despite major progress in access to treatment, the epidemic continues to grow. AIDS is not over. Social drivers in our society are as hard to deal with as the virus itself. We are facing major obstacles in our efforts to find effective prevention measures. Powerful social and economic forces continue to make women and girls vulnerable. Many countries refuse access to clean needles for drug users. Reproductive and sexual health services do not attain an acceptable standard and are not available for young people. Services are not designed to deal with co-infection. National laws discriminate against people living with HIV and against key populations that are particularly at risk. Travel restrictions compromise the movement of HIV-positive people across borders, violating their rights and exposing them to risks without having any positive public health benefits. HIV-positive people continue to face severe stigmatization and discrimination in most countries of the world.

In Norway, people living with HIV are entitled to free treatment and care. Funding for HIV-preventive efforts is available. In 2001, a strategy for the prevention of HIV and sexually transmitted diseases was adopted, the fourth of its kind since 1986. The number of diagnosed HIV-positive people is low and estimated at 0.06 per cent of the population, a third of them women.

Harm reduction strategies are important and have greatly contributed to the low level of HIV infection among injecting drug users in Norway. We are witnessing an ongoing epidemic among men having sex with men. The situation with regard to HIV among injecting drug users is apparently under control, but it is still unpredictable and we are seeing an increase in HIV transmission among migrants in Norway.

Let me be clear — Norway is not free from discrimination against homosexuals, transsexuals, sex workers and injecting drug users. Persons living with HIV still face discrimination, both in the workplace and in health services.

Attitudes towards people living with HIV pose a major challenge in the fight against stigmatization and discrimination. A survey recently conducted in Norway shows that there has been little improvement in people's knowledge and awareness of HIV over the past 20 years. That is unacceptable and requires urgent attention. The Government, in collaboration with civil society and other key actors, is drawing up a new strategic plan to combat discrimination against and stigmatization of people living with HIV.

We must continue to combine our national and international efforts in order to change legal frameworks, behaviour and attitudes that discriminate. We still have a lot to learn together. Now is the time to scale up and target prevention strategies, using effectively what we know works, but also asking new questions and moving forward with better tools and approaches. Knowing one's epidemic is essential to acting on it and turning it around.

That is the focus for the Norwegian international response. We want to engage as a partner, not just as a donor or a Government, because this affects us all. We need to be in this fight for many years to come, to prevent HIV infection, to ensure quality treatment for all that need it, to safeguard the life quality of those infected and affected by the virus and to make society responsive. No country and no Government can do that alone.

The Norwegian Government has assumed special responsibility for delivering on the health-related Millennium Development Goals, through a global campaign spearheaded by the Norwegian Prime Minister. A major focus is on the need for well-functioning health systems, which are critical for bringing down child and maternal mortality and also critical for HIV and AIDS.

Scaling up the AIDS response and the response to the Millennium Development Goals must go together for maximum impact. That is a message that we will bring with us into the meetings on the Millennium Development Goals in September this year. But the response to HIV and AIDS will not be concluded in 2015. It calls for a new kind of global solidarity for many years to come.

The Acting President: I now give the floor to His Excellency Mr. Mircea Mănuc, Secretary of State of Romania.

Mr. Mănuc (Romania): In Romania, HIV/AIDS infection is viewed as a high public health priority. Strong support for prevention and treatment of this disease has been provided since the 1990s by all State institutions — the presidency, the parliament, the Government and the Ministry of Public Health — in

association with many international organizations and civil society.

Romania had a significant number of cases diagnosed in children at the beginning of the 1990s. Of a total of around 15,000 cases, more than 10,000 were in children under 14 years old. Among all the positive cases, 9,500 patients are still alive.

The epidemiological situation in Romania has been stable in recent years, with no major changes in incidence. Romania has a significant group of adolescents living with HIV/AIDS, who are in fact children who were infected in the period 1987-1990. The level of the epidemic is low, and there is no sign of concentration among vulnerable groups, despite high-risk behaviour identified among them.

Nosocomial transmission has been eliminated. Sexual transmission is prevalent, accounting for over 78 per cent of newly discovered HIV cases, followed by vertical transmission. Heterosexual transmission in adults is increasing. There is an overall increase in the number of HIV-positive persons who seek medical care and antiretroviral therapy.

The significant results obtained during the past decade in Romania in this area are a direct result of a multisectoral approach. Its elements include developing multi-year strategies in which both prophylaxis and treatment are included; involving all stakeholders — Government, civil society and patients association; providing universal free access to antiretroviral therapy; promoting adequate social support and better social inclusion; and building a political and financial international partnership with Joint United Nations Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria and pharmaceutical companies.

In its strategies, Romania has committed itself to provide universal access to prevention, treatment and care, together with social and economic rights. The social integration of patients is a common goal both for the Government and for non-governmental organizations. The rights of people living with HIV/AIDS, as well as those of people belonging to vulnerable groups, are guaranteed under national legislation.

But many things remain to be done. After January 2007, when Romania became a member of the European Union, we have faced new challenges in this field, such as cross-border migration of persons from high-risk groups and the limitation of non-European Union (EU) funding, while EU financing remains inconsistent. That is why Romania will increase its efforts to develop a comprehensive approach to the HIV/AIDS threat at the national and global levels.

Allow me to finish this presentation by expressing the hope that the next high-level meeting in this field will bring the same significant achievements for the majority of countries — or for all of them.

The Acting President: I now give the floor to His Excellency Mr. Hassan bin Mohamad Al-Attas, Deputy Director of the Fund for Development of Saudi Arabia.

Mr. Al-Attas (Saudi Arabia) (*spoke in Arabic*): I wish at the outset, on behalf of the Government and the people of the Kingdom of Saudi Arabia, to express deep appreciation to the United Nations system, to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to the Global Fund to Fight AIDS, Tuberculosis and Malaria for their pioneering role in spearheading the fight against this epidemic. I also thank Mr. Srgjan Kerim, President of the General Assembly, and his Office for their efforts in organizing this high-level meeting. I am certain that those efforts will be crowned with success.

The world is beginning to understand the great threat posed by HIV/AIDS. Worldwide, the epidemic has in fact been a major cause of death among a large segment of the active population between the most productive ages of 15 and 59, men and women alike. It has destroyed families and undermined human development, and it threatens poverty eradication efforts, programmes to benefit children and the economic and social development of States. That is why many countries have committed themselves to the fight against this scourge.

To be sure, some progress has been made in recent years in the fight against HIV/AIDS. But the epidemic has exceeded all forecasts, because the number of new cases testing positive for HIV exceeds that of patients being treated. Many countries and societies are thus paying a heavy price. The international community must therefore step up its efforts to put an end to the epidemic, to provide the necessary financial support and to strengthen the health-care sector in order to broaden the availability of preventive care. We must work quickly and more

effectively in order to avoid failure in attaining the goals that were set in 2001.

In spite of its low HIV/AIDS prevalence rate, thanks to the role played by sharia law and legislation, the Kingdom of Saudi Arabia understands the fatal nature of this scourge and since 1986 has been taking preventive measures. It has established a national programme based on its national strategy. Among its elements are health-care education and awareness-raising, safe blood transfusions and the provision of care for those affected. We are also cooperating and coordinating with regional and international organizations to combat discrimination against those affected, to preserve their human rights and seek to ensure respect for religious teachings and for the culture of our society as we engage in our efforts in those various areas.

Internationally, the Kingdom of Saudi Arabia has devoted particular attention to bolstering the health-care sector in developing countries. In a number of developing countries, the Kingdom has supported the establishment of 77 hospitals and 54 clinics and medical centres. We have also contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria: $10 million has already been disbursed. Recently, the Kingdom pledged an additional $18 million in support to the Fund, to be disbursed by the end of 2010.

Our peoples have high expectations of this high-level meeting and hope that its outcome and the decisions it adopts will make a major contribution to the attainment of the goals our leaders set in the 2001 Declaration of Commitment on HIV/AIDS and in the 2006 Political Declaration on HIV/AIDS. We need to enhance our commitment to those Declarations. We need to step up our efforts to attain their objectives.

I appeal to the Almighty to bring success to our collective efforts.

The Acting President: I now give the floor to His Excellency Mr. Maged Abdelaziz, chairman of the delegation of Egypt.

Mr. Abdelaziz (Egypt): It gives me pleasure to speak today on behalf of the African Group, and to start by associating the Group with the statement delivered by the representative of Antigua and Barbuda on behalf of the Group of 77 and China. I shall deliver an abridged version of my statement, focusing on the main elements in the version that has been circulated, which remains the official text of this statement.

HIV/AIDS represents a major challenge to the realization of the Millennium Development Goals by 2015. Recent progress is still insufficient to overcome the epidemic's continuing human toll. Expanded sets of data and methods of analysis indicate that although the rate of new infections has fallen globally, the number of new infections has increased in a number of countries, including in Europe and North America, as reflected in the report of the Secretary-General (A/62/780).

These alarming indicators truly pose a great challenge to international efforts to contain and reduce the spread of the epidemic, which threatens to become the third leading cause of death in the world by 2030. Africa has a particular concern in this regard, as it accounts for over 68 per cent of all adults living with HIV/AIDS, 90 per cent of the world's HIV-infected children and 76 per cent of AIDS-related deaths in 2007.

Undoubtedly, the realization of the goal of universal access by 2010, adopted through General Assembly resolution 60/262, requires addressing the need to strengthen national capacities to combat HIV/AIDS more effectively, especially in low-income countries, a matter that was clearly reflected by African heads of State or Government in their successive special summits since the year 2000, the latest of which took place in Abuja in 2006. It also demands support for the ongoing efforts of these countries to implement their national programmes and to engage in extensive awareness campaigns that aim also at correcting widespread social misconceptions.

More than 80 per cent of countries, including 85 per cent in Africa, have policies to ensure equal access to HIV prevention, treatment, care and support, which is only a first step towards the prevention of mother-to-child transmission. The response to co-infection, especially with tuberculosis, is growing, yet at a slower pace. These efforts are in dire need of large investments in capacity-building and of a reversal of the current direction of the brain drain from the developing to the developed countries. There is a parallel need to make first-line and second-line antiretroviral treatment available at reasonable prices. Many low-income countries, particularly in Africa, cannot afford to meet these requirements without a

strong commitment from international partners to narrow the widening gap between available resources and increasing needs.

It is also essential to enhance regional cooperation, especially in the light of the decision taken by the African Union in Sirte, Libya, in 2005 to establish an African centre that aims primarily at promoting cooperation in the fight against AIDS on the continent. The international community has a particular responsibility in this regard, not only to make available the necessary financial resources to ensure the sustainability of the response to HIV/AIDS, but also to reach sound solutions regarding the trade-related aspects of the intellectual property rights relating to existing drugs and microbicidal vaccines currently being researched and developed.

There has to be a comprehensive framework of cooperation that guarantees coordination among efforts led by national Governments and the private sector, non-governmental organizations and civil society at large, which have an important role to play, without any attempt to politicize the issue by imposing social or cultural concepts that do not take into consideration the particularities of different societies.

Equally, the prevention and combating of HIV/AIDS is substantially related to the comprehensive development process and, more important, to the issue of transferring know-how and technologies that are vital to reinforcing such efforts. That is particularly the case as regards the pharmaceutical industry, changing the social perspective vis-à-vis the epidemic and enhancing the chances of early diagnosis and treatment with the support of all societal forces.

Within the framework of the international commitment to combat the epidemic, more international efforts are needed in the fight against the illegal trafficking in narcotics and towards achieving the peaceful settlement of armed conflicts, particularly in Africa, as these contribute to draining the economic potential of the countries in which the epidemic spreads. They also contribute to the enlargement of socially marginalized sectors and lead to the growth of the number of orphaned children, who become susceptible to recruitment in armed conflicts, as well as to increased sexual violence and other violations that lead to the spread of infection among young people, women and children. Such negative ramifications also create further challenges to peacebuilding efforts in many post-conflict situations.

It is necessary to deal with the epidemic with vigour and a solid determination to implement fully what we have pledged to do in the Political Declaration on HIV/AIDS. We have to work sincerely to reinforce international and national structures and to furnish the necessary support, in a manner that maintains a balance among the need to improve services and ensure universal access as soon as possible, the provision of treatment and prevention, the need to increase assistance and the efficient utilization of resources, all with a view to achieving our goals, especially Millennium Development Goal 6, on the target date and in all States without exception. The present high-level meeting represents a valuable opportunity to reaffirm our commitments in that regard.

Let us not fail the generations to come.

I shall now speak briefly in my national capacity, and will highlight in this regard that the low rate of AIDS infection in Egypt, which is less than 0.005 per cent of the total population, is due mainly to deeply rooted cultural and social values that contribute to the control of extramarital relations between men and women in accordance with the precepts of divine religions.

Additionally, the Government has embarked on a comprehensive national programme since the discovery of the first cases of infection in 1986, cognizant that the real challenge lies in the ability to control the spread of the epidemic, especially in the light of the tourism influx and the large number of Egyptians working abroad. This challenge is being met side by side with the provision of care and support to people living with HIV/AIDS and their families and fighting any type of stereotyping and discrimination against them.

That is the integrated vision that Egypt would like to share with other countries should they wish to make use of the lessons learned in their efforts aimed at national capacity-building, as compared to other cases where prevalent social norms have become an obstacle to progress in dealing with this issue.

The remainder of my statement is contained in the text that has been distributed in the General Assembly Hall.

The Acting President: I now give the floor to His Excellency Mr. Ed Kronenburg, Permanent Secretary of the Ministry of Foreign Affairs of the Netherlands.

Mr. Kronenburg (Netherlands): Our goal is to curb the spread of HIV and to mitigate the impact of the AIDS pandemic, but to do so effectively, we need to take into account the following three preconditions: political courage, respect for human rights and an effective, pragmatic and inclusive approach. That powerful combination is a recipe for success. I will start with human rights.

Human rights are at the core of the foreign policy of the Netherlands. Human rights, as laid down in the Universal Declaration, apply to all people in all places at all times. They determine and protect our collective standards of human dignity. This implies that tradition, culture or religion can never serve as an excuse for not respecting people's rights, such as the sexual and reproductive rights of men and women. Sexual minorities like the lesbian, gay, bisexual and transgender communities have the right to be guaranteed a life free of discrimination.

Respect for human rights is also at the core of our actions on development cooperation. People and communities are not just recipients; they are also active participants. Human rights form the basis of our response to the AIDS pandemic.

AIDS activists have successfully claimed access to treatment as a human right, not as an act of charity. That strong and focused advocacy has helped transform our thinking on HIV/AIDS specifically. AIDS programmes need to respond to the specific needs of people and should not be based on judgements about gender, sexual orientation or behaviour.

As well as making human rights a starting point, we need to follow an effective, pragmatic and inclusive approach. We know that treatment can prevent mother-to-child transmission. We know that women with access to education, health and income are less vulnerable to HIV infection. It goes without saying that women should have access to means of protecting themselves, like the female condom.

We know that evidence-based comprehensive sex education at school, in combination with access to commodities, will avert risky behaviour, and we know that HIV testing is the starting point for treatment, changing behaviour and curbing the pandemic, as we know that an integrated approach to HIV and tuberculosis is essential.

We know that poverty reduction contributes to the reduction of inequities in all its features: income, education, employment, health status and vulnerability. We know that the meaningful participation of young people increases the effectiveness of HIV interventions. We know that sex workers who are empowered and have access to condoms and health services do protect themselves from HIV infection.

We know that greater involvement of and investment in the most affected groups, such as people living with HIV, migrants and prisoners, is crucial to an effective response, and we know that comprehensive harm reduction programmes are effective in preventing HIV transmission among injecting drug users. That implies needle exchange and substitution treatment. In that context, consistency in policies on drugs and HIV is essential not only at the country level but also throughout the whole United Nations system.

In addition to investing in proven interventions, we also have to invest in new and better prevention options, such as vaccines and microbicides, but respect for human rights and pragmatism — building on what works — is not enough to stop the spread of HIV.

It is great that we are all here today to join forces in the fight against HIV/AIDS, focusing on our collective target of achieving universal access in 2010. We have discussed the issues on the agenda on previous occasions. It is now time to act. Political courage remains the starting point for all our actions. It takes political courage to stand up for the rights of people living with HIV, orphans and those most vulnerable to HIV infection. It also requires courage to talk openly about sexuality, sexual relations, drug use and the need for gender equality. It takes political will to translate our words into action.

Respect for human rights, pragmatism and — above all — political courage are a powerful mix. Let us act now and do what we said we would do.

The Acting President: I now give the floor to Mr. Andrew Steer, Director-General of Policies at the Department of International Development of the United Kingdom.

Mr. Steer (United Kingdom): We thank the Secretary-General for his comprehensive report and we

also strongly align ourselves with the statement made last night by the European Union. Let me also commend the superb leadership of Peter Piot over the past 12 years.

Clearly we have much to be encouraged about, but the scale of the challenge facing us remains vast. The United Kingdom particularly welcomes the strong voice of this meeting for political and social mobilization to address gender inequality. The Millennium Development Goals (MDGs) that are most off track are those that rely on women's rights. We will not achieve MDG 6 if women's rights are not included as a central element in programmes to halt and reverse the spread of HIV.

Today, I should like to draw attention to four key areas where we feel that there is a need for all of us to improve our response.

First, we need to sharply increase investment in health systems. We believe that, if we are to achieve universal access, we need to expand access to effective and integrated service delivery across a range of health systems and other services, including scaling up services for populations most at risk.

While the overall response to AIDS must be multisectoral, we believe that the current global massive underinvestment in health in developing countries is fundamentally compromising efforts to tackle AIDS.

The new report by the Joint United Nations Programme on HIV/AIDS, the World Health Organization and UNICEF, "Towards universal access", agrees with that view. We support their analysis that weak health systems and services are likely to slow the further expansion of access to antiretroviral treatments.

Last week, the United Kingdom's Secretary of State for International Development launched the Department for International Development's updated seven-year strategy to halt and reverse the spread of HIV in the developing world. He announced that, in addition to the $2 billion commitment up to 2015 made to the Global Fund last year, the United Kingdom will invest a further $12 billion over the next seven years to strengthen health systems and services. Those unprecedented long-term pledges signal the level of our commitment as part of the international effort to achieve universal access.

Our investment will also enable us to increase our support for sexual and reproductive health services, crucial in expanded efforts to prevent new HIV infections, and working with others to reduce unmet demand for family planning by half by 2010.

Secondly, on the issue of rights, we join the Secretary-General's call to respond to the needs and rights of the most vulnerable and to develop a far stronger commitment to make services available to those groups. From the United Kingdom perspective, that particularly includes drug users, gay men, men who have sex with men, sex workers and prisoners. It also means meeting the needs of orphans and vulnerable children, particularly by scaling up social protection programmes.

There is a need for all of us to greatly increase our efforts to reduce the impact of stigmatization and discrimination, which still drive the epidemic in many parts of the world. National responses must enable those who are most affected to participate in the design, implementation, monitoring and evaluation of services and we believe it is important to translate existing human rights into specific protections for the key groups.

Young people must be an integral part of the solution. We know that 40 per cent of new infections are among young people in the 15 to 25 years age group. The Secretary-General's findings indicate continuing low levels of accurate knowledge regarding HIV among young people. It is essential that we recognize, not only their specific needs and rights, but also the vital contribution they can make to the AIDS response and enable their active participation.

We also see a need for greater coherence across the United Nations system and feel that the forthcoming special General Assembly session on HIV/AIDS, to be held in March 2009, must reflect more fully the issues regarding HIV and AIDS. We urgently need to move forward with far greater access to harm reduction programmes in all regions and trust this process will be kick-started before and during the special session.

Thirdly, making the money work harder and ensuring value for money means we have to use the considerable resources now available more effectively, working together in a harmonized way, strengthening partnerships — especially with non-governmental organizations and civil society — and greatly

improving our monitoring and evaluation. We do have a responsibility to ensure value for money and consider the sustainability of our response.

International partners need to support country-led AIDS responses and align behind national plans. It is vital that we do not fail to learn from the sometimes painful lessons learned in other sectors that will be reviewed in Accra in September. So let us ensure a country-led approach that is really inclusive, working closely with others in our response.

Finally, concerning the situation in our own country, the United Kingdom, we now have a low prevalence of HIV and AIDS as a result of the early introduction of harm reduction programmes, access to treatment, awareness campaigns and voluntary and confidential testing services.

But we, too, are faced with challenges such as encouraging earlier testing and addressing the stigma linked to HIV. We recognize that we can learn from the international responses and also share with others our good practice.

This meeting is an important opportunity to take stock, to be encouraged, to recognize how far we have to go and lift every effort that we can possibly muster to target the key issues that we are not yet effectively addressing.

The meeting rose at 1.15 p.m.