United Nations A/62/PV.108

General Assembly

Sixty-second session

Official Records

108th plenary meeting
Thursday, 12 June 2008, 3 p.m.
New York

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

In the absence of the President, Mrs. Ataeva (Turkmenistan), Vice-President, took the Chair.

The meeting was called to order at 3.10 p.m.

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

Agenda item 44 (*continued*)

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

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

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

The Acting President: There are still 26 speakers inscribed on the list of speakers. In order to conclude the high-level meeting this afternoon while accommodating all speakers, I would like to strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to the chairperson of the delegation of the Republic of Korea.

Mr. Park (Republic of Korea): I would like to join previous speakers in expressing deep appreciation to the United Nations for the extraordinary leadership it has displayed in its tireless efforts to combat the HIV epidemic in cooperation with national Governments, donors and other stakeholders.

Meeting here this afternoon, we cannot deny the sobering fact that the AIDS pandemic still poses daunting challenges. Statistics revealing that in 2007 an estimated 2.5 million people had become infected with HIV and 2.1 million had died of AIDS serve as an alarming reminder of the urgency of this issue. As we have seen from the harrowing history of the epidemic, AIDS is not just a public health problem, but also a profound threat to human life that undermines fundamental human rights and causes tremendous loss due to the social and economic burdens it imposes. In addition, the global toll taken by AIDS hinders prospects for both poverty reduction and economic development. Against that backdrop, allow me to share some ideas on how to effectively galvanize an effective response to the scourge of HIV/AIDS.

I believe that regions with a high prevalence of HIV must first muster their own will and political leadership and step up to the challenges. Simultaneously, the international community must also do its part to assist those regions in their struggle to stem the spread of HIV/AIDS. To that end, there is a need to promote better coordination among Governments, civil society and international organizations, within and between countries.

In order to ensure a substantial prevention response, individuals, communities and societies should be educated and informed on how best to avoid infection. The sustainability of such efforts should also

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be ensured. In that regard, it is crucial that we provide accurate information on HIV/AIDS by conducting public awareness campaigns, promoting education through various channels and scaling up access to voluntary testing and counselling services.

The provision of proper treatment — including by expanding access to life-preserving HIV treatment and services such as antiretroviral treatment programmes for those already infected — will be vitally important not only for the protection of human rights but also for the prevention of HIV/AIDS. In addition to treatment and support, good nutrition is indispensable in order to ensure more effective care for HIV-positive individuals.

It is also imperative to formulate national strategic plans for the protection of such vulnerable groups as women and young people. Half of all those living with HIV are female and HIV infection among young people is on the rise, underlining the urgency of the need to focus on those groups.

Although Korea has an HIV prevalence rate of less than 0.1 per cent, that rate is nevertheless increasing steadily. Korea simply cannot afford to lapse into complacency. I should like to take this important opportunity to say that my Government will seek to draw valuable lessons from the sharing of observations and best practices in developing our national response to the HIV/AIDS epidemic.

First of all, in order to contribute to global efforts to achieve the targets set out in 2001 and 2006, the Korean Government has continued to make contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. It has also announced an additional pledge of $10 million over three years beginning in 2007. That is in addition to its ever-increasing efforts as a member of the Executive Board of the International Drug Purchase Facility.

At the bilateral level, Korea has committed itself to fund a joint effort with the United Nations Development Programme to prevent HIV/AIDS among women and girls in the Republic of the Congo. We have also committed ourselves to participating in the strategic planning and implementation of an HIV/AIDS response and capacity development project in Nigeria. To that end, Korea has pledged $1.5 million.

Secondly, the stigma and discrimination associated with HIV/AIDS in many countries continue to be major obstacles to grounding the AIDS response in the field of human rights. Korea is no exception in that regard. The stigma and discrimination surrounding HIV/AIDS may stem from lack of information, false belief, prejudice and fear of the disease. Furthermore, such stigma and discrimination can impede efforts to mobilize active cooperation on AIDS prevention from businesses, pharmaceutical companies, the media, regional organizations, national assemblies and even the political leadership itself.

Last but not least, the Korean Government is endeavouring to promote accurate and complete knowledge of the facts relating to HIV by conducting health education and public awareness campaigns through various channels. In particular, coordinated campaigns through television and other mass media outlets can play an active role in addressing misperceptions about the disease and eliminating discrimination against infected individuals and the stigma associated with the disease.

In conclusion, the Korean Government would once again like to express its sincere appreciation to the United Nations for its continuing efforts in combating AIDS. In that regard, I am confident that this meeting will serve as an opportunity to take stock of our previous efforts and to further reinvigorate our commitment in the global fight against the HIV/AIDS pandemic in the future.

The Acting President: I now give the floor to the chairperson of the delegation of Colombia.

Ms. Blum (Colombia) (*spoke in Spanish*): My delegation associates itself with the statements made on behalf of the Group of 77 and China and the Rio Group in connection with the subject we are considering today.

Colombia has taken on significant challenges in order to bring the HIV/AIDS epidemic under control. The epidemic in Colombia is characterized as low-prevalence, with a growing rate of infection among women. Available studies point to an estimated prevalence rate of 0.7 per cent among people between 15 and 49 years of age. Although the number of registered cases is lower than that rate would imply, we are aware of the fact that there are infected individuals who have not yet had access to diagnosis.

Diagnosed cases in our country are concentrated among certain at-risk populations. Some local studies

have found a higher prevalence among men who have sex with men and in women sex workers. Moreover, we have identified specific vulnerability factors among young people of both sexes, women, internally displaced persons, people who live on the streets and imprisoned persons, among other groups.

Colombia has enacted national health and social security legislation that defines institutional frameworks to respond to HIV/AIDS. In addition, there are specific norms regarding the services provided by the State and on protecting the rights of affected populations. A new national multisectoral response plan to HIV/AIDS for the period 2008-2011 was adopted in 2007. It includes measures in the areas of prevention, comprehensive care, support and social protection, and follow-up and evaluation of efforts.

In 2006, about $100 million was devoted to the implementation of HIV/AIDS interventions, 95 per cent of which came from the Government. Sixty-four per cent of that budget was earmarked for care and treatment, while 34 per cent was devoted to preventive efforts. Those resources have made it possible to strengthen monitoring processes and programmes to prevent the transmission of HIV from mother to child, as well as to expand comprehensive care for patients.

The health-care system now includes all the medications and laboratory procedures available in Colombia to diagnose and follow-up people living with HIV. Diagnostic services have been expanded, as has treatment for pregnant women. We also now provide medications and supplies of baby formula for children born of HIV-infected mothers. Access to condoms is ensured for persons diagnosed with sexually transmitted diseases and HIV. In addition, through efforts at the community level and thanks to a Global Fund project, condoms are being provided to the most vulnerable populations.

The coverage rate for access to antiretroviral drugs is nearly 75 per cent in Colombia. That result has been made possible thanks to a structural policy aimed at expanding access to the health-care system, which guarantees comprehensive services for infected people. We hope to achieve universal coverage; however, given the expansion of the epidemic, the high cost of treatment and the need to extend access to second- and third-line drugs, it will be difficult to fund the provision of medication. That may delay the achievement of universal access. There is a need for greater international support in that regard.

In combating HIV/AIDS, the Government of Colombia believes that an approach based on human rights that safeguards the dignity of the human person is crucial to creating an environment in which communities and individuals can work together with the State. There is also a need to strengthen confidence in the Government’s services, as well as to eradicate the stigma, fear and secrecy that ultimately make it difficult to control the epidemic. We must also redouble efforts to eradicate the discrimination that infected populations still suffer.

Likewise, we must strengthen sex education programmes. They must be based on human rights, guarantee the enjoyment of reproductive and sexual rights and include a clear focus on gender and respect for differences. In addition, the rights-based approach must include appropriate provision of quality accessible social services.

Developing inclusive social protection programmes is a priority in controlling the epidemic and strengthening prevention strategies. As the poorest populations are at greater risk and vulnerability, preventive efforts must be based on national development plans focused directly on the reduction of poverty. Efforts in that regard must be part of both HIV interventions and, above all, development efforts that have a sustainable impact on the epidemic. That approach is all the more important given the high rates of poverty in various parts of the world, including in middle-income countries.

Colombia recognizes the role of civil society as a fundamental actor in the response to HIV/AIDS. In my country, the participation of non-governmental organizations has been essential in education and prevention, the promotion of rights, wider access to comprehensive care and the implementation of productive projects. Their technical expertise, leadership and ongoing call for the strengthening of State and social responses to the epidemic are a necessary complement to the Government’s efforts in that area.

Colombia reiterates its commitment to the response to HIV/AIDS, and joins the Assembly in calling on the international community to strengthen technical and financial cooperation in that field. The joint efforts of States and international cooperation

organizations is crucial to filling existing access gaps, providing care to populations most at risk, implementing comprehensive prevention strategies, guaranteeing adequate diagnosis and treatment supplies, and improving epidemiological research. Cooperation is a key factor in achieving the Millennium Development Goals on this matter. My delegation hopes that the primary outcome of this follow-up meeting will be the solid reaffirmation of the political will and strengthened cooperation necessary to reduce vulnerability and to improve global and national responses to the HIV/AIDS problem.

The Acting President: I now give the floor to the chairman of the delegation of the Republic of San Marino.

Mr. Bodini (San Marino): We would like to thank President Kerim for convening this high-level meeting, which emphasizes the international concern and the extreme importance of addressing HIV/AIDS, a disease that continues to cause immense suffering and innumerable deaths in every part of the world.

We welcome the report of the Secretary-General (A/62/780), which provides very useful suggestions for addressing this problem in a more coherent and effective way.

The Government of San Marino is tackling its domestic HIV challenge through prevention and education. Moreover, specialized centres provide our women with information on the prevention of sexually transmitted diseases. Our national health plan provides care to our citizens and monitors HIV/AIDS cases among the San Marino population, guaranteeing free treatment and anonymity to all patients.

At the international level, San Marino, among other projects, has participated in the UNICEF campaign “Unite for Children, Unite Against AIDS”, and co-financed a pilot project in Gabon with Andorra, Liechtenstein and Monaco. That campaign has focused on strengthening the prevention of mother-to-child transmission, paediatric treatment and services, prevention among adolescents and young people, and protection and care. Finally, the Republic of San Marino is offering help through UNICEF to youth-run organizations in developing countries that aim to promote children’s rights and public awareness among young people, including on HIV/AIDS.

With more than 30 million people worldwide living with HIV and more than 2 million AIDS deaths per year, we are convinced that only together can Member States, United Nations agencies, non-governmental organizations, educational institutions, the media, and the business and private sectors successfully fight that global scourge. The broad participation in this high-level meeting underlines once again the deep political will and the commitment of all nations in tackling that global challenge.

The Government and the people of San Marino are determined to share that responsibility with the international community.

The Acting President: I now give the floor to the chairman of the delegation of Morocco.

Mr. Chabar (Morocco) (*spoke in French*): I am gratified to express the pleasure of the Kingdom of Morocco at the decision taken by this Assembly to hold a high-level meeting on HIV/AIDS. We welcome this opportunity to reiterate our strong commitment to combating that disastrous pandemic and our full support for the Millennium Development Goals, which made health an inalienable human right. We wish this noble initiative every success, and we hope that our commitment will mobilize the resources necessary to fight that deadly scourge.

I should now like to pay sincere tribute to those present here who are living with HIV/AIDS. How can we not express our solidarity with them? Let us commend them for the courage they have shown, and express our profound respect.

Our thanks also go to the stakeholders of civil society for their crucial work. We are proud to have them with us today, mobilized as ever to stem a tidal wave that respects no geographical boundary.

When we hear the numbers and the testimony, it is indeed difficult to remain calm at the spread of a daunting danger that continues to belie even the worst-case scenarios. Given the magnitude of the scourge, only a joint political will, combined with concerted multilateral action, will overcome the high humanitarian price of the epidemic.

My delegation notes with clear interest the recommendations contained in the report of the Secretary-General (A/62/780) before us and, in particular, the recommendation on the need for high-

income countries to guarantee universal access to prevention, treatment, care and support.

While progress in providing access to treatment is encouraging, it is distressing for all of us here to note that there is still a dichotomy between, on the one hand, the advanced States that have controlled the epidemic and, on the other hand, the developing countries, whose indicators are not very optimistic, particularly in Africa, where HIV/AIDS continues to pose one of the most serious threats to development.

Time is running out to attain the goal of universal access to prevention and treatment by 2010. Only a more substantial increase in financial assistance, combined with emergency measures, will enable us to achieve that objective and thereby improve access by all to care and support services, without discrimination.

My delegation notes with profound alarm the increasing impact of gender inequality, which continues to promote the spread of HIV/AIDS by considerably reducing the autonomy and capacity of women and girls to counter the risk of contracting the infection. It is therefore crucial that Governments mobilize at the political and social levels to combat sexist prejudices in the context of their national campaigns against HIV/AIDS.

The campaign against HIV/AIDS is a priority for Morocco, which has established an integrated strategy to combat the scourge. One demonstration of that commitment was Morocco's presentation early this year of its strategic regional plan and its 2008-2009 plan of action to fight AIDS, which are both part of the overall scope of the national initiative for human development launched by King Mohammed VI in 2005. That ambitious and realistic plan of action seeks to stabilize and even reduce prevalence rates, which will require the broader mobilization of all relevant stakeholders in order significantly to increase coverage of the most vulnerable populations and reduce the impact on those living with HIV.

My delegation is today happy to announce that widespread access to combination antiretroviral therapy is definitely one of my country's significant advances in its campaign against HIV/AIDS. Thanks to the support and mobilization of all our national and international partners, my country has attained one of its goals: free access to combination antiretroviral therapy for all AIDS patients in Morocco, without exception. The Kingdom of Morocco reiterates its willingness to share its experience with the international community, and in particular with our brotherly African countries.

The personal commitment of Princess Lalla Salma, who participated, at the margins of the sixtieth session of the General Assembly, in the meeting of the First Ladies of Africa to combat HIV/AIDS, attests to the level of political commitment of the Kingdom of Morocco. That commitment is reflected in the very fabric of Moroccan society. The efforts of our public authorities to raise awareness and provide treatment have greatly contributed to the fight against this scourge. My delegation welcomes the positive impact of the meeting of First Ladies, which adopted the programme to combat AIDS in Africa for 2005-2006. We reiterate from this rostrum the tireless support of the Kingdom of Morocco for the international efforts to combat AIDS in Africa.

In that regard, my country would like once again to appeal for the mobilization of further resources in order to address this deadly pandemic, which continues to be so destructive in Africa. I stress that the epidemic can be overcome only through true development in Africa, which requires not only active solidarity, but also the honest commitment of developing countries.

The food crisis that some countries in the South are experiencing is one of the clearest illustrations of the difficulties that developing countries are facing and is, of course, jeopardizing their efforts and resources to combat this — as yet — deadly epidemic.

We would like to sincerely thank the Joint United Nations Programme on HIV/AIDS for its support and technical assistance within the context of the Global Fund and for its tireless efforts to ensure the most affected countries access to antiretroviral drugs. The Fund's support is very timely in my country, where it helps us to screen patients and to provide better health care at the local level, including for at-risk groups. The inclusion of prevention issues in curriculums and awareness-raising campaigns targeting young people remain key concerns for the Kingdom of Morocco.

In conclusion, my delegation welcomes the many United Nations initiatives and is happy to join its efforts to those of the international community in response to the concerns expressed in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. The Kingdom of Morocco will spare no effort to stop the spread of the scourge

and eradicate the epidemic, which threatens not only to undo our efforts, but above all to undermine health security throughout the world.

The Acting President: I now give the floor to the chairman of the delegation of Ireland.

Mr. Kavanagh (Ireland): At the outset, allow me to thank President Kerim for proposing this extremely valuable high-level meeting.

Ireland has prioritized the fight against HIV/AIDS as fundamental to poverty and vulnerability reduction. We are living up to the promises made in the General Assembly in 2001 and 2006. We are currently spending over $150 million per year on combating HIV and other diseases related to poverty.

Ireland's record on the Millennium Development Goals is, we believe, a strong one. We have made very significant increases in overseas aid in recent years. This year, we are spending 0.54 per cent of our gross national product on fighting poverty, hunger and disease.

This week's high-level review of progress towards universal access to comprehensive HIV prevention, treatment, care and support is very timely. Ireland encourages this meeting to send a strong signal to the upcoming G-8 meeting and to the Millennium Development Goals summit in September, where world leaders will agree on a collective response to the multiple needs, threats and challenges, including HIV/AIDS, facing people everywhere.

The leadership of the United Nations is crucial to the global HIV challenge. As co-chair of the General Assembly discussions on United Nations system-wide coherence, I see the fight against AIDS as a benchmark of United Nations reform in action. It is beginning to yield results in delivering as one, and it represents coherence in action. The leadership provided by the Joint United Nations Programme on HIV/AIDS, and in particular by Mr. Peter Piot, in coordinating and facilitating a joint United Nations response to the global AIDS epidemic is to be commended.

The Secretary-General's report points to the significant results being achieved towards universal access throughout the world. The HIV epidemic is being contained in most regions, except in Eastern Europe. There are enormous advances in HIV treatment, but much remains to be achieved.

As States Members of the United Nations, we need better coordination, especially at the country level. We need to align the significant and much-needed additional resources from the United Nations, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other major bilateral funders with other donor aid mechanisms. We need to do that consistent with agreed international commitments to improve aid effectiveness and promote local ownership.

There have been significant increases in the numbers of HIV/tuberculosis co-infections, and there is a need for further investment in second-line antiretrovirals. Ireland supports the call for stronger collaborative activities to address the increasing levels of HIV/tuberculosis co-infection.

The evidence shows that we need to do more on HIV prevention. We need to invest more in prevention programmes, in particular those targeted at high-risk populations. Prevention is indeed at the core of our HIV strategy. Ireland will launch its first 5-year national HIV prevention action plan next week, prioritizing the need for strong leadership, increasing knowledge and awareness of HIV transmission and providing key prevention services to those most at risk.

It is unlikely that HIV will cease to be a major cause of inequality, vulnerability and ill health until appropriate technological solutions are found that can effectively prevent HIV transmission. We should continue to invest in good-quality science to find effective HIV preventive medicines, vaccines and microbicides directed at controlling the pandemic.

Female-controlled HIV prevention commodities are central to addressing women's and young girls' disproportionate vulnerability to HIV. Ireland is committed to addressing the particular vulnerabilities of women and young girls, especially in poor countries. Addressing gender-based violence as a core HIV prevention strategy is one of our key priorities.

There is a direct link between the well-being of women and that of children. The increasing number of women testing HIV-positive and the consequent rise in perinatal HIV transmission underscores the importance that Ireland places on gender equality. Prevention of mother-to-child transmission is a policy priority for my country.

The Secretary-General's report (A/62/780) highlights the special plight of children infected and

affected by HIV. Their situation calls for urgent attention. The fourth Global Partners Forum on Children Affected by HIV and AIDS will be held in Ireland in October. Bringing together global leaders and decision makers, the forum will focus on key priorities to address the needs of children living in a world with HIV. Priority issues will include the extension of social protection mechanisms to benefit children, removing the barriers to essential services, keeping mothers alive and families together, and supporting community-based responses to meeting children's needs.

We have worked hard to address HIV-related stigmatization and discrimination in Ireland. With the leadership and active engagement of people living with HIV in its design and implementation, a national campaign is increasing awareness and understanding of HIV, while highlighting the irrationality of stigmatization and discrimination at home and abroad. Our Government will continue to support that crucial campaign.

Representatives of civil society, including faith-based organizations, are critical partners in Ireland's response. We are very pleased to be joined in the Hall today by representatives of civil society from Ireland and other countries. Their work is to be commended.

Ireland has a strong focus on addressing world hunger and food insecurity. We are particularly concerned about the impact of the current increases in global food prices for AIDS-affected communities. Addressing food security and nutrition in all settings is vital to achieving the goal of universal access. Ireland is committed to supporting multisectoral HIV programming that incorporates effective food and nutrition interventions as a way of reducing vulnerability to HIV infection and increasing resilience to AIDS.

The international community has the capacity, the medicines, the know-how and the institutions to address the challenge that the pandemic poses to achieving universal access and the Millennium Development Goals. We now need the political will and the resources to sustain and increase the response to the challenges of the global HIV pandemic. We all need to play our part in ensuring that the AIDS pandemic remains a global priority for action even as other pressing challenges emerge. Ireland can be relied upon to play its part.

The Acting President: I now give the floor to the chairman of the delegation of Mauritius.

Mr. Soborun (Mauritius): I join previous speakers in thanking President Kerim for convening this high-level meeting. I also wish to commend the Secretary-General for his report contained in document A/62/780. Let me also add that my delegation subscribes to the statements made by the representatives of Antigua and Barbuda on behalf of the Group of 77 and China, Egypt on behalf of the Group of African States, and Zambia on behalf of the Southern African Development Community.

In the light of the report of the Secretary-General and the various statements that we have heard over the past two days, it is more than evident that world leaders, Governments, civil society and non-governmental organizations (NGOs), inter alia, are more committed than ever in their resolve to address the HIV/AIDS pandemic. There is no doubt that progress has been made to curtail the expansion of the epidemic. However, the question that we all ask is whether we have achieved enough since the 2006 high-level meeting on HIV/AIDS. The answer, unfortunately, is not very encouraging, as evidenced by the facts and figures in the Secretary-General's report:

> "Current trends suggest that the world will fall short of achieving universal access to HIV prevention, treatment, care and support services, without a significant increase in the level of resources available for HIV programmes in low- and middle-income countries." (*A/62/780, para. 16*)

Global coverage for prevention of mother-to-child transmission accounts for only 34 per cent, in contrast to the pledged target of 80 per cent.

"Children still accounted for one in six new HIV infections … The majority of children infected prematurely die before the age of two" (*ibid., para. 32*). "[S]ome countries that reported early success against the epidemic are having difficulty in sustaining previous achievements" (*ibid., para. 15*). "The number of patients needing therapy continues to outstrip available financial, human and logistical resources" (*ibid., para. 13*).

Furthermore, sub-Saharan Africa remains the region most afflicted by HIV/AIDS. In 2007, it accounted for over two thirds of all adults living with HIV, 90 per cent of the world's HIV-infected children and three quarters of all AIDS deaths. That is undeniably a very gloomy and frightening picture for a continent that is still struggling to address the most pressing needs of its citizens — extreme poverty and hunger. HIV/AIDS in sub-Saharan Africa is taking a high toll on human lives, including semi-skilled and skilled workers and professionals who are already in short supply, thereby seriously undermining genuine efforts for the development of the region. In order to overcome that humanitarian crisis, it is imperative that the international community take immediate action to follow through on the pledges made since 2001.

Tuberculosis is one of the greatest threats to the health of people living with HIV. It is therefore necessary to prevent the development and spread of tuberculosis, and specifically drug-resistant tuberculosis. Increased awareness is needed regarding the links between those two diseases and the need to scale up universal access to integrated tuberculosis and HIV prevention, diagnosis, treatment and care services.

Allow me to touch briefly on some of the important facts about HIV/AIDS in Mauritius. The overall rate of HIV/AIDS infection in Mauritius is about 1.8 per cent. However, although the rate of prevalence is very low, the Government strongly believes that political commitment is vital in the fight against HIV/AIDS. It has therefore increased the amount allocated to HIV/AIDS by 50 per cent in this year's budget.

Through the National AIDS Committee chaired by the Prime Minister, the Government is implementing a multisectoral strategic plan for dealing with HIV/AIDS. It provides antiretroviral treatment free of charge to all HIV-infected persons, has scaled up the voluntary counselling and testing service at the national level, and implements a programme to prevent mother-to-child transmission.

The Government also recognizes the very important role that NGOs play in helping to reduce the impact of the HIV/AIDS epidemic. In that context, it has provided funds to three NGOs to assist them in their activities.

The Government has also set as a priority the minimizing of the transmission of HIV among the most at-risk populations, namely, intravenous drugs users, commercial sex workers and prison inmates. In that respect, a three-pronged strategic approach is being implemented to reduce the transmission of HIV/AIDS to intravenous drug users through methadone substitution therapy, HIV/AIDS legislation and a needle-exchange programme.

We acknowledge that the fight against the HIV/AIDS pandemic is not easy to win. The lack of financial resources and trade-related aspects of the intellectual property rights concerning drugs constitute major obstacles to addressing the HIV/AIDS epidemic. Those infected with HIV/AIDS not only require antiretroviral drugs to attend to their immediate needs, but they also need them at cheaper, that is affordable, prices. In that context, it is absolutely essential that States have the flexibility to relax patent protection and thus be able to lower drug prices in times of public health emergency.

In addition to those issues, prevention should remain our highest priority. We need to invest heavily in key infrastructural facilities and services to provide better health-care services and education opportunities. A healthy and educated population constitutes the bedrock of a forward-looking society. In that respect, we need the concerted efforts of all stakeholders — Governments, non-governmental organizations, civil society, the pharmaceutical industries, medical researchers and the private sector — as well as the support of regional and international institutions and organizations.

In conclusion, let me say that the President of the General Assembly rightly pointed out in his opening address to this body that "Addressing the global challenges of sustainable development, climate change, extreme poverty, hunger, and the HIV/AIDS pandemic, are the moral and political imperatives of our times" (*A/62/PV.102*). Indeed they are! However, we could add to those imperatives the urgent reform of international institutions. Without effective and responsive international institutions and organizations, the global challenges would continue to remain challenges, and we would run the risk of missing many more agreed targets.

The Acting President: I now give the floor to the chairman of the delegation of Albania.

Mr. Neritani (Albania): The participation of so many delegations in this meeting testifies to the serious

challenge that our world is facing today, which cannot be met without our joint efforts and adequate resources at the national and international levels. Albania welcomes the approach of this meeting to bring together Governments and civil society, and commends the President of the Assembly for convening this meeting and the report of the Secretary-General for its important findings.

My country fully aligns itself with the statement made earlier by the representative of Slovenia on behalf of the European Union. Thus, I shall limit my statement to some additional remarks in our national capacity.

Albania shares the concern of many other delegations that the pandemic of HIV/AIDS is not only a major public health issue, but also a development emergency. Epidemics have always been a major threat to humankind, but addressing HIV/AIDS in all its multidimensional aspects will help us to achieve the Millennium Development Goals globally. That is a very difficult call.

My country is facing rapid economic and social developments, which undeniably bring many associated problems common to a free and open society. The first two HIV/AIDS cases in Albania were diagnosed and reported in 1993. Since then, 255 HIV/AIDS cases have been reported; to date, 55 HIV-infected people have died. It is important to mention that in 2007, 44 new HIV cases were reported, of which 31 were in males and 13 in females.

Albania is still considered to be a country with a low prevalence rate of HIV/AIDS. Despite that positive trend, the number of HIV infections is rising, with estimates showing a high number of undiagnosed cases. Meanwhile, other estimates show that Albania could be faced with a rapid increase in cases of HIV/AIDS if sound preventive measures are not implemented effectively and immediately.

That prediction is based on several factors, to mention but a few: the young average age of the population; the high number of Albanian emigrants abroad; the increase in injecting drug users; a relatively low level of knowledge on the issue; certain shortcomings in the primary health-care system regarding prevention and diagnosis; the low level of knowledge and acceptance of condoms; and so on.

The Albanian Government has made serious efforts to implement its national strategy to fight HIV/AIDS for the period 2004-2010 and to raise public awareness of the issue. The strategy aims at creating a strong partnership between the Ministry of Health and non-governmental institutions with the technical and financial support of specialized international organizations, such as the World Health Organization, the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

A national HIV/AIDS programme is also being implemented. A draft law on the prevention and control of HIV/AIDS is now before Parliament, going through the procedures for approval. The main objectives of the national programme are maintaining the low-prevalence profile of HIV/AIDS in the country and ensuring the accessibility and quality of the services necessary for the diagnosis, treatment, counselling, support and care of people at risk and those living with HIV/AIDS.

The Government of Albania is working in close collaboration with a great number of stakeholders, such as non-governmental organizations, private foundations and other civil society organizations, including associations of people living with HIV/AIDS. We fully support their activities, which are crucial for HIV/AIDS policy development, advocacy and implementation, as well as for the delivery of social services to those affected by the disease. We are working to ensure a close partnership between the public and private sectors as a necessary precondition for an effective and expanded national response to HIV/AIDS.

Increasing attention has been paid to improving the school curriculums on HIV/AIDS education and to increasing the awareness of the public at large by organizing national campaigns on HIV/AIDS issues and by requesting the assistance and cooperation of the media on that matter. Avoidance of prejudice and discrimination is also an important element in the overall fight against HIV/AIDS.

Despite the fact that the international community has invested a considerable amount of resources to tackle HIV/AIDS, the epidemic is far from being under control and the response to the disease continues to be far from sufficiently funded, as the Executive Director of UNAIDS stated earlier. In that regard, while I reiterate the strong commitment of my Government to

scale up national expenditure on the fight against HIV/AIDS, I shall use this forum to appeal to others to increasingly unite in their commitments towards effectively fighting HIV/AIDS.

In conclusion, I would like to express once more the support of the Albanian Government to the commitment envisaged by the 2006 Political Declaration, which provides us with guidance in the effective fight against HIV/AIDS.

The Acting President: I now give the floor to the chairman of the delegation of Belarus.

Mr. Metelitsa (Belarus) (*spoke in Russian*): At the outset, I should like to thank the President of the Assembly for having organized this meeting. Belarus has accorded great attention to fighting HIV/AIDS. The United Nations Global Fund to Fight AIDS, Tuberculosis and Malaria has been our reliable partner.

The policy of Belarus in that field is based on the "Three Ones" principle: one national framework strategy, one intersectoral coordinating body and one national monitoring and evaluation system. In addressing the HIV/AIDS epidemic, we have drawn up a national prevention programme for the period 2006-2010 and a strategic plan to fight HIV infections for the period 2004-2008. To monitor and assess the situation concerning HIV/AIDS, we have established a national advisory council that includes State bodies, international and non-governmental organizations, representatives of the private sector and of the Orthodox Church, as well as those infected with HIV/AIDS.

In the six cities with the highest rate of prevalence, groups of sisters of mercy and social workers have been set up to provide treatment, psychological assistance and care. Mutual assistance groups organize round tables, training sessions and conferences that cover medical, socio-psychological, juridical and other questions to cultivate an attitude of tolerance towards those suffering from HIV/AIDS and to improve the quality of their lives.

In the sphere of HIV/AIDS prevention, Belarus has established 52 anonymous consultation centres financed from the State budget and by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Anonymous testing and free prevention are available. A set of measures have been carried out for HIV/AIDS prevention in detention centres and training sessions are held among staff and detainees. We have a single national information system and an effective system for transmitting information from the provinces to the centre. Treatment is a key orientation. HIV/AIDS patients in Belarus enjoy a number of benefits, including access to free medication, and families with children who live with HIV/AIDS are given special monthly allowances.

With the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and international donors, Belarus is gradually getting closer to achieving universal access to antiretroviral therapy. At the present time, there is 73 per cent coverage. As a result of a set of measures we have undertaken, we have significantly increased the level of information among our people about the dangers of HIV/AIDS. We have also lowered the incidence of mother-to-child HIV transmission and mortality rates.

Unfortunately, the situation remains complex. As was rightly noted by the Permanent Representative of Ireland, the number of HIV/AIDS cases in Eastern Europe, including Belarus, is on the rise, albeit very slowly.

In conclusion, I note the need to further scale up United Nations efforts to combat HIV/AIDS. It is important to concentrate attention not just on increasing financial capacities, but also on resolving such practical issues as training medical staff, expanding access to high quality drugs, qualified planning of national programmes and strategies to combat HIV/AIDS. I would like to assure the Assembly that Belarus will contribute to the best of its ability to international efforts in combating HIV/AIDS.

The Acting President: I now give the floor to the chairman of the delegation of Israel.

Mr. Fluss (Israel): At the outset, allow me to congratulate you, Madam President, on your stewardship of this Assembly and thank you for convening this important high-level meeting. I also wish to thank the Secretary-General for his statement and all the other speakers and panellists for their informative presentations. I want to pay special tribute to the representatives of civil society and the affected victims of the pandemic who have come specially for this meeting.

Since 2001, when the General Assembly convened a special session on HIV/AIDS, the

international community has improved its response to the HIV/AIDS pandemic. Despite unprecedented efforts and cooperation in the field, the spread of HIV/AIDS continues with alarming intensity. As we have seen, good humanitarian and development work alone will not score points with the HIV virus. Last year alone, 2.5 million people were newly infected and 2.1 million people died from AIDS. The rates are particularly distressing in sub-Saharan Africa. We must increase our common efforts together and be much more action-oriented.

Israel is fully committed to the Declaration of Commitment on HIV/AIDS and to achieving the Millennium Development Goals (MDGs), in particular MDG 6, which calls for a halt to the spread of HIV/AIDS and universal access to treatment for HIV/AIDS for all those who need it by 2010. Yet, to meet those goals, the international community must sustain the positive momentum garnered by maintaining and scaling up earlier commitments. Successes must be guarded zealously for progress to take hold. States must also adopt a broad-based approach to combating HIV/AIDS. As an example, the prevention of mother-to-child transmission, the education of young people about HIV/AIDS and preventive measures for sex workers all require distinct modes of communication and involve different actors in transferring the necessary knowledge and establishing the relevant social infrastructures. We must put more effort into developing effective and affordable technologies.

Israel is fortunate to have a low rate of HIV/AIDS, in part thanks to broad-based efforts and programmes. Since 1981, Israel has maintained a national HIV/AIDS register. Health education programmes have been developed for both the general population and groups with high-risk behaviours. HIV testing is available at all community clinics around the country and is confidential and free of charge for any person, citizen or non-citizen, requesting the service. In particular, Israel has enacted landmark legislation authorizing children to request AIDS testing without first obtaining the consent of a parent or guardian. My delegation believes that the implementation of such multi-level strategies allows for a mutually reinforcing effect.

At the global level, Israel affirms its commitment to combating HIV/AIDS worldwide, particularly in sub-Saharan Africa, where there is a feminization of the pandemic. Increasing numbers of women and girls are being infected. Hence, attention must be paid to the gender aspects of HIV/AIDS, including empowering women and girls, establishing education programmes and addressing threats of sexual abuse and violence. HIV/AIDS care and treatment should be integrated within reproductive and sexual health rights, with a special focus on gender issues and vulnerable groups.

In March and April of this year, Israel hosted an international workshop on care and support for children affected by HIV/AIDS, in cooperation with UNICEF-Africa. At this very moment, Israel's MASHAV Center for International Cooperation is hosting professionals from Nigeria for a course on sexual health and AIDS prevention for adolescents. The course complements other recent programmes held in Israel in cooperation with countries such as Uganda and Kenya, and UNAIDS-West Africa, which utilize a "train the trainer" approach and make for cost-effective, efficient and sustainable educational intervention, as those professionals return to their communities and implement educational programming.

Mr. Ehouzou (Benin), Vice-President, took the Chair.

In that light, the partnership between Governments and civil society is crucial. Many Israeli non-governmental organizations (NGOs) are engaged in vital work on the ground in several areas relating to HIV/AIDS prevention, training, capacity-building and care. Those initiatives make a significant contribution to the implementation of the Declaration of Commitment and enhance regional and international efforts in the fight against HIV/AIDS. Our outreach includes our neighbouring countries as well as the world at large. Allow me to share just one example: an Israeli NGO, the Jerusalem AIDS Project, is engaged in efforts in Swaziland to assist in training Swazi doctors in HIV/AIDS prevention. That has spawned a programme, Operation AB, which deploys Israeli experts to the country to work with local organizations on capacity-building projects.

Lastly, partnerships should be nurtured between developed and developing countries, taking into account all stakeholders and sectors. The challenge of HIV/AIDS is too great to discount the experiences and best practices of others. Israel reaffirms its commitments in that regard and looks forward to following up on this issue in the future.

The Acting President (*spoke in French*): I now give the floor to the representative of Croatia.

Mr. Jurica (Croatia): I wish to thank you, Sir, for the opportunity to discuss the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, and also to thank the President of the General Assembly for convening this important and timely meeting.

Croatia shares the view of the international community that much more needs to be done on the national, regional and global levels, as the challenges posed by the HIV/AIDS epidemic remain as great as ever. It is only through effective, coordinated action on those three levels that we will be able to mitigate the negative impact of the epidemic.

In seeking to advance that comprehensive approach, Croatia has taken a number of measures at the national level. A committee for the prevention of HIV/AIDS was established in 1990, and three years later the Croatian Government adopted a national programme for the prevention of HIV/AIDS. The programme established wide-ranging approaches addressing HIV/AIDS-related problems, including large-scale education, voluntary testing and counselling, and implementing blood and blood product safety measures. A new national programme for 2005-2010 has been adopted and has been implemented since 2005.

Croatia also established a referral, testing and treatment centre and adopted a framework of involvement for non-governmental organizations targeted at vulnerable groups. A highly active antiretroviral treatment programme was introduced through the national insurance scheme in early 1998 and, since then, has been freely available to all persons living with HIV/AIDS in Croatia at no personal cost. In order to establish a truly multisectoral approach, the national HIV/AIDS prevention committee has been granted top-level Government status to ensure the highest possible commitment to the fight against HIV/AIDS.

Although fewer than 663 cases of HIV infection have been recorded and all other data indicate a low-level HIV epidemic in Croatia, we are fully aware that we are very close to parts of Eastern Europe where the fastest-growing HIV epidemic rate in the world is currently being observed. The geographical position of Croatia as a transit country, an economy based to a great extent on tourism and the growing number of vulnerable populations represent factors for the possible spread of HIV/AIDS in Croatia.

Therefore, the Croatian Government, with the assistance of many international organizations, is focusing on policies and strategies that will make the public more sensitive to the HIV/AIDS issue, especially among the most vulnerable groups — children, young people and women — while at the same time trying to engage civil society in the national response to the epidemic.

Croatia is also committed to fighting the stigma, fear and discrimination that people living with HIV/AIDS are branded with. Education and preventive programmes in schools and universities, targeting teachers, students and high-risk groups are playing a major role in Croatia's HIV/AIDS policy. Major progress has been achieved and a great deal of effort invested in coordinating the activities of the Government and non-governmental sector. As a result, the Ministry of Health and Social Welfare subsidizes the work of several non-governmental organizations and health institutions dealing with HIV/AIDS patients.

Since 2003, Croatia has participated in the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has financed projects dealing with educating high school children, reducing the risks of infection in high-risk populations, making voluntary testing for HIV/AIDS and counselling more accessible, raising the quality of health care for people living with HIV/AIDS and increasing the quality of measures to monitor the spread of infection.

In the last quarter of 2003, in collaboration with the World Health Organization (WHO) regional office for Europe, the Andrija Stampar School of Public Health in Zagreb — whose founder, Dr. Stampar, was the first President of the World Health Assembly, became one of the three Knowledge Hub centres for Central and South-Eastern Europe. The joint efforts of that project focus on HIV/AIDS surveillance in order to enhance the system to prevent and monitor HIV/AIDS cases in the region, since, according to WHO estimates, more than a third of those suffering from AIDS remain unregistered. Moreover, the school was granted the status of a WHO Collaborative Centre for building infrastructure capacity to monitor the HIV/AIDS epidemic. More than 450 participants from 52 countries in Europe, Africa and the Middle East have been educated at the Centre.

Finally, Croatia fully supports the activities focused on the prevention of HIV infections outlined in the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly at its twenty-sixth special session, and the 2006 Political Declaration on HIV/AIDS. My country is also actively involved in the prevention of infection in the framework of achieving the Millennium Development Goals. The report on the results achieved thus far with regard to the Declaration has set new challenges, on which we must work together.

Croatia will continue to give its support through existing and new activities in order to achieve a strong and efficient response to the increase of HIV infections in the world.

The Acting President (*spoke in French*): I now give the floor to the Permanent Representative of Turkmenistan.

Mrs. Ataeva (Turkmenistan) (*spoke in Russian*): Allow me to express our gratitude to Secretary-General Ban Ki-moon and to the President of the General Assembly for having convened this meeting.

HIV/AIDS is one of the most serious problems confronting humankind. For the countries of Central Asia, the expansion of trade, migration, tourism and travel in general have significantly increased the danger of the spread of this disease. Since the disease affects the working population first and foremost and is linked to such dangerous diseases as tuberculosis and drug addiction, which lead to an inability to work and death, it must be seen as one of the most dangerous challenges to all humankind. The situation is compounded by the problems in the region arising from drug addiction, hepatitis and other infections. If timely and effective measures are not taken to prevent its spread, the infection could have a negative impact on the socio-economic situation of the country.

The Government of Turkmenistan has adopted a responsible attitude towards assessing the situation in our country and neighbouring countries, and has taken appropriate action to adopt a comprehensive state-wide approach to the prevention and treatment of HIV/AIDS. In 1991, a law was adopted on preventing HIV-related infections. It was revised in 2001 and a new law was adopted on preventing diseases caused by HIV. In order to implement that comprehensive approach to preventing the disease, we have formulated a national programme for the prevention of HIV/AIDS for 2005-2010. We have established an interdepartmental coordinating committee, which includes representatives of more than 29 ministries and departments, local executive authorities, and public and international organizations.

In order to implement the Declaration of Commitment on HIV/AIDS, our Government has drafted a national plan for monitoring and assessing measures to counteract the HIV/AIDS epidemic in Turkmenistan, which includes a plan for financing the preventive programme to 2010. The Ministry of Public Health and the medical industry have endorsed a provision on the categories of the population that should be screened for HIV. Donated blood undergoes mandatory testing for HIV. An AIDS prevention service has been established, including one national and five regional AIDS prevention centres.

Within our national programme, prevention events are widely held among all categories of the population. We regularly hold informational and educational events that include components covering information, training, the introduction of new techniques, and the drafting and distribution of information materials for various categories of employees and various age and social groups of the population. Since we attach great importance to diagnosing HIV, all laboratories are given testing systems to carry out the necessary research. AIDS prevention centres, counselling services for women, centres for reproductive health, and dermatological and venereal disease clinics provide anonymous treatment and condoms.

The effectiveness of our national programme is enhanced by our ongoing cooperation with the United Nations and its agencies that are represented in our country, primarily the United Nations Development Programme, the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS. With their assistance, we have opened and equipped a youth centre and a national AIDS prevention centre where prophylactics are provided and measures for awareness-raising among our people on AIDS prevention are implemented. On World AIDS Day, with United Nations assistance, AIDS prevention events are held and a variety of information material is distributed free of charge.

The entire system of measures and interaction at the national level is based on the “Three Ones”

approach to providing universal access to prevention, treatment, care and support by 2010: one national strategy, one coordinating organ and one system for monitoring and evaluation.

In order to attain the Millennium Development Goals and the objectives set out in the Political Declaration on HIV/AIDS, we support the need to concentrate the efforts of the world community on expanding scientific research into this problem and to provide effective universal prevention and treatment for people with HIV/AIDS.

The Acting President (*spoke in French*): I now give the floor to the chairman of the delegation of Saint Vincent and the Grenadines.

Mr. Gonsalves (Saint Vincent and the Grenadines): Saint Vincent and the Grenadines associates itself with the statements made by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community and by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China.

The theme of this high-level meeting is couched in optimistic terms, asking us to review the progress achieved in our commitments and declarations on HIV/AIDS. Indeed, considerable progress has been made in the struggle against the pandemic, and it is fitting that the international community take stock of our achievements and individual experiences even as we recognize the tremendous challenges that remain ahead of us.

Saint Vincent and the Grenadines remains a low HIV-prevalence country, with an estimated 0.4 per cent prevalence in the general population. Our national strategic plan, which includes a care and treatment programme and a mother-to-child advancement programme, is rapidly increasing our responsiveness and effectiveness in addressing HIV/AIDS.

Forty-six per cent of health centres in Saint Vincent and the Grenadines have been equipped for the delivery of counselling and testing services, and a number of HIV rapid-test sites have become operational in the past year. A community-by-community outreach programme has been initiated and has tested hundreds of volunteers to date. A human rights desk has been established to field complaints of HIV-based stigmatization and discrimination, and Government ministries beyond the Ministry of Health — including the Ministries of Youth, Tourism, Education and Social Development — are now involved in a multisectoral strategy and action plan to address HIV/AIDS.

Antiretroviral treatment, which became widespread only in 2003, now reaches 86 per cent of patients with advanced AIDS. Eighty-eight per cent of pregnant women were counselled and tested for infection. Even more encouraging is the fact that 100 per cent of infected children under the age of 15 are receiving treatment and that 100 per cent of public schools currently provide life skills-based HIV/AIDS education, a quadrupling of the number from 2005.

Nonetheless, despite the progress achieved, there are clearly no grounds for complacency, even in States with low HIV prevalence. The data paints a picture of a glass half empty, with preventable and treatable new infections still causing death in every corner of the globe.

Saint Vincent and the Grenadines is part of a global trend in the feminization of the pandemic, and we are rapidly approaching a 1:1 male-female ratio of new infections. The spread of HIV in our country, which accelerated 12 years ago and reached its zenith in 2004, is still hovering near peak levels.

Saint Vincent and the Grenadines' survival rate remains unacceptably low. Frankly, our low HIV prevalence may owe something to the fact that many infected persons do not live for a particularly long time, relative to the potential survival rates in developed countries.

Seventy-four per cent of new cases occur in our 20-to-49 year-old demographic, with 3 per cent occurring in persons under the age of 15. Only 10 per cent of the general population has been tested in the past year and knows their results, and, of 15-to-24 year-olds with more than one sexual partner, roughly 40 per cent did not use a condom in their most recent sexual encounter.

Further, Saint Vincent and the Grenadines is part of a Caribbean region that has the second highest prevalence of HIV/AIDS in the world. The pandemic is the leading cause of death among young people in the Caribbean, and between 2001 and 2007 an additional 40,000 infections were recorded in the region.

The relative success of Saint Vincent and the Grenadines, the wider Caribbean and much of the developing world in addressing the heart-rending cases

of HIV/AIDS among mothers and children is laudable, but it also begs the question of why we have fallen short in our treatment of other, arguably less sympathetic segments of society. We must be careful not to allow our deeply held moral convictions or entrenched social norms to dissuade us from wholeheartedly and non-judgementally confronting HIV/AIDS wherever it occurs.

The war against HIV/AIDS may soon reach the point of diminishing returns if we do not begin to broaden the battlefield upon which we fight. It is certainly not an innovative insight to note that the places in which AIDS care is weakest are the places where general health care is weakest, or that the places where HIV/AIDS education is poorest are the places where general education is inadequate. We cannot hope for ultimate success by foisting sophisticated HIV/AIDS testing, treatment and education onto underequipped, underfunded and overmatched national health-care systems. The war against HIV/AIDS cannot succeed until the pandemic is addressed holistically within the context of pre-existing national requirements.

In President Kerim's statement at the beginning of this high-level meeting, he correctly identified HIV/AIDS as a development emergency with cross-cutting implications. Speakers over the past three days have highlighted the security, gender, political, economic, human rights and public health dimensions of the pandemic. Our 2006 Political Declaration on HIV/AIDS also recognized that "the spread of HIV/AIDS is a cause and consequence of poverty" (resolution 60/262, annex, para. 13). Further, in the context of the current global hunger crisis, it is appropriate to recall the Political Declaration's resolution to integrate food security and nutritional support into the battle against the pandemic.

In the light of the many-sided plan of attack against HIV/AIDS, Saint Vincent and the Grenadines calls for a recommitment in three broad areas if we are to consolidate our progress and turn the tide on that human catastrophe.

First, it is critical that we increase global funding for HIV/AIDS well beyond current levels and without bureaucratic income preconditions that cost lives unnecessarily.

Secondly, we must strive to achieve further reductions in the cost of testing, care and treatment of those infected by HIV/AIDS — from the price of laboratory supplies to the cost of second-level antiretroviral drugs, the expense of which remains an unacceptable barrier to long-term survival. In that regard, we strongly endorse the calls made by other States to fully capitalize on the flexibilities within the Agreement on Trade-Related Aspects of Intellectual Property Rights for public health purposes.

Thirdly, we call again for increases in official development assistance up to and beyond the oft-cited 0.7 per cent of gross national income, particularly in the areas of health infrastructure, education and poverty alleviation. The long-unfulfilled promises relating to official development assistance remain a significant blot on the credibility of the developed world and belie many of the commitments and declarations emanating from this body.

Finally, Saint Vincent and the Grenadines applauds the Group of 77 and China, the Republic of Cuba and other States that have used this forum to discuss a vaccine and a cure to the pandemic. With the rapid pace of globalization, ever-increasing travel and the unpredictability of human interaction, an HIV infection anywhere is a threat to health everywhere. It is only with a cure that we can discuss, with finality, the progress achieved against that global emergency.

The Acting President (*spoke in French*): I now give the floor to the chairman of the delegation of India.

Mr. Sen (India): I would like to thank you, Sir, for presiding over this high-level meeting on HIV/AIDS.

India recognizes that political commitment is essential to combating HIV/AIDS. Our national council on AIDS is chaired by the Prime Minister and the State councils are chaired by the Chief Ministers. That political commitment at the highest levels has been critical in containing the epidemic. India has a low adult HIV prevalence of 0.36 per cent, and it is therefore estimated that the HIV-positive population is between 2 and 3.1 million. Enormous efforts are being made to contain and roll back the epidemic.

The national AIDS control programme in India works on the basis that prevention is better than cure. It is committed to ensuring universal access to HIV/AIDS prevention, and 75 per cent of its budget is allocated to the execution of preventive services, particularly

among groups with high-risk behaviour. Voluntary blood collection has increased, and the capacity of blood banks to screen out infected blood is continuously being strengthened. Treatment of sexually transmitted infections is accorded high priority and a target of treating 10 million cases has been set.

Our data collection capabilities have increased manifold. In a country of India's size and diversity, that has been essential in mapping the geographical spread of the epidemic and in identifying the demographic parameters of the epidemic.

Counselling and testing services, which started in a few centres in 2000, are now provided in nearly 5,000 facilities. Testing increased more than sixfold in two years, with 7 million persons tested last year. An additional 3 million women in the antenatal period were tested under the prevention of parent-to-child transmission programme. That scaling up of testing facilities has resulted in the detection of 1 million HIV infections. It is planned to further increase the number of tests by 300 per cent in the next five years and to bring it to 22 million annually by 2012. Those counselling and testing services are provided free to all Indians, a practical example of our commitment to universal access.

The Government of India recognizes that the stigmatization and discrimination associated with the disease can be as bad as the physical suffering. A comprehensive communication strategy on HIV/AIDS, developed by the Government, addresses that issue along with the classical prevention aspects. Special attention is being given to youth and women, who are often the worst sufferers. An adolescent education programme covers more than 100,000 schools.

The Red Ribbon Express Train was launched in December 2007 and will cover 180 stations and over 50,000 villages over a year. Efforts to promote an enabling environment and to reduce societal discrimination of persons infected with HIV and their families are being made involving civil society, political leadership, workers at the grass-roots level, self-help groups and others. A Government policy document on gender equality and a draft law on AIDS that will, among other things, address those issues are being finalized.

Mahatma Gandhi once said that "it is health that is real wealth and not pieces of gold and silver". In accordance with that philosophy, in the face of resource constraints and competing priorities, the Government of India is committed to ensuring that no Indian dies of AIDS because of lack of treatment. One hundred and forty thousand of our citizens are currently receiving antiretroviral therapy and treatment for opportunistic infections. Blood monitoring services to determine when HIV-positive persons might require treatment are also provided free. Again in the face of resource and capacity constraints, we are also trying to make available second-line drugs.

I would like to compliment President Kerim on his active efforts to involve civil society in the proceedings of this event. The informal civil society hearing was remarkable in the diversity and the personal commitment of the participants to the battle against HIV/AIDS. In India, the Government has actively involved civil society in the war against HIV/AIDS, with 764 non-governmental organizations enlisted by the national AIDS control programme to deliver targeted interventions.

Although HIV/AIDS has yet to find its Edward Jenner or Jonas Salk, antiretroviral medications ensure that AIDS patients can live. My delegation is therefore perturbed by paragraph 38 of the Secretary-General's report (A/62/780), in which it is noted that only 30 per cent of those who needed antiretrovirals were receiving those drugs. We are even more perturbed by paragraph 41 of the report, which states that those shortfalls are expected to continue.

I would like to draw the Assembly's attention to the Indian experience in producing antiretroviral drugs. For the same amount of money that would provide 20,000 rich patients in developing countries with branded and patented medicines, Indian pharmaceutical companies can provide generic antiretroviral drugs to 2 million patients in those countries. Not only are Indian generic retroviral drugs 100 times cheaper than their Western counterparts, they are also more suited to the special needs of the developing world, besides being far more effective than those produced in the developed world. Our companies and research have produced a unique triple antiretroviral drug, as well as paediatric formulations, that make life far easier for patients.

I would like to endorse President Kerim's view that addressing the interconnected problems of HIV/AIDS, climate change, extreme poverty, hunger, sustainable development and rising food prices is a moral and political imperative of our time. Thanks to

the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), intellectual property rights are in the private domain and the monopolistic pricing of seeds and other inputs exacerbates the problem of food insecurity and high food prices. That increases malnutrition and the malnourished population. To fight climate change, adaptation and mitigation technologies need to be available at affordable rates and, again, TRIPS is a barrier. Global warming would increase and make disease vectors more widespread.

Finally, many of those who survive those two would perish because they cannot afford medicines, again thanks to TRIPS. They would not even be left with affordable traditional herbs, thanks to biopiracy and patenting and a refusal to act on the Convention on Biodiversity at the negotiations in the World Trade Organization in Geneva. Professor Stiglitz, the Nobel Prize winner, in his book *Making Globalization Work*, therefore accurately states that TRIPS was the death warrant for thousands of people in the poorest countries of the world. High prices also reduce the welfare of consumers in developed countries.

The General Assembly, given its universality and convening power, can discuss and give directions on that vital issue. It is not necessary to be so radical as to try to reopen the whole of TRIPS — we are not saying that — but it is, at least, necessary to make the public health exception simple and effective and to have similar exceptions for seeds and climate change. Section 5 in TRIPS on compulsory licensing was a problem because Article 31 (f) restricted it to the domestic market, and that was a problem for countries that do not have domestic generic manufacturing capacity.

World Trade Organization document WT/L/540 waives Article 31 (f) but takes away with the right hand what it gives with the left. The current procedure — and I will not spell it out, as it is in the circulated version of this speech — is far too cumbersome, and that is why no country has been able to make use of that so-called public health exception. It is important for those countries that have domestic generic manufacturing capability to use all the flexibilities in TRIPS. Indian law has done that. Some pharmaceutical companies challenged that in the Indian High Court but failed. Hopefully, affordable drugs for the benefit of all will continue to be produced by Indian manufacturers.

HIV/AIDS needs a vaccine like those that terminated the threat of polio and smallpox, as delegations before me have said, including the last delegation. India is at the forefront of global efforts to develop such a vaccine. Indian research institutes, such as the National AIDS Research Institute, the Tuberculosis Research Centre and the All India Institute for Medical Sciences, are engaged in clinical evaluations and trials of vaccines. A prototype of candidate vaccine, based on DNA/MVA, has also been developed for HIV-1 subtype C at the All India Institute for Medical Sciences. It is our hope that those combined efforts will lead in a few years to the relegation of AIDS, like the Black Death, to the realm of history and nursery rhymes.

The Acting President (*spoke in French*): I now give the floor to the Permanent Representative of Andorra.

Mr. Font-Rossell (Andorra) (*spoke in French*): First of all, I should like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and all its partners for convening this meeting, which aims to evaluate the progress made in the fight against HIV/AIDS. It is important to emphasize the unwavering and noteworthy work undertaken by UNAIDS and its partners in the field.

I wish also to pay tribute to the important work of the Secretary-General, who, in his annual report (A/62/780), describes the development of the HIV/AIDS situation. It must be acknowledged that the spread of the epidemic has slowed. Indeed, we note that access to treatment has markedly improved, allowing us to see a decrease in the annual rate of new infections and a significant drop in the annual number of deaths caused by AIDS.

The international community is undertaking a series of actions to combat the scourge that has threatened us now for more than 25 years. The 2001 Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS of 2006 are only two examples that attest to international awareness and the intense struggle that we are waging together to address the epidemic.

The scientific reports confirm that it is now possible to curb the advance of HIV/AIDS. The goal is thus to achieve universal access to prevention, treatment, care and support. Even though significant progress has been made, it is vital to continue our efforts, for HIV/AIDS is a disease that knows no economic or social boundaries and that affects all

population groups, regardless of age, sex, social level, culture or country of origin. We must remain vigilant about the problem and strive to achieve our objective for 2015.

The results set out in the annual report illustrate the terrible situation besetting sub-Saharan Africa. That region recorded the greatest number of deaths caused by HIV/AIDS in 2006 and 2007, and has the greatest number of persons affected by the disease. We need to find a remedy to this urgent situation and we urge all to pursue their efforts to focus international financial aid on that region.

The moment has come to focus some of our efforts on finding lasting, long-term solutions that will allow us to follow up on the progress made until we totally exterminate the disease. Prevention should be the cornerstone of our activities. The protection of our children and of future generations should be the primary motivation for keeping our attention focused.

As I have stated, HIV/AIDS affects all societies, including Andorra. In 2005, Andorra established a national plan centred chiefly on information and the prevention of HIV/AIDS among adolescents and young adults. The national UNICEF committee in the Principality, implementing the recommendations of the United Nations on special care for AIDS, developed a programme of action on prevention for young people, in cooperation with the Ministry of Health, Social Welfare and the Family. That project primarily involves promoting information, consciousness-raising and prevention in order to prevent the transmission of HIV/AIDS among young adolescents.

Further, the project has several specific goals. First, in the area of education, we seek to promote good habits, instilling a sense of responsibility in individuals so that they can acquire essential knowledge, attitudes and habits. Secondly, we strive to instil a sense of responsibility in young people, preparing them to adopt a healthy and balanced lifestyle. Thirdly, we seek to involve young people in executing prevention programmes. Fourthly, we are working to end prejudices arising from the misinformation and lack of knowledge that engender attitudes that marginalize those suffering from the illness.

In order to reach out to the greatest number of young adolescents, the Government of Andorra has decided to work with groups of youth trainers. Thus, specific training has been organized for personnel in contact with young people in sports settings, leisure centres, parents' associations and, of course, schools.

Andorra is deeply committed to international cooperation to fight HIV/AIDS. Apart from its traditional contribution to the funds and programmes of UNAIDS, Andorra has over the past three years funded four projects of cooperation for development in countries of sub-Saharan Africa. My Government attaches great importance to the project set up in Cameroon, in cooperation with UNICEF, the purpose of which is to provide psychological and social support for children who have been made orphans by or are vulnerable to HIV/AIDS.

This meeting should allow us to understand and assess the new challenges raised by HIV/AIDS around the world. The vigorous mobilization of the international community to fight one of the major causes of death on the planet must be tirelessly maintained. We must make use of the experience acquired and build on our substantial successes in seeking to eradicate the most significant pandemic of modern times.

The Acting President (*spoke in French*): I give the floor to the chairman of the delegation of Tuvalu.

Mr. Pita (Tuvalu): I am speaking on behalf of the Minister of Health of Tuvalu, who is not able to attend this important meeting due to his prior commitments.

Let me first join previous speakers in congratulating the President of the General Assembly and the Secretary-General on their joint efforts and able leadership in convening this timely and important high-level meeting on HIV/AIDS.

Let me also align myself with the statement delivered by the Minister of the Republic of the Marshall Islands on behalf of the Pacific small island developing States and the statement delivered by the Permanent Representative of Bangladesh to the United Nations on behalf of the least developed countries.

Tuvalu welcomes the Secretary-General's comprehensive report (A/62/780) on the progress made on the Declaration of Commitment on HIV/AIDS. The progress in response to HIV is evident in many regions, reflecting a return on the substantial investments made to date. However, progress remains uneven.

Despite its small size and remoteness, Tuvalu has not been spared from the effects of HIV/AIDS. In 1995, the islands recorded their first case of HIV, and since then a total of 10 cases have been confirmed. With a small population of only 10,000 people, that translates into one of the highest per capita rates of HIV in the Pacific region.

To respond to HIV, the Ministry of Health of Tuvalu, in partnership with non-governmental organizations (NGOs), formed the Tuvalu National AIDS Committee, which combines the efforts of key Government departments, NGOs, community-based organizations and civil society, in order to work together towards halting the spread of HIV and sexually transmitted infections in Tuvalu. The Committee has been very successful in achieving a coordinated multisectoral response to HIV.

In response to the heightened concern about Tuvalu's vulnerability to the HIV epidemic, a comprehensive national HIV and AIDS strategy for the period 2008-2012 has been developed by the Tuvalu National AIDS Committee and is now the platform for a stronger response to HIV.

In the midst of all our efforts to contain and stop the spread of HIV in Tuvalu, there are areas of concern that constrain the progress of work towards achieving our goals. Tuvalu started treating HIV patients in-country at the end of 2007. However, the diagnostics and monitoring of patients on antiretroviral drugs remain a great challenge for our patients. Confirmatory testing is still not readily available in-country, let alone CD4 and viral load monitoring. Requests for these tests are still being sent to reference laboratories within the Pacific region, with an average turnaround time of two to four weeks.

Lack of diagnostics for opportunistic infections is also a problem for Tuvalu. It remains a great challenge, particularly if we are to offer people living with HIV in our country the full range of treatment.

Tuvalu remains committed to creating policies that enable psychosocial support and opportunities for social and economic reintegration in order to assist in addressing vulnerabilities at the community level. In addition, sustainable financial support for national HIV programmes remains a pivotal component of any strategy to combat HIV. The Government of Tuvalu has committed to allocate in its recurrent annual budget a lump sum to support HIV treatment and procurement of antiretroviral drugs.

Tuvalu welcomes the continuous support and assistance of the Global Fund, the United Nations agencies and other donor agencies within the Pacific region that are instrumental in supporting national plans in the priority areas of management, treatment, care and support, surveillance, blood safety and diagnostics. It is important for those mechanisms to continue to allow for sustainable technical and financial support to small island States like Tuvalu. Whilst progress has been made in the fight against HIV/AIDS in Tuvalu, recent increases in food prices and in the cost of oil are expected to have an impact on the sustainability of national HIV/AIDS programmes.

A more pressing issue that is of grave concern to the Government of Tuvalu is the effects of climate change on health. Tuvalu is one of the small island developing States most vulnerable to the impact of climate change, especially the sea-level rise. However, the effects of climate change on health alone are considered to be far more acute and have the potential to seriously undermine the very existence of our people and our country. In that context, it is vitally important that due consideration be given to addressing and including climate change, the current global food crisis and oil costs in the framework of HIV/AIDS programmes.

In conclusion, let me reaffirm my Government's commitment to achieving the goals set out by the 2001 General Assembly at its twenty-sixth special session. Tuvalu is committed to achieving the Millennium Development Goals and has made good progress at this point halfway towards the target date of 2015.

However, Tuvalu still needs the ongoing assistance of regional and international organizations in providing the technical and financial assistance and support required for the development and implementation of its targeted programmes on HIV/AIDS. Let us continue to work together in our fight to combat the global HIV/AIDS pandemic.

The Acting President (*spoke in French*): I now give the floor to the Permanent Representative of Papua New Guinea.

Mr. Aisi (Papua New Guinea): I am privileged as the head of the Papua New Guinea delegation to

deliver this statement on the response to the HIV/AIDS epidemic in our country.

Papua New Guinea also associates itself with the statement delivered by the representative of the Republic of the Marshall Islands on behalf of the Pacific small island developing States.

Papua New Guinea became the fourth country in the Asia Pacific region to declare a generalized HIV epidemic after the prevalence rate of HIV among antenatal women exceeded 1 per cent in 2002. An accumulative total of 6,469 people were reported to have been infected among the general population of about 5.4 million. At the end of 2006, a total of 18,484 people were confirmed HIV-positive. The male-to-female ratio was about one to one. The mode of transmission of HIV in Papua New Guinea is predominantly unprotected heterosexual intercourse. That is followed by mother-to-child transmission and a few cases through men having sex with men.

In December 2007, the national prevalence rate was projected at 1.61 per cent, with a total 56,175 people living with the virus. The sex/age distribution of HIV cases is, unfortunately, concentrated in young people between the ages of 15 and 29. That age group accounts for 64 per cent of all reported cases, and notably, in that age group, girls account for two thirds of the total. Interestingly, males dominate in the older age group of 35-to-49 years.

The Government of Papua New Guinea has taken the lead in the national response to the epidemic. In 1997, the National AIDS Council was established under an act of Parliament, with its main function being the national coordinating authority on HIV/AIDS in Papua New Guinea. In 1999, the Government approved the medium-term plan on HIV/AIDS, which has now been superseded by the national strategic plan on HIV/AIDS for the period 2006-2010. In 2000, 20 provincial AIDS committees were established. In 2003, our national Parliament adopted the HIV/AIDS Management and Prevention Act, which addresses human rights principles on stigmatization and discrimination, confidentiality, testing and criminalizing the intentional transmission of HIV.

In 2004, the Government incorporated the Millennium Development Goals in its medium-term development strategy and, in so doing, stressed HIV/AIDS as a development issue and not just a public health issue. The Government also made addressing HIV/AIDS one of its priority expenditure areas for the next five years. The Government and Parliament also established a parliamentary committee on HIV/AIDS.

Papua New Guinea has applied the “Three Ones” principle of the Joint United Nations Programme on HIV/AIDS (UNAIDS). There are one national multisectoral plan, which in Papua New Guinea is reflected in our national strategic plan; one coordinating authority, which in Papua New Guinea is reflected through the National AIDS Council and its secretariat; and one monitoring and evaluation system, which in our country is represented through the monitoring and evaluation framework of the national strategic plan.

The challenge now is making those three existing principles work for a comprehensive Papua New Guinea response. The comprehensive efforts towards achieving a multisectoral national response to HIV/AIDS are of critical importance. That means that the sectors involved in the response will have to be mobilized in the country to work together. At this stage, that is best exemplified by the strong leadership provided by the Catholic and Anglican churches. By “sectors”, we mean that public, private and civil society organizations must work together to address HIV both in the workplace and within families. People living with the virus have come forward and formed associations in some of our provinces and established a network of HIV-positive people, which is now gaining the support of many of our provincial Governments.

However, for a multisectoral response to be feasible, sector-based coordination mechanisms need to be developed. In that regard, the business coalition against HIV coordinates the response of the private sector, while the Papua New Guinea Alliance of Civil Society Organizations coordinates the response of civil society. In addition, the National Joint Coordinating Committee, which is being worked on, will represent the public sector, while the provincial AIDS committees represent the response of our 20 provinces. Other non-governmental organizations, such as Igat Hope, provide the mechanism to sustain the network of HIV-positive people in that response.

Papua New Guinea has begun to respond to the new global strategy of scaling up towards universal access. Greater emphasis is now being placed on the scaling up of treatment, prevention, care and support, and monitoring and surveillance. Papua New Guinea

completed its country report pursuant to the recommendations of the General Assembly special session, which was delivered to UNAIDS in Geneva on 30 January 2008.

The country report entails the following scaling up activities. The national prevention strategy, which is in the final stages of its drafting, incorporates high-risk settings; behavioural change activities with youths, both in school and out of school; marginalized populations and high-risk groups, such as sex workers, men who have sex with men; addressing the gender issues, in particular family and sexual violence; and the empowerment of women.

In order for the response to be effective, there has to be a strong political will. The Government of Papua New Guinea has taken that step by setting an enabling legal and policy framework. A new development has arisen in the form of a leadership strategy that will guide the response by leaders in all sectors and at all levels of our society. Programmes are now being developed to sensitize political leaders, bureaucrats and civil society leaders on HIV/AIDS issues and the socio-economic impacts.

The national Government has honoured its commitment to fighting HIV/AIDS with an increased funding allocation to the national AIDS secretariat from 7 million kina, which is about $2 million, in 2006, to 18 million kina, which is about $6 million, in 2007.

In terms of treatment, there are significant efforts being undertaken to scale up care and treatment services throughout the country. Those efforts are being supported by our national development partners. In 2005, Papua New Guinea received a $29-million grant from the Global Fund for five years to support care and treatment. As of March 2007, there were about 27,000 people receiving testing and counselling, compared to 3,052 in 2006, with the number of accredited voluntary counselling and testing centres reaching 62. In 2007, the National Department of Health introduced provider-initiated testing and counselling with a view to scaling up HIV testing in the health sector countrywide.

With the recent introduction of an antiretroviral treatment programme, the issue of the supply of drugs has been discussed with the Department of Health, the World Health Organization (WHO) and the Clinton Foundation. In order to scale up an uninterrupted drug supply, service at delivery points is crucial. The procurement supply management systems need much improvement. All drugs for adults and children are procured through the Global Fund and the Clinton Foundation for drugs for children. Ninety per cent of the total number of patients is on the first-line drug treatment regime, while 15 are on the second-line regime. In addition, Papua New Guinea will be using the modules provided by WHO.

Treatment is currently free until 2010. Thereafter, it will be paid for by patients. Fortunately, the Clinton Foundation — and we are grateful to it — has given its commitment to subsidize the cost of treatment.

A prevention of mother-to-child transmission programme has also commenced in seven of our 20 provinces. In 2004, the programme saw a total of 20,000 pregnant women access its services. The coverage of the programme fell from 3.48 per cent in 2006 to 2.32 per cent in 2007 due to programme repositioning by the National AIDS Council secretariat to the National Department of Health. That will again require a lot of attention in the scaling-up process.

The Government recognizes the need to address HIV/AIDS with gender-based approaches. One development has been the launching of a national gender policy to guide efforts to integrate gender issues into the HIV/AIDS response. That area still requires a lot of work, as gender-related issues are so prevalent.

The Government also recognizes that in order to understand the epidemic in Papua New Guinea and take action that is evidence-based, it must be guided by scientific and social behavioural research. In 2007, a national research agenda meeting was convened to guide research-based or evidence-based responses in the country. The national research agenda document takes stock of past research on HIV/AIDS, placing emphasis on research gaps to guide our interventions.

While monitoring and evaluation were done in a minimal way through small projects, it is critical that a national monitoring and evaluation system be set up to enable us to appreciate the level of the response and understand the trends of the epidemic.

The monitoring and evaluation process has been supported by UNAIDS, the Australian Government Overseas Aid Program (AusAID) and the Asian Development Bank to strengthen the data collection, collation, flow, storage and dissemination processes in

the Health Department and the National AIDS Council secretariat. Coordination of monitoring and evaluation efforts is also done at the provincial levels. The surveillance system will need to be improved if we are to understand the level of the epidemic in Papua New Guinea.

The programme activities and efforts undertaken by a host of stakeholders on the ground have been enormous, and it would be remiss of me not to mention our development partners on the ground, who are greatly assisting in the response. They include AusAID; United Nations agencies such as the United Nations Development Programme, UNAIDS, UNICEF, the United Nations Population Fund, the United Nations Development Fund for Women and WHO; the Clinton Foundation; the Global Fund; the European Union; the Asian Development Bank; the World Bank; the United States Agency for International Development; New Zealand's International Aid and Development Agency; and other international non-governmental organizations, such as Save the Children and Family Health International, to name but a few.

The Development Partners Forum coordinated by UNAIDS in Papua New Guinea provides an avenue for partners to convene discussions around the focus areas of the one plan that they are committing resources towards. For scaling-up efforts to be improved, enhanced cooperation at the level of donor partners is crucial, and it must be encouraged by Governments in countries in order to avoid duplication of resources and operating in isolation. That model of cooperation is working well for us in Papua New Guinea.

Lastly, on behalf of my Government, I wish to thank the United Nations and its agencies for the assistance it has given to Papua New Guinea. That includes, in many instances, the rest of the Pacific region, which has specific vulnerabilities that will determine the varying responses to HIV/AIDS while expanding on the lessons learned from other countries.

The Acting President (*spoke in French*): I now give the floor to the representative of Italy.

Mr. Mantovani (Italy) (*spoke in French*): Italy aligns itself with the statement made by the representative of Slovenia on behalf of the European Union.

(*spoke in English*)

We recognize the inalienable human rights of people affected by HIV/AIDS. Women, girls and children are particularly subject to stigmatization and discrimination as a result of the disease, and our fight against HIV/AIDS must include a vigorous defence of their rights.

Italy is committed to the fight against epidemics, in particular HIV/AIDS, through action at home, support for the competent international organizations and bilateral projects in the countries where those diseases are most widespread.

The HIV/AIDS epidemic in my country began in 1982. The rate of infections and mortality rose until 1995. Last year, we had fewer than 200 AIDS-related deaths. Italy's national programme includes measures for prevention, treatment and support, as well as research into developing vaccines. One of those is already being tested in Italy and in South Africa.

At the international level, Italy supports the action of the Joint United Nations Programme on HIV/AIDS, the World Health Organization (WHO) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are among the founders of the Global Fund, and from the outset we have demonstrated our confidence in that innovative instrument, which has helped to save millions of lives over the years. We have contributed €790 million to the Fund and were among the first to deliver our contribution — €130 million — for 2008. We will allot an equivalent sum, if not more, in 2009 and 2010. We believe in the Global Fund, in its special structure as a public/private partnership and in its composition, which includes communities affected by the disease, civil society and public and private donors. As proof of our confidence, we have always included representatives of civil society in our delegation to the Fund's Board.

Together with WHO, Italy has launched a joint initiative to fight HIV/AIDS in sub-Saharan Africa, to which we contributed €12 million between 2002 and 2008. We have also promoted a parallel initiative to monitor tuberculosis in general and AIDS-related tuberculosis in particular, to which we have contributed €6 million. The purpose of that capacity-building initiative is to maximize the use of Global Fund resources to improve the performance of local health-care personnel and help build a functioning partnership at the country level. At the same time, we have entered into bilateral agreements with several countries in the

region to help implement national programmes to monitor HIV/AIDS and tuberculosis.

We renew our commitment to the target of attaining universal access to HIV/AIDS treatment, prevention, care and support by 2010, and of achieving Millennium Development Goal 6. Italy will make the fight against epidemics one of its central themes while holding the presidency of the G-8 next year. We are open to new ideas from all of the advocacy groups and civil society as a whole in order to update, if necessary, specific targets during our term. We have already heard many important and useful testimonies during this meeting, particularly the call for action of former President Sampaio of Portugal.

We must pay special attention to the situation of women in the framework of the HIV/AIDS epidemic. To an increasing extent, it is vital to support programmes focused on sexual and reproductive health. It is vital to prevent violence against women. It is vital to foster the greatest possible inclusiveness in health care. It is vital to promote growing awareness of the issue among men, women and young people.

Attention must be paid to strengthening health-care systems, without which no action against epidemics can be effective. HIV/AIDS can no longer be treated as an emergency. The response to the epidemic should be fully integrated into national health-care systems. Strengthening those systems means making them more efficient, helping them to better ensure the care and treatment of the whole population and enabling them to retain their health-care workers.

The recent food crisis, the rise in oil prices and climate change have significant repercussions on the fight against HIV/AIDS. Italy is deeply engaged in food assistance. We must work towards finding a solution to the food crisis, which will also guarantee the right to food of people affected by HIV/AIDS and assure the effectiveness of antiretroviral therapy.

Universal access by 2010 is an ambition that we must honour, together with the targets set for 2015. The world expects no less of us. In that endeavour, Italy will continue to do its part.

The Acting President (*spoke in French*): I now give the floor to the Permanent Representative of Cape Verde.

Mr. Lima (Cape Verde) (*spoke in French*): My delegation associates itself with the statement made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China and by the representative of Egypt on behalf of the African Group.

Above all, I would like to thank the President of the General Assembly for having convened this important meeting and Secretary-General Ban Ki-moon for his excellent report (A/62/780), which sets out many of the activities in which we have been successful and those that remain essential to achieving our goals in this long and painful struggle against the AIDS pandemic. The outstanding work done by the Joint United Nations Programme on HIV/AIDS may be cited as a model and deserves our full recognition.

The implementation of the Declaration of Commitment on HIV/AIDS of 2001 and the Political Declaration on HIV/AIDS of 2006 has ensured real progress in the worldwide fight against AIDS. The world has tackled a tremendous task in order to slow, reduce and roll back that dreadful world scourge, which has cost to date more than 25 million lives, especially among young people and women. Men and women everywhere are struggling and striving to extricate the disease from their lives. In Africa, where the virus seems to have grabbed everyone by the throat, the struggle is ongoing. It has been a long, dark night, but the day is dawning.

We therefore do not wish to wallow in the negative results that can be seen here and there. Let us be positive with regard to the issue of AIDS. Let us be enterprising and let us, above all, retain our hope, because it is our only source of strength when we are affected by AIDS and become its victims.

Since independence, Cape Verde has made health one of its main development pillars. In 1975, we had the worst health indicators in the subregion, and today we can say that we now have the best. Notwithstanding those achievements, we are aware that the challenge is still huge, in particular because of the country's vulnerability.

Since the diagnosis of the first case of AIDS in our country in 1986, Cape Verde has mobilized its efforts to confront the epidemic. In 1989, the first national seroprevalence survey was carried out, showing a national prevalence rate of 0.46 per cent among those between 15 and 55 years of age. From the outset, the Government of Cape Verde has regarded

combating HIV/AIDS as one of its greatest priorities, and it has been able to draw on the invaluable support of major international partners, in particular France, the European Union, the World Bank, the GTZ of Germany, the United Nations system and, most recently, the Brazilian Government and the Clinton Foundation, among others. Without such fundamental support, Cape Verde would not be able to remain in the category of countries having a low prevalence of AIDS, that is, less than 1 per cent.

Likewise, the decision to introduce antiretroviral treatment in 2004 would not have been possible without international support. Since 2002, a multisectoral strategic plan has been implemented to cover the period 2002-2006, with the definition of a single policy framework, a single coordinating authority — the Committee for the Coordination of the Fight against AIDS, chaired by the Prime Minister — and a single system of monitoring and evaluation, in keeping with the internationally agreed principle of the "Three Ones". Thanks to $9 million in loans from the World Bank in April 2002, that multisectoral plan reached cruising speed in 2004. At the midterm review, it was determined to be very satisfactory.

Cape Verde now belongs to the group of African countries that have most successfully carried out the fight against AIDS. Significant progress has been made in the implementation phase, most notably with the official launching of services providing antiretroviral therapy. More than 150 patients are being treated through that scheme. Cape Verde society has been mobilized to a great extent through the multisectoral programme for the fight against AIDS. A number of epidemiological studies and social/behavioural surveys have been undertaken to achieve a better understanding of the epidemic through an exemplary partnership between the Committee for the Coordination of the Fight against AIDS, public institutions, the ministries, municipalities, non-governmental organizations and community associations.

The cross-cutting and decentralized approach taken in implementing the multisectoral programme to combat AIDS are important assets in our struggle against AIDS in Cape Verde. We must work to preserve and consolidate this widely hailed progress in order to prevent a tragic reversal of our achievements. The evolution of our struggle against AIDS has led to the establishment of the first support group for HIV-positive people in Cape Verde. We have also noted the voices of HIV-positive people making themselves known in society as they claim their rights as citizens, a process that will strengthen the fight against that scourge in our country.

Bearing in mind the nature of AIDS, its many facets and the fact that it is both a public health problem and a social, economic and human rights problem, it is important to avoid any delays at this stage. Cape Verde strives to act in a manner commensurate with the challenges that we face in the area of consolidating the institutional framework established thus far, preserving social mobilization and maintaining the commitment of Cape Verdians to providing universal access to prevention measures and care. We must also provide sustainable universal access for patients to treatment and care.

Conscious of the need to diversify our funding sources, we have undertaken efforts in the area of forming partnerships and of drafting specific proposals, which have not always evoked the desired response from the international community. Cape Verde will have to guarantee the funding necessary for the multisectoral programme to combat AIDS, without which all the gains made thus far could be jeopardized. The country's economic and social vulnerability must be taken into account so that Cape Verde's access to global funds is jeopardized precisely because it has made judicious use of the funds provided to it and has a very low prevalence of the disease in the country. Indeed, without the support of the international community, the results achieved in controlling the epidemic may be jeopardized and there may be a serious reversal in the containment of the disease.

We want to contribute to the struggle against the HIV/AIDS epidemic within our continent, Africa, and show the international community that it is possible for Africans to overcome the challenge of controlling the disease.

In conclusion, we would insist that, without support, Cape Verde will not have enough resources to successfully continue its fight against AIDS. The World Bank's financing comes to an end at the end of this year, and successive requests to the Global Fund have not yet yielded results. If our candidacy for the eighth cycle of the Global Fund is not successful, Cape Verde will be forced into a difficult situation, because we have no way of maintaining our programmes for prevention and care for patients.

Like other political representatives today, we would like to say that we as Africans will be and are capable of dealing with AIDS. As has often been stated here recently, “yes, we can”. We, the victims of AIDS in Africa, are empowered to say, “yes, we can”. But I believe that we, the peoples of the world, can also state, in the light of the results that we have already achieved, “yes, we can”.

The Acting President (*spoke in French*): I now call on the Permanent Representative of Bolivia.

Mr. Siles Alvarado (Bolivia) (*spoke in Spanish*): As representative of the Bolivian Government, I am particularly honoured to be able to offer, on behalf of my Government, some thoughts in this meeting to review the progress achieved in implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

With the signing of the Declaration of Commitment on HIV/AIDS by Member States at the twenty-sixth special session of the General Assembly, held from 25 to 27 June 2001, Bolivia, as one of the countries undertaking the commitment, embarked on a process of response to the epidemic with alternating periods of stagnation and significant progress.

Mr. Soborun (Mauritius), Vice-President, took the Chair.

Our response began timidly and was marked by a slow response, with a strong component of misinformation, stigmatization, discrimination and lack of proper care, chiefly to the detriment of the country’s most vulnerable population groups, which represented lost opportunities to launch a methodical and systematic process of epidemiological studies, follow-up and monitoring in our efforts to control the epidemic. However, in the past two years, the country launched a new process of management based on the General Plan for Social and Economic Development for a worthy, sovereign and productive Bolivia. That came about as a result of the firm resolve of the Bolivian State under its new leadership, led in the health sector by the Ministry of Health and Sports through a national programme on sexually transmitted diseases and HIV/AIDS.

That cross-cutting health plan, as part of the national development plan, rests on four fundamental pillars of health policy: the strengthening of management; the promotion of health; implementation of the model of traditional medicine, and family and community health; and social mobilization.

On the basis of those principles, the most significant achievements in the national response to the HIV/AIDS epidemic, which has been made a priority, include strategic regulation, clinical therapy, techniques and management, guidelines that regulate and provide for the possibility of significant improvements in the provision of services.

That resolute political decision of the State is reflected in the adoption of a prevention and protection law for persons living with HIV/AIDS, enacted in 2007, as well as in ministerial resolutions that clearly define the rights of vulnerable groups with sexual differences. With regard to human rights, those groups are succeeding in claiming their legitimate right not to be discriminated against, stigmatized or marginalized in receiving fair and equal support. The regulations also establish universal care, including for internal and external migrant groups, making it possible to eliminate border barriers, reflected in the fact that there is no restriction on entry to the country for carriers of the virus.

On the basis of a commitment to continuous support, the country, through the national treasury, has also begun a process of increasing financial contributions so as to act in synergy with external cooperation and gradually to succeed in providing comprehensive care for those affected by guaranteeing medication, psychological and nutritional support, as well as other inputs. However, it is also clear that the results are insufficient to roll back the epidemic any time soon.

The prevention component in the health policy, with its more comprehensive approach to the promotion of health, has yielded positive results with the active participation of key players, such as civil society, and bilateral, multilateral and Government organizations, making it possible to pursue a sustained promotion and prevention plan in the field of health, not only to educate the population but also to provide good living conditions and to enhance survival and the quality of life, chiefly of the groups most affected.

The President took the Chair.

Having the greatest ethnic, cultural and multilingual diversity in the Latin American and Caribbean region, Bolivia needs a more complex

approach to enhance health promotion and prevention in rural sectors, especially where the inhabitants are indigenous peoples, which represent 60 per cent of the total population of the country. Precisely because of the principles that guide our health policies, it has become essential to enable that sector of the population to achieve a low rate of prevalence of the disease and thereby avoid a possible expansion of the epidemic.

In conclusion, allow me to affirm Bolivia's resolute commitment to continuing the fight to roll back the HIV/AIDS epidemic by means of intensive preventive and promotional activities with the purpose of significantly reducing the indicators in the affected population.

The President: I now give the floor to the chairman of the delegation of Samoa.

Mr. Elisaia (Samoa): HIV/AIDS is a catastrophic pandemic, causing chaos and untold suffering worldwide. Its reach is global and, to date, unstoppable. It has no respect for national borders or Government sovereignty. Its victims are selected indiscriminately. Born and unborn babies are robbed of their youth, girls and boys of their adulthood, women and men of their productive lives, their dignity and their worth, and countries are dispossessed of their valuable human assets.

Looking back, despite man's best efforts to date, an end to that human tragedy remains a distant reality and an elusive goal. The question is whether we can win the war on HIV/AIDS. Samoa believes we can, and we should.

This is a timely stock-taking meeting — an opportune reality check for the world to gauge progress made at this juncture and the road ahead. The conclusions of the meeting are clear, and the verdict unanimous. Although there has been progress in access to HIV care and treatment services for women and children, achieving the target of universal access by 2010 remains untenable for most countries. The gap between commitments and results on universal access by the target date are at best uneven, and at worst unmet. Clearly but sadly, diplomatic rhetoric has not been matched by actual commitments on the ground.

With about 34 million people infected with HIV/AIDS in 2007, over 50 per cent of whom are women and children, some 2.5 million new infections and an estimated 2.1 million deaths from AIDS-related diseases, those staggering but sobering statistics underscore the enormity of that dreadful disease. More frightening still is the realization that most people living with HIV/AIDS remain unaware that they are infected.

Women and girls, through no fault of their own, bear the brunt of the epidemic due to their biological and social vulnerability to HIV infection. While services to prevent mother-to-child transmission have increased and improved, they remain largely inadequate.

The goal of universal access by 2010 can be achieved through an integrated approach led by strong leadership with the requisite political support, but universal access in itself provides no comfort to victims without the means of obtaining the drugs and treatment required. The overriding objective should be accessibility and affordability. Both should be part and parcel of the same objective, as one will be ineffective without the other.

However, drugs and treatment at affordable prices are only one of the building blocks. To be effective and sustainable, they must be cushioned and supported by prevention education, strengthened health-care systems with enhanced capacity, increased new and predictable resources, and ongoing research and development in a culture of tolerance and understanding where denial of the existence of AIDS and the discrimination against and stigmatization of victims should no longer be the norm.

That is probably a lot to ask, but the consequences of continuing with the status quo makes it imperative for the United Nations community to come together to find the solution to a global health crisis that has claimed millions of precious and innocent lives. To postpone action for another day is both immoral and not an option. We owe it to the millions of blameless victims worldwide who are too sick and helpless to advocate for their rights — yes, their rights — that we act decisively now, with passion and conviction.

Closer to home, Samoa aligns itself with the statement delivered by the Minister of Health of the Marshall Islands on behalf of the Pacific small island developing States. Regionally and nationally, we are committed to addressing the AIDS epidemic within the constraints of our limited resources and our cultural

and religious upbringing, which can pose both challenges and opportunities.

Despite our region's remoteness from the concentrated centres of HIV/AIDS, the disease has already reached our shores and its presence has already been felt. We are no longer immune and cannot pretend otherwise. Some would conveniently want us to believe that because our island countries are small and the number of cases of HIV-infected persons is few, HIV/AIDS is therefore not a major threat to our region.

Nothing could be further from the truth. Both in relative and absolute terms, HIV/AIDS poses a major challenge to our islands and to our region's viability and continued existence. In Samoa's case, of the 16 people infected with AIDS, eight regrettably have succumbed to the disease, with eight currently receiving treatment. One has publicly declared her HIV status and is now a regional AIDS ambassador.

The incidence of HIV/AIDS in Samoa is low, a true blessing when compared to other developing countries, but that is no cause for complacency. AIDS is an emerging issue, and if it is not contained or eliminated successfully, it could undermine our Government's attempt to address poverty alleviation and other Millennium Development Goals.

Samoa has opted for a partnership approach involving the Government, civil society, non-governmental organizations, village councils and religious denominations in view of a coordinated effort to address all aspects of creating an HIV/AIDS-free Samoa. We accept that we must come to grips with that reality, which cannot be simply wished away. We are realists and we know that we need to work collaboratively with other Pacific countries, as well as with our development partners, if we are to succeed. Only through strong partnerships can we address in a holistic and sustained manner the interwoven issues related to human rights principles, access to treatment, voluntary counselling and testing, education on sexuality, prevention methodologies and dedicated resources, so that a sustained and heightened response to HIV and AIDS may be ensured.

We have to be attentive and vigilant. We need to continue to be proactive and leave nothing to chance. The cost of prevention pales significantly in comparison to the human pain, untold suffering and the associated costs to the wider community of caring for someone once infected.

Too much is at stake. Precious lives are at stake. Individually and jointly, we can make a difference.

The President: I now give the floor to Archbishop Celestino Migliore, Apostolic Nuncio, Permanent Observer of the Observer State of the Holy See.

Archbishop Migliore (Holy See): In the light of the Political Declaration on HIV/AIDS, adopted by the General Assembly on 2 June 2006, I would like to report on the commitment of the Holy See and its various bodies around the world to addressing those living with and affected by HIV/AIDS.

The Holy See, through the Good Samaritan Foundation, an organization founded for the purpose of giving immediate economic assistance to medical institutions, has provided approximately $500,000 for the purchase of antiretroviral medicine.

At the national level, the bishops' conferences have developed and promoted greater awareness and programmes to assist in the struggle against the pandemic, especially in developing countries and among the most marginalized populations. For example, in India alone, more than 100 centres that offer treatment, care and support to AIDS patients have been put in place. Soon, in addition to those institutions, another 45 centres will open in rural and isolated areas. The United States Conference of Catholic Bishops, through its Catholic Relief Services, supports approximately 250 projects in the poorest countries, a figure that in 2007 amounted to over $120 million in assistance.

At the international level, the Holy See, through its various institutions, is present on all continents of the world, providing education, treatment, care and support regardless of race, nationality or creed. With the assistance of 10,000 workers and volunteers, they have reached almost 4 million people with awareness-raising and life-saving education programmes. Further, they provide medical and nutritional care and support to almost 350,000 people living with HIV/AIDS and antiretroviral treatment to over 90,000 men, women and children. One third of that assistance is provided completely free of charge.

We are also acutely aware that a significant number of deaths of those infected by HIV/AIDS are a result of HIV/AIDS-related infections and diseases, such as tuberculosis and malaria. In that regard, we

support and encourage all those who focus upon and work to reduce the number of tuberculosis infections and the devastating effects of malaria. Often those diseases go unnoticed and treatments are underfunded. Greater efforts must be made to address them.

Finally, the Holy See and its various institutions continue to support greater access to affordable, reliable and life-saving HIV testing, antiretroviral treatment, preventative mother-to-child drug regimens and diagnostic technologies, such as CD4 testing devices. Along with access to basic health care and sustainable nutrition, those technological advancements can slowly close the gap between what is possible and what is necessary.

We come here today to review our progress, but more importantly, we must renew our commitment to taking necessary life-saving action. The Holy See and its various organizations remain committed to address the pandemic in a caring and compassionate manner in order to encourage greater solidarity with all members of our society and to promote the inherent dignity of the human person in all areas of life.

The President: In accordance with General Assembly resolution 49/2 of 19 October 1994, I call on the observer of the International Federation of Red Cross and Red Crescent Societies.

Mr. Adugna (International Federation of Red Cross and Red Crescent Societies): When the Declaration of Commitment on HIV/AIDS was agreed at the special session of the General Assembly on HIV in June 2001, the volunteers of the International Federation of the Red Cross and Red Crescent Societies were specifically acknowledged in paragraph 34 of the Commitment. I will make this contribution to this important debate with that reference in mind.

That acknowledgement spurred the International Federation to take additional steps to increase the outreach and effectiveness of the contribution of volunteers. That has included advocacy directed at donors to appreciate the cost-effectiveness of investing in recruitment, training and proper support of volunteers, along with work with Government partners to ensure that an enabling volunteer environment maximizes their contribution at the national level.

Some academics have recently asserted that a significant share of HIV funding should be redirected to health sector strengthening. The debate only arises because HIV advocates have been so effective in pushing donors and Governments to deliver on their promises to respond effectively to HIV/AIDS.

To that end, the International Federation has collaborated with the World Health Organization to produce eight training modules for training both volunteers and ministry of health-paid outreach workers on various aspects of prevention, treatment, care and support. Red Cross and Red Crescent national societies and ministries of health have already collaborated successfully in a number of countries to adapt those modules and to train staff and volunteers together.

Of particular concern are initiatives that move us further away from fulfilling the Commitment. The International Federation is convinced that moves to criminalize the transmission of HIV are unnecessary and counterproductive. All experience and evidence show that efforts should instead be invested in reviewing legislation that feeds stigmatization and social exclusion, including travel and employment restrictions on people living with HIV, to ensure that they can be effective partners in our work.

Mobilizing the power of humanity is at the heart of the International Federation's approach to HIV. Alongside that, the commitment of all States and national societies to work together for humanity was launched at the International Conference of the Red Cross and Red Crescent in November 2007. "Together for humanity" means, among other things, making use of the comparative advantage of the Red Cross and Red Crescent capacity to undertake direct action at the community and family levels, while also having access to policymakers. Our Global Alliance on HIV aims to double Red Cross and Red Crescent programming in targeted communities, reaching at least 137 million beneficiaries by 2010. That means dealing with 10 to 20 per cent of the client load in some countries where we work.

As this year's *World Disasters Report*, to be launched on 26 June, explains, in the most affected countries in sub-Saharan Africa, where prevalence rates reach 20 per cent, development gains are being reversed and life expectancy may be halved. For specific groups of marginalized people — injecting drug users, sex workers and men who have sex with men — across the world, HIV rates are on the increase. Yet they often face stigmatization, criminalization and little, if any, access to HIV prevention and treatment services.

The greatest challenge to humanitarian agencies and agencies working for the real forces of development is to find the most effective and efficient means to deliver the greatest impact for vulnerable people. To do that, the International Federation has provided a common framework for scaling up efforts, including standardized outputs, approaches and tracking indicators. Fifty-eight countries are now participating in the Red Cross and Red Crescent Global Alliance on HIV. By 2010, the International Federation estimates that it will be spending 270 million Swiss francs per year on our HIV/AIDS programme. Every dollar of that accelerates greater impact through volunteer mobilization. In southern Africa alone in 2007, the Red Cross mobilized close to 1 million hours of volunteer support.

We in the International Federation of the Red Cross and Red Crescent appreciate the tenacity and dedication of civil society advocates in keeping all partners focused on the fulfilment of the promise of our Declaration of Commitment. All of us who are partners in the Commitment must join hands for action and fight on until we overcome the challenge before us, the HIV/AIDS pandemic, which remains a serious challenge.

The President: In accordance with General Assembly resolution 3208 (XXIX) of 11 October 1974, I now call on the observer of the European Community.

Mr. Valenzuela (European Community): I am honoured to speak today at this high-level meeting on behalf of the European Commission. I will try not to repeat here what was already expressed very eloquently in the statement of the European Union.

As many speakers have already stated, it is encouraging to see that our investments of political commitment, financial contributions and years of dedicated community action are paying off, with evidence of progress in many regions. Millions of people are gaining access to treatment, new HIV infections have decreased globally and encouraging progress has been made in the prevention of mother-to-child transmission of HIV. It is, however, abundantly clear that progress is uneven, major gaps and barriers remain at all levels, and extraordinary efforts are required to achieve the target of universal access to HIV prevention, treatment, care and support by 2010.

The biggest challenge is the fact that the AIDS epidemic will not disappear any time soon. It will remain an exceptional global challenge to human security and socio-economic development for decades to come. Those starting on treatment today will be in need of lifelong treatment and the management of HIV/AIDS as a chronic condition will be a long-term task. That challenge will continue to grow, as today two to three people are becoming infected for every one person accessing treatment.

Sustainable and robust country-led responses to HIV/AIDS are the key to our future success and to our efforts to foster resilience at the global, country and community levels to the devastating impact of the AIDS epidemic.

Part of the progress made is closely related to the extraordinary, steep increase of financing for AIDS in recent years. However, as stated in the report of the Secretary-General (A/62/780), the gap between available resources and actual needs is increasing annually. The world will fall short of achieving universal access without a significant increase in the level of resources available for HIV programmes in low- and middle-income countries.

Collectively, the European Union already provides 60 per cent of global development aid and is strongly committed to providing more aid in order to reach the United Nations goal of 0.7 per cent of gross national income (GNI) devoted to official development assistance by 2015, with an interim collective European Union target of 0.56 per cent GNI by 2010. At least half of that significant increase will be allocated to Africa, the region most affected by AIDS.

Moreover, the European Union is strongly committed to providing better aid, in accordance with the principles of the Paris Declaration on Aid Effectiveness on country ownership, donor harmonization and alignment with country priorities and processes. As we approach the Third High-level Forum on Aid Effectiveness, to be held in Accra in September, and the Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus, to be held in Doha in November, the European Commission is working closely with member States to ensure that the European Union will deliver on those commitments for more and better aid.

In line with the Paris Declaration, the European Union is moving from earmarked project financing towards budget support modalities and results

orientation, circumstances permitting. That move is critical to strengthening country ownership and providing the fiscal space to strengthen social sectors, for example by allowing countries to invest in such recurrent costs as health worker and teacher salaries. As called for in the 2006 Political Declaration on HIV/AIDS, the Commission and European Union member States are also introducing more predictable financing modalities, notably the Millennium Development Goal (MDG) contract, which will expand the funding commitment to six years and focus on MDG-related results.

Considering the weight of European Union development aid, those new modalities provide great opportunities for the predictable financing of a long-term response to AIDS, which is fully aligned with country priorities and processes. The challenge will be to ensure that partner countries have the political leadership, capacity in planning and management, strong civil society involvement and measures of accountability that are required to make optimal use of those resources and deliver results.

Part of the support for HIV/AIDS will be channelled through the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which the European Union collectively provides 60 per cent of the total contributions. The European Commission has provided a total of €622 million to the Global Fund and pledged an additional €300 million for the period 2008-2010. In our efforts to ensure sustainable country-led responses to AIDS, the European Commission considers it of critical importance to ensure better alignment and integration of the Global Fund and other global health initiatives in efforts to strengthen and transform health, education and social services delivery.

We would not be where we are today if not for the persistent and strong activism of people living with HIV/AIDS and civil society. They have changed the global agenda and made access to treatment a right and a global entitlement.

Respect for human rights is a fundamental common value of the European Union. It is at the core of our move towards universal access to HIV prevention, treatment, care and support. We will have to consistently pursue and broaden the human rights agenda to ensure the right of every human being to a life in health and dignity.

On that note, I would like to conclude by reiterating the strong commitment of the European Commission to the full implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, with the aim of achieving the target of universal access to HIV prevention, treatment, care and support by 2010 and the MDG target of stopping and reversing the spread of HIV/AIDS by 2015.

The President: In accordance with General Assembly resolution 47/4 of 16 October 1992, I now call on the observer for the International Organization for Migration.

Mr. Dall'Oglio (International Organization for Migration): Thank you, Sir, for the honour of participating in this high-level forum today and sharing the views of the International Organization for Migration (IOM) on issues related to the health of migrants and the global HIV response.

There is today increasing international awareness of the linkages between migration and derived health outcomes, including in the context of the HIV pandemic, humanitarian emergencies, food insecurity and climate change. Those are challenging domains that touch on a wide range of issues, including security, social welfare, global access to care and treatment, human rights and the sustainability of health services.

Health is influenced by policies in other domains, and health has, in turn, important effects on the realization of the goals of other sectors. We believe that an open and constructive multisectoral dialogue based on shared and fundamental societal values and principles — such as solidarity, integration, human rights and participation — and sound public health standards can contribute to improving health outcomes for migrants and host communities alike. Therefore, the inclusion of public health, and specifically a consideration of HIV/AIDS prevention, treatment, health care, counselling and support that avoids stigmatization and discrimination and promotes inclusiveness and global access for migrants and mobile populations, must be advocated within migration policies and practices.

While the large majority of countries have a national AIDS plan, specific measures to address vulnerabilities inherent to the migration process are often lacking. Migrant workers in some parts of the world are often particularly at risk of contracting HIV,

and those of undocumented status are even more so. Effectively addressing HIV risks in the context of labour migration and mobility requires the joint effort of multiple parties at origin and destination countries, including Governments, employers, workers' organizations, communities and other social entities representing or working with migrant populations and people living with HIV.

The issue of the mobility of people living with HIV is of significant concern for IOM. The Organization is engaged with the Joint United Nations Programme on HIV/AIDS international task team on HIV-related travel restrictions to address the issue of non-discrimination and non-stigmatization in conjunction with HIV-related travel restrictions. It is hoped that the forthcoming report and recommendations of the task team will be given serious consideration by those Member States that still maintain HIV-specific travel restrictions.

The Global Forum on Migration and Development, to be hosted by the Government of the Philippines this coming October, represents one of the main processes flowing from the high-level dialogue on migration and development of the General Assembly. Its agenda focuses on how migrants can best contribute to development in countries of origin and in host countries when they are protected and empowered socially, economically and in terms of their basic human rights, regardless of their migration status. It is important that HIV/AIDS be included in such deliberations, in Manila and in other regional and international intergovernmental forums, such as the regional consultative processes on migration.

Allow me to conclude by saying that IOM looks forward to continuing to work with Member States and many other partners on issues related to HIV and migration and, more broadly, on migration and health issues for the well-being of migrants and host communities alike.

Addressing the HIV prevention and care needs of migrants improves migrants' health, avoids long-term health and social costs, protects global public health, facilitates integration and, ultimately, contributes to the stabilization of societies and their social and economic development.

The President: In accordance with General Assembly resolution 57/32 of 19 November 2002, I now call on the observer for the Inter-Parliamentary Union.

Mr. Jennings (Inter-Parliamentary Union): Over the past two days as we have taken stock of our promises, ambitions and targets, we have heard much about the epidemic that has brought us all to this high-level meeting in New York. Without doubt, an enormous amount has been achieved since we last met here in 2006 and, as we have heard, a huge amount remains to be done if we are to have any chance of meeting the goal of universal access to prevention, treatment, care and support by the year 2010. Those whose fate it is to live and work in the most marginalized areas of society continue to be desperately vulnerable to the epidemic.

Rather than elaborate on the details of the global picture, I would like, on behalf of the Inter-Parliamentary Union (IPU), to say a few words about the role of parliaments in that picture. To some that role may be obvious; to others, it is less so. In that respect, it is noteworthy that the report of the Secretary-General (A/62/780) on the Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS makes no reference whatsoever to parliaments or to parliamentarians.

The work carried out in parliaments is fundamental to any successful programme in the field of HIV/AIDS. Every agreement that is forged at the intergovernmental level ends up, sooner or later, on the table of the legislator for debate, possible amendment and adoption. The enabling legislation that is essential to breaking the barriers of prejudice and fear that drive the epidemic is forged in parliament. The budgets that will be devoted to each country's HIV/AIDS programme are tabled and adopted in parliament.

Evidence of parliamentary interest in this major event is to be found in the large number of members of parliament who have joined their national delegations to the high-level meeting. On Monday, before the opening of this meeting, the IPU gathered together more than 100 of the parliamentarians present for a briefing here in the United Nations. After an informative session with senior representatives of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), the parliamentarians went on to discuss the question of HIV-related travel restrictions and the need for more enlightened legislation in that field, centred on human rights.

The parliamentarians debated their role in the intergovernmental process and the need to engage, as politicians, with the Political Declaration. Turning to their own institution, they agreed on the need for more leadership by parliamentarians and for more searching examination of how the epidemic is handled within the parliament. That is a contentious area; there are many places in the world where the moral slur of openly declaring one's status can cause a parliamentarian to lose his or her seat at the next elections.

The IPU has given new impetus to its HIV/AIDS activities since the General Assembly's special session on HIV/AIDS in 2001. A small advisory group of qualified parliamentarians has been set up to spearhead the work among the 150 IPU member parliaments. Last year, on the eve of World AIDS Day, the group organized the first ever global parliamentary meeting on HIV/AIDS in Manila. Invaluable support was provided by our partners in UNAIDS and UNDP.

The conclusions of that meeting included a resolve by the parliamentarians, as leaders in society, to do everything possible to break the silence about HIV/AIDS and encourage openness when discussing the epidemic. They agreed to provide strong, informed and committed leadership on HIV prevention and to speak out openly about the need for action to prevent the spread of HIV and to encourage voluntary HIV testing and counselling.

Turning to the question of the affordability and accessibility of treatment for persons living with HIV/AIDS, they said that particular attention should be paid to reforming national intellectual property laws to ensure that the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) are incorporated fully into legislation. For instance, the least developed countries should take advantage of the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which exempts them from granting pharmaceutical patents until 2016. Pointing out that bilateral trade agreements sometimes include provisions with more extensive patent protection than that required under TRIPS, they urged parliamentarians in developing countries to discourage their Governments from entering into such agreements.

On the difficult issue of the criminalization of transmission, they declared that before rushing to legislate, parliaments should give careful consideration to the fact that passing HIV-specific criminal legislation can further stigmatize persons living with HIV; provide a disincentive to HIV testing; create a false sense of security among people who are HIV negative; and, rather than assist women by protecting them against HIV infection, impose on them an additional burden and risk of violence or discrimination.

On the subject of stigmatization and discrimination, they resolved to strengthen legislation, regulations and other measures to eliminate discrimination against people living with HIV and members of vulnerable populations, and ensure that those laws be properly enforced. They also agreed to work to eliminate travel restrictions for people living with HIV/AIDS and oppose mandatory HIV testing of immigrants and refugees.

There will be no informed legislation without knowledgeable legislators. The IPU is grateful to its United Nations partners for helping it to promote sound HIV- and AIDS-related laws. There is much ground that has to be covered in the parliamentary sphere, but parliaments are committed to playing their part in that endeavour, and the IPU will do all it can to assist them.

The President: In accordance with General Assembly resolution 48/265 of 24 August 1994, I now call on the observer for the Sovereign Military Order of Malta.

Mr. Lindal (Sovereign Military Order of Malta): I thank you, Sir, for allowing me to take the floor. I also thank you for your wise guidance as we review our progress on HIV/AIDS at this important midway point for the Millennium Development Goals.

Two years ago, my delegation joined many here in this Hall to issue support for the Political Declaration on HIV/AIDS. In that document we recognized that, in many parts of the world, the spread of AIDS is a cause and consequence of poverty, and that effectively combating HIV/AIDS is essential to the achievement of the Millennium Development Goals. We also acknowledged that, for the first time in history, we have the means to reverse the global epidemic and to avert millions of needless deaths.

To be effective, we must deliver an intensified and more comprehensive response with much greater urgency, and the Sovereign Military Order of Malta

stands as a partner in those global efforts to stop the spread of HIV/AIDS and to improve the lives of those already infected.

The percentage of HIV-infected pregnant women receiving antiretroviral drugs to prevent mother-to-child transmission increased from 14 per cent in 2005 to 34 per cent in 2007. While that increase in two years is encouraging, sadly children still account for one in six new HIV infections. The Order of Malta seeks to end the transmission of HIV/AIDS from mother to child by providing access to screening, prenatal therapies and drug treatments. For those already suffering, the Order of Malta has established programmes of medical and palliative care. Those programmes are operational in countries in Central and South America, Africa and Asia.

As the Secretary-General's report (A/62/780) suggests, the HIV epidemic requires a sustained, long-term response if it is to be overcome. The Order of Malta strives to administer its humanitarian aid in a fashion that ensures sustainability and also diminishes the causes of need in the first place. A major component of the work of the Order of Malta is not just addressing acute crises as they occur, but helping to create the structures and mechanisms that sustainably blend into communities.

In addition to HIV prevention and treatment, we endeavour to strengthen health systems at large. In accordance with the Political Declaration on HIV/AIDS, the Order of Malta believes that the HIV/AIDS response must be part of a comprehensive strategy that addresses basic health-care needs. By offering regular health care, we know that many illnesses can be prevented entirely. The health-care paradigm can shift from treating acute problems to prevention. Through the establishment of health-care centres and the provision of vaccines, the Order of Malta is working to that end.

Acute shortages of health-care professionals impede that goal, and we should aim to build the capacity of community-based groups to help members of vulnerable populations get access to essential health and support services. The training of an increased number of health-care workers in the community is an essential element of a sustainable approach. The Order of Malta seeks to alleviate the strain placed upon the few overburdened workers available and to actively engage the population in their own health. The training of local community members in vital health-care tasks is always a priority in even the most remote medical centres of the Order of Malta.

The Order of Malta commends the Secretary-General for bringing particular attention to the problem of joint tuberculosis and HIV infection. Those two epidemics must be addressed together. The Order of Malta has been working for decades to fight the spread of tuberculosis and will continue to expand those projects.

At this midway point to the achievement of the Millennium Development Goals, the Order of Malta recognizes the importance of evaluating the progress made thus far in the fight against HIV/AIDS. We are proud to work in harmony with the States Members of the United Nations to achieve the goal of universal access to treatment by 2010 for all those who need it. It will be only through international cooperation and coordination that the scourge can be eliminated.

The President: We have heard the last speaker for this 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.

I would first of all thank all the delegations that have come from across the globe to attend this high-level meeting on HIV/AIDS. We have had a rich and engaging debate over the past three days, involving the active participation of Member States and representatives of civil society and United Nations agencies, funds and programmes. I would like to briefly highlight some of the key themes that have emerged from our discussions.

First, the HIV/AIDS pandemic is a public health as well as a development issue. Some delegations made the point that, in their respective countries, HIV/AIDS is among the biggest threats to their sustained economic development and the achievement of the Millennium Development Goals. An effective response to the pandemic must therefore become a central feature of all our development efforts. That means that strengthening public health systems, including by stemming the brain drain, must go hand in hand with an effective national strategy to combat HIV/AIDS.

Secondly, an effective response to the pandemic must have human rights and gender equality at its core. The rights of people living with AIDS and of other vulnerable groups must be protected, including women's right to make informed decisions about their

sexual health. In that regard, civic education and courageous leadership are critical. Stigmatization and discrimination, including travel restrictions, drive the pandemic underground, from where an effective response becomes impossible.

Thirdly, there must be better access to prevention, treatment and support services, especially for those populations at the greatest risk. As several speakers correctly pointed out, there is no single approach or one-size-fits-all solution. We must therefore have a more comprehensive approach that includes better public education programmes, particularly for young adults. Prevention and treatment must be more accessible to everyone, including drug users, sex workers and sexual minorities, and HIV transmission from mother to child must be eliminated in developing countries, as it has almost been in developed countries.

Fourthly, our response to the pandemic must be inclusive. Governments, community leaders, civil society and other international actors are all part of the same team. Our collective efforts must be joint, complementary and coherent. We must better integrate policies and approaches that address HIV/AIDS, tuberculosis and drug use to reflect the multifaceted nature of the pandemic.

The role of the United Nations system, and of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in particular, is critical to that partnership. Several Member States have made the point that the United Nations system must have the capacity to ensure that national efforts are coordinated and complementary so that we can progress steadily to our 2010 universal access target.

Finally, leadership and political accountability are the most important part of the solution. At the highest levels, they are necessary to ensure that enough human and financial resources are allocated to an effective and sustained response. At the community level, effective leadership means knowing your epidemic in order to ensure that local populations understand the realities and consequences of the epidemic. It is therefore particularly important to involve young people as an integral part of the solution, as they have the most to lose.

Before closing the meeting, I would like to convey a special vote of thanks to my two facilitators, Ambassador Tiina Intelmann, the Permanent Representative of Estonia, and Ambassador Samuel Outlule, the former Permanent Representative of Botswana. They have both worked tirelessly over the past seven months to ensure that we were all well prepared for this important meeting.

I would also like to recognize the important contributions of the Civil Society Task Force, especially in facilitating the participation of representatives of civil society who gave voice to the people and communities around the world that experience the everyday reality and impact of HIV/AIDS.

I would also thank Mr. Peter Piot and the entire UNAIDS team for their efforts. Since this is the last time that Mr. Piot will participate as UNAIDS Executive Director, I would like to take this opportunity to commend him for his years of service to global public health. He has been a committed leader and has helped shape UNAIDS into an organization that is equal to the challenge of fighting the HIV/AIDS pandemic.

In the coming weeks, I shall issue a comprehensive summary of this high-level meeting. The summary will reflect the views expressed during all of our discussions. History will judge how effectively we rose to the challenge of HIV/AIDS.

Our global response must continue to be a collective effort. No State or individual organization can succeed alone. Our renewed determination must be matched with accelerated fulfilment of our commitments to achieve universal access to HIV/AIDS prevention, treatment and support by 2010.

We must not lose the momentum of our global response. For every two people who begin HIV treatment, there are five new HIV/AIDS infections. I thank everyone for their participation and attention.

The General Assembly has thus concluded the 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.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 44?

It was so decided.

The meeting rose at 6.30 p.m.