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President: Mr. Ali Abdussalam Treki . . . . . (Libyan Arab Jamahiriya)

In the absence of the President, Mr. Viinanen (Finland), Vice-President, took the Chair.

The meeting was called to order at 3.15 p.m.

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/64/735)

Draft decision (A/64/L.54/Rev.1)

Mrs. Aitimova (Kazakhstan): First of all, let me thank the President for convening this meeting to consider the current pace in addressing the unprecedented HIV/AIDS pandemic. Let me also thank the Secretary-General for his report summarizing the progress countries have made towards the implementation of Millennium Development Goal 6, on combating HIV/AIDS (A/64/735).

The Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS represent the foundation for long-term action to confront this threat. They commit countries to actively pursue all necessary efforts to scale up nationally driven, sustainable and comprehensive responses in order to achieve coverage in prevention, treatment and care. With only several months remaining for the measures called for in the Declaration of Commitment and the Political Declaration to be met, it is clear that progress in addressing this disease is often uneven and, in many cases, insufficient. As we approach that milestone, we should also keep in mind the expectations for the year 2015 contained in the Millennium Development Goals (MDGs). With little time left to achieve the internationally agreed commitments, my delegation fully supports the proposal to consider the modalities and organizational arrangements for a comprehensive review in 2011.

As the report states, HIV-related complications cause more deaths annually than any other infectious disease. In that regard, we are increasingly alarmed at the fact that the pandemic continues to outpace the response. As the report indicates, for every two people starting antiretroviral therapy, five are newly infected. Despite the economic and financial downturn, we should clearly understand that MDG targets cannot be achieved in the absence of an effective HIV/AIDS response.

The reversal of current trends and the significant slowdown in HIV/AIDS-related morbidity are vital to making progress on the relevant MDGs. Reducing spending on HIV because of the global economic downturn is counterproductive in the light of the fact that new HIV/AIDS cases generally strike the most employable population group, people aged 15 to 49, and pregnant women.

Funding for today's efforts to slow down and reverse the number of HIV/AIDS cases should be viewed not as a matter of discretionary spending, but as a stable and sound investment. Programmes to address the pandemic should leverage HIV/AIDS

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support to strengthen national health, education and social service systems. That will require increased resources from national and international sources.

Kazakhstan appreciates the significant increase in financing to respond to the needs of many low- and middle-income countries. We acknowledge that some of those financial resources were justifiably spent on obtaining antiretroviral medications to provide adequate treatment to HIV-positive people. Our delegation expects that the United Nations review meeting in 2011 will include a multilateral dialogue on how to provide more acceptable, reliable and affordable medications to meet the increasing demand for first- and second-line therapies.

Kazakhstan deems it crucial to prioritize the elimination of mother-to-child transmission and the promotion of social protection policies for orphans and vulnerable children whose parents are affected by HIV. My delegation supports the recommendation contained in the report of the Secretary-General with regard to adopting strategically aligned programmes that combine health care, behavioural and social aspects, including the empowerment of women, reducing stigma and the protection of human rights.

Let me touch upon the progress made by my country in addressing HIV/AIDS-related issues. In 2006, Kazakhstan adopted and has almost completed a comprehensive results-oriented national programme on counteracting the pandemic. The programme proved to be an effective tool for reducing vulnerability and guaranteeing human rights. It also included strong political leadership, multisectoral cooperation, preventative measures and treatment. It generally reflected landmark United Nations recommendations in the areas of prevention, treatment, care and support. It was aimed particularly at safe injecting and sexual behaviour, which places the problem of HIV/AIDS prevalence beyond the medical area and requires the combined efforts of the governmental and non-governmental sectors, which impact people's motivations and behaviour patterns.

At the same time, national programmes reflect specific regional HIV-related threats. Presently, HIV tends to be transmitted through sexual contact and drug injection, which remain the main driving force of the pandemic. To strengthen prevention measures, a system of monitoring and assessment was further improved, including a programme activities' framework that helps to coordinate the efforts of national, bilateral and international partners.

Kazakhstan attaches importance to the promotion of regional partnerships to address the pandemic. This May, a regional conference on the HIV infection epidemic in Central Asia and the further development of epidemiological surveillance was convened to analyze the existing epidemiological situation in the region, as well as the development of the epidemic among risk groups according to the results of the surveillance mechanism. As a next step, Kazakhstan intends to improve its monitoring and evaluation system and strengthen its diagnostic capacity and prevention programmes. We also hosted a conference on combating stigma and discrimination against HIV-positive people aimed at merit-based social inclusion and the promotion of social support for the victims of the virus.

The United Nations and Member States have made substantial progress in combating HIV/AIDS. However, many countries are still not on track to achieve their global commitments. In this regard, my country assumes that the comprehensive tracking of progress made by countries will identify gaps and challenges and provide us with best practices for further, more effective measures.

Mr. Manjeev Singh Puri (India): Let me begin by thanking the President of the General Assembly for convening this plenary meeting on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. I would also like to thank the Secretary-General for his report on this important issue (A/64/735). We have taken note of the various recommendations which are contained in the report. The report provides us with a good overview of the global HIV/AIDS scene prior to next year's comprehensive review of the achievements of 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS.

At the outset, let me extend my support to the draft decision before us under this agenda item (A/64/L.54/Rev.1). We look forward to the consultations that will be held later this year to discuss the modalities and organizational arrangements for next year's comprehensive review of the Declaration of Commitment on HIV/AIDS. While I am of course very grateful, and we are confident that representatives are listening while we speak, I sincerely hope that Member

States will be far more engaged and interested in this issue, which is of global importance, especially to those in the developing world.

In 2001 and later in 2006, we embarked upon an ambitious task of achieving universal access to HIV prevention, treatment, care and support by 2010. This, along with the target set forth in Millennium Development Goal 6 — halting and reversing the spread of HIV/AIDS epidemic by 2015 — acted as the guiding principles in our joint efforts to combat this pandemic. While remarkable progress has been made, targets still appear quite far. Moreover, this year we will also be reviewing the progress made in all the Millennium Development Goals (MDGs) in September at the high-level plenary meeting of the General Assembly. This will give us yet another opportunity to reaffirm our political will and commitment to reaching the goals we have set for ourselves.

The Secretary-General's report points to mixed progress in the fight against HIV/AIDS worldwide. On the positive side, as of December 2008, 4 million people in low- and middle-income countries were receiving antiretroviral therapy — 10 times more than five years ago — and new HIV infections decreased by 17 per cent between 2001 and 2008. On the other hand, it can be seen that the epidemic continues to outpace the HIV response, and for every two people starting antiretroviral therapy, five are getting newly infected. Unfortunately, the HIV pandemic remains one of the leading causes of death among reproductive-age women worldwide.

In India, in terms of prevalence, adult HIV rate is as low as 0.36 per cent. Nonetheless, in absolute terms it is estimated that the HIV-positive population is around 2.46 million. The primary objective of our national programme to combat HIV/AIDS — the National AIDS Control Programme — is in line with MDG 6 of halting and reversing the spread of AID by 2015. One of the important feature of this programme is to scale up its efforts through targeted interventions for high-risk groups, strategizing comprehensive information, education and communication packages for specific segments, and scaling up the service delivery component.

For us, the fight against HIV/AIDS has socio-economic and development dimensions, not merely a public health dimension. We have also mainstreamed HIV/AIDS prevention, care and treatment in all Government schemes and activities and have actively involved corporate sector, non-governmental organizations and other stakeholders as partners towards this end. The need for a holistic approach that includes effective prevention strategies and access to low-cost affordable treatment for all cannot be overemphasized in the effective combat of the HIV/AIDS pandemic. Having realized that political commitment is of paramount importance to combating HIV/AIDS, our National Council on AIDS is chaired by the Prime Minister and the State Councils by the respective Chief Ministers.

There is a need for greater cooperation and coordination at the international level to fight this challenge in a concerted manner. India has also been at the forefront of global efforts on AIDS research and has been working in collaboration with the International AIDS Vaccine Initiative in this regard. One of the major obstacles to achieving universal treatment is the high cost of antiretroviral drugs. The Indian pharmaceutical industry has been filling this critical gap by reducing the costs of life-saving generic drugs by producing high-quality, affordable drugs for use in India and also in other developing countries. These efforts need to be fully recognized and supported by the international community. This has become all the more critical as universal access to antiretroviral therapy becomes mainstreamed into Governments' public health policies. Furthermore, the availability of second-generation antiretroviral drugs will have no meaningful impact if low-cost generic versions are not made available in the market.

The fight against HIV/AIDS is one of the keys to achieving the MDGs by 2015. We have come a long way since we committed ourselves to the goals related to the HIV/AIDS pandemic, but the task at hand remains difficult and formidable. Let me reiterate our full commitment to effectively controlling the HIV/AIDS pandemic in a comprehensive, multi-pronged and multisectoral manner, both nationally and internationally.

Mr. Bodini (San Marino): I want to thank the President of the General Assembly for convening this meeting and the Secretary-General for preparing the April 2010 report on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/64/735).

When we talk about HIV and AIDS, we talk about a disease that not only brings immense pain and death throughout the world, but also destroys the fundamental right of young generations to live a long and enjoyable life. Today, the estimated number of HIV-infected patients is 33 million. If we include their families and community members, the number of people directly and indirectly affected reaches into the hundreds of millions. It is very unfortunate that, although the number of people treated with antiretroviral therapy is 10 times larger than it was five years ago, for every two people starting such therapy, five are newly infected.

It looks like we are losing our battle against this terrible epidemic. Therefore, we must not only increase our global effort from a medical point of view, but we must also greatly enhance education about and the prevention of the disease, especially among our young people, who are often sexually more active and less careful than their elders.

San Marino is responding to its domestic challenges through prevention and education strategies. We are actively involved in disseminating information on sexual transmitted disease, and our national health system takes care of our citizens, monitoring HIV/AIDS cases and guaranteeing free treatment and anonymity to all patients. Internationally, San Marino participates directly and through private foundations in UNICEF-sponsored programmes in various developing countries.

We are looking forward to participating actively in the comprehensive HIV/AIDS review in 2011. Combating HIV/AIDS is the most important health care challenge facing all Member States and the United Nations system as a whole. Despite the global economic and financial crisis, we shall not stray from the path towards our stated Millennium Development Goals. This battle is a fight that none of us can afford to lose.

Mr. Sumi (Japan): Japan would like to welcome the report presented by the Secretary-General (A/64/735). We should be proud of ourselves for the progress we have made in our global effort to fight HIV/AIDS. We welcome the positive impacts that have resulted from the fact that antiretroviral therapy coverage in developing countries has expanded five times in five years, saving 1.4 million lives, and that the annual number of new infections has been reduced by 17 per cent since 2001. We thank the United Nations Joint Programme on HIV/AIDS for playing a central role in binding the international community to a strong political commitment and for mobilizing dramatically increased amounts of financial resources for the fight against HIV/AIDS.

HIV/AIDS and global health have been one of the key elements of Japan's foreign policy. Under the health and development initiative that Japan announced in 2005, Japan has been tackling HIV/AIDS and other health issues through the Japan International Cooperation Agency and its partners. At the Kyushu Okinawa summit of the Group of Eight (G-8) in 2000, Japan took up infectious diseases as one of the key agenda items for the first time in the history of the G-8, which led to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. As one of its founders, Japan appreciates the results achieved by the Global Fund, including successful resource mobilization amounting to $20 billion for the three major infectious diseases, the expansion of antiretroviral therapy for 2.8 million people, and support for mother-to-child transmission prevention services for 930,000 HIV-positive pregnant women as of 2009.

Despite such successes, global targets for reining in HIV/AIDS are unlikely to be achieved. We must retain and scale up the impact we have had so far. Recognizing that HIV/AIDS is a threat against human security, Japan renews its commitment to contributing to the global effort towards achieving universal access and fulfilling the Millennium Development Goals (MDGs). Japan continues to support the fight against HIV/AIDS, tuberculosis and malaria, particularly through the Global Fund.

In addition, Japan would like to emphasize a couple of points. First, the third Global Fund replenishment conference, to be held in October, is the best opportunity for us to continue to make progress towards achieving the MDGs by 2015. Contributions by new donors, beyond those from existing donors, are critical to make the replenishment meeting a success.

Secondly, a comprehensive approach is essential to making disease controls work effectively, including the HIV/tuberculosis co-infection response. Together with the strengthening of health systems, responding to disease and issues of maternal, child and newborn health should be addressed in a comprehensive manner.

The response to HIV/AIDS should be integrated into efforts in the primary health care field. It is important to address all health-related MDGs as one.

Thirdly, prevention is key to achieving sustainable impacts. A combination of preventive programmes should be tailored to address epidemiological and social trends, including the implementation of robust national strategies, community empowerment for behavioural changes, and the reduction of stigma and discrimination.

Let me reiterate one element that our Government believes to be very important and relevant to tackling the HIV/AIDS issue in our society. The Secretary-General recently issued a report to the General Assembly on human security that generated fruitful discussions. Human security aims at building a society in which individuals can enjoy their rights and develop their human potential by ensuring "freedom from fear, freedom from want and freedom to live in dignity" (*A/64/701, para. 4*).

I would like to conclude my statement by inviting all stakeholders to keep working as one to create positive prospects for the General Assembly's comprehensive review next year.

Mrs. Melon (Argentina) (*spoke in Spanish*): My delegation wishes to endorse the statement made by the Permanent Representative of Chile on behalf of the Rio Group.

I would like to thank the Secretary-General for his report on the progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS (A/64/735), and for the contents of that document, which we believe to be very significant, in particular in this year prior to the 2011 comprehensive review.

Argentina wishes to underscore the importance of a mutually supporting response to HIV/AIDS and a broader development programme, in particular that set out in the Millennium Development Goals. That is necessary to ensure the long-term sustainability of a robust response. We are sure that, if we are to respond effectively, we must also work beyond the health sector, bearing in mind that HIV transmission fosters situations of vulnerability, inequality and social marginalization and aggravates existing problems.

We also support the basic aim of achieving a greater and sustained use of fair, accessible and affordable services, but experience has shown that some people to whom such services as detection and treatment are offered choose not to make use of them. That occurs above all where the stigmatization of and discrimination against people living with HIV, women and marginalized populations are common or when such people have reason to fear violence.

Argentina recognizes sex workers, transvestites, transsexuals, homosexuals, men who have sex with men, the migrant population, indigenous populations, those in situations of poverty, women, children and adolescents, drug users and prison inmates as populations of heightened vulnerability. Our response must also not overlook older persons and their specific realities. The active participation of these groups contributes to preventing invisibility or discrimination from undermining their right to health and from hampering efforts to curb the epidemic.

Our country was one of the first in our region to enact a law that, since 1990, has sought to control the epidemic and expressly provides for the State's responsibility to guarantee comprehensive care and respect for dignity and non-discrimination and to ensure confidentiality for people living with HIV and AIDS. That basic legal framework has been strengthened through international commitments and new national legislation.

Gender perspective and identity have been taken into account in our national policies. In that regard, we focus in particular on pregnant women living with HIV, 87 per cent of whom receive treatment to prevent mother-to-child transmission. In that connection, their partners are also involved in the prevention of transmission.

Argentina's Ministry of Health is working consistent with the outcomes of the 2001 twenty-sixth special session of the General Assembly on HIV/AIDS, at which Member States unanimously committed to attaining a series of time-bound goals by 2010, including reducing by 25 per cent the prevalence of HIV among young people aged between 15 and 24 years; guaranteeing the access of 95 per cent of young people to the information necessary to reduce their vulnerability to HIV; and achieving 80 per cent coverage for services to prevent mother-to-child transmission.

Through a federal health plan, the Ministry of Health is implementing strategies to meet our

commitments throughout the country. Those commitments include improving access to diagnosis and follow-up of HIV/AIDS and sexually transmitted infections; improving access to quality care of HIV/AIDS and sexually transmitted infections; disseminating a preventive policy among the system's main stakeholders, with the participation of other social actors; laying the foundations to guarantee access to resources for prevention; identifying relevant actors for the prevention policy and setting up links to them; improving access to prevention resources; establishing guidelines on the cornerstones of a prevention policy; improving, raising and broadening awareness of the epidemic of HIV/AIDS and sexually transmitted infections; and promoting and increasing access to condoms and prevention tools through the media.

Argentina has set the immediate goals of reducing by 10 per cent the prevalence of HIV in pregnant women aged between 15 and 24; reducing the HIV mortality rate by 12.5 per cent; reducing the incidence of AIDS by 20 per cent; reducing the incidence of HIV by 20 per cent; reducing the rate of mother-to-child transmission; and increasing condom use among young and low-income people by 25 per cent.

We wish to show our support for the work of the various United Nations bodies, in particular through the Joint United Nations Programme on HIV/AIDS, and to express our gratitude for the support received from the Global Fund to Fight AIDS, Tuberculosis and Malaria, whereby our country completed implementation of a programme by the end of 2008 and will submit a programme for vulnerable populations to the upcoming tenth round.

In that regard, I would like to conclude by reiterating that fragmented responses cannot produce results regarding the right to health and HIV/AIDS. If development strategies are to be effective, they must be inclusive, multisectoral and multidisciplinary, and be grounded in a human rights and non-discriminatory-based approach, with the joint participation of international bodies and the various voices of civil society.

Mrs. Abdelrahman (Sudan) (*spoke in Arabic*): My delegation would like at the outset to thank and commend the President for initiative to convene this important meeting to reaffirm the significance of implementing our commitment to combating HIV/AIDS and to assess the progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. We wish to associate ourselves with the statement made by the representative of the Republic of the Congo on behalf of the African Group.

Implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS is an international, regional and national responsibility and commitment that calls for an effective response ensuring preventive measures, treatment, care and support for all. Despite the progress made in increasing the number of infected people who receive treatment and in reducing the infection rate in middle- and lower-income countries, the rate has increased tenfold despite a decline in the number of new cases worldwide by 17 per cent between 2001 and 2008. Moreover, the increasing rate of infection among pregnant women is a serious threat to women globally and the main cause of mortality among them, as underscored in the Secretary-General's comprehensive report (A/64/735).

My Government is fully committed to combating HIV/AIDS and its repercussions. It is a global epidemic that gravely hinders economic and social development and is as threatening to human life as war. Many factors exacerbate the threat of the disease in my country, including internal migration, displacement, refugees, natural disasters and specific economic conditions.

We believe that it is extremely important to establish a comprehensive national strategy to control the spread of the disease. The President of the country, who is committed politically to combating that disease, has launched such a strategy. The 2005 Comprehensive Peace Agreement between the North and the South has established an environment conducive to stability and development and to addressing the consequences of internal and external migration and economic difficulties. We have drafted a 25-year national strategy for the implementation of the Millennium Development Goals, particularly by enhancing primary health care, supporting decentralization, capacity-building, combating HIV/AIDS, malaria and other infectious diseases, and improving people's living conditions and capabilities, and enabling those who

work to control the disease to participate actively in the implementation of the national strategy.

With regard to young people and women, we have also declared an alliance of Sudanese youth against AIDS and a women's alliance against AIDS, under the leadership of the First Lady, in order to involve women and women's organizations in combating this lethal disease, including through the formulation of a comprehensive and integrated policy to combat HIV/AIDS that includes determining the relationship of infection to the disease, elaborating strategies to monitor the spread of the disease, and facilitating research into building an effective system to solve related problems.

We have also focused on identifying the behavioural and epidemiological patterns of the disease in the context of laying the foundations for due care for all those who are infected and the rights and duties of society towards them. We have drafted and enacted laws that protect the rights of people infected with HIV/AIDS against stigma and discrimination. We have given great attention to improving their living conditions and providing them with the necessary care and support. We have established support groups in all states of the Sudan to provide social and economic assistance to the infected. The education sector has also witnessed great improvements in providing young people with more knowledge and know-how to protect themselves from the disease.

Millennium Development Goal 6 relates directly to halting and reversing HIV/AIDS by the year 2015. However, this Goal may not be achieved within the established time frame unless the international community concretely redoubles its efforts to implement the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. In spite of the link between combating AIDS and the realization of other Millennium Development Goals, insufficient focus has been given to combating the spread of HIV/AIDS. Only five years separate us from the deadline for the implementation of the Millennium Development Goals. It is high time to take urgent steps leading to concrete results in development programmes and to redouble our efforts with all stakeholders to strengthen our response to the disease.

We highly value the efforts made by all stakeholders and the various agencies of the United Nations, and we look forward to further cooperation and joint efforts to improve the national and technical capacities of all countries to establish sound health systems that guarantee the prevention, treatment and eradication of HIV/AIDS. In preparation for the General Assembly review in 2011, my delegation calls for expediting the comprehensive consultations among all national partners within the Joint United Nations Programme on HIV/AIDS in order to realize the country goals based on national ownership, plans and strategies. We also call for an increase in official development assistance to developing countries, particularly in Africa, and for the promotion of international cooperation in capacity-building, education, poverty eradication, access to antiretroviral treatment for least-developed countries and gender equality, given its highly positive impact on reversing and controlling the disease.

In conclusion, allow me to reiterate our commitment to all United Nations decisions and recommendations relating to the fight against HIV/AIDS, and our commitment to providing access to treatment of the disease for all those who need it. We look forward to increased efficiency in the role of the United Nations and its development partners in supporting regional and international initiatives to combat HIV/AIDS and promote development and prosperity in Africa and the rest of the world.

Mr. Barbalić (Bosnia and Herzegovina): At the outset, Bosnia and Herzegovina would like to welcome the report of the Secretary-General on the progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS (A/64/735).

Bosnia and Herzegovina has aligned itself with the statement delivered by the representative of the European Union. It is my honour to address the General Assembly today on this very important topic and inform it of the progress made in combating HIV/AIDS in my country, as well as to describe our dedication and initiatives to contribute to global efforts in this regard.

Since it first appeared 30 years ago, the AIDS pandemic has been a cause of colossal suffering in regions and communities throughout the world. Still today, this pandemic represents one of the greatest challenges to development and progress on the world scale. Taking into consideration that such a great

number of people and children are infected with HIV and those that have died as a result of this pandemic, it is of the utmost importance to address this issue and generate a comprehensive global response.

The AIDS pandemic does not respect country or regional borders, and it presents a global problem. However, some regions are more affected than others and, in this light, it is necessary to generate an extraordinary response and efforts to curtail the devastating effects in the regions that are most affected. We fully support all efforts by international organizations, non-governmental organizations and respective Governments in this global fight.

Bosnia and Herzegovina belongs to the group of countries with relatively low HIV/AIDS prevalence. Out of the total number of people living with the disease, 90 per cent are male, the majority of whom are intravenous drug users. So far there have been no reports of vertical mother-to-child transmission. Considering that Bosnia and Herzegovina falls into the category of low-level epidemic countries, there is an opportunity to establish monitoring and control mechanisms to control the threat. With the technical cooperation of the Joint United Nations Programme on HIV/AIDS, the Council of Ministers of Bosnia and Herzegovina established a national advisory board for the fight against HIV/AIDS. Members of the advisory board are representatives of the governmental and non-governmental sectors and international agencies. Bosnia and Herzegovina is in the process of preparing a national HIV/AIDS strategy for the period 2010-2015.

The national HIV/AIDS 2004-2009 strategy, which is still in place, contains five strategic goals: to prevent the transmission and spread of HIV; to provide appropriate treatment, care and support for people living with HIV/AIDS; to create a legal framework for the protection of the ethical principles and human rights of people living with HIV/AIDS; to ensure cooperation and the development of sustainable capacities to combat the disease; and to encourage and strengthen links with international institutions in the fight against it.

Bosnia and Herzegovina is also grateful to a number of international organizations that have supported governmental and non-governmental efforts to enhance HIV prevention activities in the country, including UNICEF, the United Nations Population Fund and the foundation Partnerships in Health.

The fight against HIV/AIDS requires a global and comprehensive response. We would like to emphasize the importance of the United Nations system, as well as other international organizations involved in the process, in the fight. A coordinated approach among international organizations, non-governmental organizations and Governments in the fight against HIV/AIDS can only further contribute to implementation of the Millennium Development Goals.

Let me conclude by assuring the Assembly that my country will remain fully committed to the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, and to achieving the goals and targets set out in those documents.

Mrs. Bibalou (Gabon) (*spoke in French*): At the outset, my delegation wishes to endorse the statement made by the Permanent Representative of the Republic of the Congo on behalf of the African Group.

Today’s plenary meetings, in which my delegation is pleased to participate, come at a key moment in the global fight against HIV/AIDS. As members know, in September the General Assembly will hold a high-level plenary meeting on the Millennium Development Goals. In 2011, it will conduct a comprehensive review of the implementation of two significant political documents: the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The report of the Secretary-General (A/64/735), which Gabon welcomes, properly assesses the international community’s progress in implementing those two Declarations.

My country welcomes the fact that in recent years there has been significant progress in the fight against the HIV and AIDS pandemic, particularly in developing countries. The report of the Secretary-General notes that access to prevention, treatment, care and support has expanded to more people. Thus, millions of patients in low- and middle-income countries are receiving antiretroviral therapy. The number of new infections has fallen, and many pregnant women have received antiretrovirals to prevent vertical — mother-to-child — transmission of HIV and AIDS.

Despite those encouraging developments, it is a fact that many countries have by no means met their international commitments in the fight against HIV and AIDS. There are many reasons for this, and the lack of resources is without doubt the main challenge facing developing countries, particular those in sub-Saharan Africa. Although international cooperation has become increasingly effective in this area, our countries — which face numerous political, economic and social problems — still cannot marshal significant resources for a more aggressive response to HIV and AIDS.

Gabon's efforts in the fight against the pandemic have been constant and productive, but the Government, in partnership with the United Nations system, other development partners and non-governmental organizations, is working tirelessly to raise awareness among the population on the need to put an end to this devastating pandemic. Campaigns have been organized across the country, in collaboration with our partners. These initiatives include the anti-HIV/AIDS caravan organized by the former First Lady of Gabon in the framework of the Organization of African First Ladies against HIV/AIDS. My country's highest authorities are continuing this initiative, with the theme of "Every family is involved in fighting HIV/AIDS".

My Government developed a national strategic plan for the period 2001 to 2005, which has been revised and renewed for the period 2008 to 2012. It has also set up outpatient treatment centres in the country's main towns and offers free screening for young people, pregnant women and the unemployed.

We are approaching the deadline for the 2006 commitments, and despite the significant progress towards eradication, all stakeholders must renew and strengthen their commitment so that HIV and AIDS can be overcome and all the Millennium Development Goals attained.

My delegation cannot conclude without welcoming the impact that our project to strengthen Gabon's initiative to fight HIV and AIDS has had on our national process of combating the pandemic. That project was wholly financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria and implemented by the Gabonese Government in cooperation with the United Nations Development Programme. Implementation began on 1 October 2008 and the project came to an end on 30 September 2009. The purpose was to provide antiretroviral therapy for 3,661 patients. In our view, partnerships of this kind are an important tool to speed up the fight against the HIV/AIDS pandemic at the national, regional and global levels.

With solidarity and unity, we can overcome this illness, which has become a major obstacle to the development of our countries. My delegation supports draft decision A/64/L.54/Rev.1.

Ms. Mogedal (Norway): Norway welcomes the report of the Secretary-General (A/64/735). The significant progress documented demonstrates real results: what can be done when the United Nations, its Member States and individuals mobilize action together. We have had strong leadership from the United Nations. Two Secretaries-General, Kofi Annan and Ban Ki-moon, have provided visible, specific and powerful political leadership of the HIV/AIDS response. Two Executive Directors of UNAIDS, Peter Piot and Michel Sidibe, have provided strategic and evidence-based direction for translating challenges into action and generating momentum. This is remarkable. HIV/AIDS has shown the United Nations as a "can do" organization.

Norway has been inspired by this strong leadership and is proud to have been part of this movement, where words and action have come together and where new ground has been broken. Space has been opened up for new ideas. We have impressive new multilateral and bilateral instruments and initiatives in place, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the International Drug Purchase Facility. Civil society and non-State partners have been included in ways that are new for the United Nations. And most of all, the dignity, voices, knowledge and insights of HIV-positive people have been given significance in planning, decision-making and action.

Along with other speakers, we also note the fragility of what we have achieved and that we need to do even better to safeguard achievements and results and to ensure long-term sustainability. The financial crisis calls for efficiency and value for money. But we are still far from universal access, so we also need to work differently. Stopping HIV transmission is one key element. Stopping stigma, discrimination and disempowerment is another.

Dealing with structural causes that disempower women and girls, cause vulnerability and deny dignity and rights must now be at the centre of our endeavours. This is not just a matter of money. It is a matter of adopting enabling policies, which is in the hands of Member States. We need the energy and the courage of the AIDS movement to illuminate what these structural challenges look like community by community and country by country. We need the strength of the United Nations not just to say what is right, but to drive change and report on and speak to results. Working differently means taking concrete steps to benefit from all possible synergies as we scale up to achieve all the Millennium Development Goals (MDGs). This does not mean losing focus on what is specific to AIDS.

The obvious synergies are in the health sector, as we have heard — comprehensive systems and services with quality and continuity that are accessible, credible and build trust. Yet we must not forget that HIV/AIDS services must also be tailored to the different needs of different groups and different epidemic profiles. HIV/AIDS must be mainstreamed and targeted at the same time.

The joint action plan now being formulated for the MDG summit, under the leadership of the Secretary-General, makes a clear case for bringing together action on MDGs 4, 5 and 6. Norway strongly believes that the approach outlined in the draft joint action plan is essential both to keeping mothers alive and to preventing HIV transmission between mother and child. We believe that the plan should be embraced and acted upon by the AIDS movement.

Safe deliveries, care for the newborn and coping with HIV before, during and after birth have exactly the same system requirements. Vertical HIV transmission and maternal mortality caused by AIDS are system failures that need to be monitored and acted upon at all levels. If we cannot cope with AIDS in pregnancies, we cannot make deliveries safe.

HIV/AIDS is not just a health sector issue. We knew that from the start, and we need to renew our understanding now. The structural causes of gender inequality and disempowerment are strongly and causally interlinked with HIV and AIDS, as they are with MDG 5. HIV resilience, safe motherhood and gender empowerment need mutually reinforcing strategies. They must be understood and pursued together at the local, national and global levels. We have some way to go to make that a reality.

Critical steps towards stopping HIV transmission have to start with promoting the rights of women over their own bodies and sexuality, and addressing perceptions and expressions of masculinity that undermine those rights, sexual and gender-based violence, and practices that make women vulnerable to HIV. The gender community and the AIDS community can no longer only talk together; they need to act together. Norway is committed to joining with UNAIDS and other partners in making gender policies AIDS-responsive and AIDS policies gender-responsive. This commitment should be embraced at the MDG summit.

Going forward, we should build on what we have learned and actively use the HIV and AIDS response as an amplifier for tracking and accelerating the MDG response. It is a tracer of equity in access to health services and highlights barriers, vulnerabilities and marginalization in societies where enough attention is often not given to planning and service provision. It is a pathfinder to community response through social dialogue and to improving the interaction between delivery and demand. It is a driver for enabling policies and rights, such as access to medicines at an affordable price and legislation that safeguards rights and builds resilience rather than maintaining vulnerability. It is a monitor for what increases or undermines the sustainability of social services, whether as domestic investments or expressions of global commitment to equity and solidarity. It is a mirror of the status of women and gender, compelling us to better understand the causes of vulnerability and inequality in each local context. Thus, we must now follow the profile of HIV transmission in each context and relate it to status for gender indicators and to sexual and reproductive health and rights.

A key challenge as we go forward is the building of a new generation of leadership, recognizing young people as the most important agents for change and innovation that can empower and build resilience. They need to be given space for their leadership. Norway commends the way the Executive Director of UNAIDS has made new generation leadership one of his key themes.

We welcome and support the recommendations in the Secretary-General’s report and stand ready to do

our part to achieve what we promised in the Declaration of Commitment and the Political Declaration on HIV/AIDS.

In the coming months, we need to make the synergies between the HIV/AIDS response and the response to all the MDGs visible and actionable in the MDG summit outcomes and commitments. We believe that the report of the Secretary-General and this debate will help to build broad commitment among Member States to upholding and building on the best of the AIDS movement and to demonstrating what can be done through inclusive and broad participation and leadership, with the United Nations taking the lead.

Mrs. Kafanabo (United Republic of Tanzania): The delegation of the United Republic of Tanzania welcomes this annual review of the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, as it affords us an opportunity to keep track of our progress in combating this insidious pandemic.

We welcome the report of the Secretary-General presented under this agenda item, which is contained in document A/64/735. The recommendations contained therein merit our serious consideration. We also commend the work undertaken by the secretariat of the Joint United Nations Programme on HIV/AIDS and its co-sponsoring agencies in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

We align ourselves with the statement delivered by the representative of the Congo on behalf of the African Group.

The Government of the United Republic of Tanzania continues to implement with zest the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. With the strong political commitment and leadership of President Jakaya Mrisho Kikwete, we are achieving some notable progress in combating HIV/AIDS. HIV prevalence rates among men and women alike have declined, and we have also increased the number of people receiving antiretroviral therapy, including pregnant women in the prevention of mother-to-child transmission.

It is therefore encouraging that the results we are experiencing in Tanzania are also being observed around the world. The challenges before us now are to sustain these results and increase the current momentum towards achieving our goals for 2015.

While at the global level we are recording progress in our quest to combat HIV/AIDS, there are many hurdles that we need to overcome. Despite numerous efforts, new infections continue to occur. This highlights the urgency with which we need to revisit our prevention strategies. In this regard, each country needs to understand the drivers of the epidemic and make better use of proven strategies. There is also a need to continue with the development of new preventative approaches and tools, in particular those which address the biological and social and cultural vulnerabilities of women.

The continued feminization of HIV and AIDS is another area of concern for my delegation, and in this regard, we wish to reiterate the importance of the empowerment of women in all social, economic, cultural and political spheres in the fight against HIV and AIDS. The provision of quality education in a safe and gender-friendly environment is also another key strategy for combating HIV and AIDS. In the United Republic of Tanzania, we have observed that providing educational opportunities for girls delays their involvement in sex and hence their vulnerability to HIV infection.

Resources for HIV/AIDS interventions are another area that needs to be addressed. As has been noted in the Secretary-General’s report, the provision of antiretroviral therapy is a lifelong undertaking. We need to have plans and funds for sustaining those who are already in antiretroviral therapy, as well as provisions for those who will become infected. We are mindful of the current economic crisis; however, we have to continue to invest in HIV prevention, treatment, care and support, since the cost for not doing so would be devastating. Funds for HIV/AIDS response must be thus sustained.

At this juncture, allow me to commend our development partners, including the Global Fund for HIV/AIDS, Malaria and Tuberculosis, for the funding that they provide, which has enabled many countries, including my own, the United Republic of Tanzania, to be in a position to undertake preventive measures and provide antiretroviral support to many of our AIDS-affected people. As the replenishment conference of the Global Fund is approaching, we call upon our

development partners to pledge more resources to the Global Fund.

HIV/AIDS continues to pose a great challenge to development, including the attainment of the Millennium Development Goals (MDGs). We observe, however, that the achievement of other MDGs also has an impact on HIV and AIDS, and vice versa. It is thus important we find linkages and synergies as we address the different targets of the MDGs. The outcome of the upcoming MDG review should thus feed into the comprehensive review by the General Assembly of the progress achieved in the global response to AIDS, to be held in 2011.

Furthermore, as we move towards the comprehensive review, it is imperative that we have adequate data and information to review progress towards the implementation of commitments that we have set for ourselves. In this regard, we would urge support for Governments, upon their request, in strengthening data collection at all levels, monitoring and evaluation mechanisms.

With many gains being reported on the implementation of Declaration of Commitment and the Political Declaration, we are still further from reaching our goals. We need to redouble our efforts and sustain our gains. The Government of the United Republic of Tanzania reaffirms its unequivocal commitment to the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

We reiterate the call on the international community to complement and supplement national efforts through increased funding and debt forgiveness to enable the funds to be used for social development, including HIV and AIDS prevention, treatment, care and support. By working together and with the leadership of the United Nations, a world without AIDS is achievable.

Ms. Molemele (Botswana): I have the honour to speak on behalf of my delegation on agenda item 44. My delegation associates itself with the statement by the representative of the Republic of Congo on behalf of the Group of African States.

Our appreciation also goes to the Secretary General for his report (A/64/735), which provides a clear picture on the state of play of the global response to HIV/AIDS. It highlights the weaknesses and challenges, and proffers worthy recommendations on accelerating progress towards universal access to HIV prevention, treatment, care and support.

The report presents a mixed picture. It confirms that the global community has indeed put up a strong comprehensive response and made significant strides in many areas. But it also concedes that there is a glaring gap between our collective efforts so far and what is needed to fully realize our common objectives. Although there positive indicators are emerging, the HIV/AIDS pandemic continues to outpace our reaction. For example, since 2005 people on antiretroviral therapy have increased tenfold, and for every two people enrolled in antiretroviral therapy, there are five new cases of infection that will eventually require HIV-related services.

Clearly, this calls for a drastic scaling up of access to HIV-related services for all, especially girls, young people, women and other vulnerable groups. In other words, unless we significantly accelerate our collective efforts towards attaining the HIV/AIDS response, goals and related targets will remain a distant possibility.

Equally disheartening is the fact that, because of the interconnectedness and mutually reinforcing nature of the health-related Millennium Development Goals with other development goals, the failure to achieve targets aimed at halting and reversing the HIV epidemic would spell doom for the rest of the Millennium Development Goals. This requires the strengthening of linkages and synergies in providing quality preventative and curative health services and systems.

Sub-Saharan Africa continues to lag far behind other regions in reversing the spread of HIV/AIDS. Unless drastic steps are taken to step up implementation, Africa will not achieve its development goals, including the Millennium Development Goals.

Botswana remains one of the countries heavily affected by the scourge of HIV/AIDS, which continues to be a leading health problem and a serious development challenge. This has required the Government to put in place a number of interventions to combat the scourge. The implementation of these programmes has resulted in some modest achievements in raising and sustaining awareness on HIV/AIDS, preventing and reducing new infections, reducing

HIV/AIDS-related morbidity and mortality, and reducing the number of children orphaned.

Prevention remains the mainstay of the national response in our country. Testing and knowing one's status is a key component of the response efforts. In this regard, routine testing for all patients visiting health facilities in Botswana was introduced in January 2004. Today, more people than ever before have access to this service, including at voluntary testing and counselling centres. This has had a positive effect on the utilization of prevention of mother-to-child transmission programme and other treatment programmes.

The national prevention of mother-to-child transmission programme was established 10 years ago. The programme has also registered significant progress, serving over 92 per cent of pregnant women who need it. This has greatly reduced mother-to-child transmission of HIV in Botswana. Antiretroviral treatment therapy has also been another feature of our national response strategy. Antiretroviral drugs have been offered free of charge to every citizen who needs them.

Despite the progress Botswana has achieved towards meeting the commitments contained in the Declaration, a number of challenges remain. These include human resource capacity constraints, while the price of drugs continues to challenge our meager resources. To this end, the long-term sustainability and affordability of our treatment programme, and indeed the overall national response, continue to be matters of serious concern to our delegation.

In conclusion, HIV/AIDS remains a global challenge. Every life lost to the disease is one too many. The international community collectively has the requisite resources, adequate information and know-how to successfully defeat the epidemic. It is the hope of my Government that we will continue to do all in our power to galvanize global action to combat HIV/AIDS.

Ms. Al-Thani (Qatar) (*spoke in Arabic*): It is my pleasure to thank the President and the Secretary-General for the convening of this important meeting. I would also like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its efforts.

I want to speak today about our total commitment to the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. In spite of the relatively low prevalence of HIV/AIDS in Qatar, we have nevertheless taken several steps in this area. In June 2006, we established a national commission to combat AIDS. With the cooperation of the World Health Organization and the United Nations Development Programme, we have also initiated other activities, including capacity-building and prevention programmes. We also provide training courses for young people. In addition to our national commission, we have also put in place a broad and comprehensive national anti-HIV/AIDS strategy, whose purpose is to identify where the disease is spreading and keep it at a low level. We have also adopted policies and programmes in conformity with Islamic sharia law. We are also providing complete support for those infected with the disease and their families, and free care for all without discrimination.

Mrs. Aitimova (Kazakhstan), Vice-President, took the Chair.

My delegation has considered the report of the Secretary-General (A/64/735) and commends the efforts made in preparing it. We take note of the 17 per cent decrease in the number of new infections in the period 2001-2008, as well as of other positive indicators. However, we must not become complacent. We must remain vigilant. We note too that HIV is the main cause of mortality for women and infants around the world. Stigma and discrimination continue to be a burden for people living with HIV/AIDS.

Investments and efforts in this area are insufficient, and we must therefore redouble our efforts to combat the disease. Several countries have yet to take the necessary steps to honour their international commitments, and we must therefore reaffirm those commitments. Individual and collective efforts must be made to implement them and to strengthen and promote existing financing mechanisms and to guarantee the continuity of the necessary support for low- and medium-income countries, especially in the light of the present world economic crisis.

In that connection, we would like to emphasize the need for a degree of flexibility when it comes to national implementation of strategies to combat the disease. We must bear in mind that there is no single model that can be applied to all countries. There are religious and cultural differences that call for different

plans and strategies. Qatar has gained good experience in incorporating religious and cultural values into awareness-raising campaigns through cooperation with religious leaders. We therefore urge UNAIDS to continue its efforts in this area in a manner consistent with the needs and cultural and religious values of each country's society.

Mrs. Sahussarungsi (Thailand): Allow me, at the outset, to congratulate the President on his able stewardship of this session of the General Assembly. My appreciation also goes to the Secretary-General for his report on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/64/735). I would also like to align myself with the statement delivered by the representative of the Viet Nam as Chair of the Association of Southeast Asian Nations (ASEAN), of which Thailand is a member.

We are fast approaching the deadline to which we committed ourselves to achieve the target of universal access by the end of this year. In September next year, Member States will conduct a comprehensive review of the progress made in implementing the 2001 Declaration of Commitment and the 2006 Political Declaration. In September of this year, we will also review the progress made towards the achievement of Millennium Development Goal 6, which includes a commitment to halt and begin reversing the HIV/AIDS epidemic by 2015.

Thailand remains as firmly committed as ever on the issue of HIV/AIDS. In his report, the Secretary-General identified synergies and interlinkages between working in a holistic manner towards achieving all of the Millennium Development Goals (MDGs) and making progress on our commitments on HIV/AIDS. We believe that our understanding of those connections has played a significant part in our success and that it will continue to inform our policies and practices.

Thailand will continue to focus on meeting our commitments to achieving universal access to HIV prevention, treatment, care and support by 2010, as well as our other commitments beyond 2010. Since our current Prime Minister, Mr. Abhisit Vejjajiva, was elected to office in December 2008, his Administration has given particularly strong policy support to our national AIDS strategy, which is currently being redrafted as an accelerated plan. Moreover, his Administration has been credited with placing renewed focus on HIV prevention. In that regard, Thailand's free condom campaign in the early 1990s, which achieved astonishing success and was copied as a model in many other countries, has now been revived.

The reason for accelerating our gains and reviving past practices is that, although our national response so far has been strong and success has been solid, we recognize that this epidemic is constantly evolving and that we need to redouble our efforts on prevention to reach new emerging groups of young people and women who are increasingly vulnerable to HIV infection. In that regard, we have also continued to strengthen our focus on reaching out to young people and women who are victims of violence, as they also often find themselves in environments that are more prone than the norm to HIV and AIDS.

In parallel with our domestic efforts, Thailand has placed, and will continue to place, importance on working within ASEAN and with other countries in the region and beyond. We also intend to continue our cooperation with the relevant United Nations agencies, such as the Joint United Nations Programme on HIV/AIDS, which is doing excellent work in the field, to raise awareness and exchange best practices, technical know-how and experiences on HIV/AIDS prevention and care. In that regard, we are fortunate to have the opportunity to work with countries in both Asia and Africa.

Thailand will also continue its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are proud to have contributed to the Fund since its establishment to support important programmes around the world based on national plans and priorities.

The HIV/AIDS epidemic has made us more aware of how significant a hindrance it is to other areas that are crucial to developing countries. This relentless scourge continues to sap the strength and vitality of our future generations. More than ever, we need to approach the issue in a holistic manner that brings on board all relevant stakeholders and all segments of society.

Thailand looks forward to working with our partner countries and United Nations agencies so that we may meet all our targets together.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): Our delegation endorses the statement

made by the representative of Mexico on behalf of the Rio Group.

In 2001, with the adoption of the Declaration of Commitment on HIV/AIDS, Member States sent a message of hope to the world by recognizing that, with sufficient will and an increase in resources, we have the ability to reduce the devastating effect of this epidemic. Unfortunately, while the majority of countries have made progress, many lives remain to be saved and there is a need to ensure universal access to prevention, treatment and care for HIV/AIDS and the inclusion of HIV-positive people in economic and social activities.

The close link between sustainable development, health and education has been clearly established. That is why a multidisciplinary, intersectoral and intercultural approach is needed to combat HIV/AIDS on the basis of a gender and human rights perspective.

On that basis, in Nicaragua we are implementing a model family and community health care programme that strengthens the response to HIV from the grass-roots level by linking the network of community welfare activists, midwifes, native leaders, social movements and citizen power offices. Also, a cross-cutting approach to health care has been adopted, on the basis of multisectoral responses to HIV/AIDS. This has led to increased involvement of actors in ensuring consistent antiretroviral treatment and to a marked decrease in the risk of infection in specific groups.

The policy of free services under the public health system, characterized by eliminating private health care and charges to those requiring such services, has also had a significant impact on the treatment of the disease. Currently, there are some 4,000 HIV cases in Nicaragua; of those, almost 1,000 individuals are ensured treatment. There has also been a significant increase in treatment centres, from three in 2007 to 27 today, where people with HIV can be treated and receive follow-up testing.

The Government of Nicaragua has entered into international cooperation agreements that have made it possible to provide antiretroviral treatment to children and pregnant women through South-South cooperation, specifically with Brazil. Also, the technical proposal of the project entitled “Nicaragua united in a concerted response to containing the epidemic” has received technical supported from the brotherly Government of Cuba, the Joint United Nations Programme on HIV/AIDS and the people and the Government of the Grand Duchy of Luxembourg and has enjoyed the active participation of civil society organizations.

In 2009, the National Congress on HIV was held as an initiative to bolster the national response to HIV/AIDS through raising awareness. The achievement of that Congress was to review the commitments on and developments in the national response to HIV in view of the indicators adopted at the special session of the General Assembly on HIV/AIDS and the convening of the fifth Central American Congress on HIV/AIDS and Sexually Transmitted Infections.

Prevention strategies such as community health fairs have been promoted in coordination with Government institutions and civil society organizations at the local level. Also, school-based activities to curb unwanted pregnancies and sexually transmitted infections have been coordinated with the Ministry of Education. Likewise, the establishment of youth clubs has been encouraged to promote prevention and education.

HIV education has been included as an element of the overall sex education in the curricula for alternative education, including external, evening and weekend classes, primarily aimed at young people. Along with curriculum development, textbooks and teaching guides have been produced. The mother-to-child transmission prevention strategy has been defined, which forms the basis of incorporating HIV management into the comprehensive treatment of paediatric diseases within an holistic and cross-cutting approach.

The Ministry of Health has made a significant contribution to reducing obstacles faced by pregnant women in accessing HIV prevention and treatment and has introduced protocols for the comprehensive care of children, adolescents and pregnant women with HIV. Antiretroviral treatment has been decentralized to health care units and the coverage of rapid HIV testing has been extended. There is greater availability of reagents in all health care centres, 17 of which in the country provide antiretroviral treatment. A total of 29 health care units, from hospitals to health centres, offered antiretroviral treatment in 2009.

In terms of the diagnostic capacity, diagnostic confirmation tests and quality control are currently in place. There are six regional laboratories located in as

many hospitals and a network of laboratories in over 153 primary health care districts which, equipped with laboratories, reagents and trained personnel, have the capacity to conduct rapid HIV testing.

With the support of UNICEF, in June 2009 the Ministry of Health completed the network for early HIV detection in pregnant women, which has led to an increase in the number of tests carried out on expectant mothers. Coverage has increased by more than 30 per cent, according to the quality control undertaken by Nicaragua's National Diagnosis and Reference Centre. Including in a number of municipalities, testing has been offered in health centres.

Nicaragua will continue to strive to implement the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. Similarly, we reiterate the need to mobilize international resources and for donor countries to meet their official development assistance commitments in order to achieve the Millennium Development Goals by 2015, in particular Goal 6.

Ms. Phipps (United States of America): I would like to thank the President of the Assembly for the opportunity to speak today as the General Assembly has its annual discussion of HIV/AIDS.

The United States remains a leader in the global fight against HIV/AIDS. It is in keeping with America's values and in the service of our common security to help save lives and relieve suffering, especially among the world's poorest people. That is why President Obama has undertaken a comprehensive Global Health Initiative, investing $63 billion dollars over six years to help partner countries improve the health of their people through an integrated approach. This approach includes the United States President's Emergency Plan for AIDS Relief (PEPFAR), as it is the cornerstone of the President's Global Health Initiative. As part of the Initiative, we are increasing funding for PEPFAR, and doing so in a very tight fiscal environment. The President requested increases for PEPFAR in his budgets for both fiscal years 2010 and 2011. The fiscal year 2011 request is the largest request to date in a President's budget, and the programme is slated to increase in the years ahead.

The metric for success, however, is not money spent but lives saved. The number of people directly supported on antiretroviral therapy increased in fiscal year 2009 from approximately 1.6 million to nearly 2.5 million people. The numbers of those treated in coming years will continue to grow towards the programme's stated goal of treatment for more than 4 million people. A comprehensive approach is needed to save lives, not only those of people with HIV but also those of people most at risk to contract it. Our approach must recognize the roles that other diseases, maternal and child health, and strong health systems overall play in saving lives and solidifying health gains.

Through the Global Health Initiative, the United States will work to ensure that its global health investments are complementary and integrated, allowing for expanded health services for people living with HIV at PEPFAR-supported sites and expanded HIV/AIDS services for clients of other health programmes.

Prevention and a woman-centred approach must be central to all our efforts. PEPFAR programmes recognize that evidenced-based prevention interventions tailored to local epidemiology must be the highest priority. And in light of the devastating impact of HIV on women and girls, we must ensure that all programmes meet their needs.

HIV/AIDS responses are central to fulfilling Millennium Development Goals (MDGs) 4, 5 and 6. As the leading cause of maternal mortality globally, HIV/AIDS has had a devastating impact on women and children. The success of PEPFAR and other programmes has been a key to progress, not only on MDG 6 on combating major diseases, but also on MDG 4 on reducing child mortality, and MDG 5 on improving maternal health. Effective programmes have saved women and children's lives directly through the prevention of mother-to-child HIV transmission and access to HIV treatment and care, and also by establishing health systems and community-based programmes that can deliver a broad range of health services.

If we are to prevail in this fight, we must all come together and contribute our unique strengths. Every country must take a leadership role, including by providing resources to the extent of its ability. As part of our support for country ownership, we are supporting partner Governments in identifying and prioritizing unmet needs and converging diverse funding streams, including from their own budgets, to the extent possible, to meet those needs.

Humanitarian support from donors should not lead countries to reduce their own commitments to the epidemic, but must add to their responses. The Global Fund is a key mechanism for meeting HIV needs in resource-constrained countries. In addition to being its largest contributor at the country level, the United States supports the Global Fund through planning support and technical assistance to facilitate grant implementation.

There is a shared responsibility to respond. The United States provides more than half of international HIV/AIDS assistance from donor Governments, but should not be the sole resource in any particular country. In many countries, demand for treatment, prevention and care outpaces the total resources currently being provided by all funding sources. We are engaged in an active dialogue with the global community about the reality of the current global economic situation, the large unmet need for HIV/AIDS services, and the shared responsibility to respond. It is clear that we need to leverage heightened commitments from other sources, including Governments, other donor nations and the private sector. Through efforts such as these and at meetings such as this one today, the United States will continue to work with the international community to tackle the health challenges before us.

Mr. Sparber (Liechtenstein): At the outset, we would like to thank the Secretary-General for his report (A/64/735), which provides a useful update on developments in the global response to HIV/AIDS, especially in view of the upcoming Millennium Development Goal (MDG) summit.

The fight against the HIV epidemic remains one of the highest priorities of the international community — a priority that Liechtenstein fully shares. HIV/AIDS continues to cause immense suffering throughout the world and has devastating consequences on development and human rights. We agree that the HIV/AIDS epidemic is a cross-cutting issue. Meaningful progress here will allow us to achieve not only MDG 6, but all the MDGs.

We must recognize that tremendous progress has been made in the fight against this epidemic. The number of new HIV infections, for example, was 30 per cent lower in 2008 than at the high-water mark in 1996. Nevertheless, we are currently not on track to meet the goal of reversing the spread of HIV/AIDS by 2015 and, despite the notable successes of individual countries, we risk failure in achieving our undertaking to universalize access to HIV/AIDS treatment by 2010.

In order to deliver on our commitment, we must recognize the gender dimension of the issue. Women are disproportionately vulnerable to HIV/AIDS and their specific situation must be addressed. The provision of universal access to sexual and reproductive health services, for example, has been proven to contribute to HIV prevention and, in particular, to the elimination of mother-to-child transmission. Addressing the broader issue of gender inequality in societies ensures that HIV/AIDS programmes are targeted to the specific needs of women, such as preventing unintended pregnancies, strengthening antenatal care and expanding services for female sex workers.

We agree with the Secretary-General that our efforts to achieve the MDGs must be guided by the norms and values embedded in the Millennium Declaration and international human rights instruments, in particular the key human rights principles of non-discrimination, meaningful participation and accountability. The fight against HIV/AIDS is as much a human rights imperative as it is a health and development issue.

We note that several countries have positively contributed to destigmatizing HIV/AIDS and those most at risk for HIV infection by lifting related travel restrictions and decriminalizing homosexuality. At the same time, we are concerned about developments in both the legal and factual situation in some States, relating, for example, to injecting drug users, sex workers and especially men who have sex with men. We share the Secretary-General's concern about the overly broad criminalization of HIV transmission, the withholding of HIV prevention and treatment for the most at-risk population, and other discriminatory measures.

A full and effective response to HIV/AIDS requires that we address the human rights dimension of the epidemic, including gender inequalities, social marginalization, stigma and discrimination — for example, through the meaningful involvement of people living with HIV in prevention programmes.

The Secretary-General is quite right — business as usual is unacceptable. We have less than five years in which to achieve the MDGs, and only months to

make one final push to deliver on the promise made in the Declaration of Commitment to provide universal access to HIV/AIDS treatment by the end of this year. Now is the time for concrete action.

In 2009, Liechtenstein's contribution to global efforts to staunch the HIV/AIDS epidemic again exceeded its contribution to the regular budget of the United Nations. We contribute to the Global Fund and to the Joint United Nations Programme on HIV/AIDS, as well as to UNICEF projects focused on HIV/AIDS. At this critical juncture, we call on all States to renew their efforts to tackle the HIV/AIDS epidemic and thereby send the message that the world stands by its commitment to achieving the MDGs by 2015.

Mr. Iqbal Ahmed (Bangladesh): The Bangladesh delegation would like to thank the President for convening this meeting. We also thank the Secretary-General for his comprehensive report on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/ AIDS (A/64/735).

We are only five years away from reaching the end of our Millennium Development Goals (MDGs) timeline, and still we find that around 2.7 million people became infected with HIV in 2008 alone. To achieve MDG 6, we have to bring that figure to zero, which seems to be quite a daunting task. But we have received some very positive indications from the Secretary-General's report, which, inter alia, mentions that, since 2001, there has been a 17 per cent reduction in the annual number of new infections. In that connection, we would like to thank Joint United Nations Programme on HIV/AIDS for its efforts.

Needless to say, we have to redouble our efforts in the areas of prevention and treatment. There is no substitute for prevention but to raise mass awareness at the grass-roots level. The role of media and non-governmental organizations (NGOs) side by side national Governments is of great importance.

We have noted from the report of the Secretary-General that a lot has been achieved in the past five years in the area of treatment. About 4 million people had access to antiretroviral therapy in low- and middle-income countries in 2008, which represents a 10-fold increase. That is very encouraging, but not enough. The prices of antiretroviral drugs have to be lowered further so that those in need can afford them. The significantly higher cost of second- and third-line drugs is another issue that has to be addressed.

According to the Secretary-General's report, in 2008 the amount of HIV resources available was $15.6 billion, but by the end of this year we will need about $25 billion. In that connection, we would like to urge the donor community to fulfil its official development assistance commitments so that we can reach the MDG 6 targets, as well as other interconnected MDGs.

The first case of HIV in Bangladesh was detected in 1989. By December 2008, there were 1,495 reported cases of HIV and 476 cases of AIDS, of whom 165 died. By definition, Bangladesh is a low-prevalence country, but there are significant levels of risky behaviour that make our country vulnerable to HIV/AIDS.

Since 1998, we have had in place a national programme on AIDS and sexually transmitted disease to combat AIDS. Initially started and led by NGOs, strong partnerships later developed among the Government, NGOs, civil society and donors, with a view to facilitating comprehensive interventions targeted at the most vulnerable and at bridge groups in the population. Those groups include female sex workers and their male clients, injecting drug users, men who have sex with men, *hijras* and transport workers. In general, those intervention packages include the promotion of condom use, the management of sexually transmitted infections, needle and syringe exchange, detoxification, peer education, health education and counselling, rest and recreation facilities, community awareness and local-level advocacy.

All those efforts have so far helped us to contain HIV/AIDS in Bangladesh, but we cannot afford to be complacent. In that connection, we are trying to place great emphasis on prevention. In that regard, we would like to emphasize the role of faith-based organizations and their leaders in raising awareness and empathizing with those affected by HIV/ADS. We believe that a strong family bond, social and religious values and ethics will play the key role in fighting this global menace.

Mr. Patriota (Brazil): Brazil aligns itself with the statement delivered by the representative of Chile on behalf of the Rio Group. I would like to add the following comments in our national capacity.

In 2001, 20 years after this viral infection was first recognized as an epidemic, the General Assembly adopted the Declaration of Commitment on HIV/AIDS. That milestone document helped us design and implement international cooperation to reduce contagion and treat those affected. Five years later, Member States reaffirmed their commitment and set the fundamental goal of achieving universal access to prevention, treatment, care and support by 2010. That is the goal we should focus on.

Domestically, Brazil has taken every step within its ability to practice what has been preached. We have worked relentlessly to make universal access a reality and to provide free and affordable medicines and treatment for all. The results speak for themselves and have shown that cost and coverage are crucial to winning the fight against HIV/AIDS, especially in developing countries.

We meet today to assess the progress achieved. We must therefore evaluate how our collective and national actions have impacted the lives of peoples, reduced the prevalence of the infection, alleviated its dire consequences and contributed to the attainment of higher standards of living. The international campaign that led to action at the United Nations showcases how much can be achieved when Governments, civil society and other stakeholders join forces in dealing with a serious global threat.

Looking back, the record seems quite positive. New HIV infections have decreased by 17 per cent, while 4 million people in low- and middle-income countries are receiving antiretroviral therapy. In tackling HIV/AIDS head on, we have contributed to strengthening national health care systems and we have positively impacted economic and social development. The relative success of our efforts thus far, however, should be not an excuse for complacency, but an incentive for staying the course.

More remains to be done. New infections must be prevented. Vertical transmission must be brought to a halt. The lives of people living with HIV must be improved. We have to fight discrimination and stigma. Financing has to be increased. Access to prevention, treatment, care and support must be universal. There is no easy path to reducing vulnerability. Sexual and reproductive health services, commodities and supplies need to be widespread and free or affordable. Sexual and reproductive rights have to be protected as a matter of fact. The United Nations and national Governments should implement public policies for the provision of HIV- and gender-sensitive sexual education to young men and women.

With the support of civil society, the Brazilian Government has resorted to innovative policies in the prevention and treatment of HIV/AIDS, reaching out to over 600,000 people living with the virus and making antiretroviral therapy available free of charge to those who need it. As a consequence, the incidence of HIV/AIDS in Brazil has stabilized and is now declining. The number of affected children under the age of five has been almost halved through the prevention of vertical transmission. Universal and free access to antiretroviral therapy in the public health system since 1996 has doubled life expectancy, improved the quality of life of people living with HIV/AIDS, and reduced the number of cases requiring hospitalization by 82 per cent.

Despite these achievements, Brazil now faces the threat of feminization of the disease. The national plan for dealing with the feminization of HIV/AIDS and other sexually transmitted diseases, created in partnership with civil society and health workers, takes into account social, economic and cultural factors that contribute to increasing women's vulnerability. Among the main hurdles that need to be overcome are the limited access to female condoms and the insufficient levels of investment in their technical improvement.

Access to health is a constitutional right in Brazil. We welcome recent initiatives undertaken by other Governments in expanding health care coverage and believe that the United Nations and the World Health Organization should promote and support the strengthening of universal health care systems, particularly in developing countries.

Brazilian international cooperation prioritizes health. We are founding members of the International Drug Purchase Facility, an initiative that has helped to increase access to treatment for HIV/AIDS, malaria and tuberculosis, especially in low-income countries. Brazil has partnered with the Government of Mozambique in the construction of a pharmaceutical plant for the production of generic antiretroviral medicines. We participate in projects in Botswana, Ghana, Nigeria and Zambia. India, Brazil and South Africa, through the IBSA entity, are working with the Government of Burundi to strengthen its national

infrastructure and capacity, and to help build a health centre dedicated to the prevention and treatment of HIV.

Pharmaceutical production in developing countries depends largely on Government incentives, and priority must be given to essential medicines for treatment of the most common infections and diseases affecting national populations, including HIV/AIDS. Access to lower-cost imported components and drugs must be actively sought, funded and promoted by Member States and the United Nations system. And we count on the support of civil society to promote this cause.

Furthermore, the United Nations system should mobilize and bring to an end border measures and unfair trade barriers that hamper the legitimate right of developing countries to legally produce and gain access to generic or low-cost drugs. Recent developments, such as the negotiation of the Anti-Counterfeiting Trade Agreement, which may hamper developing countries' access to lower-cost medicines, are of great concern.

Brazil supports the right to use to the full the provisions contained in the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and public health, and of the World Health Organization Global strategy and plan of action on public health, innovation and intellectual property. We also support the full implementation of Human Rights Council resolution 12/24 on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Finally, we need to reflect on the negative impact of the world financial and economic crisis on the attainment of the development goals set by the United Nations. Even the successful Global Fund to Fight AIDS, Tuberculosis and Malaria, which emerged as an effective instrument for health care financial support, has not been immune to shortfalls. The Fund is currently facing a financing gap of at least $4 billion. In October, Member States, especially donor countries, will have an opportunity to renew their commitments at a replenishment meeting convened to address the Global Fund's long-term financing needs. Failure to maintain expenditure levels will substantially undermine the achievements reached so far and jeopardize hard-won progress in the fight against the epidemic.

The Acting President: I now call on the observer of the Observer State of the Holy See.

Mr. Bené (Holy See): I make this statement on behalf of the Permanent Observer Mission of the Holy See to the United Nations.

In the 2001 Declaration of Commitment on HIV/AIDS, heads of State and Government acknowledged with urgent concern that the spread of HIV constituted a global emergency and one of the most formidable challenges to human life and dignity as well as a serious obstacle to the realization of the internationally agreed development goals. Five years later, in the Political Declaration on HIV/AIDS, they noted with alarm that, one quarter of a century into this scourge, we are still facing an unprecedented human catastrophe. On both occasions they made a commitment to taking the necessary action to combat this serious threat to the human community.

Given the significant engagement of Catholic Church-sponsored organizations in providing care in all parts of the world for those with HIV/AIDS, my delegation takes this occasion to note that the global community continues to be confronted by many obstacles in its efforts to respond adequately to this problem. For example, 7,400 people become infected with HIV every day; nearly 4 million people are currently receiving treatment, while 9.7 million people are still in need of such life-saving and life-prolonging interventions; and for every two people who begin treatment, five more become infected.

If we are to combat AIDS by realistically facing its deeper causes and if the sick are to be given the loving care they need, we need to provide people with more than knowledge, ability, technical competence and tools. For this reason, my delegation strongly recommends that more attention and resources be dedicated to supporting a value-based approach grounded in the human dimension of sexuality — that is to say, a spiritual and human renewal that leads to a new way of behaving towards others. The spread of AIDS can be stopped effectively, as has also been affirmed by public health experts, when this respect for the dignity of human nature and for its inherent moral law is included as an essential element of HIV prevention efforts.

My delegation is deeply concerned about the gap in available funds for antiretroviral treatment among poor and marginalized populations. Catholic Church-related providers in Uganda, South Africa, Haiti and Papua New Guinea, among others, report that international donors have instructed them not to enrol new patients into these programmes and express concern about further cutbacks even for those already receiving such treatment. The global community carries the serious responsibility for offering equitable and continuous access to such medications. Failure to do so will not only cause untold loss and suffering to those individuals and families directly affected by the disease, but also will have grave public health, social and economic consequences for the entire human family.

Particularly vulnerable are children living with HIV or HIV/tuberculosis co-infection. Early diagnosis and treatment are far less accessible to HIV-positive children than to adults. Without such access, at least one-third of such children die before their first birthday and at least one-half die before their second birthday. Such loss of future generations and leaders can no longer be met with silence or indifference.

Through their global commitments in 2001 and 2006, heads of State and Government articulated a vision of equitable access as well as comprehensive and effective action in response to the global spread of HIV. Present-day challenges call into question our ability to fulfil such promises. Yet, in the face of the ongoing threat of HIV and AIDS, we must acknowledge the demands of the human family for worldwide solidarity, for honest evaluation of past approaches that may have been based more on ideology than on science and values, and for determined action that respects human dignity and promotes the integral development of each and every person and of all society.

The Acting President: In accordance with General Assembly resolution 64/122 of 16 December 2009, I now call on the observer for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Mr. Benn (Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria): As this is the first time that the Global Fund is addressing the General Assembly, allow me first of all to thank all Member States for supporting the Global Fund's being granted the status of observer to the General Assembly.

Ten years ago, the world was floundering in its response to AIDS, tuberculosis and malaria, thus condemning vast numbers of people to ill health, discrimination, poverty and preventable early death. However, in 2001 the international community came together in a major effort to stem the growth of these pandemics. A remarkable unity of purpose and a generous mobilizing of resources followed this global commitment. Among other initiatives, the Global Fund to Fight AIDS, Tuberculosis and Malaria was created as a tool in this effort, with the goal of channeling significantly increased resources to areas of greatest need. The Global Fund was created as a dynamic partnership bringing together Governments, multilateral agencies, civil society and the private sector.

The impact of this global effort has been remarkable. Today, more than 5 million people in the developing world have access to antiretroviral treatment, when almost no one had access to this treatment 10 years ago. The significant expansion of prevention activities, testing, diagnostics and care means that AIDS mortality has decreased in many high-burden countries and that the number of new HIV infections is stabilizing or falling in several countries throughout sub-Saharan Africa.

Since its creation in 2002, the Global Fund has approved grants totaling $19.2 billion. Out of the total funding approved by the Global Fund, HIV proposals have totaled close to $10.8 billion, covering 140 countries. The achievements of these programmes are the outcome of efforts primarily of countries' own determination and hard work, but also of our United Nations partners. I would like to thank in particular the Joint United Nations Programme on HIV/AIDS and all of its sponsors.

By mid-2010, programmes financed by the Global Fund were providing antiretroviral treatment to 2.8 million people. In addition, programmes funded by the Fund have also distributed 2.3 billion male and female condoms and have provided 930,000 HIV-positive pregnant women with treatment to prevent transmission to their child.

The efforts of countries and partners, the fight against HIV and AIDS, and improvements to malaria and TB responses have saved well over 5 million lives in the past six years alone. Global Fund investments to combat HIV, tuberculosis and malaria are also having a

much wider impact beyond individuals, their families and communities. They are major investments in health systems, bolstering infrastructure, strengthening laboratories, expanding human resources, augmenting the skills and competencies of health workers, and developing and supporting monitoring and evaluation activities. These investments in turn improve the sustainability of services, increase national capacity to expand programmes further, and increase countries' abilities to improve services for other health issues. The Global Fund has also been facilitating the integration of HIV and sexual and reproductive health services, thus contributing towards universal access to reproductive health.

The gains stemming from our joint efforts are impressive, but they remain fragile. Still less than half of the people in urgent need can obtain life-saving treatment. Access to prevention measures remains out of reach or limited for many. In Africa alone, 400,000 babies were born with HIV in 2009. 2010 will be a decisive year in the fight against the three pandemics, as it will be for the entire global effort to achieve our jointly agreed Millennium Development Goals (MDGs). Given the time needed to plan and implement programmes, this year will be critical to boosting the actions needed to achieve these goals. 2010 is also the year of the replenishment of the Global Fund for the years 2011 to 2013, and I would like to thank many of the honourable representatives who have mentioned positively the replenishment of the Global Fund and the need to provide further resources.

Given that the Global Fund channels nearly a quarter of the total international resources dedicated to fighting HIV and AIDS and its role in strengthening health systems, the success or failure of the replenishment will significantly affect the world's ability to achieve the health-related development goals. A reduction or even stagnation of funding at this point in the fight would lead to reversals of recent progress and put the MDGs out of reach.

I would like in particular to take this opportunity to express our sincere gratitude to the Secretary-General Ban Ki-moon for chairing the Global Fund replenishment process. His leadership will play a major role in its success. We have shown that HIV prevention, care and treatment can be scaled up cost-effectively and at unprecedented speed in highly affected countries, helping to strengthen health systems, reduce child mortality and improve maternal mortality. This is no time for us to slow down our efforts. Rather, we should redouble them.

The Acting 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.

Ms. Muedin (International Organization for Migration): I make this statement on behalf of the Permanent Observer.

The International Organization for Migration (IOM) appreciates the opportunity to participate in today's debate and share its views on issues related to the global HIV response and its nexus to the health of migrants. The Secretary-General's report (A/64/735) rightly notes the progress made in many of the areas since the adoption of the Declaration of Commitment and the Political Declaration on HIV/AIDS, and we are pleased to see some progress in lifting HIV-related travel restrictions. But while some progress has been made, many challenges remain, including regarding the linkage between migration and derived health outcomes, which is the focus of this brief intervention.

At the outset, it is important to clarify that migration in and of itself does not equal increased HIV risk. The migration process can impact health outcomes both negatively or positively. Migration is complex and there are many different types of mobile populations.

Within the HIV/AIDS response globally, migrants and mobile populations are increasingly identified as key populations for HIV prevention, or as vulnerable or even most-at-risk groups. From one country to another, a discussion about migrants and mobile populations may refer to a range of populations, from immigrants from a specific country or ethnic minority that is particularly visible, emigrants in a specific sector of overseas work, or those whose work requires them to be constantly on the move, to those that migrate within their own country. Given that many migrants, particularly those who are undocumented or have irregular migration status, face barriers in accessing basic health services, the call to promote the right to health of migrants is welcome and needed.

Migrants are very diverse, and this becomes relevant to HIV/AIDS actors, who must know their epidemic in order to tailor an appropriate response. Any HIV policy or programmatic response targeting

migrants overall does not go far enough and contributes to the stigmatization of migrants as carriers of HIV. Migration does not equal HIV vulnerability, and not all migrants are at increased risk to HIV due to their mobility. Policymakers must unpack this relationship in order to target interventions to those migrants who do face increased risk of HIV infection — a challenging task given the limited research on HIV/AIDS and mobile populations.

HIV and population mobility responses require multisectoral cooperation within and among countries. Within countries, it is crucial to have an open and constructive multisectoral dialogue based on shared and fundamental societal values and principles, such as solidarity, integration, human rights and participation, as well as sound public health principles. Beyond national borders, it is equally important to ensure multisectoral regional consultative processes bringing together migration, health and labour sectors.

Let me conclude by saying that IOM will continue working with Member States, the Joint United Nations Programme on HIV/AIDS and many other partners on issues related to HIV and migration, on the forthcoming comprehensive HIV/AIDS review in 2011 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 Acting President: We have heard the last speaker in the debate on this item.

We shall now proceed to consider draft decision A/64/L.54/Rev.1.

I give the floor to the representative of the Secretariat.

Mr. Zhang (Department for General Assembly and Conference Management): In connection with the draft decision entitled "Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS" (A/64/L.54/Rev.1), I wish to put on record the following statement of financial implications on behalf of the Secretary-General, in accordance with rule 153 of the rules of procedure of the General Assembly.

Pursuant to operative paragraph (b) of the draft decision, the General Assembly would undertake necessary consultations to determine during its sixty-fifth session, but no later than December 2010, the modalities and organizational arrangements for the comprehensive HIV/AIDS review in 2011.

Since the consultations on the modalities and organizational arrangements for the comprehensive HIV/AIDS review in 2011 called for in operative paragraph (b) of the draft decision are yet to be held, there is insufficient information available to the Secretariat at this time to determine the full extent of the programme budget implication arising from the adoption of the draft decision. Should the General Assembly adopt the draft decision, the Secretary-General would submit a statement of programme budget implications, if any, to the General Assembly as soon as specific decisions on the modalities and organizational arrangements for the comprehensive HIV/AIDS review in 2011 are taken, based on the results of the consultations called for in operative paragraph (b).

The Acting President: The Assembly will now take action on draft decision A/64/L.54/Rev.1.

May I take it that the Assembly wishes to adopt draft decision A/64/L.54/Rev.1?

The draft decision was adopted.

The Acting President: May I take it that the General Assembly wishes to conclude its consideration of agenda item 44?

It was so decided.

The meeting rose at 6.35 p.m.