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President: Mr. Deiss . . . . . (Switzerland)

The meeting was called to order at 9.15 a.m.

Agenda item 10 (*continued*)

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

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

Report of the Secretary-General (A/65/797)

The President (*spoke in French*): I now declare open the High-level Meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. This meeting is held in accordance with resolution 65/180 of 20 December 2010 and decision 65/548 of 20 May 2011.

In resolution 65/180, the General Assembly emphasizes the significance of the comprehensive review in 2011, which will mark three decades of the HIV/AIDS pandemic, the ten-year review of the Declaration of Commitment on HIV/AIDS and its time-bound measurable goals and targets, and the five-year review of the Political Declaration on HIV/AIDS, with the goal of achieving universal access to comprehensive HIV prevention, treatment, care and support by 2010, while bearing in mind the fact that those goals and targets would expire at the end of 2010.

We must succeed. We must win our battle against AIDS. In this Hall, ten years ago, the community of nations, meeting in this General Assembly, made history by adopting an ambitious declaration, accompanied by goals and a timeline for reversing the epidemic at a time when the situation seemed hopeless. Five years ago, in 2006, by promising universal access to prevention and treatment of the virus, we further strengthened our determination to reverse the epidemic.

Today, the results can be seen. In the past five years, worldwide, the number of people with access to treatment has increased tenfold. Millions of lives have been saved. There has also been real progress in prevention: the number of new infections is clearly on the decline.

However, it is too soon to stop our efforts and to be put off by the cost of treatment and budget cuts. Ten million people still have no access to treatment, and far too many men, women and children are still being infected. We have to continue to take prevention, treatment, care and support measures that are complementary and closely linked, for we now know that treatment also prevents transmission of the virus.

We have reached a critical moment. This High-level Meeting is a unique opportunity to reiterate our collective commitment and to step up our campaign against AIDS. I am confident that we will meet our responsibilities and that the declaration that will be

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adopted at the end of this Meeting will meet the challenge.

I would like to thank the co-facilitators who led the negotiations leading up to this day, His Excellency Mr. Gary Quinlan, Permanent Representative of Australia, and His Excellency Mr. Charles Ntwaagae, Permanent Representative of Botswana, for their sustained effort. I am pleased that the hours of intense negotiations culminated late last night in a declaration that I consider ambitious. I believe indeed that, after 2001 and 2006, this declaration constitutes more genuine progress.

I believe that if we are to succeed, it is essential for our actions to be based on a broad partnership in which governments, the private sector and civil society join forces and, together, play a greater role in guiding the efforts to combat the virus. In that connection, the civil society hearing held immediately before the opening of negotiations was proof of the importance of civil society in holding governments responsible for their actions and of its essential role in fostering respect for human rights in the context of the fight against AIDS.

Thirty years after the beginning of the epidemic, the stigmatization of and discrimination against vulnerable groups and persons living with the virus far too often continue to present a major obstacle to any open debate on AIDS-related issues and hinder progress. Universal access implies social justice and social inclusion. Persons living with the virus must be stakeholders in every aspect of our efforts. Their experiences and their stories are essential in developing an effective strategy for combating the epidemic.

Our decisions on matters relating to trade and intellectual property rights also have an impact on our response to AIDS. It is important for all of us — countries with a long history of industrialization, emerging Powers and developing countries — to ensure that multilateral negotiations in these areas are harmonized with our efforts to combat AIDS.

There is one more issue that I want to highlight. At times the fight against AIDS is depicted as competing with other development and health priorities. Not so! On the contrary, there are synergies that we must maximize between the AIDS response and universal enrolment in school, gender equality and better health systems, to give just a few examples. Reversing the spread of AIDS is one of the Millennium Development Goals; it is also a benchmark for achievement of all the other Goals. We must take a holistic approach and integrate the response to AIDS into broader development programmes. I think that it is important for the declaration to be adopted at the end of this High-level Meeting to take that approach. This ambitious declaration will allow us to make significant progress in many areas. That is essential.

At the opening of this three-day Meeting, in memory of the millions of victims of the epidemic and for the sake of all the lives that we can save, I call on each of you to take responsibility for the success of the battle against AIDS.

I now call on the Secretary-General of the United Nations, His Excellency Ban Ki-moon.

The Secretary-General: Thirty years ago, AIDS was terrifying, deadly and spreading fast. Today, we have a chance to end this epidemic once and for all.

The story of how we got here was written by many of represented here — the Governments, the medical community, the private sector and above all the activists who struggled against AIDS in their lives and around the world.

Many here remember the early days in the 1980s — the terrible fear of a new plague, the isolation of those infected. Some would not even shake hands with a person living with HIV. Our fellow human beings suffered not only sickness but discrimination or, worse, vilification.

Looking back, there is much we could have done differently. Looking ahead, there are also proud accomplishments that this General Assembly can build on.

From its birth, the campaign against AIDS was much more than a battle against disease. It was a cry for human rights. It was a call for gender equality. It was a fight to end discrimination based on sexual orientation. And it was a demand for the equal treatment of all people.

In 2001, leaders in this room adopted an historic declaration (resolution S-26/2). They took responsibility for controlling the epidemic, and they promised to be accountable for results. Since then, new infections have declined by 20 per cent.

Five years ago, here in the General Assembly, leaders set specific targets for the global AIDS response (see resolution 60/262). They pledged that every individual would get services, care and support to cope with HIV and AIDS. Since then, AIDS-related deaths have fallen by 20 per cent.

Thirty years ago, AIDS threatened development gains in poor regions around the world. Today, HIV is on a steep decline in some of the countries most affected — countries like Ethiopia, South Africa, Zambia and Zimbabwe. They had the largest epidemics in the world, and they have cut infection rates by one quarter. Globally, more than six million people now get treatment. All of these advances come thanks to those represented here and the commitments they made, first ten years ago and then again in 2006.

Today, the challenge has changed. Today, we gather to end AIDS. That is our goal: an end to AIDS within the decade — zero new infections, zero stigma and zero AIDS-related deaths.

But if we are to relegate AIDS to the history books, we must be bold. That means facing sensitive issues, including men who have sex with men, drug users and the sex trade. I admit that those were not subjects I was used to dealing with when I came to this job. But I have learned to say what needs to be said, because millions of lives are at stake.

I was inspired by young people, by people living with HIV and by my predecessor, Kofi Annan. He made the campaign against AIDS a top personal priority.

Ten years ago last month, Secretary-General Annan met in a small conference room in Amsterdam with the six leading pharmaceutical companies. At that time, the first AIDS drugs were offering hope — hope for people who could afford them. The pharmaceutical companies were coming under great pressure. Non-governmental organizations were mobilizing against them, demanding universal access. Secretary-General Annan extended a hand. He asked the pharmaceutical conglomerates to help in getting AIDS medicines to all persons who needed them, and the companies agreed. That led to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, a revolution that has been saving lives around the world ever since.

I applied this model to our campaign to address child and maternal mortality. The Global Strategy for Women's and Children's Health is built on the same principle of partnership, and it also addresses AIDS. We also have a new global plan to eliminate HIV infections in children by 2015 and keep their mothers alive. That will be bring our global strategy to life with clear time-bound commitments, shared responsibility and leadership.

Today's historic meeting is a call to action. First, we need all partners to come together in global solidarity as never before. That is the only way to truly provide universal access to HIV prevention, treatment and care by 2015. Secondly, we have to lower costs and deliver better programmes. Thirdly, we must commit to accountability. Fourthly, we must ensure that our HIV responses promote the health, human rights, security and dignity of women and girls. Fifthly, we must trigger a prevention revolution, harnessing the power of youth and new communications technology to reach the entire world. If we take these five steps, we can stop AIDS. We can end the fear. We can stop the suffering and death it brings. We can get to an AIDS-free world.

The President (*spoke in French*): I thank the Secretary-General for his statement.

In accordance with resolution 65/180, I now give the floor to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Sidibé (Joint United Nations Programme on HIV/AIDS): I am sure that most of those here today were expecting me to stand up here and talk about the many challenges, problems and turmoil we still face. But instead I want to talk about our collective and historic achievement.

Let us not forget that just 30 years ago this mystery disease was called "gay plague", "slim disease" and even "shun disease". People were afraid of each other, and there was no hope. These images should not disappear. They are part of our history.

The AIDS movement is a particular movement. It is the story of people breaking the conspiracy of silence, demanding equity and dignity. It is the story of people confronting society's wrongs and seizing the right. It is the story of people's outrage and passionate call for social justice.

Over the past 30 years, AIDS has forged a new social compact between the global North and South, and we mobilized unprecedented resources with the leadership of the people gathered here today. We managed to produce life-saving results for people. Do we remember that in 2001, when we were negotiating the outcome document, the Declaration of Commitment (resolution S-26/2), people were telling us that we cannot afford to give treat to people living with HIV in the developing world, that that will never happen, that it could not be sustained? Today, we have — as the Secretary-General and the President of the General Assembly said — more than 6.6 million being treated in the low- and middle-income countries.

People were even saying to us that our prevention strategies would never work. We had only three success stories in those days — Senegal, Uganda and Thailand. Today we can say that 56 countries, including 36 in Africa, have been able to stabilize the epidemic and even significantly reduce the number of new infections. In South Africa infections have been reduced by 35 per cent, and in India by more than 50 per cent. China has reduced mortality due to HIV by 64 per cent. Botswana, Mali, Morocco, Brazil — I can go on — have been able to attain universal access.

I know that it is sometimes difficult to talk just about success stories. But it is important for us to do so. I want to take a moment to offer my thanks for the effort and personal advocacy of the Secretary-General to make sure that the Global Fund to Fight AIDS, Tuberculosis and Malaria can continue to deliver. I would also thank the United States President's Emergency Plan for AIDS Relief for helping us to produce those results.

Yesterday, under the leadership of Gabon, the Security Council adopted an historic new resolution, 1983 (2011), which recognizes the deadly link between HIV and violence against women in conflict and post-conflict settings. That shows that AIDS remains a critical challenge of our era. If the Security Council has decided to adopt a resolution like that, it means that the challenge is not over.

This is no time to be complacent. AIDS is unfortunately a metaphor for inequality, showing that the value of life is not the same across the world. Every year in the developing world 1.8 million people die of AIDS, while in developed countries AIDS is becoming a chronic disease. Nine million people are still waiting for treatment, and their lives are hanging in the balance. In the North, we are seeing a new generation born HIV-free while in the South 360,000 babies are born each year with HIV.

We are at a defining moment. It is time to agree, as the Secretary-General said, on a transformational agenda to end this epidemic that will achieve our vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. This vision will become a reality if we can revolutionize HIV prevention — I said, if we can revolutionize HIV prevention — and mobilize young people as agents of change; if we can scale up to universal access to treatment and embrace the benefits of prevention treatment without reservation; if we can break the trajectory of treatment costs and promote innovation, technology, technology transfer and country ownership through a new paradigm of shared values and shared responsibilities; if we can stop violence against women and girls and open a frank discussion about intergenerational sex and concurrent partnerships; and if the vulnerable populations most affected by this epidemic — migrants, prisoners, people who inject drugs, sex workers and men who have sex with men — no longer face discrimination and have access to life-saving services. Finally, we will realize our vision of zero if we take AIDS out of isolation.

The AIDS response must act as a catalyst for improving child and maternal health, reducing infant mortality, stopping tuberculosis deaths among people with HIV and strengthening our health system. We cannot stop our investment now. With an effective up-front investment, we can make the down payment to alter the cost trajectory and end this epidemic.

It is not a question of paying now or paying later; either we pay now or we will pay forever. Getting to zero also demands that we unleash the power of innovation. We can sustain our investment in research and development, and we will have in five years' time simple and inexpensive diagnostics and medication that can be available to everyone everywhere. We will have a microbicide that women can use to protect themselves from HIV and we will have a vaccine that will eradicate this virus.

Again, people will feel that I am a dreamer, but I believe it is possible if we continue to sustain our efforts. Getting to zero is not an aspirational goal or a

magic number — it must be our common plan to be transformed into reality. This is our destiny to seize.

The President (*spoke in French*): Pursuant to paragraph 2(b) of General Assembly resolution 65/180, I welcome and now give the floor to Ms. Tatyana Afanasiadi of Ukraine.

Ms. Afanasiadi (Ukraine) (*spoke in Russian*): It is my great honour and responsibility to speak at the opening of this High-level Meeting.

I live in the country with the fastest-growing epidemic in Eastern Europe, in the city with the highest HIV prevalence. It was there in my seaport city that the HIV/AIDS epidemic began like an explosion among the people using drugs. It was in the late 1990s in my city that the first needle exchange programmes appeared. And it was in my city that the first organization of people living with HIV was established in 2000.

I am 32 years of age, nearly the same age as the epidemic. I have been living with HIV and using drugs for 13 years. For almost 11 years I have been infected with the hepatitis C virus. I have a family — a husband and a son who is 8 years of age. They do not have HIV and they give me great support. Three years ago, I began an opioid substitution therapy programme that enables me to live and work, to be an active citizen of my country, to take care of my son and to love and to be loved. Every day in my country alone, eight people die of AIDS and 56 become infected with HIV.

Drug treatment services and rehabilitation programmes are neither accessible nor of good quality and lack support. In many areas they have been reduced and even banned in several countries of the region. Drug addiction is considered a crime, not a disease; thus many drug users end up in prison. How many of them are able to survive prison conditions? How many manage to avoid tuberculosis infection? How many will not die of AIDS, drug overdose or infection? Drug dependency and HIV infection require treatment and not prosecution.

In the case of women using drugs, the situation is even worse. For example, where is a pregnant woman who uses drugs to go if she has been abandoned by her husband and has no home, and doctors refuse to help her and continue to advise her to terminate her pregnancy? If a woman decides to give birth, she will be unable to go to a drug treatment clinic afterwards because there she will be registered as a drug addict and deprived of her child. Most rehabilitation centres do not have appropriate facilities for women with children. In crisis centres, HIV infection is grounds for refusing admission. As a result, women often resort to prostitution in order to survive; they become victims of violence and lack access to prevention services for HIV.

At the same time, programmes are being developed for those women. However, whether such programmes and numerous other prevention and treatment programmes will be continued and developed will depend upon the Assembly’s decisions today.

As I have already said, I am lucky. Today I have access to opioid substitution therapy. This therapy is a very powerful tool in the fight against the HIV epidemic. I am grateful to my country for taking the progressive decision to implement opioid substitution therapy programmes, which have helped more than 6,000 people to receive substitution therapy treatment. I stress the word “treatment”. At the same time, however, according to experts, in my country more than 50,000 people are waiting for such help. Unfortunately, most countries of Eastern Europe do not have opioid substitution programmes, and even in those countries where these programmes exist, they continue to face oppression by law enforcement authorities.

I take buprenorphine every day under medical supervision, but I cannot visit certain neighbouring countries because my treatment is illegal there and considered the same as street drugs. In the five years that opioid substitution therapy has been available in my home city, I have seen many lives change. People have returned to their families, found jobs, stopped committing crimes and started HIV and tuberculosis treatment. It is time to stop refusing antiretroviral (ARV) treatment to people who use drugs. They are able to take the medicines the proper way, particularly when HIV treatment is combined with drug dependency treatment, in combination with psychological and social support.

So, what do we need now? We need specific targets, ambitious declarations and the political will of our Governments to endorse them. It so happens that my life and my health, like the health of millions of other people today, depend on your decisions. I am on antiretroviral treatment now, but I already need

hepatitis C treatment. Today in my region, hepatitis C treatment is not available. Thousands of people are waiting for it. Thousands of people are waiting for antiretroviral treatment. For many the waiting was in vain, and they died without treatment. And those who did receive it faced supply delivery failures and delays.

That is why no compromise, such as 80 per cent access, can be accepted. We, the representatives of the key populations, demand 100 per cent access to HIV treatment and treatment for tuberculosis, hepatitis, opportunistic infections and drug dependency. We insist on active engagement by the Member States of the United Nations, representatives of the key communities in programme development and policy-making in response to the epidemic. This is the only way we can achieve results and bring the epidemic under control.

I pay taxes, I am engaged in socially useful activities and I take care of my son. I want my son, who is now a second-grade student, to see me free from criminal prosecution, healthy and full of strength and dignity when he is grown. I believe that participants here today, as leaders of their countries, can achieve this by exerting their political will, which is so important for their citizens who are like me.

The President (*spoke in French*): Pursuant to paragraph 2(b) of resolution 65/180, I now give the floor to Mrs. Mathilde Krim, founding Chairman and founder of the Foundation for AIDS Research.

Mrs. Krim (Foundation for AIDS Research) (*spoke in French*): As the Assembly just heard, I am the founder of the Foundation for AIDS Research. I will be speaking in English, specifically on the contributions from the scientific and medical research to resolving the global problem of AIDS.

(*spoke in English*)

I am very grateful for this invitation to speak to the Assembly today on this important anniversary of the first report, in July 1981, of five cases of a disease that later came to be known as AIDS. None of us in 1981 could have predicted the tragedy to follow. The number of people with AIDS rapidly grew. Some scientists soon realized that AIDS was caused by a sexually or blood-transmissible virus. That virus would be named HIV, or human immunodeficiency virus. It is capable of destroying the human body's immune defence system, thus making the body susceptible to many other infections.

So far, HIV infection has always had lethal consequences. In the 30 years since 1981, 25 million people have died worldwide of AIDS-related illnesses, and more than 33 million people now live with HIV/AIDS throughout the world. Here in the United States more than 56,000 people become HIV infected each year, and a total of 1 million Americans now live with HIV/AIDS.

In 1981, nothing was known about how the disease was transmitted or, of course, if and how it could be prevented or treated. It was not known whether AIDS was confined to one or more so-called at-risk groups, or if everyone in the general population was, or could be, at risk.

Prevention activities and research programmes were slow to start, but they have resulted in some of the most remarkable success stories in the history of biomedical research. By now prevention research has delivered a raft of useful interventions, and I am going to list some that already have applications — if we are ready to use them.

First, studies have shown that condoms are very effective barriers to HIV infection.

Secondly, serological and other tests are capable of protecting the safety of blood collected for transfusions. These tests and protections have been used very effectively and guarantee today that our blood pool is safe and can be used — which it is.

Thirdly, male circumcisions were shown to significantly reduce the risk for males of contracting HIV through heterosexual sex.

Fourthly, and very importantly, an arsenal of more than 30 so-called antiretroviral (ARV) drugs has become available for treating HIV-infected people, enabling them to live longer and relatively healthy lives. It is also shown that some of these drugs could significantly contribute to the prevention of HIV infection. For example, mother-to-child transmission of the virus could be virtually eliminated with ARV treatment in certain countries. Efforts are now under way to attempt to replicate that success in other countries and everywhere.

It has also been shown that a vaginal microbicide gel that women can use before heterosexual sex can

sharply decrease their risk of contracting HIV. Another remarkable study has recently shown that high-risk but still HIV-negative men who have sex with men and who diligently took a particular antiretroviral drug reduced their risk of contracting the virus by more than 90 per cent. Recently, a clinical trial finally confirmed that healthy HIV-positive persons are much less likely to transmit the virus to their partners than are untreated persons. In addition, the adoption of a very low-cost and highly effective public health practice called needle exchange has resulted in very effective prevention of HIV infection. It is now possible to shield many users of psychoactive drugs and their sexual partners and children from HIV infection transmitted through sharing HIV-contaminated needles.

All the above constitute remarkable new knowledge that is broadly applicable. It is good news, because the rate at which people are becoming newly HIV-infected today is outpacing our current ability to provide antiretroviral treatment. We are therefore still losing ground to HIV, and we are still losing the battle against HIV and AIDS.

None of the preventive measures and treatments I have mentioned can by itself end the epidemic. But if they are used in various combinations and on a scale that can reach all vulnerable populations, this preventive intervention and treatment can lead to a very substantial worldwide reduction in the incidence of HIV infection and AIDS. Smart investment in HIV prevention would pay off handsomely, not only in lives but also in treatment costs averted.

Ending the global AIDS epidemic will ultimately require the equivalent of an effective vaccine for preventive and curative treatment — treatments capable of completely eradicating HIV from all infected cells. Developing an effective vaccine has proven difficult, not least because HIV has multiple strains and a rapid rate of mutation.

Recent developments, however, are offering a glimpse of hope. In 2009, for the first time a clinical trial identified a modest preventive effect from an experimental vaccine. Two important antibodies were discovered that can stop more than 90 per cent of the known global HIV strains from infecting human cells. Follow-up studies are currently under way on how those approaches can be used.

Finally, however, and perhaps most excitingly, research is generating increasing optimism that the cure for HIV and AIDS is now within the realm of possibility. The “Berlin patient” that many here may have heard of is a true AIDS survivor. He is living proof that achieving a real cure is technically feasible. Though it is unlikely that the procedures that this patient underwent can be replicable on a meaningful scale, he is nonetheless the first to have been cured through stem-cell transplant. This and other promising scientific advances have led research organizations — including the American Foundation for AIDS Research, the National Institutes of Health and the International AIDS Society — to establish collaborative research teams that are now racing toward a treatment that can achieve a cure.

Now, thirty years into the AIDS epidemic, we have a choice that we never had before. Should we be content with limiting our efforts and resources for additional decades, dealing with pieces of an enormous and still growing tragedy? We are still spending very considerable resources to protect and treat only a fraction of all those in need. Do we want to continue doing a very partial job, which has already cost us a great deal, benefiting only a small proportion of people who need the help? Or are we collectively agreeing to decide on prevention, treatment and intervention, to make a somewhat larger but more strategic investment in future research and to use the results of that research earlier? We would thus be accepting the obligations and responsibility to achieve a solution to the AIDS epidemic in our lifetime.

In considering this, we should never forget that the lives we will help save may even be our own — but certainly will be the lives of our children and grandchildren.

The President (*spoke in French*): We have heard the last speaker in the opening segment of the High-level Meeting.

Before proceeding further, I wish to inform the Assembly that the first thematic panel of the High-level Meeting is taking place in Conference Room 2, in parallel to this plenary meeting.

I now turn to some practical organizational matters pertaining to the conduct of the High-level Meeting. To allow the greatest possible number of speakers to take the floor within the limited time available, I appeal to speakers to kindly respect the five-minute limit per statement in the plenary meetings. I also ask speakers to deliver their statements

at a normal pace so that interpretation may be provided properly.

To assist speakers in managing their time, a light system has been installed at the speaker's rostrum. A green light will be activated at the start of the speaker's statement. An orange light will be activated 30 seconds before the end of the five minutes. A red light will be activated when the five-minute limit has elapsed.

I would also ask participants to refrain from taking photographs in the General Assembly Hall. I understand all those who wish to take home a souvenir picture of their preferred speaker. Such photographs are already available because official photographs of all speakers are taken by the Department of Public Information and can be obtained from the Photo Library of the United Nations. Finally, I should like to remind participants that the entire meeting is recorded and can be followed worldwide.

The Assembly will now hear an address by His Excellency Mr. Porfirio Lobo Sosa, President of the Republic of Honduras.

President Lobo Sosa (*spoke in Spanish*): Honduras wishes to express its pleasure at having recovered its right to participate as a State member of the Organization of American States and at thus being able to meet once more with the countries of the American continent and the world. Today, we are present at this High-level Meeting with a clear commitment to ensuring universal access to the prevention and treatment of HIV/AIDS as one of the most serious health issues facing humankind.

We acknowledge that persons affected by this disease are usually victims of stigmatization and discrimination. Hence, for us, combating HIV/AIDS is a high priority and renewed commitment, given its impact on our society, in particular on our women, young people and children, who make up the most affected and thus most excluded groups.

We have made significant efforts to carry forward the undertaking that we as a Government have made to respond resolutely to the scourge, in particular in order to meet Millennium Development Goal 6, which aims to reverse the spread of HIV/AIDS by 2015. In Honduras, infection levels of HIV/AIDS have fallen. We have implemented a standard comprehensive health care for infected persons, promoted comprehensive health-care in public, private and community services, and developed the formation and training of human resources and comprehensive health-care. To date, care at all levels has greatly increased. More health centres provide counselling and HIV/AIDS testing. The number of men and women who have been tested for HIV/AIDS has reached nearly 200,000 in recent months.

In order to reduce the prevalence of the scourge and other sexually transmitted diseases, a national action plan is being implemented to promote pre-natal screening so that expectant mothers can attend health care centres and receive early and timely care and adequate treatment for HIV/AIDS, above all to prevent mother-to-child transmission.

The Health Secretariat of the Government of Honduras has redefined the strategy for a comprehensive approach to sexually transmitted infections. We have introduced a life-cycle approach, promoted the joint responsibility of the individual, the family, the community and the working and social environments in order to empower them and make them active participants in health care.

Despite these efforts, the economic and social impact of HIV/AIDS is significant, since the disease strikes economically active young people of reproductive age. That has an adverse effect on family income and, in the medium and long terms, on the country's workforce and macroeconomy. It is therefore a priority to significantly extend our response to HIV/AIDS as human beings have an inalienable right to life through universal access to health care.

HIV/AIDS affects the lives of those who suffer from it, the development of peoples and the entire social fabric. The fight against HIV/AIDS not only is an act of human solidarity, but is and should be an ongoing commitment of all leaders. It is up to us to provide new possibilities, opportunities and space for those living with HIV/AIDS, and to stop that disease affecting more women, young people and children, who are not only the future, but also our present.

The Ministry of Justice and Human Rights of Honduras carries out ongoing monitoring to ensure that the dignity of human beings is respected. Those who are most vulnerable are manifestations of the lack of commitment and social cohesion in many of our societies, revealing high levels of exclusion and discrimination. Our challenge now is to overcome that.

My Government is striving at the national and international levels to prevent and treat HIV/AIDS and other sexually transmitted diseases. At this important event, I wish to reiterate our commitment to making every effort necessary to meet the country's targets and fulfil international commitments for the benefit of the Honduran population and all humanity. In the context of this important international forum, I wish to underscore that, in accordance with resolution 64/169, Honduras will host the first world summit for people of African descent, to be held in the city of La Ceiba from 18 to 21 August and to be coordinated by the Ethnic Community Development Organization, the Ministry of Indigenous and Afro-Honduran People and other civil society organizations for people of African descent, with the full support of our Government. I extend the warmest invitation to all participants to take part in that very important event.

Honduras is grateful for the invaluable cooperation of the United Nations and friendly Governments in preventing and eradicating HIV/AIDS. No more women, no more young people, no more boys and girls should be born or have to live with HIV/AIDS.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Paul Kagame, President of the Republic of Rwanda.

President Kagame: I would like to start by welcoming the adoption yesterday of Security Council resolution 1983 (2011) regarding the impact of HIV/AIDS on international peace and security. I also wish to recognize the leadership of the President of the General Assembly, President Ali Bongo Ondimba of Gabon, the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS for continuing to put HIV/AIDS at the forefront of global dialogue.

The epidemic continues to cause devastation and anguish to individuals, their families and our societies in general. We all know that the disease has reversed health and development gains in many countries, particularly in Africa. Despite this, funding to find a cure and treatment for AIDS has reached a plateau or even decreased against a backdrop of competing global priorities and challenges. This High-level Meeting gives us an opportunity to revisit the difficulties we face and to build on the modest progress registered so far. It is time to galvanize Member States to commit to a transformative agenda that can overcome the remaining barriers to an effective, equitable and sustainable response to HIV and AIDS.

Of course, we must also acknowledge that even in the face of enormous economic hardships, courageous acts of leadership continue to inspire solidarity in the HIV/AIDS response. I am pleased to say that, since making a commitment to achieving universal access five years ago, developing countries have worked hard to scale up their own response through increased financing, education and information dissemination. Wherever there have been combined efforts and continued financial resources, the results are there for all of us to see.

Prevention has worked and treatment has saved lives. For instance, on our continent, Africa, the number of people newly infected with HIV dropped from 2.2 million in 2001 to 1.8 million in 2009, and AIDS-related deaths in sub-Saharan Africa have declined by 25 per cent since 2005. What is abundantly clear is that investing in HIV prevention, treatment and care is not only the right thing to do; it is also the smart thing to do. It has a positive knock-on effect on our social and economic development.

It is evident that no single country or Government acting alone can overcome the pandemic. We need a coordinated, comprehensive approach that responds to all aspects of the disease. In fact, recent research findings show that early diagnosis and immediate treatment reduce the chances of infecting others by more than 90 per cent. And with the experience we have gained over time in prevention, treatment and care, we now have a better understanding of the disease, which should inform what we can henceforth do collectively.

Clearly, there is still a lot to be done. That includes overcoming side effects and resistance to some antiretroviral drugs. We must eradicate any stigma, eliminate gender-based disadvantages and adopt an integrated approach to the problem. All this calls for conscious leadership at all levels of our society.

Let me conclude by reiterating that the good health of our citizens and the dignity of those infected or affected are their fundamental rights, and that our resolve to fight against HIV/AIDS is a matter of social justice. Where stigma, discrimination and inequality persist, the response to HIV/AIDS cannot be effective

or sustainable. There can be no higher aspiration than working towards future generations free of AIDS and associated contributing factors. With sufficient, predictable financing, shared responsibility and a coordinated approach, I am confident that we can build on the gains made and win the battle for the greater social and economic well-being of our people.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria and Commander-in-Chief of the Nigerian Armed Forces.

President Jonathan: I wish to join other delegations in congratulating you, Mr. President, on convening this important meeting. I also would like to commend the Secretary-General for his far-reaching report (A/65/797), which contains important recommendations for achieving our objective of a world rid of HIV and AIDS. The important statements of the Executive Director of the Joint United Nations Programme on HIV/AIDS, Mr. Michel Sidibé, and other contributors also provide great insight into the challenges that lie ahead. The participation of various stakeholders, such as young people, women, members of the private sector and people living with HIV, are particularly welcome and crucial to our collective endeavour.

The Declaration of Commitment on HIV/A1DS of 2001 (resolution S-26/2) and the follow-up Political Declaration on HIV/AIDS of 2006 (resolution 60/262) marked the determination of the international community to wage a global and sustained war on HIV/AIDS. Since then, thanks to our collective determination, substantial progress has been made, to the extent that HIV is now better understood and AIDS is no longer an automatic death sentence.

Yet a lot remains to be done. Today, we again stand on the threshold of history, with an opportunity to build on the gains of the past 10 years. We must not miss this chance, which could be the last great one on the road to achieving the Millennium Development Goals (MDGs).

My continent, Africa, has borne and continues to bear a disproportionate burden of HIV and AIDS. But we have not just been bemoaning our fate. In April 2001, African leaders, in a declaration adopted in Abuja, committed to allocating 15 per cent of their national budgets to accelerating action towards universal access to HIV and AIDS, tuberculosis and malaria services. This was followed in 2006 by the Maputo Plan of Action, which seeks to create a partnership of Governments, civil society, the private sector and development partners for the operationalization of the Continental Policy Framework on Sexual and Reproductive Health and Rights. The African Union also adopted in 2006 the Continental Framework for Harmonization of Approaches Among Member States and Integration of Policies on Human Rights and People Infected and Affected by HIV/AIDS in Africa. All these efforts are aimed at sustained, coordinated and resolute continental action to stop new infections, maximize efficiency in the delivery of treatment, care and support, and achieve sustainable financing for the HIV response.

In my country, HIV and AIDS services are currently the most rapidly expanding health interventions, and the multisectoral approach to the response has also generated better resource mobilization and coordination of the many stakeholders — public, private and civil society. Some of the successes of which we are particularly proud include the Youth Leadership in HIV/AIDS programme embedded in our National Youth Service Corps scheme; the strategic engagement of the media and Nigeria's buoyant film and video industry in promoting behaviour change and awareness; and the Annual Award for Excellence in HIV/AIDS Programming for journalists reporting on HIV/AIDS and related diseases. In addition, a bill is presently before the National Assembly, our federal parliament, that seeks to address the specific issues of stigmatization and discrimination directed at people living with HIV.

Notwithstanding these modest achievements, many challenges remain, principal among which is the burden of providing antiretroviral therapy to about 1.5 million people living with HIV. Prevention also remains a major concern, as there is still relatively low access to prevention of mother-to-child transmission services in rural areas. Of course, stigmatization and discrimination are huge challenges, both of which pose barriers to universal access to services. Furthermore, national ownership and the sustainability of response continue to be undermined by funding gaps.

We remain committed nonetheless. My administration is determined to provide new impetus to the HIV/AIDS response by integrating the health sector

into our human development agenda. For instance, from now until 2015, Government will lead and coordinate the multisectoral implementation of our National Strategic Framework and Plan for HIV/AIDS. In respect of universal access, our target is to increase Government funding from 7 per cent to 50 per cent by 2015. We also aim to increase investment in procurement and supply chain management systems to ensure the availability of quality HIV/AIDS commodities at all levels of care. We are targeting the elimination of mother-to-child transmission of HIV by 2015. We will also work with the National Assembly for the allocation of at least 15 per cent of the federal budget for the health sector, as agreed in the Abuja Declaration. We believe that these and other initiatives will greatly contribute to achieving the joint objectives of the MDGs and the elimination of new HIV infections, including AIDS-related deaths, by 2015.

This is not the time to take our eyes off our target. The international community must retain the resolve and focus of the declarations of 2001 and 2006 if the gains of the past 10 years are not to be eroded. The recommendations contained in the Secretary-General's report, as well as the input to this meeting from civil society, young people and other stakeholders, should provide useful pointers in assisting us to plan the way forward. The declaration that will be issued at the end of our meeting should rightly include realistic modalities for reaching the noble goals we set for ourselves 10 years ago.

To say that adequate funding is critical to the success of our HIV and AIDS response is an understatement. Many countries, including mine, can achieve neither the targets we have set for ourselves 10 years ago nor the MDGs without the support of our development partners. While appreciating their assistance, I would like to seize this opportunity to urge them to make every effort to redeem their promises in view of the proximity of 2015. We cannot win the fight against the HIV/AIDS scourge without international solidarity.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Amadou Toumani Touré, President of the Republic of Mali.

President Touré (*spoke in French*): I would first like to welcome the convening of this meeting and take this opportunity to congratulate the President of the General Assembly. I wish to congratulate the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS and the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria for the remarkable results they have achieved, as well as their colleagues for their excellent work in preparing and organizing our meeting today.

This High-level Meeting coincides with some very important dates that have already been mentioned: the thirtieth anniversary of the discovery of the virus, the tenth anniversary of adoption of the Declaration of Commitment (resolution S-26/2) at the 2001 special session on HIV/AIDS, and the fifth anniversary of the adoption of the 2006 Political Declaration on HIV/AIDS (resolution 60/262) on universal access to care. We must now keep the epidemic constantly in mind and continuously adapt our response to it, taking into account what we have already achieved and the better knowledge that we have today of the disease.

A few weeks ago, Mali had the privilege and honour of hosting the Youth Summit on HIV/AIDS. The Summit provided a useful forum in which the young people of the world could profitably exchange ideas about their health needs, including HIV/AIDS services, and how to meet them. Those young world leaders adopted the Mali Call to Action, calling for new leadership in our response to HIV/AIDS. They asked me to be their spokesperson here in the world forum of this Assembly, and it was my honour to accept.

The young people of the world have asked me to say that they have already taken the lead in responding to HIV/AIDS in their communities. However, they are aware that their efforts alone will not be enough to put an end to the epidemic. They have therefore vested great hope in the implementation of the General Assembly's 2001 Declaration of Commitment on HIV/AIDS in 2011.

Young people have asked me to inform the Assembly that it is urgent that resolution 58/133 must be implemented. The resolution calls on Member States to include young people in their official delegations to United Nations meetings and other relevant regional conferences. Young people have asked for the establishment, at the highest decision-making levels, of formal mechanisms for young people — a key affected population — to give them priority in decision-making

bodies, at the community, national, regional and global levels. Young people have asked me to stress the need to institutionalize and support capacity-building of young people's groups within national and local bodies to promote coordination with respect to HIV/AIDS.

Young people want to see resources and funding funnelled to support the new youth leadership in the context of a lasting response to HIV/AIDS. They want human rights to be protected and promoted; they want stigma and discrimination eliminated at the legislative level. Young people want information on HIV/AIDS services that meet their needs and are aimed at key population groups.

In conclusion, let me assure the Assembly that young people have accepted the responsibility that is now theirs as young leaders. They have promised to do the necessary work, and, above all, to be accountable.

This is the gist of the message that, at the World Youth Summit on AIDS, organized and led by young people, I promised to transmit. All that remains for me is to express my thanks; I am pleased to have been able to convey this message to the Assembly.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Ratu Epeli Nailatikau, President of the Republic of Fiji.

President Nailatikau: I extend to you, Mr. President, and to the Assembly warm greetings from the Government and the people of Fiji. In my contribution, I will give you the Fiji perspective as well as touch on the regional perspective.

For a small island developing nation in the middle of the South Pacific Ocean such as my country, the threat of HIV/AIDS is like a ticking time bomb. We fully recognize that the productive portion of our population, the young people, is under threat from this scourge. If this scourge is not immediately responded to more vigorously, it will threaten to debilitate not only our people but also our island economy. Fiji's economy is heavily dependent on tourism, and it is vital that we maintain controlled health regimes in our small country if we are to safeguard this lifeblood of our economy.

In Fiji, as in many of the Pacific Island countries, religion and tradition have a great influence on behaviour. We therefore recognize the commitment made and exemplary action taken by these social institutions and the central role they play in our response to HIV/AIDS. The Pacific continues to enjoy strong leadership in response to HIV/AIDS through the endorsement of a regional framework on HIV and sexually transmitted infections since 2006. This provides and guides the national and regional response to HIV/AIDS.

At the ministerial level, HIV/AIDS has been featured in health-related ministerial meetings since 2004. In 2004, the Suva Declaration on HIV/AIDS was adopted by Pacific parliamentarians, and in 2009 the Madang Commitment articulated clear recommendations and the way forward.

In the Pacific, in the area of legislation and reform, much work has been done. Legislation has been reviewed. However, progress towards legislative amendments has been slow, because HIV-related law reforms can be a monumental challenge, given the punitive approach and the high levels of stigma and discrimination.

In Fiji, the Government has enacted the HIV/AIDS decree of 2011. The purpose of the decree is to provide human rights-based measures to assist in HIV prevention and HIV/AIDS care and support and for related purposes. The decree addresses human rights violations that fuel social marginalization, such as HIV-related stigma and discrimination, which remain the main barriers to HIV/AIDS response in Fiji and other Pacific island countries.

The challenge we also face, particularly as leaders, is ensuring that HIV-related laws are fully implemented and enforced. We firmly believe that legislation on AIDS should provide human-rights-based measures to assist in HIV prevention and in HIV/AIDS care and support. We also firmly believe that that is the way to go. We are confident that the Fiji HIV/AIDS decree 2011, together with the revitalization of the existing networks between faith-based organizations, traditional leaders, youth leaders, Government departments, the private sector — in the form of the Business Coalition against HIV/AIDS (BAHA) — and civil society will produce the desired outcome.

Integral to the process is the fact that we must change the way in which we view HIV/AIDS. We cannot view it as a health issue only, and we must see to it that adequate resources and funding are made available to ensure universal accessibility to

prevention, treatment and support, be it in places of learning, work, play or worship.

We in Fiji and the Pacific countries are well aware of the fact that the major sources of funds in the Pacific to address HIV and other sexually transmitted infections are coming to an end in two years' time, after an initial increase in funds in 2004. At present, the major funding sources in the Pacific are through the Global Fund to Fight AIDS, Tuberculosis and Malaria. Another source is the Pacific Islands HIV and STI Response Fund, supported by Australia and New Zealand. Both of these major sources of funding will end in 2013. Beyond that date, there are no major identified sources, as yet. New funding proposals and strategies will have to be developed and implemented.

The Response Fund for the period 2009 to 2015 is a multi-donor, pooled funding mechanism that supports the implementation of national and regional HIV strategic plans. As of December 2009, Australia had contributed $28 million and New Zealand $7.5 million. In reality, they do much more than that. They are also providing funding resources through multilateral agencies, such as United Nations agencies and other regional organizations. But the bottom line is that funds will be needed in the future to ensure that we continue to respond positively so that we eventually eradicate the scourge of AIDS.

The toolkit with which we want to defuse the AIDS time bomb in our country includes a multifaceted approach to the eradication of HIV/AIDS, which I have already outlined. I say these words with hope and confidence because eradicating the scourge of HIV/AIDS is within humanity's control.

I commend you, Mr. President, for bringing together this global gathering and ask that you accept Fiji's best wishes for a productive High-level Meeting.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Ali Bongo Ondimba, President of the Gabonese Republic.

President Bongo Ondimba (*spoke in French*): It is an honour for me to take the floor before the General Assembly on the occasion of this High-level Meeting on HIV/AIDS.

Ten years have elapsed since the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2), in 2001. On this anniversary meeting, we have an opportunity to recommit ourselves decisively. Yesterday, under Gabon's presidency, I presided over a debate in the Security Council that enabled us to consider the impact of HIV/AIDS on international peace and security (see S/PV.6547), and at which we adopted resolution 1983 (2011).

I am delighted to take part in this debate today in the General Assembly — the representative body of the peoples of the whole world — which brings us together today to stress the other dimension of this pandemic, namely, the challenge of development and the spirit of solidarity.

I would like to stress here that the resources currently allocated to Africa are still insufficient given the scale of the effects of HIV/AIDS on the continent. Additional resources must be mobilized in order to strengthen action strategies.

It was 30 years ago that the first case of HIV/AIDS was discovered. As this anniversary meeting takes place, we can certainly be pleased with the progress that has been made. We have gained more knowledge about the pandemic. Our prevention efforts have become more effective. Access to care and treatment has been improved. Cooperation between public and private partners and civil society has been further developed and improved. As a result, there has been a reduction in mortality due to HIV, a limitation on new infections and an extension of life expectancy for those living with HIV. We have thus been able to stabilize the epidemic.

Gabon is among the countries that, despite the current unfavourable international economic situation, continue to invest significant resources in the fight against the HIV/AIDS pandemic. I recently took important decisions in pursuit of our national effort aimed at increasing financial resources allocated to the fight against HIV/AIDS, improving universal access to care and treatment through free antiretroviral treatments and free health care through medical insurance, incorporating and decentralizing medical care for those living with HIV across all health care services and mobilizing all public and private institutions in order for them to develop prevention and care programmes.

In that respect, as I did at the High-level Meeting on the Millennium Development Goals, I would like to call on the international community to establish new innovative forms of financing in order to generate the necessary resources.

While the whole world is moving towards a period of affirming human rights, our societies must attempt to protect those living with HIV and those who are at high risk of stigmatization, as well to combat manifestations thereof. I would particularly like to address the issue of the vulnerability of young people in the face of HIV/AIDS. My predecessor, the late President Omar Bongo Ondimba, the second anniversary of whose death my country commemorates today, used to say that youth is sacred. In affecting youth, HIV/AIDS is compromising our common future and dimming the torch of humankind. We must intensify our prevention efforts among young people. We must use the new social media as well, which is a solution that will help us to reach them and involve them further in our HIV prevention strategies.

We must admit that the international community has not completely met its commitments made in the 2001 and 2006 Declarations. I therefore express the hope that the new political declaration that we are going to adopt at the end of this Meeting will be the expression of our common will to build a new platform for international cooperation that will be even more ambitious, dynamic and capable of meeting the challenges that we face today in the fight against HIV/AIDS. In order to achieve this goal, we must respond to the call to come together to achieve universal access.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Army General Idriss Deby Itno, President of the Republic of Chad.

President Deby Itno (*spoke in French*): At the outset, I would like to thank the President of the General Assembly and the Secretary-General for convening this important High-level Meeting on the AIDS pandemic.

This Meeting is taking place 30 years after the beginning of the AIDS epidemic and 10 years after the Assembly's historic twenty-sixth special session, on HIV/AIDS. During that time, the scientific community has continued to seek a cure, a vaccine. The mobilization of all stakeholders has shown us that we should not despair.

It is that determination that brings us together today. This Meeting is taking place at a time marked by a global economic crisis that has compelled the international community to prioritize other matters, while at the same time States have retreated into themselves. That is why I congratulate the Secretary-General and the President of the Assembly for organizing this High-level Meeting, which will adopt a new declaration on the global response to AIDS.

Chad, like other Members of the United Nations, has been dealing with the issue of HIV/AIDS and its harmful effects on the country's people. In 2005, the last national study of HIV/AIDS prevalence showed that it was affecting around 4 per cent of the population between 15 and 49 years of age and that 210,000 people were living with HIV/AIDS. Given this threat to a people already suffering greatly from decades of foreign aggression and poverty, the Government decided to be proactive in organizing a national response to AIDS. We will give some examples that, in our view, demonstrate our commitment.

For instance, we have guaranteed free medical care for people living with HIV/AIDS, financed by the State. In 2007, the first year, 7,747 people benefited. In 2008 that number doubled: 18,800 received antiretroviral treatment. In 2009 the number rose to 32,288. In this way Chad is one of the rare African countries to fully fund, through its own resources, free antiretroviral treatment to people living with HIV/AIDS.

Since 2006, the fight against AIDS has been integrated as one of the primary axes of our national strategy for poverty reduction. Act No. 019, on combating AIDS, which protects those living with HIV/AIDS, passed in September 2007. The Government supports families that are providing care to AIDS victims.

Finally, a national council for the fight against HIV/AIDS was created and put under the authority of the Prime Minister and head of Government. The Government's efforts have attracted civil society, which has become involved, through various religious groups and local communities, in the national response to HIV/AIDS. Civil society has even created a watchdog institute for the human rights of those living with HIV/AIDS and legal clinics to help people living with HIV.

Thanks to those measures, Chad has made significant progress in combating HIV/AIDS. All the Government's efforts are aligned with the goal established by the High-level Meeting of achieving a zero new HIV infections, zero discrimination and zero

AIDS-related deaths. The Chadian delegation fully supports the joint African position adopted at the Fifth Session of the African Union Conference of Ministers of Health, held at Windhoek in April.

As we all know, AIDS is not only a health problem; it is also a development issue. On the basis of that conviction the Government is taking actions in its national response to AIDS, making them an integral part of its development programme and strategy. In our overall policy, pride of place is allotted to the well-being of our people and the improvement of their standard of living, with priority given to social sectors. Thus a very large part of oil revenues are invested in education and health. Those significant investments are evident in the building of schools and universities, regional and national institutions, health clinics in large population centres and other infrastructure to facilitate people's mobility.

Chad is a crossroads country, which because of its geographic location shares borders with six countries. That is why, in addition to establishing a national strategy, it has joined forces with its neighbours to take common actions against the AIDS pandemic. Chad is thus an active participant in the Central African countries' Initiative of the Countries Lying Along the Rivers Congo, Ubangi and Shari Rivers for the project in support of the Lake Chad Basin initiative.

In spite of the Government's commitments and efforts to deal with needs, Chad is counting on the solidarity of the international community for the mobilization of resources with a view to reaching its national public health objectives from 2009 to 2016, which goes beyond the deadline set by the United Nations for achieving universal access to HIV prevention, treatment, care and support. We know that international financing allotted to the fight against HIV has decreased since 2009, but we encourage wealthy countries to give priority to financing programmes that respond to the virus in order to assist low-income countries. That is the responsibility of the international community.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Kgalema Petrus Motlanthe, Deputy President of the Republic of South Africa.

Mr. Motlanthe (South Africa): Three decades since the discovery of HIV and AIDS, the world has experienced the unprecedented loss of millions of lives, untold suffering, devastated national social fabrics and a huge strain on social and health services. The negative effects of AIDS have robbed families of their loved ones, orphaned millions of children and undermined the livelihoods of communities.

We gather here to review the progress made since we last met 10 years ago and agreed on a set of commitments and programmes to address the challenges posed to humanity by this pandemic.

The epidemic is today a leading cause of death in a number of developing countries, particularly in sub-Saharan Africa, not least because of the lack of scientific breakthroughs in medications that could prolong life and prevent unnecessary deaths. In most cases, the challenges are due to a lack of financial resources to access the most needed drugs, such as antiretroviral drugs, and other medicines.

Women bear the brunt of the disease, and many of the theories driving reproductive health and HIV prevention programmes do not adequately address this specific group. They do not take into account the broader context of society and the circumstances under which the infections occur. The recent and promising results of a Tenofovir-based gel have raised hopes that a female-initiated prevention alternative may soon become available. This groundbreaking work, reported at the International Conference on AIDS in Vienna in 2010, presents an opportunity for the vulnerable groups to take control of their lives.

Various funding mechanisms have been initiated over a number of years, including the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria — an initiative that is a significant step in the international community's endeavour to curb the spread of the epidemic and provide much-needed life-saving treatment. It was beginning to be effective but has been put at risk by the recent financial crisis. That has been a major blow to a number of countries, and more so to developing countries.

Despite this new era of financial austerity, we cannot and should not compromise in our resolve to fight HIV and AIDS. The spiralling costs also deny people access to care and treatment and therefore need to be arrested. There is a need to put more people in treatment. However, this must be matched with significantly reduced costs, which will facilitate

universal coverage and ensure that we are on course to meet our Millennium Development Goals targets.

The African continent is reeling under this scourge and continues to redirect scarce resources amid competing priorities. In Africa we have adopted a number of strategies aimed at addressing the different challenges posed by HIV and AIDS. In our efforts to implement these commitments, the African Union heads of State, meeting in Uganda in July last year, adopted the Kampala Declaration. That added impetus to the declaration of the fifteenth ordinary session of the African Union Assembly committing to scaling up efforts to improve the health and quality of life of mothers, newborn babies and children in Africa by 2015.

South Africa has embarked on a number of programmes towards the achievement of our national and multipronged response to HIV and AIDS, coordinated through the South African National AIDS Council, which is strongly rooted in partnerships with various stakeholders, including civil society, the private sector, development partners and Government. Through that Council, we are implementing various programmes that seek not only to respond to the burden of diseases due to HIV and AIDS and tuberculosis, but also address the social determinants of these epidemics in a strategic manner.

Our government programme of action is geared towards improving the lives of our citizens through the provision of houses, poverty eradication strategies, economic policies and many interventions focusing on youth development. Through those programmes, we are able to mitigate the impact of HIV and AIDS and support individuals to better protect themselves.

Our interventions are based on robust evidence, which we domesticate to ensure that it applies to the specific context of the realities of our people. The national strategic plan for 2007 to 2011 drives the implementation of a clear road map, with targets for delivering on four pillars, aimed at reducing new infections by 50 per cent and achieving 80 per cent coverage with respect to access to antiretroviral treatment. It includes strengthening the capacity of national institutions, community systems and human resources for health.

South Africa has made great progress in many areas. Recent evidence points to a reduction in new infections among young people. We are also making inroads in our programme to reduce mother-to-child transmission of HIV by using dual therapy. That has shown encouraging results, reducing the transmission rates from 8.3 per cent to about 3.5 per cent. That demonstrates the potential for all of us to eliminate HIV in children.

In keeping with our HIV Counselling and Testing Initiative, started in April 2010, and underpinned by the “know your status campaign”, we have managed to test 12 million people to date. We have also succeeded in substantially increasing the number of facilities providing HIV-related care. We have put 1.4 million people on antiretroviral treatment through public health facilities alone, and we continue to work harder to improve access to our remote, rural populations. Our own contribution has seen public expenditure on HIV and AIDS increase by 40 per cent per annum. In the current financial year, we have allocated $1 billion dollars to HIV and AIDS programmes.

As a response to the high levels of dual infection of HIV and tuberculosis, we have now integrated these programmes at the policy and implementation levels and have embarked on a strong community-based strategy to seek, treat and retain people in care. Our programmes are based on the principles enshrined in the Bill of Rights of our Constitution, which states that:

> “The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.”

As I speak, South Africa is hosting its fifth AIDS Conference, which will contribute to the development of our new strategic framework for the years 2012 to 2016. Some of the key interventions under consideration are the following.

We will aim at initiating those who need treatment at a CD4 count of 350 and simultaneously launch a social mobilization strategy to get people to access treatment before they get very ill. We will also continue our HIV counselling and testing campaign, because knowing one’s status is the gateway to care and treatment. We will scale up our efforts to re-engineer primary health care and bring care closer to the people through a well-resourced community-based

programme. We believe that prevention is the mainstay of our response. To this end, we are scaling up all prevention interventions in a focused and strategic way, using empirical data from the know-your-response studies we have conducted.

Finally, our call to the global community is to remain seized of the challenges we face, thus continuing to scale up investments in the global response and, in particular, maintaining support to the poorest countries. Global solidarity is critical and, as we continue to explore alternative ways of resourcing this major crisis, we must work in partnership with communities, development partners and civil society.

On the basis of the progress we have all made, there is hope that we are not very far from overcoming this epidemic, and our resolve to do so must not be weakened. An AIDS-free world is an attainable goal. Let us remain committed to that vision.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Pakalitha Bethuel Mosisili, Prime Minister and Minister for Defence and Public Service of the Kingdom of Lesotho.

Mr. Mosisili (Lesotho): The world continues to experience enormous political, economic, social and health challenges. The international community remains biased in addressing those challenges, as priority is given to political challenges, with the social and health challenges ranking last. That is why an old and frail grandmother finds herself having to fend for her grandchildren, the parents having been decimated by the HIV and AIDS pandemic due to a lack of medication. In other instances, that young child is deprived of his childhood because he has to be a breadwinner for his siblings. Such is the gloom that stares us in the face. Together we need to stare back and understand the pain and suffering depicted in that face.

The Kingdom of Lesotho ranks among those worst hit by the HIV and AIDS pandemic in sub-Saharan Africa. It has limited resources. Nonetheless, it remains faithfully committed to winning the war against HIV and AIDS and continues to aggressively address the plight of those of its citizens who are affected by, and/or infected with, HIV and AIDS. This lends credence to the Kingdom's commitment to the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and to the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

Against this background, my delegation welcomes the convening of this High-level Meeting. This Meeting presents us with an opportunity to take stock of the measures we have undertaken in our fight against HIV and AIDS since 2006. It is also an occasion to share ideas on the way forward until the war is won.

I am pleased to inform the Assembly that the Kingdom of Lesotho has made, and continues to make, notable progress in its comprehensive fight against the HIV and AIDS pandemic. Our strategy has been to fight the pandemic on all fronts. In this context, major progress has been noticed in the trends of the epidemic where prevalence stabilization has been achieved, particularly among young people. In order to continue to address prevention among youth, the revised school curriculum, which includes reproductive health, HIV and AIDS as well as adolescent issues, is nearing completion.

In the prevention of mother-to-child transmission, Lesotho noted tremendous progress of up to 81 per cent coverage in HIV-positive mothers. Lesotho successfully pioneered the use of the mother-baby package, which is given to every pregnant woman. The contents of the package vary according to the HIV status of the pregnant woman. The scale-up of paediatric HIV treatment has been ensured through the institution of paediatric clinics in all the 10 districts of Lesotho.

The recently published 2009 Lesotho Demographic and Health Survey shows very promising results. Behaviour change is reported in many critical areas, which include a positive attitude towards testing for HIV and increased condom use in high-risk-sex groups.

In 2008, Lesotho adopted the improved cut-off point for eligibility for antiretroviral treatment from a CD4 cell threshold of 250 to 350. Since 2006, antiretroviral treatment coverage has increased from 30 per cent to 58 per cent.

Lesotho, like other countries, is faced with the dual burden of communicable and non-communicable diseases. The latter burden is further exacerbated by HIV-related morbidities, including cancer and mental illnesses. This results in overstretching of the country's

resources. However, we are developing appropriate plans to enhance our response.

Lesotho has reviewed, and is revising and updating, the national HIV and AIDS strategic plan. That plan emphasizes even more strategic approaches and innovations to curb the epidemic, in line with the guidelines of the World Health Organization and the Joint United Nations Programme on HIV/AIDS. Concurrent with the revision, the country has commenced a multisectoral initiative to energize all prevention activities. Through this activity, Lesotho hopes to bolster behaviour and societal change communication, particularly addressing the key drivers of the epidemic. Within this framework, Lesotho is also implementing other effective prevention strategies, such as male circumcision.

Lesotho is currently conducting a vulnerability study that seeks to define a vulnerable child. This will assist in providing even more targeted support to these children, including the allocation of resources as part of the national response. Households of orphans and vulnerable children in selected sites receive cash grants from one of our partners. This supplements the free and compulsory primary education and material support provided by the Government to indigent persons and other vulnerable groups.

In conclusion, the HIV and AIDS pandemic will remain a major global challenge. We cannot hope either to make any significant strides in development or to enjoy global peace and stability in the midst of this scourge. We therefore urge the international community to provide more resources to the fight against HIV and AIDS.

In that regard, we continue to call on the Group of Eight to honour its official development assistance commitments. In the same breath, we call for debt cancellation for all least developed countries. It is the right thing to do. The international community cannot, and should not, remain indifferent and unresponsive to the deafening cries for help from disadvantaged countries. As a nation, we applaud the generous support rendered to us by some of our partners. Without such support, we could not make significant headway in the fight against the pandemic, due to limited national resources. That is the truth that we must all acknowledge.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Dileïta Mohamed Dileïta, Prime Minister of the Republic of Djibouti.

Mr. Dileïta (Djibouti) (*spoke in French*): It is a great honour and source of pride for the Republic of Djibouti to take the floor at this High-level Meeting of the General Assembly devoted to HIV/AIDS. Allow me, at the outset, to convey to the Assembly the warmest greetings of the President of the Republic of Djibouti, His Excellency Mr. Ismaël Omar Guelleh, who welcomes the convening of this High-level Meeting of the Assembly. His political commitment to the fight against HIV is based on his deeply rooted conviction in the undeniable need to combat this disease so as to guarantee sustainable development for our peoples.

The adoption of a new shared declaration that will allow for a renewal of current commitments and will scale up the response to HIV/AIDS is an issue to which the Republic of Djibouti attaches great importance as a means of strengthening its political commitment at the highest level.

The Republic of Djibouti is aware that significant progress has been made in countering the spread of HIV and in improving the quality of life of people living with AIDS. However, we know that constant efforts remain to be made in these areas. In particular, we must continue to reduce the stigmatization and discrimination experienced by people living with HIV. We must continue our fight against the lack of awareness concerning the truth about this disease and the socio-cultural barriers that prevent our peoples' understanding of their human rights. We must continue to fight to defend the rights of women and guarantee better health for our children, as it is women who play a key role in education.

I would like to highlight the role that Mrs. Kadra Mahamoud Haid, First Lady of the Republic of Djibouti, played in our country's early successes on the ground, as well as that played by certain religious authorities later. Their work was crucial in achieving progress.

However, as members are aware, effectively responding to HIV/AIDS in a sustainable manner requires financing and means that developing countries have difficulty in securing. In the Red Sea and the Gulf of Aden region, there are considerable migratory movements, and providing follow-up to those affected by the disease requires particular attention. The

Republic of Djibouti has indeed worked to create, since 1986, conditions conducive to combating this disease, publicly announcing the existence of AIDS. The President's political commitment led to the establishment, in 2003, of an appropriate legal and institutional framework.

Today, an expanded inter-ministerial committee, under the leadership of the Prime Minister, guides the political coordination of our national response. An increasingly dynamic network of organizations is linked to the committee, and an executive secretariat, under the supervision of the inter-ministerial committee, monitors the national response to AIDS, malaria and tuberculosis, since, in our region, these three diseases are inextricably linked.

This has allowed us to address the three pillars of our fight, namely, acting as one; creating a single national body to combat these three diseases; and having a single monitoring and evaluation system. This structure is supported by a multisectoral coordination committee that ensures the coordination and monitoring of projects financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

I would like to take this opportunity to thank all of our partners, in particular the World Bank, the Global Fund and the Joint United Nations Programme on HIV/AIDS. Strengthening their commitment will be crucial to establishing various strategic plans to counter HIV.

For almost 10 years, the Republic of Djibouti has joined every international initiative against HIV. In an extremely turbulent region, Djibouti is today a leader among the countries of the Horn of Africa thanks to the initiative of the countries of the Intergovernmental Authority on Development. Harmonizing policies for countering HIV will indeed speed up prevention and access to care and reduce discrimination for people whose migratory movements increase their vulnerability and exposure to the risk of HIV.

During September of last year, an international conference on the subject of ports, mobility, migration and vulnerability to HIV/AIDS brought together in Djibouti more than 15 ministers of friendly countries. Our goal was to strengthen the linkages between health and development responses across the region. On that occasion, the President of Djibouti strongly advocated for the implementation of a strategy that could encompass and go beyond public health programmes. The strategy will allow for countries' efforts to complement each other through a mechanism for solidarity and equalization in terms of health care.

The high-level political commitment of my country has brought to the forefront the importance of including the fight against HIV/AIDS not only in health-care planning but also in every programme aimed at fighting poverty. This is taking place in the strategic framework for fighting poverty, through our national initiative for social development and our national plan for health development. In order to be successful, this political commitment must be able to count on the mobilization of a group of partners, with a crucial role in that regard reserved for civil society.

Our current plan covers the period from 2008 to 2012 and has as its primary goal reducing new HIV infections, improving the comprehensive care provided to those suffering from HIV and strengthening coordination, management and follow-up in our national response to the disease. This stems from a law adopted by our Parliament in 2007 on the protection of people living with HIV/AIDS.

Progress has been made, but enormous difficulties remain to be overcome. Political will is essential, but that will still require measures to support it, including human and financial resources.

In spite of these difficulties, much has been achieved. However, we know that there numerous obstacles in our path.

I will not list a litany of statistics that are available to all as evidence of the results we have achieved. However, I should like to draw attention to two issues that the Government deems important: first, increasing risk awareness among the population, and, secondly, the commitment of the people to combat this terrible disease. A total of 95 per cent of those surveyed were aware of the dangers of HIV, and, during prenatal consultations, 89 per cent of pregnant women agreed to be tested for HIV after it was suggested that they do so.

In our region, we have had to persuade people of the existence of this terrible disease and its ravaging effects. The struggle has been difficult, and it must be continued. We must now persuade our people to protect themselves and their children and to seek treatment on a lasting basis.

In order to do so, we need all possible help and support. The joint political commitment of the international community will strengthen our resolve at the highest level. However, it must also go hand in hand with a financial and technical commitment that takes into account the difficulties that are specific to each country as well as the setbacks encountered.

The high-level political commitment of the Republic of Djibouti is unwavering. We are fully aware of the challenges and are prepared to consolidate our efforts, rectify our errors, share our experiences and participate fully in all exchanges. Our only goal is to counter this terrible scourge as effectively and quickly as possible.

Mr. Diallo (Senegal), Vice-President, took the Chair.

The Acting President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Faustin Archange Touadera, Prime Minister of the Central African Republic.

Mr. Touadera (Central African Republic) (*spoke in French*): It is with genuine pleasure that I am taking the floor on behalf of His Excellency Mr. François Bozizé, President of the Central African Republic, Head of State and President of the National Committee for the Fight against AIDS, during the sixty-fifth session of the General Assembly, at this High-level Meeting on the theme “Uniting for universal access”.

On behalf of my Government, I should like to thank the United Nations for the honour extended to my country in the form of the invitation addressed to the President of the Central African Republic and his wife to attend this special High-level Meeting of the General Assembly devoted to the fight against HIV/AIDS. The theme of the meeting is particularly appropriate because as AIDS is a scourge that is ravaging our peoples — a scourge that we must form a global alliance to eradicate.

It is clear that the fight against HIV/AIDS must be waged relentlessly at the global level by means of strategies common to the international community as a whole. The investments that have been made to fight HIV/AIDS for more than 30 years now have borne fruit; however, the achievements remain very fragile, as noted by the Secretary-General in his report dated 28 March 2011 (A/65/797), in which he calls on the international community to continue and increase its efforts to combat HIV/AIDS.

The Central African Republic, like other States Members of the United Nations, has endorsed the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, adopted by Member States in 2001 and 2006, respectively. The guidelines set out in those documents have to a large extent shaped the efforts of the Government of the Central African Republic in the fight against HIV/AIDS. The new vision of the Government, as set out in our new national strategic framework to combat AIDS, is of a world with zero new infections, zero discrimination and zero AIDS-related deaths.

In order to achieve that vision in a country where the epidemic affects an estimated 4.7 per cent of the population, where 67 per cent of those eligible for antiretroviral drugs are not receiving them, and where in 2010 only 21 per cent of pregnant women who tested positive received services aimed at preventing mother-to-child transmission, a great deal remains to be done, particularly in terms of mobilizing resources, both internationally and nationally, in order to scale up the principal activities aimed at combating HIV/AIDS.

With regard to the mobilization of domestic resources, despite the financial difficulties that the Central African Republic is experiencing, significant efforts have been made over the past five years by the Government. Those efforts have made it possible to increase the capacity to coordinate efforts in the fight against HIV/AIDS and to make available antiretroviral treatments to those requiring them, so as to prevent breaks in treatment in case of delays while awaiting financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria and from other partners.

With regard to international resources, the main funding source is the Global Fund. The amount mobilized represents approximately 46.5 per cent of the resources mobilized in the country to fight HIV/AIDS, according to a recent report. Other international resources are obtained from the World Bank, the African Development Bank, certain bilateral partners, including France, and United Nations system partners such as UNICEF, the United Nations Development Programme, the World Health Organization, the World Food Programme, the Office of the United Nations High Commissioner for

Refugees and the Joint United Nations Programme on HIV/AIDS.

The Global Fund has been cited as one of the main sources of funding in the fight against HIV/AIDS, but disbursement delays and delays in the provision of drugs, particularly antiretroviral drugs, risk bringing to naught all of the common efforts undertaken by the Government and its partners aimed at enabling the Central African Republic to contribute to achieving the goal of universal access, prevention and care in connection with HIV/AIDS.

That is why, on behalf of the President of the Republic and Head of State and on behalf of our people, I should like to ask the Executive Director of the Global Fund to devote particular attention to the situation so that the Central African Republic can continue to benefit from the help of that institution, without which the vision that we have set for ourselves — a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths — will be but a utopian one.

In order to allow the entire world to reach the goal of zero new HIV infections, zero discrimination and zero AIDS-related deaths, national and international solidarity is imperative. That is why I should like to reiterate once again the theme of this High-level Meeting and to ask all of our partners to join with us in order that universal access to prevention, care and support may be provided, with a view to achieving a promising future.

The President (*spoke in French*): We will now hear an address by His Excellency Yves Leterme, Prime Minister of Belgium.

Mr. Leterme (Belgium): The fight against AIDS requires strong global players and international leadership. The United Nations and, within the United Nations system, the Joint United Nations Programme on HIV/AIDS (UNAIDS) play a leading role in this global battle, a role that my country, Belgium, wholeheartedly supports.

On this tenth anniversary of our common Declaration of Commitment (resolution S-26/2) to this battle, I want to pay a heartfelt tribute to the outstanding work of my compatriot Peter Piot, who developed and led UNAIDS for 11 years. His tireless commitment contributed to the strong global response to AIDS and increased spending to combat the epidemic. I would, of course, like to also pay tribute to the leadership of Secretary-General Ban Ki-moon and of current Executive Director Michel Sidibé.

Our common investments are bearing fruit. Thanks to our united efforts, the number of new HIV infections has decreased by almost 20 per cent during the past 10 years and access to antiretroviral treatment has been expanded to millions of people in low- and middle-income countries. My country, Belgium, fully endorses the recommendations and targets outlined in the new UNAIDS strategy and in the report of the Secretary-General, “Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths” (A/65/797).

We have a long way to go to achieve these ambitious goals. But all together we can do it, step by step, just as have managed to control other diseases thanks to a combination of scientific research, generosity in international cooperation and, last but not least, strong political will.

(*spoke in French*)

I would like to start by addressing the last of those factors. Our common priority is to stop the further spread of HIV/AIDS and to help those who are infected with the virus. This priority is largely a matter of human rights — in particular, respect for the dignity and integrity of each human being. In other words, this is a matter of political will. Indeed, how can we speak seriously about AIDS prevention if we continue to tolerate a worldwide trade in which children, girls and women are sold into sexual slavery and become, first, helpless victims, and then transmitters of the infection? How can we speak seriously about prevention if we tolerate traditions that deny women and girls dignity and equality and the rights to and authority over their own bodies? How can we speak seriously about prevention if we allow sexual relations between partners who lack the necessary respect for each other to engage in safe sex practices to remain widespread?

Sexual violence in any form can never be condoned in the name of culture or tradition. It will always be violence and as such is morally objectionable. On a practical level, this lack of regard for other human beings is a factor in the spread of AIDS.

(*spoke in English*)

Another part of our common action is to help those who are infected. There is as yet no cure for HIV/AIDS, but a combination of treatments can block the infection, allow HIV infected people to lead normal lives and stop transmission of the infection. There again, helping the victims is a matter of human rights. All people must have equal access to the necessary health care. Discrimination based on the factors of gender, creed, colour or sexual preference is morally unacceptable, and is on a practical level counterproductive. Similarly, stigmatizing HIV infected people is unacceptable and will worsen the epidemic, because infected people will be afraid to acknowledge their infection and to seek help.

(*spoke in French*)

In all these matters, political will is of paramount importance to guaranteeing the personal integrity of all human beings and equal access to all necessary health counselling and the most effective health care. The facts confirm my argument. In spite of our common successes, United Nations reports show that for every person starting treatment, two are newly infected. Some 7,000 people become newly infected with HIV every day; of these, 3,000 are young people and 1,000 children, which demonstrates yet again that the most vulnerable members of our societies are exposed to the greatest risk. Protecting the most vulnerable members of our societies is the first and foremost duty of every Government and every political authority worthy of that name.

Universal, non-discriminatory access to therapy will also have a preventive effect. This was again clearly established by a recent study showing the important role that antiretroviral therapy can play in preventing transmission. This proves that prevention, treatment, care and support are inextricably connected.

An integrated approach, of course, includes investment in the research, development and delivery of new prevention tools and of accessible and affordable HIV medicines, particularly for children. In my country, Belgium, the private sector, research institutions and universities have played a pivotal role in the research and development of new prevention technologies and HIV medicines. A Belgian pharmaceutical company has granted a royalty-free license for its antiretroviral component so that the compound could be developed, manufactured and distributed as a microbicide in resource-poor countries. Only two weeks ago, the United States Food and Drug Administration approved a promising one-a-day pill for HIV treatment developed by a Belgian company.

(*spoke in English*)

A third important factor in the fight against the AIDS epidemic, alongside political will and scientific research, is generosity among our countries. As a global issue, fighting AIDS is a global responsibility. Governments, civil society, the private sector, research institutions and AIDS-infected people — we are all in this together. Belgium, my country, is firmly committed to doing its part at the international level. From 2008 to 2010, the portion of our official development aid that was specifically targeted to combat AIDS increased from €34 million to €46 million. Development aid with an AIDS component amounted to €400 million in 2010. In terms of our contribution to UNAIDS and the Global Fund, we rank tenth worldwide for the first, and thirteenth worldwide for the second. Important financial commitments are also undertaken by the Government of Flanders, under an agreement with UNAIDS.

In our international cooperation and within the United Nations system, we should not only look at increased contributions. It is just as important to further improve the efficiency and accountability of existing means. Donor coordination, alignment and national appropriation should ensure that the means that are mobilized on a global scale do indeed reach the populations in need.

On this tenth anniversary of the Declaration, we can look back on important results. And we should not be discouraged by the much longer road that remains to be travelled. That journey will depend upon our common will in order to start taking further strides in the second decennium of our common commitments. If this High-level Meeting is a starting point for those new steps, its convening will be important and worth remembering. Belgium wants to remain a strong partner in this endeavour.

The Acting President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Sibusiso Barnabas Dlamini, Prime Minister of the Kingdom of Swaziland.

Mr. Dlamini (Swaziland): Allow me to congratulate the President on convening this important

meeting and on his able leadership. Further permit me to extend my appreciation to the Secretary-General for his tireless efforts in contributing to this process.

People are the most important resource of any country. No clearer reminder has there been of that universal concept than witnessing the devastating impact of the HIV and AIDS pandemic — as destructive as any holocaust previously encountered in a war or other catastrophe. But as much as it has taken the lives of so many individuals, destroyed families and communities and inflicted severe damage on economies, it has steered our countries onto a common course and a united counter-attack as perhaps never envisaged in those early days.

It is my honour today, on behalf of the Kingdom of Swaziland, to share with the Assembly a brief extract of achievements and challenges in our national response. Being the region most severely challenged in terms of the HIV prevalence rate presents statistics that are daunting, but we feel encouraged that the most recent demographic and health survey reports a decline in the rate of new infection from an estimated 4.9 per cent in 2000 to 2.6 per cent in 2010. Nevertheless, the high proportion of new infections among young people, especially women, presents a challenge. Swaziland is currently conducting studies on sexual behaviour and the impact of prevention programmes. These studies will inform our future national prevention strategies and plans.

Our country remains committed to the Three Ones principle. In achieving this oneness, our National Strategic Framework recognizes the importance of all stakeholders being, as we say, on board and buying in as part of a fully consultative and participatory approach right down to the community level. A new results-based multisectoral HIV and AIDS framework has been developed. A new council drawn from various sectors has been put in place to oversee the HIV and AIDS policy and national plan.

In 2009, Swaziland piloted an early introduction of antiretroviral therapy based on the 350 CD4 cell count threshold; and at today's date, 70 per cent of those HIV-positive patients eligible for antiretroviral therapy based on this threshold have been enrolled in treatment.

With a National Strategic Framework that includes a concerted focus on prevention, over the past seven years we have increased from three to 142 the number of sites that provide prevention of mother-to-child transmission services, and in the process have reduced mother-to-child HIV transmission to a rate of 10 per cent. We have strengthened sexual reproductive health initiatives, safe delivery and access to treatment of eligible HIV-positive pregnant mothers, along with improved follow-up systems. Our target is to reduce the rate of mother-to-child HIV transmission to zero by 2015.

Fully committed to the benefits of male circumcision, we have scaled up our programme. In less than a year, close to 20,000 males — 11 per cent of the total male population — have been circumcised. Our impact mitigation measures have had to target the feeding and protection arrangements for the very large number of vulnerable Swazi children, many of whom are orphaned as a result of HIV and AIDS and live with neither biological parent. We have 1,500 neighbourhood care points and many other community social centres providing the necessary support. Swaziland also has a free primary education programme that keeps 90 per cent of orphans and vulnerable children in school.

Our main challenge in this and, indeed, all main strains of our national response reflect our severely limited human and financial resources. AIDS has substantially reduced our human capital. Added to this, our country has experienced the double impact of a global recession, together with exogenous circumstances that have significantly reduced the public resources. This has inevitably affected the flow of financial support to the national initiatives aimed at achieving the Millennium Developmental Goals (MDGs).

We are immensely grateful to our development partners for their assistance so far received; though I have to add that, in order to maintain the prevailing momentum in our national response to HIV and AIDS, our needs are greater than the resources so far secured. We cannot overemphasize the need for strengthened international cooperation and broader and better-focused partnerships in order to realize all internationally agreed goals on children, including the MDGs.

In conclusion, as a nation we reaffirm our commitment to all internationally agreed goals and objectives, including agreements dealing with HIV and AIDS reached at all major United Nations conferences and summits.

The Acting President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. John Dramani Mahama, Vice-President of the Republic of Ghana.

Mr. Mahama (Ghana): Let me, on behalf of the Government and people of Ghana, thank the President and the Secretary-General for organizing this meeting, especially at this critical juncture in the fight against HIV/AIDS. I also wish to express my pleasure at the positive tone of this conference in recognizing the significant progress we have made over the 30 years since the disease was identified.

In Ghana, HIV/AIDS is a visible and key component of the Ghana Shared Growth and Development Agenda (2010-2016) and is therefore accorded a high level of political commitment and leadership, with the Ghana AIDS Commission placed directly under the Office of the President.

Ghana is among the 29 African countries reported by the World Health Organization (WHO) to have been able to reduce the prevalence of HIV/AIDS significantly over the past decade. Our national HIV prevalence rate has declined over the past eight years from a national high of 3.6 per cent in 2003 to 1.5 per cent in 2010. Prevalence among persons 15-24 years of age has also been reduced from 3.5 per cent in 2003 to 1.5 per cent in 2010. In addition, over the past decade, prevalence among commercial sex workers has dropped significantly, from over 80 per cent to about 25 per cent currently.

These modest achievements are attributable largely to a massive scale-up under the programme we have titled “Towards universal access — Ghana’s comprehensive antiretroviral therapy plan”. But we face new challenges. Statistics on men having sex with men are either unreliable or generally unavailable. Cultural hostility to this group makes most of them unwilling to disclose their sexual orientation, but rough estimates put prevalence in this particular group also at about 25 per cent. This, I must admit, is much higher than the national average, and we need to deal with this issue, especially because it is estimated that 65 per cent of men who have sex with men are also bisexual and could therefore create a multidirectional spread.

The implementation of the comprehensive antiretroviral plan has resulted in an increase in the number of persons on antiretroviral therapy from under 6,000 in 2006 to more than 58,000 by March 2011. Additionally, Ghana has developed a new five-year scale-up plan on the prevention of mother-to-child transmission using a four-pronged approach and the new WHO guidelines for the prevention of mother-to-child transmission. The goal is to reach 95 per cent of all pregnant women by 2013.

Ghana remains an active participant in the Joint United Nations Programme on HIV/AIDS (UNAIDS) global task team on the elimination of new child infections. We commend UNAIDS and the United States Government for this bold initiative. Civil society and community-based organizations have been remarkable in the context of the national response. Associations of people living with HIV/AIDS are active members of the various subcommittees and working groups in our national response.

Ghana recognizes that the main challenge in the fight against HIV/AIDS globally is how to ensure universal access to prevention, treatment, care and support, and to ensure zero transmission of new HIV infections in children, all by the year 2015.

To be able to achieve those laudable goals, especially for us in sub-Saharan Africa, we must invest in improving our weak health-care systems. The inadequate number of health-care facilities in many of our countries is a major source of concern. The rural poor living in remote areas and the poor in peri-urban slums are the most vulnerable to HIV infections, and they are also the ones without access to treatment and care.

The goal of universal access to prevention, treatment, care and support and to ensuring zero transmission of HIV to children by 2015 may appear to be a daunting task, but it is achievable. The driving force behind the realization of this goal will be the mobilization of resources for its implementation. Ghana would like to call on all developing countries to increase domestic funding for implementation, as a basis for calling on our development partners to come to our aid with the much-needed resources.

The Government of Ghana, in the face of stiff competition for scarce budgetary resources, has committed $100 million to finance implementation of our new national strategic plan. Just before leaving Accra for New York, on behalf of the President I chaired a meeting of the Ghana AIDS Commission with our international HIV/AIDS partners. There are discernible signs of donor fatigue among the partners,

but we cannot let our guard down at this time. We cannot slacken the pace.

Let me, on behalf of the Government and the people of Ghana, thank our partners for the immense support they have extended to us in our process of achieving the success we have made in rolling back HIV/AIDS in our country. I wish in particular to express appreciation to the Global Fund; to the United States Government, through the United States President's Emergency Plan for AIDS Relief; to the Danish Government, through the Danish International Development Agency; and to the German Government, through GIZ, for the tremendous assistance they have extended, and continue to extend, to Ghana's national strategic plan.

I wish to assure the Executive Director of UNAIDS that we will not describe him as a dreamer, because we share his dream. Mankind has faced daunting health challenges in the past, but standing together we have managed to overcome. We eradicated smallpox, we have made significant progress in the fight to eradicate polio, and we have reduced the incidence of malaria in selected pilot districts of Ghana by as much as 70 per cent by distributing bednets and conducting residual spraying. We are positive that we can beat HIV/AIDS, but we can do so only if we continue to act together and prioritize HIV/AIDS as a major health threat to our global survival.

I wish to express my gratitude for this opportunity and to say that if we are to achieve our objective of eradicating HIV/AIDS, we need, especially at this time, not to become the victims of our own successes. Let us put our shoulders to the wheel and ensure that we bequeath an HIV-free world as a gift to generations to come.

The Acting President (*spoke in French*): The Assembly will now hear an address by Her Excellency Ms. Monique Agnès Ohsan-Bellpeau, Vice-President of the Republic of Mauritius.

Ms. Ohsan-Bellpeau (Mauritius): At the outset, I wish to convey to all participants the greetings of the Government and the people of the Republic of Mauritius. I am deeply honoured to address this High-level Meeting on the comprehensive review of the progress achieved in realizing two landmark Declarations governing the global fight against HIV/AIDS, namely, the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

For the past 30 years, we have been battling HIV/AIDS. The toll has been heavy: 25 million deaths and 60 million people infected with HIV. In the face of such an unprecedented human catastrophe, which is inflicting such immense suffering on people in most countries and communities throughout the world, it is vital that we assess our past efforts and review the progress achieved. My delegation is therefore thankful to and commends President Deiss for his laudable initiative of convening this High-level Meeting, so that together we can chart a way forward that will enable us to combat the AIDS epidemic in the most effective and efficient manner.

The adverse impact of the AIDS epidemic on socio-economic progress, particularly in the developing countries, makes it clear that there is no time for complacency. After wrestling with the issue of AIDS for the past three decades, today we have a vast body of knowledge and are equipped with various new tools to help us urgently complete the task. Nothing less than strict prevention efforts and universal access to treatment, care and support is required. We urgently need to re-engineer our strategy to fight AIDS so as to reach zero new HIV infections, zero discrimination and zero AIDS-related deaths.

This is no doubt a challenging task, but we are confident that the international community will be able to live up to that challenge and address the issue, which is inflicting so much human tragedy worldwide.

The Government of Mauritius strongly believes that political commitment is vital in the fight against HIV/AIDS and has been proactive all along. Consistent with the guiding "Three Ones" principles of the Joint United Nations Programme on HIV/AIDS (UNAIDS), a national multisectoral response to HIV and AIDS led by the National AIDS Secretariat, which acts as the National HIV/AIDS coordinating body, was set up, under the Office of the Prime Minister, in May 2007.

The HIV prevalence among those 15 to 49 years of age in Mauritius is estimated at 0.97 per cent, amounting to some 7,000 to 10,000 people. In contrast to the situation prevailing in many other countries, where the mode of transmission is mainly heterosexual, our epidemic is driven by hard-to-reach groups. Understanding the HIV epidemic among the population most at risk has been at the forefront of our endeavours. Funded by the Global Fund, integrated

biological and behavioural surveys were carried out in 2009 and 2010 to better inform and guide our response.

The response to the concentrated HIV and AIDS epidemic has been multipronged. Up to 75 per cent of detected cases were among intravenous drug users. Faced with an exponential rise in the number of cases until 2005, bold decisions were taken to allow the implementation of a harm-reduction strategy. An HIV and AIDS Act was passed, not only to provide a legal framework for the needle-exchange programme, but also to eliminate all forms of discrimination and ensure people living with HIV/AIDS the full enjoyment of human rights.

HIV infection in Mauritius is predominantly among males. Since 2006, great efforts have been made to launch simultaneously methadone maintenance therapy and needle-exchange programmes to reduce HIV transmission among injecting drug users, thus preventing its insidious transmission in the wider population. This measure has resulted in a drop in the rate of transmission among injecting drug users from 93 per cent in 2005 to 74 per cent in 2010. Since 2002, antiretrovirals are free of cost to users and accessible to all who are in need of treatment, thereby improving the quality of life and decreasing the risk of HIV transmission. The new WHO treatment protocol has been in place since July 2010, allowing significantly more people access to treatment, expanding from 20 in 2002 to 900 in 2010.

Because the epidemic is concentrated in key populations, there is a perception that HIV infection and transmission are still low in the wider population. Uptake of HIV testing has not increased, although risk-taking behaviour, notably among young people, is prevalent. HIV testing services have been decentralized across the island to improve proximity access. It is hoped that this will help identify undetected cases and facilitate their early entry into the care management system.

With regard to the transmission of the epidemic among children, a programme to prevent mother-to-child transmission was established in December 1999. All pregnant women are offered an HIV test, and HIV-infected pregnant women are being provided with free medical care and prophylactic treatment to prevent vertical transmission. In 2009, a new protocol for the prevention of mother-to-child transmission was introduced to improve the management of HIV-positive pregnant mothers in line with WHO recommendations.

Conscious that half of the detainees in the Mauritius prisons are incarcerated because of illicit drug-related offences, and that 25 of these detainees are infected with HIV at any point in time, Mauritius has adopted a non-discriminatory attitude towards prison inmates by proposing an HIV test to all new entrants and providing the same treatment, care and support services as are dispensed in the community. Methadone maintenance therapy is continued in the prisons. To combat our shortcomings and accelerate progress, an evaluation of harm-reduction strategies is being finalized in the form of a new 2012-2016 drug control master plan.

Mauritius fully adheres to the new UNAIDS vision of uniting for universal access to achieve zero new infections, zero AIDS-related deaths and zero discrimination. We aspire to achieve zero new infections by intensifying our prevention strategies, targeting the key populations of injecting drug users, sex workers and men who have sex with men, as well as vulnerable groups such as women and youth. We propose to reach zero AIDS-related deaths through ensuring the holistic management of people living with HIV through early detection of cases of infection, providing treatment to all of those in need, and setting up a programme of adherence for those who default on treatment. Zero discrimination has already been put in place through the promotion of rights and gender equality.

A revised national strategic framework has been developed using the human rights approach, meaning that planning and interventions aim to advance the right to health and well-being and are guided by human rights standards and principles such as non-discrimination, full participation by beneficiaries and people living with HIV and AIDS, and by citizen accountability. Moreover, the Civil Status Act, the Immigration Act and the HIV and AIDS Act were amended in 2008 to remove any legal impediments to the marriage of Mauritians to non-citizens who are HIV positive or have AIDS.

Poverty and gender are intertwined, and it is sad to note that it is poor women who are most susceptible to HIV infection. To break this cycle of poverty, gender and HIV infection, it is imperative that we combine social integration and the empowerment of women by

providing women equal access and opportunities to contribute to and benefit from formal and informal sectors. In this regard, Mauritius has created a Ministry of Social Integration and Empowerment as another step towards the eradication of poverty, which affects mostly women.

We have spent three decades fighting AIDS. In so doing, we have had to count innumerable casualties, but we have also achieved a certain measure of success. Our knowledge of the disease has grown tremendously. HIV programmes are showing results. The global incidence of HIV is declining and access to treatment expanding. But this is not enough. At this crucial juncture, the HIV response needs to be dramatically reshaped to achieve zero infections, zero discrimination and zero AIDS-related deaths.

We are now living an appalling crisis with AIDS tracking. I pray that out of the deliberations of this Assembly, in unity and serenity, the necessary enlightenment may come to face the AIDS calamity.

The Acting President (*spoke in French*): The Assembly will now here an address by His Excellency Mr. Rafael Espada, Vice-President of the Republic of Guatemala.

Mr. Espada (Guatemala) (*spoke in Spanish*): Today I am representing Guatemala, a country of Mesoamerica, at the regional level — a country which, together with Panama, the Dominican Republic, Cuba and Haiti, has a vision for Central America.

We all remember that 30 years ago the entire world was shaken by news of a dangerous, fatal medical condition of viral origin, a possible mutation that was somehow, perhaps unfairly, linked only to sexual promiscuity and the use of illegal drugs. It affected a growing number of people, limited mainly to Africa, but it spread very quickly to every continent.

The warning went out from the medical community about this international horror. Responsible social groups, Governments, intellectuals, social scientists and scientists were alerted, and it was rightly seen as a medical, ethical and social problem and a global responsibility. The issue had to be addressed together, through international cooperation.

The President returned to the Chair.

The bodies of the United Nations understood early that a global threat demands a global response. During the Assembly's twenty-sixth special session, the first on HIV/AIDS, in 2001, 189 States adopted the Declaration of Commitment (resolution S-26/2, annex), which was subsequently reflected in one of the Millennium Development Goals. The Joint United Nations Programme on HIV/AIDS (UNAIDS) was created to be a proactive effort to combat this scourge, with an explicit recognition of the gravity of the threat that HIV/AIDS represented. This launched a frontal attack on the plague, not only from the medical point of view but from the ethical, political, human and social perspectives as well, with a view to total control by 2015.

In Guatemala, this struggle has been incorporated into the public policies and has been taken on board by the Ministry of Health and the National Commission on AIDS, with the participation of civil society organizations.

The main accent has been on prevention, especially among the most vulnerable groups. We have also strengthened the health care system, setting up effective information-delivery methods and improving the management of the supply chain. The delivery of antiretrovirals has been an important element, primarily with regard to cost. We have also heightened our epidemiological vigilance, undertaking special research and improving the collection and analysis of information. And we have broadened public information programmes to counter the discrimination, persecution and coercion to which victims of HIV are subject.

The incidence of infection with HIV among adults and children has grown from 3,000 cases in 1990 to almost 70,000 today. Although this represents a relatively low rate by international standards, in absolute terms it makes for a highly significant public health issue in the context of limited resources. The HIV epidemic in Guatemala is concentrated both geographically and by population, with less than one per cent of the population infected. Guatemala, like other countries in our region, has exposed and vulnerable groups.

In our fight against HIV/AIDS, we have received invaluable cooperation from international donors, first and foremost from UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Other agencies and programmes of the United Nations system such as UNICEF, the United Nations Population Fund and the

United Nations Development Programme have also been important factors in this effort. At the same time, we have made our policies part of the regional effort of Central America, in line with strict international standards and linked to a realistic economic plan for our countries under the aegis of the Council of Central American Ministers of Health.

As I said, the important structural part of our prevention policies involves a rigorous system of education, a State vision and a human, political, social approach that aims to halt the transmission of HIV/AIDS in the vulnerable groups in priority areas of the country.

Lastly, we are making efforts to guarantee the screening of HIV tests at the national level by ensuring their supply to second- and third-level clinical services. Through this type of decentralization we have planned and are carrying out a twice-yearly programme called "Get Tested", with the aim of making the general population aware of the test, principally health-care providers, through training to guarantee the reliability of the results and a reduction in the stigma and discrimination against persons living with HIV.

Although we still expect an increase in the number of cases of HIV in the next two years, despite all of the aforementioned efforts, we are prioritizing early diagnosis of the disease, thus reducing cases of AIDS, which we understand to be its advanced or terminal stage. Such efforts must be accompanied by a modern and fully responsible level of economic planning, with the emphasis on social responsibility, laws on health and education for the full protection of human beings.

Let us recall the words of President Obama at the beginning of this year, when he said that we have been able to sit down to talk; we have attempted to solve problems; but will we now be able to get up and walk together? That is what we must do.

The President (*spoke in French*): The Assembly will now hear an address by Ms. Rukiya Kurbanova, Deputy Prime Minister of Tajikistan.

Ms. Kurbanova (Tajikistan) (*spoke in Russian*): At the outset, I would like to express the gratitude of the Government of the Republic of Tajikistan for convening this High-level Meeting on this issue, so relevant to our review of the results of our joint efforts to stem the tide of HIV/AIDS.

In 2006, after the adoption of the Political Declaration on AIDS (resolution 60/262), Tajikistan began a process aimed at defining the goal of universal access by 2010, as part of a midterm review of our efforts to achieve the Millennium Development Goals (MDGs). This was integrated into Tajikistan's programme for combating the HIV/AIDS epidemic.

During national consultations that year, progress towards the goal of achieving universal access was evaluated and a new programme for combating the HIV/AIDS epidemic for the period from 2011 to 2015 was adopted. That programme is aligned with such basic national strategies as the strategy for poverty reduction for 2010 to 2012 and the strategy for health care development for 2010 to 2020, which include gender aspects, human rights and guaranteed universal access. In other words, the goal of universal access in Tajikistan has been integrated into the new cycle of strategic planning.

Allow me to touch briefly on the achievements of the Republic of Tajikistan with regard to of universal access to prevention, treatment, care and support for those living with HIV in the following areas.

In the policy and strategy area, the law on combating HIV/AIDS was analyzed from the point of view of its compliance with international standards. An order was renewed to conduct a medical review on the basis of the new recommendations of the World Health Organization and the Joint United Nations Programme on HIV/AIDS.

Progressively taking into account the epidemiological data, we have identified needs and resources. We have provided screenings for HIV infection, medical services to counter tuberculosis, health care for sexually transmitted diseases, and prenatal clinics and support services. From 2011, the Government ordered the appointment and payment of monthly State benefits to children up to 16 living with HIV.

With regard to coordination and partnership, I would note the following. The membership of the intersectoral national coordination committee to counter HIV/AIDS, tuberculosis and malaria — which is under the Government of the Republic of Tajikistan and headed by the Deputy Prime Minister — has been doubled to provide for the participation of civil society and representatives of persons living with HIV. We have thereby increased the role of civil society in

advocating for AIDS-related issues in planning and decision-taking.

To increase access to services, the Government has introduced a replacement-therapy programme, which is being implemented with a view to preventing HIV infection among intravenous drug users. Under the country's penitentiary system, a programme has been implemented to ensure clean needles. HIV testing is conducted on a voluntary basis. Counselling is provided, and services have been increased more than threefold. HIV-positive pregnant women receive antiretroviral treatment to prevent mother-to-child infection. Such treatment has more than doubled.

Despite such developments, there are still obstacles, which we are now addressing. One is a significant lack of budget resources; hence the need to attract investment and other donor contributions.

We should note that Tajikistan is in a concentrated phase of HIV infection. Nevertheless, we are concerned about an increase in HIV infection among intravenous drug users and in sexually transmitted HIV infections, and in infection among migrant workers and other high-risk groups.

We recognize that no country can tackle the issue of HIV infection alone. In that context, we believe that we must have jointly agreed approaches and principles, a united platform and mechanisms to resolve the issue that we are discussing today. We are convinced that the United Nations can be a coordinator and unifying body that is the platform for bringing countries together in order to implement measures to prevent and counter HIV infection.

For its part, the Government of the Republic of Tajikistan values the discussion of this issue and spares no effort to counter the spread of HIV in the country. We will continue to strive to stabilize the epidemiological situation in the context of achieving the Millennium Development Goals.

Allow me to wish the participants of this High-level Meeting success and fruitful work.

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Salomon Nguema Owono, Deputy Prime Minister and Minister of Health and Social Welfare of Equatorial Guinea.

Mr. Nguema Owono (Equatorial Guinea) (*spoke in Spanish*): Allow me first to convey to all delegates in this historic universal forum the wishes for peace and good health that His Excellency Mr. Obiang Nguema Mbasogo, President of the Republic of Equatorial Guinea, sends to all peoples of the world.

It is great honour for me to take the floor on behalf of the Government of the Republic of Equatorial Guinea at this High-level Meeting, which takes place 30 years after the outbreak of the HIV/AIDS pandemic. It seeks to conduct a comprehensive review of the progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262). The Meeting encourages our ongoing participation in the development of a broad global response to the AIDS problem through the reflections and exchange of experiences in which we have all been participating since the Meeting began.

The statistical data on the HIV/AIDS infection categorize my country as an area with a generalized epidemic, with an estimated infection rate of 3 per cent among the sexually active population, according to a study carried out in 2004. Our Government's intervention began at the onset of the epidemic in the 1980s. We resolutely adopted an initiative to create a favourable and coordinated setting for the fight against HIV/AIDS. The Government set up a multisectoral national programme to combat HIV/AIDS, whose principal objective is to contain and to reverse the spread of infection of HIV/AIDS, tuberculosis and other, related diseases.

Since then, various strategic frameworks, laws and decrees have been prepared and implemented, which have made possible the establishment of an institutional framework that facilitates the development of proposals, actions and the defining of priorities on the prevention of and fight against HIV/AIDS, while respecting the rights of persons living with HIV/AIDS.

It is estimated that by the end of 2009 there were about 20,000 people in my country living with HIV/AIDS, some 5,700 of whom are now eligible to begin antiretroviral treatment. However, we must underscore that 2,700 patients are currently undergoing antiretroviral treatment, which gives us a coverage rate of 47 per cent.

That level of coverage has been achieved thanks to the following factors: first, the decision of the

Government to provide free antiretroviral treatment to all those affected by AIDS since 2007; secondly, implementation of the strategy of universal access through progressively increasing the number of treatment centres prescribing antiretroviral treatment; and thirdly, the integration of primary health-care centres into the comprehensive treatment programme for persons living with HIV.

Our Government launched a national programme to prevent mother-to-child transmission of HIV/AIDS in 2005, focusing on awareness-raising for young people and mothers, assistance to exposed orphans and children, expanded national coverage for antiretroviral therapy, milk distribution to children born of infected mothers, and safe childbirth for pregnant women with HIV/AIDS. The seroprevalence among pregnant women stands at 7.3 per cent.

As many speakers have mentioned, the challenge before us is to carry on with the work we have begun, to fill in current gaps and redouble our efforts in the coming years. With existing and future measures to fight HIV/AIDS, we hope to change the lives of present and future generations, so that they may live in a world with zero new infections, zero discrimination and zero AIDS-related deaths.

Lastly, I take this opportunity to express my Government's most sincere thanks and appreciation to the Global Fund to Fight AIDS, Tuberculosis and Malaria for renewing support to our programme to fight HIV/AIDS, even though the initial programme expired in June 2010. We reiterate our interest in the programme and support for its implementation, as shown by our recent disbursement of 325 million CFA francs, equivalent to €500,000, for antiretroviral drugs. We are certain that the programme will strengthen our national capacity to fight this dire health problem for our country. Equatorial Guinea reaffirms its commitment and political will to pursue international cooperation as one of the most effective mechanisms in fighting this great scourge of our time.

May God bless the great people of the Republic of Equatorial Guinea.

The President (*spoke in French*): The Assembly will now hear an address by Her Excellency Ms. Sarah Wescot-Williams, Prime Minister of Sint Maarten, who will speak on behalf of the Netherlands.

Ms. Wescot-Williams (Netherlands): It is my great honour and privilege to speak on behalf of the Kingdom of the Netherlands, comprising the Netherlands and the Caribbean islands of Sint Maarten, Curaçao and Aruba.

The HIV epidemic varies throughout the Dutch Kingdom. The Netherlands as a country faces a low-prevalence epidemic, with infections concentrated in specific groups. Unfortunately, prevalence rates are much higher on the islands — up to 3.5 per cent in my own country, Sint Maarten — and largely concentrated in key populations, particularly men who have sex with men.

Our responses in the Kingdom to HIV are rights-based and fully embedded in the general health systems and programmes for sexual health. We tailor our programmes to specifically meet the needs of key populations. We adhere to an active testing policy and a good and consistent quality of care. People living with HIV, as well as key populations at higher risk, are closely involved in line with the Greater Involvement of People Living with or Affected by HIV/AIDS principle.

However, we also face challenges. The population of people living with HIV is ageing, which brings specific problems. Stigma and discrimination still occur, and affordability of treatment over the long term is a problem for the countries in the Dutch Caribbean.

The Kingdom of the Netherlands applies pragmatism in our approaches, and we have demonstrated that it works. The early roll-out of harm reduction programmes in the Netherlands has limited infections among people who use drugs, and we are now close to zero. Active testing and quality care during pregnancy in both the Netherlands and Sint Maarten have resulted in zero transmissions. Pragmatism in comprehensive sexuality education works as well. Experience in the Netherlands shows that if young people have the knowledge, the tools and access to youth-friendly services, they are sexually active at a later age and have safer sex. However, in other parts of the Kingdom sexuality education has not been systematically introduced, and there the picture is different. Sex occurs at earlier ages and is less safe. We must improve our policies in this regard.

Thirty years into this epidemic much has been done, but still too much remains to be done. We have

the tools to end the epidemic. As an editorial in this week's Economist magazine suggests:

> "The question for the world will no longer be whether it can wipe out the plague, but whether it is prepared to pay the price."

This price tag is financial as well as political and moral. Existing financing targets should be met by donor and developing countries alike. Financing is a shared responsibility. If all countries would meet internationally agreed financing targets, we could fund universal access.

We must face realities and recognize the specific vulnerability of women and girls and of key affected populations, including men who have sex with men, transgender people, people who use drugs, sex workers and prisoners — and within those groups, the even stronger vulnerability of young people. Social, cultural and legal barriers that increase vulnerabilities and limit access to comprehensive services should be identified and eliminated. This requires bold political leadership.

Finally, we should accept the reality that most HIV infections are sexually transmitted. We must be able to discuss sexuality in open and non-judgmental terms, especially when it comes to the sexuality of young people. We should accept that young people are sexually active and equip them well to make safe choices. Only history will judge us. The 2011 High-level Meeting should pave the way towards ending the epidemic. It should inspire an approach based on evidence and pragmatism to those factors that drive the epidemic, including the unequal status of girls and women, gender-based violence, violations of sexual and reproductive rights and human rights abuses against people living with HIV and against key populations.

We must use the occasion of this High-level Meeting not only to sign another declaration, but to commit ourselves to ensuring that all of the commitments being made here are realized when we go back to our countries. We have the tools to end this epidemic. It is up to us now to use them effectively.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Modou Diagne Fada, Minister for Health and Prevention of Senegal.

Mr. Fada (Senegal) (*spoke in French*): It is with great honour and immense pleasure that I take the floor before the General Assembly on behalf of the African States on the occasion of this important meeting of the international community on HIV/AIDS. This High-level Meeting is an ideal time to reaffirm our shared commitment to the fight against the pandemic. It is also appropriate here to thank the Secretary-General for his excellent and relevant report (A/65/797) on the status of the fight against HIV/AIDS and to assure him of our full support for his ambitious vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. I also wish to thank the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria for their continued support.

While it is clear that significant progress has been made to counter this scourge, alarming indicators in the Secretary-General's report reiterate the need for increased efforts to definitively eradicate this fatal disease. Unfortunately, current data on the pandemic demand an urgent and appropriate response by the international community in order to reverse the troubling trend that indicates that HIV/AIDS could become the third cause of death worldwide by 2030.

Given this grave situation, Africa calls for the laudable objectives of resolution 60/262 to be implemented appropriately through strengthening national capacities to combat HIV/AIDS, in particular in low-income countries. Additionally, we must support efforts under way in these countries to implement national programmes and scale up awareness-raising campaigns against social prejudices. Along these lines, it should be noted that 85 per cent of African countries have developed policies to guarantee equitable access to prevention, treatment and care to those affected by or living with HIV. Undoubtedly these endeavours constitute a major step forward in preventing mother-to-child transmission. Nevertheless, Africa calls for scaled up investment in vaccines and microbicide treatments and therapies, as well as for capacity-building in training qualified personnel.

We must also facilitate access for all to antiretroviral and other medications that are crucial to treating HIV-related infections, particularly in low-income countries that have difficulty paying the medications' exorbitant prices in the absence of a strong commitment by international partners.

In that regard, the international community has a special responsibility to provide not only adequate financial resources, as is correctly underscored in the

Secretary-General's report, but also fair solutions for issues linked to the intellectual property rights on existing medications, microbicides and vaccines in order to guarantee access for all to affordable medications. Clearly, such a commitment must go hand in hand with the optimal utilization of national resources and significant international support in order to guarantee the effectiveness of the work done on the ground.

We must also establish a cooperation framework to ensure coordination between national Government efforts and civil society in its totality. This also applies to the peaceful settlement of armed conflict, particularly in Africa. These conflicts play a role in social marginalization, by increasing stigmatization and stereotypes as well as sexual violence and other violations that lead to the spread of HIV among young people, women and children.

In conclusion, on behalf of the African Group, I would like to launch an urgent appeal for support for these efforts, in particular the determined and dynamic efforts of the African continent aimed at tackling the HIV/AIDS pandemic. I should also like to say that the African Group will spare no effort in order to fully implement the political declaration on HIV/AIDS that will be adopted following our discussions.

The meeting rose at 1.10 p.m.