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

The meeting was called to order at 3 p.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)

Draft resolution (A/65/L.77)

The President (*spoke in French*): I would remind speakers that the time limit for statements is five minutes.

I now give the floor to the representative of Albania.

Mr. Hoxha (Albania): HIV/AIDS remains one of the most serious and worrying issues in the world today. Besides being a health issue, this scourge is also emerging as one of the great economic, social, security and development challenges of this century, with a dramatic and devastating impact on individuals, families and entire communities around the globe. The international community must therefore continue to face it with courage and dedication, in a battle we must all fight through united effort, shared responsibility and serious commitment — everyone, together, in our common world.

In that regard, we welcome this High-level Meeting on HIV/AIDS, aimed at comprehensively reviewing the progress achieved in implementing the 2001 Declaration of Commitment (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262), and, more importantly, at trying to chart the future of the global HIV response through determined leadership.

This Meeting is taking place three decades after the start of the HIV epidemic, 10 years after the adoption of the Declaration of Commitment and five years after the adoption of the Political Declaration. It is clear evidence of the concern and attention that the international community in general, and the United Nations in particular, continues to give this very important issue. We think it fitting to commend the work and efforts of the international community, and of the United Nations and especially its specialized agencies, which, by raising global awareness of the disease through education and the dissemination of information to the public; by strengthening the capacity of communities in engaging civil society in the fight against HIV/AIDS, as well as by taking many other practical measures, have produced a substantial reduction in new HIV infections in a growing number of countries. We believe that success in this area can be achieved only through the continued active collaboration of all partners, including Governments, international organizations, the private sector and civil society.

Albania is still considered a low-HIV-prevalence country. This issue has nonetheless attracted increasing

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attention over the years. Today it is integrated into our national policies, plans and programmes as part of an overall national strategy that is being implemented in all necessary areas — awareness, prevention and care. Various measures have been taken to strengthen the national response to the disease at both the Government and civil society levels. Government bodies have been strengthened and mobilized so as to coordinate HIV/AIDS efforts and activities nationwide; the necessary legal framework has been strengthened and updated; HIV/AIDS education is included in the school curriculum; and specific medical centres have been set up. In general, the efforts made reflect a greater political commitment to combating HIV/AIDS nationally.

However, it appears that overall an upward trend has been reported in the number of persons newly diagnosed as HIV-positive. Some estimates also indicate a higher number of undiagnosed cases. For the period from 1993 to 2007, the total number of HIV-infected persons reported was 255. That number had grown to 291 by the end of 2008, and the data reveals that about 70 per cent of HIV-positive cases are in the age group under 34 years old. The age category most exposed to a potential HIV infection risk is that of young people aged 16 to 24. Included in this category are school dropouts, immigrants and those with changes in their sexual behaviour. HIV seems to affect males more than females. Knowledge and awareness of HIV prevention need to improve. As thorough surveys have shown, the percentage of people aged 15 to 24 who have comprehensive or correct knowledge of HIV/AIDS is still low.

Acting alone, the Government is not likely to be fully capable of mounting the response needed to reverse this trend. In full recognition of this fact, we have extended efforts beyond those of the Government, and the active involvement of civil society is encouraged and supported. Specific areas of civil society continue to play a critical role in the fight against HIV/AIDS, with the support of the Government. Through their partnerships with the Government and with international donors and organizations, a variety of public activities have been organized that focus on various areas of expertise, including education, communication, the promotion of contraceptives, safer behaviour, confidentiality, preventive measures and so forth.

We are very conscious of the fact that much more needs to be done to ensure that obstacles to implementing and reinforcing HIV/AIDS strategies are further addressed. Finally, allow me to thank the co-facilitators, Ambassador Ntwaagae of the Republic of Botswana and Ambassador Quinlan of Australia, for their diligent work in drafting the outcome of the Meeting and in implementing resolution 65/180 of December 2010.

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

Mr. Desta (Eritrea): It is a great honour for me to address this High-level Meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS of 2001 (resolution S-26/2) and the Political Declaration on HIV/AIDS of 2006 (resolution 60/262). My delegation wishes also to express its appreciation to the Secretary-General for his comprehensive report (A/65/797) and valuable recommendations on combating the HIV/AIDS crisis.

Ten years after the adoption of the Declaration of Commitment on HIV/AIDS, we are gathered here on a more hopeful note, in the knowledge that the strategies and programmes put in place at the national, regional and international levels are bearing fruit. Today, a growing number of countries have joined in adopting appropriate policies, strategies and programmes that have been essential in the reduction of the incidence of HIV and in expanding access to treatment, and for respect for the dignity and human rights of those affected by the killer disease.

When the General Assembly adopted the Declaration of Commitment in 2001 at its special session, the overall infection rate in Eritrea was estimated to be around 2.8 per cent. Eritrea needed to make substantial investment in modernizing health infrastructure and extending better medical service across the nation, including in remote areas, not only to combat HIV/AIDS and other deadly diseases such as malaria and tuberculosis, but also to provide basic health services. Now the spread of HIV/AIDS has dropped to less than 1 per cent. The country's determination and leadership has made that possible, along with the involvement of partners in improving access to treatment and care services. The awareness campaign waged by young people was particularly

commendable, as noted in the report of the Secretary-General.

While Eritrea recognized the value of making the whole population aware of the disease, it was able to target its interventions on the most vulnerable groups of society, such as sex workers, truck drivers, the military, tuberculosis patients, women, children and young people, in order to effectively prevent, control and reduce the spread of the disease.

Although HIV/AIDS is spreading at a lower rate in Eritrea than in other countries in the region, my delegation is nonetheless convinced that concerted action is needed to vigorously combat the epidemic, as the country is located in a high-risk region. Eritrea drew up a five-year strategic plan for 2008 through 2012, with a strong voluntary counselling and testing component to ensure an evidence-based approach to the disease throughout the country. The plan is implemented in collaboration with all partners.

Whatever efforts are employed, the key term is "scaling up". Given the epidemiological nature of the virus, and if success is to be deepened and widened, my delegation believes the review process should give serious consideration to scaling up our collective efforts towards universal access to comprehensive HIV prevention, treatment, care and support programmes.

Time is of the essence. Let us not forget that the infectious disease was first reported in the 1980s, yet it took us over a decade to get together and acknowledge its occurrence.

Let me conclude by taking this occasion to stress Eritrea's pledge to the full implementation and realization of the time-bound and measurable goals and targets of the United Nations commitment on HIV/AIDS that is before us. We have the resources and the know-how to deal with HIV/AIDS. The goal of the international community must be to ensure that our declarations in this body are implemented and followed up with unified action.

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

Mr. Archondo (Plurinational State of Bolivia) (*spoke in Spanish*): Although my country has a relatively low incidence of HIV compared to other countries, more than 18,000 Bolivian men and women are living with HIV/AIDS today. Faced with this situation, the Government of the Plurinational State of Bolivia has made the fight against this scourge one of its priorities. Our basic principle in this is the need to protect those affected and to slow the spread of the disease, without discrimination or stigmatization, with a universal criterion and with quality, solidarity, equality and cultural sensitivity.

In Bolivia, the Ministry of Health established the national programme on HIV/AIDS and sexually transmitted infections (STIs). Its strategic plan is aimed at achieving the Millennium Development Goals, specifically Goal 6. Halting and reversing the HIV epidemic by 2015 is the overarching aim of this effort.

The political will of the Government of Bolivia in this regard can be clearly seen in the work of the Ministry of Health, which, through its technical team and national programme, has achieved the adoption of the law on the prevention of AIDS. This law defends the human rights of those affected and seeks to provide truly comprehensive care, without discrimination or stigmatization. In addition, a sustainable plan for promotion and prevention has been developed. However, although in Bolivia has this law, discrimination continues in the health centres, the world of work and the communications media.

In Bolivia, we hope that by 2012 we will have brought the incidence of the disease and the morbidity and mortality rates under control, through a process of sustainable management comprising comprehensive capacity-building for health personnel and community mobilization promoting prevention and universal, comprehensive, multisectoral care that is respectful of human rights and sexual diversity, and thereby contributes to improving the quality of life of Bolivian men and women, in the exercise of their rights. To that end, nine departmental and three regional testing and information centres are now up and running, working to prevent and monitor the disease. In parallel, a mass communication campaign is in place to educate the population in this matter.

We have established a number of priorities in our response to the HIV/AIDS epidemic. They are decentralizing HIV/AIDS monitoring activities; strengthening the epidemiological oversight and information system; preventing vertical transmission; preventing HIV in young people, adolescents, boys and girls, incarcerated persons and various affected sexual groups; providing and strengthening comprehensive

care for all those who have had the misfortune to become infected; enhancing a multisectoral approach to develop a unified HIV response; and promoting the active participation of civil society to ensure the application of the previously mentioned law, with an emphasis on human rights.

With a view to detecting the virus at an early stage, the national programme on HIV/AIDS and STIs is extending its coverage to second-level hospitals and maternity facilities, where rapid HIV tests are available as a strategy for the early detection and effective prevention necessary to control the epidemic. It is hoped that we will be able to improve the timeliness of diagnosis and strengthen the prevention and control of HIV/AIDS, especially in pregnant women.

It is important to underscore the role of the South-South cooperation agreement that provides 800 triple-drug therapies in Bolivia, that is, complete treatment for people affected by the disease. Similarly, five studies within Bolivian reality have been conducted in recent years so that better public policy decisions can be taken.

We must take bold decisions that will radically transform the response to AIDS and help us make progress towards a generation free of HIV. To that end, we must ensure that medications are accessible, science makes progress, intellectual property barriers are not obstacles to the defence of life, States provide sufficient funding to tackle the scourge, and that health centres bring down the walls of discrimination and are open and user-friendly. At the same time, we have to make a serious commitment to young people: we must act with them, not only for them. We need their guidance as well as their understanding.

The fight against AIDS takes place in many arenas — in hospitals, schools, universities, families and churches. All support is welcome. We hope that this meeting and the document that emerges from it will serve as a strategic framework for understanding and action that will help us extirpate the pandemic from the world.

The President (*spoke in French*): I intend to now proceed with the adoption of the Political Declaration before asking the Chairs of the panels of the High-level Meeting to present their summaries in accordance with General Assembly resolution 65/180. Thereafter, the Assembly will hear the speakers remaining on the list for the High-level Meeting.

Since I hear no objection, we shall proceed accordingly.

The Assembly will now proceed to consider draft resolution A/65/L.77, entitled “Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS”.

May I take it that the Assembly wishes to adopt draft resolution A/65/L.77?

Draft resolution A/65/L.77 was adopted (resolution 65/277).

The President (*spoke in French*): I appreciate the applause in the Assembly for the resolution we have just adopted. I believe everyone here is entitled to take pride in it.

A number of Member States have asked to speak in explanation of position. Before giving them the floor, may I remind delegations that explanations of vote or position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Ja′afari (Syrian Arab Republic) (*spoke in Arabic*): I have the honour to speak on behalf of the Arab Group after the adoption by consensus of resolution 65/277, “Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS”.

The Arab Group attaches great importance to supporting the efforts to combat the spread of this disease. States members of the Arab Group have intensified their implementation of prevention, treatment, support and care programmes, and have adopted measures that facilitate the integration of people living with HIV and AIDS into society. These preventive measures by the members of the Arab Group are based on our cultural, religious and moral values. They have led to a reduction in incidence and have contributed to containing this scourge, which demonstrates their effectiveness and success.

In this context, we would like to reiterate our solid position regarding the Declaration. That position is based on a firm conviction about the importance of the role of the family, society and moral, cultural and religious values in preventing the spread of HIV and AIDS and in raising the awareness of the young generation about the dangers of this scourge and of its devastating effects on the health of individuals and societies.

We would also like to reassert the sovereign right of all States, as enshrined in the Charter of the United Nations and in the principles of international law, to implement programmes and recommendations on combating HIV and AIDS in a manner that guarantees full respect for the national legal traditions of all States, their individual priorities and the various cultural, moral and religious values of their peoples, in accordance with the basic human rights that have been internationally agreed.

We would like to reiterate the importance of the full implementation of the principles of respect and mutual understanding among Member States regarding their different characteristics and the cultural, moral and religious values they hold, in a framework of cooperation, free of confrontation, politicization, selectivity, double standards or any such flaws regarding human rights.

In spite of our accession to the consensus on the resolution, and in spite of the flexibility we have demonstrated in the negotiations, we would like to reassert our complete rejection of the inclusion of certain phrases identifying some groups as belonging to those most vulnerable to this disease. We take this position based on our deep conviction about the necessity of providing prevention, treatment, care and support programmes to all, without discrimination and without putting one group before others.

The Arab Group believes that the identification of those groups is a purely national issue that will be determined by States in view of the nature of the spread of the disease within their borders and in accordance with their priorities and their principal national characteristics in all their dimensions.

Mr. Niknam (Islamic Republic of Iran): While the Islamic Republic of Iran remains fully committed to providing the widest possible access, without stigma and discrimination, to care, treatment and support for people living with HIV and AIDS and their families, we find the tone and setting of the Declaration discriminatory against the health care of the general public.

Governments have the responsibility to ensure health and support for everyone, regardless of their membership in any group or population. However, the overly targeted Declaration, and specifically its paragraph 29, comprises the health requirements of the larger societies while failing to recognize the detrimental role of risky and unethical behaviours in spreading the disease.

Accordingly, the Islamic Republic of Iran would like to put on record its reservation concerning paragraph 29 of the 2011 Political Declaration on HIV/AIDS. Furthermore, we declare ourselves not committed to those parts of the Declaration that may, in one way or another, be interpreted as recognition, protection or promotion of unethical behaviours that run counter to the basic ethical, cultural and religious values of our society.

Mr. Padilha (Brazil): It is my pleasure to address this Assembly and to call its attention to the fact that, through the global framework for health sector response to HIV/AIDS 2001 to 2015, we have established, in this Political Declaration on HIV/AIDS, a strong commitment in the United Nations system.

For us, it is very important that for the first time, targets have been clearly set, such as eliminating mother-to-child transmission of HIV by 2015, substantially eliminating AIDS-related maternal deaths and accelerating efforts to achieve access to antiretroviral treatments, with the target of working towards 15 million people living with HIV on antiretroviral treatment by 2015. For us, there is no success without access.

I would like to stress some far-reaching achievements. It is important to point out the inclusion of references to key populations in this Declaration, such as men who have sex with men, sex workers and injecting drug users. These are the groups that, worldwide and in our region, have been the focus of our public policies on AIDS. Also, they played an important role in building those policies and in the fight against the epidemic. We reiterate the importance of people living with HIV and AIDS in the response against the epidemic, especially young people.

The Government of Brazil is fully committed to the recognition of the importance of affordable medicines, including generics, and of increased access to affordable HIV treatment, and to the recognition that intellectual property rights should comply with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and should be interpreted and implemented in a manner supportive of protecting public health.

In spite of the gains pointed out previously, I believe that a lot more needs to be done in order to move forward against the epidemic. The long discussions during the negotiation of the Declaration show us clearly that there is much room for progress.

I would point first to the need to guarantee the human rights of key populations, not only men who have sex with men, sex workers and drug users, but also transgendered persons, transvestites and prisoners, among others. The removal of all barriers to access and reinforcing the management of intellectual property rights must seen be through the public health lens.

In this direction, we support the immediate implementation of the World Health Organization's Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. As stated by the TRIPS Agreement, countries have to enforce intellectual property rights, but it is not a prerogative of the health authorities. We have to guarantee that, right after patents expire, quality generic medicines can be legitimately traded with safety and efficacy in order to strengthen generic policies and promote access.

Finally, we are concerned that the lack of financial resources is an impediment to the promotion of access. That is a paramount focus of the work of different funding mechanisms such as the Joint United Nations Programme on HIV/AIDS, the GAVI Alliance, the Global Fund and bilateral and multilateral initiatives.

Mr. Heller (Mexico) (*spoke in Spanish*): The Mexican delegation would like to welcome the adoption of the Political Declaration on HIV/AIDS. We wish to acknowledge the work of all the delegations and the fact that a consensus was reached.

We believe it is very important that the final text includes sections that express the fundamental concerns of Governments as well as those of non-governmental organizations and civil society. These include establishing goals regarding universal access, commitments having to do with prevention, commitments to eliminating stigmatization and to incorporating a human rights ethic in the fight against HIV/AIDS, and the reference to the provision of financial resources, the strengthening of health-care systems and the actions in the area of innovation.

In a very special manner, the Declaration makes explicit references to highlight the populations most at risk for infection and reflects various types of progress that will no doubt be a platform for the future.

The HIV/AIDS pandemic knows no nationality. It is thus important to adopt a broad focus in dealing with it that cannot ignore specific factors that, whether we like it or not, really exist —situations that present risks in our societies, independent of considerations of national sovereignty.

For all of these reasons, then, we believe it is very important to continue to combat discrimination, especially homophobia and transgender phobia, not just for infected people but also for at-risk populations.

The President (*spoke in French*): We have heard the last speaker in explanation of position.

I now give the floor to the representative of the Holy See to make a statement after the adoption.

Ms. Adolphe (Holy See): On the adoption of the Political Declaration on HIV/AIDS (resolution 65/277, annex), the Holy See offers the following statement of interpretation, which explains the official position of the Holy See.

In providing more than one fourth of all care for those who are suffering from HIV and AIDS, Catholic health-care institutions know well the importance of access to treatment, care and support for the millions of people living with and affected by HIV and AIDS.

The position of the Holy See on the expressions "sexual and reproductive health" and "services", on the International Labour Organization Recommendation No. 200, and on the Secretary-General's Global Strategy for Women's and Children's Health is to be interpreted in terms of its reservations in the report of the International Conference on Population and Development of 1994. The position of the Holy See on the word "gender" and its various uses is to be interpreted in terms of its reservations in the report of the fourth World Conference on Women.

The Holy See understands that when referring to young people — the definition of which enjoys no international consensus — States must always respect the responsibilities, rights and duties of parents to provide appropriate direction and guidance to their children, which includes having primary responsibility for their upbringing, development and education. The Holy See also cites articles 5, 18, and 27, paragraph 2,

of the Convention on the Rights of the Child on that proposition.

States must acknowledge that the family, based on marriage, is indispensable in the fight against HIV and AIDS, for the family is where children learn moral values to help them live in a responsible manner and where the greater part of care and support is provided. Article 16, paragraph 3 of the Universal Declaration of Human Rights also supports that proposition.

The Holy See rejects references to terms such as "populations at high risk" because they treat persons as objects and can give the false impression that certain types of irresponsible behaviour are somehow morally acceptable. The Holy See does not endorse the use of condoms as part of HIV and AIDS prevention programmes of education in sex or sexuality. Prevention programmes of education in human sexuality should focus not on trying to convince the world that risky and dangerous behaviour forms part of an acceptable lifestyle, but rather on risk avoidance, which is ethically and empirically sound. The only safe and completely reliable method of preventing the sexual transmission of HIV is abstinence before marriage and respect and mutual fidelity within marriage, which are and must also be the foundation of any discussion of prevention and support.

The Holy See does not accept so-called harm reduction efforts related to drug abuse. Such efforts do not respect the dignity of those who are suffering from drug addiction, as they do not treat or cure the sick person but instead falsely suggest that they cannot break free from the cycle of addiction. Such persons must be provided the necessary spiritual, psychological and familial support to break free from the addictive behaviour in order to restore their dignity and to encourage social inclusion.

The Holy See rejects the characterization of persons who engage in prostitution as sex workers, as that can give the false impression that prostitution could somehow be a legitimate form of work. Prostitution cannot be separated from the issues of the status and the dignity of persons. Governments and society must not accept such a dehumanization and objectification of persons.

What is needed is a value-based approach to counter the disease of HIV and AIDS, an approach that provides the necessary care and moral support for those infected, that promotes living in conformity with the norms of the natural moral order, and that fully respects the inherent dignity of the human person.

The President: Following the adoption of the Political Declaration, allow me to make a certain number of remarks.

First, this has been a very important week in the fight against HIV/AIDS. The world has watched as we forged a new declaration that will shape the endgame of the AIDS epidemic. In this declaration, Member States committed to clear targets to ensure that by 2015 no more children will be born with HIV, to close the global resource gap for AIDS and to work towards increasing funding to between $22 billion and $24 billion by 2015, to increase universal access to antiretroviral therapy to get 15 million people onto life-saving treatment by 2015, to reduce tuberculosis deaths among people living with HIV by 50 per cent, and to reduce the transmission of HIV among people who inject drugs by 50 per cent. These bold new targets set by world leaders will accelerate our push to reduce the transmission of HIV.

I have been heartened by the resolve shown by heads of State and Government this week. Heads of State gathered to share ideas on owning their own response and securing sustainable and innovative sources of support. Mothers and their future children will benefit immeasurably from the new global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, which was launched yesterday.

On Tuesday, the Security Council adopted an important resolution on HIV/AIDS in peacekeeping (resolution 1983 (2011)), which addressed the issue of sexual violence and the rights of women and girls in conflict and post-conflict situations.

The challenge that remains is to implement these commitments. Here, leadership and mutual accountability are crucial.

I would like to take this opportunity to thank once again the facilitators who led the negotiations towards this declaration — His Excellency Mr. Gary Quinlan, Permanent Representative of Australia, and His Excellency Mr. Charles Ntwaagae, Permanent Representative of Botswana — for their dedicated effort. I also express my thanks to all the Member States that have been involved and committed in order to bring this negotiation to a happy end. I would thank

the Joint United Nations Programme on HIV/AIDS and all the co-sponsors for their support throughout this process. As I said at the opening of this High-level Meeting, we must succeed. We must win our battle against AIDS — and we will.

(*spoke in French*)

A significant part of this summit was made up of the round tables and the discussion groups. We will now hear brief presentations from the Chairs of the five discussion groups. I will begin by giving the floor to His Excellency Mr. Denzil Douglas, Prime Minister and Minister of Finance, Sustainable Development and Human Resource Development of Saint Kitts and Nevis, who chaired Panel 1.

Mr. Douglas (Saint Kitts and Nevis): Panel 1 met to discuss the theme "Shared responsibility — a new global compact for HIV". The Panel provided a unique opportunity to build consensus on a global agreement for the AIDS response that could serve as a pathfinder for a new deal for health and development. This discussion focused on a compact based on shared but differentiated responsibility to reach universal access.

Joining me on the Panel were the Minister for Development Cooperation of Denmark, Mr. Søren Pind; the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé; and the General Secretary of the National Confederation of Municipal Workers in Brazil, Ms. Juneia Batista.

In my opening statement as Chair, I reflected on the past 30 years of AIDS and the response that brought a new approach to global, regional and national collaboration in addressing development concerns. I also emphasized that political leadership has been critically important in the success of the response and must be maintained from here onwards. However, we must revisit our approach to partnership.

The UNAIDS Executive Director pointed out that this debate could never have taken place some 10 years ago. But the world is changing, which is illustrated by sustained economic growth in African countries and by the growing influence of countries like Brazil, India, the Russian Federation and China. Indeed, the AIDS response calls for renewed global solidarity based on shared responsibility and values.

What are the key findings that we discussed? They are the following. First, we called for a new paradigm marked by collective leadership that champions a compact between rich and poor countries to provide global social protection, supports robust national health systems, facilitates the leadership of young people and responds to those without a voice. Civil society, we emphasized, must play a stronger role in fomenting country leadership.

Secondly, country ownership and sustainability of the response will require increased predictability and long-term international funding. We emphasized that new sources of financing are available, but should supplement rather than replace traditional official development assistance. Such opportunities include a financial transaction tax that could generate billions of dollars each year. In fact, South-South cooperation remains underused and must now be developed in moving forward.

Thirdly, countries must be accountable for spending wisely and allocating resources where they are most needed, with particular attention paid to the needs and rights of marginalized populations. Practical solutions can be sought through dialogue between our stakeholders. They must also be increasing domestic investment.

Fourthly, speakers called for the abolishment of punitive laws and ongoing stigma against those living with HIV and other at-risk populations that, we believe, undermine ongoing HIV programmes.

We made two basic recommendations that I will conclude with. First, the global community must commit to shifting from largely donor-led HIV responses to nationally owned and led responses. However, that must not be seen as supporting an exit strategy for our donors. Secondly, the Panel concluded that ending new infections and closing the treatment gap requires the same urgency, advocacy and political will that drove the first era of the HIV response. However, achieving universal access will require new models of cooperation and new models of financing. But above all else, it is leadership — I emphasize, leadership — that will make the difference from here.

The President (*spoke in French*): I now give the floor to the representative of Luxembourg, whose Minister for Development Cooperation and Humanitarian Affairs chaired Panel 2.

Mr. Maes (Luxembourg) (*spoke in French*): It is a great honour for me today to present on behalf of the

Minister for Cooperation and Humanitarian Affairs of Luxembourg, Ms. Marie-Josée Jacobs, the main conclusions that, under her chairmanship, Panel 2 arrived at on the subject of prevention, under the theme "Prevention — What can be done to get to zero new infections?"

During a very lively and interactive discussion characterized by frank and moving statements, the round table examined different challenges to be met in order to make progress on preventing HIV and towards the objective of zero new infections, in particular by promoting human rights. The panellists and the participants insisted on the need to make decisive progress on preventing HIV by courageously addressing realities on the ground, moving off the beaten track, being innovative and inclusive, and defining the most effective response to the epidemic in each community.

The discussion led to six key conclusions. The first of these, related to the conclusion that was just presented by the Prime Minister of Saint Kitts and Nevis, is the need for leadership. The commitment and political leadership of all and at all levels are necessary to support HIV prevention and to tackle and end to stigmatization, discrimination and marginalization. Leadership is required at all levels of society — from Heads of State and civil society organizations to families.

In this context, countries must better use all means of action at their disposal. They need to rally communities, raise awareness in parliaments and use committed parliamentarians to plead the cause of preventing HIV/AIDS. Local authorities down to the most decentralized level of Government can make a difference.

The second conclusion is that we must direct the response where it is most necessary. In other words, we must financially support and prioritize well-targeted prevention programmes that respond to the epidemic's statistics. The populations worst affected should not be forgotten when planning and implementing the response. Indeed, prevention efforts will be in vain if we cannot reach the most vulnerable populations. It is particularly important to combat gender inequality and violence against women and girls.

The third conclusion is that we must recognize the role and rights of young people. We must stop thinking of young people as a group to be controlled. We must view them as a diversified entity with its own rights. Young people who were involved in the round table called upon us to eliminate obstacles that affect their access to sex education and reproductive and sexual health care services. They called for the elimination of age restrictions in professions and in education, including obstacles imposed by rules on parental consent. They demanded access to harm reduction programmes.

They further called for their increased involvement in the decision-making process. Policies and actions will be of greatest benefit to young people if they are defined with their participation, including those living with HIV/AIDS. In particular, young women must be involved in terms of comprehensive sex education and their right to reproductive and sexual health care, including condoms and microbicides. The revolution in terms of HIV and AIDS, according to the Jamaican representative, will be led by young people.

The fourth conclusion is that men are also an important part of the equation. In particular, there must be a change of behaviour within what the speakers referred to as the "four Ms" — millions of mobile men with money living in the macho department — whose risky sexual behaviour leads to HIV transmission. We need to make this group more responsible, too.

The fifth conclusion and perhaps the essential issue here is the urgent need to eliminate stigmatization and the lack of involvement of key populations, including sex workers, drug users, prisoners, men who have sex with men and transsexuals. Respecting these people and referring to and addressing them by name, with dignity and respect, will help us pull AIDS from the shadows and thereby prevent the spread of HIV.

The consideration and adoption of legislation is also necessary to protect the human rights of key populations and to support the implementation of effective interventions such as harm reduction programmes linked to drug use. We must also stop treating people as criminals based on their sexual orientation, use of drugs, lifestyle or HIV status.

The final conclusion is that new approaches must be promoted and support for ongoing innovation and research must continue. Much progress has been made by incorporating treatment and early intervention antiretroviral therapy for serodiscordant couples participating in prevention programmes. The speaker from Swaziland spoke to us about how male

circumcision programmes have also made progress. The driving force for change should be a new approach to the relationship between the North and the South. The paradigm for development aid must also change.

In conclusion, as one of the panellists, Mr. Jarbas Barbosa, Deputy Minister of Health of Brazil said, we must not wait another 30 years for HIV to spread even further. We must achieve a significant decrease in the rate of new infection and of mortality in the near future. Prevention must be the absolute priority.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Ratu Epeli Nailatikau, President of the Republic of Fiji and Chair of Panel 3.

President Nailatikau: The response to HIV/AIDS has been innovative in many ways: in treatment technology with the development of antiretroviral therapy and improved diagnostic tools; in prevention technology with the promising recent research findings on the use of antiretroviral treatment as prevention; in access with new policy approaches to making medicine more affordable, such as through the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights, local production and partnership with pharmaceutical companies; in financing, with the establishment of the Global Fund; in service delivery, with task-shifting and task-sharing that allow thinly stretched health systems to reach more people; and in involving people living with HIV in every step of the process, from the design and development of new technologies to the roll-out and updating of new products.

I wish to highlight some of the key findings of Panel 3 at its discussions on the topic "Innovation and new technologies". The need for ongoing innovation with respect to HIV is clear. There is a need for better medicines that are more effective, less toxic and easier to take, and that lighten the burden on health systems; for improved prevention tools, including microbicides, vaccines and tools acceptable to key populations such as men having sex with men, drug users and sex workers; for faster, low-cost, simpler diagnostics that can be used in rural areas; for a cure and for efficient, equitable delivery approaches that integrate HIV treatment and care with other key services such as those for tuberculosis and other co-infections, with particular attention to drug users, sex workers and maternal and child health.

Yet, innovation without widespread access is meaningless. How can the need to provide incentives for innovation be reconciled with the imperative to ensure equitable access? New mechanisms are needed to stimulate research and development while guaranteeing access. Doing so will require new thinking, such as the Medicines Patent Pool Initiative created by the International Drug Purchase Facility (UNITAID). Innovative incentive mechanisms could reward research and development breakthroughs without charging high prices for those end products — in other words, we must follow the principle of de-linkage.

Low- and middle-income countries are investing in innovation through new delivery models and participating in research and development efforts and in technology transfer for local production to address further needs. Innovative financing approaches are needed both to ensure ongoing investment in research and development and to provide sufficient funding to ensure innovative access for the people who need it. UNITAID has implemented an innovative fund-raising model based on a voluntary airline tax. Others are discussing new approaches, such as a financial transaction tax.

What are the recommendations and conclusions? Going forward, the response to HIV/AIDS must exhibit an even greater degree of innovation in technologies for both treatment and prevention, in approaches to managing intellectual property to ensure access in service delivery, and in how funding is raised and invested. Further efforts must build on lessons learned over the past 30 years, including the benefits of investing in research and development, the need to ensure access to innovation, the need for sufficient financing, and the involvement of people living with HIV, including the most vulnerable groups and key populations, in every step of the process, from innovation to delivery.

The President (*spoke in French*): I now give the floor to the representative of Estonia, whose Minister of Social Affairs chaired Panel 4.

Mr. Kolga (Estonia): I am happy to report to the Assembly on Panel 4, which was held yesterday and was dedicated to women, girls and HIV. The Panel was chaired by Estonia's Minister of Social Affairs, Mr. Hanno Pevkur, on whose behalf I am privileged to brief the Assembly on the results. The Panel had very

distinguished participants, starting with Mr. Aaron Motsoaledi, Minister of Health of the Republic of South Africa, representing the Member States; followed by Mr. Babatunde Osotimehin, the Executive Director of the United Nations Population Fund, representing the United Nations; and Mrs. Siphiwe Hlophe, co-founder of the non-governmental organization Swaziland for Positive Living, representing civil society.

The Panel highlighted the specific needs, rights and vulnerabilities of women and girls, particularly those living with HIV, that must be addressed adequately for an effective HIV response. In addition, it identified opportunities to address the socio-cultural, structural and economic determinants of HIV infection, and the links between HIV and sexual and reproductive health, as well as violence. The Panel sought to identify necessary actions, including game-changers, to help the HIV response spark social transformation for women and girls. Furthermore, it underscored the importance of securing women's and girls' human rights, as well as their ability to protect themselves against HIV and act as agents of change.

Panel 4 reached conclusions on five key findings. First, women and girls are disproportionately affected by HIV, with AIDS being the leading cause of death among women of reproductive age. Gender inequality continues to impede women's ability to access HIV and sexual and reproductive health services and to protect themselves from HIV.

Secondly, the HIV response is insufficiently meeting the needs of women and girls and helping them to enjoy their human rights. Scaled-up, sustainable, rights-based programmes and policies tailored to women, as well as protective legal environments, are urgently needed if we are to stop HIV and achieve the Millennium Development Goals.

Thirdly, violence against women and girls puts them at greater risk for HIV infection, and particularly affects those living with HIV. As a result, it impedes them from protecting themselves against HIV, fuels gender inequality and constitutes a violation of human rights.

Fourthly, women's and girls' access to education continues to be insufficient, and there is an urgent need to increase such access in order to empower women. Education, including sexual education, is key to reversing harmful gender norms and enabling women and girls to protect themselves from HIV.

Last but not least, women know what they need and must be supported in order to engage meaningfully in the response to HIV. We need to empower women economically and socially and to increase their leadership. Equally, we need sustainable support for women's rights organizations and networks of women living with HIV.

I now turn to the Panel's recommendations and conclusions. First, we must ensure that women in all their diversity, including adolescent girls and young women, have access to comprehensive HIV and sexual and reproductive health services free of violence, discrimination and coercion. These services empower women and girls and save lives.

Secondly, it is crucial that Governments commit to fulfilling all women's human rights, including their sexual and reproductive health and rights. There is urgent need for a clear approach that views women in their entirety, across their lifespan, and not only as mothers.

Thirdly, we have to challenge violence against women, which is both a cause and a consequence of HIV, and halting AIDS thus requires action to stop violence against women at every level. Laws and policies that prevent and punish violence against women, including harmful traditional norms, along with effective implementation of such laws and policies, are paramount.

Fourthly, comprehensive sexual education, including HIV education, is a key component of effective, evidence-informed HIV prevention, and must be made available in a non-judgmental, youth-friendly way to adolescents and young people in and out of schools, teaching them about human rights and gender equality.

Fifthly, greater, sustainable investment in women and girls' leadership, as well as in strengthening women's rights organizations and networks of women living with HIV, is needed to achieve a meaningful engagement of women and girls in the response to HIV.

Finally, I would like to thank all the participants and interlocutors, as well as the moderator of the Panel, for their efforts to make the debate lively and effective. It is now time to implement it.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Gervais Rufyikiri, Second Vice-President of Burundi and Chair of Panel 5.

Mr. Rufyikiri (Burundi) (*spoke in French*): In Panel 5, we had productive and fascinating discussions on the various opportunities for expanding and strengthening the response to AIDS through integration, and on the way in which the AIDS response could be used to improve other challenges to health and development. I would like to recall the most important issues raised during the discussions.

First, the response to AIDS is the result of a great many successes and innovations that have substantially contributed to strengthening health systems around the world. We should build on these successes in order to bring them to bear on other health and development challenges. Health care providers should not spread their efforts thinly but rather consider the issue of AIDS as an integral part of the general issue, with a view to achieving greater efficiency.

Second, it is unacceptable that tuberculosis continues to be a cause of death for people living with HIV. We must offer tuberculosis screening, treatment and prevention services for every person living with HIV, in hospitals and health care centres and in services for maternal and infant health, sexual and reproductive health and non-contagious diseases.

Third, services directed at tuberculosis treatment and prevention can also allow for an increase and acceleration of HIV prevention and treatment services for people and communities in need.

Fourth, if we are to reach our ambitious goals for the global plan for the elimination of new infections in children and keep their mothers alive, we must ensure that prevention, treatment and care services are included in services for maternal and infant health and sexual and reproductive health. We must place particular emphasis on women and girl's health in our agendas.

Fifth, we must ensure that greater attention is paid to young people, who are particularly affected by the epidemic and who are our future.

Sixth, with a view to making long-term antiretroviral therapy available and prolonging the lives of people living with HIV, we must focus on the challenges related to HIV and non-contagious diseases by developing synergies in order to adopt an effective and lasting response in all our programmes.

Seventh, there are different challenges in countries with concentrated epidemics. Together with all partners, we must reach the at-risk populations with a package of services that they need to ensure universal access to prevention, treatment and care.

Eighth, finally, we must not forget that AIDS is not solely a health issue. We must take into consideration socio-economic factors that have an impact on HIV-related risks and people living with HIV. Certain factors, such as nutrition, access to drinking water, education, decent living conditions and others, must be taken into consideration in developing a comprehensive strategy for HIV prevention, treatment, care and management.

Ninth, we are entering a new era for the response to HIV. Now is the time for HIV to emerge from its isolation and for us to ensure integrated efforts and thus confidently draw closer to the elimination of HIV.

The President (*spoke in French*): The Assembly will now continue to hear statements in the general debate of the High-level Meeting.

I give the floor to the observer of the Observer State of the Holy See.

Ms. Adolphe (Holy See): As we gather here today in this High-level Meeting of dignitaries from around the world, we do so in the recognition that we stand as one family with those living with HIV and AIDS and remember in our thoughts and prayers those whom this disease has taken from the world.

In the end, policies, programmes and political statements are without meaning if we do not recognize the human dimension of this disease in the men, women and children who are living with and affected by HIV and AIDS. Of course, any policy, programme or political statement of this noble Organization has little meaning if it is not implemented by the virtuous actions that will help all of those in need.

From the beginning, Catholic organizations, religious congregations and lay associations have been at the forefront in providing prevention, treatment, care and support to millions around the world, while at the same time promoting the need for a values-based response to this disease. Through its approximately 117,000 health care facilities around the world, the

Catholic Church alone provides over 25 per cent of all care for those living with HIV and AIDS, especially children. These institutions affiliated with the Church are at the forefront of providing a response that sees people not as statistics but rather, in their dignity and worth, as brothers, sisters and neighbours of the same human family.

My delegation remains committed to achieving the goal of halting and reversing the spread of HIV by promoting the only universally effective, safe and affordable means of halting the spread of the disease: abstinence before marriage and mutual fidelity within marriage, avoiding risk-taking behaviours and promoting universal access to drugs that prevent the spread of HIV from mother to child. In fact, there is a growing international consensus that abstinence and fidelity-based programmes in parts of Africa have been successful in reducing HIV infection, where transmission has largely occurred within the general population. However, despite this acknowledgement, groups continue to deny these results and instead are largely guided by ideology and the financial self-interest that has grown as a result of the HIV disease.

HIV/AIDS has been and remain one of the major tragedies of our time. It is not only a health problem of enormous magnitude, but also a social, economic and political concern. It is also a moral question, as the causes of the disease clearly reflect a serious crisis of values. Prevention must be directed first and foremost towards character formation and education in responsible human behaviour — in other words, acquired human dignity. This is the key to avoiding the infection. The starting point must be the proposition that the human person can and should change irresponsible and dangerous behaviour rather than simply accept such behaviour as if it were inevitable and unchangeable. The contrary position would accept such behaviour at all costs, and then emphasize simply risk reduction. Moreover, in the field of formation and education, especially as regards children, the contributions of their parents are fundamental, extremely helpful and efficacious.

The Holy See and the various organizations of the Catholic Church will remain committed to working in solidarity with those living with HIV and AIDS and will advocate steadfastly for the demands of the common good, while at the same time providing support and care to those most in need.

The President (*spoke in French*): In accordance with resolution 49/2 of 19 October 1994, I now call on the observer of the International Federation of Red Cross and Red Crescent Societies.

Mr. Jilani (International Federation of Red Cross and Red Crescent Societies): Since the onset of HIV pandemic, the International Federation of Red Cross and Red Crescent Societies (IFRC) has supported Governments' efforts to address the challenges posed by HIV and AIDS. The IFRC efforts have been focused on implementing comprehensive HIV programmes at the community and household levels through empowering and involving community members.

The main areas of action include empowering people with pertinent information on prevention, providing support and care at the household level through home-based care programmes, promoting adherence to antiretroviral therapy and tuberculosis treatment, implementing harm reduction programmes for injecting drug users, reducing stigma and discrimination, providing psychosocial support to children orphaned by AIDS, and advocating for and promoting the human rights for people infected with and affected by HIV.

In the past decade, through its programmes the IFRC has managed to reach more then 100 million people with pertinent information on prevention. It has provided psychosocial support, including the promotion of adherence to antiretroviral therapy and tuberculosis treatments for 500,000 people, and comprehensive support for 1 million orphans and vulnerable children.

In the past three decades, global efforts have registered remarkable achievements in terms of improving the quality of life of those living with HIV through the expansion of antiretroviral therapy, reaching over 6.5 million people. Similarly, programmes aimed at curbing the spread of HIV are also delivering encouraging results. However, we are still required to do more because many millions of people living with HIV are still waiting for antiretroviral therapy. The prevalence of HIV infection is still quite high and is in fact on the increase in some countries. Our efforts to reach key population are very limited. Stigma, discrimination and the violation of human rights are still rampant, and psychosocial support for children orphaned by AIDS is still not widely available.

We know from available epidemiological facts that HIV is also spreading among populations in rural settings. Our collective work so far has been more focused on urban areas. In developing countries, the great majority of populations live in rural areas, where health systems and other basic infrastructure are scarce or non-existent. We think that our concerted efforts must also be directed at populations living in rural settings, too, and at strengthening community health systems.

The IFRC strategy for the coming decade, Strategy 2020, focuses on saving lives and changing minds. Changing mindsets requires education and advocacy, and we are determined to work closely with Governments and civil society organizations in promoting country- and people-owned responses.

We can meet the challenges posed by the pandemic, but to do so we will need coordinated efforts, strong political leadership, the courage to confront sensitive issues, and a multisectoral response that links efforts across Governments and civil society. In charting the future course of the global AIDS response, Governments in the North and the South, donors and all potential partners must make a firm commitment to do more and to reach further for the eventual victory over this devastating pandemic. The IFRC will do its part to unfold all its potential to support such efforts and those of Governments.

The President (*spoke in French*): In accordance with resolution 47/4 of 16 October 1992, I now call on the observer for the International Organization for Migration.

Ms. Borland (International Organization for Migration): I am making this statement on behalf of the Director General of the International Organization for Migration, Ambassador William Lacy Swing. I am honoured to be present at this historic High-level Meeting and to address the Assembly on behalf of the International Organization for Migration.

As we have heard over the past days, this is a critical moment for the international community as we reflect on our progress to date in reaching HIV, health and development goals, and strive towards a future with zero new infections, zero discrimination and zero AIDS-related deaths. To reach that bold vision and the vision of our new Political Declaration on HIV/AIDS (resolution 65/277), countries must focus their HIV prevention strategies on those who face the highest risk of HIV infection in their context. They must ensure that HIV treatment, care and support services reach those who are currently excluded from existing programmes. HIV strategies must also begin to have an impact on the social determinants of health. That requires cooperation across sectors and borders with a wide range of partners. Nowhere is that more true than in the case of migrants.

Migration is a priority for virtually every nation in the world, with most countries experiencing internal migration, as well as flows into and out of their countries. For many migrants themselves, migration is part of the search for a better life. Migrants number more than 1 billion worldwide, and their remittances now outweigh official international development assistance in many countries. Given existing disparities and global demographic and labour trends, migration is not only inevitable, but, if well managed, desirable and necessary, bringing needed migrant labour to drive economies and contribute to human development.

In this time of financial uncertainty and competing priorities, Governments must ensure that their HIV responses reach those most in need. The lack of common definitions and data about migrant populations, and a tendency to group migrants together as though they were a homogeneous group, mean that those migrants who most urgently need HIV information and services are often overlooked in national and regional HIV strategies.

Migrants are extremely diverse and have varying levels of HIV risk and vulnerability depending on conditions throughout the migration process. Migrants in any one setting often include a mix of populations, such as immigrants from specific countries, ethnic minorities, returning overseas workers and internal migrants. Although about half the migrants globally are women and half are men, that varies greatly across regions and sectors where migrants work. In some settings, migrants face specific risks of sexual violence and exploitation. Emergencies create health challenges related to mass migration and displacement.

National AIDS strategies must identify which migrants may be at higher risk of HIV infection and ensure their access to services, regardless of their legal migration status. Such strategies must be based on evidence, and must not reflect persistent stigma and discrimination against migrants, which can contribute to legislation and policies not based on public health,

as in the case of HIV entry, stay and residence restrictions.

The health of migrants is a shared responsibility of origin, transit and destination countries. If we are to ensure the right of everyone to the enjoyment of the highest attainable standards of physical and mental health, we must work together in partnership to ensure that migrants, irrespective of their legal migration status, also enjoy this right. Our strategies must be multisectoral, ensuring health in every policy, and they must explicitly focus on migrants, including their living and working conditions.

It is time that we begin to promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants, as called for in the 2008 World Health Organization resolution on the health of migrants. We must address barriers linked to migration status, low health literacy and lack of culturally competent services.

Migration trends will shape future global health challenges in increasingly diverse societies. No single government or organization can effectively manage the health challenges of migration alone, and HIV strategies that exclude migrants will not be effective. Today, I encourage the Assembly to remember the migrants. Remember that migrants must have access to HIV prevention, care, treatment and support if our goals are to be achieved.

The President (*spoke in French*): I now give the floor to the Vice-President of the Asian Development Bank.

Ms. Schaefer-Preuss (Asian Development Bank): I am grateful for this opportunity to present a brief overview of the AIDS challenge in Asia and the Pacific. The region is home to nearly 5 million people living with HIV. No global effort to achieve the Millennium Development Goals and universal access will succeed unless Asia and the Pacific is successful.

The good news is that most national epidemics appear to have stabilized and that no country in the region has a generalized epidemic. Asia and the Pacific has proven that evidence-based programming, combined with appropriate allocation of resources towards those most impacted, is essential for a cost-effective response.

Countries need to increase national ownership by funding their national HIV and AIDS response. In particular, they need to strengthen health systems and to integrate affected populations into social protection schemes. Injecting drug users, men who have sex with men, and sex workers and their clients account for most of the new infections. Given the tremendous growth in recent decades, the Asia and Pacific region should be able to extend more adequate and effective services and programmes to these key affected populations, particularly the poor and vulnerable.

Asia and the Pacific has the wealth and strength to meet the challenge. Bold leadership and political will are needed to effect change. Leaders have to devise policies and enact legislation that tackle social barriers, including discrimination and exclusion. Governments need to provide better access to prevention and treatment services and improve the quality of those services. But Governments cannot do it alone. Engagement of the private sector, civil society, and community and development partners is essential.

Progress is also impeded by a lack of basic data, which inhibits an effective response and threatens to leave key affected populations without proper services. The Commission on AIDS in Asia emphasized the importance of prioritizing existing resources for low-cost and high-impact interventions, with the aim of averting new infections.

Men who buy sex constitute the largest infected population group in Asia and the Pacific. Most of these men either are married or will get married. This puts a significant number of women — often perceived as low-risk — at great risk of acquiring HIV. Evidence also indicates that there is a strong link between gender-based violence and the spread of HIV. Eliminating gender inequalities and increasing the capacity of women and girls to protect themselves from the risk of HIV infection must become a higher priority.

Expanding regional cooperation and South-South cooperation can help to address the needs of mobile and migrating populations, generate evidence-based good practices and stimulate technology development. The response to AIDS is a shared responsibility. As the regional development bank for Asia and the Pacific, the Asian Development Bank is committed to working closely with our member countries and partners to support prevention initiatives that are cost effective and based on evidence. We believe that this is a winning strategy for achieving the Millennium

Development Goals and universal access targets. Let us now move on and intensify our efforts to eliminate HIV/AIDS, as laid down in the newly adopted resolution 65/277.

The President (*spoke in French*): I now give the floor to the Director of the Social Transformation Programmes Division of the Commonwealth Secretariat.

Ms. Anie (Commonwealth Secretariat): The Commonwealth is honoured to make a statement at this High-level Meeting of the General Assembly. We are 54 countries on five continents. We account for a third of the world's population, a quarter of its countries and a fifth of its trade. We are a family of diverse member States — rich and poor, large and small, but all aspiring to shared goals of freedoms and rights, which emanate from development and democracy.

With 65 per cent of its 2 billion citizens affected by HIV and with many of its citizens living in low-income countries, the Commonwealth has a special interest in the global response to the AIDS epidemic and in the issues of access to HIV and AIDS treatment, prevention, care and support. We are heartened by the achievements and successes of the past decade, both globally and within our member States. In 2001, when the General Assembly convened a special session on HIV and AIDS, 200,000 people were receiving antiretroviral treatment. By the end of 2010, more than 6 million people were receiving antiretroviral treatment.

Many Commonwealth countries have also made great strides in applying a multisectoral approach and in increasing access to antiretroviral drugs. Botswana had a very high HIV prevalence for many years and now has antiretroviral coverage of more than 90 per cent. Ghana had a prevalence of 3.2 per cent in 2000, and that has been reduced commendably to 1.5 per cent in 2010, as a result of an effective multisectoral approach.

However, the Commonwealth notes with concern women's vulnerability to the epidemic and their marginalization in the development process. In many Commonwealth countries, especially those in sub-Saharan Africa most affected by the epidemic, up to 60 per cent of those living with HIV are women. The Commonwealth Plan of Action for Gender Equality therefore recognizes the need to put women not only at the centre of the development agenda but also at the heart of the global health agenda.

We welcome the increased global coverage of services to prevent vertical transmission. Indeed, Rwanda, the newest member of the Commonwealth family, has been commended for its nationwide campaign to eliminate the transmission of HIV from mother to child. In addition, Papua New Guinea has programmes that have resulted in a tenfold increase in the number of testing sites for women, from 17 in 2005 to 178 in 2009.

The Commonwealth is greatly encouraged that in 33 countries across the world the rate of new infections has been reduced by at least 25 per cent. Of those countries, 12 are Commonwealth member States.

We in the Commonwealth not only recognize the enormous achievements and successes of the past 30 years, but also acknowledge the challenges ahead. There are still 10 million people without access to HIV treatment. We note also that barriers to greater access vary, but they include weak national infrastructures, financial constraints and negative cultural and social norms.

In our response to the challenges of the epidemic, we in the Commonwealth have focused on such barriers as stigma, discrimination and social marginalization. The human rights aspects of the AIDS epidemic are of particular interest to the Commonwealth because human rights principles and values are integral to all of our work. Our advocacy activities have also included youth-focused awareness-raising initiatives, such as our Youth Ambassadors for Positive Living programme.

We commend the involvement of civil society in the AIDS response, which has had a positive impact in reducing stigma and discrimination. We recognize the burden of care, which falls largely upon women and girls. We have therefore commissioned a pan-Commonwealth research project to look into the issue of women's unpaid caregiving work.

The Commonwealth stands by global efforts and commitments towards universal access to treatment, prevention, care and support, as well as the drive towards zero new infections, zero discrimination and zero AIDS-related deaths. We will continue to work in partnership with others using our convening power and strengths in advocacy, facilitation and negotiation.

The President (*spoke in French*): I now give the floor to the Executive Director of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

Mr. Kazatchkine (Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria): Ten years ago, at a special session on HIV/AIDS, the General Assembly launched the process of creating of the Global Fund.

Today, the Global Fund is supporting half of the six million people on antiretroviral treatment in developing countries and is the major international funder of HIV prevention, including of mother-to-child transmission, and harm reduction. Programmes supported by the Global Fund have saved at least an estimated seven million lives from the three diseases in just the past eight years. The Global Fund has not only played a key role in channelling new resources, but has also helped to mobilize a broad-based partnership, globally and within countries, that brings together Governments, civil society, multilateral agencies and the private sector.

We can all take pride in what has been achieved since the Assembly's landmark special session. In ten years, the world has not only demonstrated the feasibility of providing HIV treatment and prevention in resource-limited settings, but also shown that these interventions can be scaled up to reach millions of people. Most importantly, we are having an impact. The numbers of deaths and new infections are decreasing. Health and community systems are being revitalized. Lives are being saved on an unprecedented scale.

In 2001, the idea of treating millions of people living with HIV or of virtually eliminating mother-to-child transmission seemed almost utopian. Five years ago, such goals began to seem achievable. Today, they are realistic objectives. The progress we have made in just one decade should encourage us to set more ambitious goals in 2011 and boldly pursue them in the coming years.

Despite the challenging discussions at this meeting, the Global Fund believes that there is, in fact, a strong emerging consensus about how we should now move forward to end the AIDS epidemic.

We must do more to maximize the impact of our investments, consistent with the investment analysis conducted by the Joint United Nations Programme on HIV/AIDS. That means striking the right balance between country ownership of programmes and ensuring that proven, high-impact prevention is targeted at those most at risk, including men who have sex with men, injecting drug users and sex workers. It means accelerating the uptake and coverage of new technologies and approaches, such as male circumcision and couples testing and counselling. It also means renewing our vision for the continued, sustainable scale-up of AIDS treatment to the millions who are still in need and the millions more who will gain from its proven protective benefit.

We must promote and protect human rights and ensure equitable access to services for those living with HIV. Addressing such challenges as stigma and discrimination against people living with HIV and those most at risk, homophobia, and gender inequality and sexual violence, and empowering women and girls are not only moral imperatives but also essential to ending the AIDS epidemic.

Finally, without new resources, we will not achieve results or sustain the gains we have made. There is a more compelling case than ever for current donors to continue to invest in the fight against AIDS and other diseases. But new donors must also come to the table if we are to reach more ambitious goals. That includes more implementing countries showing solidarity in the global fight by becoming donors and contributing their fair share. At the same time, we urgently need additional innovation in health financing.

Ending the AIDS epidemic is possible if every stakeholder and sector contributes to the response in a renewed spirit of shared responsibility. The Global Fund stands ready to play its part as the major multilateral financing instrument in the fight against AIDS, tuberculosis and malaria.

The President (*spoke in French*): I now give the floor to the representative of the Inter-Parliamentary Union.

Mr. Kawada (Inter-Parliamentary Union): It is a great honour for me to speak on behalf of the Inter-Parliamentary Union (IPU). I will make my statement short owing to the limited time available, but the full version is available in the room.

The IPU is assisting parliaments with the issue of HIV/AIDS through its Advisory Group, which is comprised of qualified members of parliament from all

over the world who have been working hard to raise awareness of the need for legislation.

I am a Member of Parliament from Japan, a member of the IPU Advisory Group on HIV/AIDS and a person living with HIV.

Parliaments and their members have very important responsibilities in helping to curb the HIV/AIDS epidemic. Legislation is a two-edged sword. It can take people's lives away if a wrong decision is taken, but if it is applied with positive spirit, it can save many lives and empower people to forge connections.

For example, many countries have adopted positive legislation, such as that prohibiting discrimination against people living with HIV. Yet at the same time, laws criminalizing drug use, sex workers and men who have sex with men have a negative impact. In other words, HIV-specific legislation must be carefully considered before it is adopted, otherwise it can easily stigmatize people with HIV. That is why the IPU is so important.

Fortunately, more and more parliamentarians have come to recognize the importance of their leadership on HIV/AIDS. The IPU Advisory Group on HIV/AIDS strongly believes that it is time for parliamentarians to take visible action and push back the forces of stigma. I will tell you why.

When I was 17 years old, I, with other haemophilic patients, sued the Japanese Government over HIV-contaminated blood products, which had infected me at 10 years of age. If parliamentarians had not amplified our voices, our case would not have led to such a huge advance in HIV/AIDS treatment in Japan. Their legislative action not only advanced HIV treatment, but also erased my distrust in politics and gave me hope that I could live my life just as well as the next person.

And here I am, a 35-year-old member of Parliament, happily married, living with HIV for over 25 years. Ever since I got married, my CD4 count has remained above 900. My experience 15 years ago taught me that everyone is free to choose how they wish to live, regardless of their illness or situation.

Mr. Carrión-Mena (Ecuador), Vice-President, took the Chair.

The mission of parliamentarians is not just to offer remedies to people in need, but to create an environment in which everyone can choose how to live, with pride, dignity and the freedom of choice. I wanted other people to feel the same way I felt then, so I became an MP. I want to let every single MP in the world know how beautiful and exciting their mission is, no matter how challenging it may look at times.

When I feel frustrated, I always think about my friends and colleagues who share the same aspirations and friends who passed away without treatment, and parliamentarians who gave me hope in life, 15 years ago. So when you go back to your country and feel the same way, please reach out — let us all join together, hand in hand, across national borders. When you feel powerless, I, a living witness, can be a reminder to you at any time that our mission is worth a try.

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

Mr. Lindal (Sovereign Military Order of Malta): I thank the President for the privilege of speaking at this High-level Meeting to review the progress achieved in realizing the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262).

In only the past five years, efforts on all sides of the fight against HIV/AIDS have resulted in a reduction of more than 20 per cent in the number of AIDS-related deaths. But this falls far short of our target. Member States have recognized HIV as a global emergency challenging human rights and dignity and threatening development, political stability, food security and life expectancy. It thus requires an exceptional global response. Let us unequivocally renew our vow to fulfil the goals of the Political Declaration on HIV/AIDS.

Eliminating this 30-year scourge is of utmost importance to our 900-year-old humanitarian Order of Malta. From our earliest focus on sick pilgrims and travellers in the eleventh century, the care of the sick and the poor has been the primary raison d'être in all our work. I will share some current highlights of our HIV/AIDS outreach in different parts of the world.

Mother-to-child transmission of HIV/AIDS accounts for 90 per cent of new infections in children

under 15 years of age. Working in partnership with AmeriCares, the Order's Save a Child from HIV/AIDS programme in Mexico acts through a grass-roots network of hospitals, clinics and health care providers to identify mothers with HIV and oversee all of their medical care in an effort to prevent transmission. In the programme's first two years, more than 600 HIV-positive mothers delivered healthy babies.

The international community has acknowledged that weak, fragmented and inefficient health-care systems are among the biggest barriers to access to HIV/AIDS services. This is especially evident in sub-Saharan Africa. A primary component of the work of the Sovereign Order of Malta is creating structures and mechanisms that sustainably blend into the communities, because the HIV/AIDS response must be part of a comprehensive strategy that addresses basic health-care needs.

In the slums of Nairobi, the lack of basic health services, poor living conditions, extreme poverty and lack of education have led to the rapid spread of HIV/AIDS. The Order of Malta has been working with local governments and non-governmental organizations for more than 10 years to reverse this trend. Eight laboratories and health centres in the most disadvantaged areas care for the general health of more than 600,000 people, including HIV/AIDS patients, in eight of Nairobi's slums. The centres also focus on combating tuberculosis, which is a leading cause of death among people with HIV. Diagnosis and treatment of diseases, training of local staff in health centres, the establishment and maintenance of laboratories and the education of slum residents are essential parts of the programme.

In Myanmar, the Order of Malta addresses some causes of the HIV/AIDS epidemic through a health education and information programme for at-risk groups, by means of comprehensive treatment, advocacy and training of basic health staff.

The Order of Malta campaign against HIV/AIDS in southern India — the state of Tamil Nadu ranks second in the prevalence of the disease in India — focuses on the young men who migrate to the cities for work and are unaware of the risk of sexually transmitted diseases. Many return home infected with the HIV/AIDS virus.

In the Republic of South Africa, the Order of Malta works with the South African Conference of Catholic Bishops and Catholic Relief Services in a joint treatment programme that is funded by the United States President's Emergency Plan for AIDS Relief. Cooperative and coordinated structures like this are a most positive development in meeting the targets and goals of the Political Declaration on HIV/AIDS.

Here, as in all the areas in which the Order of Malta works worldwide, the dignity of each person is at the heart of the work undertaken. The Order's long-term relationships in Nairobi have earned the very necessary trust of the people served by the health professionals.

As this review is taking place, there is a gap of $7.7 billion between the estimated resources available for AIDS worldwide and those needed for developing countries.

We at the Order of Malta were also encouraged by the symposium of HIV/AIDS global experts convened by Pope Benedict XVI at the Vatican in May. The dignity of each person in the family of man requires that we all unite in our efforts to conquer this disease worldwide.

The Acting President: In accordance with resolution 56/90, of 12 December 2001, I now give the floor to the observer of the International Development Law Organization.

Mr. Patterson (International Development Law Organization): The International Development Law Organization (IDLO) is the only intergovernmental organization entirely devoted to advancing the rule of law and its contribution to development. Over 27 years, IDLO has trained more than 20,000 lawyers and others in developing countries and countries with economies in transition. There are registered IDLO alumni associations in 46 countries. Many IDLO alumni now hold senior positions in Government, civil society and private-sector organizations.

In 2001 and again today, the Assembly recognized that the full realization of all human rights and fundamental freedoms for all was an essential element in the global response to HIV. To achieve human rights for all, including people living with HIV and key affected populations, Member States undertook by 2003 to enact, strengthen or enforce as appropriate legislation, regulations and other measures aimed at eliminating all related forms of discrimination, including through legal capacity-

building. However, law reform prohibiting discrimination is a central but not the only element of an enabling legal environment. The law cannot eliminate discrimination without accessible and affordable quality legal services. To provide such services, lawyers need to understand HIV, the relevant national and international law and their clients' needs. Legal services can also support evidence-based law and policy reforms by compiling accurate data on complaints received and legal and social outcomes.

The IDLO health law programme started in 2009 with a focus on eight countries with core funds and support from the Organization of the Petroleum Exporting Countries Fund for International Development. In 2011 we will provide technical and financial support for strengthening and expanding HIV-related legal services and rights in 17 countries. IDLO has since undertaken research on legal service models, and on the links between legal services and HIV prevention, treatment and care, as well as support for South-South dialogues and professional networking. In 2009, we hosted the first regional training seminar on HIV law and policy in Asia and the Pacific. That course was then adapted for IDLO's online e-learning platform and offered in English in 2010 and 2011. The French and Spanish versions of the e-learning course will be offered in 2011 and 2012, respectively.

We have co-hosted regional consultations on HIV-related legal services and rights with local partners in Latin America, the Middle East, North Africa and sub-Saharan Africa. In 2011, IDLO and the United Nations Development Programme (UNDP) hosted the first national workshop on intellectual property law and access to medicines in Nepal. With the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNDP, we developed the publication *Toolkit: Scaling Up HIV-Related Legal Services*. More than 4,000 copies were distributed in English to Government and civil society partners by UNAIDS and UNDP. In 2010, the Toolkit was disseminated in French and Chinese, and in 2011 it will be published in Spanish and Arabic. A national version has been developed by partners in Burkina Faso.

Our experience has proved that people living with HIV and key affected populations will seek and use quality legal services to address discrimination and other HIV-related legal issues, even in contexts where the rule of law is weak. From Benin to Papua New Guinea, our work has shown that legal services make a difference. The international community's decision to hold this High-level Meeting, and the statements we heard during the debate and the adoption of today's Declaration (resolution 65/277), show that there is renewed political will at all levels — the community, national and international — to act on the commitments that Member States undertook 10 years ago to eliminate HIV-related discrimination. We know that legal services are essential to addressing discrimination and other HIV-related legal issues. The challenge now is to strengthen and expand those services and integrate them into national HIV plans and budgets and Government legal-aid programmes. IDLO stands ready to assist Governments and civil society partners to meet that challenge.

The Acting President: In accordance with resolution 3369 (XXX) of 10 October 1975, I now give the floor to the observer of the Organization of the Islamic Conference.

Mr. Gokcen (Organization of the Islamic Conference): I am honoured to address this meeting on behalf of the General Secretariat of the Organization of the Islamic Conference (OIC). I would like to take this opportunity to commend the United Nations for organizing the High-level Meeting. We also support the Political Declaration (resolution 65/277) adopted at this important Meeting.

We believe that the scourge of HIV/AIDS is a global crisis with disastrous consequences for the social and economic progress of all nations, including OIC member States. The resolution adopted at the second session of the Islamic Conference of Health Ministers, hosted by the Islamic Republic of Iran in March 2009, urged OIC member States to foster HIV prevention programmes in cooperation with, among others, the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Such programmes are being created and implemented with full respect for the cultural, ethical and social values of OIC member States.

Ensuring universal access to HIV prevention, treatment, care and support is the cornerstone of the efforts needed to reverse the HIV epidemic. The resolution adopted by the OIC invites its member States and General Secretariat to contribute to the global response to AIDS in the context of international cooperation and partnership.

A memorandum of understanding between the OIC General Secretariat and the Global Fund was signed by the OIC Secretary-General and the Executive Director of the Fund during the thirty-sixth session of the OIC Council of Foreign Ministers, held in Damascus in May 2009. The memorandum is aimed at strengthening cooperation between the two organizations in the fight against the three diseases in the domain of the Global Fund. In accordance with the memorandum, the General Secretariat has been working with OIC member States and other partners, including the Islamic Development Bank, to advocate action against HIV/AIDS, malaria and tuberculosis and to raise awareness of the Global Fund's vision, mission and work. The Secretary-General of OIC, Ekmeleddin İhsanoğlu, has made many calls on OIC member States to increase their overall contribution to the Global Fund as well as the number of contributing OIC members.

Since the creation of the Global Fund, 46 OIC member States have benefited from the Fund, to the tune of $4 billion allocated for fighting HIV/AIDS, $3 billion for malaria and $2 billion for tuberculosis. The Kingdom of Saudi Arabia, the State of Kuwait, Malaysia and Nigeria are among the OIC member States that have made significant contributions to the Global Fund.

In September 2010, on the sidelines of the annual general debate of the General Assembly, the OIC General Secretariat and the Global Fund co-hosted a luncheon for OIC member States to invite them to contribute to the third round of replenishment of the Fund for the period 2011-2013. Through such efforts, it is our hope that the number of the OIC countries contributing to the Global Fund will increase in the short term.

The President returned to the Chair.

On behalf of OIC Secretary-General Ekmeleddin İhsanoğlu, I would take this opportunity to express our appreciation to the United Nations entities working in this field, particularly the Global Fund, and to reiterate our appeal to all OIC member States and other members of the international community to contribute or increase their contribution to the Global Fund.

The President (*spoke in French*): We now turn to the statements of the representatives of civil society and the private sector.

I give the floor to Brian Brink of Anglo American, PLC.

Mr. Brink: I would like to dedicate my presentation today to Yoliswa, a courageous young woman and single parent from South Africa who died three weeks ago from AIDS, leaving behind an orphan. Like so many others, Yoliswa lost her first born child to AIDS. She first became sick with tuberculosis last year, which was treated successfully, but she did not receive treatment for HIV infection. When she finally got sick again with overwhelming infection, it was too late for the AIDS treatment to work. The hospital costs of trying to save her life over the following six weeks would have kept her on antiretrovirals for a lifetime, if only the AIDS treatment had been started at the right time.

That is the story of AIDS in sub-Saharan African. Young women are disproportionately affected by the burden of disease. Babies are still being infected with HIV and dying, as are their mothers. Tuberculosis is most often the presenting complaint. The treatment response is characterized by being too little, too late. The social consequences are devastating, and the economics make no sense. Sadly, this story is still played out thousands of times every day. That is what we have to tackle if we wish to change the course of the epidemic.

I speak to the Assembly today representing the private sector, particularly those businesses that have actively responded to the challenges posed by the AIDS epidemic, of which Anglo American is one. We have seen how AIDS and tuberculosis increase the cost of doing business. We have seen the tragic impact of these diseases on the families of our employees. We are shocked by the disproportionate burden of disease on women. We are determined to respond, both in the workplace and in surrounding communities.

So what have we learned? We have learned that a human rights foundation to the AIDS response is vital and non-negotiable, that an AIDS policy documenting the rights of people affected by HIV/AIDS and recording the commitments of employers and unions is the foundation for a workplace AIDS response, in accordance with International Labour Organization Recommendation No. 200, concerning HIV and AIDS and the world of work. We have also learned that partners' independence must be included in workplace programmes.

We have learned that HIV counselling and voluntary testing are key to our response, and I must stress the voluntary aspect of testing in the workplace. We know that we can create an environment of trust where people are confident that knowing their HIV status is an empowering step towards ongoing health.

We have learned the importance of making testing easy and confidential, of setting targets for HIV testing uptake and of the need for regular repeat testing and tracking new HIV infections, which is the only way to improve performance.

We have learned about the importance of ensuring that every person who tests HIV-positive is followed up with ongoing care, support and early access to antiretroviral therapy.

We have experienced devastating increases in the incidence of tuberculosis as a consequence of HIV. We have learned about the importance of tuberculosis-preventive therapy, routine tuberculosis screening and intensified approaches to tuberculosis diagnosis and treatment. We know that early access to antiretroviral therapy staves off the risk of tuberculosis illness and deaths. Today, we do not talk about AIDS without also talking about tuberculosis.

We have seen the extraordinary success of AIDS treatment. We have seen how the alarming risk to business posed by HIV infection has, through treatment, been transformed into an opportunity for ensuring wellness in the workforce and building trust and respect between employer and employee.

Most important, we have learned that the business AIDS responses are a markedly good investment. For every dollar we invest, we get an annual return that significantly exceeds the cost. We save money through decreased absenteeism, improved productivity, reduced health care costs and reduced staff turnover and benefit payments.

On a broader scale, we have seen the dramatic and real difference that investments in health care make. By liberating communities from the burden of disease, we unleash new potential for economic development and business growth.

We have learned the importance of partnerships between Government, the private sector and civil society. Together we can do so much more than any one of us can do on our own.

We are strong supporters of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization. We endorse the principles of performance-based funding and country ownership. We understand the importance of collective action by business and are striving to get companies to invest in these partnerships for the future.

We have made remarkable progress in our response to AIDS over the past 10 years. We now feel more confident than ever that it is possible to beat the epidemic. We must scale up our investments. In so doing, we should not only look at the cost, but also quantify the benefits, particularly in economic terms. It is our firm belief and experience that the economic and social benefits of responding to AIDS far outweigh the costs. The Executive Director of the Joint United Nations Programme on HIV/AIDS is most justified in saying “pay now, or pay forever”.

We have to stop new HIV infections if we want to sustain our treatment response. We are encouraged by suggestions that early access to treatment should now be considered part of the prevention package. Of course, treatment can only be offered if people know their HIV status, so the scaling up of HIV testing is of paramount importance. Treatment can reduce the spread of HIV only when it is inexpensive and easy to access. Business should be a strong part of making that happen. However, we must also reverse our neglect of the primary prevention of HIV infection.

Turning the tide of AIDS requires us to address the root causes of transmission. For girls and women, these root causes are inequality with men, lack of education, poverty and human rights violations, including violence. Medicines do not change these conditions. In fact, these conditions prevent many women and girls from accessing treatment.

Our primary prevention efforts must be targeted at adolescents. They need comprehensive sexuality education that teaches young people about their bodies and their rights, that provides them with skills to treat each other with mutual respect on the basis of equality and that will end violence and support safe sex. We need to raise a new generation that respects and promotes the human rights of girls and women, including their sexual and reproductive rights and health. We owe this to the memory of Yoliswa and the millions of others like her.

The President (*spoke in French*): I now give the floor to Ms. Esther Boucicault Stanislas, of the Esther Boucicault Stanislas Foundation.

Ms. Stanislas (*spoke in French*): I am honoured to have been invited to address the United Nations today, an organization that is a symbol of hope and international cooperation, two values that are essential to the future of my nation, Haiti.

On behalf of the people living with HIV/AIDS in Haiti, I would like to express our gratitude for the efforts of all countries, from both North and South, which have helped to give hope to millions of people. Today, although the needs are even more urgent, more than 31,000 people are receiving antiretroviral treatment against AIDS in Haiti due to support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

I am often credited with having great courage because I was one of the first Haitians to publicly discuss living with HIV. However, the courage that I have shown is small compared to the collective courage that we must all have in addressing AIDS in Haiti.

This United Nations High-level Meeting on HIV/AIDS is being held at a particularly troubling period in the Republic of Haiti's history. I am referring, of course, to the devastating earthquake that killed almost 300,000 people last year. I am also referring, however, to the closing window of opportunity to rebuild Haiti and, in particular, the country's need to rebuild its resources for people living with HIV/AIDS.

It is true that before the earthquake much progress had been achieved in fighting the epidemic in Haiti. But life was far from ideal for Haitians living with the disease. Stigmatization, homophobia and fear of AIDS were widespread, support services rare, and people living with AIDS largely excluded from decisions that affect their own lives. The earthquake exacerbated the unstable housing situation in Haiti. The lack of access to housing, food, drinking water and adequate health care threatens the immune system and the emotional well-being of Haitians who daily live with AIDS.

After the earthquake several tent villages were established, where almost 1 million people still remain. They continue to expose girls and women to gender-based violence and increase the risk of HIV infection. The situation in the camps also increases the risk of HIV infection for all marginalized groups, including Haitian homosexuals and transsexuals.

In Haiti, like other countries in the Caribbean region, HIV/AIDS continues to be a disease that affects the poor. Today, fighting AIDS in Haiti means not only access to medicines, but also strengthening the economic and financial capacity of persons living with HIV/AIDS through education and employment.

In Haiti's large towns there is still a glimmer of hope for the fight against AIDS. For example, mothers living with HIV are able to give birth to uninfected children. However, I do not see that hope in the country's remote areas. For those who become sick with AIDS and do not live near a large town, hope vanishes.

Those in this Hall are the leaders of the world. As an activist in the fight against AIDS, I must take this opportunity to ask participants to take to heart our appeal today. While we once again express our gratitude to great nations that have contributed, the Assembly must know that we will never be able to access second-line drugs as long as the large pharmaceutical groups come before people's lives. We badly need decent housing. We need a strengthened and reliable system to ensure gender equality that is oriented around fundamental rights. We need to be a stakeholder in Haiti's reconstruction process.

With the support of the Global Fund, PEPFAR and the Joint United Nations Programme on HIV/AIDS, as well as of grass-roots organizations, it is possible to double within 12 months the number of HIV-positive pregnant women accessing treatment. By 2015, all incidence of mother-to-child transmission of the virus must be eliminated. This is not a dream, but a hope that only participants here have the means to make a reality.

I thank all participants for having listened to me. I thank in particular the First Lady of the Republic of Haiti, who is present here and who is already committed at the vanguard of this difficult fight, which must end in certain victory.

Together, we will continue to combat AIDS for the sake of dignity and human life. Treatment, housing and work: that is what we request.

The President (*spoke in French*): In accordance with General Assembly resolution 65/180, I now give the floor to Ms. Silvia Petreti of the Global Network of People Living with HIV.

Ms. Petreti: I stand before the Assembly today as a woman living with HIV to affirm why our involvement is important. Those of us who are directly affected by HIV and all key populations that are made vulnerable to HIV need to be at the centre of the response to the HIV epidemic.

When I was invited to this very important High-level Meeting to speak about our involvement, I was so excited. I profoundly believe that our meaningful involvement can radically change our response to the HIV epidemic and make it much more effective. However, when the draft declaration was released, some doubts started rising in my mind. Are members truly listening to us, women living with HIV?

I applaud the Declaration for the ambitious goal of putting 15 million people on antiretroviral treatment by 2015. But after hearing every single woman with HIV in this Meeting call for our recognition as women at every stage of our lives, I am concerned that the only target set for women in the declaration has to do with mother-to-child transmission and maternal health. We do not have value just as baby makers. We need to be acknowledged, and our rights to health must be promoted and uplifted at every stage of our lives, whether we have children or not.

Moreover, every single HIV-positive woman in this Meeting has spoken of how gender-based violence is both the cause and the effect of HIV. That has affected me personally. Therefore, in addition to the strong declaration to end violence against women, we also need concrete and specific numerical targets and investment in this area.

Finally, I am also deeply concerned by the absence of a target for the key populations that are also most vulnerable to HIV, such as transgender people, as well as by the disappearance of providing housing as a priority intervention. How can we be successfully involved and work together to reverse this epidemic when essential rights are not met?

There are six clear reasons why our involvement makes sound and common sense.

First, our involvement makes sense for historical reasons. We follow in the steps of the most powerful liberation struggles of the past 200 years. The antislavery movement, the suffragettes, the civil rights movements, the international labour movement, the anticolonization struggles of the Americas, Africa and Asia, and, more recently, the anti-apartheid movement all have at their core those most affected. They were all successful in attaining a change that at the beginning was seen as unattainable and unreasonable. Our ancestors fought to make the vision of dignity and freedom a reality. We are doing so, too.

My second reason is a legal one. The States Members of the United Nations are bound by the Declaration of Human Rights to uphold all our rights to participation, dignity, equality and freedom from degrading treatment, our rights to have a family and to access information. Sadly, many of those rights are denied to those of us living with HIV, not only in less economically developed countries, but even in so-called developed Europe, where I was born. We need more than medications to live with dignity and safety. We need the acknowledgment and solidarity of all those here and the support of all around us.

Thirdly, our involvement makes political sense. Creating a solid alliance with civil society will make the response more powerful. It is better to work together and to have us on the Assembly's side, rather than against it. We cannot afford to waste our energies struggling against each other. We are the ones who are living every day with HIV in our bodies, families and communities. We are the ones who know best the choices that we should have had, the knowledge that we should have had, the skills and the power that could have enabled us not to acquire HIV in the first place. Engage with us. Use our personal experience.

Fourthly, it makes economic sense to work together. In these times, when resources are limited, we can provide a committed work force. I have been employed as an openly HIV-positive support worker for over 10 years in a team of openly HIV-positive employees, and I know, because of my direct experience, that we will work harder than anybody else to lessen the impact of HIV on our communities. Of course we need to be valued and remunerated for our efforts. But it is not just a salary that motivates us; it is the future of our children, our families and those close to us. Moreover, we all know that a vibrant community translates into economic growth.

Reason number five is awareness and education. We need to continue to increase the voice and visibility of those of us who live with HIV. This is the most powerful tool that we have for ensuring that communities see the real face of HIV in this pandemic, and it goes a long way in ending stigmatization. When people realize that someone with HIV is just like you and me and that HIV can affect anybody, that realization plays an extraordinarily important role in our prevention efforts.

My last reason has to do with health — not just our own individual health, but the health of the societies we live in. HIV has not just damaged our bodies; it has deepened existing wounds in our communities. Stigmatization and discrimination hurt and damage both those who receive it and those who perpetuate it. This is why we all need to heal together. Of course, when we are involved, our own individual health improves. We have better mental health and emotional resilience. When we can be open about our HIV status, adherence to medication improves, which means we can stay longer on cheaper treatments, and we can keep the virus in our bodies undetectable. Being on antiretroviral therapy successfully means, according to recent scientific trials, that we are up to 96 per cent less likely to transmit HIV.

The ultimate result of our improved health is that communities are healthier, with strong, committed citizens working for broader health and policies beyond HIV. And as prejudices and lack of inclusion disappear — also as a result of our involvement — and as acceptance, communication and social cohesion grow, we heal together. Together we create a world that is healthier for all.

Because of these six clearly interconnected reasons — historical, legal, political, economic, educational and health-related — it is clear that it make so much sense to invest in civil society. Like two hands working together to turn a wheel, so together, hand in hand, we can achieve real solidarity, or, as it is called by my bothers and sisters in South Africa, “ubuntu”. United, we can achieve the social, economic and cultural transformation necessary to reverse the HIV epidemic and succeed in our vision for global health.

The President (*spoke in French*): We have heard the last speaker in the High-level Meeting. I would like, at the end of this Meeting, to thank all of those who contributed to the success of this gathering.

The General Assembly has thus concluded its consideration of agenda item 10.

The meeting rose at 5.55 p.m.