United Nations A/65/PV.94

General Assembly

Sixty-fifth session

Official Records

94th plenary meeting
Friday, 10 June 2011, 10 a.m.
New York

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

The meeting was called to order at 10 a.m.

Agenda item 10 (*continued*)

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

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

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

The President (*spoke in French*): I should like to remind speakers that the allotted time for statements is five minutes. There are still 37 Member States on the list, in addition to other delegations. I will therefore be forced to apply the five-minute rule in a draconian manner. I thank delegations for their understanding.

I now give the floor to the representative of Uganda.

Mr. Apuuli (Uganda): I stand here on behalf of my President, His Excellency Mr. Yoweri Kaguta Museveni, who is unable to be here because of prior commitments.

My delegation welcomes the convening of this meeting to review the global HIV/AIDS response, including our commitment to universal access to HIV prevention, care and treatment in the quest to transform our societies. While we recognize the significant progress that has been made in terms of mobilizing extraordinary resources, especially financial resources, and efforts by scientists to find a cure or a vaccine, this disease remains one of the greatest challenges of our times.

Of course, recent global figures show that our efforts are bearing fruit with regard to the number of new infections and providing life-saving drugs to most of the persons who need them. However, the HIV/AIDS response demands a higher level of solidarity and shared responsibility in order to achieve universal access to HIV prevention, care, treatment and support by 2015, in line with the Millennium Development Goals (MDGs).

Like many developing countries, Uganda still faces some challenges in meeting a number of MDG targets, including those in respect of HIV/AIDS. With a generalized epidemic where 6.4 per cent among adults older than 15 years of age are now carrying the HIV/AIDS virus and approximately 1.2 million people are HIV-positive, out of a population of 32 million, the task before us is enormous. It becomes evident that we must shift our attention and focus resources on selected evidence-informed measures that will enhance efficiency and generate results, while promoting country- and people-owned responses.

From our experience in the fight against HIV/AIDS over the past two decades, political commitment at the highest level is invaluable in mobilizing multisectoral responses that involve Government, civil society, the private sector and other partners.

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Recent surveys in my country point to some emerging pockets of new infections. However, with support from the Joint United Nations Programme on HIV/AIDS and development partners, detailed studies have been carried out and have revealed the changing face of the epidemic. As a matter of urgency, my Government is developing strategies that would appropriately address these emerging phenomena.

We pay tribute to our partners for their support, which has assisted many of our people, especially in sub-Saharan Africa, who would have died in the absence of life-saving interventions such as antiretroviral therapy. But in the face of rising new infections, it is going to be very difficult to put all those who are eligible on treatment. In Uganda, for example, currently about 550,000 people need antiretroviral therapy, but by December of last year only 270,000 were accessing it.

We note with optimism recent breakthroughs in research, whereby the initiation of antiretroviral therapy when the CD4 count is high provides people living with HIV better quality of life and longevity and acts as a preventive measure to break the cycle of the transmission of the virus from the infected to the uninfected. People living with HIV/AIDS should be supported and given the hope of living a normal life. However, the biggest challenge that we continue to face is how to mobilize sufficient resources to buy drugs.

There have also been other commendable biomedical research efforts to find new drugs, microbicides and vaccine candidates and to implement other strategies, such as pre-exposure prophylaxis. We call upon our partners to sustain and, if possible increase, funding for research in pursuit of an effective vaccine and a cure for HIV/AIDS.

Uganda strongly supports the African Union position on the right of each country to implement HIV/AIDS programmes consistent with its national laws and development priorities. It is essential to respect the religious and ethical values and the cultural background of different peoples, in conformity with universally recognized international rights.

In Uganda, like many African countries, women and young girls still bear the brunt of the HIV epidemic. Women constitute 57 per cent of infected people. They are more involved in caregiving, but they are not sufficiently empowered to make independent decisions.

While our major focus is HIV prevention, a more comprehensive approach will be more effective. In that regard, many African countries are strengthening their health systems to ensure the quality and timely delivery of services. These efforts need to be supported by development partners.

As the HIV epidemic continues to spread and ravage many of our communities, especially in sub-Saharan Africa, prevention remains the mainstay in the control of HIV/AIDS. It is therefore essential that we mobilize substantial resources for universal coverage of HIV interventions.

The President (*spoke in French*): I now give the floor to Her Excellency Ms. Ann Peters, Minister of Health of Grenada.

Ms. Peters (Grenada): My delegation joins others in extending sincere congratulations to you, Mr. President, as you chair this significant High-level Meeting, as well as to the rest of your team. Grenada also commends Secretary-General Ban Ki-moon for convening this meeting to review the global progress achieved on earlier commitments with regard to HIV and AIDS.

Grenada associates itself with the statement made on behalf of my region, the Caribbean Community, at the 91st plenary meeting by The Honourable Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

I am delighted to convey warm greetings from my Prime Minister, The Honourable Mr. Tillman Thomas, who is here with us this morning, and the Government and people of Grenada, as well as to briefly share with the Assembly our achievements and vision within the context of this global review.

As we meet against the backdrop of a battle against HIV and AIDS, recent progress tells us that the world is winning. We in Grenada share in that progress, although a comprehensive response to HIV and AIDS is still a challenge for us, owing mainly to issues of taboo and stigmatization in some instances, social and religious norms, limited trained human and financial resources and the need for more public education. Today, however, we are proud to report on our progress and record. But there is much more that we can do, as

we need to undertake much more in order to reach higher levels of accomplishment.

For more than a decade now, the Grenada National Infectious Disease Control Unit has been mandated to respond to HIV and AIDS, with full responsibility for the leadership that has brought significant results to our country.

I am proud to report that more than 80 per cent of women participating in antenatal clinics accept testing at their first visit, in response to protocols introduced in 2007. We have begun to see vast improvements in the prevention of mother-to-child transmission, and Grenada achieved the first of the global "three zeros", that is, no child born to an HIV-infected woman has tested positive. We are convinced that this is the result of a strategic, rights-based approach and the integration of prevention into primary health care; we are convinced that this model can be used again for achieving the other two zeros. Prophylactic therapy is given to babies within 72 hours of birth, and those babies also receive milk formula support for the first six months of their lives.

We have seen an increase in the numbers of young persons who voluntarily come in for testing. This is the result of investments in public awareness, the growing confidence of young people in the services provided and the reduction of stigmatization.

In the area of treatment and care, the use of highly active antiretroviral medication since 2003 has made it possible to put all patients known to the public health system on treatment and to significantly increase the number who have access to services.

Home visits and medication pickups as well as referrals to other specialists are making a difference in the quality of life of people living with HIV/AIDS. Our surveillance and research work has benefited from a manual produced for that specific purpose with World Bank funding, and a survey on knowledge, attitude, behaviour and practice, also financed by the Global Fund, has just been undertaken.

Grenada's achievements are many, including rapid testing; training; the completion of the survey on knowledge, attitude, behaviour and practice; local and regional training for staff and medical personnel; and an increase in intersectoral participation in annual World AIDS Day activities. All of those results emanate from our core conviction that the human rights of all Grenadians, with no distinction whatsoever, must be honoured, in health as in all constitutionally mandated rights which are fundamental to our country. The National AIDS Council, with its wide multisectoral approach, is testimony to the integration of our services.

The impact of HIV and AIDS strikes at the very heart of the rural sector, where poverty is widespread among youth between the ages of 15 and 29. This results in a compounding of the overall social and economic vulnerability of our small island State. This calls for an even stronger multisectoral approach similar to what we have undertaken, where health is integrated into all sectors.

That is why we welcome the Political Declaration that will be adopted at this Meeting. Grenada is committed to achieving its goals. We wish to place on record our sincerest appreciation to all our donors, and we look forward to continued collaboration.

The President (*spoke in French*): I now give the floor to Her Excellency Mrs. Dharma Shila Chapagain, State Minister for Health and Population of Nepal.

Mrs. Chapagain (Nepal): It is a privilege for me to address this High-level Meeting. I wish to convey the best wishes of the people and the Government of Nepal in connection with the success of the conference.

It is a matter of concern that, even today, after three decades, over 7,000 new HIV/AIDS infections occur every day. The HIV/AIDS pandemic is a major global health problem affecting many countries around the world, in particular the low- and middle-income countries. It severely undermines people's health and well-being as well as our development efforts.

We have made some progress in reducing the rate of new HIV infections and mother-to-child transmission, while expanding access to HIV antiretroviral treatment. However, much remains to be done, in view of the tremendous number of people living with HIV/AIDS.

Women and girls are still the most affected group. In this context, there is a need to fight gender inequalities, insufficient access to health care and services, and all forms of discrimination and violence, including sexual and gender-based violence and exploitation. We must ensure the sexual and reproductive health of women and girls.

National estimates in Nepal indicate that there are 63,000 cases of HIV/AIDS. From 1988, when the first case was reported, to July 2011, some 17,000 additional HIV/AIDS cases were reported. Some 5,500 of those persons are receiving antiretroviral treatment. This indicates that a large proportion of people are in need of treatment, care and support.

The least developed countries, including Nepal, lack adequate resources to effectively deal with the menace of HIV/AIDS. However, despite resource constraints, the Government of Nepal has accorded top priority to the fight against HIV/AIDS in its national health-care policy. The necessary policy measures have been adopted, and we are in the process of finalizing a comprehensive HIV/AIDS bill, which is now under consideration by the National Legislature-Parliament. The national HIV/AIDS policy 2010 has already been adopted, and we are in the process of finalizing a HIV/AIDS strategy 2011-2016, which will be announced soon.

Nepal is undertaking a multi-stakeholder response to HIV/AIDS that encompasses prevention, treatment, care and support for persons living with AIDS. Our response targets the most vulnerable populations, including intravenous drug users, men having sex with men, labour migrants and the clients of female sex workers. The Government of Nepal is committed to ensuring the human rights of persons affected by HIV/AIDS and has taken the appropriate measures to address stigma and discrimination related to HIV/AIDS.

Nepal has made the necessary institutional arrangements for a comprehensive response to HIV/AIDS. We have formed a National AIDS Council, headed by The Honourable Prime Minister of Nepal, which is clear testimony of our high level of national commitment. The HIV/AIDS and Sexually Transmitted Infection Control Board of Nepal is responsible for multisectoral coordination and policy formulation. The National Centre for AIDS and Sexually Transmitted Disease Control has been working for treatment, care and support, and monitoring and evaluation.

While we continue to grapple with development challenges, fighting HIV/AIDS is an additional burden for us that calls for an enhanced flow of resources from the international community. Sharing of experiences and best practices, access to medicines, access to new treatment and production technology will be the deciding factors in our seriousness in the global fight against HIV/AIDS. We have the means, but we need to summon the global political will and resources to intensify our response in an effective manner, while looking towards a better future for all of us.

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

I now give the floor to the representative of Germany.

Mr. Berger (Germany): The Declaration of Commitment on HIV/AIDS (resolution 60/262), adopted by the United Nations in 2001, was a milestone in global health policy. It was a ground-breaking act that set the course for the future and placed worldwide partnership on a new, shared foundation. For the first time, we set common targets for the HIV response and recognized the vital importance of people living with HIV and civil society in planning and implementing the HIV response.

HIV/AIDS is a challenge for every society, and not only from a health perspective. It calls for every Government to take responsibility and show political leadership.

In the past 30 years, Germany has been very successful with regard to its national prevention programmes. We promote and engage civil society and people living with HIV and AIDS in the development and implementation of our HIV/AIDS strategy, and we adapt those strategies regularly to new challenges.

Social exclusion and the stigmatization of individual groups based on their sexual orientation, ethnic origin or behaviour promotes the spread of new HIV infections. Secretary-General Ban Ki-moon highlighted this in his report (A/65/797) on the implementation of the 2001 Declaration. Let me be clear. We will not be able to achieve our goals in the future if we do not remove laws that punish homosexuality or fail to recognize drug addiction as an illness.

Gender inequality contributes globally to the spread of HIV. Women and girls are more vulnerable to infection and to the social and economic consequences of the epidemic. Promoting gender equality and combating sexual violence are thus important measures against HIV.

In recent years, Germany has increased its financial contributions to the fight against AIDS to €500 million annually, or approximately $700 million. We support bilateral programmes on HIV in more than 40 countries, as well as the Global Fund and multilateral organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS). Reacting to the dramatic increase in new infections in some countries of Eastern Europe and Central Asia, we decided to significantly expand our bilateral cooperation in line with other international donors in several of those countries.

Further commitment is necessary if we are to successfully reduce the number of new infections. We are willing to do our part. At the same time, our partners must increase their national prevention activities and remove persisting obstacles to prevention.

Every investment in health is an investment in the future. We need strong health systems in order to reach the Millennium Development Goals. Forty-one per cent of all new HIV infections occur in the under-25 age group, and 63 per cent of those infected youth are girls and young women. Our most urgent goal must be to reduce this rate of infection. It is possible to do so only if strong and informed youth takes the lead on health issues.

The current movement towards democracy in a number of countries is a demonstration of how young people can achieve change. They are globally connected and want to participate and be heard. That commitment by young people also raises hopes in terms of finding an answer to HIV and AIDS.

We are here today to recommit to the obligations to which we committed ourselves in 2001. We took on very ambitious goals, not all of which were achievable. However, I am convinced that, without those goals, we would not be where we are today. That is why we must persevere in our efforts to achieve the vision of Michel Sidibé, the Executive Director of UNAIDS: zero new infections, zero discrimination and zero AIDS-related deaths.

That will be possible only if all political leaders take their responsibility seriously, engage with young people and work together with civil society and people living with HIV and AIDS. In this spirit, I wish to reaffirm Germany's commitment as part of the responsibility that we all share as an international community of States.

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

Mr. Viinanen (Finland): First of all, let me align myself with the statement delivered on behalf of the European Union at the 93rd plenary meeting.

We are all here to promote a common vision, namely, zero new HIV infections, zero discrimination and zero AIDS-related deaths. Finland is committed to making this vision a reality. That requires putting prevention at the centre of our efforts. I would like to focus in particular on the crucial role of young people. We need to ensure that they have the proper ability and capacity to make informed choices in their lives. The members of the largest-ever generation of young people in history are now entering their sexual and reproductive lives.

Young people can be positive agents of change if they are provided with the necessary opportunities and support. They need to have access to comprehensive sexuality education and youth-friendly sexual and reproductive health services. Adolescents and young people need to be informed about sexuality and responsible sexual behaviour. They need to learn to respect themselves and others. They need information on gender equality, sexual orientation and the prevention of sexually transmitted infections.

In Finland, comprehensive formal and informal sexuality education is offered from an early age. It has been a part of the school curriculum since the 1970s. A new national curriculum for overall health education, including sexual and reproductive health, became mandatory in 2006. Sexuality education is also integrated into other school subjects. We are moving from a biological focus to a wider perspective that includes emotional and social aspects. Sexuality education in Finland is complemented by accessible school health services. A school nurse is available in a majority of schools. Thus information, on contraceptives for instance, comes from a reliable source. Municipalities are obliged to provide such services free of charge. Young people in Finland appreciate and welcome that approach. Its results, namely, a decreasing number of teenage pregnancies, sexually transmitted infections, abortions and young people having early sexual relations, are evident.

Finland is a committed long-term supporter of the Joint United Nations Programme on HIV/AIDS, which has a central coordinating role in international efforts to tackle HIV/AIDS. In addition, we channel aid through the Global Fund and many non-governmental organizations that do excellent work in the area of HIV/AIDS. Despite challenging economic times, Finland has been able to fulfil its international aid commitments.

At the same time, it is obvious that we live in a world of constrained resources. In addition to traditional official development assistance, we must look to other sources of financing. National ownership and the mobilization of domestic resources are essential. Private-sector funding and innovative sources of financing have important potential. Emerging economies should also have a role. More than ever, we also need to emphasize the effectiveness of aid, including increased cooperation among all actors. Results and efficiency are expected of us all.

Comprehensive people-centred policies are needed to achieve the internationally agreed development objectives. Everyone should be involved in promoting our common vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. In addition to Governments and the United Nations system, that means civil society and parliamentarians, as well as the private sector.

Before I conclude, I want to emphasize sexual and reproductive health and rights. They are an integral part of human rights and belong to everyone without discrimination. All women and men, regardless of sexual orientation, must have the right to decide freely and responsibly about their own sexual lives.

Thirty years of HIV/AIDS have taught us something. Providing treatment and affordable and accessible medicines to those affected is an absolute necessity, but it is not enough. We also need comprehensive prevention. Empowered and well-informed young women and men with healthy self-esteem form a crucial part of such a comprehensive approach and will eventually help us to achieve a world free of HIV and AIDS.

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

Ms. Al-Shoumer (Kuwait): It is a great honour for me to represent my country, Kuwait, at this High-level Meeting on HIV/AIDS. At the outset, we would like to thank the Secretary-General for his report contained in document A/65/797, entitled “Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths”. We would also like to thank the co-facilitators for their outstanding efforts to negotiate the draft declaration (A/65/L.77) to be adopted at the end of this meeting.

The international community should be pleased with the significant progress achieved so far to fight HIV/AIDS and to increase access to treatment, thereby saving the lives of millions of affected people and reducing stigma and discrimination. Despite the substantial progress achieved to date, we must acknowledge that much remains to be done to reach our objectives, as stated in 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

Kuwait is committed to fighting HIV/AIDS as part of its commitment to the Millennium Development Goals and the other Declarations. Since the diagnosis of its first HIV case, Kuwait has been aware of the importance of prevention and care for HIV cases. It therefore established its multisectoral high-level National AIDS Control Committee through a ministerial decree. The Committee established a national strategic plan that focuses on prevention, education and treatment.

Kuwait is among the pioneering countries with a law for the prevention and control of HIV/AIDS that constitutes the legal context for the implementation of its national strategy. That law ensures the rights of people living with HIV/AIDS with regard to work, education and treatment, protects the privacy and confidentiality of their information, and fights stigma and discrimination. Kuwait also has a law on premarital medical check-ups, which includes HIV testing as one of the tests that couples must take before marriage for the early detection of HIV and the prevention of transmission. The law does not prevent marriage.

Kuwait has hosted four international conferences on HIV/AIDS in the past two decades. We have published many studies related to HIV/AIDS knowledge and related attitudes and behaviours. The issue of HIV/AIDS is included in the curriculums of intermediate and secondary schools, universities and

colleges. To ensure the safety of blood for recipients, all blood in the central blood bank is screened for HIV and other infections.

Treatment for HIV/AIDS is available in Kuwait. Our protocol conforms to World Health Organization (WHO) guidelines and is available free of charge to all infected persons, regardless of nationality or gender. We have succeeded in preventing mother-to-child transmission through the early treatment of HIV-positive mothers and good follow-up.

Out of solidarity with and support for the international community's efforts to fight infectious diseases, such as HIV/AIDS, tuberculosis and malaria, and to help other nations that suffer from such epidemics, Kuwait voluntarily donates $500,000 annually to the Global Fund. We participate actively with international organizations, agencies and programmes concerned with HIV/AIDS, such as WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization.

In March 2010, Kuwait submitted its first report to UNAIDS, pursuant to the twenty-sixth special session of the General Assembly, which indicated the situation of HIV/AIDS in Kuwait and our vision and plan for future work to update and to implement our strategic plan and operational policy.

In conclusion, we believe that this High-level Meeting represents a unique opportunity to renew our commitment and to sustain our efforts to continue fighting HIV/AIDS in order to achieve our goals and a world free of HIV infections and AIDS-related deaths. We look forward to sharing and exchanging information and experiences to achieve our goals.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Rodger Samuel, Minister of State of Trinidad and Tobago.

Mr. Samuel (Trinidad and Tobago): At the outset, Trinidad and Tobago wishes to align itself with the statement made at the 91st plenary meeting by The Honourable Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis, on behalf of the Caribbean Community.

In 2001, and again in 2006, members of this body came together in a spirit of solidarity to demonstrate our commitment to international measures aimed at combating the pandemic of HIV and AIDS. The Government of the Republic of Trinidad and Tobago was proud to be part of the process that led to the adoption of both the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). Nevertheless, the adoption of declarations, resolutions or treaties on any subject is useless if there is no corresponding commitment to implement the provisions of such instruments.

We therefore find the convening of this meeting to be not only timely but also critical, as it comes only a few days after the thirtieth anniversary of the commemoration of the first diagnosis of the disease. This High-level Meeting provides an opportunity for the international community to assess the effectiveness of the measures we agreed upon and to devise new means to achieve our objective.

Within the confines of our limited resources, the Government of Trinidad and Tobago continues to do its part to discharge its commitments under the Declarations adopted by the Assembly, as well as those hemispheric initiatives geared towards bringing relief to our citizens who are affected by HIV/AIDS. We also continue to promote awareness of the importance of preventative measures aimed at curbing the spread of the disease. For us, this matter is of high priority. Consequently, that responsibility has been placed under the Office of the Prime Minister, which oversees Trinidad and Tobago's response to this epidemic.

Trinidad and Tobago is leading an active campaign in the fight against HIV and AIDS at all levels. Our efforts are aimed at ensuring that there is universal access to treatment, care and support, and that future generations will be protected from HIV and AIDS. Allow me to enumerate a few of the initiatives developed by Trinidad and Tobago in the fight against HIV/AIDS.

In 2003, we formulated a strategic framework in the context of our national response to HIV/AIDS. A national HIV and AIDS strategic plan for the period 2004 to 2008 was also developed to direct the national response and set the framework for the coordination of activities to reduce the incidence of HIV and mitigate the negative effects of the epidemic. The national strategic plan has five priority areas, namely, prevention; treatment, care and support for people

living with HIV; advocacy and human rights; surveillance and research; and programme management, coordination and evaluation.

In Trinidad and Tobago, we have achieved some successes in our battle against this disease. There is universal access to HIV testing. For example, in the area of prevention, 97 per cent of pregnant women have been tested for HIV. Additionally, the provision of free antiretroviral medication has reduced the number of HIV-exposed infants who test positive to 7 per cent, down from 11 per cent in 2002. In Tobago, our twin island, I am in particular pleased to indicate that in 2009 there were no recorded cases of infants born with HIV/AIDS. Trinidad and Tobago has also adopted an elimination initiative that seeks to eliminate the transmission of HIV from mother to child by 2015.

Nationally, there has been an increase in awareness of the modes of transmission of HIV in 77 per cent of the general population. HIV programmes have also been expanded to the workplace, both in public and private institutions, in accordance with our national workplace policy on HIV and AIDS. Furthermore, 52 faith-based and civil society organizations have been funded to develop education and counselling programmes in communities.

The Government of the Republic of Trinidad and Tobago provides free antiretroviral drugs to all persons living with HIV and AIDS. At the end of 2010, 6,800 persons living with HIV were accessing treatment and care services across the country at dedicated sites — with 67.2 per cent of them accessing antiretroviral treatment. In 2009, 558 attendees received training related to care for people living with HIV, so as to increase the number of health personnel trained in that area.

Trinidad and Tobago will remain actively engaged at the regional and international levels on this matter. We therefore wish to reaffirm our commitment to continue to work with the Joint United Nations Programme on HIV/AIDS, the Pan-Caribbean Partnership against HIV/AIDS, the World Health Organization and other entities towards the achievement of a world free of HIV and AIDS.

The moment has come to renew our commitment and to intensify our efforts in the fight against this global pandemic. While we look for innovative methods of treatment, we in Trinidad and Tobago will vigorously search for innovative ways to enhance prevention. We agree with the adage that HIV is everyone's business. Let us therefore get down to doing it.

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

Mr. Grotto (Israel): We have witnessed significant progress in the 10 years since the holding of the special session of the General Assembly on HIV/AIDS. During the past decade, new HIV infections were reduced by 20 per cent. Even in countries where the challenges of the disease have been most devastating, incredible success has been achieved. We should be proud of those achievements, but we must not lose sight of the critical work before us. The international community still has a long road ahead in order to achieve Millennium Development Goal (MDG) 6, namely, halting HIV/AIDS and reversing its spread by 2015. While that goal is within reach, we must take the necessary steps to see it accomplished.

My country is deeply committed to pursuing MDG 6. To that end, Israel signed its first ever multi-year cooperation agreement with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in April, enhancing our relationship with that important organization. I would like to share some of Israel's experiences in the prevention and treatment of HIV/AIDS.

Israel is a low-burden country for HIV. The epidemiology of HIV within our population is characterized by an increased incidence among specific risk groups. Those high-risk groups include immigrants from countries with a high prevalence of HIV, particularly migrant workers, and men who have sex with men.

To further prevention efforts, Israel carries out national research-based AIDS-prevention campaigns focused on young people and drug users. Among young people, the campaign emphasizes the importance of condom use and early testing to prevent the spread of HIV/AIDS. This information is disseminated using a wide range of media, with a focus on online social networks.

In addition, Israel applies harm-reduction methods and runs a nationwide syringe-exchange project to prevent the spread of HIV/AIDS among intravenous drug users. As a cooperative initiative

between the Israeli Government and Israeli non-governmental organizations (NGOs), this evolving project is expanding to include not only syringe exchanges but also primary medical treatment for participants.

Israel also operates a number of universally available free clinics that are located in areas with populations at high risk of HIV/AIDS, such as sex workers and intravenous drug users. Tailored to meet the specific needs of those communities, this programme utilizes mobile medical clinics that provide easy access to HIV/AIDS prevention, education and testing.

Drawing from Israel's experience, I would like to refer to three areas in which our collective efforts can make the greatest impact on mitigating the AIDS pandemic. First, we must strengthen public health infrastructure — which can be leveraged effectively to deal with the AIDS pandemic — at the same time that we establish designated health infrastructure to treat HIV.

Secondly, we must promote collaboration within and among countries at the local, regional and international levels. Such cooperation should include various governmental ministries, as well as NGOs.

Thirdly, we must seek to promote universal access to HIV/AIDS screening and treatment, taking into account the needs and practices of local cultures.

Israel continues to look for opportunities to share our experience on this issue with other countries. With an eye to 2015, we are working with a range of partners to institute innovative solutions to advance MDG 6, placing particular emphasis on partnerships in sub-Saharan Africa. Through its National Agency for International Development Cooperation, Israel collaborates with developing countries in addressing issues of HIV/AIDS treatment, prevention, training and capacity-building. We work with community leaders, medical staff and many others, focusing in particular on education in areas such as sexual health, to help prevent the spread of HIV/AIDS among adolescents.

Israel's ongoing partnership with Ethiopia on this issue has included a joint project managed by Israeli hospitals and Government ministries that has provided training in the multi-disciplinary treatment of HIV/AIDS for more than 100 Ethiopian doctors, nurses and technicians. Other training sessions relating to AIDS prevention and education have been undertaken in Uganda, Senegal and Sierra Leone. In Eastern Europe, we are partnering with UNICEF, UNESCO and UNAIDS to provide holistic treatment for families affected by HIV/AIDS. As part of that approach, we assist individuals infected with HIV/AIDS and their families in dealing with the psychological effects of the disease.

The devastation of the HIV/AIDS epidemic and its disproportionate effect on women are vital issues in the response to HIV/AIDS. Given this challenge, Israel has teamed up with UNAIDS to offer international training workshops on women, girls, gender and AIDS. Such training explores the feminization of HIV/AIDS so that participants learn how to address the specific needs of women and girls. Another long-standing Israeli programme focusing on women's health — known as *tipat chalav* in Hebrew, or "drop of milk" — entails mother-and-child-health clinics that offer universal access to prenatal and neonatal care. As part of their mission, the clinics provide HIV/AIDS education with a focus on reducing mother-to-child transmission of the disease.

Governments, civil society, the private sector, academia and others must move forward with the concrete measures spelled out in the draft declaration before us (A/65/L.77), which rededicates us to eradicating HIV/AIDS. Israel stands ready to play its part in this effort and remains committed to the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). We look forward to partnering with Member States to carry out the critical work ahead of us, with the goal of eradicating HIV/AIDS.

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

Ms. Franco (Ecuador) (*spoke in Spanish*): On behalf of the President of the Republic of Ecuador, of the Government of the People's Revolution and the Minister of Public Health, David Chiriboga, I bring warm greetings to the General Assembly. I would like to express our gratitude for this important opportunity to voice on my country's behalf some thoughts on the HIV/AIDS situation in Ecuador and its impact on development.

At the beginning of the 1970s, when the existence of human retroviruses was unknown, it was believed that transmissible diseases would soon be conquered

by developed countries and would become part of a long list of problems in developing countries with little chance of being solved. However, history took a different course. Today the HIV/AIDS pandemic, which involves all of us, has become one of the greatest challenges to our society in terms of ensuring the right to health and respect for other fundamental rights.

We need to acknowledge that, despite the series of strategies and actions of proven efficacy that have been implemented to prevent and control the transmission of HIV, in recent years the number of cases has continued to rise alarmingly around the world. Among other things, that can be explained by scant understanding of the disease, which makes it difficult to tackle the epidemic in a comprehensive manner beyond the health and education sectors. Denying and minimizing the epidemic have been determining factors in that failure, as have beliefs and cultural patterns, myths and taboos and stigma and discrimination. Along with little or no access to preventive methods and increasingly inadequate health coverage, those factors have formed the social and psychological model for the population in general, but particular when it comes to those viewed as key or exposed populations.

Against this problematic global backdrop, Ecuador has succeeded in building a political framework to combat the pandemic. This began with the adoption of a new and revolutionary Constitution for our country centred around a national plan to achieve what our Quechua peoples call sumak kawsay, or living well. Another advance includes the signing of international agreements aimed at putting in place a multisectoral national plan that runs through 2015 and at strengthening our national comprehensive care programme to provide free and universal access to health care, with a focus on rights and responsibilities benefiting those living with HIV/AIDS.

The Government of Ecuador has mobilized national and international resources and has steadily and significantly increased its budget for prevention and comprehensive care and for integrating people living with HIV/AIDS into productive sectors of society. We have made considerable progress on the prevention of mother-to-child transmission, access to antiretroviral treatments and safe blood for transfusions. We have also promoted the provision of care for the families of people living with HIV/AIDS through social protection programmes, including empowerment and firm support from civil society groups.

However, given that about 97 per cent of transmission occurs through sexual contact, we are still dealing with the challenges of ensuring that people can exercise their rights, improving access to the information needed for making decisions and strengthening efforts to promote responsible sexual behaviour and prevention among exposed populations such as sex workers, men who have sex with men, transsexuals and prisoners, as well as among vulnerable groups of adolescents living in poverty.

Likewise, given that Ecuador has a concentrated epidemic, we are working to implement public policies aimed at eliminating discrimination and stigma and establishing a legal framework to protect human rights and promote the eradication of gender- and identity-based violence. Although the path has not been easy, the Ecuadorian Government is fully committed to guaranteeing the right to health of people living with HIV/AIDS, removing barriers to access to treatment and putting public-health interests above commercial ones, so as to provide generic antiretroviral medicines of guaranteed quality and less restrictive patents, as well as putting in place innovative approaches to ensure the availability and proper use of products in the farthest reaches of our country.

Ecuador endorses the new strategies for zero new HIV infections, zero discrimination and zero AIDS-related deaths, as well as the importance of pooling our efforts in order to reduce the vulnerability of women and girls to HIV/AIDS by developing policies on social and economic equality. On behalf of Ecuador and all those around the world who are fighting to survive the epidemic every day, I am grateful for the opportunity to share our views.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Kevin Rudd, Minister for Foreign Affairs of Australia.

Mr. Rudd (Australia): We, the international community, have come to this meeting in order to make a difference — not just to talk, negotiate a text or simply to describe a problem that affects 33 million of our brothers and sisters around the world. Despite our progress, that figure is still growing by 7,000 persons per day, 3,000 of whom are young people and 1,000 of whom are babies, the most innocent of the innocents.

No, our purpose here today is to make a difference. That is why, when we gathered here at the Millennium Summit, we resolved in Millennium Development Goal (MDG) 6 to halt and begin to reverse the spread of HIV by 2015. That is why, for example, we resolved in MDGs 4 and 5 to substantially reduce maternal and infant mortality by 2015, and that is why we had the audacity a decade ago to embrace the overall MDG goal to reduce poverty by half for the 1.4 billion members of the human family now living in grinding, degrading poverty across our world.

Australia fully embraces the MDGs. That is why, over the past three years, we have increased our official development assistance (ODA) by 50 per cent. That is why we are on track to reach our target of 0.5 per cent of gross national income by 2015. That is why we have one of the fastest growing ODA budgets in the world — this year standing at $5 billion — despite the impact of the global financial crisis; and that is why by 2015 we aim to be among the top 10 ODA providers in the world.

In 2015, we will all be held to account on where we have succeeded and where we have fallen short against our solemn millennium commitments, one of which concerns HIV/AIDS. Figures tell the story; faces do as well. Let us start with the figures.

Over the past 30 years, 30 million have died of HIV/AIDS, and 33 million are living with HIV today. Antiretroviral treatment is now available to 6 million, resulting in a 20 per cent reduction in the AIDS death rate over the past five years. Sixteen million children have been orphaned by AIDS, and in 2009 370,000 infants were estimated to have been infected by HIV, notwithstanding the significant reduction in mother-to-infant transmission.

These figures are stark. They contain real elements of hope if, in fact, we build on them, but they also point to the dimensions of the challenge that lies before us. It is often at this point that people throw their hands up in the air in absolute despair.

Yes, the challenge is great, but we should also ask ourselves the counterfactual. What if, for the past 10 years, we had done nothing — nothing on prevention, nothing on antiretrovirals and their price-effective distribution around the world and nothing on research, where so many breakthroughs have occurred? The HIV/AIDS challenge would have become an apocalypse but for the actions of the international community, harnessed by the political deliberations of this great Assembly.

HIV/AIDS is not just about figures. It is about faces — human faces — across the length and breadth of the human family. HIV/AIDS is no respecter of persons. It is no respecter of nations. It is no respecter of gender. It is no respecter of age. It is no respecter of sexuality. It is a challenge to us all, and we must rise to that challenge together, or else we will fail.

HIV/AIDS particularly affects the poor, which is why we see its greatest impact in the countries of Africa, but also elsewhere in the world.

Over the decade since the Declaration of Commitment on HIV/AIDS (resolution S-26/2) was adopted in 2001, Australia has invested $1 billion in HIV/AIDS programmes worldwide. Australia has also increased by 55 per cent its commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria to $210 million for 2011-2012. Australia's global HIV/AIDS programmes this year amount to $172 million, focusing on Papua New Guinea, Indonesia, Viet Nam, Cambodia, Laos, Burma, the Philippines and the South Pacific, and across Africa. This annual figure will now rise significantly in the years that follow.

Our largest single programme, of course, is with our closest neighbour, Papua New Guinea, where infection rates are high. Our investment in Papua New Guinea amounts to $183 million over the five years leading up to 2013. In Papua New Guinea, as elsewhere in our global programmes, we intend to focus on infants with HIV, who somehow have slipped through the cracks in many of our global efforts.

The tragedy is that, without appropriate care and treatment, more than 50 per cent of newly infected infants die before their second birthday, and, I repeat, 370,000 babies are born each year with HIV. This is a terrible figure. That is why I have begun to work with the Clinton Health Access Initiative in Papua New Guinea. HIV infection rates in Papua New Guinea are higher than elsewhere in the Pacific, and in Papua New Guinea the challenges are real. We began working with the Clinton Initiative just a few years ago, and back in 2006 there was no testing available for infants under 18 months. Then the Initiative began and dried-blood spot testing was introduced, dedicated medication for infants and children became available, and health workers were trained in paediatric care.

The difference this has made is marked. Take the town of Goroka in the Eastern Highlands of Papua New Guinea: If we were to go to Goroka, we would find that the death rate of young children with HIV has fallen dramatically in the past few years, from 95 per cent in late 2006 to just 6 per cent in 2010. This is because of the efforts we have dedicated to this programme. This is a good news story. Australia is proud to be part of it. I am also pleased to say that we have set aside a further $11 million to extend this programme in Papua New Guinea for the next two years. That makes $25 million since 2006.

That is why Australia wholeheartedly endorses the draft declaration's commitment to virtually eliminating all infections in newborn children by 2015. This is an ambitious goal. We in Australia intend to play our part and, together with the rest of the international community, we can make a substantial difference.

To conclude, we have come to this High-level Meeting to make a difference. The draft declaration seeks to do just that. It commits us to new targets. It recognizes those groups that are the most vulnerable: women, girls and infants; men who have sex with men; those dependent on drugs; and those most marginalized and stigmatized in our community. It recognizes the need for parallel efforts in prevention, treatment and research. It calls on all of us to meet the resources gap if we are to turn around the reality we still confront today that new infections continue to outpace the availability of treatment.

But all these things will fail if Member States, in partnership with civil society, fail to act. Global declarations are not worth the paper they are written on unless they galvanize us into action.

Ten years ago, at the beginning of my political career, I visited an Anglican school in Mashonaland East, in southern Zimbabwe. There were 600 kids in the school — bright, shining, smiling faces celebrating the universal rights of childhood. As I spoke to the headmaster, he told me one-third of them were AIDS orphans. A decade later, I still remember their faces. Let us resolve for these children, and for others affected by this disease, that we will make a difference. Australia is ready to play its part, and we seek to do so with the rest of the world.

I thank the representatives of civil society here for their work. I thank Government representatives for their work. I also thank the global medical research professions for their invaluable work. I thank the co-chairs of this conference, the Permanent Representative of Botswana and my own Permanent Representative, Ambassador Quinlan of Australia. Now let the work in the field begin once again, so that by 2015 we can work and report to the world that we have in fact made a difference.

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

Mrs. Aitimova (Kazakhstan): A follow-up to the outcome of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262) clearly emphasizes that AIDS remains a key factor of high importance to global development, public health and human rights. It is a major preclusion to the achievement of the Millennium Development Goals, since the prevalence of HIV/AIDS harms all sectors of human existence.

Despite the visionary accomplishments of the international community with regard to HIV/AIDS prevention, treatment, care and support, the epidemic remains very high on the agenda of the United Nations. It continues to outpace the response despite enormous financial investments and intellectual efforts, which have been offset by the 2008 financial downturn, donor fatigue and diminished financial inflows. These financial impediments come at a time when programmes and services are most needed to reach out more vigorously worldwide.

Since the signing of the Declaration of Commitment on HIV/AIDS in 2001, Kazakhstan has made significant progress in addressing the problem nationally. In 2009, the country enhanced its legal code by adopting legislation on people's health and the health care system, including the prevention and treatment of HIV infection and AIDS. The key provisions of this legislation aim at protecting health and human rights and have been brought into harmony with internationally agreed commitments in the field of public health and the HIV/AIDS response.

Kazakhstan has successfully implemented two multisectoral programmes to combat the HIV/AIDS epidemic through the adoption of modern standards of epidemiological surveillance of infection, expansion of the number of voluntary screenings and improvement of medical care for persons with HIV/AIDS and

persons at high risk. The country has also launched effective preventive measures for the most vulnerable by strengthening awareness-raising and educational outreach services.

The HIV/AIDS response features prominently in several of the Government's main strategic documents. Kazakhstan is also promoting social change and transformation in order to eliminate the stigma and discrimination against persons with HIV/AIDS and to ensure their social protection and inclusion.

HIV/AIDS issues are under the vigilant control of the Republic of Kazakhstan's National Coordinating Council for Health, which consists of the heads of the relevant State authorities and representatives of international organizations and non-governmental organizations. The treatment, care and support of those living with HIV/AIDS, including universal access to antiretroviral treatment, are recognized by my Government as important and essential components of measures designed to combat the epidemic, with funds for these services guaranteed by the 2009 State budget and this year's budget as well.

A national monitoring and evaluation system to address HIV/AIDS has been operating in the country since 2005. In 2008, the implementation of substitution therapy for injecting drug users was also launched.

The complexity and scope of these tasks require the concerted efforts of all stakeholders, including civil society, whose support is a consideration in the creation of public policy. Emphasizing the valuable assistance of international stakeholders, my Government wishes to express its gratitude to the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and others for their invaluable support, and looks forward to further ongoing and fruitful cooperation in combating the HIV/AIDS epidemic.

The price we pay for inadequate efforts today will be unjustifiably high in the future. In this regard, Kazakhstan fully supports the Secretary-General's set of recommendations aimed at forging a rejuvenated paradigm of zero new HIV infections, zero discrimination and zero AIDS-related deaths. Kazakhstan considers it to be vital to focus on key areas, especially on ending new infections, sharing responsibility and achieving universal access. My delegation reaffirms the commitment of the Government of Kazakhstan to the global multilateral fight against HIV/AIDS and through it to the achievement of the Millennium Development Goals.

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

Mr. Bodini (San Marino): The Government and the people of the Republic of San Marino, which I have the honour to represent, are very thankful for and supportive of this High-level Meeting on HIV/AIDS.

Thirty years ago, we were confronted by a new killer virus that unleashed an unexpected, incurable devastating plague. Our entire world was at a loss. Over the past three decades, AIDS and related diseases have killed 27 million people — 900,000 per year, two per minute. Today, there are approximately 36 million HIV-positive individuals, that is, 0.5 per cent of our global population.

Let me quote the Secretary-General by saying "today, we gather to end AIDS". We must stop new infections. We must end AIDS-related deaths. We must wipe out the stigma that comes with this disease.

To succeed, the patients, their families, civil society, national health infrastructures and the world medical and scientific community must work together. We need new, effective prevention strategies, especially for the young and the most vulnerable. We need to reduce the cost of available medicines and improve the delivery of treatments. Through financial incentives and grants, we need to motivate the pharmaceutical industry and the scientific community to multiply their efforts to find more effective medicines and, above all, a working vaccine.

We strongly believe that the United Nations is the appropriate forum to embrace the collective efforts of Governments, civil society and the scientific community to pursue our desired goal — the end of AIDS. We must give a final positive response not only to the 36 million patients living with HIV, but also to the many millions of orphans, widows and parents of the 27 million people who have died because of AIDS in the past 30 years. We have the moral obligation to ensure a safer life for our children and grandchildren. We must be totally committed to ending this plague. We cannot afford to lose this battle.

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

Mr. Kapambwe (Zambia): The representatives of Senegal and Namibia made statements on behalf of the African Group (see A/65/PV.90) and the Southern African Development Community (see A/65/PV.91), respectively, and Zambia would like to associate itself with those statements. I also wish to take this opportunity to commend the Secretary-General for his important report on this important subject (A/65/797).

Zambia is among the countries most affected by the HIV/AIDS pandemic, which has had negative social and economic impact on our people. Despite the challenges posed by the epidemic, Zambia has managed to turn the tide and score many successes in the achievement of Millennium Development Goal 6, relating to HIV and AIDS.

Guided by successive national AIDS strategic frameworks since the establishment of the National AIDS Council by an act of Parliament in 2002, Zambia has recorded significant achievements in service delivery, resulting in 70 per cent of people eligible for antiretroviral therapy receiving treatment and in 61 per cent of pregnant women accessing prevention of mother-to-child transmission of HIV. In recognition of the critical role that gender inequality plays in HIV and AIDS, Zambia has enacted comprehensive legislation on gender-based violence and developed protocols to facilitate the implementation of a national action plan on women, girls and HIV/AIDS.

Implementing creative initiatives is one thing; monitoring effectiveness is another. It is in that regard that a women, girls, gender equality and HIV scorecard has been developed in Zambia as one of the mechanisms designed to take stock of progress made to address the empowerment of women.

Other notable areas of progress include the observable signs that more young people — especially females and males between the ages of 15 and 19 — are delaying sexual debut and remaining sexually abstinent for longer periods, along with a marked increase in condom use. In addition, deliberate efforts have been made to focus on persons in prison settings affected by HIV/AIDS. Still other areas of significant gains are the greater involvement of people living with HIV/AIDS and the direct participation of communities, young people and women. It is the involvement of these groups that can further determine the course of the epidemic.

The Zambian Government recognizes the value of a concerted, multisectoral, decentralized and human rights-based response to the epidemic. To this end, the country has developed and adopted a civil society framework that is meant to build, direct and realign the capacities of all civil society organizations contributing to efforts aimed at bringing an end to the threat posed by HIV/AIDS. The Zambian Government continues to recognize HIV in all national plans and policies. In this regard, Zambia has committed itself to being a nation free of the threat of HIV and AIDS by 2030.

Despite these gains, the HIV prevalence of 14.3 per cent in Zambia still remains unacceptably high. Recognizing that we cannot treat our way out of the epidemic, the Government, at its first-ever prevention convention held in 2009, reprioritized prevention interventions with the main objective of achieving the new and more ambitious national HIV goal of reducing new infections by 50 per cent. The realization of this target will be dependent, among other things, on full, sustainable and predictable resourcing at the national and international levels.

In conclusion, let us not become complacent in our commitment to achieving universal access to prevention, treatment, care and support. We must enhance previous commitments and allocate the additional resources required to combat this scourge. The declaration that we will adopt should give us fresh impetus and direction to achieve our common goals; failure to implement it would be a huge missed opportunity.

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

Mr. De Laiglesia (Spain) (*spoke in Spanish*): It is a great honour for me to participate for the first time in this High-level Meeting of the General Assembly.

I would like to begin by stressing the central role played by the United Nations in the response to the HIV pandemic, its key contribution to the achievements made to date, and the important leadership of the Organization in improving the response in the future.

I would first like to endorse the statement made by the representative of the European Union on this subject.

As participants know, Spain was among the European countries most affected by the HIV epidemic

in the early 1990s. The epidemic at that time was mainly concentrated among drug users. The active participation of all stakeholders, the use of available scientific evidence and the commitment of policymakers contributed to the adoption of rigorous and courageous measures that have contributed to the significant change experienced by the epidemic in our country. Our epidemiological situation is now very similar to that of neighbouring countries.

Let me highlight some of the measures that, in my opinion, are more significant and have contributed to this change. They include the universal coverage of free antiretroviral therapy, the promotion of effective preventive measures such as condom use and harm reduction strategies for the entire population, including in prisons, and the very active participation of civil society in the response to the epidemic. The adoption of these early measures was not easy, but looking back now we are able to say that they were right. I would also like to mention the success of needle-exchange programmes and opiate substitution treatments in Spanish prisons, without significant security problems.

The achievement of equal rights for women and men, regardless of their sexual identity or orientation, is another important Spanish achievement of the past decade. An ethical and effective response to the HIV epidemic necessarily involves the full integration on equal terms of homosexual and transgender people into our societies. A quality affective-sexual education in schools and its adaptation to student diversity are essential to this integration process and to decreasing the vulnerability of some population groups most affected by HIV.

However, significant challenges remain, including one of particular importance. People with HIV continue to be stigmatized and discriminated against in my country and in all countries of the world. I would like to stress the importance that Spain attaches to this issue and the efforts we are making to contribute to the disappearance of this unfair situation.

My Government shares and will contribute to the achievement of targets set in the new strategies of the Joint United Nations Programme on HIV/AIDS and the World Health Organization for the period 2011-2015. To that end, we consider it essential to understand that the HIV pandemic is determined not only by biological and behavioural factors, but also by cultural, social and economic ones. Economic and social inequalities are ruptures in the social fabric that enable pandemics to spread in our communities. Effective interventions should therefore address all these aspects and pursue the removal of inequality at all levels.

The response to the HIV epidemic should be comprehensive; hence, there is a need to strengthen synergies between the response to the HIV epidemic and responses to other health problems. It is therefore of great importance to integrate this response into our health systems and to contribute to its strengthening in the areas of diagnosis, treatment and care of the disease. Strengthening health systems contributes to combating the HIV pandemic, while HIV comprehensive investment contributes to strengthening public health systems.

Furthermore, Spain is actively involved in policy dialogues to share our experiences and lessons learned with the rest of the international community. We have actively participated in the knowledge exchange network and contributed to the training of HIV experts.

I wish to conclude by recalling that Spain is committed to allocating 0.7 per cent of its gross domestic product to official development assistance in 2015 and 0.1 per cent to health within the same period, prioritizing the strengthening of equitable, quality health care systems and the effective integration of programmes aimed at the most prevalent diseases, such as HIV, and the most vulnerable groups in order to achieve the Millennium Development Goals. I conclude by reiterating that the Government of Spain is committed to responding to this epidemic and to helping those affected by it.

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

Mr. Mayr-Harting (Austria): At the outset, I would like to thank the Secretary-General for initiating a review of the progress made since the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) in 2001. I would also like to commend the Secretary-General for his comprehensive report (A/65/797) on the implementation of the two landmark Declarations, which he released in March.

Austria fully aligns itself with the statement made by the representative of the European Union. In addition, let me make the following points that are of particular importance to my country.

Let me first stress that, since the very start of the epidemic, the Austrian Government has adopted legislation establishing stringent safety standards to prevent nosocomial infections, guarantee blood and product safety, and provide free access to HIV/AIDS testing and medical treatment. These measures have been accompanied by comprehensive information campaigns targeting the general public and specific vulnerable groups. They have also been supported by an additional package of harm-reduction programmes for people at risk, including programmes to provide clean needles and syringes and drug-substitution programmes. This has been particularly effective in the field of vertical transmission and reproductive health. Parent-to-child transmission in Austria has nearly been eliminated.

Mr. Tanin (Afghanistan), Vice-President, took the Chair.

Since 1997, Austria has instituted advanced procedures to provide access to treatment and care for all in medical facilities and extramural settings throughout the country, at no cost to patients. These protocols have dramatically decreased the numbers of both new infections and AIDS deaths.

Austria is convinced that both prevention and access to affordable medication — especially in our worst-affected partner countries in sub-Saharan-Africa — are essential. This is why we stress the importance of a comprehensive approach, including through biomedical treatment, behavioural changes and structural interventions that will modify harmful gender norms and gender-based violence. This approach should be complemented by access to comprehensive sexuality education and prevention and treatment options.

Much more needs to be done. I would like to emphasize the importance of paying special attention to the prevention needs of key populations at higher risk, in particular men who have sex with men, intravenous drug users and sex workers, as well as their clients. Protecting the health and human rights of vulnerable and marginalized groups is an end in itself, as well as essential to halting the AIDS epidemic. Austria advocates the non-judgmental, non-coercive provision of services and resources to these at-risk groups and to the communities in which they live. This approach is by no means an attempt to minimize or ignore the real and tragic harm and danger associated with the abuse of either legal or illegal drugs.

We are convinced that gender inequality and social inequity are the driving forces of the epidemic. Successful HIV prevention and treatment require serious progress towards gender equality and the empowerment of women, in particular in sub-Saharan Africa. Austria is especially worried by the increasing feminization of HIV/AIDS. Efforts need to be stepped up to guarantee women's and girls' access to sexual and reproductive health and rights information and services.

One of the factors that is contributing to the feminization of HIV infection is sexual and gender-based violence. The fate of women affected by armed conflicts and their role in peacebuilding continue to be among the priorities of Austria's policy in development cooperation, and this is also the reason why we placed such a strong emphasis on Security Council resolution 1325 (2000) during our membership in the Council.

Austria will continue to support international efforts to fight HIV/AIDS. We were very proud to have hosted the Eighteenth International AIDS Conference in Vienna in July 2010. A total of more than 25,000 attendees and 6,000 journalists participated in that groundbreaking conference.

Please allow me to reaffirm Austria's firm support for the Millennium Development Goals, including Millennium Development Goal 6. As part of this effort, Austrian development cooperation continuously supports the activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS) by yearly funding its core budget. In addition, Austria has a long tradition of supporting the United Nations Development Programme Thematic Trust Fund on HIV/AIDS. Austria will continue to support the work of the relevant organizations and programmes of the United Nations family, in particular the work of UNAIDS in sub-Saharan Africa.

We note that there has been an impressive increase in development cooperation funds made available to the health sector, especially for communicable diseases such as HIV/AIDS, malaria and tuberculosis. If we keep this global momentum going, the ultimate goal of a world with no new HIV infections, no more discrimination and no AIDS-related deaths may come true.

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

Ms. Anderson (Ireland): This year marks 30 years of AIDS — 30 years of saying good-bye to loved ones, friends and colleagues, and 30 years of fear, discrimination, isolation and destitution. But it also marks 30 years of fighting back, of care and of protection — first by pioneering individuals and later by Governments and the global community.

Our discussions this week are suffused with hope and determination. We know that the tide has turned. The statistics we have heard throughout the week tell the story, but the challenges remain daunting. In the long war on AIDS, some of our biggest battles lie ahead.

At the High-level Meeting five years ago, Ireland made a very specific commitment. We pledged to spend over €100 million annually on HIV and AIDS and other communicable diseases. I am honoured to report that Ireland has kept that promise over the intervening years. Indeed, we have more than fulfilled it. In the five years from 2006 to 2010, the Irish Government spent a total of €695 million of our official development assistance (ODA) funds on fighting AIDS and other communicable diseases. In dollar terms at today's rate, that amounts to almost $1 billion.

Today, as most here know, we are facing hugely challenging economic circumstances in Ireland, but we are determined to keep our shoulder to the wheel. In the current year, we will allocate just over €100 million of our ODA budget — that is, over $145 million — to the fight against AIDS and communicable diseases.

In parallel with this financial commitment, we maintain a deep policy engagement. Ireland is a member of the Point Seven Constituency of the Global Fund. Last month, we assumed the chairmanship of the Constituency and will hold that role over the coming two years. As Constituency Chair, we have a seat on the Board of the Global Fund. We intend to ensure that our voice on the Board is a strong and purposeful one.

This has been a good week in terms of recognition by the international community of the depth and breadth of the AIDS challenge. We are pleased that, on the eve of the High-level Meeting, the Security Council turned its attention — for only the second time — to the link between HIV/AIDS and international security. We are also very encouraged by the scope and substance of the political declaration that will be adopted at this Meeting.

A number of the themes that have been central to discussions throughout our Meeting resonate very strongly with Irish policies: the fact that prevention must be at the core of our efforts; the key role of education; the importance of an integrated response to HIV, and the consequent need for all of us to insist even more firmly on "One United Nations".

There are two areas of particular priority for Ireland, which lie at the heart of our response: the particular needs of women, and the human rights dimension.

Let us recognize a stark truth: the fight against HIV and AIDS is unwinnable unless the international community does more to protect and empower women. We know that women are the most affected by the HIV pandemic. We also know that women are suffering disproportionately during the current food, fuel and climate crises. These interwoven vulnerabilities must be addressed in a resolute and integrated way. We look to the newly established UN-Women to make a decisive contribution to that effort.

The other priority I wish to underline relates to respect for human rights and the fight against stigma and discrimination. Ireland unreservedly supports the call for zero discrimination. It is intolerable that, decades into our war on AIDS, discrimination still persists against people living with HIV and against key populations. Discrimination violates human rights and human dignity; it also stands in the way of effective prevention, treatment and care. All of us are challenged to work harder for a transformation of social attitudes. For our part, Ireland pledges its continued solidarity and support to those whose lives are in danger and are persecuted.

At a time of financial constraint, value for money through good investments and improved efficiencies is more important than ever. The United Nations must continue to lead our efforts to ensure that resources are spent effectively. That means an end to duplication of effort, a strengthening of coordination on the ground, a trustworthy system of monitoring and evaluation, and a single-minded focus by all on achieving results.

Finally, I want to recognize the importance of leadership. It costs nothing but is vital to our combined

efforts. This High-level Meeting encourages all of us to refocus — to strengthen our ambition, our resolution and our sense of common purpose. It leaves us more determined than ever to stand up and speak out on behalf of those affected by HIV and AIDS and those at risk.

The Acting President: I now give the floor to the representative of Myanmar.

Mr. Than Swe (Myanmar): Thirty years ago this month, the world came to realize the scourge of HIV/AIDS. Since then, over 25 million people have perished due to AIDS, and an estimated 33 million people are still living with HIV.

We have a better understanding of HIV/AIDS than we did three decades ago. However, despite the collective efforts made by all stakeholders, more than 7,000 people are newly infected with the HIV virus each and every day.

Weak national infrastructures, financing shortfalls, discrimination and gender inequality continue to destabilize efforts to achieve universal access to HIV prevention, treatment, care and support. We are of the view that the current commitments and accomplishments in the context of sustaining the global HIV/AIDS response are inadequate.

At this juncture, Myanmar strongly supports the five recommendations made by the Secretary-General to strengthen the AIDS response. The mobilization of sufficient financial resources and the necessary assistance from the United Nations and the international community are indispensable to effectively implement the recommendations.

In Myanmar, an HIV surveillance team was formed in 1985, and the first HIV-positive person was found in 1988. From then on, we included HIV/AIDS as one of the major diseases in our national health plan.

Myanmar is on par with the international community in its efforts to fight HIV/AIDS. The national AIDS programme is now being coordinated with various stakeholders, including seven United Nations agencies, non-governmental organizations and civil society. We are implementing HIV/AIDS prevention and care activities in accordance with the "Three Ones" principles. Greater participation by people living with HIV/AIDS has been achieved in coordination with United Nations agencies, non-governmental organizations and civil society.

Myanmar has already launched a new national strategic plan for AIDS covering the years 2011 to 2015. Despite the fact that 76,000 people require antiretroviral treatment, at the end of 2010 only 30,000 AIDS patients were receiving such treatment. Even with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Three Diseases Fund, there is still a widening resource gap, especially for antiretrovirals.

With limited resources and meagre international support, Myanmar has tried its best to fight HIV/AIDS. As a result, we have made remarkable progress in our national AIDS response. HIV prevalence among all key populations has begun to decline. HIV prevalence among the adult population aged 15 to 49 decreased from 0.94 per cent in 2000 to 0.61 per cent in 2009.

According to the 2010 Joint United Nations Programme on HIV/AIDS (UNAIDS) report on the global AIDS epidemic, Myanmar is one of the 20 high-impact countries identified as having a decreasing HIV prevalence. Myanmar remains committed to intensifying joint actions to achieve better results in prevention and treatment, which will make a significant contribution to dramatically reshaping the AIDS response so as to reach zero new HIV infections, zero discrimination and zero AIDS-related deaths.

We are deeply inspired by the new global vision on HIV, "Getting to zero", and Myanmar is resolved to make strenuous efforts and work together collaboratively in the fight against the pandemic.

The Acting President: I now give the floor to the representative of Ethiopia.

Mr. Alemu (Ethiopia): Ethiopia attaches great importance to this High-level Meeting, and I would like to express my delegation's appreciation to the Secretary-General for his comprehensive report (A/65/797).

I wish to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS for his leadership and commitment. We also wish to express our appreciation to the Secretariat and to the co-sponsors of UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Government and other bilateral and multilateral donors for their generous support to complement Ethiopia's HIV/AIDS response.

We wish to associate ourselves with the statement made by the representative of Senegal on behalf of the African Group.

We have come a long way since AIDS was defined as a new disease. Due to the extraordinary leadership and commitment of Governments, scientists, health professionals and many others, we have been able to make significant progress in the fight against HIV/AIDS. In Ethiopia, due to the sound political leadership and commitment of the Government and the support of partners, new HIV infections have significantly declined. HIV prevention, treatment, care and support have become part of the overall national development agenda and been mainstreamed as cross-cutting issues in Ethiopia's development policies and strategies.

The accelerated expansion of primary health care facilities, coupled with the decentralization of HIV and AIDS services, has increased access to HIV services. For instance, the number of people who have been tested annually grew from 564,000 in 2005 to 9.4 million in 2010. We have expanded free antiretroviral therapy and, as a result, there has been meaningful improvement in the survival and quality of life for people living with HIV. Progress has also been made in the prevention of mother-to-child transmission. In addition, the deployment of health extension workers in rural areas has helped to create a popular movement against HIV and AIDS and active engagement at the community level.

Despite the progress made against the epidemic, the fight has still not been won; far from it. That is especially so with respect to low-income countries. Insufficient and unpredictable funding and the high cost of treatment programmes have threatened the ability of countries to provide universal access to antiretroviral therapy. In many low-income countries, significant proportions of people living with HIV still lack access to treatment. Similarly, due to low access to prevention of mother-to-child transmission services, millions of babies are still born with HIV and many more children have been orphaned by the epidemic.

Obviously, it is vital that we renew our political commitment and partnership to sustain the progress made. It is critical to accelerate access to treatment for millions of people in low-income countries in order to prevent people dying, as well as the transmission of HIV. International cooperation and the availability of predictable funding are of paramount importance to supplementing national efforts.

The President returned to the Chair.

Permit me to conclude by announcing that Ethiopia, in collaboration with the Society for AIDS in Africa, will host the sixteenth International Conference on AIDS and Sexually Transmitted Infections in Africa towards the end of this year. The Conference will be held from 4 to 8 December in Addis Ababa under the theme "Own, scale up and sustain". It is our strong conviction that the Conference will serve as an important platform for advocacy, the exchange of best practices, and scientific knowledge of HIV and AIDS and other sexually transmitted infections. I invite participants to come and join us at that exceedingly important event.

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

Mr. Ulibarri (Costa Rica) (*spoke in Spanish*): This High-level Meeting has gathered together more than 3,000 people united in the common goal of putting an end to HIV and AIDS. However, success will depend on a fundamental change in our response if it is to outpace the epidemic.

As a point of departure, more targeted, efficient and sustainable interventions are needed. We must also eliminate stigma and discrimination, promote gender quality and protect the human rights of all regardless of their sexual orientation or their HIV status. If we do not, we will be unable to keep the promise of universal access to HIV prevention, treatment, care and support.

Prevention must certainly be the cornerstone of national, regional and international responses. However, we can move forward in that task only if we share epidemiological evidence, which is universal, and focus on the key affected populations and the most vulnerable. We must say loudly and clearly that we must work with and for men who have sex with men, sex workers, injecting drug users, and women in particular. We must prevent political or ideological beliefs from interfering in that task of basic humanity. In order to make a real difference in the development of the epidemic and to take this unique opportunity to reverse its progress, we must promote public health on the basis on facts and empirical evidence, without conditions or prejudice.

Still in the area of prevention, we welcome the establishment of more ambitious goals with regard to vertical transmission. The successful experience of my country, where we have had no cases of prenatal HIV infection in the past two years, shows that that goal is possible, even in developing countries, with the implementation of appropriate policies.

Another fundamental component of the fight is to ensure the availability of antiretroviral medicines at accessible prices for all countries. Costa Rica has a broad coverage of health care services, and antiretrovirals are available to 100 per cent of patients who need them. However, in order to address the increasing population of those living with HIV in our country and in the world, we must strengthen health care services, which includes generating the necessary mechanisms to ensure ongoing and sustained funding for the purchase of antiretrovirals. In that regard, implementing the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights at the national level has proved important. We must also work on new treatment methods and invest in research to speed up the discovery of a cure and to develop vaccines.

Stigma is certainly the greatest obstacle to achieving speedy progress in response. We must eliminate stigmatization and discrimination in society, at work and in health care. That will require effective legislative reform, but it is not worth legislating if standards are not appropriately implemented.

The feminization of the epidemic is also a reality. Reversing its development will be possible only if we promote gender quality and the empowerment of women and children. It is necessary to overcome the social and legal inequalities that prevent women in particular from adequately protection themselves. Likewise, a vision of zero tolerance of gender-based violence must be the focus of our efforts. We must widely include men and young people in programmes towards that end.

In the United Nations, we must ensure that the staff of the Organization and of troop- and police-contributing countries deployed in peacekeeping and peacebuilding operations and on special political missions are a force to combat gender-based violence, sexual exploitation and abuse. In that regard, Costa Rica welcomes the Security Council’s adoption in June of resolution 1983 (2011) under Gabon’s presidency. We believe that further work is necessary on that human dimension of the security sector.

Finally, we emphasize the importance of strengthened leadership in order to bring an end to the epidemic. In that context, people living with or affected by HIV/AIDS must play an essential role. By the same token, the empowerment and participation of young people, particularly those living with HIV, in designing, implementing, monitoring and assessing the policies and programmes to combat HIV/AIDS have been shown to achieve excellent results.

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

Mr. Šćepanović (Montenegro): It is a great honour to address this extraordinary gathering on a matter that so deeply affects the whole world, especially marginalized and vulnerable sectors of society. Montenegro aligns itself with the statement delivered by the delegation of the European Union.

The extremely high rate of HIV infection in some parts of the world and the high rate of death that follows the development of AIDS indicate that the pandemic is truly a global threat to health, development, quality of life, security and stability. Clearly, progress in combating HIV/AIDS is directly linked to a broader international development agenda and represents a prerequisite for reaching universal development targets.

While the worst effects of the HIV/AIDS epidemic are seen in sub-Saharan Africa, Eastern European countries are witnessing alarming yearly increases in infection rates. While every country may not be equally affected, the epidemic affects the whole region and is therefore an issue that must be addressed together by all countries of the region.

The current HIV/AIDS prevalence rate in Montenegro is 0.013 per cent, but regional trends indicate a real potential for the rapid spread of HIV if prevention is not improved among key target groups. The cumulative number of people registered with HIV since 1989 is 119, of whom 65 developed AIDS and 33 died.

The Government of Montenegro is strongly committed to combating HIV/AIDS at the country level. The first national HIV/AIDS strategy for Montenegro, partially financed by the Global Fund, was a good basis for HIV/AIDS prevention efforts. It

placed special focus on safe blood, populations most at risk and improved diagnosis, treatment and care for persons living with HIV/AIDS. Through the implementation of the strategy, Montenegro has made significant progress as follows: national guidelines and protocols for the prevention and treatment of HIV/AIDS have been published; existing laws and policies have been revised and new ones adopted; key target groups have received necessary materials and information about HIV prevention and medical services; capacities have been strengthened for health workers, prison staff, peer educators, youth and non-governmental organizations and Government monitoring and evaluating institutions, including biological behavioural surveillance.

A national coordination body, established to ensure among partnerships a common focus and appropriate response in tackling complex medical, social, legal and human rights issues raised by HIV/AIDS, has developed a project for supporting the implementation of the national strategy to combat HIV/AIDS in Montenegro. The project has been singled out at some regional conferences as one of the most successful in the Eastern European region.

The success achieved must be maintained and national response intensified to provide universal access to key interventions in the field of HIV/AIDS prevention and treatment. Thus, Montenegro is considering ways to increase its efforts to respond to the remaining major challenges, such as stigmatization and discrimination and the lack of necessary research, data, technical expertise and human resources within the Government. In that context, sustainable and long-term financing and more active involvement of the private sector will be important.

Towards that end, the new national strategy to combat HIV/AIDS for the period 2010-2014 was adopted. Through the strategy, Montenegro aims to maintain its status as a country with a low HIV infection rate, ensure universal access to HIV prevention and treatment and improve the quality of life of people living with HIV through a coordinated multisectoral response. The strategy has eight strategic programme areas that focus on creating a safe and supportive environment; HIV prevention among clearly defined target groups; treatment, care and support for people living with HIV; and response coordination based on existing evidence.

In conclusion, HIV/AIDS clearly represents both an immediate and a long-term crisis for the international community that cannot be addressed simply by a traditional State-centric approach. A successful response is possible only when global solidarity exists to create strong leadership and commitment, increased international coordination and cooperation to build on existing efforts and avoid overlapping, along with sustainable long-term strategies and funding and the participation of all relevant stakeholders. It is imperative to note that this will not take place without the crucial involvement of the United Nations agencies and programmes, which have already played a significant role in leading the international response.

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

Mr. Hadjimichael (Cyprus): The year 2011 marks 30 years of AIDS and 10 years since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 (resolution S-26/2). Three decades into the epidemic, the struggle goes on. Over the past 30 years, the HIV/AIDS pandemic has left no corner of the world untouched, affecting progress and development in many countries and challenging the Millennium Development Goals.

Cyprus subscribes to the statement made earlier by the representative of the European Union (EU). I would like, however, to make some additional comments from a national perspective.

In Cyprus, HIV/AIDS infection is at a low prevalence rate of 0.1 per cent of the population. The Government, since AIDS first appeared in Cyprus, has made the issue one of its highest priorities. We have set up time-bound plans of action against the epidemic, which are systematically updated and adjusted based on new knowledge, experience and technological advances. Cyprus's policy is formulated in line with EU directives and in close cooperation with its EU and other international partners. In 2008, the national epidemiological surveillance was upgraded to conform with the requirements of the Euro-HIV project.

The prevention of HIV and protection of human rights are the cornerstones of our new 2010-2014 strategic plan. All competent governmental authorities, the private sector, civil society and non-governmental organizations actively promote the inclusion of representatives from all parts of society, especially the

vulnerable, in efforts to spread public awareness and alleviate stigma and discrimination.

Treatment, including combination antiretroviral therapy, care, voluntary counselling and testing are provided free to all citizens of the Republic and the EU, as well as to political refugees. Data patterns regarding HIV infection in Cyprus present a stable and consistent trend. Nevertheless, the Government continues to strictly monitor the situation by conducting studies to assess threats posed by factors linked to the virus, such as the trafficking and use of drugs and concentrated population movements to and from Cyprus and across the dividing line.

The battle has not yet been won and we have not yet done enough. On the road ahead, political leadership will be indispensable and a major asset in our response to AIDS. But practical and financial support will be equally essential.

Health and HIV/AIDS are important thematic priorities of CyprusAid, the development cooperation service of the Republic. Several health projects have been financed by CyprusAid in the area of HIV and sexual and reproductive health rights. As of 2010, more than €2 million had been channelled to specific health projects, which have either been completed or are under implementation, in the prevention and treatment of HIV/AIDS and for fighting malnutrition in people affected by the epidemic.

In 2009, Cyprus joined the International Drug Purchase Facility, the leading group in innovative financing, and we have actively participated with a contribution of €2.5 million over a six-year period. Innovative financing mechanisms play a very important role in the mobilization of resources and should be encouraged and further explored.

In conclusion, Cyprus joins the international community in renewing the promise to work with diligence and determination globally, regionally and nationally at the highest political level in order to achieve our commitment to ultimately realizing our common objective of halting and reversing the spread of AIDS. The political declaration that will be adopted by this body will send a strong message across the globe that the international community is determined and united to do everything possible for a world free of HIV/AIDS.

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

Mr. Almansoor (Bahrain) (*spoke in Arabic*): First of all, I would like to commend the United Nations, in particular the Joint United Nations Programme on HIV/AIDS, for combating HIV and AIDS, as well as relevant international organizations for their efforts, especially in prevention and epidemiological monitoring and treatment. The HIV virus is one of the most significant challenges of our time. Over the past 30 years, AIDS has caused the deaths of more than 30 million people and created more than 16 million orphans.

Nonetheless, the virus has struck different areas of the world in different ways. In Bahrain, we are less affected by this virus than are other areas. This is perhaps because of our social system, which is based on religious beliefs and traditions and the family. Still, we share the concerns of the international community in addressing this terrible enemy that knows no borders and has no mercy.

We are pleased that, 30 years after the outbreak of the disease, the efforts of the international community and Governments have had an impact. Positive programmes have been adopted. Nonetheless, financial shortfalls constrain the efforts of developing countries, especially in national capacity-building. The high cost of medications due to trade and intellectual property barriers and copyrights demands immediate and serious action by the international community.

In Bahrain, according to our statistics, the seropositive population has risen by 380 cases since 2010, with 16 people infected that year. Statistics and research show that the worst-affected people are drug users, especially intravenous drug users who share syringes. We note that 30 per cent of drug users share their syringes. Sex is the second main means of transmission in Bahrain.

Despite the low prevalence of HIV/AIDS in the Kingdom of Bahrain, we are undertaking efforts at three different levels — primary, secondary and third-level prevention — in order to meet the “three zeros” objectives: zero new infections through prevention programmes at the primary level, including early diagnoses to prevent complications of the disease; zero AIDS-related deaths; and zero discrimination.

The Kingdom of Bahrain supports the United Nations efforts to combat HIV/AIDS. Its political commitment in that regard is at the highest level. We have set up a national prevention committee. Many governmental and ministerial bodies are involved under the auspices of the Ministry of Health. We have drafted a multisectoral strategic plan, integrated into the action plans of various ministries, to combat the disease. People living with HIV/AIDS and the representatives of civil society and the private sector were involved in drafting the plan.

Through primary and secondary health care treatment for HIV-positive people and people living with the disease, the national prevention committee provides up-to-date, high-tech health care and services that are easy to access and free of charge. We also provide them with free prevention services and medications. The committee has also launched awareness-raising campaigns on how to avoid contracting the disease and its complications.

Finally, the Kingdom of Bahrain believes that societal partnership between Government and non-governmental bodies is the best way to achieve our aims of combating and containing the epidemic, while guaranteeing the fundamental rights of people living with the disease. We support all efforts to curb the spread of HIV/AIDS through United Nations resolutions and initiatives and relevant health care organizations.

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

Mr. Wenaweser (Liechtenstein): For over three decades, the HIV/AIDS epidemic has caused immense suffering in countries and communities throughout the world and has had a devastating impact on development and human rights. Ten years after the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years after the 2006 Political Declaration on HIV/AIDS (resolution 60/262), this High-level Meeting emphasizes that the fight against the epidemic remains one of the highest priorities of the international community.

Many of the ambitious development goals we have set ourselves crucially depend on our success in combating this epidemic. Within the framework of the Millennium Development Goals and elsewhere, the United Nations campaign to fight the spread of HIV/AIDS has proven effective and can be considered a success story of the United Nations system. In this regard, we particularly commend the Joint United Nations Programme on HIV/AIDS for its leadership role on HIV policy and coordination.

While the progress made in containing the spread of HIV/AIDS is encouraging, the epidemic continues to outpace our response. Despite notable successes in individual countries, we seriously risk failing to achieve universal access to prevention, treatment, care and support for people affected by HIV/AIDS. There are still too many barriers — national, international, legal, financial, social and cultural — that undermine efforts to provide such universal access. Only a comprehensive strategy that addresses all aspects of this complex phenomenon will enable us to deliver on our commitments. The measures contained in the draft political declaration in this regard point in the right direction.

HIV/AIDS is as much a human rights imperative as it is a health and development crisis. We note that several countries have positively contributed to destigmatizing people affected by the epidemic, for example by lifting related travel and residence restrictions.

At the same time, we are concerned about ongoing discriminatory legal and factual situations in different countries. The criminalization of homosexuality in almost 80 countries continues to be an obstacle to effectively addressing the epidemic. The social and economic marginalization of populations at higher risk of HIV infection, such as people who use drugs, sex workers and men who have sex with men, often prevent them from fully enjoying their human rights and fundamental freedoms, in particular the right to health.

An adequate response to HIV/AIDS must fully recognize all the structural determinants of HIV risks and vulnerabilities. It must address, in particular, the gender dimension of the epidemic. Women are disproportionately vulnerable to HIV/AIDS, and their specific situation must be taken into account.

In this regard, granting universal access to sexual and reproductive health services has proven effective in preventing HIV/AIDS and contributes, in particular, to the elimination of mother-to-child transmission. While we welcome the acknowledgement in the draft political declaration of the importance of providing universal access to sexual and reproductive health care,

we regret that the opportunity was missed to address the human rights dimension of this question.

Achieving Millennium Development Goal 6 by 2015 remains an enormous challenge, especially since, for the first time in 10 years, the international resources needed to sustain this process have not increased.

Liechtenstein continues to be committed to this goal, as we continue to support the Global Fund and other HIV/AIDS-related projects with a priority on prevention and vulnerable groups, in particular children. We believe that a strong emphasis on prevention is the cornerstone of an effective long-term strategy that delivers sustainable results. In order to successfully ensure prevention in low-income and high-income countries alike, we need to improve knowledge about HIV/AIDS and the risk of HIV infection.

Our meeting comes at a crucial time, when we can still achieve the goals that we have agreed to. The vast amount of experience and lessons learned in the fight against the epidemic has allowed us to conduct a thorough review and a substantive evaluation of our endeavour to fight the epidemic. The draft political declaration provides a strong foundation for a concerted, targeted and comprehensive global response to the epidemic. We are confident that this High-level Meeting will foster the exceptional action against HIV/AIDS that is needed to overcome the many obstacles that are still in our way.

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

Mr. Ruiz (Colombia) (*spoke in Spanish*): At the outset, allow me to apologize on behalf of the Permanent Representative of Colombia, Ambassador Néstor Osorio, for having been unable to be here today as he would have wished. Ambassador Osorio is accompanying Secretary-General Ban Ki-moon on his official visit to my country.

The Government of Colombia remains committed to combating the HIV virus in order, together with other Member States, to reverse the pandemic's trend and guarantee universal access to HIV prevention, treatment, care and support. In recent years, Colombia has implemented inclusive strategies that have helped to reduce the existing barriers to universal access to prevention and comprehensive care. These include strict monitoring of blood transfusions, the creation of a national HIV/AIDS observatory, the prevention of perinatal transmission and universal access to antiretroviral therapy through the comprehensive national social security system for health, which provides antiretroviral therapy to more than 80 per cent of patients identified as seropositive.

Although the epidemic in Colombia is concentrated among the groups most vulnerable to HIV, the country shares the emerging major international concern over the fact that more than 50 per cent of those living in the world with HIV today are women. Colombia has therefore adopted strategies to promote gender equality and social and economic empowerment for women and girls in an endeavour to reduce their vulnerability to HIV.

Given the large percentage of young people and adolescents living with HIV, Colombia has developed national policies to improve that group's access to information on sexual and reproductive health, condom use and the enhancement of their ability to more effectively deal with their HIV risk factors. My country has also set more demanding goals aimed at reducing prevalence in order to decrease the number of new cases and AIDS-related deaths.

Colombia believes that it is necessary to do away with barriers to free trade and substantially cut the costs of diagnostic tests and antiretroviral medicines in order to foster access to prevention and comprehensive quality care. Such access will be facilitated if we manage to reduce stigmatization and discrimination against those most vulnerable to HIV.

Colombia also believes that the success of the international response to the HIV epidemic must be based on strategies to improve prevention and ensure universal access to such measures. We cannot delay improving the quality of information on the incidence of HIV cases in the most vulnerable groups and in strengthening our monitoring and evaluation capacities at all levels.

Colombia fully supports the goal of achieving, as soon as possible, zero new cases, zero stigmatization and discrimination and zero HIV/AIDS-related deaths. This must be the fundamental response that the international community collectively adopts in dealing with the HIV/AIDS epidemic. To that end, we must strengthen health care systems and research and the

development of new strategies for prevention, treatment and a possible cure for HIV.

We have to come up with new sustainable sources of funding that are coordinated, monitored and transparently accountable. An appropriate response to the HIV/AIDS pandemic also demands renewed political will on the part of all countries, greater international interest in understanding specific national contexts and a clear commitment to allocating resources that will allow universal access to prevention and comprehensive care for HIV/AIDS.

To conclude, the Government of Colombia once again reiterates its decision to continue to take effective measures to monitor and assess the epidemic's development, prevent its spread, promote early diagnosis, reduce the number of early onset AIDS cases and of resistance to antiretroviral medicine, and improve the quality of life of those living with HIV/AIDS.

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

Mrs. Hrdá (Czech Republic): We have assembled here to review the progress made in combating the AIDS epidemic around the world. I would like to congratulate you, Mr. President, on having convened such a successful and well-attended High-level Meeting. The quality of the parallel round tables has undoubtedly contributed to furthering our common understanding of the campaign's main aspects. I am also pleased to say that we consider the draft political declaration that we are about to adopt to be a comprehensive and ambitious agenda for the years to come.

The Czech Republic is convinced that the fight against HIV and AIDS can be effective and sustainable only if it targets the groups that are most at risk — particularly injecting drug users, men who have sex with men, and sex workers — as well as the geographic areas that are most affected by HIV and AIDS. Efforts must be linked to the development of strong health systems delivering comprehensive health services. They should focus on effective primary preventive measures, the promotion of responsible and safe sexual behaviour, and the implementation of harm-reduction measures in response to the HIV epidemic.

For injecting drug users, the group most affected in the Czech Republic, the need for universal access to a comprehensive harm-reduction package of interventions has been emphasized by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS. The Czech Republic included harm-reduction measures as one of the four pillars of its drug policy as early as 1999. Its main objective was to reduce the potential risks and harmful effects of every type of drug, as well as the economic, health and social impact of their use, on individuals and society as a whole. The most recent evaluation of our drug policy strategy showed that the Czech Republic has been one of the most successful countries in achieving its strategic harm-reduction goal of maintaining low rates of infectious diseases, including HIV/AIDS, and other health consequences related to drug use.

We attach great importance to achieving the Millennium Development Goals (MDGs). We emphasize the significance of MDG 6, relating to preventing the spread of HIV and AIDS; of attaining all the MDGs; and of the close links and interdependence of MDGs 4, 5 and 6. The Czech Republic integrates its response to AIDS into its broader development strategies and programmes. Both bilaterally and in close cooperation with the United Nations Development Programme, we have implemented evidence-based prevention programmes in some of the worst affected countries in Eastern Europe and the Commonwealth of Independent States region, where the number of infected people is rising, for example in Ukraine, Belarus and Tajikistan.

The thirtieth anniversary of the first reports of a new disease is an important opportunity for giving the AIDS campaign new political impetus. I believe that the High-level Meeting and its outcome are good evidence that we have not missed that opportunity.

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

Mr. Ragaglini (Italy): I am honoured to address the High-level Meeting on behalf of Italy. While we fully align ourselves with the statement of the European Union, I would like to share some additional thoughts and underline the importance we attach to the fight against HIV/AIDS.

Since the historic 2001 special session on HIV/AIDS, great progress has been made in the fight against one of the deadliest diseases of our times. While much has been achieved, however, still more

needs to be done. The goal of a world with zero new infections requires greater efforts and commitment from everyone represented here today: Governments, civil society and the United Nations system.

Fighting HIV/AIDS is a priority for Italy. We are committed to this battle, not only within our national borders but also in working with our partners in the developing world. Prevention is at the heart of our strategy, and a successful strategy requires a holistic approach, combining the benefits of science and social policies. With regard to drug abuse, in October the Italian Government approved a national anti-drug action plan that recognizes that drug addiction is a preventable, treatable and curable disease and that the health of users should be protected by a continuum of care aimed at the full recovery of the individual and at preventing drug-related diseases such as HIV infection, hepatitis and tuberculosis.

In this regard, we believe that harm-reduction programmes — applied in isolation and outside a medical context that is focused on the treatment, rehabilitation, reintegration and recovery of drug addicts — will not produce the best possible results in the long term and will have less preventive impact. This is why we advocate consideration of the additional concept of risk reduction — which is more directly linked to the prevention of HIV infection — and the linking of harm reduction to the technical guide jointly issued by the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the United Nations Office on Drugs and Crime.

Fighting the disease is also a main concern of our development cooperation health policies. Italy fully subscribes to the development strategies outlined in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. We believe that national ownership, alignment with national policies and mutual accountability are also cornerstones of the fight against the disease. Italian development policy, as outlined in the guidelines on Italian health cooperation, treats the fight against AIDS and diseases such as tuberculosis and malaria as an integral part of its strategy for strengthening the structure of health systems and integrating health services. In that context, improving health care human resources must take precedence. Strengthened health systems and increasing the number of health-care workers in the fight against AIDS will also have a positive impact on maternal, newborn and child health, thus contributing to the achievement of the health-related Millennium Development Goals.

On that subject, we would like to recall the important role played by the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which Italy has contributed more than $1 billion since its inception at the Group of 8 summit in Genoa in 2001. Despite current budgetary constraints, the Global Fund remains one of the most effective tools in the field of global health, and we are convinced that the reforms the Fund has undertaken to improve efficiency and accountability and the drafting of its new strategy confirm its essential role in achieving the Millennium Goals in the coming years, especially that of containing and ultimately defeating the scourge of HIV/AIDS.

This disease has upended the lives of many families and hindered the economic development of large areas of our planet, making it impossible for children to go to school and perpetuating a vicious cycle of poverty. It is difficult to envision universal access without helping such poor families, so heavily afflicted by the consequences of the disease, and giving them a chance to carry on with their lives. Let me also underline the crucial impact of support for the fundamental human rights of people living with AIDS, as well as the need to pursue gender equality policies and the empowerment of women as a milestone in preventing the spread of the HIV/AIDS epidemic in sub-Saharan Africa. In recognition of the crucial role of women in Africa's development, Italy is a strong supporter of the "Walking Africa Deserves a Nobel" campaign, aimed at proposing African women for the 2011 Nobel Peace Prize.

These are some of the reasons why we fully support the political declaration that will be adopted at the end of this Meeting, which we believe will help to realize the Secretary-General's vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

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

Mr. Rasuli (Afghanistan): It is an honour to take part in this historic gathering, which brings together a broad and diverse group of relevant stakeholders, including Member States and civil society, to take stock of both the progress made and the challenges that have arisen in the past 30 years in addressing HIV/AIDS.

I should like to take this opportunity to reiterate Afghanistan's full commitment in the global fight against HIV/AIDS. We are working closely with our development partners to strengthen national efforts for an effective response to HIV/AIDS. We have initiated a number of important measures at the national level in this regard. These efforts continue within the framework of the activities of our Ministry of Public Health, civil society and other segments of Afghan society.

We have aligned our HIV/AIDS response efforts with the national development strategy of Afghanistan and the Millennium Development Goals, both of which are being pursued as a matter of high priority.

Despite the current security constraints in Afghanistan, we have managed to provide HIV/AIDS services covering prevention, treatment and care, even in the most insecure and remote provinces. The implementation of voluntary counselling and testing services as part of the basic package of health services across the country has successfully increased the provision of HIV testing and provided a key entry point to life-sustaining care and treatment, which is essential for the prevention of the vertical transmission of HIV.

While poverty is a critical underlying driver of the epidemic in Afghanistan, the Government aims to minimize any social or economic barriers to accessing health services by providing care free of cost in order to improve the health of all Afghans. This is especially true of the HIV response, through which the Government, in partnership with civil society, reaches out to the most vulnerable segments of our society: drug users, prisoners and sex workers.

Furthermore, as stigma and discrimination are continuing obstacles to accessing prevention and care services, our Ministry of Public Health has stepped up efforts to decrease stigma and discrimination by means of continuous information, education and communication campaigns.

Our programme and priorities are encapsulated in the national HIV/AIDS policy and the new HIV/AIDS strategy 2011-2015, which serves as a guide to achieving the goal of zero new infections, zero stigma and zero AIDS-related deaths in Afghanistan.

In conclusion, I wish to reiterate Afghanistan's firm commitment in the context of its national response to address HIV/AIDS in an effective and sustainable manner. We look forward to continued collaboration with all relevant international partners in attaining our common goals and objectives.

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

Ms. Bethel (Bahamas): It is an honour for me to address the General Assembly on behalf of the Prime Minister of the Commonwealth of the Bahamas.

Our Government reaffirms its commitment to the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

The Bahamas also aligns itself with the statement made by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

I thank the Secretary-General for his comprehensive report (A/65/797). Some may say that the "three zero" goals are unrealistic and unachievable by 2015. We cannot afford to be sceptical about what we must achieve if we are to save future generations.

The Bahamas HIV/AIDS programme is now 25 years old and has had many successes. I am pleased to report that in 2010 no child was born in the Bahamas infected with HIV and that the AIDS mortality rate has been declining since the introduction of universal access to antiretroviral therapies in 2001.

Nonetheless, while we celebrate our successes, we recognize that challenges remain, including in the context of our efforts to give greater priority to prevention endeavours. Successive Governments of the Bahamas have directed significant resources towards strengthening the country's national health-care system and controlling the HIV epidemic. We must not allow national, regional or global economic conditions to deter our efforts to achieve zero new infections, zero discrimination and zero AIDS-related deaths.

In the Bahamas, the epidemiological profile is showing a shift, with HIV disease occurring in the younger population. Our 2009 knowledge, attitude, perception and behaviour study identified vulnerabilities among adolescents 15 to 19 years of age. The study showed that emancipated youth are challenged in accessing health services. To counter that situation, new legislation would permit health-care providers to treat under-age young people not

accompanied by a parent or guardian who seek care for sexually related issues. Findings also show that prevention efforts must target those most at risk and marginalized groups that do not seek health-care services.

There is growing poverty among infected and affected young people, orphans, mothers and their families. This requires greater resource mobilization from and by all stakeholders. There is a need for continued investment in high-quality sexual and reproductive health services for all ages and for the empowerment of girls and women to become their own advocates for change.

Reshaping our national response requires urgent support for innovation and new technological developments that are affordable and accessible to those with opportunistic infections, in particular tuberculosis. In the Bahamas, there is a growing challenge to sustain financing for an increasing number of infected individuals who need second- and third-line antiretroviral drugs, as well as those with multi-drug-resistant tuberculosis.

New technologies are also needed for diagnostics, microbicides, vaccines and other modalities, including telemedicine, to effectively expand coverage and to deliver preventive and curative services to communities throughout our archipelago. Prevention messages and public-awareness campaigns require greater use of social media and local social events.

The Bahamas' successes could not have been achieved without the support of our partners, the Pan American Health Organization, the World Health Organization, the Joint United Nations Programme on HIV/AIDS and other international partners, including the University of Toronto SickKids Hospital, the Clinton Foundation and the President's Emergency Plan for AIDS Relief, as well as our regional institutions, including the Pan-Caribbean Partnership against HIV/AIDS. I wish to thank them all for their support.

The HIV/AIDS epidemic is now 30 years old, and we need renewed leadership, including greater involvement on the part of young people. With that in mind, the Bahamas delegation includes our representative to the Caribbean Youth Assembly. We also need expanded comprehensive services, greater attention to the many social determinants and strengthening of the health-care system overall.

To achieve the goals of zero infections, zero discrimination and zero AIDS-related deaths by 2015, we in the Bahamas are on a journey. We recognize how challenging it will be to get there, but we are determined to do so. We will continue to forge ahead, in the words of our motto, forward, upward, onward, together.

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

Ms. Waffa-Ogoo (Gambia): On behalf of His Excellency Al Hadji Yahya A.J.J. Jammeh, the Government and the people of the Gambia, I am pleased to make this statement on this historic occasion.

My delegation would like to thank the Secretary-General for his many reports on HIV/AIDS prepared for this High-level Meeting and for the many relevant recommendations that we believe will help us all map the way forward in our drive to contain this resilient pandemic.

The reports clearly highlight the centrality of international solidarity in the global response to winning the battle against the scourge. In this regard, the African common position on HIV/AIDS is also pertinent. This forum should therefore serve to strengthen and further galvanize more national and international action and also see the recalibration of all the strategies and best practices that have borne fruit over the past decades.

Allow me to recognize the sterling role being played by the United Nations system as a whole, and more particularly by the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The 2011 High-level Meeting on HIV/AIDS marks yet another unequalled global opportunity for countries and partners to critically review, reinforce and improve the performance over the past three decades of the epidemic. This gathering is well-timed and crucial for world leaders to revisit and re-energize their commitment to responding to HIV/AIDS.

In the Gambia, there is a strong political will and commitment to the HIV/AIDS response, which is amply demonstrated by the creation of the National AIDS Council chaired by the President of the Gambia, and the establishment of the National AIDS Secretariat

to coordinate and monitor the overall national response guided by the Three Ones principle.

The Government of the Gambia is vigorously championing partnerships across the entire social spectrum in the fight against HIV/AIDS and related problems. The agenda for our deliberations is among the uppermost priority concerns of the Government. HIV/AIDS is by far the single biggest threat to our development and a major concern for our collective security. These facts were strongly endorsed by the special session on HIV/AIDS in June 2001 and reaffirmed by the special session on children in 2002 here in New York.

The prevalence rates in the Gambia are relatively low. However, our latest sentinel surveillance results in 2008 showed an increase in HIV 1 prevalence from 1.4 per cent to 1.6 per cent. In addition, over 2,500 people with advanced HIV infection are currently receiving antiretroviral therapy, about 3,000 orphans and vulnerable children are receiving free basic external support, and over 5,000 people living with HIV are provided with care and support services in the country. These country statistics are an indication that we need to do more through collective effort and action in pursuit of the objectives of our universal access declaration on HIV/AIDS.

Resource mobilization is a key strategy in our National HIV/AIDS Strategic Framework 2009-2014, but it is also a major challenge. In addition, gender inequalities, sociocultural factors, poverty, stigma and discrimination concerns are major deterrents to an effective response to the HIV/AIDS epidemic in my country. Poor maintenance of human rights, particularly those of people living with HIV, contributes to denial, fear, stigma and discrimination and is inimical to the engendering of effective responses to HIV/AIDS.

To address these vulnerabilities, we are integrating an HIV/AIDS response into our development strategies. Moreover, the promulgation of a model law to address issues relating to stigma and discrimination is at an advanced stage. Investments in our health systems and capacity-building for our personnel will remain drivers for eradicating the scourge as we march towards achieving the Millennium Development Goals by 2015.

Over the past few years, our response has led to wider participation of non-governmental organizations, civil society and faith- and community-based organizations in the national response to HIV/AIDS. Although this multisectoral approach is commendable and very helpful in scaling up access to services, more efforts are needed to continually improve and sustain the gains realized since the commencement of the epidemic.

The Gambian Government has devoted particular attention to the implementation of the prevention of mother-to-child transmission services in the country through a drive to attain zero infection rates for babies born to HIV-positive women and the acceleration and full integration of prevention of mother-to-child transmission services in reproductive and child health programmes. This commitment and support led to the expansion of the number of prevention of mother-to-child transmission centres from five in 2004 to 31 in 2011.

Before concluding my statement, I wish to state that, with the renewed political commitment, the environment towards the prevention of HIV in our society has improved tremendously. We must continue to improve this environment so as to facilitate our collective action and support. We must encourage and facilitate the translation of knowledge into positive behavioural change. We also need tolerance, compassion and care and support for people living with or affected by HIV/AIDS. We must intensify our cooperation with all stakeholders so that the coming decade may be looked back upon as the decade that we all collectively broke the back of HIV/AIDS.

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

Mr. Butt (Pakistan): As we all know, despite many gains in the fight against HIV/AIDS, more than 10 million people still await HIV treatment. For every single person starting treatment, two new people become infected. The world therefore continues to face the enormous and multiplying consequences of this epidemic.

The Secretary-General, in his report (A/65/797), has rightly noted the encouraging trend of decline in the global rate of new HIV infections, expansion in access to treatment and significant strides made in reducing HIV transmissions from mother to child. At the same time, however, his report highlights the continued but fragile progress made in expanding access to treatment. Pakistan therefore echoes the calls

made by the Secretary-General to all stakeholders to renew and strengthen their commitment to achieving universal access, which should form part of the bridge towards achieving the Millennium Development Goals.

Perseverance in our efforts remains the key to the efficient implementation of national, regional and global plans, together with the allocation of sufficient resources and the involvement of all stakeholders, to overcome the menace of HIV/AIDS. Pakistan is proud to be part of this High-level Meeting, which is a testament to the commitment of world leaders to the global fight against the HIV/AIDS epidemic.

Until recently a low-prevalence, high-risk country, Pakistan is now in a concentrated phase of the epidemic, with HIV prevalence of more than 5 per cent among injecting drug users. According to the latest national estimates, there are over 97,000 cases of HIV/AIDS in Pakistan. Again, however, the latest prevalence estimation models indicate that HIV prevalence among the general adult population fortunately remains below 0.1 per cent. This provides us with a vital window of opportunity to influence the future course of the epidemic in our country.

The response to the HIV epidemic in Pakistan has been a coordinated effort between the Government and bilateral and multilateral donors, the United Nations system and civil society. It is being dealt with under the rubric of the National HIV and AIDS Strategic Framework for 2007-2012, which articulates a vision and a response that is consistent with the national policy on HIV/AIDS. It is elaborated through guiding principles, goals, strategic objectives and priority areas commensurate with the emerging HIV/AIDS epidemic and international guidelines.

The three major components of Pakistan's enhanced programme are HIV prevention and treatment, advocacy and communication, and governance and institutional framework. Civil society in Pakistan is actively sharing the implementation burden of the public sector and has established networks, such as national and provincial AIDS consortiums, to that end.

The problem of HIV/AIDS cannot be dealt with as a health issue alone. Indeed, it is also a development issue, since poverty is contributing directly to the spread of HIV/AIDS. Therefore, at its 2001 special session on HIV/AIDS, the General Assembly rightly described the HIV/AIDS situation as a global emergency and dubbed it one of the most formidable challenges to the international community and to achieving global development goals.

Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. This cannot be achieved without the active and determined cooperation of the international community, with the special participation of developed countries. Low-cost drugs, lower profits, new scientific research and the sharing of knowledge and necessary facilities are needed to achieve common and sustainable solutions. There is also great urgency to respond to the needs of developing countries by enhancing debt relief, market access and official development assistance.

To conclude, I must say that, given the human, social and economic costs of HIV, business as usual is unacceptable. We therefore reiterate the just call made by the Secretary-General upon international donors not to reduce HIV spending as a result of the global economic downturn, but instead to commit to further enhancing funding so as to meet the agreed commitments to universalizing access to HIV prevention, treatment, care and support. We also hope that the comprehensive draft declaration to be adopted later this afternoon at this Meeting will serve to enhance the global response to the epidemic and meet the desired targets of zero new infections, zero discrimination and zero AIDS-related deaths.

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

Mr. Raytchev (Bulgaria): First of all, allow me, on behalf of the Bulgarian Government, to thank the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS and you personally, Mr. President, for your leadership and support in organizing this High-level Meeting on HIV/AIDS. It truly marks an important threshold in mobilizing the efforts of the international community in the global HIV response.

I wish also to take this opportunity to express our appreciation to the co-facilitators and to all Member States that participated actively in the negotiations on the draft political declaration, which will establish the framework for our future action.

It is an honour for me to participate in this high-level forum and to share the successes and challenges of the AIDS response in Bulgaria. My country has

maintained a low HIV prevalence rate among the general population. At the same time, we have every reason to stay vigilant, given our common borders with the regions of Eastern Europe and Central Asia, which are known as having the fastest-growing number of new infections.

Aware of the demographic, economic, social and ethical dimensions of the AIDS epidemic, the Government of the Republic of Bulgaria remains strongly committed to implementing an effective national AIDS response and to contributing to the achievement of global goals. As early as 1996, a national committee for AIDS prevention was established to coordinate activities in that area. Since 2001, successive Bulgarian Governments have allocated significant financial resources each year for the implementation of the national programme for the prevention and control of HIV and sexually transmitted infections.

For more than 14 years, my country has provided up-to-date and free-of-charge antiretroviral treatment to all who need it and antiretroviral prophylaxis to prevent mother-to-child transmission. Since the beginning of 2004, with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Bulgaria has been successful in significantly scaling up access to and coverage of HIV prevention services among most-at-risk and vulnerable populations, as well as care and support for people living with HIV.

Bulgaria is implementing an integrated and balanced approach that incorporates prevention, treatment, care and support for people affected by the disease. The joint efforts of the Government and other partners in the country have resulted in a number of achievements. First, human and institutional capacity for HIV prevention, treatment and care has been strengthened. Secondly, national standards and best practices have been established for the provision of specific services to most-at-risk and vulnerable populations, mainly by civil society partners. Thirdly, mobile medical units, low-threshold centres for injecting drug users and community health and social centres have been created to facilitate access. Fourthly, people living with HIV also receive quality medical care, treatment for opportunistic infections and psychosocial support and actively participate in the planning and provision of those services.

Bulgaria recognizes the progress made towards fulfilling national and international commitments to addressing the epidemic and welcomes the draft political declaration renewing those commitments to 2015.

In conclusion, let me assure the Assembly once again of the continued readiness of the Bulgarian Government to achieve its national goals and commitments in the context of the Millennium Development Goals, the special session on HIV/AIDS, the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and universal access to HIV prevention, treatment, care and support to 2015.

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

Mr. Talbot (Guyana): I have the honour to speak on behalf of the delegation of Guyana in this High-level Meeting aimed at undertaking a comprehensive review of 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). Those two important outcomes have guided international efforts to halt and reverse the spread of this epidemic. The report of the Secretary-General (A/65/797) attests to the significant progress made thus far in the fight against HIV and AIDS; it also points importantly to the enormous challenges still remaining. Today, with the adoption of the current draft political declaration, the international community will seek to intensify our collective efforts to eliminate HIV and AIDS.

Like many other countries, Guyana is realizing progress in the combat against HIV and AIDS, which was first diagnosed in our country in 1987. Initially, a core health approach was adopted to stem the devastating effects of this disease. This has, however, evolved over the years into a multisectoral response, given the multifaceted nature of this epidemic.

Resource allocation to the health sector and the combat of HIV and AIDS has been scaled up, and has borne tangible results. As a consequence, infection rates and deaths are declining, even as access to treatment, care and support has increased. At the end of 2009, for instance, Guyana reported an adult prevalence rate of 1.2 per cent, which is comparatively lower than in previous years. In addition, we witnessed substantial decreases in mother-to-child transmission of the disease, which moved from 3.1 per cent in 2003

to 1.1 per cent in 2009. Similarly, among vulnerable groups in society, such as female sex workers, the prevalence rate decreased from 45 per cent in 1997 to 16.6 per cent in 2009, and among men having sex with men from 21.1 per cent in 2004 to 19.4 per cent in 2009. Moreover, HIV testing acceptance now stands at 89.8 per cent.

Guyana's antiretroviral programme was initiated in 2002, and at the end of 2009 was providing treatment to 83.5 per cent of adults and children with advanced HIV infection at 16 sites across the 10 administrative regions of our country. Currently, 98.5 per cent of HIV-positive women are receiving a complete course of antiretrovirals for the prevention of mother-to-child transmission. The Government of Guyana is committed to enhancing programmes for prevention, treatment, care and support for people with HIV and supports the three zeros approach — zero new infections, zero discrimination and zero AIDS-related deaths.

The advances we have made so far can be attributed to several factors, including political commitment at the highest level, as exemplified by a presidential commission against HIV/AIDS, a multisectoral approach to this epidemic and the fostering of vital partnerships at the national, regional and international levels. We are particularly appreciative of the assistance received from donors, such as the United States through the President's Emergency Plan for AIDS Relief.

However, challenges remain in ensuring the sustainability of the fight against HIV and AIDS in Guyana. Recently, stakeholders prioritized the removal of stigma and discrimination and the up-scaling of prevention services to vulnerable groups as priority areas. The success of our endeavours is inextricably linked to secure financial and human resources. The accomplishments of recent years demonstrate the utility and efficacy of concerted international action and solidarity. Let us resolve to increase the momentum.

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

Mr. Park In-Kook (Republic of Korea): Since the historic beginnings of the global response to HIV/AIDS in 2001, there have been substantial achievements, including visible reductions in HIV incidence and mortality, along with increases in treatment access, the overall promotion of human rights and the dignity of people with HIV, and a scaled-up international commitment to providing HIV-related funds.

Nevertheless, this progress is not enough. We are still faced with the sobering reality that more than 7,000 people, including 1,000 children, are being infected with the virus every day. The legal environment and social attitude surrounding people with HIV continue to be unfavourable.

These challenges should be considered in the context of not only their effect on public health but also their undermining effect on development and human rights efforts. In this light, my delegation fully supports the Secretary-General's innovative vision of zero new infections, zero discrimination and zero AIDS-related deaths, presented to us with the six specific goals for 2015 in his recent report (A/65/797). The new vision and goals will bolster the synergy between HIV and other health and development priorities, and subsequently contribute to our overall success in achieving the Millennium Development Goals and other internationally agreed development goals.

I would like to share some ideas of how each stakeholder can have a measurable impact. First, we need to develop results-oriented programmes with holistic approaches. The goals for 2015 are simple and clear, but in order to achieve them within five years, entire societies need to participate proactively and foster HIV-free environments without any stigma or discrimination.

Secondly, it is essential to raise public awareness of HIV/AIDS based on accurate information, which influences the eradication of social prejudice and bolsters the improvement of access to voluntary HIV testing and treatment. Targeting young people with new communication methodologies, such as social networking services, can be a good approach to prevent new HIV infections.

Thirdly, the continuous provision of proper treatment and universal medical service is crucial to maintaining the health of people with HIV and to reducing the chances of transmission. In addition, statistics show that more than 6 million people have received antiretroviral therapy, but the treatment compliance rate turns out to be low. Therefore, the provision of regular guidance in treatment through a

robust and sustained health system should be recognized as an essential element in ensuring the effective care of HIV-positive persons. These efforts will ultimately lead to the overall decrease of HIV incidence and mortality.

Although it is one of the countries with a low HIV prevalence, the Republic of Korea cannot be exempted from sharing the responsibility of the global HIV response. In striving to prevent HIV/AIDS, the Korean Government has established a comprehensive health care mechanism, including antiretroviral treatments for pregnant women with HIV.

In the legal and social contexts, it is noteworthy that the prohibition of any discrimination against people with HIV in the workplace was stipulated in 2008. Furthermore, through the revision of regulations in 2010, mandatory HIV testing for the purpose of HIV-specific travel restriction no longer exists. Meanwhile, the tenth International Congress on AIDS in Asia and the Pacific, to be held in Korea in August, is expected to contribute to raising the public awareness of HIV/AIDS.

My Government takes this opportunity to reaffirm our unswerving commitment to continuously participating in the international effort to eliminate AIDS and to spare no effort in making the vision and goals for 2015 a reality.

The meeting rose at 1.20 p.m.