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President: Mr. Lykketoft . . . . . (Denmark)

In the absence of the President, Mr. Michel Tommo Monthe (Cameroon), Vice-President, took the Chair.

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

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: Before giving the floor to the first speaker, I should like to request representatives to refrain from taking pictures in the General Assembly Hall. Official photographs of all the speakers are taken by the Department of Public Information. Representatives interested in obtaining these photographs are requested to contact the Photo Library of the United Nations, located in room S-1047 in the Secretariat building.

Bearing in mind the tight schedule of the Heads of State and Government, as well as Ministers, I would like to strongly encourage delegations to limit their interventions to the prescribed time limit of five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. This will allow us to accommodate as many speakers as possible. Participants with longer statements are encouraged to read a shorter version of their text and to submit their full length statements to the Secretariat for posting on the PaperSmart portal.

The Assembly will now hear a statement by His Excellency Mr. Kwesi Amissah-Arthur, Vice-President of the Republic of Ghana.

Mr. Amissah-Arthur (Ghana): Let me commend you, Mr. President, and the Secretary-General for convening this high-level meeting on AIDS.

In 2011, Ghana joined the international community in committing to the Political Declaration on HIV/AIDS and to the 10 targets developed by the United Nations Joint Programme on HIV/AIDS. Our national progress report for the past five years show significant progress in the key target areas of the Declaration. Our Government has demonstrated increasing ownership of the HIV response through advocacy, policy development and financial support, which increased more than tenfold between 2011 and 2015. These, along with leadership commitments at various levels and across multiple actors, including civil society, the private sector and development partners, have contributed to the progress.

Between 2009 to 2014, we recorded a 30 per cent reduction in new HIV infections and a 43 per cent reduction in AIDS-related deaths. Civil society and community-based organizations have been remarkable in extending the reach and intensity of the national response to communities and vulnerable groups. The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the United Nations system have also remained committed.

Notwithstanding our achievements, a number of challenges remain. HIV infection continues to spread.

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The majority of persons living with HIV are not yet on treatment, women are disproportionately affected, stigma and discrimination persist; comprehensive knowledge of HIV in the 15-to-24 age group remains low, and sustained supply of HIV commodities is a challenge. But we are committed to ensuring that no one is left behind. We are working to accelerate access to HIV testing and treatment towards the 90-90-90 target. Ghana has incorporated the fast-track target into our newly developed National HIV and AIDS Strategic Plan. In the next five years, we are committed to breaking the trajectory of the HIV epidemic.

As part of efforts to close the testing gap and sustainably place and keep people with HIV on treatment, Ghana recently launched a national campaign on the first 90 to accelerate testing and actions towards universal treatment. We project that this will result in over 45 per cent of the population knowing their HIV status by 2020. We are committed to this ambitious target through mobilizing people and resources with the support of our partners.

The National Strategic Plan adopts a treat-all policy. Access to safe, affordable and efficacious medicines, including diagnostics and related health technologies, is critical to enhancing the quality of life of people living with HIV/AIDS. Ghana therefore commends the Secretary-General for the establishment of the High-Level Panel on Access to Medicines and looks forward to the findings and recommendations of the Panel.

Sub-Saharan Africa remains the worst HIV-affected region. AIDS is the leading cause of death among adolescents and women of reproductive age. Yet to date we have been reliant on the importation of antiretroviral drugs. To ensure universal coverage and sustainability, we must work together to change this narrative.

Ghana affirms its commitment to the African Union road map on AIDS, Tuberculosis and Malaria, which highlights, among others, priority actions to ensure accelerated access to affordable and quality-assured medicines and health-related commodities. In this regard, we support the call for protection and enforcement measures for intellectual property rights to be made compliant with the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights and be interpreted and implemented in a manner that supports this and similar regional and national initiatives.

Ghana lauds the effort of the Secretary-General on behalf of the Every Woman, Every Child initiative. The Government of Ghana has also launched national campaigns on ending child marriage and on reducing the incidence of HIV among adolescents and young women with the aim of reducing gender-based violence and enhancing access to social-protection programmes that benefit people living with HIV.

Interventions to protect human rights, preserve dignity and improve access to quality health care have been introduced. To ensure sustainable and predictable funding for the national response, we are diversifying sources of HIV funding. The Ghana AIDS Commission Bill currently before our Parliament contains clauses establishing and resourcing an HIV and AIDS Fund.

While acknowledging that the mobilization of resources at the national level is necessary, significant scaling up of global funding will be required to end the AIDS epidemic and avoid a rebound of HIV infections. AIDS remains both a universal challenge and a universal responsibility, and international financial support to complement domestic funding of HIV/AIDS programmes is critical, especially in sub-Saharan Africa. The benefits of investing in AIDS are evident.

In conclusion, I wish to express Ghana's support for the 2016 Political Declaration. We call on the international community to continue to support efforts to harness the AIDS machinery to tackle broader global health and development challenges.

The Acting President (*spoke in French*): The General Assembly will now hear a statement by Mrs. Dominique Ouattara, First Lady and Special Envoy of the President of the Republic of Côte d'Ivoire.

Mrs. Ouattara (Côte d'Ivoire) (*spoke in French*): I am very honoured to take the floor on behalf of my country, Côte d'Ivoire, and as Special Ambassador of the Joint United Nations Programme on HIV/AIDS (UNAIDS) at this high-level meeting.

At the outset, I should like to convey the warm greetings of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Alassane Ouattara. This meeting is of crucial importance to our countries because its goal is to meet the remaining challenges to ending the global AIDS epidemic. Indeed, despite the significant progress made in recent years, the pandemic continues to claim countless victims, notably among women, young people and children. This unacceptable

situation requires significant investment in order to achieve the goal of eliminating AIDS by 2030.

I would now like to recall the strong commitment of my country, Côte d'Ivoire, and in particular of President Alassane Ouattara, which has allowed us to make notable progress in combating the AIDS pandemic in Côte d'Ivoire. In that regard, he has stated:

> "We must fast-track the issue of treatment in Côte d'Ivoire so as to ensure access for the other 50 per cent that have yet to be in treatment. I have decided to allocate additional resources to that end. I seek the sustainability of the achievements made in our country and the subregion by considerably reducing our financial dependence on foreign sources and by permitting Africa to produce its own medications."

With this commitment from the Government of Côte d'Ivoire and the support of its partners and the international community, our country has already made significant progress in combating AIDS, although much remains to be done. In fact, new HIV infections fell by more than 50 per cent, from 52,000 in 2000 to 25,000 in 2014. With respect to treatment access, more than 150,000 people living with HIV are on antiretroviral treatment. The percentage of seropositive pregnant women receiving antiretroviral drugs rose significantly from 46 per cent in 2012 to 80 per cent in 2014. In combating stigmatization and discrimination, Côte d'Ivoire has adopted a specific law for the protection of people living with HIV/AIDS. These notable results have evinced a response from Mr. Michel Sidibé, Executive Director of UNAIDS, who has stated that, with just a little more effort, Côte d'Ivoire could be one of the first countries of West Africa to eliminate HIV transmission from mother to child.

For my part, I call for the creation of a strong global partnership to implement coordinated synergetic actions so that we will be able to eliminate the AIDS epidemic in the next few years. I remain convinced that our common actions will promote equal access to antiretroviral treatment. That stage is vital to overcoming the paediatric HIV treatment gap and is one of the pillars of the UNAIDS goal — namely, 90 per cent of children screened, 90 per cent of children in treatment and 90 per cent of viral suppression. I therefore call for everyone to mobilize and commit to seeking local solutions that would include, among other things, the production of quality antiretroviral drugs that are accessible to all and the implementation of innovative methods for awareness-raising and prevention, particularly focused on youth.

In conclusion, we hope that the recommendations emerging from the international meeting of Health Ministers, entitled "Towards the end of paediatric AIDS", held on 10 May in Abidjan, will be included in the final political declaration. That would be a major contribution from Africa, demonstrating its commitment and the high priority it places on the paediatric treatment of HIV.

The Acting President (*spoke in French*): The General Assembly will now hear a statement by Mrs. Ginette Michaud Privert, First Lady and Special Envoy of the President of the Republic of Haiti.

Mrs. Privert (Haiti) (*spoke in French*): Five years ago, the General Assembly adopted the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (resolution 65/277, annex), which built upon the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The 2011 Declaration was built around three major themes: ramping up global action against HIV/AIDS, unwavering political commitment and solidarity, and the implementation of a global response to combat the epidemic, end it and alleviate its effects. Those three themes are as relevant and topical today as they were five years ago.

We can welcome the fact that the strategies and efforts rolled out over the past few decades have begun to bear fruit. We are seeing a downward trend in infection rates at the global level. In its 2015 global AIDS progress report, the Joint United Nations Programme on HIV and AIDS (UNAIDS) described a 38 per cent decrease in new cases of infection linked to HIV, and even reported a drop of 58 per cent in infection rates among children, including in the 21 most affected African countries. We sincerely hope that those encouraging indicators signal that the fight against the pandemic has entered a crucial phase. Hope has undoubtedly been reborn. Nevertheless, it would surely be premature to claim victory, given the magnitude of the pandemic in certain regions of the world and the ongoing risks of its spread. Despite all the ground gained, we are still far short of our goal of universal access to treatment for all infected persons.

It is clear that the international community needs to step up its efforts. In particular, donor countries,

international organizations and the private sector, including global pharmaceutical companies, need to enhance their engagement in order to tangibly improve the efficiency and effectiveness of the global response to AIDS. Recognition of this urgent global problem is not enough in and of itself; we must allocate adequate resources to guarantee universal access to treatment, prevention and care services linked to HIV/AIDS.

I should like briefly to share some information about the current situation in my country. Haiti remains one of the countries worst affected by the HIV/AIDS epidemic outside of the African continent. HIV epidemic prevalence rates have stabilized at around 2.2 per cent, but the epidemic is far from being contained. Of the more that 140,000 individuals living with the illness, 60 per cent are women. The epidemic has dealt its harshest blow to those aged between 20 and 49 years. Haiti was the second country after the United States of America where AIDS was diagnosed at the end of the 1980s. Research groups were immediately set up, helping us to pinpoint the characteristics of the new pandemic in a developing country.

That early response allowed us to undertake targeted interventions through research. They allowed us to reduce the national prevalence rate of infection from more than 6 per cent to 2.2 per cent by 2012. Nonetheless, the prevalence rates, in particular of mother-to-child transmission, which stands at higher than 6 per cent itself, remain unacceptable. Alongside the standard prevention tools, Haiti has also joined the treatment-as-prevention strategy, making early treatment a major tool in controlling the epidemic. In order to make the strategy effective, the World Health Organization (WHO) has established the so-called 90-90-90 goals. In other words, 90 per cent of seropositive persons will know their HIV status; 90 per cent of those persons will receive sustained antiretroviral therapy; finally, 90 per cent of persons treated will have an undetectable viral load.

If those objectives are to be realistic in Haiti, a number of obstacles will need to be overcome, in particular access to universal treatment, adherence to treatment, viral suppression and preventing resistance to antiretrovirals. Haiti will do everything in its power to deliver on the 90-90-90 results sought by WHO, but there are many difficulties ahead. Overcoming them will require strengthening national efforts and the support of the international community.

We welcome certain results and successes in our national response to AIDS. These include a reduction in HIV prevalence among pregnant women, an increase in the number of sites offering antiretroviral treatment, a doubling in the number of screening tests since 2010, and better care for children, among others. Those results are due not just to public interventions, but also to a great extent to the joint action of international institutions, private health-care entities and Haitian and foreign non-governmental organizations dedicated to the fight against AIDS, which have distinguished themselves by their outstanding engagement and performance. On behalf of my Government, I commend them publicly.

Nonetheless, despite this encouraging progress, ending the epidemic by 2030 runs up against multiple and sizeable challenges. The scale of the needs, the context of current underfinancing, the institutional instability compounded by structural handicaps in my country and the weakness of its essential infrastructure have markedly exacerbated the complexity of the situation. The Government of the Republic of Haiti is currently faced with the pressing obligation to deliver institutional normalization through the upcoming presidential and legislative elections, which should contribute to the strengthening peace, stability, the rule of law and democracy in Haiti.

Nonetheless, at a time when needs have never been so pressing in the field of health, inter alia, we can only deplore the drastic reduction in official development assistance budgets, including funds earmarked for humanitarian aid, which have drastically reduced the Haitian authorities' capacity for investment and assistance in such crucial areas as the fight against HIV/AIDS, which is a national priority. We therefore urgently appeal for an essential boost in solidarity and international cooperation in order to allow us to meet the current challenges.

In the name of human dignity, we must do our utmost to extend access to available care and therapy. Ending the HIV epidemic is not beyond our reach, but, as was underscored by the Executive Director of UNAIDS, we only have five years to change the trajectory of the epidemic. Let us therefore pool our efforts to better combat HIV/AIDS by substantially reducing the costs of medicines and making them more accessible and affordable and by promoting greater availability of health care.

I express the hope that the guidelines that will emerge from this high-level meeting will powerfully contribute to regalvanizing our energies in this global combat in order to give new hope to the millions of persons around the world who currently live with this illness and remain deprived of access to treatment, care and the necessary therapies.

The Acting President (*spoke in French*): The General Assembly will now hear a statement by Her Serene Highness Princess Stephanie, Personal Representative of His Serene Highness Prince Albert II, Sovereign Prince of Monaco.

Princess Stephanie (Monaco) (*spoke in French*): Throughout its history, humankind has had to face many pandemics that lasted for centuries and were finally eradicated through the discovery of vaccines. AIDS is a trial, but one that we can learn from. While the disease appeared only recently, we have met the amazing challenge of halting its expansion, although a vaccine has not yet been found. Those positive results are due solely to the collective will to eradicate the disease and our capacity to organize ourselves to that end.

The challenge, however, is far from won. Michel Sidibé declared in Addis Ababa last year that in 2000 a conspiracy of silence reigned. AIDS was the disease of others. Treatment was for the wealthy, not for the poor. Since then, the international community has made significant advances and has agreed to face reality. An unbelievable political, scientific, social and human commitment was made at the international, national and especially local levels. The Millennium Declaration, the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the 2011 Political Declaration on HIV/AIDS were all key steps that helped decision-makers gird themselves for battle and to score points against the disease.

Thus, in 2016 the conspiracy of silence has been weakened. Because the fight has been waged long and loudly, shame is lessening, tongues are loosening and hearts are opening. In 2016, AIDS is no longer the disease of others, but a disease that touches us closely, whether it be our families or our friends. We have all lost at least one loved one to the disease. We all share the same grief at not having known how to avoid it.

The term "pandemic" is also relevant, because it is by definition a subject that concerns all peoples. That is why I believe that AIDS requires the collective responsibility of all. In 2016, access to treatment is no longer reserved for the rich, but we should not stop there. It is unacceptable for the most vulnerable to be condemned to the twofold sentence of being sick and excluded because they live in underprivileged countries, because they are stigmatized or discriminated against. They are extraordinary heroes who are fighting every day to survive. It is therefore to them that we must give our assistance and be held accountable.

We meet today to talk about the end of AIDS. Is it that prospect close at hand? Will we succeed without a vaccine, through willpower alone? I want to believe that, yes, given all that we have achieved in just a few decades. But it is also time to mobilize again to find solutions that will allow us to tell future generations that in the early twenty-first century, humankind eradicated, in a few decades and without a vaccine, a deadly disease that could have taken centuries to eradicate in a different era.

I welcome the work on the proposals by the Secretary-General in his report "On the fast track to ending the AIDS epidemic" (A/70/811). We must change our approach if we are to be more effective. To that end, local communities and their leaders must ensure prevention, combat stigmatization and restore to those living with HIV their rightful place in society and their dignity.

Since the beginning of the pandemic, aware of global public-health issues, Monaco has actively committed itself to this cause. For my part, I will continue to do my bit to fight against AIDS by making it a priority to stand alongside those living with HIV. With the members of my team in Fight AIDS-Monaco and the House of Life, we work every day in the Principality, in France and in underprivileged countries for prevention among young people and target populations, for access to care for the neediest, and for respect for the rights of those living with the virus. The Principality of Monaco supports the Joint United Nations Programme on HIV/AIDS efforts to achieve the 90-90-90 goal, and will continue to invest in the common goal of eradicating the disease, because in 2030 no one should die of AIDS or suffer from a lack of care or discrimination. This is a fight that my country, its Head of State, my brother His Serene Highness Prince Albert II, and I will wage tirelessly.

The Acting President: I now give the floor to His Excellency Mr. Joseph Kasonde, Minister for Health of the Republic of Zambia.

Mr. Kasonde (Zambia): I have the honour to deliver this statement on behalf of the Group of African States. The African Group would like to welcome the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). That important document constitutes our framework for the fight against HIV and AIDS during the next five years.

The Group takes note of the Secretary-General's report, entitled "On the fast track to ending the AIDS epidemic" (A/70/811), and its recommendations. The African Group would like to take this opportunity to reaffirm the strong commitment of the African Member States to fighting the AIDS epidemic. The Group is convinced that political will at a high level and national leadership and ownership are key in the fight against HIV/AIDS. Therefore, we welcome the reaffirmation of the sovereign rights of each country, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the Declaration, consistent with national law, national development priorities, full respect for the various religious and ethical values and cultural backgrounds of its people and in conformity with universally recognized human rights.

The African Group would like to reiterate the common African position to the General Assembly on the Political Declaration adopted today, Africa notes that key populations vary from country to country, in accordance with the national context, and that each country should define the specific populations that are key to the AIDS epidemic and respond based on the local epidemiological context.

At this stage, the Group would like to acknowledge that women and adolescent girls in Africa carry the burden of HIV/AIDS. According to the Secretary-General's report, the AIDS epidemic continues to disproportionately affect sub-Saharan Africa. Adolescent girls and young women continue to experience elevated HIV risk and vulnerability, and AIDS remains the leading cause of death among women of reproductive age in Africa. Therefore, for the African Group, the use of key populations in paragraphs 42 and 62 (e) of the outcome document should be made in line with those specific contexts.

As we now all embark on implementing the 2030 Agenda for Sustainable Development (resolution 70/1) and the Sustainable Development Goals, this high-level meeting on HIV/AIDS signifies a uniting purpose to end AIDS, as an important milestone towards ultimately eliminating new HIV infections. We recall that in June 2006 in Abuja, our leaders declared 2010 as the year of universal access to HIV prevention, treatment and care and support services for the African continent. Since then, Africa, in collaboration with its partners, has achieved considerable progress in creating awareness and the effective mitigation of the pandemic among its population. Significant progress has also been made by Africa towards universal access to health-care services in general and HIV/AIDS treatment in particular.

The rate of new infections has declined or stabilized in many African States, and AIDS-related deaths are declining as treatment programmes expand. Despite this progress, there is still much more left to be done. Approximately 2.1 million people were newly infected with HIV in 2015; two thirds of them live in Africa, which remains the epicentre of the HIV epidemic. We note with alarm the sustained vulnerability of young people, especially young women and adolescent girls, to HIV infections in Africa.

The African Group applauds the achievement of reaching 15 million people living with HIV with antiretroviral therapy before the December 2015 deadline. In the same vein, we believe that zero new infections, zero discrimination and zero AIDS deaths are attainable before 2030. Emphasis should be on prevention, advocacy and education on healthy lifestyles. Treatment and innovation of new medicines, including vaccines, should be at the core of our efforts. The African Group reaffirms the need for technology transfer, capacity-building, market access and the support to make use of flexibilities afforded by the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights, including simplifying and strengthening health regulatory procedures.

The Group recognizes that poverty and unemployment exacerbate HIV and AIDS. The Group therefore calls for the increased resources devoted to HIV and AIDS responses, including the implementation of the Addis Ababa Action Agenda

and official development assistance to support national strategies, financing plans and multilateral efforts aimed at combating HIV and AIDS. The African Group is concerned at the fact that sub-Saharan Africa remains the worst affected region. Exceptional action is required at all levels to curb the devastating effects of this epidemic.

The AIDS response is failing children and young people in Africa. As highlighted in the Secretary-General's report, young people account for 16 per cent of the global population but represent 34 per cent of adults acquiring HIV. AIDS is now the leading cause of death among adolescents in Africa and the second leading cause among adolescents globally. In some instances, the report has alluded to the fact that not all pregnant women have access to antiretroviral therapy, including HIV testing. Western and Central African countries have the lowest treatment coverage. We appeal to our partners to triple their resources and interventions in order to scale up treatment in these subregions.

While southern and eastern African countries have shown improvements over the past years, the two subregions still house 42 per cent of all children who acquired HIV in 2014. Issues relating to the formulation of pediatric antiretroviral therapy regimens, such as finding the right dose and the right taste, still remain a challenge. Transmission among children is increasingly concentrated in the breastfeeding period. Only 32 per cent of children living with HIV are receiving treatment. Coverage remains its lowest in the Middle East and North Africa.

Late diagnosis of HIV remains the most substantial barrier to scaling up HIV treatment and contributes to HIV transmission. Many people delay testing due to fear of the stigma and discrimination that may follow. In eastern and southern Africa, only 10 per cent of young men and 15 per cent of young women are aware of their HIV status. The African Group stresses the urgent need to close the testing gap. The Group underscores that prevention, diagnosis, treatment, strong surveillance systems and universal access to services must be the priority. In this regard, increased access to early infant and pediatric diagnosis and treatment which requires strengthened health systems and mechanisms should be given the attention they deserve. Furthermore, sexual health education related to HIV can foster HIV knowledge and influence positive sexual behaviour among the youth.

The Group underscores that universal access to HIV and AIDS treatment, care, support and cure remains paramount in the global response strategies and constitutes a fundamental human right. The Secretary-General's report estimates that in sub-Saharan Africa, only 32 per cent of adults living with HIV have viral suppression. Food security is a critical barrier to linkage to care, treatment adherence, retention care and viral load suppression. Malnourished people living with HIV are two to six times more likely to die within the first six months of treatment. Treatment and retention gaps are acute in humanitarian emergencies.

The Group recognizes that HIV response has been slow to address the myriad health-care and support needs of people living with HIV, including tuberculosis, hepatitis, sexually transmitted infections and food security in a holistic manner. Advances in HIV treatment have contributed to longer life spans and the blurring of the line between infectious and chronic diseases. On one hand, many low- and middle-income countries, of which the majority are in Africa, are facing a double burden, as the prevalence of non-contagious diseases is rising more rapidly than that of infectious diseases, such as HIV. Women living with HIV are four to five times more likely to develop cervical cancer than HIV-negative women.

The Group believes that innovation is required to produce better, optimized and long-lasting formulations of antiretroviral medicines, vaccines and cures, including effective and affordable treatment for common co-infections, such as tuberculosis, sexually transmitted infections and hepatitis. We are of the view that ending the AIDS epidemic will require the availability of the innovative and effective tools without delay. Capacities should be built in countries to access health technologies when they are available. In the same vein, global trade and other policies should support health goals.

The African Group remains committed to a collective and shared response to HIV. We continue to consolidate our efforts to tackle HIV at the centre of our development plans and to incorporate HIV programmes into our broader development efforts. In order to sustain these integrated efforts, we must all look at sources of support, financial or political, and broader societal acceptance of and contribution to our collective fight to end AIDS by 2030. The Group remains concerned that people living with HIV also continue to face challenges in all regions of the world, including restrictive laws,

policies and practices that violate human rights and maintain structural conditions that leave populations without access to HIV care services.

In some instances, people with disabilities are at higher risk of HIV infection, due to their vulnerability to violence, sexual abuse and stigma and discrimination. The Group therefore is grateful to all States that have enacted laws and lifted travel restrictions on people living with HIV and AIDS. In conclusion, the African Group reaffirms its commitment to fighting HIV and AIDS and calls on our partners to join hands with us to attain a future that is free of HIV and AIDS. We believe that zero new infections, zero discrimination and zero AIDS deaths are possible and achievable, even before the set deadline. The true outcome of this vision rests on its implementation, which can be achieved by working together and collaborating with people living with HIV and AIDS. It always seems impossible until it is done. Together, we can overcome.

I will now deliver a statement in my national capacity. Please accept very warm greetings from the President of the Republic of Zambia, His Excellency Mr. Edgar Chagwa Lungu. It was his desire to be present at this high-level meeting on HIV/AIDS. However, he very much regrets that, due to unavoidable circumstances, he could not be with us today to join other leaders to take concrete steps in the fight against the world's most daunting task — overcoming the global crisis of HIV/AIDS. Nevertheless, he wishes this high-level meeting success with concrete commitments towards eradication of the epidemic.

Let me join the Heads of State and Government in thanking President Lykketoft and the United Nations system for convening this very important high-level meeting on HIV/AIDS. Zambia is proud to have co-facilitated the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). In addition, I wish to commend Secretary-General Ban Ki-moon for his personal and unprecedented leadership in the global fight against HIV/AIDS and also for his far-reaching report (A/70/811), which has highlighted a number of pertinent recommendations, inter alia, the need to commit to ambitious testing, treatment and prevention targets among all populations, including the 90-90-90 targets and the elimination of new HIV infections among children and keeping their mothers healthy.

The holding of this high-level meeting is timely, as it is just after the Millennium Development Goals have run their course and nations are now embarking on the implementation of the 2030 Agenda for Sustainable Development (resolution 70/1). Therefore, it poses a challenge to all of us, to assess our achievements, learn from our failures and chart a new course, based on the 2030 Agenda that commits not to leave any one behind. Indeed, the global commitment to end AIDS by 2030, as set forth in the Agenda, is a great opportunity for us to address the myriad of health challenges faced by our nations.

Sustainable Development Goal 3, with the overarching aim to ensure healthy lives and promote well-being for all at all ages, has nine targets, with target 3.3 specifically focusing on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. There are several other goals and targets in the framework that are relevant to ending AIDS by 2030. It is therefore important to look at the Agenda holistically in order to assess how they might impact on issues of HIV.

By ending poverty and hunger, ensuring quality health care and education and achieving gender equality, the world would be addressing some of the underlying factors that leave people vulnerable to HIV infection. These should, however, be coupled with the promotion of economic growth and decent work, making cities safe and resilient and promoting peaceful and inclusive societies. Strengthening HIV programmes to secure affordable HIV treatments can also contribute to other health and equity agendas, including tuberculosis, hepatitis and non-communicable diseases.

As a nation, we have identified a synergetic relationship between poverty and HIV/AIDS. In this regard, our response is premised on the recognition that HIV/AIDS is more than a health problem, but that it is also a development issue. This understanding has expanded our focus to encompass a multisectoral and multidimensional response. In order to coordinate and strengthen the multisectoral and multidimensional response, Zambia, through the National HIV/AIDS/STD/TB Council, has representation from a cross-section of society such as Government institutions, non-governmental organizations, the private sector, religious organizations, youth, traditional leadership and people living with HIV/AIDS.

The Council is tasked with formulating and reviewing policies and coordinating HIV/AIDS, sexually transmitted diseases and tuberculosis activities to ensure the effective monitoring and evaluation of programmes and activities. The Council also reports to the Committee of Cabinet Ministers. Zambia believes that reducing HIV incidence requires a combination of prevention, treatment, advocacy, care and support, including specific interventions on sexual and reproductive health and rights, such as eliminating mother-to-child transmission by ensuring that all pregnant women can access prevention of mother-to-child transmission services.

Further, Zambia remains committed to adopting innovative and game-changing interventions that will increase the number of men accessing voluntary medical male circumcision, intensify comprehensive condom programming and scale up comprehensive sexuality education, among other things. We believe that comprehensive sexuality education is an important tool for empowering young people with the accurate information critical to reducing HIV infections, sexually transmitted infections and unintended pregnancies.

In addition, we would like to inform the Assembly that Lusaka is one of the 13 global cities identified to fast-track the end of AIDS, and more than 50 of our towns and cities have signed the Paris declaration to fast-track the AIDS response and achieve the 90-90-90 targets. The community has also responded to the crisis by developing various initiatives and infrastructure aimed at mitigating the impact of the scourge on the family and society. This is being done through such programmes as home-based care, orphan support and income-generation and community support groups for both the infected and affected. The responses we have put in place are bearing fruit. Consequently, Zambia has begun to record a downward trend in the HIV/AIDS prevalence rate among the young aged group and an overall stabilization of HIV rates since 1993, in both rural and urban areas.

In conclusion, I would like to reaffirm Zambia's commitment to the declaration on HIV/AIDS that has been adopted by this High-level Meeting. We believe that this signifies the dawn of a new era as we implement the Sustainable Development Goals. We therefore remain convinced that the Political Declaration will result in an unprecedented galvanization of global commitment and action to combat HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Dorcas Makgato, Minister of Health of the Republic of Botswana.

Ms. Makgato (Botswana): I am delivering this speech on behalf of the Chairman of the Southern African Development Community (SADC), who happens to be my President, Lieutenant General Doctor Seretse Khama Ian Khama. I have the honour to speak on behalf of the 15 States members of the Southern African Development Community.

SADC aligns itself with the statement made on behalf of the Group of African States.

The SADC group wishes to assure you, Sir, of its full support and cooperation towards a successful conclusion of this crucial gathering. This is a pivotal time, when the whole world has come together to take stock of the progress made in the global response to the HIV/AIDS pandemic and craft a way forward.

We need to learn from our experiences with the HIV and AIDS response, both good and bad, to shape the future. The SADC region has made tremendous progress in the area of HIV and AIDS treatment. However, HIV prevention has lagged behind. There is therefore a need for a lot more innovation, and we implore this gathering to be bold in the area of HIV/AIDS prevention. HIV/AIDS testing is key to mapping our prevention efforts. Many SADC member States have introduced and are implementing point-of-care HIV and AIDS testing services.

The SADC region is greatly affected by three major diseases: HIV/AIDS, tuberculosis and malaria. It is therefore important to integrate in order to make the most of our health systems. We urge this gathering to acknowledge and promote integration as a key strategy in the global response to HIV and AIDS.

Globally, regionally and nationally, there have been remarkable efforts in the attainment of the "three ones" principles developed by the Joint United Nations Programme on HIV/AIDS, the universal access targets and the Millennium Development Goals. In the SADC region, we have hope for an HIV/AIDS-free future. We have put many of our people on treatment and have saved many lives. This reinvigorates us to continue to do our best to achieve the "three zeros": zero new infections, zero discrimination and zero AIDS-related deaths. It is our sincere belief that together we can end AIDS by 2030.

Ending AIDS by 2030 requires a combination of interventions that include the availability of adequate, predictable and sustainable resources to address biomedical and behavioural interventions. As leaders of SADC, we recognize the importance of increasing our domestic financing for HIV and AIDS. We will endeavour to make available the best-skilled human resources to the response. However, we definitely cannot do this alone. We therefore request continued, increased, predictable and sustainable financial assistance from our partners to augment whatever shortfall we may have. We request assistance that is aligned to our priorities, as defined in the SADC HIV and AIDS, Sexual and Reproductive Health, Tuberculosis and Malaria Programmes Integration Strategy, as well as the SADC Regional Indicative Strategic Development Plan.

In conclusion, I thank Secretary-General Ban Ki-moon for his stewardship. I also thank our key stakeholders present in this Hall. Their leadership in this global response is very much appreciated. We, the SADC member States, are committed to playing our part to the best of our abilities.

I will now deliver a statement in my national capacity as representative of Botswana.

Botswana aligns itself with the statements delivered on behalf of the Group of African States and the SADC region.

The Government of Botswana is committed to ending the AIDS epidemic by 2030. We are proud that we have been fortunate enough to have strong political commitment to and accountability for our national response. To demonstrate this, Botswana allocates more than 17 per cent of its budget to health, surpassing the Abuja target of 15 per cent. The Government of Botswana contributes more than 60 per cent of funding to the national response to HIV/AIDS, and we get the balance from our development partners.

Ever since the first case was diagnosed in 1985, the Government of Botswana has put in place a number of initiatives aimed at preventing, managing and controlling the epidemic. These are beginning to bear fruit, as we are witnessing a decline in incidence rates from 1.5 per cent in 2008 to 1.35 per cent in 2013. As a country, we have been at the forefront in leading the HIV response. For example, we were the first country in Africa to introduce national antiretroviral therapy and national prevention of mother-to-child transmission programmes. Currently, more than 95 per cent of our HIV/AIDS-positive people have access to antiretroviral drugs, as per the CD4 cell count of 350. Today I am proud to mention to this gathering that, just a week ago, His Excellency the President of the Republic of Botswana officially launched the National Treat All Strategy, which went into effect on 1 June and was officially launched on 3 June. All diagnosed HIV-positive individuals will now be placed on antiretroviral treatment irrespective of CD4 cell count.

In the area of prevention of mother-to-child transmission, we have brought down mother-to-child transmission to 1.6 per cent. This indeed sets us on the course towards eliminating such transmission and ending AIDS by 2030, in accordance with target 3.3 of the 2030 Agenda for Sustainable Development (resolution 70/1).

Our national response to HIV and AIDS required that we transform how we deliver our services. This included the rolling out of HIV consultations, prescribing and dispensing, as well as task shifting of service provision. I am also happy to report that data from our ongoing studies in Botswana indicate that we are within reach of realizing the 90-90-90 fast-track targets by 2020. The study was done in 30 communities and indicates that 83 per cent of our HIV-positive individuals know their status, 87 per cent of these are on treatment and 96 per cent, that is, more than 90 per cent, of those on treatment have viral suppression.

Despite these successes, we still have financial and technical challenges that make us even more determined to work harder. We continue to work with partners to address these. Let me, at this juncture, thank all our partners for the support that they have continued to provide to us as we work towards ending AIDS by 2030.

The Acting President: I now give the floor to His Excellency Mr. José Narro Robles, Minister of Health of the United States of Mexico.

Mr. Narro Robles (Mexico) (*spoke in Spanish*): Fifteen years ago, the Organization adopted its first Declaration of Commitment on HIV/AIDS. One and a half decades later, there is a real chance of ending this epidemic and the suffering it causes by 2030. We will achieve this goal only if we maintain the effort that has gone before, if we accelerate the strengthening of the actions that have been showing to have the greatest impact, and if we increase solidarity with nations that are the most in need and have the least resources.

The progress achieved is not inconsequential. We have seen the infection become a chronic disease; we have increased the life expectancy of patients and improved their quality of life; and we have made headway towards building a more inclusive and fair society in permanent alliance with civil-society organizations and people living with HIV. However, much remains to be done. One of the main barriers left to be overcome, as incredible as it seems, is acknowledging that AIDS is still a public-health problem and one that affects all of us, as it adversely impacts development and therefore cannot be ignored.

To address the epidemic, it is essential that the populations most affected be explicitly identified and put at the front of response efforts: gay men and men who have sex with men and their female partners, transgender people, male and female sex workers, and people who take intravenous drugs. Indifference or denial are not part of the solution. We cannot hide the existence of these groups, nor can we ignore them. I invite all countries, in a context of respect for human rights, to build inclusive societies where no one is left behind and all people have equal rights. I invite them to meet with and listen to key populations and incorporate them effectively into each country's individual response effort and to address issues of sexual diversity and combat homophobia and social transphobia. Only then will we succeed.

It is therefore imperative to eradicate laws that favour discrimination against the lesbian, gay, bisexual, transgender and intersex (LGBTI) persons community. In that connection, on the National Day Against Homophobia, Mr. Enrique Peña Nieto, President of Mexico, reaffirmed the commitment of his Government "to non-discrimination and to build a Mexico that is genuinely inclusive, where all persons can fully exercise their rights". Similarly, our country recently joined the LGBTI Core Group, which is convened by the United Nations.

The case of adolescents and young people is particularly important, and it is important to recognize that in my country one in three persons affected by HIV is unaware of their status. To narrow the gap, we must seek comprehensive strategies that address the needs of young people and ensure secular, science-based sexual education, which is a fundamental pillar to achieve the required changes and to provide them the elements that allow them to assume their sexuality in a responsible, informed and protected way. It is necessary to expand access to HIV testing and make it universally available, without discrimination and with respect for human rights. It is important to use new technologies accompanied by the required information and confidentiality. In the case of intravenous drug users, we must shift from a prohibitionist policy to one of public health and respect for human rights, as the President of Mexico affirmed in April in this Hall (see A/S-30/PV.1).

HIV/AIDS is not a problem only in some regions of the world. On the contrary, it is a concern for all countries, and we must all make an effort and actively participate in addressing it. There is a need for political commitment at the highest level and a need to strengthen international cooperation, to promote the coordination of the efforts and actions taken by the relevant multinational agencies and for supportive strategies to provide for the financial needs of those countries with the greatest problems and the least budgetary capabilities to achieve a more free, fair and inclusive world and, of course, one without AIDS. I hope we will see this in our lifetimes.

The Acting President: I now give the floor to His Excellency Mr. Victor Shafranskyi, Minister of Health of Ukraine.

Mr. Shafranskyi (Ukraine): It is my pleasure and honour to address this significant forum on behalf of the Government of Ukraine. I would like to put on record that my country, Ukraine, welcomes the adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex).

Ukraine is a high-impact and fast-track country of the Eastern European region, which, unfortunately, has the second-highest HIV epidemic rate among Eastern European and Central Asian countries. It is estimated that there are approximately 220,000 people living with HIV in Ukraine, with approximately 11,000 new cases detected every year. Given the alarming fact that Ukraine accounts for 19 per cent of all people living with HIV in Eastern European and Central Asian countries, the progress in my country in combating the epidemic will have a large positive effect on the prospects of ending the epidemic in the whole Eastern European and Central Asian region.

Currently, Ukraine is struggling to build stability and security in the country. The annexation of Crimea and military aggression, backed by the Russian Federation, in the east of the country has resulted in

slowing down the economy and limited financial resources. I would like to highlight that the armed conflict in Ukraine impacted territories with more than 5 million inhabitants; 40 per cent of people under medical supervision and 40 to 50 per cent of people receiving treatment for HIV/AIDS living in the temporarily occupied territories remain beyond the reach of the Government.

However, despite all the challenges and because of the help of international organizations and bilateral donors, such as the Joint United Nations Programme on HIV/AIDS, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, and many others, as well as because of the financial commitment of the Ukrainian Government, the country stands committed to effectively combat the epidemic.

Today, Ukraine provides key HIV treatment and prevention services that demonstrate the country's achievements in fighting HIV/AIDS, including in key affected populations, as well as for intravenous drug users. For example, during the past 10 years, antiretroviral therapy coverage increased 20-fold; the share of the State budget for procurement of antiretroviral treatment increased 13-fold and the opioid substitution therapy programme coverage increased 53-fold. During the past 12 years, the level of HIV transmission from mother to child dropped by a factor of 7, from 27 down to almost 3.5 per cent.

To end AIDS by 2030 and implement the Fast-Track strategy, Ukraine started the process of reviewing existing strategies and policies in order to more effectively manage the response to the HIV epidemic in Ukraine and adopted World Health Organization test-and-treat guidelines in December 2015. I would like to emphasize also that, in April 2016, the city of Kyiv, our capital, joined the Paris Declaration to End the AIDS Epidemic, becoming the first city in Eastern Europe and Central Asia to start implementing the fast-track strategy in large cities.

While we are proud of our achievements during these difficult times for the country, we are also aware that a lot more needs to be done. In order to maintain the achieved results and strategize for the new 90-90-90 ambitious targets, the Ministry of Health of Ukraine established an intersectoral working group and, with the technical support of the United Nations, donors and technical partners, developed a draft strategy for a sustainable response to tuberculosis, including its resistant forms, and the HIV/AIDS epidemics until 2020. The strategy sets 90-90-90 targets and optimization options for HIV prevention, treatment, care and support for ending AIDS as a public-health threat by 2030. More than ever before, Ukraine is fully committed to implementing the Declaration, which will bring the country closer to the standards of humanistic and people-centred societies.

The ambitious targets of the country towards ending AIDS assume the shared responsibility of all national partners. We are proud of our partnership with the civil society organizations. We believe, that given all the risks and instabilities that the country currently faces, Ukraine should be given special attention and increased support from all partners and donors in assisting it to effectively combat the epidemic.

The Acting President: I now give the floor to His Excellency Fernando Llorca Castro, Minister of Health of the Republic of Costa Rica.

Mr. Llorca Castro (Costa Rica) (*spoke in Spanish*): Costa Rica is delighted to join the consensus around the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). Costa Rica also aligns itself with the statement recently delivered by the representative of Argentina on behalf of a group of countries (see A/70/PV.97).

Costa Rica would like to acknowledge the facilitators of this important process, the representatives of Switzerland and Zambia, and thank them for their work. It would also like to thank Secretary-General Ban Ki-moon for convening this important and necessary meeting.

My country has been engaged in the fight against HIV and AIDS for many decades in both the public and private sectors, with a focus on human rights and gender, seeking always to optimize the resources available to treat confirmed cases, while promoting prevention and the adoption of interministerial and intersectoral strategies aimed at a comprehensive response. Our efforts have enabled us to address the problem at the institutional level by providing treatment to all affected by the virus, and we continue to work to reduce the incidence, especially in key populations that are considered most vulnerable.

We recognize the need to begin the evaluation process to determine whether we have eliminated vertical transmission in Costa Rica, as Cuba has already done in Latin America. To that end, we have made a formal request to the Pan American Health Organization and the World Health Organization with regard to starting the evaluation process. We hope soon to obtain accurate data from the evaluation in order to improve our work.

We recognize the need to eliminate the stigma and discrimination associated with HIV and AIDS. However, we continue to encounter discrimination in the care of vulnerable distinct groups, such as transgender persons or people involved in prostitution. In response, the Government of Costa Rica, with the participation of the President of the Republic, has announced compulsory care with guaranteed long-term treatment, for humanitarian and public health reasons, of all cases of sexually transmitted diseases, including HIV cases, whether or not they have health insurance or are nationals or foreigners.

In order to treat those affected by the virus, they must first be properly diagnosed. As a result, we have launched a programme funded by the Global Fund to fight AIDS, Tuberculosis and Malaria comprising mobile units located in two of the largest areas of the country with most-at-risk populations, including the transgender population and people involved in prostitution. At the same time, rapid testing with universal coverage is in the final phase of implementation. In Costa Rica, the resistance to adopting it has been baffling, since the enzyme-linked immunosorbent assay is strongly supported by health professionals. In order to counter this trend, a comparative study was conducted to demonstrate that the sensitivity and exactitude of the assay showed little change when it is applied.

As a country, we appreciate the valuable cooperation of international organizations, in addition to the many non-governmental organizations (NGOs) that provide our projects with technical and financial assistance. However, at the same time, as a country committed to ending the AIDS epidemic by 2030, we appeal to those organizations and NGOs to promote our pilot projects, with a view to a final structural phase to formalize the best practices and structural changes that will lead to the ideal society that we seek; otherwise, the positive results of those projects will become anecdotes about the best practices to be taken into account, when in reality they could go much further by contributing to achieving the world without AIDS that we all seek.

Costa Rica will remain committed to such progress and to the 2030 Agenda for Sustainable Development (resolution 70/1) as our common goal.

The Acting President: I give the floor to His Excellency Mr. Jagat Prakash Nadda, Minister of Health and Family Welfare of the Republic of India.

Mr. Nadda (India): I am happy to join all who are here today for this high-level meeting on HIV/AIDS. I also commend the efforts of the Permanent Representatives of Switzerland and Zambia for steering the difficult negotiations on the Political Declaration on HIV and AIDS (resolution 70/266, annex) to a successful conclusion.

We have come a long way in our collective fight against the spread of the AIDS epidemic that had engulfed large sections of populations across the world. Strong political will and concerted targeted action over the past decade and a half have contributed to strong achievements in pushing back the epidemic. The number of HIV-affected people living on antiretroviral therapy has increased substantially, and the annual number of AIDS-related deaths has gone down considerably. Those remarkable successes have demonstrated that the target of ending the AIDS epidemic by 2030 is realistic. Sustained political commitment and action are necessary to address the scale of the challenges ahead.

India, which faced the spectre of the disastrous consequences of the AIDS epidemic 15 years ago, has been able to manage the challenge effectively. Deaths due to AIDS have been reduced by nearly 55 per cent since 2007. New HIV infections have been reduced by 66 per cent since 2000, and about 1 million people affected by AIDS are currently on antiretroviral therapy. Targeted interventions based on close collaboration with and the empowerment of communities and civil society, with appropriate funding from the Government, have helped to deliver key life-saving services to the affected population.

Those remarkable successes would not have been possible without access to affordable medicines. The low-cost generic medicines produced by the Indian pharmaceutical industry have been instrumental in scaling up access to HIV treatment, not only in India but in other parts of the world, especially in the developing countries most affected by the scourge. More than

80 per cent of the antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry. The accessibility and affordability of drugs have helped save millions of lives around the world.

India is proud to be one of the leading partners in the global fight against the AIDS epidemic. We are collaborating actively with a range of partner countries and stakeholders, including the Joint United Nations Programme on HIV/AIDS (UNAIDS). I discussed various aspects of the issue with a number of fellow Ministers from Africa, at a special multi-stakeholder event on the sidelines of the Third India-Africa Forum Summit, hosted by India last October in New Delhi. Only a few days ago, at the sixty-ninth session of the World Health Assembly in Geneva, my ministerial colleagues, on behalf of the Brazil, Russia, India, China and South Africa (BRICS) ministerial group, hosted a very well attended discussion on the importance of affordable medicines. In October, the BRICS Health Ministers also reaffirmed their commitment to putting their countries on the fast track to end the AIDS epidemic by 2030.

I would like to propose five ways in which the global family can act together in the next five years.

First, we agree that we must adopt the fast-track targets proposed by UNAIDS. Reaching 90 per cent of people in need with HIV treatment and prevention must be our primary goal. Prevention must not be forgotten even as we provide treatment for all people living with HIV. This is a time when we must maximize the impact of all known prevention and treatment efforts. HIV service delivery can become a model for expanding health coverage to all aspects of health.

Secondly, we must increase investments. The role of international assistance and cooperation cannot be underestimated. Now is the time for developed countries to do more, not less, and to enhance their commitments. We cannot afford to give the epidemic a chance to rebound.

Thirdly, we need to ensure access to affordable medicines and commodity security. India is committed to maintaining the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights. We reiterated this commitment in 2015 during the Third India-Africa Summit, responding to the call of our brothers and sisters in Africa.

Fourthly, we need to create an inclusive society that values every human life. Our success in targeted interventions comes from the belief in restoring the respect and dignity of individuals. At-risk and vulnerable populations, particularly women and girls, need protection from sexual abuse, exploitation and violence. Societal change is slow, but we must not give up on the principal value that all men and women are created equal.

Fifthly, global solidarity is necessary. We are in this fight to end the AIDS epidemic together. All forms of cooperation — including North-South and South-South cooperation, multilateral and bilateral cooperation, as well as collaboration among Governments, the private sector and civil society — must be strengthened. The multisectoral response to AIDS should not be sacrificed in favour of a narrow biomedical approach. The only way we can decisively end the epidemic is by being united in our efforts.

This high-level meeting will leave a mark on history. Let it be remembered as a time when the world took bold decisions based on science and when narrow divisions were buried in favour of creating an inclusive society, paving the way to end one of most devastating modern scourges.

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

President Touadera (*spoke in French*): It is a real pleasure to address the General Assembly on the important theme of fast-tracking the end of AIDS. On behalf of my people, I thank the Secretary-General and the Organization he leads for the key role that the United Nations has played since the 2001 meeting in Abuja on mobilizing and increasing resources to fight HIV/AIDS in developing countries, particularly in Africa.

In Istanbul on 23 May, I had the opportunity to say that the multiple crises in my country have led to an unprecedented humanitarian crisis. That humanitarian crisis has undermined all our efforts to counter HIV/AIDS by slowing the multisectoral response to HIV/AIDS, as a result of which we have seen a minimal increase in the various indicators that allow us to evaluate the level of implementation of various programmes created in response to our 2011 Declaration of Commitment.

Between 2013 and 2014, almost one third of patients in antiretroviral treatment were unable to continue their treatment because of the massive displacement of populations and difficulties in organizing their care. My country has nevertheless enjoyed the support of all agencies of the United Nations system, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, bilateral partners and non-governmental humanitarian organizations. Those interventions have allowed us to face the twofold challenge that the Central African Republic confronts: on the one hand, the burden of the HIV epidemic, manifested by a prevalence of 4.9 per cent in 2010 and, on the other, the consequences of the crisis on the quality of our response. Thanks to this support, we have been able to partially halt the negative effects of the crisis and to maintain the decline in its prevalence to the level initially foreseen in the Spectrum model.

The early results of an on-site sentinel screening survey of pregnant women indicate a prevalence rate of 4.4 per cent. Nevertheless, despite the efforts deployed, many challenges must be overcome if the Central African Republic is to align itself with other countries in fast-tracking its actions to end the HIV/AIDS epidemic by 2030. It is with that in mind that the country has adopted a national strategic plan for the intermediate period of 2015-2020 so as to contribute to the intensification of global efforts during this brief window of fast-tracking our actions. Our main goal is to increase to 90 per cent the currently very weak antiretroviral coverage, which is now at 24 per cent. Particular focus will be placed on preventing new infections. The resources needed to implement the strategic plan are estimated to be approximately €240 million. While expressing my most sincere thanks to those who have supported us in this long-term fight for a number of year, I take this opportunity to call on our development partners to support our actions. Long live the international and national partnership in the fight against HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Veronica Skvortsova, Minister of Health of the Russian Federation.

Ms. Skvortsova (Russian Federation) (*spoke in Russian*): I welcome all to this high-level meeting on one of the most acute problems of global health care, namely, HIV/AIDS. Included among the key elements of the 2030 Agenda for Sustainable Development (resolution 70/1) is the target to end the HIV/AIDS epidemic by the year 2030. The Russian Federation considers the issues linked to combating HIV to be among the most significant we face. The Russian Federation Ministry of Health, together with specialists and civil organizations, has developed a special Government strategy to effectively combat HIV infection to 2020 and beyond that defines the major principles and activities of our country's HIV/AIDS policy.

The key strategic focus areas in the fight against HIV/AIDS were chosen based on their potential to contribute to the efforts to deal with that complex problem. For first-time prevention, we are implementing a series of intersectoral measures, including psychologically tested educational programmes, with clear information for various ages and social groups, above all young people. We are widely using television, other media, social Internet networks and Russian and regional events in advocating voluntary HIV testing.

Russia has joined a group of global leaders in efforts to end the vertical transmission of HIV by way of carefully considered preventive measures implemented over a decade. Today, 98 per cent of Russian children born of HIV-positive mothers are born healthy. To prevent the spread of HIV infections among drug users, we are implementing a comprehensive rehabilitation and reintegration programme based on a demand-reduction strategy or voluntary motivation to refrain from using narcotics. Along with not-for-profit organizations and religious denominations, we are creating rehabilitation centres where modern medical, psychological, educational and social technologies are in use.

In Russia, no-cost HIV screenings are carried out yearly — anonymously if so desired — for more than 30 million people, or 20 per cent of the population. The volume of antiretroviral therapy for HIV-infected citizens has grown fivefold in the past few years, to 37 per cent of all of those under observation. In many regions in more difficult situations — for example the Crimea, where, in 2014 we noted a spike in HIV infections based on increased drug use — the statistics are significantly higher, which in 2015 alone allowed us to lower the death rate from HIV infection by more than 26 per cent in that region.

So as to further increase the volume of the 90 per cent target indicators in the country, we are undertaking comprehensive measures to increase commitment to treatment, which has recently risen by one third to

over 70 per cent, and to decrease the cost of purchasing medication, which is provided at no cost to those infected. The use of standardized treatment modules recommended by the World Health Organization (WHO) — through centralized State procurement, the broad use of generic medications and, most importantly, the policy of replacing imports — allowed us to more than halve prices in 2015, while for certain medications prices have decreased even further.

It is important to stress that the activities undertaken to combat HIV/AIDS in Russia are financed by the federal budget, thereby freeing those infected from any financial burden. Moreover, Russia provides financial support to programmes to combat HIV/AIDS in other Eastern European and Central Asian countries.

Today we have adopted the Political Declaration on HIV and AIDS (resolution 70/266, annex), which lays out a systematic intersectoral approach to resolving the issue of HIV/AIDS at the national, regional and global levels. Its success will depend largely on effective national programmes to combat HIV/AIDS that are based on common global goals, while taking national situations and legislation into account. That will serve as our reference point in the implementation of the Political Declaration. We hope that the business community will assist in resolving the problem of HIV, especially concerning increased access to medication.

In conclusion, I wish to express my conviction that our joint effort will lead to a significant decrease in the burden of HIV/AIDS around the world. Russia will participate actively and effectively to that end.

The Acting President: I now give the floor to His Excellency Mr. Armen Muradyan, Minister of Health Care of the Republic of Armenia.

Mr. Muradyan (Armenia) (*spoke in Russian*): The commitments undertaken by the Government of Armenia in joining the adoption of the 2001 Declaration of Commitment on HIV/AIDS and subsequent political declarations have fundamentally changed Armenia's conceptual approach to the HIV/AIDS response. The country has strengthened its political commitments on HIV/AIDS based on its responsibility to the public sector and civil society and for the future well-being of the Armenian population.

The country administers a closely linked system of services on HIV/AIDS, tuberculosis and maternal and child health, thereby ensuring early diagnosis, the provision of quality health care and the most effective treatment, as well as other medical services for all of those in need.

It should be noted that donors and international organizations play an essential role in achieving success. Armenia is one of the recipient countries of the Global Fund to fight AIDS, Tuberculosis and Malaria and the Russian Federation's Technical Assistance Programme for Countries of Eastern Europe and Central Asia in Combating Infectious Diseases. Under those programmes significant contributions have been made to Armenia's health-care system, including new infrastructure and improved access to HIV prevention and treatment services.

Armenia is responding to HIV/AIDS in accordance with the Joint United Nations Programme on HIV/AIDS (UNAIDS), especially the agreed AIDS action framework that provides the basis for coordinating the work of all partners, Armenia's national AIDS programme and technical assistance provided by UNAIDS, the World Health Organization (WHO) and other partners. Programmes implemented in the country through external financing are being carefully evaluated and demonstrating performance ratings greater than 100 per cent. The fact that HIV prevalence is no more than 5 per cent in any of the populations practicing risky behaviour, and significantly below 1 per cent among pregnant women, demonstrates the effectiveness of the preventive measures.

Despite the fact that the Eastern Europe and Central Asia region, which includes Armenia, is presently experiencing the fastest-growing HIV epidemic in the world, Armenia has a low HIV prevalence rate among adults, at only 0.2 per cent. The spread of the HIV/AIDS epidemic in our country is characterized by the key fact that the majority of registered HIV/AIDS cases are found among labour migrants infected abroad, where risky behaviour and limited access to health care, prevention and information services increase migrants' vulnerability to HIV infection in the host countries, thereby impacting morbidity rates and resulting in late diagnoses and decreased treatment effectiveness.

Armenia has gained considerable experience and recorded a number of achievements in responding to the HIV/AIDS epidemic at the inter-agency level, and through HIV prevention, treatment and services integration. In addition, as of 2001 no case of HIV transmission related to donated blood has been registered

in the country. As an important accomplishment it should be noted that, from 2007 to date, no HIV case has been registered among children born to HIV-positive mothers. Armenia has achieved the WHO indicators and targets to validate the elimination of mother-to-child transmission of HIV, based on which the country initiated the validation process. As a result of the WHO/UNAIDS experts mission, the country's achievements in that area were approved by the WHO Global Committee. Today I am delighted to state that owing to our consistent effort, Armenia has just become one of the first countries in the world to receive WHO certification of the elimination of mother-to-child HIV transmission.

We hope that in future the Global Fund, through donor countries and organizations, as well as United Nations agencies and other partners, will play a significant role in supporting implementation of the national AIDS programme. Global solidarity and collaboration will be the cornerstone of our efforts to end the AIDS epidemic. I also hope that this high-level meeting will provide new impetus in achieving universal access for people living with HIV/AIDS to treatment, support services and quality health care, making it possible to end the AIDS epidemic by 2030.

Today we face the serious problem of reductions in donor funding, in particular as provided by the Global Fund. The Armenian Government has already increased the State budget allocation for the HIV/AIDS response and committed to its gradual increase in the coming years. However, it will be insufficient to cover all of the needs — all the more since we must end the AIDS epidemic.

The 2030 Agenda for Sustainable Development (resolution 70/1) establishes new commitments for countries to achieve 17 Goals in the next 15 years, as an incentive to take action in areas of great importance for humankind. Armenia has made significant progress in achieving the Millennium Development Goals. However, much work remains to resolve the remaining problems and address the issues on the agenda.

Today the President spoke of Nelson Mandela (see A/70/PV.97), and in quoting him posed a question: What is worse — war or HIV/AIDS? Truly, where is justice when a child is born with HIV — a child who has done nothing wrong, but been born already with HIV? Where is justice? Where is justice when those who wish to study in their own country, study their own language, live in their own country, where there parents and grandparents have lived, cannot? Where is justice when those who want to live in their country, in Nagorno Karabakh, are faced with the issues of two months ago? Which is worse — the HIV virus or the virus of inhumanity? When the virus of hatred affects those at the highest levels of Government in their country, it affects their brains and leads them to become vandals who issue orders to "Kill the elderly and the children", then it becomes difficult to answer those questions?

Today Armenia has eliminated mother-to-child HIV transmission. The next generation may not know the meaning of HIV or war, if today we can provide an answer to those questions. I am sure that future generations will not have to decide which is worse, rather, they will have to decide which is better — peace or empowerment?

The Acting President: I now give the floor to His Excellency Mr. Hermann Gröhe, Federal Minister of Health of Germany.

Mr. Gröhe (Germany): Let me first of all align myself with the statement to be delivered on behalf of the European Union and its member States.

Ending AIDS by 2030 is a huge promise. It is a commitment that all people living with, or affected by, HIV are counting on. The 2030 Agenda for Sustainable Development (resolution 70/1) is a milestone in global health policy. It is our sacred responsibility to fulfil that promise and achieve the ambitious goals set out in the Agenda.

As stated by the Secretary-General,

> "The AIDS response has delivered more than results. It has delivered the aspiration and the practical foundation, including the medical advancements, interventions and partnerships, to end the epidemic by 2030. All that truly remains, the missing link that will determine whether fast-track targets will be met or missed, is the political commitment to implement our proven tools adequately and equitably." (*A/70/811, para. 3*)

HIV and AIDS remains a challenge for every society, not only from a health perspective. It serves as a call for every Government to take responsibility and show political leadership if we want to fulfil our common commitment of leaving no one behind.

Due to the fact that HIV is affecting the most disadvantaged and stigmatized groups, political leadership is of the utmost importance. The social exclusion or stigmatization of individual groups based on their gender, sexual orientation, ethnic origin or behaviour promotes the spread of new HIV infections. That also means that we will be unable to achieve the fast-track goals without removing laws that punish homosexuality or fail to recognize drug addiction as illness.

Of grave concern are adolescent girls and women, who are at particular risk and affected by the HIV epidemic in many regions. Advancing gender equality and the empowerment of women and girls is essential to effectively end AIDS, which is the leading cause of death among adolescents globally, and adolescent girls are the only group among which AIDS-related deaths are rising. We must ensure that adolescents and young people have access to comprehensive sexuality education and user-friendly sexual health and HIV services.

The experience of Germany over the past years shows that access to quality sexuality education does not result in earlier sex. Instead, it has the opposite effect. In fact we have one of the lowest teenage pregnancy rates worldwide.

In recent years Germany has increased its overall financial commitment in the area of global health to €800 million annually. We support bilateral programmes on HIV. We are committed to the Global Fund to Fight AIDS, Tuberculosis and Malaria and are looking forward to a successful replenishment conference in September.

The Joint United Nations Programme on HIV/AIDS remains key in coordinating and strengthening the multilateral response to the AIDS epidemic. Investment in health is investment in the future. Strong, resilient and sustainable health systems are essential to realizing our joint vision as a global community and AIDS-free world by 2030.

Germany has been very successful in its national HIV response. However, we will continue to strengthen our efforts to significantly reduce new HIV infections, especially in the group of men having sex with men. To that effect, we recently adopted our new integrated strategy on HIV, hepatitis B and C and other sexually transmitted infections. With the new, integrated approach, we want to sustainably contain those infections by optimizing integration and coordination of HIV services with other relevant services.

Taking account of common modes of transmission and increased rates of co-infection among key populations, the strategy aims at providing person-centred and holistic prevention and care interventions. Removing the taboo from sexually transmitted infections and embedding HIV into the context of other sexually transmitted infections may also contribute to reducing the stigma and discrimination associated with HIV and AIDS.

As mentioned by Secretary-General Ban Ki-moon, we must avoid any complacency in the AIDS epidemic. Approaches and mechanisms pioneered by the AIDS response can serve to overcome systemic challenges that give rise to repeated disease outbreaks and new epidemics of chronic diseases, while building towards equitable universal health coverage. That will be possible only if all political leaders assume their responsibility, engage our youth and work meaningfully and based on trust together with civil society and people living with HIV.

In that spirit, I reaffirm Germany's commitment and my country's responsibility in assuming the responsibility that we all share as States Members of the United Nations.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Mouly Ieng, Senior Minister and Chair of the National AIDS Authority of Cambodia.

Mr. Mouly (Cambodia): First of all, I would like to congratulate the General Assembly on its adoption of the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex).

The success achieved by Cambodia has not happened by chance or because of the nature of its epidemic, but due to the strong and firm political commitment and the combined efforts of stakeholders such as the Government, development partners, non-governmental organizations, civil society, the private sector, people living with HIV and high-risk group networks. Together they made a joint decision, at all levels, on the development and implementation of the "three ones" principle.

Over 25 years, the national AIDS response, under the leadership, management and coordination of the

Royal Government of Cambodia, represented by the National AIDS Authority, has evolved and adapted to new challenges and opportunities, resolutely moving from epidemic control towards eliminating new infections, new AIDS-related deaths and discrimination by 2025 by ensuring access to quality prevention, care, treatment and support for people living with HIV and key affected populations. We can cite the following facts as significant evidence of that.

First, Cambodia created the National AIDS Authority as the single leading, managerial and coordinating body of the Government to oversee the HIV/AIDS epidemic and the multisectoral, comprehensive response.

Secondly, Cambodia adopted an HIV/AIDS law to create positive enabling environments to mobilize participation and tolerance from all strata of society, including the religious community and the public at large, to reduce discrimination and stigmatization towards people living with HIV/AIDS.

Thirdly, Cambodia enacted policies and strategies to effectively target all high-risk populations, such as entertainment workers, men who have sex with men, drug users and others, so they have better access to the continuum of prevention, care, treatment and support and to make sure that they are not driven underground and no one is left behind.

Fourthly, with the initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Cambodia was able to scale up the effectiveness of its prevention, care, treatment and support programme to reach more than 80 per cent of its target group in terms of geographic and service coverage.

As a result, some of Cambodia's achievements include the following. The HIV prevalence rate has gradually continued to decline, from 2 per cent at its peak in 1998 to 0.6 per cent by 2015. More than 90 per cent of the general population has knowledge of HIV/AIDS that could successfully prevent them from transmitting HIV. More than 80 per cent of high-risk groups use condoms consistently and regularly during sexual intercourse. More than 80 per cent of pregnant women can access the prevention of mother-to-child transmission programme. More than 80 per cent of people living with HIV and AIDS who are in need of antiretroviral treatment receive it regularly. More than 70 per cent of people living with HIV/AIDS, as well as orphans and children vulnerable to HIV/AIDS, receive social support regularly, including in the areas of nutrition, health care, schooling, income generation, et cetera.

I would like to take this opportunity to inform the international community of my Government's political commitment to reach the goals of the "three zeros" on HIV/AIDS as part of the Sustainable Development Goals on leaving no one behind. The Royal Government of Cambodia will redouble its efforts and commitments and join hands with Member States, under the leadership of the Secretary-General, to end the AIDS epidemic by 2030. Therefore, based on the need for a transformative moment in the fast-track approach to end the AIDS epidemic and the pledge to leave no one behind, Cambodia will continue to recognize HIV/AIDS as a major public health and social development issue by placing it at the top of the country's agenda in meeting its national strategy for a comprehensive and multisectoral response to HIV/AIDS.

Cambodia will remove all legal, regulatory, policy-related and social barriers by revising the current law, strategy and policy to make sure that the people-centred system is strengthened and basic rights are safeguarded to eliminate all forms of discrimination and stigmatization against people living with HIV. We will also continue improving the quality of prevention, care and treatment for key populations with respect to equity, effectiveness and efficiency.

Cambodia will also take into account the social determinants of HIV by addressing the root causes of fragile and neglected communities and populations. We will seek to break the conspiracy of silence by engaging community empowerment and mainstreaming and integrating the HIV and AIDS response into sustainable community development and investment plans.

We will work to bring high-risk and vulnerable groups out of the shadows by giving them full access to HIV/AIDS services, in accordance with their human rights, dignity, the principle of gender equality and the goals of ending gender-based violence and ensuring non-discrimination. We will work with all stakeholders as the key to accountability and transparency in the response to HIV.

Cambodia will accelerate and increase investment through innovative financing mechanisms, while recognizing shared responsibility and country ownership, by mobilizing financial commitments and contributions from all sources, especially via a

commitment to increase the national budget by 7 per cent per year.

We will strengthen the national monitoring and evaluation system to gather reliable, accurate and valid information on the HIV/AIDS epidemic, as well as on the progress, effectiveness and achievements in the response, to be used as scientific evidence for decision-making and for sharing in regional and global forums.

Finally, I highly value all the work carried out by Secretary-General Ban Ki-moon, who has always taken the lead in mobilizing the Global Fund to support many countries, including Cambodia, in their capacity to scale up effective interventions to achieve universal access. In addition, I would like to express my sincere appreciation to the developed countries that make financial commitments and contributions to the Global Fund.

The Acting President (*spoke in French*): I now give the floor to Mr. Gabriel Wikström, Minister of Public Health, Health Care and Sport of Sweden.

Mr. Wikström (Sweden): The science we know. The knowledge we have. The tools are there. We can end AIDS by 2030.

But to stop the HIV epidemic and the attitudes and discrimination that spread it, to reach zero AIDS-related deaths, we must act now. To do that, we will need real cooperation and coordination across sectors and borders. The Political Declaration just adopted (resolution 70/266, annex), the 2030 Agenda for Sustainable Development (resolution 70/1) and the fast-track strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS) will provide us with the means to do that and succeed.

Agenda 2023 is a unique opportunity for a real and integrated response to HIV/AIDS. It is an opportunity to really improve the health of women and girls, men and boys. It must also be fully grounded in human rights. Ending AIDS means defeating HIV in everybody, in all humans everywhere, regardless of ethnicity, age, sex or disability; regardless of HIV status, sexual orientation or gender identity. Human health means human rights, and vice versa. Laws that criminalize or discriminate against people's sexuality or their HIV status violate their human rights. Every time a law or practice violates those rights, it validates social stigma, which in turn directly harms universal care and undermines prevention. Zero new infections means scaling up primary HIV prevention, which works only when based on science and evidence.

Therefore, fully respecting human rights is a prerequisite to effectively treating and preventing HIV. To really end AIDS, we must end discrimination and stigma against lesbian, gay, bisexual, transgender and queer people, men who have sex with men, people who inject drugs, people who sell sex and people who live with HIV. Ending AIDS means reaching at-risk populations. Globally, more women of childbearing age are killed by AIDS than by any other disease. We must scale up efforts to reach women and adolescent girls and empower more girls and young women. We must strengthen gender equality — in Sweden and all over the world. To put old, destructive attitudes, behaviours and norms behind us, we must involve boys and men. They too need access to sexuality education and services for sexual health.

Those at risk also include all refugees and migrants. They face real risks to their physical, mental and sexual health, including the risk of HIV. Asylum-seekers must be reassured that their HIV status will not affect their application and that they are guaranteed access to treatment. In ending AIDS, knowledge is key.

The vital decisions every girl, and every woman, boy and man makes about their own body and their sexual life must be informed decisions. Everybody should have access to comprehensive sexuality education. Young people make up half the world population, yet their knowledge and needs are neglected. They are part of the solution, so they must be included in planning and implementing HIV and sexual and reproductive health and rights programmes. We must work with civil society and other non-State actors too. People living with HIV and key populations know more about the problems and solutions than many of us here today.

Let me assure the Assembly of Sweden's full support for the Political Declaration of this high-level meeting and for the fast-track initiative to end AIDS in the age of sustainable development.

Sweden has reached the 90-90-90 UNAIDS targets. But this is a global agenda, for all people worldwide. Therefore all of us as Member States must work together with civil society and the private sector to end AIDS, stigma and discrimination. A fully effective approach requires us to take action based on science and evidence and to act now.

The Acting President: I now give the floor to His Excellency Mr. Cleopa Mailu, Cabinet Secretary of the Ministry of Health of Kenya.

Mr. Mailu (Kenya): Allow me, on behalf of the delegation of the Republic of Kenya, to express my sincere gratitude to the General Assembly for convening this high-level meeting on HIV and AIDS. This is irrefutable proof that the General Assembly is fully committed to ending AIDS as a public health threat by 2030.

As a steadfast member of the global community, the Government of Kenya is delighted to be participating in this high-level meeting organized to track our progress and to make new commitments that will enable us to attain the Sustainable Development Goals on HIV and AIDS. Kenya therefore aligns itself with the African position.

As we meet to reflect on the achievements in the global HIV response, we recognize that it has been significant in shaping services and programmes in the health sector and in other sectors in our country. Kenya has learned that a committed multi-sector HIV response can rally the resources of different Government agencies, communities and partners towards a common goal and improve access to services, even for the most vulnerable in our communities.

Kenya has recorded significant progress. HIV prevalence has dropped to 6 per cent from 13 per cent a decade ago. HIV incidence has fallen 45 per cent, from 110,000 new adult infections to 72,000. The mother-to-child transmission rate has dropped 63 per cent since 2011, when the world committed to the elimination of such transmission. And Kenya is on track to reaching the 5 per cent goal in that regard.

Kenya has aggressively scaled up treatment and put over 900,000 people living with HIV on life-long antiretrovirals, having initiated treatment for 150,000 people in the past year alone. Seventy-two per cent of Kenyans have been tested at least once. With all those interventions, we have averted close to half a million deaths in the country.

The gains we have made have been driven by many factors. The HIV response has received much political support from the President of the Republic of Kenya and the First Lady's Beyond Zero Campaign, which allows us to focus on maternal and child care in our country. In addition, high-quality research has informed national policy and practice. Kenya's globally acclaimed, revolutionary HIV prevention road map guides our investments. A single policy framework, the Kenya AIDS strategic framework, a robust surveillance and reporting system, provides up-to-date data in a dashboard, dubbed the Kenya HIV situation room, that is available to the President, the Cabinet Secretary and other leaders to monitor. This strategic decision has enhanced programme quality and outcomes.

In spite of those gains, gaps and challenges continue to exist. There are disparities in the prevalence rate, the coverage of services by geographic areas and among populations and age groups across the country. The coverage of antiretroviral treatment among children is limited, and the number of new infections is still unacceptably high, especially among priority and key populations. Of special concern is our youth, whose primary cause of death is AIDS-related illnesses and who in 2015 represented 46 per cent of our 72,000 new adult infections. This has been associated with stigma and discrimination and limited access to information and services for this age group.

To address the gaps for Kenya and the world, my delegation therefore strongly urges this high-level meeting to adopt the bold commitments in this political declaration. The world needs commonly agreed HIV prevention targets. With 2 million new infections globally, we must commit to frontload resources for investments in HIV prevention. That must include addressing structural drivers of the epidemic, especially among girls and young women, promoting cross-sector accountability and HIV prevention, care and education in schools. Kenya therefore commits to implement the global 90-90-90 strategy and is adopting the World Health Organization recommended test-and-treat approach, with an aggressive scale-up in pediatrics treatment.

My delegation recognizes that antiretroviral treatment has increased life expectancy and is for life, and therefore Kenya and Africa must think into the next 50 to 70 years. The cost of antiretrovirals is, and will continue to be, a significant recurrent cost, being equivalent to 26 per cent of Kenya's national Ministry of Health budget in the current financial year. This draws attention to the need to increase domestic resources and find sustainable sources of funds for the HIV response into the long-term.

Furthermore, Kenya urges the removal of all trade barriers that may impede access and affordability of antiretrovirals by countries, especially as they become low-middle-income, while promoting incubation of local industries and easier entry of innovative products into the market.

Kenya recognizes that all the investments we deploy will be meaningful only when people living with HIV can live lives of dignity, free from discrimination. As I conclude, let me once again thank the President for the opportunity to address this meeting and to assure him of Kenya's support for the Political Declaration.

The Acting President: I now give the floor to His Excellency Mr. Roberto Gonzáles Ojeda, Minister of Public Health of Cuba.

Mr. Morales Ojeda (Cuba) (*spoke in Spanish*): Fifteen years after the adoption of the Declaration of Commitment on HIV/AIDS at the special session of the General Assembly in 2001, the world has changed rapidly, but the opportunities to access health services are uneven and inequalities remain one of the main challenges to achieving the overall goals of the 2030 Agenda for Sustainable Development (resolution 70/1). This meeting of the General Assembly provides us with an opportunity to review progress, share experiences and reaffirm the commitments to end the epidemic, as a legacy for present and future generations.

In his report (A/70/811), the Secretary-General recognizes the progress made towards reducing the global incidence of HIV and in social mobilization for respect, dignity and human rights; but there is no room for complacency, as the impact of the economic crisis persists, as do stigma and discrimination, which threaten progress on the fast track to end the epidemic. Guaranteeing a sustainable response to reach the 90-90-90 targets entail guaranteeing the right to health at the international level, as well as exchange and cooperation in addressing the social determinants of health. The developed countries should increase financial support and fulfil their commitments in order to achieve those targets. Undoubtedly, moving forward and tackling HIV/AIDS in the most affected countries require a far-reaching reform of the current international order, which constitutes a threat to the development of our peoples and which is the main source of inequality within and between countries.

In 2015 Cuba was certified by the World Health Organization (WHO) as the first country in the world to eliminate mother-to-child transmission of HIV and syphilis. That achievement is a result of the Cuban Revolution's health policy. Cuba ensures an effective programme of prevention, diagnosis and antiretroviral treatment for people living with HIV. That coverage increases in line with the changes in criteria recommended by WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Sustained progress is being made towards raising social awareness of the elimination of all forms of discrimination on the basis of gender, sexual orientation, gender identity and HIV status.

The Cuban health system is based on the principles of universality and free access, with intersectoral and community participation. That makes it possible for us to exhibit favourable indicators in the control of 29 communicable diseases and the elimination of 14 others, while an additional nine do not pose health problems. The infant mortality rate in Cuba stands at below 5 per 1,000 live births — among the lowest in the world — and life expectancy at birth is 78.45 years.

Developing human capital is both a priority for Cuba and a way to contribute in solidarity with other peoples of the world, where we currently have more than 49,000 health staff in 67 countries.

Cuba believes that the rights to education and health are essential for ending the epidemic. The need to ensure universal health coverage can be met only by strengthening primary health care and promotion and prevention efforts, with differentiated care for vulnerable populations. In that regard, we reaffirm our willingness and readiness to cooperate with other countries of the world that are in need, on the basis of our experience and achievements.

Cuba reaffirms its political commitment and contribution to accelerating the global, regional and country response with great responsibility. Only integration, international solidarity and cooperation can achieve sustainable responses and address the common challenges of the unequal and exclusionary globalized world that threatens us all.

Allow me to conclude with a quote from the historical leader of the Cuban revolution, Fidel Castro Ruz:

> "Yesterday's dreams have become a reality that we are proud of. Today's dreams, too, will become a beautiful reality".

The Acting President: I now give the floor to His Excellency Mr. Bernhard Haufiku, Minister of Health and Social Services of Namibia.

Mr. Haufiku (Namibia): First of all, Namibia would like to congratulate the General Assembly for adopting the 2016 Political Declaration on HIV/AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex).

Namibia aligns itself with the statement delivered by the representative of Zambia on behalf of the Group of African States, as well as with the statement delivered by the representative of Botswana on behalf of the Southern African Development Community.

Namibia joins the rest of the world in recognizing and celebrating the success in the fight against HIV and in increasing our efforts to get to zero. I am confident that, with the achievements already made, we can reach the 90-90-90 targets by 2020 and ultimately eliminate HIV by 2030. Namibia has achieved 84 per cent national HIV coverage and has made significant progress in preventing mother-to-child transmission of HIV. Our current prevention of mother-to-child transmission coverage stands at 95 per cent. In response to the call by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the allocation of a quarter of our budget to HIV programmes, Namibia has decided to allocate 30 per cent to combination prevention programmes, without necessarily jeopardizing the treatment and care programmes.

Allow me to highlight some commitments and success stories, but also some challenges that Namibia faces, pertaining to HIV/AIDS. There is the political will and commitment in Namibia to ending not only HIV but also poverty. As we all know, poverty and disease are interlinked. That has been demonstrated by our own President's call to end hunger and eradicate poverty, in line with Sustainable Development Goals 1 and 2, adopted here in the Hall in 2015 (resolution 70/1). My Government's commitment is further demonstrated in the funding of 65 per cent of our HIV programme. This will further increase in the short- to medium-term expenditure framework. We also have in place a strategic HIV framework with an implementation plan that includes prevention programmes among key populations and in a targeted manner.

Since June 2015, we have been conducting a pilot plan for the implementation of the World Health Organization's test-and-treat guidelines in three regions of Namibia. We are collaborating with Columbia University here in New York to do a population-based survey next year to get a better understanding of our HIV prevalence.

Another success story is that all our pregnant women who test positive for HIV are put in treatment regardless of their CD4 count. All children under the age of 15 who test positive and anyone who is co-infected with HIV, hepatitis B or tuberculosis is similarly put in treatment. Serodiscordant couples are similarly put in treatment. HIV medication is distributed and dispensed at all our district hospitals, health centres and clinics, and plans are now under way to go beyond to communities, villages and even households. This is what we call "must-tasking".

We have reached out through our prevention and treatment programme to keep populations such as sex workers, truck drivers, young adults between the age of 15 and 29 and prisoners from being left behind. We have a functioning school health education programme with comprehensive sexual education, which is essential to preventing infection among young people. In order to face Namibia's current challenges with regard to human health resources, especially the need for doctors, nurses, public-health experts and field epidemiologists, we are investing in training more community health-care workers to ensure their presence in every village and to enable us to reach out to every household.

My country also faces further challenges, such as low rates of male circumcision in certain regions, low rates of male HIV testing, unmet family-planning needs, including limited availability of condoms, limited youth-friendly health services and lack of coordination among stakeholders at the national level.

Going forward, our action will be focused on the effective implementation of universal health coverage to ensure access to quality and affordable health services for all Namibians; specific programmes targeted to hotspot and key populations; increasing cooperation and collaboration between the public and private sectors, as well as other stakeholders such as civil society and community-based organizations; continuous training and deployment of community health workers in all regions of Namibia to make sure no one is left out; and increased domestic resources,

mobilization and allocation to health, especially HIV combination prevention programmes, to ensure that the gains made over the years are not reversed.

In conclusion, working towards reaching the fast-track target would require continuous investment in prevention, care and treatment as well as support for everyone, with an emphasis on key populations and adolescents so they are not left out. Finally we would like to thank those who have helped us and worked with us in our efforts to combat HIV, notably the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, UNAIDS and other United Nations agencies.

The Acting President: I now give the floor toHis Excellency Mr. Piyasakol Sakolsatayadorn, Minister of Public Health of Thailand.

Mr. Sakolsatayadorn (Thailand): Thailand tackled AIDS first by stabilizing it, then rolled it back and reversed it with the strong determination to make it history. The reversal of the epidemic was achieved through 100 per cent condom use among sex workers in the mid-1990s, the prevention of mother-to-child transmission in 2000, and universal access to antiretrovirals in 2003. On top of strong, consistent political commitment, five important factors — five "I"s — have contributed to these achievements.

The first "I" stands for innovation, especially through social innovation. Since the 1990s, the 100 per cent condom use among sex workers and the prevention of mother-to-child transmission have been the most successful innovations. Today, we need additional social innovations to empower biomedical innovations to tackle hard-to-reach groups, especially migrants, men who have sex with men and people who inject drugs, as well as to increase access to counselling and testing and the adherence to treatment.

The second "I" stands for investment, especially local investment, the prevention of mother-to-child transmission is feasible due to the universal coverage of prenatal care and delivery by qualified health-care personnel. In Thailand that is the result of three decades of continuous investment to build up an equitable health-care system managed by qualified and committed personnel. We started universal access to antiretroviral treatment in 2003, mainly supported by the Global Fund. Within three years, the programme was fully financed by the local budget under universal health coverage. Not only have we proved that it is affordable, but we have spent less than 3 per cent of the universal health coverage budget on it. The share of local resources spent on comprehensive HIV/A1DS services was approximately 90 per cent last year.

The third "I" stands for intersectoral actions. In Thailand action is coordinated not only across Government sectors but also across civil society organizations, communities and the private sector, which are fully engaged in policy formulation, implementation, monitoring and evaluation. The members of the Thai delegation to this meeting and the members of the National AIDS Committee are good examples of our intersectoral collaboration.

The fourth "I" stands for intelligence. We have adequately invested in health systems, research and in information systems to ensure adequate intelligence for decision-making and for monitoring progress.

The last "I" stands for intensive. Our intensive approach for the last stretch of our journey, the last miles to reach triple zero, is RRTTR. It stands for reaching key populations, recruiting them into comprehensive services, testing those at risk, treating all those found positive and retaining both negative and positive key populations in the prevention, care and treatment continuum.

We fully stand by the new commitments and reaffirmations made in the Political Declaration (resolution 70/266, annex) adopted today. As we did five years ago, we pledge once again our sincere determination to realize those commitments and targets towards an AIDS-free world. United we stand, together we can. With strong commitments and perseverance, I confirm that we can — we can together fast-track our actions to make AIDS a thing of the past.

The Acting President: I now give the floor to His Excellency Mr. David Pagwesese Parirenyatwa, Minister of Health and Child Care of Zimbabwe.

Mr. Parirenyatwa (Zimbabwe): Zimbabwe fully aligns itself with the statements made by the representative of Zambia, on behalf of the Group of African States, and by the representative of Botswana, on behalf of the Southern African Development Community.

I am highly honoured, on behalf of the people and the Government of Zimbabwe, to have this opportunity to share the progress we have made in the response to HIV/AIDS in the past year. It is also my pleasure to convey to the General Assembly greetings from the

people of Zimbabwe. The HIV/AIDS pandemic remains a major challenge saddling Zimbabwe, the deep social and economic vestiges of which continue to affect our people. I am, however, glad to inform the Assembly that my country has recorded some progress towards ending AIDS by 2030, galvanized by the Millennium Development Goals and the new Sustainable Development Goals.

For 90-90-90 milestone targets in the HIV prevention fast-track targets, Zimbabwe's response to HIV/AIDS has remained anchored in three priorities. The first priority is prevention, the second priority prevention and the third priority prevention. This has been guided by the combination HIV prevention strategy. Our sustained focus on prevention has already begun to bear positive results, as our HIV incidence rate dropped from 0.95 per cent in 2013 to 0.18 per cent in 2015, with the prevalence remaining stable at approximately 15 per cent. That has been the result of a series of high-impact HIV prevention programmes, which were scaled up in the recent past, which include HIV testing services and the prevention of mother-to-child transmission, with that option available at almost all our sites.

We have also emphasized voluntary male circumcision, but also strongly promoted the use of condoms and their distribution, as well as treatment, prevention and behavioural change. We have also prioritized services for key populations, which in Zimbabwe include, among others, young people, particularly in tertiary institutions, mobile truck drivers, sex workers and prisoners, for whom specific prevention programmes have been developed.

I am hopeful that, as a net effect of those programmes, complemented by the HIV self-testing we launched at the International Conference on AIDS and STIs in Africa (ICASA), held in Harare in 2015, 90 per cent of our people will know their HIV status by 2020. We have also allocated $5 million from our domestic funding to stimulate and revitalize evidence-based community-driven HIV prevention interventions.

We took that decision when we realized that our antiretroviral treatment programme was receiving the most support, with prevention lagging behind and therefore raising a fear of a resurgence in new infections. It was also in response to the hotspots mapping exercise that was carried out, which indicated that certain geographical areas had a higher burden of infections than others. This initiative has been buttressed by the multisectoral response machinery, wherein we have leveraged the capacity and ubiquity of stakeholders to reach all communities and all key populations.

With the support from our partners, we have also expanded our antiretroviral therapy programme, the coverage of which has risen from 54.9 per cent in 2014 to 60.2 per cent in 2015 for adults, and from 68.6 per cent in 2014 to 78 per cent in 2015 for children. This progress may appear to be good. We have now seen an increase in cases of drug failures as a consequence of non-adherence. As such, our programmes are now becoming strong around antiretroviral counselling in pursuit of the 90-90-90 targets.

We have also rolled out viral-load testing. We have noted an increasing challenge with co-infection of tuberculosis and cancer. As a result, we have now integrated tuberculosis and cancer into the national response to HIV/AIDS, with the National AIDS Trust Fund supporting joint programmes in the procurement of diagnostic equipment and drugs for the three conditions. More than $1 million was spent in 2015 on the procurement of equipment and drugs for both tuberculosis and cancer. We have also introduced a public-private partnership for the supply of antiretrovirals, wherein our National AIDS Trust Fund is used to procure antiretroviral drugs in bulk, therefore making them cheaper and making them available to private pharmacies at a reduced price. Those drugs are targeted at medical aid clients who do not like attending public facilities. The initiative has resulted in the price of antiretroviral drugs in the participating pharmacies dropping from around $70 to approximately $17 for an individual's one-month supply. In turn, the initiative has recovered over $1 million in slightly over a year that we have ploughed back into the scheme to procure more drugs.

My country is very proud to have successfully hosted the eighteenth International Conference on AIDS and Sexually Transmitted Infections in Africa, which brought together over 4,700 representatives from around the world, including scientists, health workers, policymakers, people living with HIV and AIDS and community leaders and activists working in the field of HIV and AIDS, sexually transmitted infections, tuberculosis, malaria and Ebola. We have already begun implementing some of the recommendations and declarations made at the conference. I am also proud to inform the Assembly that we continue to

receive delegations from various African countries to share our experiences and lessons in initiating and managing AIDS.

Going forward, my country will continue to scale up and prioritize HIV prevention, especially as we push regional revitalization of HIV prevention so they have a local impact in our countries. We shall also pursue, test and treat strategies for all people living with HIV to access treatment while ensuring that the majority can also suppress their viral load, in line with the 90-90-90 targets.

Zimbabwe is strongly advocating for a fourth 90 for prevention — in other words we are advocating for 90-90-90-90 targets, so that the fourth 90 is for prevention. We hope that that will help us halt new HIV infections. Zimbabwe is working towards ending AIDS and other epidemics by 2030, as espoused in the Sustainable Development Goals. In doing that, we will also prioritize key populations and community interventions, while integrating AIDS, tuberculosis and cancer to save on resources and achieve better parity within the global time frame.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Saïd Aïdi, Minister of Health of Tunisia.

Mr. Aïdi (Tunisia) (*spoke in French*): I am pleased to attend the 2016 high-level meeting on ending AIDS, the first being held after 2015 and the adoption by the General Assembly of the 2030 Agenda for Sustainable Development (resolution 70/1).

I would like to take this opportunity to express, on behalf of Tunisia, our gratitude for the determination of all countries to end this public-health threat. Much remains to be done, and efforts must be intensified at the global level to end this epidemic by 2030. We therefore welcome the adoption this morning of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex).

Since the early 1980s, Tunisia has been a part of the global AIDS response. Its approach has always been people-centred and based on the principles of rights and equality in health care. The country's new Constitution, adopted in 2014, is a major opportunity to strengthen the progress made in combating HIV. Strengthening respect for human rights, gender, equality and access to health-care services and social protection without discrimination will allow an acceleration in our national response.

National strategic plans to combat AIDS have been regularly developed and implemented since the year 2000. Those plans have always been inspired and aligned with global strategies. They have always integrated and included screening, combined prevention and access to treatment, as well as the fight against stigmatization and discrimination. Our strategic plans have created a broad partnership between different Government sectors, United Nations agencies and civil society, as well as the growing involvement of communities of people living with HIV and those most at risk and vulnerable populations.

For the 2015-2018 period, a national strategic plan was developed on the basis of genuine cooperation with stakeholders in every region of the country so as to intensify the national response to HIV to achieve the three zeros: zero new infections, zero AIDS-related deaths and zero discrimination.

The 2030 Agenda for Sustainable Development (resolution 70/1) is at the heart of the current reforms of the Tunisian health-care system. Our reforms prioritize a strategic pillar of prevention and a health-care policy that is citizen-centred. Its primary objective is to consolidate our achievements in prevention and containment of major endemic diseases. Its second objective is to meet new challenges. The fight in combating HIV is an integral part of those challenges and requires additional resources and technical and programmatic innovations at the national level.

Even though the AIDS epidemic in Tunisia has a low prevalence rate, we are aware of its increase in the most exposed and vulnerable populations. We remain determined to deal with it and join the global appeal launched by the Joint United Nations Programme on HIV/AIDS to fast-track the response so as to end the AIDS epidemic by 2030 and to leave no one behind.

Tunisia, alongside the League of Arab States, has also contributed to the development of the Arab AIDS strategy for the period 2014-2020 and adopted its targets and objectives with this strategy as a guide. Let us nevertheless be aware of the challenges we face, such as inadequate access to screening and treatment in many of our countries, gender disparities and discrimination, as well as a lack of funding due to the global financial crisis.

Please allow me to launch a call for all our countries to overcome those challenges and for us together to end the AIDS epidemic by 2030. That will be a significant contribution to achieving the Sustainable Development Goals. Achieving those ambitious goals will require us to be innovative and to forge our solidarity at the global and regional levels.

On behalf of my country, I renew our commitment to continue the fight against HIV and AIDS and to adhere to the vision of eliminating the epidemic by 2030. I wish the Assembly every success.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Abdelmalek Boudiaf, Minister for Health, Population and Hospital Reform of the Republic of Algeria.

Mr. Boudiaf (Algeria) (*spoke in Arabic*): Once again, it is clear, as we are participating in the 2016 high-level meeting on ending AIDS, that the United Nations attaches a great deal of importance to the fight against AIDS. That is seen in the willingness of the international community to renew its determination to respond to the challenge at the highest level. The fact that we have all gathered here today also speaks to the General Assembly's desire to regalvanize that entire process and to fast-track the response to AIDS over the next five years in order to ensure that the world is on the right track towards ending this epidemic by 2030.

First and foremost, I would like, on behalf of the President of the Republic of Algeria, Mr. Abdelaziz Bouteflika, to thank Mr. Mogens Lykketoft, the President of the General Assembly, and Secretary-General Ban Ki-moon for this initiative. I would also like to commend the presence here at this gathering of senior representatives of States Members of the United Nations, from its specialized institutions and agencies and from civil society, all of whom have journeyed here to reaffirm their commitment to the future of the AIDS response and to underscore the importance of the role that getting this right can play in the overall attainment of the Sustainable Development Goals.

This high-level meeting is an opportunity for me to reaffirm solemnly here before the Assembly this afternoon, the political commitment of my country to resolutely pursue its response to AIDS and make Algeria a proactive stakeholder in the process of tackling AIDS, and to do so through our contribution to international efforts and through sharing our own experiences. As I am sure everyone is very well aware, the response to AIDS, despite the tangible results that we achieved within the framework of the Millennium Development Goals and despite scientific progress remains, a veritable challenge for our health-care systems. As a result, we must continue with our unwavering commitment to tackle AIDS and provide a proper response to this epidemic.

This high-level meeting already constitutes an opportunity to accelerate our activities, to intensify our efforts and to hold fast to the course set to end this epidemic by 2030. Moreover, the mobilization we are calling for is aimed at removing persistent obstacles, particularly those linked to the high costs of medicines and of the new technologies available. Those costs pose a heavy burden, all the more so for the countries of the global South. The mobilization we are calling for is also aimed at removing obstacles to universal access for all, in particular vulnerable populations. We need action, we need to ensure sustainable financing sources through innovative national and international funding models and we must also engage in tackling all forms of discrimination and stigmatization.

Algeria has made undeniable progress in the fight against AIDS. Nevertheless, it remains a national priority, all the more so as we seek to tackle risky sexual practices, to address the low level of take-up of protection and also to deal with the phenomenon of cross-border migration. All of those represent further factors of vulnerability that we have duly taken into account. It means that we cannot let down our guard. Our response to AIDS is clearly enshrined in the framework of international commitments and objectives that we have signed up to, such as the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, of June 2011 (resolution 65/277), backed by political will in Algeria, which is repeatedly reiterated and which is reflected in the comprehensive, all-out mobilization of the Government and all stakeholders, particularly civil society, and a multisectoral response framed by a prime-ministerial executive decree.

As part of our response, we continue to cover health-care costs for the response to HIV/AIDS up to 95 per cent; in other words, the State bears 95 per cent of the HIV/AIDS response costs. Part of this coverage is explained by the provision of free health care to all persons living with HIV/AIDS and the strengthening of partnerships with agencies of the United Nations system, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS). Our national

response is based on results-based planning and built around the recommendations of UNAIDS. We have already integrated the 90-90-90 targets as a priority in our own 2016-2020 strategic plan to combat HIV/AIDS. The approach that we have adopted has allowed us to record encouraging results, which puts us in a position to be able to say that ambitious targets can indeed be met if we deliver universal, free-of-charge and guaranteed access for all preventive and remedial services.

For our own part, levels of coverage in terms of the delivery of antiretroviral treatment had reached a little over 85 per cent as of 2015. Furthermore, Algeria's contribution to international efforts to tackle HIV/AIDS takes the form — within the framework of our high-level partnership with the United Nations sister agencies, particularly UNAIDS — of the organization of two high-level regional meetings over the last few years. The first such high-level meeting took place in 2014 and focused on women leaders and the response to AIDS in the Middle East and North Africa region. The goal of that meeting in 2014 was to make headway in gender equality, twinning that with an effective response to AIDS as part of the Arab strategic framework for the response to HIV and AIDS and the post-2015 development agenda. The meeting culminated in the adoption of the document known as the Algiers Call to Action.

The second meeting that we hosted took place in 2015 and was on fast-tracking HIV screening in our region. That meeting, framed by its understanding of the 90-90-90 targets, defined a new strategic approach calling for a revolution in screening practices in the region by sharing and taking on board best practices and by making available the latest technology and innovations. That led to the Algiers declaration, which identifies screening as a fundamental step in extending treatment. The Algiers declaration called for urgent action to be taken to accelerate levels of screening in the region in order to achieve the objectives of the 90-90-90 programme by 2020.

It is crucial, for the success of this meeting, to take into account regional and national contexts as we engage in our deliberations, given that the decade which just ended laid bare the scale of the vulnerability of many of our countries to socioeconomic shocks that arose in the aftermath of different events, such as the global financial crisis, conflicts and the migration crisis, all of which add to the burden of the HIV/AIDS epidemic and the woes represented by poverty and inequality, both within and between countries. It is essential in our approach that we analyse the interdependence of problems linked to health, poverty, human rights and the environment, but that we also duly take into account and respond to the growing scarcity of budgetary resources. Aware that we have arrived at a critical crossroads, Algeria, commensurate with the common African position, with which we align ourselves, believes that more than ever before, in order to guarantee our populations the right to health, dignity and the ability to thrive on a sustainable basis, we must share our experiences in the transfer of technologies in and the development of partnerships — all to uphold global solidarity and ensure the smooth functioning of sustainable financing mechanisms. We have to align our priorities so as to allow a tailored response that is commensurate with regional and national targets and needs.

The meeting rose at 6.20 p.m.