United Nations A/62/PV.102

General Assembly

Sixty-second session

Official Records

102nd plenary meeting
Tuesday, 10 June 2008, 9 a.m.
New York

President: Mr. Kerim . . . . . (The former Yugoslav Republic of Macedonia)

The meeting was called to order at 9.05 a.m.

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

Agenda item 44 (*continued*)

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

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The President: Pursuant to resolution 62/178 of 19 December 2007, the General Assembly will convene, under agenda item 44, a high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. The two-day comprehensive review will consist of plenary meetings, an informal interactive hearing with civil society and five panel discussions.

Statement by the President

The President: Addressing the global challenges of sustainable development, climate change, extreme poverty, hunger, and the HIV/AIDS pandemic, are the moral and political imperatives of our times. These challenges are all interconnected as progress in one issue leads to positive possibilities in other issues. This is why we are gathered here today.

Combating HIV/AIDS is fundamental to our quest for the dignity and worth of the human person and for better standards of life in larger freedom, words contained in the Charter of the United Nations. Sixty years later these words remain relevant in describing the challenges we face today. I welcome you all to this high-level meeting of the General Assembly to review the progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

I would like to acknowledge and welcome Mr. Anthony Fauci, a leading figure in the scientific and research community, and Ms. Ratri Suksma, a representative from civil society. At my invitation they will both address the opening session. This high-level meeting provides the opportunity for us first to take stock of the implementation of our commitments, and secondly to assess where we are falling short in meeting the targets in universal access by 2010 and the 2015 Millennium Development Goals (MDGs).

We are making progress towards achieving the 2010 targets for universal access and attaining the 2015 MDG to halt or reverse the spread of the disease.

However, this progress is not nearly fast enough. The failure to make sufficient progress in our response to HIV/AIDS profoundly impacts on all aspects of human development. The HIV/AIDS pandemic is not only a major public health issue, but also a major cause of what we now refer to as a development emergency.

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We cannot make progress on reducing poverty and hunger when millions of people die of AIDS each year in the most productive years of life, or are too ill and weak actively to contribute to economic and social development. We cannot make progress on universal primary education when, in some countries, more teachers die of AIDS than are being trained to teach. As a result, children are forced to stay at home to care for their sick relatives. We cannot make progress on gender equality and empowerment of women when the majority of HIV-infected adults are women, and infection levels among adolescent girls are still several times higher than for boys of the same age.

I also wish to pay tribute to the 147 Member States that made national submissions, and on this occasion to commend the Secretary-General for his report based on the national reports. As the Secretary-General's report correctly points out, mitigating the pandemic impact will advance the first MDG — to eradicate extreme poverty and hunger; promote Goals 4 and 5 — to improve child and maternal health; and contribute to Goal 3 — to empower women and promote gender equality.

Given the devastation wrought by HIV/AIDS on the education sector, particularly in sub-Saharan Africa, combating HIV/AIDS would also positively impact on efforts to achieve universal primary education. Improving our goal of global response to the HIV/AIDS pandemic must therefore become a central feature in all development efforts. We must continue to devote special attention to the pandemic in sub-Saharan Africa, which in 2007 accounted for 68 per cent of adults living with HIV, 90 per cent of HIV-infected children and 76 per cent of AIDS deaths.

The pandemic remains the leading cause of death among adults in that subregion. Here, the number of people in need of HIV treatment continues to outstrip financial, human and logistical resources, and will fall short of the 2010 universal access target.

The 2001 Declaration of Commitment recognized prevention as the mainstay of the response. Knowledge about the disease is critical for prevention. Yet, as the Secretary-General's report (A/62/780) says, knowledge about the disease among young adults is far below the targets set in 2001. Consequently, it is troubling that in 2007 the rate of new HIV infections was 2.5 times higher than the increase in the number of people on antiretroviral drug therapy. We must therefore step up our prevention efforts.

The situation of some vulnerable groups merits a special focus at this meeting. Children living with HIV, for example, are significantly less likely to receive treatment than HIV-positive adults. Diagnosis of infants is more difficult than in the case of adults, and medicines currently are more appropriate for adults than for children. Women and girls also merit our special attention. According to the Secretary-General's report, women now represent 61 per cent of the HIV-infected adults in Africa, and infection levels among adolescent girls in Africa are several times higher than for boys of the same age.

Addressing this issue, together with the broader issues relating to MDG 3, the promotion of gender equality and the empowerment of women would significantly improve the capacity of women to address the day-to-day challenges associated with the disease.

Prevention of HIV transmission from mother to child is an important and related issue. Measures undertaken in high-income countries have almost eliminated that type of HIV transmission. There has been similar success in lower-income countries that have prioritized such prevention measures. Yet, mother-to-child HIV prevention remains a challenge because children accounted for one in six new infections in 2007.

We should also focus our attention on the plight of children and orphans following the loss to AIDS of one or both parents. In 2001, Member States agreed to implement national strategies to strengthen the capacity of Governments, families and communities to support children orphaned by AIDS. Governments agreed to protect orphans and other children from discrimination, and to prioritize children-focused programmes. However, as the report illustrates, much remains to be done to implement these commitments. Children are our future. However, our own future is at risk if millions of children made vulnerable by AIDS continue to live in situations of dire poverty and hunger.

As Member States concluded during the General Assembly thematic debate on the MDGs in April of this year, success in addressing the health goals depends on building stronger national health-care systems, including better basic science and diagnostic tools. Leadership from national governments in

prioritizing health and developing effective plans to combat disease is critical. Leadership, at all levels — international, national and local — is critical for an effective response to HIV/AIDS. Experience has demonstrated that courageous leadership at the forefront of prevention efforts contributes to a reduction in the rates of infection. Leadership can ensure that adequate resources are allocated to HIV prevention, treatment and care, and that those resources are spent prudently. Leadership also ensures that those made vulnerable by the disease are also protected.

As we conduct our deliberations, we must remember that the lives of millions depend on our decisions to make universal access a reality. Let us allow this high-level meeting to inspire us through our various forms of leadership. Government leaders, members of civil society and United Nations officials must take the necessary steps in order to see a major turning point in the effort to combat the global HIV/AIDS pandemic.

I now give the floor to the Secretary-General of the United Nations, His Excellency Mr. Ban Ki-moon.

The Secretary-General: Two years ago, States Members of the United Nations pledged to scale up efforts towards attaining universal access to HIV prevention, treatment, care and support by 2010.

We meet today to review how we have fared in living up to that pledge. In that regard, I welcome the General Assembly's initiative in convening this very important meeting.

As my report to the General Assembly makes clear, there have been some important achievements (A/62/780).

By the end of last year, three million people had access to antiretroviral treatment in low- and middle-income countries, allowing them to live longer and have a better quality of life.

There are encouraging trends in the provision of health services for women and children. More mothers now have access to interventions that prevent transmission to their infants. More HIV-infected children are benefiting from treatment and care programmes.

This shows what political will can achieve. It shows what we can do when we have solid commitment and resources to make a real difference.

And yet, there were two and half million new HIV infections last year. There were more than two million deaths. There were twice as many people in need of antiretroviral treatment who had to go without, as there were receiving it.

This situation is unacceptable.

Our challenge now is to build on what we have started, bridge the gaps we know exist and step up our efforts in years to come.

We can do this only if we not only sustain but step up our levels of commitment and financing. Let us make sure that we do that.

This year is a milestone year in several ways. In September, we will meet in this Assembly to review progress on the Millennium Development Goals after passing the midpoint to the deadline of 2015. Halting and reversing the spread of AIDS is not only a goal in itself; it is a prerequisite for reaching almost all the others. How we fare in fighting HIV/AIDS will impact all our efforts to cut poverty and improve nutrition, reduce child mortality and improve maternal health, and curb the spread of malaria and tuberculosis.

Conversely, progress towards the other goals is critical to progress on HIV/AIDS — from education to the empowerment of women and girls.

This year is also the year that marks the sixtieth anniversary of the Universal Declaration of Human Rights. Six decades after the Declaration was adopted, it is shocking that there should still be discrimination against those at high risk, such as the individuals living with HIV. This discrimination not only drives the virus underground, where it can spread in the dark, but just as importantly, it is an affront to our common humanity.

One of my most moving experiences as Secretary-General has been my meetings with the Organization's own group of HIV-positive staff, UN Plus. They are wonderfully courageous and motivated people. I am determined to make the United Nations a model workplace in embracing them and all our staff living with HIV.

In the world as a whole, I call for a change in laws that uphold stigma and discrimination, including restrictions on travel for people living with HIV.

Finally, let me end on a note of gratitude. This is the last General Assembly high-level meeting to be

attended by Dr. Peter Piot as Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Let me pay tribute to this tireless leader, who has been at the vanguard of the response to AIDS since the earliest days of the epidemic, and who has shaped UNAIDS into a living example of United Nations reform in the best and truest sense of the word.

We need many more leaders like Dr. Piot in every sector of society. May we all be equal to the mission in the crucial years ahead. I thank the Member States for their commitment and leadership.

The President: I thank the Secretary-General for his statement. In accordance with resolution 62/178 of 19 December 2007, I now give the floor to the Executive Director of the Joint United Nations Programme on HIV/AIDS, Mr. Peter Piot.

Mr. Piot (Joint United Nations Programme on HIV/AIDS): I take the floor today to speak on behalf of the 10 organizations that co-sponsor the Joint United Nations Programme on HIV/AIDS (UNAIDS).

As the report of the Secretary-General shows, we are now finally seeing real results in almost every region, results that many once said could never be obtained because of denial of the AIDS epidemic or because there was not enough money or because health systems were too weak or because they did not think that people would take their medication on time. Just imagine what would have happened if we had waited to resolve all these issues — these real issues. Where would those three million people who are now receiving antiretroviral treatment be now? I know that most of them would not be alive.

It is always good when optimism triumphs over pessimism. But much remains to be done. At current rates of scaling up, most low- and middle-income countries will still fail to meet universal access targets by 2010. Many will be unable to meet them by 2015, unless we urgently change the way we operate.

As we heard from the Secretary-General, more than two thirds of people who need antiretroviral drugs still cannot obtain them. Six thousand people continue to die of AIDS every day, and AIDS is still the number one cause of death in Africa, ahead of malaria and lower respiratory tract infections, and is the seventh highest cause of mortality worldwide. For every two people who initiate antiretroviral therapy, five become newly infected.

The implications of HIV prevention failures are clear. Unless we act now, treatment queues will get longer and longer. It will become more and more difficult to get anywhere near universal access to antiretroviral therapy.

That is why I have been insisting on the importance of shifting to a new phase in the AIDS response, a forward-looking phase in which we treat AIDS as both an immediate crisis, which it is with 6,000 deaths every day, and as a long-wave event. This approach represents our best opportunity to reach universal access, and we cannot let this chance slip by. Continuing with business as usual or giving in to those who pretend that AIDS has been fixed or has not become a heterosexual epidemic or a generalized epidemic will simply condemn millions of people to perfectly avoidable deaths.

So where do we start? First, we must sustain the gains we have made in HIV treatment. That depends partly on investing in health services and health work forces. It also depends on making first, second and third-line HIV drugs available and affordable to all people, wherever they live, whoever they are and whatever their lifestyle. It means investing in new drugs for the future, and it means making sure that antiretroviral treatment is available where mother-to-child transmission prevention programmes are operational, and vice-versa.

Secondly, we must urgently intensify HIV prevention. Do not believe anyone who claims there is one simple shortcut or one simple solution to doing that. There is not. Over and over again, we have learned that there is no magic bullet for HIV prevention and that success depends on multiple approaches, while we continue to intensify research into HIV vaccines and microbicides. It also means working harder to make HIV prevention accessible to everyone, including men who have sex with men, sex workers and injecting drug users, for whom harm reduction is the most effective approach.

We also need to make closer links between HIV programmes and tuberculosis programmes, as we heard yesterday at the very dynamic session on HIV and tuberculosis, with programmes for maternal and child health and sexual and reproductive health. If we can provide every teenager around the world with access to HIV prevention, ranging from sex education, through programmes to promote mutual respect between boys

and girls, to access to HIV prevention, we will be well on the way to a generation of HIV-free adults.

It is time now to speak out and take concrete action to address gender inequality and the special vulnerabilities of women, homophobia and other human rights violations that make AIDS such a complex and challenging issue. The stigma and discrimination around AIDS remain as strong as ever, and in this context I join my voice to that of the Secretary-General in calling on all countries to drop restrictions on entry to people simply because they are living with HIV.

It is time to increase funding. Sometimes I hear that there is "too much money for AIDS". Nothing could be further from the truth. Since the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, there has been a tremendous increase in resources for AIDS, with the results we know. But the sobering reality is that the AIDS response remains under-funded. Last year, there was an $8 billion shortfall. So if we are going to sustain the gains we have made already and not waste the investments and the results we have, if we are going to get anywhere near universal access to HIV prevention treatment and care, the world will need to significantly increase investments in AIDS.

In addition, we must keep prioritizing the UNAIDS mantra of making the money work for people on the ground. The money must be there where it makes an impact. There are still many areas where we can reduce unit costs of delivery, strengthen local ownership, improve coordination and increase accountability.

We have come a long way since the 2001 special session on HIV/AIDS, a special session that showed the power of this Assembly and of joining the forces of all nations. It was an historic turning point in the global response to AIDS, as it triggered political leadership, financing and action on the ground. AIDS may be one of the defining issues of our time, but it is clearly now a problem with a solution. Equally clear, however, is the fact that achieving that solution will take time and that we have still only just started what is going to be a long, tough job. The challenge to us all now is to stay the course right through to the very end and never, ever give up.

The President: In accordance with General Assembly resolution 62/178 of 19 December 2007, I now give the floor to the representative of civil society, Ms. Ratri Suksma, of the Coordination of Action Research on AIDS.

Ms. Suksma: I stand before you as a woman from the Asia-Pacific region, where women's highest risk of HIV infection is through marriage. For more than 25 years now, we have known how HIV is transmitted and can be prevented. But some Governments still believe that they can protect their country from HIV by stopping non-nationals infected with HIV from entering their country. Attitudes and policies such as those will not contribute to reaching the goal of universal access. It will, however, contribute to increased stigma and discrimination against people living with HIV. Yet, your countries have committed to the goal of universal access by 2010. So, we are halfway there, and I ask, how strongly do you hold that commitment?

In my region, experts say there is a concentrated epidemic. By that they mean that HIV is contained within marginalized and vulnerable groups such as drug users, sex workers, gay men, men who have sex with men — many of whom are married — transgendered people, migrant workers, prisoners and even refugees, who are being infected with HIV at a higher rate. Yet, they are often denied or have limited access to HIV prevention, treatment, care and support. I ask you, why? Are we not all human and deserving of the same rights and treatment? Those communities are not only at a higher risk of HIV in Asia, it is the same everywhere. If you allow one group to become infected with HIV, you will never stop the epidemic. Is that not the lesson we have learned?

In fact, the epidemic is moving out of the concentrated groups into the general population. Look at the increasing rates of infection among women, children and youth. That is where you can see the effects of falsely believing that HIV will remain isolated among certain groups. Those groups need services that are sensitive to their needs, supported by adequate finances and resources. Instead, many countries have criminalized behaviours that push people underground and make them afraid to come forward to receive proper prevention and treatment.

Secretary-General Ban Ki-moon recently noted that we must guard against legislation that blocks

universal access by criminalizing the lifestyle of vulnerable groups. We have to find ways to reach out to sex workers, men who have sex with men and drug users, ensuring that they have what they need to protect themselves.

Here, communities, non-governmental organizations and people living with HIV can complement and build upon our efforts. No one can do it alone. We have to work hand in hand, together.

Here are some of the recommendations: decriminalize behaviours associated with the risk of HIV that are associated with specific groups; eliminate mandatory testing of migrant workers and travel restrictions for people living with HIV; pass enabling laws that make it easier to get prevention methods to people who need them, especially clean needles for drug users and condoms for sex workers and their clients; stop treating HIV as a separate issue; link the special sessions of the General Assembly on HIV with its sessions on drugs; integrate reproductive health, gender and human rights into HIV prevention; address co-infection with hepatitis-C and tuberculosis using urgent prevention and treatment responses; make treatment affordable and easily accessed by all; explore exercising the flexibility of the trade-related aspects of intellectual property rights, such as compulsory licences for HIV, hepatitis-C, tuberculosis and other essential medicines; and let us, the community, sit at the table together with the Assembly to make decisions.

I am also a person living with HIV. By revealing my HIV status publicly, I am taking the risk of being banned from entering this country and 70 other countries around the world. When I found out about my HIV status, in 2006, it was thought in my country that only sex workers and drug users became infected; I am neither. But, really, what does it matter how I got infected? As a woman living with HIV, I could be accused of bringing HIV into my home — even for something I did not do — stripped of any inheritance rights and thrown out in the streets because of a health condition. As a woman, I need my human rights respected, as well as the rights to property and inheritance. I need protection against domestic and sexual violence. I need to be able to manage and control all matters related to my sexuality and reproductive health. As a person living with HIV, I need equal access to prevention, treatment, care and support. And as a mother, I ask this not only for myself but for my daughter and my future generations.

In conclusion, I am committed to working for the best possible life for people everywhere. While it is not my intention to embarrass anyone or point fingers, I do want to ask: What is more embarrassing and shameful than a tragedy that could have been prevented? We have the tools and knowledge. We need the will. But more than anything else, we need action. Keep your promise and renew your commitment of universal access by 2010. Not to do so would mean to condemn many people living with HIV, like me, to unnecessary pain, suffering and even death. I will honour my commitment. And, so I ask, will you honour yours?

The President: In accordance with resolution 62/178, of 19 December 2007, I now give the floor to the eminent person actively engaged in the response to AIDS, Mr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases of the National Institutes of Health of the United States of America.

Mr. Fauci: It is a true honour and a privilege to share with the General Assembly my perspectives as a physician and scientist on the global HIV/AIDS pandemic, the progress we have made and the many challenges that remain.

As we have all sadly witnessed, AIDS is one of the most devastating scourges in human history, and its full impact has yet to be realized. As this body well knows, most cases have occurred in poor countries, where HIV/AIDS is superimposed on other serious problems, such as poverty, food insecurity, a lack of clean water and sanitation and endemic infections such as malaria, tuberculosis and diarrhoeal, respiratory and parasitic diseases.

Looking back as physician and a scientist who was involved in caring for and studying the earliest cases of HIV/AIDS in the United States, those early days were the darkest of my professional career. Those of us caring for patients with AIDS had few tools at our disposal. The only treatments we could provide were largely palliative. Most of our patients, sadly, died within months of coming to our attention.

Then, with the discovery of HIV as the cause of AIDS, in 1983, we launched an extraordinary and breathtaking odyssey of scientific discovery. In the developed world, those discoveries were translated to

the benefit of patients almost immediately, but not so in the developing world. A diagnostic test for HIV was rapidly developed. Basic research studies unlocked many of the mysteries of the virus and how it causes disease. In turn, those scientific advances facilitated the development of nearly 30 life-saving drugs to treat HIV infection.

But as is the case with most diseases, the developed world would benefit first and foremost from the fruits of AIDS research. What I call the implementation gap between biomedical research discoveries that my colleagues and I have made over the years and the delivery of those advances to those who need them, particularly in the developing world, was most dramatic in the provision of HIV/AIDS drugs. However, in the past several years, as the Assembly has heard from the other speakers, programmes such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and individual Governments, non-governmental organizations (NGOs), philanthropies and many others have done heroic work in making AIDS drugs available to those who need them.

Again, as we have heard, 3 million people with HIV are now receiving antiretroviral drugs in low- and middle-income countries. Much progress has been made. Nonetheless, just 30 per cent of HIV-infected people in those countries who need treatment based on established medical criteria are actually receiving those life-saving treatments. We clearly need and must do more. These recent successes provide us with the impetus to accelerate our efforts to develop the fruits of biomedical research and deliver them, as well as sound public policies, to these countries.

It would be naive for me or you to think that that task will be simple and straightforward. Providing life-long, but life-saving, therapy for any disease is challenging in most settings, and certainly in the case of poor countries with many other health, social and economic problems. The argument has been put forth that it is futile to attempt to provide universal access to therapy for HIV in poor countries because viral resistance to the drugs will inevitably develop. As a scientist, I reject that argument. The answer to that dilemma is not to withhold therapy and care; it is to develop new and better drugs and to perform the operational research that would guide the best practices appropriate for resource-poor settings to minimize the emergence of drug resistance.

That brings up the broader issue of health systems in the developing world and the goal, again, of narrowing the implementation gap. As we all know, even with the availability of HIV drugs or drugs for other important diseases, treatment does not just happen spontaneously. In much of the world, a shortage of trained health-care workers remains an important rate-limiting factor in efforts to scale-up services to people with HIV infection. Significant resources are needed to train doctors and nurses in resource-poor areas, as well as community health-care workers to provide care for HIV/AIDS and, importantly, for other diseases in the settings in which they occur.

Furthermore, medications alone rarely solve problems inherent to the settings in which catastrophic diseases such as HIV/AIDS occur. We also must provide services that enable HIV-infected individuals to overcome the social and economic impediments to successful adherence to HIV/AIDS treatment and care. These services include food supplements, transportation to clinics, child care and housing, as well as care for other health issues.

Simply stated, the treatment and care of people with HIV cannot be done in a vacuum, but must be implemented in the context of their overall health needs. In this regard, as terrible as HIV/AIDS is, the global attention and momentum that has been generated to address this challenge, particularly in developing countries, may serve as a lens to focus our attention on other equally compelling health needs. This approach need not have AIDS services compete for scarce resources required for those other diseases — as some have suggested, and I believe incorrectly — but should serve as an opportunity for synergism in addressing the multiple health problems that beset so many poorer nations and communities.

I believe that striving for universal access to AIDS therapy and related services is a public health and moral imperative that should be embraced by all. However, it may be logistically impossible to achieve this goal, as newly acquired infections are outstripping our ability to treat everyone infected with HIV. As participants have heard, in 2007, 2.5 people were newly infected for every person put on treatment. We cannot end the HIV/AIDS pandemic merely by treating

infected people — even if that were logistically possible. This fact, however, does not relieve us of the moral responsibility to treat HIV-infected people where possible. But treatment alone is not the solution to the problem.

The solution is prevention. Robust HIV prevention efforts, hopefully with but possibly without a safe and effective HIV vaccine, are critical to slowing the trajectory of the AIDS pandemic.

Scientifically proven prevention approaches such as behavioural modification, condom distribution, prevention of HIV transmission from mother to baby and the provision of clean needles and syringes to drug users have been successfully deployed in many countries. But sadly, only one fifth of people at risk of HIV infection have access to such preventive services.

In scaling up and applying preventive services, we can draw important lessons from common elements of the prevention efforts in those countries that have had documented success in this area. Such factors include the strong support of political, religious and community leaders; adequate and sustained — and I underline "sustained" — funding; the use of the media to raise HIV awareness; efforts to encourage respect, tolerance and compassion for HIV-infected people; and, importantly, the use of evidence-based strategies derived from a detailed understanding of the specific dynamics and epidemiology of the epidemic in various settings.

Encouragingly, new means of preventing HIV infection are emerging through well-designed and well-implemented clinical research studies. Recent studies in Africa have confirmed that adult male circumcision can help prevent men from becoming infected with HIV by heterosexual intercourse, if the procedure is properly and hygienically performed and accompanied by appropriate counselling and post-surgical care.

Medical research can help address other societal impediments to the control of HIV. In this regard, under certain circumstances and in some countries more than others, the spread of HIV infection is linked to the lack of empowerment of women. As participants have heard, globally, nearly half of all HIV infections have occurred among women and girls. In many countries, including my own country, women may find themselves in situations in which they lack the power to protect themselves from sexual transmission of HIV. Ongoing research to develop microbicidal gels or creams to be applied before sex offers the hope of empowering women to protect themselves from HIV infection when the use of condoms or the refusal of sexual intercourse is not feasible for them.

Finally, a preventive HIV vaccine still remains the greatest hope for halting the relentless spread of the HIV/AIDS pandemic. As I have personally witnessed, the search for an HIV vaccine has been extremely challenging because of the unique nature of the virus, particularly its uncanny ability to elude the body's natural attempt to contain it. HIV has proven to be very different from those viruses for which we have developed effective immunizations. We must solve the mystery of how to prompt the human body to produce a protective response to HIV, something that, puzzlingly, natural infection does not seem to be able to do.

As participants know from reading the newspapers and other media, this past year was disappointing in the search for a safe and effective HIV vaccine. The top candidate proved to be ineffective when clinically tested. Although this result was disappointing, such disappointments are not unusual in the history of vaccine development. Historically, it has taken decades to find vaccines to combat most infectious diseases. Researchers usually experience numerous setbacks and disappointments before they reach success; yet they have persevered. Finding a safe and effective HIV vaccine demands an equally intense resolve, even as treatment and non-vaccine prevention efforts are ramped up.

In summary, during the first 27 years of this terrible pandemic, much has been accomplished, but we are sobered by the many challenges that remain.

Developing HIV interventions and delivering them to the people who need them, regardless of where they happen to live, will require political will, a long-term commitment of considerable financial resources, scientific and public health vision, and dedication from all of us in society. We should be proud of the many scientific advances that have been made in the fight against AIDS. However, much, much more needs to be done by all of us, because the implementation gap must be closed.

To be sure, history will judge us as a global society by how well we address the next 27 years of

HIV/AIDS as much as — or more than — by what we have accomplished in the first 27 years.

Address by Mr. Elías Antonio Saca González, President of the Republic of El Salvador

The President: The Assembly will now hear an address by the President of the Republic of El Salvador.

Mr. Elías Antonio Saca González, President of the Republic of El Salvador, was escorted into the General Assembly Hall.

The President: I now invite His Excellency Mr. Elías Antonio Saca González, President of the Republic of El Salvador, to address the Assembly.

President Saca González (*spoke in Spanish*): It is my privilege to address the General Assembly and to express, on behalf of El Salvador, our appreciation for the convening of this high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

Seven years after the twenty-sixth special session of the General Assembly, when States committed themselves to combat the scourge of HIV/AIDS, El Salvador is present in this Hall once again, as a responsible member of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We know that although there has been a highly positive trend in progress to reduce the scale and impact of this pandemic in our country, we cannot feel fully satisfied.

It is important to recall that HIV/AIDS is not only a matter of numbers and statistics, but above all a problem that affects all communities and nations throughout the world. HIV/AIDS does not differentiate between ages, cultures, creeds or races. We are all exposed as human beings. Its repercussions are multidimensional at the social, cultural, economic and political levels of health care. Therefore we believe that there is an urgent need for us all to be involved in the struggle against the pandemic in order to provide an effective response.

As head of State of an industrious and tireless people, I am deeply proud to state that Salvadorans' response has enabled us to reach important goals. The small seeds disseminated in the early days, when we did not know much about the pandemic, have begun to yield fruit. Today, we are steadily making further progress in the fight against the epidemic.

We have taken the necessary measures in El Salvador to ensure universal and free distribution of antiretroviral drugs for whoever needs them. By offering comprehensive care for persons living with HIV/AIDS through a larger number of decentralized hospitals equipped with more highly qualified multidisciplinary medical and paramedical personnel, we have been able to reduce by 35 per cent the number of deaths among persons living with HIV/AIDS and by 30 per cent the number of combined HIV/AIDS and tuberculosis infections. Similarly, we have been able to reduce the incidence of tuberculosis by 50 per cent, thereby attaining long before 2015 one of the Millennium Development Goals.

While five years ago my country registered 150 children born infected by HIV/AIDS every year, during these past four years that figure has been reduced to 15. That is a significant reduction of 89 per cent, obtained through a 90 per cent annual increase in the number of pregnant women being tested.

Such achievements have been made possible by the atmosphere of trust and governability that we have created in El Salvador, where many men and women have contributed to enhancing the struggle against the pandemic. We have been able to work in harmony with all the relevant actors, such as Government institutions, civil society, the private sector, churches, universities, donors and people living with HIV/AIDS.

In our global world, international migration represents one of the most dynamic and multidisciplinary phenomena affecting our societies. Hence, the connection between migrants and HIV/AIDS represents a strong challenge to the international community as a whole, and to our region in particular. We must stress the importance of promoting respect for all human rights and fundamental freedoms for migrants. That is a necessity if we wish to benefit from the positive contributions generated by international migration.

In that context, we cannot accept the short- and long-term restrictions placed at many borders on people with HIV/AIDS. Such restrictions are not new, although in recent years their number has increased and discriminatory practices have been enacted in more than 70 countries. In this global era, while restricting free transit to people living with HIV/AIDS does not

have a direct impact in public health, it nevertheless has a discriminatory impact on their lives.

From this rostrum, I raise my voice to call on the entire international community and all the Governments of the world to tear down the walls and restrictions that hamper the free transit of persons living with HIV/AIDS. I express the hope that this will constitute a firm recommendation from this Assembly. Those restrictions can be suppressed by only two steps: first, by overcoming barbarity and ignorance; and secondly, through the firm determination and political will of Governments to take and accelerate the necessary steps. El Salvador eliminated such restrictions four years ago.

It is no secret that, in today's world, we face serious problems, such as the energy, food and financial crises and climate change, that directly affect the quality of life of all human beings. Nevertheless, in addressing such issues, the international community must redouble its response to HIV/AIDS. It is necessary to maintain a sustainable commitment to filling the gaps that still lie ahead.

We know that, with HIV/AIDS, there can be no truce, limited budget or loss of time. We are aware that the struggle against the pandemic demands exceptional and urgent responses from our Governments and societies. Many countries in our region have already embarked on such processes, despite the fact that Latin America and the Caribbean receive only 8 per cent of world assistance to combat the pandemic. Therefore, when referring to the struggle against the pandemic, it is important for donors to approach the middle-income countries with the same vision and solidarity as shown in other contexts.

I conclude by reiterating my firm commitment as a citizen and President of El Salvador to maintaining the sustained political leadership that my country and the Latin American and Caribbean region as a whole demand in order to obtain the necessary resources we need to help our brothers and sisters living with HIV/AIDS.

The President: I thank the President of the Republic of El Salvador for his statement.

Mr. Elías Antonio Saca González, President of the Republic of El Salvador, was escorted from the General Assembly Hall.

Address by Mr. Faure Essozimna Gnassigbé, President of Togo

The President: The Assembly will now hear an address by the President of Togo.

Mr. Faure Essozimna Gnassigbé, President of Togo, was escorted into the General Assembly Hall.

The President: I now invite His Excellency Mr. Faure Essozimna Gnassigbé, President of Togo, to address the Assembly.

President Gnassingbé (*spoke in French*): I wish at the outset to convey my sincere thanks to Secretary-General Ban Ki-moon for his invitation to this high-level meeting on AIDS; it is gratifying to be here. I welcome the participation of other heads of State or Government, which proves — as though that were needed — that the issue of AIDS as it relates to the development of our societies is a matter of concern throughout the world. I am pleased also to pay tribute to the Joint United Nations Programme on HIV/AIDS and to the other sponsoring agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria and all our bilateral partners for faithfully working alongside us. Finally, I hail civil society organizations and people living with HIV for their unyielding commitment and their action on the ground.

In my country, HIV prevalence peaked in 2000 at 6 per cent; today it is estimated at 3.2 per cent, which is still too high. But the trend since 2005 has been towards stabilization.

In recent months, Togo's response to AIDS has been a result of cooperation with our international partners, but we are doing our best to bear our share of the burden: 13 per cent of the national strategic plan for 2007-2010 was financed by Togo, and some 64 per cent of the preparation of our 2008 progress report was financed by our budget. I should also stress that repeatedly, and in difficult economic conditions, Togo has had to finance without outside assistance the purchase of antiretroviral medications for sufferers. In 2006 and 2007, anti-AIDS expenditures came to some $25 million, of which 73 per cent were allocated to prevention; treatment accounted for only 7 per cent.

Our 2007-2010 national strategic plan to combat AIDS and sexually transmitted diseases will cost approximately $120 million; the contribution by the State of Togo is approximately $20 million. We are, however, experiencing difficulties in mobilizing

additional resources. The national strategic plan focuses on sex workers, who are the main target for prevention programmes; young people, for whom sectoral strategies will be available at schools and universities and outside school in 2010; women, for whom prevention will be integrated into the activities of their organizations and communities; and the workplace, where programmes for the prevention of HIV and sexually transmitted diseases will be offered. We have enacted a law protecting the rights of people living with HIV, and it encompasses all of those elements. The entire population has been made aware of that law, including people living with HIV. During 2008 we will be strengthening our legal arsenal.

We in Togo have made some progress in response to the pandemic. We have 45 centres for the prevention of mother-to-child transmission, but they cover only 11 per cent of Togo's target population. Advice and voluntary HIV testing are offered at 54 sites, and in 2007 16 per cent of adults were tested and learned the results, along with 50 per cent of young people aged 15 to 24. The percentage among sex workers is 90 per cent.

All of those trends show that Togo is on the right path, although the road remains difficult. But at the same time we must recall that for nearly two decades my country suffered as a result of a suspension of international aid. Despite that, we are making major efforts to combat AIDS effectively. The major problem in Togo today is to ensure that we have enough regular supplies of antiretroviral medications. In financing the fight, our partners have been assisting us with prevention, which, as I said, receives far more financing than treatment; we must regain balance in this area, in particular through easing the procedure for access to the resources of the Global Fund by countries, like mine, in post-conflict and post-crisis situations.

I cannot end without commending donor countries for their efforts. Those efforts reflect international solidarity and a collective commitment. The fight against AIDS is a fight for development; the fight against AIDS contributes to the eradication of poverty.

The President: I thank the President of Togo for his statement.

Mr. Faure Essozimna Gnassingbé, President of the Togolese Republic, was escorted from the General Assembly Hall.

Address by Mr. Armando Emílio Guebuza, President of the Republic of Mozambique

The President: The Assembly will now hear an address by the President of the Republic of Mozambique.

Mr. Armando Emílio Guebuza, President of the Republic of Mozambique, was escorted into the General Assembly Hall.

The President: I now invite His Excellency Mr. Armando Emílio Guebuza, President of the Republic of Mozambique, to address the Assembly.

President Guebuza (*spoke in Portuguese; English text provided by the delegation*): We join previous speakers in congratulating the United Nations on having organized this event, whose importance and relevance are reflected in its agenda. This forum constitutes yet another opportunity for us, as nations and as a multilateral institution, to reaffirm our role in addressing the threat posed to our development agenda by HIV/AIDS.

In Mozambique, we have been facing the challenge head on. In February 2006 a presidential initiative on HIV/AIDS was launched. Separate meetings were held with women, religious leaders, business people, community leaders and young people. The initiative has since been replicated at the provincial and district levels and in various public and private institutions. One cannot categorically draw a direct link between this initiative and the changes in attitude we see in the country but it is a fact that people now talk more freely and openly about AIDS and are beginning to view it more as another chronic disease rather than as a death sentence; we have reduced the rate of infection from 16.2 per cent to 16 per cent, although parts of southern Mozambique require greater attention; and more people volunteer for testing and counselling, and many more are less ashamed to go to health units for care and treatment.

Thanks to the commitment of our Government and our partners, tangible strides have been made in the country. We have succeeded in effectively scaling up access and utilization of HIV care and treatment to impressive levels since 2004. From 6,000 in January

2005, we reached the figure of more than 100,000 Mozambicans on antiretroviral therapy in April this year. We have also made tremendous improvements in the prevention of mother-to-child transmission and have guaranteed HIV/AIDS care and treatment across all 128 districts. From an initial 21 health facilities in 2004, there are now 250 health units, which offer antiretroviral therapy in all of the 128 districts. Children and adolescents also have access to antiretroviral therapy in 170 of those health facilities.

Despite the availability of treatment and our efforts to encourage our citizens to access it, our national strategy focuses primarily on prevention measures targeting the most vulnerable groups, namely youth, women, children and people with high mobility. We have come to learn that prevention remains a great challenge. The fact that HIV awareness programmes are widespread and that more people are aware of the dangers posed by AIDS has not translated into a rapid decrease in infection rates.

We have therefore established a task force, chaired by the Minister of Health, to look into how we can make prevention more effective. It is our hope that their report will shed more light on what must be done to resolve the current situation.

The pandemic's link to tuberculosis has become evident in our experience in dealing with it. We were pleased yesterday that the session organized by the Special Envoy of the Secretary-General to Stop Tuberculosis also underscored the need to promote the integration of HIV and tuberculosis activities. More importantly, we need to strengthen our national health system as a whole in order to deliver treatment more efficiently across the nation. We count on our partners in that regard.

The will to defeat HIV/AIDS and other killer diseases, such as tuberculosis and malaria, is clear to this audience. Let us, therefore, rededicate ourselves to implementing the Millennium Development Goals; the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases; and the outcome of the special session on HIV/AIDS of this Assembly.

The President: I thank the President of the Republic of Mozambique for his statement.

Mr. Armando Emílio Guebuza, President of the Republic of Mozambique, was escorted from the General Assembly Hall.

Address by Mr. Blaise Compaore, President of Burkina Faso

The President: The Assembly will now hear an address by the President of Burkina Faso.

Mr. Blaise Compaore, President of Burkina Faso, was escorted into the General Assembly Hall.

The President: I now invite His Excellency Blaise Compaore, President of Burkina Faso, to address the Assembly.

President Compaore (*spoke in French*): Burkina Faso is proud to take part in this high-level meeting on HIV/AIDS. This is the ideal forum in which to evaluate, as a community of nations, the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS of 2006.

Like other countries, Burkina Faso has produced reports pursuant to the special session on HIV/AIDS that show that progress has been made towards achieving universal access and Millennium Development Goal 6.

On an institutional level, the National Council for the Fight against AIDS and Sexually Transmitted Diseases, over which I preside, has been holding regular meetings since its creation. Following its sixth regular session, held in March 2007, our Council has been sharing its experience in the areas of governance, coordination and leadership with countries of the subregion.

As we are convinced that our fight will not be successful if we act only on the national level, I have supported the convening of a meeting of the coordinators of the national committees and councils fighting against HIV/AIDS of the West African Economic and Monetary Union and Mauritania from 8 to 10 May 2008. That has led to the establishment of a subregional consultation framework. It is by acting together that we will be able to overcome the HIV/AIDS pandemic.

With regard to governance, Burkina Faso has adopted a law to fight HIV/AIDS and protect the rights of those living with HIV/AIDS. Moreover, in order to

support research activities and ensure ongoing financing, the Government has introduced a draft bill to Parliament on the contribution of Burkina Faso to the International Drug Purchase Facility (UNITAID).

In operational terms, the increase in the number of treatment centres, combined with the reduction in the cost of treatment, means that there were 17,263 people receiving antiretroviral therapy at the end of 2007, compared with 12,842 at the end of 2006. Significant progress has also been made in the area of prevention of mother-to-child HIV/AIDS transmission, and the number of centres dealing with that has increased from 211 at the end of 2006 to more than 400 at the end of 2007.

While we harbour the hope that we will be able to achieve Millennium Development Goal 6, great challenges remain, which, if we do not address them, could endanger the achievement of that Goal. Those challenges include: the increasing number of women with HIV/AIDS; the absence of guaranteed sources of ongoing financing; the lack of domestic resources to finance the fight against AIDS — we still depend upon foreign aid for 70 per cent of that effort; the absence of regional and subregional programmes to reinforce national efforts; and the fight against tuberculosis, the leading cause of death for those infected by HIV/AIDS in Africa.

I would like to pay tribute to the commitment of those living with HIV/AIDS, those who campaign through civil society associations, those working in research and all of those who are devoted, night and day, to caring for those infected and affected by this disease.

I would like to take this opportunity to once again express my thanks to all of our development partners who have joined us in the fight against this scourge. I am convinced that only by finding urgent, vigorous and shared solutions will we be able to achieve the Millennium Development Goals with regard to HIV/AIDS.

The President: I thank the President of Burkina Faso for his statement.

Mr. Blaise Compaore, President of Burkina Faso, was escorted from the General Assembly Hall.

Address by Mr. François Bozizé, President of the Central African Republic.

The President: The Assembly will now hear an address by the President of the Central African Republic.

Mr. François Bozizé, President of the Central African Republic, was escorted into the General Assembly Hall.

The President: I now invite His Excellency Mr. François Bozizé, President of the Central African Republic, to address the Assembly.

President Bozizé (*spoke in French*): It is with a very lively and particular interest aimed at confronting the scourge attacking the Central African Republic that I am participating in this high-level meeting on HIV/AIDS. I would like to thank the Secretary-General for his gracious invitation and offer him my sincere congratulations and wishes for the success of his mission at the head of our Organization. I highly appreciate the report that he has submitted, as requested, on the developments in the fight against HIV/AIDS since the Political Declaration on HIV/AIDS, to which the Central African Republic acceded in 2006.

I understand the importance of the discussion that we are now having on HIV/AIDS, that scourge of modern times that has been aggravated by new threats to our populations and the environment, such as energy and food crises and pollution. Those threats undermine the future of the world and, in particular, the future of the least developed countries, including my own.

Indeed, the Central African Republic has seen a generalized HIV/AIDS infection. There is a 6.2 per cent prevalence rate in the active segment of the population, that is, people who are 15 to 49 years old. The Central African Republic holds the sad record of the country most affected by HIV/AIDS in the Central African subregion. That situation is essentially due to ignorance, in spite of the efforts of our Government and our partners in development. Our population has not yet sufficiently understood the nature of HIV/AIDS, how it is transmitted and the prevention measures that can be taken.

The Central African Republic is still experiencing difficulties in obtaining access to antiretroviral medication, to voluntary testing and to prevention methods. At the same time, the precautions necessary

to prevent mother-to-child HIV transmission are often not known. People living with HIV are, unfortunately, still discriminated against and stigmatized by our society.

Our national response has consisted, among other actions, of the insertion of a programme combating AIDS in our poverty reduction strategy paper. In that regard, I would like to welcome the role played by the agencies of the United Nations system, which are giving vital support to our Government in implementing the strategy to combat HIV/AIDS, as the third strategic track in their cooperative efforts with us for the period from 2007 to 2011.

Some of the results of those efforts deserve to be mentioned here today to this Assembly. The National Committee for Combating AIDS, which I head up, brings together representatives of civil society, the private sector and development partners. That agency has come up with a framework strategy for 2006 to 2010, and the main directions to be pursued in that strategy are the following: intensifying prevention efforts so as to reduce the transmission of HIV/AIDS; improving the overall management of the lives of people who are living with HIV/AIDS; and the promotion of an environment that allows for better management of the lives of people living with HIV/AIDS, including monitoring, evaluation and coordinating actions to combat this pandemic.

Two other documents have been approved during the fourth general assembly of the National Committee for Combating AIDS, namely, the operational plan and national monitoring and evaluation plan. Those tools will allow the National Committee for Combating AIDS and other partners in the fight against HIV/AIDS to fill in the gap in applying the principle of the “Three Ones” promulgated by the Joint United Nations Programme on HIV/AIDS, so as to achieve the necessary synergy to reduce the impact of this pandemic in the Central African Republic. Specific directives have thus been given to various social entities for a wider-ranging involvement in the fight against HIV/AIDS.

A law specifying the rights and obligations of people living with HIV/AIDS has been promulgated after being adopted unanimously in the National Assembly. We have also seen progress in the understanding of high-risk behaviour among young people, who now know that they should avoid multiple partners and they should use condoms so as to protect themselves from HIV/AIDS.

Today, approximately 8,000 people are being treated with antiretroviral medication. That is far from meeting our real needs: it is estimated that there are approximately 30,000 patients who are eligible for such treatment. Awareness-raising efforts have also been organized for the more vulnerable groups, such as refugees and displaced persons. The results of that are encouraging us to undertake even more determined action, with the support of the international community, so as to overcome those obstacles and improve the overall situation in my country.

Indeed, the Central African Republic has seen several years of instability linked to military and political crises. As a result, we have seen atrocities and rapes committed, and populations displaced. Such an environment facilitates the spread of the HIV/AIDS pandemic. The scope of that scourge is such that we must pay particular attention to displaced populations in post-conflict zones. In the light of that worrisome issue, the Central African Republic is asking for the support of the international community, not only to consolidate peace, without which we will not see any social or economic development, but also to strengthen the social fabric and stop the spread of the HIV/AIDS pandemic.

I would also like to take this opportunity to ask the World Bank to establish a Multi-Country HIV/AIDS Programme (MAP) for us, just as in other countries in the subregion of Central Africa in the fight against AIDS. That support would allow us to strengthen our capacities in the field, our State and private structures and civil society organizations.

I support all of the recommendations that were formulated by the Secretary-General, in the context of which decisions have been taken at the national level in the fight against AIDS.

The President: I thank the President of the Central African Republic for his statement.

Mr. François Bozizé, President of the Central African Republic, was escorted from the General Assembly Hall.

The President: The Assembly will now hear an address by His Excellency Mr. Absalom Themba Dlamini, Prime Minister of the Kingdom of Swaziland.

Mr. Dlamini: I am delighted to join other delegations at this high-level meeting to review the progress made in the fight against HIV/AIDS.

In that regard, I have the honour to deliver this statement on behalf of His Majesty King Mswati III, who could not personally attend, due to other equally important commitments.

As you may be aware, the Kingdom of Swaziland is among the countries hardest hit by the HIV/AIDS pandemic. As estimated by our demographic and health survey of 2006-2007, 26 per cent of the population between the ages of 15 and 49 are infected with HIV/AIDS.

Since the last review period of 2005-2006, the Kingdom of Swaziland has made great progress in its national response to HIV and AIDS. That has been the result of collective efforts by the Government, multilateral and bilateral partners, national and international non-governmental organizations, community-based organizations, faith-based organizations, the private sector, support groups for people living with HIV and the community at large.

One of our country's major achievements has been the decrease in the prevalence of HIV/AIDS among youth under the age of 25. Data from the HIV sentinel study in antenatal clinics show a decline in HIV prevalence in the 15-19 year-old age group, going from 32 per cent in 2002 to 29 per cent in 2004 and 26 per cent in 2006. This trend brings hope and encourages us to step up our efforts towards reducing new infections.

Mr. Kariyawasam (Sri Lanka), Vice-President, took the Chair.

HIV testing and counselling continue to be an integral component of our national response. As participants know, testing and counselling are the entry point for HIV prevention, treatment, care and support services. It is also a vital ingredient in reducing stigma and discrimination associated with HIV/AIDS. Data from our routine monitoring and evaluation reports show that, as of December 2007, 25 per cent of the population in the country had been tested and know their HIV status. The target for 2010 is to have at least 50 per cent of men and women between the ages of 15 and 49 be tested and know their HIV status.

Implementation of a comprehensive mother-to-child transmission programme remains one of our national priority areas in a quest to save the lives of newborns and their parents. Since 2004, the country has increased the proportion of facilities providing these types of services from 10 per cent in 2004 to 71 per cent by the end of 2007. As of December 2007, 65 per cent of HIV-positive pregnant women received antiretroviral drugs to reduce the risk of mother-to-child transmission. The target is to enrol at least 80 per cent of such women by 2010.

Our challenge, however, is dealing with the significant percentage of women who give birth outside of health facilities. The number of people on antiretroviral therapy (ART) increased from 83 in 2003 to 24,535 by December 2007. This figure represents 42.1 per cent of the estimated number of people in need of ART. The country has set its target to enrol 60 per cent of people living with HIV in ART programmes by 2010.

The country is stepping up its fight against tuberculosis-HIV co-infection. All tuberculosis patients are offered HIV testing and counselling, and efforts to prevent tuberculosis among HIV-positive patients have been undertaken.

In relation to impact-mitigation strategies, the country's focus is on the provision of basic support to children and the elderly. As such, the Government has set up funds and community-based social safety nets in order to address the plight of the elderly and orphaned and vulnerable children. Over 40 per cent of orphans and vulnerable children from the ages of 0 to 17 years receive free basic external support in their households, and the Government's target is to reach 61 per cent of this age group by 2010.

This forum affords us, as members of the United Nations family, an opportunity to share our experiences and also to invigorate our political commitments and efforts in our fight against HIV/AIDS. Our vision is an AIDS-free Swaziland, which we believe can be achieved with the international community's technical and financial support.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

Mr. Douglas (Saint Kitts and Nevis): Two years ago, when I had the honour of addressing this body for the second time, I committed the Caribbean to achieving universal access to HIV and AIDS

prevention, treatment, care and support services by the year 2010. It was a bold pronouncement on the part of the Caribbean, considering the twin problems of a region with the second highest prevalence of HIV infection in the world and limited technical and financial resources — problems that the region would have to surmount in order to achieve this particular milestone.

Indeed, there were many observers who considered such a declaration to be fanciful. But we made our commitment then and remain convinced now that overcoming the challenges of AIDS is an absolute imperative that must guide our every action if we are not to squander the significant social and economic gains of the last half-century that our forbears bought at such a high price with their blood and sweat and tears.

And so, resolutely and steadfastly, we have moved towards building the national and regional architecture that will ensure the attainment of universal access by the year 2010, and sustainability beyond that date.

Today, I feel vindicated, as I am in a position to present the largely positive midterm scorecard of the Caribbean to this 2008 high-level meeting of the General Assembly of the United Nations on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

For us in the Caribbean, it is particularly gratifying to note that 21 countries of our region have submitted assessment reports on their progress in achieving the key indicators adopted at the 2006 special session of the General Assembly. The completion of this unprecedented number of reports demonstrates both commitment and forward movement at the country level.

The Caribbean country reports indicate that, as countries, we have worked together to strengthen our collective resolve to achieve the health-related international commitments. We have worked to define our individual and collective organizational strengths and accountabilities in supporting health outcomes that all the countries have achieved, as well as supporting progress made towards universal access targets and the health-related Millennium Development Goals (MDGs).

Over recent years, in the Caribbean region, we have seen considerable political leadership mobilized behind reaching the health-related MDGs. High-level commitments have been made to fight AIDS, and new health financing has been secured in order to scale up the response at the country and regional levels.

Significant gains have been achieved in scaling up treatment and reducing infections through mother-to-child transmission. On behalf of the Caribbean Community countries, I would like to thank our partners for the support provided towards these efforts, and in particular the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its consistent support at the country level right up to the global level. In particular, I would like to thank Dr. Peter Piot for the significant impact he has made in leading this global response. It is a cliché to say AIDS knows no borders, but in the case of the Caribbean this is a fundamental truth. Working regionally under the umbrella of the Pan-Caribbean Partnership against HIV/AIDS, the Caribbean has demonstrated that AIDS goes beyond national politics and boundaries.

We have been working regionally for almost a decade and have engaged a network of diverse stakeholders to stop the disruption of the social and economic well-being of the Caribbean region. The collective programme under the Caribbean Regional Strategic Framework for HIV/AIDS is a model of functional cooperation that has spared the small countries of the region from duplicating efforts and wasting scarce resources.

However, despite our progress in some key areas at the country and regional levels and given the scale of effort needed to get as many Caribbean countries as possible to reach the 2010 targets and beyond, we are always looking to find ways to use our limited financial and human resources as effectively and efficiently as possible.

Here I emphasize that a key challenge for the Caribbean region is to develop and strengthen effective health systems that can deliver better quality services and improved health to those in need. This is an essential prerequisite if the region is to achieve universal access to AIDS care, treatment, support and prevention.

However, we are cognizant that we will have to keep the balance and attention on what is important — rapidly to scale up intervention to reach our people

while strengthening our health, education and social systems so as to mount an effective, comprehensive and sustainable AIDS response.

We remain firmly committed to a country-led and country-owned process, and while we welcome and currently need the support of technical agencies and developmental partners, we firmly maintain that these efforts must be defined and must be owned and led by countries.

So, I stand before you and pledge that the CARICOM region will do a lot more of what we are already doing, and we pledge to do it much better. We also pledge to upgrade all HIV programmes and services towards universal access based on the road map towards universal access that our region has already laid out.

I pledge that this resolve will be political and will remain a regional political priority until AIDS, being an exceptional epidemic, is beaten. This resolve will be financial so as to continue to secure the funds needed to make headway towards universal access and to overcome the weak capacity of the health and social sectors. This resolve will also be a pledge to true partnership, so that Governments, people living with HIV, vulnerable groups, women's groups, civil society, faiths and business will all work shoulder to shoulder to save lives and prevent new transmissions.

I also pledge a strategic regional and country-led approach that recognizes AIDS both as a key long-term priority and also as an emergency that requires immediate and innovative responses. In other words, we will continue to work to deliver universal access immediately and beyond, as required.

I speak on behalf of the CARICOM leaders, who believe that it is our great responsibility to join forces with each other and with other global partners so as to curb HIV transmission by scaling up comprehensive prevention efforts, especially those targeted at vulnerable groups, and to scale up access to services for those who need them most. This is critical for our collective development, critical for the development of prosperity for our countries, for our region and for the world.

The Acting President: The Assembly will now hear an address by His Excellency Truong Vinh Trong, Deputy Prime Minister of Viet Nam.

Mr. Truong Vinh Trong (Viet Nam) (*spoke in Vietnamese*) (*English text provided by the delegation*): Viet Nam welcomes this important meeting as it is convening at a time when the United Nations and its Member States are undertaking a midterm review of the implementation of the Millennium Development Goals (MDGs), in which the realization of MDG 6 on HIV/AIDS has significant bearing on the implementation of other important MDGs.

Since the twenty-sixth special session of the General Assembly in 2001 and the high-level meeting in 2006, the United Nations and the international community have recorded a number of achievements in the implementation of the Declaration of Commitment on HIV/AIDS and of the Political Declaration on HIV/AIDS. These include an increase in access to antiretroviral drugs, including for pregnant women, in funding for the response to HIV/AIDS, and in the awareness of HIV/AIDS among the population, especially young people.

However, for MDG 6 to be achieved, there is a need for each nation, as well as the international community as a whole, to undertake greater efforts to halt the spread of HIV/AIDS, especially by ensuring that the rate of new HIV infections does not exceed the increase in access to antiretroviral treatment; by paying due attention to populations vulnerable to and at high risk of HIV exposure; by combating all forms of discrimination and stigma against people living with HIV/AIDS; and by enhancing the sustainability of the response to HIV/AIDS, including funding. We, therefore, hold that this high-level meeting will provide the international community with an opportunity to strengthen unanimity on the need to scale up these essential measures.

Given the time constraints, let me highlight just some major aspects of HIV/AIDS prevention in Viet Nam.

Over the past two years, having perceived the importance of HIV prevention as a major component in the course of national development, the Vietnamese Government has incorporated full-scale mobilization of ministries, agencies, political and social organizations, civil society and the entire community to address the epidemic. Viet Nam has also adopted legislative acts and regulations on HIV/AIDS prevention, most notably the Law and Decree on combating HIV/AIDS, the National Strategy for AIDS prevention, as well as

programmes of action and a series of technical guidance, thus creating a firm and thorough legal framework for implementation at different levels. In addition, an integrated AIDS prevention system has been set up from the central to the local levels, and a national monitoring and evaluation system has been established and has evolved in conformity with the Three-One Principle initiated by the United Nations.

Access to antiretroviral treatment has increased by 5.7 times, reaching up to 23,695 people in the last two years. The harm-reduction programmes have been expanded, with 61 per cent and 33.3 per cent of districts having carried out condom-distribution and needle-exchange programmes respectively, and more than 10 million needles and syringes being distributed. Viet Nam has also recently launched methadone-substitution programmes.

Although positive outcomes have been produced owing to the vigorous efforts I have mentioned, Viet Nam still faces numerous challenges in its response to the HIV epidemic. First, there is a need to further expand the coverage of harm-reduction programmes such as condom distribution, needle-exchange and methadone treatment, as well as access to HIV prevention, treatment, care and support services.

Secondly, there is a need for a strong monitoring and evaluation system to conduct science-based analyses of the epidemic and make comprehensive assessments on the effectiveness of intervention programmes, with which policies and action plans could be developed in an appropriate and timely manner.

Thirdly, despite the fact that the budgetary allocation for HIV/AIDS prevention has increased by 58 per cent and a significant amount of financial assistance has been mobilized from international donors, such financial resources can only ensure 30 per cent of the need for HIV/AIDS-prevention activities.

For recent successes to be built on and for a better response to HIV/AIDS to be obtained, Viet Nam is making every effort to enhance and broaden its international cooperation and earnestly hopes to receive continued financial and technical assistance from groups of international donors for the implementation of its national strategy for HIV/AIDS prevention, in which priority should be given to the following four programmes: HIV-transmission prevention; HIV/AIDS care, counselling and treatment; HIV/AIDS monitoring and evaluation; and institutional capacity-building on HIV/AIDS prevention at the provincial level.

We are convinced that, with continued international cooperation and assistance, Viet Nam will improve its capacity to overcome the challenges to which I have referred, thereby making significant contributions to the common efforts to prevent the HIV/AIDS epidemic. I thank the international community for its support.

The Acting President: We have heard the last speaker for this meeting. I would like to remind members that the informal interactive hearing with civil society will be held in Conference Room 4 immediately following the adjournment of this meeting. Also, parallel to the plenary meeting this afternoon, panel discussions 1 and 2 will take place in Conference Room 4.

The meeting rose at 11.05 a.m.