



General Assembly

Twenty-sixth special session

4th meeting

Tuesday, 26 June 2001, 9 a.m.

New York

Official Records

President: Mr. Holkeri (Finland)

The meeting was called to order at 9 a.m.

Agenda item 7 (continued)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency Mr. Benjamin William Mkapa, President of the United Republic of Tanzania.

President Mkapa: Of all the human rights, the most basic is the right to life, a life in dignity. Never in Africa has this most basic of all rights been under greater siege than it is now. But the HIV/AIDS pandemic is a global crisis. Combined with tuberculosis and malaria, it is threatening the very existence of certain groups of the human race, testing our common humanity to the limit and challenging the content and integrity of our civilization.

The fact that most of the heads of State and Government attending this special session are from developing countries is a testament to the obvious — that it is we who are most affected; that it is we who must lead the way; that it is we who need the greatest international support; and that it is we who dare to hope that this special session will produce not only a declaration but also practical commitments of urgent support.

Of the 36 million HIV-infected people worldwide, 70 per cent are in sub-Saharan Africa; of

the 22 million people who have died, 77 per cent were from sub-Saharan Africa; of the 13.2 million HIV/AIDS orphans worldwide, 92 per cent are from Africa. “Cry, the Beloved Country”, wrote Alan Paton. And I lament, “Cry, the Beloved Continent”. But crying is not enough. For, these are alarming statistics, and behind them are real human beings — flesh, blood and bones — widowed men and women, orphans who cannot go to school; employers who are losing their best men and women; and nations watching as years of socio-economic progress melts away.

Africa today is the most HIV-stricken region in the world, but no corner of this world is safe. Countering the spread of HIV/AIDS is also in the long-term interest of the present and future generations of those that today consider the pandemic too distant a threat. For in a globalizing world in which distances are shrinking and contacts are multiplying exponentially, the impact on rich, developed countries is inescapable, and their prosperity is bound to be affected by the economic decline and pervasive poverty that HIV/AIDS, if unchecked, will unleash. As a proverb from East Africa says, “If a dead tree falls, it carries with it a live one”.

We acknowledge that the primary responsibility in the war on HIV/AIDS rests with each country, and we are here to commit ourselves before the world to do our part. The Abuja Declaration and several other initiatives already taken, articulate our commitment — namely, that our national Governments will take on leadership, assume ownership and increase HIV

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178. Corrections will be issued after the end of the session in a consolidated corrigendum.



budgets. They will work to raise awareness and shun all cultural inhibitions, shame and stigma. They will openly promote behavioural change, including through legislation and protection of vulnerable groups. They will promulgate poverty reduction strategies and programmes. They will develop strategies to promote prevention and to ensure effective and efficient treatment of sexually transmitted diseases, the testing and counselling of pregnant women, the prevention of mother-to-child viral transmission and the treatment of opportunistic infections. They will discharge their responsibility for, and will lend support to, community-based management of the well-being of orphans. And they will more seriously address conflicts, which are a major factor in increasing poverty and HIV infection.

We in Africa have demonstrated political will and resolve towards such a holistic approach and strategy. This year alone we have done so at the Southern African Development Community Health Ministers Conference in Gaborone in April; at the African Summit on HIV/AIDS, Tuberculosis, Malaria and other Infectious Diseases in Abuja, in April; at the pre-World Health Assembly Meeting of Commonwealth Ministers of Health in Geneva, in May; at the Eastern and Southern Africa Regional Meeting on Advocacy for Action on Stigma and HIV/AIDS in Africa in Dar es Salaam, in June; and we will renew these pledges at the Lusaka Organization of African Unity summit next month.

It is one thing for Africa to assume leadership and ownership of this holistic and integrated approach, and quite another to get it operational and produce results, for the cost of implementation is patently prohibitive and overwhelming. For a country like Tanzania, even developing the national capacity to effectively and efficiently treat all sexually transmitted diseases, tuberculosis, malaria and opportunistic infections on our own is impossible; so is the prospect of building the national capacity for blood screening, for widespread HIV testing and counselling, for measuring viral loads in patients, for the infrastructure to deliver and monitor the dispensation of antiretroviral drugs and, finally, for meeting the cost of the antiretroviral drugs themselves. We thank those pharmaceutical companies that have agreed to offer the drugs at cost. But for Tanzania, where half of the people live on less than \$1 a day, drugs that cost \$1 a day remain only a dream for most of the victims.

This special session should therefore not only make an eloquent call for help and partnership, but also determine the form it should take. First of all is the global fund, and here I thank the Secretary-General, Mr. Kofi Annan, and Dr. Peter Piot for initiating and championing it. I thank those that have already made or promised contributions, and I call for more contributions to restore life.

Secondly, the least developed countries should be accorded total debt forgiveness, on the understanding that considerable sums will be directed towards combating HIV/AIDS. Thirdly, pharmaceutical companies do not really make most of their profit in least developed countries, so they should lower the price of the antiretroviral drugs further. We ask developed countries to agree to a mechanism whereby they can absorb the genuine losses to the pharmaceutical companies.

Fourthly, we need support for our State-sponsored research into traditional medicines for the treatment of opportunistic infections, for enhancing the immune system and for the treatment of other infectious diseases. Fifthly, we ask for support in our efforts to resolve regional conflicts and to implement negotiated peace accords.

The world has never faced a greater threat to the human race — not even during the World Wars. In what we agree to do, or not to do, we are defining and redefining the content and limits of our humanity, and the arbiter will be the future for those who will remain to tell the story.

There are those who say cheap drugs are not a priority for Africa. We do not think they are a panacea, but we say they are important. Every life they extend is as important in Africa as a life in rich countries. With every baby that is saved from being infected by its mother, we are building the foundation of the future of our continent. As of now, only one out of 2,500 HIV-positive Africans is on antiretroviral drug therapy. The rest are left to die.

Then there are those who accuse the Secretary-General, Mr. Kofi Annan, of raising unrealistic expectations. To us, that is not the problem. The real problem is lack of political will among some of the rich countries and corporations. If rich countries can spend over \$300 billion a year to subsidize agriculture, which accounts for less than 10 per cent of their gross domestic product, and if they could spend over \$100

billion on Y2K, they can surely spare \$10 billion for the global fund to save and prolong the lives of tens of millions of poor people. The Bill and Melinda Gates Foundation, thankfully, had the will to contribute \$100 million.

No, the Secretary-General is not raising unrealistic expectations; he is only asking the world to do what is in its collective power to achieve in partnership, in human solidarity.

The future of Africa depends on its people, including its young people, who are its most important resource. And today, it is this very resource that is under the greatest unprecedented threat. Under such circumstances, where does one draw the line between what is realistic and what is not? Tempered by the realization that it is the survival of humankind which is veritably at stake, no expectation can ever seem unrealistic, no river too wide to cross, no depths too deep to fathom and no heights too high to reach.

Hannibal, one of the greatest military strategists of ancient times, said, "We must either find a way, or make one". In the war on HIV/AIDS, we, too, must find a way or make one. For as the HIV/AIDS death toll mounts, we should not ask for whom the bell tolls; it tolls for all of us.

The President: The Assembly will now hear a statement by His Excellency Mr. Bertie Ahern, Prime Minister of Ireland.

Mr. Ahern (Ireland): I have come to this General Assembly special session on HIV/AIDS to pledge Ireland's support for a comprehensive global partnership to fight the global HIV/AIDS emergency. I have come to lend my voice to the call for a dramatic increase in international support for people with HIV/AIDS. As part of that effort, I wish to announce that Ireland will spend an additional \$30 million per year directly on helping the poorest of the poor in the fight against AIDS.

I believe that this conference can be a real milestone in the battle against HIV/AIDS. It can bring the needs and aspirations of people suffering from HIV/AIDS to the centre of global attention. We have a Secretary-General who has led the global response, and I agree with him that leadership is the single most important factor in reversing the epidemic. The Member States must match his determination to reach

out to people in communities devastated and isolated by this epidemic.

The scale of the HIV/AIDS emergency is truly unprecedented. Thirty-six million people now suffer from it, and 25 million of these live in Africa. The epidemic has claimed more victims than any conflict since the Second World War. It undermines families, communities, States; it erodes development at all levels.

This special session of the General Assembly must be the beginning of a new, more global and urgent response. Going forward, I believe we must remain focused on three core issues: the fight against poverty, prevention and care, and framing a coherent, more generous approach to debt relief and development aid. I believe that HIV/AIDS is a symptom and a cause of poverty and global inequality. I am convinced that to combat AIDS we must accelerate and strengthen global efforts to eradicate extreme poverty. We will not win the fight against HIV/AIDS without improved international terms of trade, an end to the impossible debt burden on poor countries, increased development aid and the achievement of the international development targets.

In common with many other political leaders here, I have had to face up to the uncomfortable facts about the spread of the disease. My Government has targeted prevention campaigns at vulnerable groups, and cases of HIV infection are now rising among heterosexuals. These trends deeply concern me. They show the absolute importance of sustained public education about prevention and protection. In Ireland we continue to work to overcome the forces of denial, prejudice and fear. I am sure that many others in this Hall are also struggling to push forward prevention campaigns in accordance with their traditions and cultures. This is not easy work, but it is vital in order to save millions of young lives.

The ideal way to stop the spread of AIDS would be a vaccine. I support the research of the International Aids Vaccine Initiative to develop an effective vaccine against HIV.

The debate on access to medicine must be placed in the wider context of access to care. Governments, development agencies, the private sector and broader civil society must all work together to overcome the obstacles to providing care for the infected.

We must also work at very basic levels to support widows, orphans, the elderly and other family members who have shown dignity and courage in their support for those with AIDS. Many of the costs of care fall on them. Their need for support is immediate. They cannot wait. I welcome the participation of the pharmaceutical industry in the dialogue about providing antiretroviral and other medicines to people infected with HIV/AIDS. The cooperation of the industry is crucial if we are to arrive at a system that will end the global divide on access to medicines. Poor people everywhere have a right to life-saving medicines. We strongly support the efforts of the European Community to secure international agreement on a system of tiered pricing.

Our response to the AIDS virus will fail without substantial additional resources. I believe that we must reverse the decline in development aid and renew our efforts to reach the United Nations target of spending of 0.7 per cent of our gross national product (GNP) on official development assistance (ODA). I believe that this should be a key issue at next year's Conference on Financing for Development. A sustained global effort to reach the United Nations ODA target would release enough resources to fight poverty and to tackle the global aid crisis. What is needed, and needed now, is money and political will and vision to build a fairer world order.

At the Millennium Summit I committed Ireland to reaching the United Nations ODA target by 2007, and an interim target of 0.45 per cent of GNP by the end of next year. We will meet this commitment. Next year our development budget will increase by over \$100 million. Ireland would spend at least \$30 million per year on these additional funds and HIV/AIDS programmes. My primary concern is to ensure that this extra money reaches the communities that are most affected. We will channel funding to ensure efficient and effective delivery and impact at the country and local levels. We will support the new global fund for health and HIV/AIDS, non-governmental organizations and international bodies that are playing a crucial role in all sectors in the fight against the disease.

I firmly believe that the devastating human, social and economic impact of HIV/AIDS needs to be taken into account when assessing debt relief. I believe that lending to poor countries for national HIV/AIDS programmes while at the same time receiving interest on old and clearly unserviceable debts is not coherent. If

another enhancement of the Heavily Indebted Poor Countries Initiative is required, Ireland will not object. If this means that countries with high prevalence rates of HIV/AIDS should receive debt cancellation, Ireland will agree.

Finally, I want to recall and pay tribute to the short life of Nkosi Johnson, who lived and most recently died with HIV/AIDS. For many he represented the human face of this disease, and his passing saddened the world community. His legacy is to remind us that each of the 36 million living with HIV/AIDS is unique, is part of our human family, and has a right to live with dignity and respect. I can assure you that as Prime Minister of Ireland, I am fully committed to the global fight against this disease. The Irish Government, on behalf of the Irish people, will substantially contribute to the implementation of the commitments outlined in the declaration which this special session will adopt.

In his address at the close of the international HIV/AIDS conference in Durban last year, Nelson Mandela said that the time for action is now, right now. Let us heed that call and act now in partnership to prevent and stop HIV/AIDS.

The President: I give the floor to His Excellency Ibraimov Osmonakyn, State Secretary of the Kyrgyz Republic.

Mr. Osmonakyn (Kyrgyzstan): On behalf of the President and the Government of the Kyrgyz Republic, let me express deep appreciation for the organization and holding of this high forum.

Due to its geographical position, the Kyrgyz Republic stands as one of the main drug-trafficking routes of Central Asia. Therefore, a substantial amount of heroin is concentrated in the country. This has brought the spread of HIV infection among injecting drug users. As a result, a threat looms over the population of our country.

Kyrgyzstan remains a country with a low incidence of AIDS. There are about 150 cases. However, the situation is changing. In the last four months, the number of HIV cases has increased three and a half-fold in the Republic and 15-fold in the southern part of the country. According to an expert assessment, approximately 9,000 drug addicts may be infected by the end of 2001 in the country's two largest

cities, without efficient measures to control the epidemic.

The leadership of the country is quite concerned about the HIV/AIDS problem. The country has developed a national policy on the HIV/AIDS issue based on a multisectoral approach. Targeted interventions among the groups of the population vulnerable to AIDS are being carried out, and public support for prevention programmes has been established.

The HIV/AIDS prevention project developed and implemented by the United Nations Development Fund (UNDP) in the Kyrgyz Republic, jointly with the Government and UNAIDS, ensures, on a significant scale, the implementation of the national programme on HIV and sexually transmitted diseases. It should be noted that despite the economic difficulties, the Kyrgyz Government has invested \$100,000 for support of that project.

The United Nations Theme Group on HIV/AIDS, presided over by the UNDP Resident Representative, coordinates the activities of all United Nations agencies, donors and non-governmental and governmental organizations to counteract the spread of AIDS in the Kyrgyz Republic.

The active work of UNDP, the United Nations Population Fund and UNAIDS — all targeted at prevention programmes in the Kyrgyz Republic — has enabled the mobilization of additional resources from country donors and other international organizations for comprehensive and sustainable AIDS prevention.

On-site analysis, as well as assessment by international experts, shows the presence of satisfactory planning in the country and an adequate national policy. However, most of the problems — primarily financing, legislation improvement, a reasonable policy towards high-risk groups and the further development of prevention programmes among vulnerable groups, youth and school students — remain unresolved.

In this regard, on the basis of the existing situation, in order to provide in-depth response and analysis and carry out the actual implementation of prevention programmes, the National Strategic Programme on HIV/AIDS in the Kyrgyz Republic was developed. We anticipate the concentration of efforts in priority areas, reflecting both the current situation and

the limited financial resources available. The vulnerable groups needing the most intervention are, first youth; secondly, intravenous drug users; and thirdly, commercial sex workers.

At the same time, the lack of sufficient funds in the country for the proper financing of AIDS programmes could bring our continuing efforts to a halt, and our previous gains against the HIV/AIDS epidemic could be lost.

Only the first steps for HIV-prevention among vulnerable groups were implemented during the implementation of the 1996-2000 National Programme. Today, we provide information and skills to people, and we can also ensure sustained safe behaviour. Much has been accomplished within the framework of the National Programme, but there is still much to be done.

The programme developed for the coming period calls for the mobilization of efforts of State structures and international and non-governmental organizations in order to implement the priorities. This provides greater efficiency to the implemented programmes with minimal cost. Further support of AIDS prevention programmes in the Kyrgyz Republic helps not only to substantially decrease the spread of HIV infection in the Kyrgyz Republic, but also to create an AIDS prevention model for other countries.

Today, Central Asia has a unique opportunity to curb the wide spread of AIDS in the region through active preventive programmes, implementing accumulated international experience. This will be promoted by realization of the Declaration of Central Asian States, which was adopted by consensus by the plenipotentiaries of five countries in June 2001 in Almaty, Kazakhstan, at the conference dedicated to the preparations for the special session of the General Assembly, and which was approved in seven countries in June 2001.

The Declaration reflects the priority issues, taking into account regional particularities, as presented in the report of the Secretary-General and in the draft declaration of the General Assembly. Acknowledging HIV/AIDS as a global emergency for the countries of Central Asia, which are at the threshold of a large-scale epidemic, the Governments of these countries are committed to escalating the national response to HIV/AIDS in order to prevent the HIV/AIDS epidemic.

For this endeavour, a legal, policy and cultural environment will be created. Political and social obligations will be undertaken to provide the following priority areas of HIV/AIDS activities: HIV prevention among intravenous drug users, prevention and treatment for sexually transmitted diseases, the promotion of young people's health and meeting the HIV/AIDS challenge through partnership.

The bitter experience of Africa, the unbearable financial and emotional burden involved in treating AIDS patients and the severe social consequences serve as a striking warning for all countries with a low rate of HIV transmission. This speaks to the necessity for a timely development of preventive programmes. Efficient and effective intervention will promote localization and will decrease the growth rate of the HIV/AIDS epidemic.

In this regard, UNAIDS and co-sponsor organizations and country donors, jointly with the Governments, should expand prevention programmes in the countries of Eastern Europe and Central Asia.

The President: The Assembly will now hear a statement by Her Excellency Mrs. Isatou Njie-Saidy, Vice-President of the Republic of the Gambia.

Mrs. Njie-Saidy (Gambia): Let me begin by expressing my delegation's appreciation, Mr. President, for the professional manner in which you have been guiding our deliberations. I am sure that under your able stewardship this special session will be crowned with success. Similarly, my delegation would like to commend the Secretary-General Kofi Annan and his able team for his important report and, indeed, for his overall commitment to the fight against HIV/AIDS.

It is with great pleasure and a great sense of urgency that I accept this invitation to participate in this special session on HIV/AIDS, on behalf of Mr. Yahya A. J. J. Jammeh, President of the Republic of the Gambia.

The importance and relevance of our topic of discussion, HIV/AIDS, cannot be overemphasized. This special session is most timely. In fact, it is long overdue.

The HIV/AIDS crisis, we all agree, is a huge public health and development problem. The AIDS virus is the single most significant threat to the very survival of humankind. The worrisome data from the Joint United Nations Programme on HIV/AIDS

(UNAIDS) underscores the magnitude and global nature of the AIDS crisis, especially for those of us in sub-Saharan Africa.

It is most depressing, yet true, that about half of all people who become infected with HIV do so at a very young age, before they reach the age of 25, and die of AIDS before their thirty-fifth birthday. This age factor makes HIV/AIDS a most urgent problem for all nations.

Countries such as ours still have a window of opportunity, but it grows smaller each day. It is in this context, therefore, that the special session is timely and relevant, and provides the required framework for reflection on our efforts at the global, regional and national levels.

HIV/AIDS issues are adequately addressed, we no doubt agree, in a host of national policy documents, especially for those of us from the Gambia. I will mention a few of those documents: the National Health Policy and Programme, the National Population Policy, the National Youth Policy and Programme, the Policy for the Advancement of Gambian Women and the National Poverty Alleviation Programme, among others.

In order to scale up the national response to the HIV/AIDS pandemic, the Government of the Gambia, in collaboration with the World Bank and other partners in development, developed the HIV/AIDS Rapid Response Project (HARRP). For example, a \$15 million credit agreement was signed with the International Development Association (IDA) of the World Bank Group to implement the HIV/AIDS project over the next four years. It is designed to address various issues related to HIV/AIDS through the appropriate State departments, working closely with civil society organizations. HARRP is an expanded multisectoral and multidisciplinary project to respond to the HIV/AIDS pandemic.

With a view to strengthening coordination, strategy planning and capacity-building, a National HIV/AIDS Council (NAC) has been established under the Office of the President. The President of the Republic is the Chairman of the Council. Council members are representatives of civil society and the Government in equal numbers. In addition, a National AIDS Secretariat has also been established to support the Council in its operations.

In the same vein, at the divisional and municipal levels, HIV/AIDS committees will be established.

The Health for Peace Initiative proposed by my Government was launched in Dakar, Senegal last November. This initiative was about enhancing partnerships and peace in our subregion through the promotion of health and the prevention of epidemics. Our initiative, which is the first of its kind in our subregion, focuses on, among other things, the eradication of polio; the improvement of vaccination programmes, particularly for the prevention of childhood illnesses; the prevention and control of HIV/AIDS, other sexually transmitted infections and malaria; epidemic disease surveillance; and finally, disaster preparedness.

With regard to the World Bank credit I referred to earlier, we in the Gambia consider it a positive investment in the future. Initiatives such as the Gambia's HIV/AIDS Rapid Response Project will stop the further spread of HIV/AIDS, thus contributing positively to our development efforts as a country.

However, in the spirit of calls for debt cancellation, I will join previous speakers in saying that debt cancellation is also necessary in order for us to mobilize resources for HIV/AIDS prevention. Therefore, let me add my voice to the many voices from other developing countries and Governments, as well as the voices of members of civil society, in calling for loans, such as the one under the World Bank's Multi-Country HIV/AIDS Programme for Africa (MAP), to be converted into grants as much as possible.

The Highly Indebted Poor Countries Initiatives should also be accelerated to free up important resources to fight HIV/AIDS. Any delays will inevitably result in a more acute incapacity to respond to the epidemic and will lead to devastation. Likewise, we strongly urge the developed countries concerned to meet their obligations, particularly the target of 0.7 per cent of gross national product (GNP) official development assistance as well as to allocate 0.15 per cent to 0.20 per cent of GNP for the least developed countries as a matter of extreme urgency, bearing in mind the serious impact of HIV/AIDS in these countries.

While there may be a need internationally for continued support from all levels of leadership, including the presidency and legislature, heads of

national and local institutions, and youth and religious organizations, there is also a need to actively involve people living with HIV/AIDS in the fight against this serious pandemic. However, their involvement is seriously handicapped by their lack of access to affordable prevention technologies, such as vaccines and microbicides. Thus, we must, as a global family, agree to provide the drugs and the support necessary to enhance their participation in our preventive efforts.

While I am confident that this special session will be crowned with success, I implore all of us to approach the problem with added candour and openness. Let us highlight all the concerns, build bridges and form the necessary alliances in order to find a way forward in our henceforth invigorated, joint fight against HIV/AIDS.

We have a good understanding of the nature of the epidemic. What we need to do now is combat it and reduce its negative impact on development. What remains to accomplish is a concerted international effort to win the victory once and for all.

The President: The Assembly will now hear a statement by His Excellency Mr. Arturo Vallarino, Vice-President of the Republic of Panama.

Mr. Vallarino (Panama) (*spoke in Spanish*): Preceding speakers have provided a wide-ranging analysis of the key effects of the spread of the HIV/AIDS pandemic, especially their social, economic and demographic aspects. There is therefore no need to enumerate them once again. We all agree that this disease does not respect national boundaries and that its spread is not limited to particular social groups. It is everywhere, and it affects all segments of society. In his 16 February 2001 report (A/55/779), the Secretary-General laid special stress on one consequence of HIV/AIDS that should be of concern to all: the danger of a breakdown of social cohesion and of social and political instability, resulting from the inability of States to deal with the disease through preventive measures, treatment, proper education and genuine human solidarity.

Over time, we have been moving ever closer to highly explosive situations, most of which are attributable to a lack of the human and economic resources without which no serious programme can be viable. In our view, State action in this sphere must be paralleled with a social contract defining the rights and duties of citizens — whether or not they are directly

affected by HIV/AIDS, because this is an evil that indiscriminately affects society as a whole.

Treatment for the disease is a true human right. And no less true is the obligation of all people to prevent its spread. The watchword today is to stop the advance of HIV/AIDS. We must of necessity start educating people from a very early age, so as to be able ultimately to eradicate this scourge.

In his statement yesterday, the Prime Minister of Saint Kitts and Nevis described the alarming situation in the Caribbean, reporting tragically high numbers of adults and children infected by the virus in that region. He reported that 70 per cent of the AIDS cases are in persons between the ages of 15 and 44 and 50 per cent in persons between the ages of 25 to 34. We believe that the situation in the Caribbean is the same as has been reported elsewhere. That would suggest that there are patterns of behaviour that must be controlled through education from the very earliest possible age.

The population of the Republic of Panama too is affected by HIV/AIDS at unsatisfactorily high rates that demand speedy, sustained action. This is the ninth most common cause of death in my country. The Government has gained experience, and has scored successes in a number of areas, such as: the inclusion of infected individuals in development strategies and policies; the improvement of social services for sufferers; and the formulation of public health policies that promote a comprehensive approach including research, prevention, education, treatment and psychological support. In January 2000, we declared AIDS to be a State problem and a matter affecting the national interest. We recently adopted a framework law to address the epidemic, and we have begun to implement a national programme to combat HIV/AIDS.

But we believe that the key to future success lies in two specific areas. The first is to make citizens aware of the need to address this calamity responsibly and in a spirit of solidarity. It must be stressed that no one can shirk his or her economic and social responsibility in the fight against HIV/AIDS. The second is to engage in community planning at the local and regional levels in order to prevent HIV/AIDS and other sexually transmitted diseases.

The task is easier in more advanced countries, thanks to the availability of financial resources. Obviously, immense investment is needed to promote

effective cooperation among national and local authorities, health services, schools, religious groups, specialists in human behavioural sciences and, of course, high-risk sectors of the population.

The proposed global fund for HIV/AIDS would foster progress in projects related to this problem. But we agree with other speakers that it is necessary for the fund to use non-exclusionary criteria ensuring that funds would be allocated in a fair way. In the meantime, we consider that every country should promote the concept of reciprocal social responsibility; that should improve domestic sources of financing for dealing with this terrible scourge.

In UNAIDS and other agencies, the United Nations already possesses the ideal tools to support both national and international efforts to eradicate HIV/AIDS. We must coordinate every aspect of those efforts, and not ignore even a single element of cooperation that can enhance our efforts. That joint effort will reaffirm our collective determination to eradicate this evil while respecting the most cherished rights of those who suffer from the disease, and to educate our children and young people to support the future development of mankind.

The President: I give the floor next to His Excellency Mr. Hong Sun Huot, Senior Minister of Health of Cambodia.

Mr. Hong (Cambodia): First of all, on behalf of the Royal Government of Cambodia, I am very pleased to extend my congratulations to you, Sir, on your unanimous election as President of the General Assembly at its twenty-sixth special session, on HIV/AIDS. It is indeed a great honour for me and my delegation to address this special session, particularly as AIDS has struck our country hard at a time when we were just recovering from many years of conflict.

HIV was first diagnosed in Cambodia in 1991. Since then, Cambodia has experienced a rapid rise in the overall number of HIV infections. Although the estimated prevalence among adults has shown a steady decline, from 3.9 per cent in 1997 to 2.8 per cent in 2000, it is now estimated that there are 169,000 people living with HIV/AIDS in Cambodia.

HIV/AIDS is now becoming a national issue in Cambodia, where leadership can be found at every level. At the national level there is strong support from His Majesty the King and Her Majesty the Queen to

raise the awareness of our people so as to reduce the stigmatization of the population living with HIV/AIDS.

Currently HIV/AIDS legislation is under review by the National Assembly. The proposed law will protect the rights of people living with or suspected of being infected with HIV. The Royal Government of Cambodia supports legal protection for and the human rights of Cambodians living with HIV/AIDS.

HIV/AIDS is receiving priority attention from the Royal Government of Cambodia, from civil society and from other partners. A continuing political commitment to HIV/AIDS has been demonstrated by our Prime Minister, ministers, provincial governors and local leaders. The National AIDS Authority of Cambodia was established in 1999 as the secretariat for the response of the Royal Government of Cambodia to HIV/AIDS. The Authority is working with more than 15 Government ministries and other partners to expand the response to all corners of the country. This multisectoral approach provides a much larger opportunity to make use of potential resources from inside and outside the country.

At the community level, we empower people to be actively involved in the response to HIV/AIDS. We have included affected communities — particularly of people living with HIV/AIDS — as well as members of civil society and, increasingly, the corporate sector — in our planning and implementation processes.

Since Cambodia is now considering HIV/AIDS as a development issue, a new approach to dealing with the epidemic has been undertaken. This approach is people-centred and gender-sensitive and focuses on social and moral resources. The national response in Cambodia is also committed to addressing factors that increase people's vulnerability to HIV infection — issues such as poverty, illiteracy, gender inequality and the abuse of women.

To ensure that there is a greater national response to AIDS, we have also included HIV/AIDS in our social and economic development plan and are committed to its inclusion in the poverty-reduction strategy paper. However, sustained leadership and further resources are required to ensure that the national and international efforts meet the country's continuing and growing needs.

Cambodia is in urgent need of resources and capacity development so that Government ministries,

provincial authorities, non-governmental organizations and the private sector can effectively respond to the HIV/AIDS epidemic as defined in the national strategic plan.

The main thrust of our prevention efforts has focused on reaching the most vulnerable populations — such as sex workers, their clients and the mobile sector of the population. In addition, we will intensify activities to raise the awareness of the general population. Education, providing skills, providing access to condoms, treating young people — especially young women — who have sexually transmitted infections and, particularly, providing primary education for all girls and women will remain priorities.

Our next goal is to provide care to those who are already infected. We expect that up to 200,000 Cambodians with AIDS will seek treatment within our health system in the next five to 10 years. Our care mechanisms will need to be expanded and strengthened to meet these new demands. Drugs to treat opportunistic infections and antiretrovirals must be made affordable and accessible to all. I appeal to the United Nations and other countries to support our efforts to improve quality of life for Cambodians living with HIV/AIDS.

The burden of caring for people living with HIV/AIDS and their orphans will place significant stress on extended families and communities over the coming years. So community support systems will need to be strengthened.

The Royal Government of Cambodia fully supports the initiatives and efforts of the Secretary-General to establish a global fund to fight HIV/AIDS. We believe that this fund should be provided with ample resources and that it must be responsive to the needs of developing countries and of people living with and affected by HIV/AIDS.

The Royal Government of Cambodia endorses the global declaration of commitment on HIV/AIDS, and is mindful of the commitments made at previous major conferences and forums regarding this pandemic, particularly the United Nations Millennium Declaration of 8 September 2000.

In conclusion, Cambodia appears to be making strong headway in addressing the HIV epidemic. The results of the latest sentinel HIV surveillance suggest a

plateauing, if not a decrease, in the prevalence of HIV. We welcome these results with cautious optimism, and we express our full appreciation to the donors that have been so generous in supporting our HIV/AIDS efforts.

There is no room for complacency. Our efforts to combat AIDS not only must continue, but indeed must expand if we are to maintain this positive trend and obtain the means of ensuring that the rights of the people of Cambodia are fully realized.

The President: I now give the floor to His Excellency Mr. Bruno Amoussou, Senior Minister in Charge of Coordination of Government Action, Planning and Development of Benin.

Mr. Amoussou (Benin) (*spoke in French*): It is an honour and a privilege for me to participate in this special session of the General Assembly devoted to the struggle against HIV/AIDS. Benin welcomed the decision of the United Nations to hold a special session on the HIV/AIDS pandemic, and it places great hope in the holding of these meetings.

I would like here to congratulate, on behalf of the people and the Government of Benin, the Secretary-General, Mr. Kofi Annan, and pay vigorous tribute to him for the actions he has undertaken to mobilize the international community to halt this scourge that is threatening the equilibrium of our societies. Allow me also to salute the remarkable contribution of Ambassador Penny Wensley of Australia and Ambassador Ibra Deguène Ka of Senegal for the patience and commitment with which they conducted the work on the drafting of the declaration of commitment in the fight against AIDS.

Mr. Kafando (Burkina Faso), Vice-President, took the Chair.

The population of my country, the Republic of Benin, is estimated at 6.2 million inhabitants. It had its first recorded case of infection in 1985. Unfortunately, the rate of infection rose tenfold in 10 years, from 0.36 per cent in 1990 to 4.1 per cent in 2000. The epidemic is affecting the active sector of the population, essentially young people. This situation is alarming because the HIV/AIDS pandemic has an impact on productive activities and health-care expenses, and also because it tears apart the social fabric. It also compromises the achievement of development objectives, thereby increasing poverty.

These considerations have led Benin to develop a national strategy for the fight against HIV/AIDS and sexually transmitted diseases. That strategy covers the period 2001 to 2005 and takes into account the actions undertaken in previous years and sets out the general direction of future programmes. It is also an essential component of our development and poverty eradication strategy. Its objective, of course, is to achieve better involvement of Government bodies, political leaders, religious and traditional leaders, civil society and persons living with HIV/AIDS in the national coordination framework. That framework is represented by the National Committee for the struggle against HIV/AIDS.

As the Assembly is aware, an examination of the development of the pandemic on the African continent clearly reveals that this pandemic cannot be overcome through isolated actions by individual countries. The development of communications and, unfortunately, regional conflicts have accelerated population movements, both voluntary and forced. It is this reality that prompted African leaders meeting at Abuja, Nigeria, not only to act, but to act together. There is common political will on the continent today to give this struggle the attention it deserves. Furthermore, it is of the utmost importance that the international community make both a commitment to support national programmes in the battle against HIV/AIDS and to give high priority to regional programmes capable of following the development of the pandemic in Africa.

The implementation of all these actions requires effective logistical support and adequate financial resources to sustain national and regional efforts to mobilize the population. Benin, as the Assembly is aware, is on the list of least developed countries and would not have been able to develop a national response to contain the scourge of AIDS without the major, and appreciated, support of its development partners. I wish, from this rostrum, to discharge the pleasant duty of expressing my country's gratitude to all who have agreed to accompany us in the struggle against HIV/AIDS, malaria and tuberculosis. The time allotted to me here does not permit me to thank everyone, but I would like to make special mention of UNAIDS and its Executive Director, Dr. Peter Piot, for the attention they have given our concerns.

I would also like to take this opportunity to reiterate the commitment Benin made at Abuja, along

with other African countries, to devote 15 per cent of its national budget to the health sector. It is within this framework that, in an effort to increase national resources devoted to the struggle against HIV/AIDS, Benin has decided to utilize to that end part of the resources freed up as a result of debt relief, and to encourage the establishment of a solidarity fund involving the private sector. Additional resources amounting to about \$3 million have also been earmarked for the 2001 activities against HIV/AIDS.

These initiatives remain modest relative to the resources needed for effective action. It is for this reason that Benin welcomes the Secretary-General's initiative to create a global fund to support activities to bring an end to this scourge, which threatens all regions of the world, particularly the poorest — whose development and very existence are jeopardized by the epidemic. Benin hopes that the fund will be financed through additional resources and not through a reassignment of credit that has already been earmarked for official development assistance.

I sincerely hope that our work, and specifically the draft declaration of commitment we are to adopt, will strengthen all our efforts and mobilize greater support for the establishment of the global fund. The people of Africa expect a great deal from this special session. It is solely up to us to see to it that the end of this session, our session, does not correspond with the end of the hopes for life of millions of human beings.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Ismail Sallam, Minister of Health and Population of Egypt.

Mr. Sallam (Egypt): It gives me great pleasure to be here at this historic gathering, as HIV/AIDS represents a major threat to all of us. We hope this session will bring the whole world together in an initiative to define our goals and to solidify our efforts against this disease.

We are indebted to those who made this session possible, and we are grateful for the efforts that have been made to raise awareness on this serious disease. The Abuja Summit held last April, which was headed by President Obasanjo, certainly paved the way to mobilize efforts all over the world.

It is true that poverty, bad socio-economic conditions and lack of education are accelerating the spread of AIDS in poor countries. We are beginning to

understand that prevention should take priority and that patients have the right to receive affordable therapy. But in order to realize our hopes, we have to stress the importance of vital issues that determine our success in fighting AIDS.

First, the weak infrastructure of health systems is a serious limitation in the prevention and treatment of AIDS. Even with the introduction of vertical programmes, success is limited due to the absence of channels that can provide health care. The development of health systems should be a priority in the fight against AIDS or any other disease.

Second, health care for underprivileged groups is a must in the fight against AIDS. The burden generated by neglecting these groups outweighs any other achievements made by any country. Health policies should address these groups carefully.

Third, the alleviation of disparities in health care is a key issue in dealing with AIDS, malaria, tuberculosis or other diseases. The empowerment of women is a cornerstone of comprehensive development. Social, economic and geographical disparities must be addressed in the design and implementation of health strategies.

Fourth, prevention of AIDS should receive serious attention, as it is the main factor in fighting the disease and making concrete achievements. Investing in research should be encouraged and supported, as this could lead to real control of the disease.

Fifth, no strategy dealing with AIDS or other diseases will ever make a realistic impact unless we solve the problems related to the accessibility of affordable medicine. The balance between human rights in health and intellectual property rights is a key issue in solving many problems and in addressing the growing dilemma in the third world. Charities cannot be a lasting solution for this problem. A sustainable solution is difficult unless a realistic approach is encouraged. We believe that a partnership between multinational and local pharmaceutical industries could be one of the promising solutions for this major problem.

Sixth, it is important to ensure a sustainable, holistic, multisectoral approach. Integration with non-governmental organizations (NGOs) and civil society in providing prevention and health care is needed,

especially for underprivileged and groups that lack access.

Moral and religious values have protected many countries, and we should not omit these resources that are now desperately needed. The fight against AIDS requires solidifying our governmental and non-governmental forces and efforts both nationally and internationally.

Seventh, lack of financial support is a major limitation to all our strategies; such support should be established. The development of a global fund is the right start, but sustainability and effectiveness should be ensured. Identifying priorities is a major determinant in the fight against this serious disease.

Egypt will strongly support this initiative and will work in solidarity for this noble cause. I hope in the future that we will prove our commitment by taking serious action to assist those who have been affected and to prevent any further spread of the disease.

The Acting President (*spoke in French*): I now call on Her Excellency The Honourable Sonia Gandhi, Member of Parliament and Leader of the Opposition of India.

Ms. Gandhi (India): This is the first time the General Assembly has held a special session on an epidemic. But HIV/AIDS is now much more than a serious public health problem; it poses a grave economic and social challenge to the world. We endorse the Secretary-General's call for global, regional and national initiatives to meet the challenge, and we thank him and you, Mr. President, for the initiative to call this special session.

HIV/AIDS was the scourge of the twentieth century. Sub-Saharan Africa has borne the brunt so far, but its ravages are beginning to be felt in Asia and elsewhere. Asian countries still have low rates of infection, but because our populations are large, even a small increase in the rate translates into millions of cases. We cannot have, particularly in Asia, the high prevalence rates now seen in Africa. The declaration we adopt must, therefore, address the needs of all countries with a high burden of disease.

The thrust of our global effort should be on prevention, not restricted to the high-risk groups, but reaching out to all sections of the population in affected countries, particularly vulnerable groups such as students, youth, migrant workers, rural women and

children. Large-scale prevention programmes can be put into operation only by involving community representatives and grass-roots democratic institutions, and, with them, leaders of social, cultural and faith-based groups. The aim should be to bring about a behavioural change among people at large.

Addressing the crisis in resource-poor developing countries requires strategies totally different from those followed in the developed world. Developing countries need strategies rooted in their social and cultural environment, with communication strategies tailored to the sensitivities of people in traditional societies. Governments must lead the response to the challenge posed by HIV/AIDS. Civil society has an important part to play, but where it is weak or ill organized, Governments have an even more crucial role to play. In India, we have an all-party consensus on this issue, demonstrated by my speaking to you, as Leader of the Opposition, on behalf of my country.

In India, we also have a rigorous and scientific methodology to monitor prevalence levels in the general population. Working estimates indicate that the Indian programme, which has encouraged decentralization and multisectoral involvement, has prevented a runaway spread of infection, produced a quantified increase in awareness levels by addressing individual households and led to a substantial reduction in the risk of transmission through blood transfusions.

While prevention is paramount, care and support for those infected cannot be secondary in importance or restricted only to the provision of medical services. Social and emotional support from the family and the community at large are vital. Prevention and care must therefore be made mutually reinforcing strategies in a control programme. We advocate a strategy, involving non-governmental organizations and civil society, to offer a continuum of care from the provision of voluntary testing and counselling services to hospital-based treatment and drugs for opportunistic infections.

Developing countries with a high incidence of HIV/AIDS also have a great disease burden, spread through several other communicable diseases like malaria, tuberculosis and leprosy. Governments have to ensure that resources, always scarce, are equitably allocated to all patients. Within these constraints, countries like India are trying to channel the maximum resources to HIV/AIDS, with a strong programme focus on prevention.

The introduction of antiretrovirals in a national programme, however, is a special challenge. In India, even at the reduced price announced by some drug manufacturers, the cost of antiretroviral treatment would be 150 times more than the per capita expenditure on health care provided by the Government. Such a large allocation of funds for a programme of palliative treatment would skew the distribution of resources between key components of our public health initiatives. Nor can the limited resources available for HIV/AIDS control programmes be diverted from prevention to finance antiretroviral treatment, when global evidence shows that a slackening of prevention leads to a resurgence of infection levels. Antiretrovirals, therefore, can be widely used in the developing world only if very substantial additional resources are provided through international funding over at least a decade, to start with.

This brings us to the issue of additional resources. Of the three factors identified in the Secretary-General's report — leadership, coordination and resources — resources are the most important and critical. What makes this special session so topical is the recent commitment to create a global mechanism to fund HIV/AIDS programmes in developing countries. The norms of eligibility for this global fund must be flexible, the fund's resources must be equitably apportioned, and it should be designed to serve the needs of all regions of the world carrying a heavy burden of disease.

A definitive solution to the problem of HIV/AIDS will come about only through the development of potent therapeutic drugs and vaccines; the time frame for their development is uncertain. If the HIV-infected are to benefit, research must be financed by international funding so that the product, when available, will be in the public domain, for use by all in need.

In conclusion, I would like to assure the Assembly of our deep commitment in India at the highest political level to do everything we can to control this epidemic. We have to control it before it overwhelms us.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Ponmek Dalaloy, Minister of Public Health of the Lao People's Democratic Republic.

Mr. Dalaloy (Lao People's Democratic Republic) (*spoke in French*): It is a great honour and a great pleasure for me to be able to participate in the current special session of the General Assembly, the objective of which is to deal with the pandemic caused by this terrible disease, HIV/AIDS. I would like to take this opportunity to congratulate Secretary-General Kofi Annan and the entire United Nations system for the initiative of convening this event of great historic significance.

In the Lao People's Democratic Republic, our Government attaches the highest priority to the HIV/AIDS problem. The first case of HIV in our country was officially identified in 1990 through voluntary blood testing, and the first case of AIDS was identified early in 1992. By December of the year 2000, 717 cases of HIV infection and 190 cases of AIDS were identified, and 72 of the latter have died. Since then, because of the movements of our population for economic reasons, both inside and outside of the country, there has been a trend towards a slow increase in infection. The main determining factors are multiple sexual partners and high-risk behaviour. The second round of surveillance and blood-testing in 10 provinces has confirmed the low prevalence, including among the high-risk groups.

Despite this low prevalence of HIV/AIDS — which is fortunate for our 5.2 million people — we are not asleep, because we know full well that as a full member of the Association of South-East Asian Nations (ASEAN), and because of the special position of our country in the Lower Mekong Basin, and the fact that we are a landlocked country, we are becoming a county of transit and of passage. As trade and tourism develop, and the ASEAN Free Trade Area is established, we are finding ourselves *de facto* under terrible pressure, under a threat of extraordinary dimensions. Since Asia is, after Africa, the most vulnerable continent, such a potential threat must not be underestimated. Preventive action now — before it is too late — is the best approach, because it is the very quintessence of prevention.

Such a situation, indeed, does not allow us to adopt a wait-and-see attitude. With the strongest political will, the active participation of our population and international cooperation, we are going to develop our policies and launch our appeals. We shall continue to strengthen our capacities, both human and

institutional, in order to be able to meet all of these challenges.

(spoke in English)

Since 1988, the Government of the Lao People's Democratic Republic has begun to respond to the threat of HIV/AIDS with the multisectoral National Committee for the Control of AIDS, and in 1998 with the National HIV/AIDS Trust, which is a consortium of relevant Government Ministries and donor organizations that provides a mechanism for coordinated, transparent and accountable funding to combat HIV/AIDS.

The emphasis in our national HIV/AIDS policy is prevention through the promotion of safer sexual behaviour. While addressing the issues of care, support and mitigation, and not stigmatizing the high-risk groups, we will focus on primary prevention. If we prevent an epidemic of HIV in high-risk groups, we feel that we will be able to prevent an epidemic of HIV/AIDS in the whole population.

We are committed to the concept of safer sexual behaviour. This includes making condoms available in 100 per cent of risky sexual situations. It includes frank and explicit health education aimed at high-risk groups, schoolchildren and the general population. We will reinforce traditional Lao values, but we also recognize the need for the protection of those who experiment or do not follow traditional values. We are committed to openness and frankness, even at the risk of giving offence to some. The risk of not disseminating correct information is too high. We will continue behavioural and serological surveillance so we can evaluate whether our efforts are being successful. Voluntary testing, counselling, care and support all have a role, but our emphasis must be on prevention through safer sexual behaviour.

We feel that vertical transmission of HIV from mother to child must be decreased throughout the world. For HIV-positive women, all possible efforts should be made to motivate them to use safe contraceptives and to avoid getting pregnant in order to reduce the number of cases of vertical transmission of HIV from mother to child. Even if children are HIV-negative, they are likely to become orphans in a few years' time. We are of the opinion that it is not in the interest of any society or family to allow this trend to go on.

We are thankful that the Lao People's Democratic Republic is a low-prevalence nation. We think that our efforts to date have been at least partially responsible for that low prevalence. However, we know that we as a nation are at risk. Continued action is necessary. We are committed to taking that action.

However, the Lao People's Democratic Republic is one of the least developed nations in the world. Our economy is growing, but our resources are still few. We request continued and increased support for our future efforts to remain a low-prevalence nation. A modest amount of support now can forestall a much greater problem in the future. With such orientation and determination, we will cooperate with all our partners in the Greater Mekong subregion, in ASEAN, in the western Pacific region and in other parts of the world.

We warmly welcome and support the creation of the global fund for HIV/AIDS and health. We know we have a long way to go, but with assistance and cooperation from the international community we are determined and will do our utmost to gradually overcome our difficulties. With such conviction, let us wish our special session full success.

The Acting President *(spoke in French)*: I give the floor to Her Excellency The Honourable Annette King, Minister of Health of New Zealand.

Ms. King (New Zealand): The HIV/AIDS virus does not care about religion; it does not care about the colour of a person's skin; it does not care about ideology or political sensibilities; it does not care in the least about politicians. But politicians must care about HIV and AIDS, and they must show they care by being honest. Prevention and treatment of HIV and AIDS will work only if we are prepared to be honest about who is at risk and about how we can effectively respond.

People who become infected do not understand why political imperatives are more important than preventing the spread of this virus. As political leaders, we have the fundamental responsibility to provide leadership, and that means we must always keep up with the changing face of this virus, learning, adapting and implementing programmes and policies to control the epidemic.

In New Zealand we have faced up to the barriers to preventing the spread of HIV and AIDS. Initially our homosexual community and intravenous drug users

were the most affected. Legislation was passed to decriminalize men having sex with men and to remove discrimination. A needle exchange programme was introduced and made readily available to intravenous drug users. Such change involved heated debate and public criticism. But we learned quickly that prevention works. The key to success is leadership and partnership between government, civil society and community groups. It means trusting and empowering communities, especially the most vulnerable, to be part of the solution.

Hiding behind the traditional taboos about prostitution, sex before marriage, the use of condoms, homosexuality and addicting drug users will do millions of people harm and see the spread of HIV and AIDS accelerate.

For our country, success on one front against the virus is just that. The virus now operates increasingly on other fronts. Different groups of people are being affected, and our response must adapt just as honestly as it did before. Heterosexual transmission is the major challenge worldwide. It is therefore essential that women's voices be listened to. Women often bear the brunt of the epidemic. In many cases they become infected due to a lack of access to or acceptance of contraception or a lack of power to say yes or no to sex. Women also often bear the burden of caring for partners and children dying of AIDS. The protection and promotion of women's human rights, including the right to be free from violence and the right to control their own sexuality, are crucial to combating the epidemic.

Another vulnerable group is young people, adolescents who must be equipped with honest information about how they can lower the risk of the virus.

The continuing spread of this disease will be a testimony to a failure to be honest and to act. It is our responsibility to provide the leadership for that to happen. This means supporting programmes to promote safer sex, not just programmes based on abstinence — human nature does not work like that. It means ready availability of condoms for sexually active people of all ages. And it means addressing discriminatory attitudes towards people with HIV and AIDS.

While prevention is the key, treatment is also important. The security and affordability of drug supply is an issue of major significance at this forum.

New Zealand supports the right of developing countries to utilize all available avenues to them within international law to obtain affordable, essential drugs for treatment of HIV and other diseases.

It is easy to be overwhelmed by the magnitude of the problem in large nations of the world and overlook the impact on small countries. The United Nations must keep a focus on small nations, particularly those in the Pacific. The growing risks of an uncontrolled epidemic among specific peoples needs our attention at the highest level.

HIV and AIDS do not respect religion, ideology or culture. To hide behind these creeds and philosophies is an excuse for inaction. Political leaders at the forum must have the courage to tackle the most dangerous modern epidemic we have faced.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Dušan Keber, Minister of Health of Slovenia.

Mr. Keber (Slovenia): It is an honour to address the General Assembly special session on HIV/AIDS on behalf of the Slovenian Government.

Slovenia has already aligned itself with the statement delivered yesterday by the Minister for Health and Social Affairs of Sweden on behalf of the European Union, and we fully subscribe to it.

I would like to take this opportunity to briefly present Slovenia's experience and policy on HIV/AIDS. I am privileged to say that Slovenia is experiencing a low level of the epidemic. The infection rate is far less than one individual per 1,000 inhabitants, and indeed perhaps only in 10,000 inhabitants is living with HIV/AIDS. During the last five years, the annual report reported that incidence rates have remained stable, on average only six cases per million inhabitants. Men who have sex with men have been the most affected. But HIV infection prevalence in a sample core group seems to have stabilized at the level of a few per cent, and has consistently remained below five per cent.

Fortunately, in contrast to many other countries of Central and Eastern Europe, there is as yet no evidence of the rapid spread of HIV among the growing population of injecting drug users and their sexual partners.

We believe, at least we hope, that these results are due to the fact that the Slovenian Government, non-governmental organizations and other institutions have responded early and effectively. Since the mid-1980s information, education, and communication activities have been aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour among youths and the general population.

In addition, very importantly, the groups at highest behavioural risk have also been targeted. Men who have sex with other men were supported in designing their own preventive interventions. A national network of low-threshold centres for the prevention and treatment of drug addiction was established at the primary health-care level. In addition, non-governmental organizations have been supported in the implementation of harm-reduction programmes for injecting drug users.

As the Minister of Health, I am pleased to say that everyone in need has access to voluntary, confidential and anonymous counselling and HIV testing, effective treatment for sexually transmitted diseases and high-quality clinical care for HIV infection, including highly active antiretroviral therapy. Also, safe blood supply is ensured, and HIV/AIDS surveillance in accordance with World Health Organization recommendations has been established.

However, there is no room for complacency. Current activities have to be not only sustained, but strengthened. We are fully aware of the window of opportunity we still have, and that investment now will result in a lower HIV/AIDS burden in the future. Thus, prevention must be the mainstay of our response while we continue to provide care and support to those affected. Reducing risk-taking behaviour and encouraging responsible sexual behaviour among youth are of the highest priority. Also, because HIV/AIDS in our region currently remains concentrated to a great extent among subpopulations at higher behavioural risk, we should urgently improve coverage by means of high-quality harm-reduction interventions for injecting drug users and develop preventive interventions for commercial sex workers and their clients.

In conclusion, I would like to express Slovenia's readiness to share its knowledge and experience with other countries and to participate in any regional initiative or global effort for developing strategies and effective responses to the HIV/AIDS pandemic.

Slovenia supports the establishment of the global HIV/AIDS and health fund proposed by Mr. Kofi Annan, Secretary-General of the United Nations. However, we should realize that this battle should not only be a battle against AIDS, tuberculosis and malaria; there is an urgent need for a global approach to all issues of inequality among people in the world regarding the right to health and the right to enjoy the benefits of scientific progress. With this in mind, I especially stress the rising prices and consequent inaccessibility of new drugs for rare diseases, such as certain types of cancer and hereditary diseases.

We believe that this special session represents a historic opportunity for coordinated and comprehensive global action to combat HIV/AIDS, and is an initial step towards a new level of international solidarity with people who seek better health conditions. It is our common responsibility to seize this opportunity and to act on our words and commitments. There is simply no alternative. And there is certainly no time to waste.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Libertina Amathila, Minister of Health and Social Services of Namibia.

Ms. Amathila (Namibia): Allow me at the outset to express my delegation's appreciation to the President for the able manner in which he has been steering the work of the twenty-sixth special session of the General Assembly, on HIV/AIDS. I would like to thank the Secretary-General for a comprehensive and thoughtful report, which will no doubt guide our deliberations on this very important issue of HIV/AIDS.

My delegation welcomes the decision of the General Assembly to convene this special session to review the problem of HIV/AIDS and adopt appropriate strategies to combat the pandemic. During the Millennium Summit, the heads of State and Government made a commitment to reverse the spread of HIV/AIDS by 2015. This position was reinforced in the Abuja Declaration, in which African heads of State and Government renewed their commitment to fight the pandemic.

The first case of HIV in Namibia was diagnosed in 1986. Soon after independence in 1990, the Government of Namibia launched the first medium-term strategic plan for HIV/AIDS control. Mindful of the fact that some of the major determining factors in

HIV transmission lie outside the health sector, the Government elaborated a national expanded response, which culminated in the development and launch of the second medium-term plan under the newly constituted National AIDS Coordination Programme in March 1999. The National AIDS Coordination Programme consists of the National AIDS Committee at the policy level, the National Multisectoral AIDS Coordination Committee at the executive level and the Regional AIDS Coordination Committees at the operational level. The second medium-term plan provides the necessary framework for AIDS control, involving all sectors at the national and regional levels. It includes strategies for HIV/AIDS prevention, management and care.

In accordance with our second medium-term strategic plan, we have embarked on a number of selected and targeted activities, including education, the promotion of safe sexual practices and the use of barrier methods, such as condoms for both men and women, among other activities. During the course of this year we will start a pilot programme for the prevention of mother-to-child HIV transmission. As for patient care, we give robust treatment for AIDS-related complications, such as tuberculosis, as the cost of antiretroviral drugs has been beyond our means so far. In addition, we offer psycho-social support and social relief to infected and affected individuals and their families, including assistance to families that are taking care of orphans.

The Namibian Government has recognized that the protection and realization of human rights are essential in the context of the HIV/AIDS epidemic. The Namibian Government has thus developed a policy and legal framework, in partnership with civil society, that promotes a rights-based approach to HIV/AIDS and outlaws discrimination on the basis of HIV status. A Namibian HIV/AIDS Charter of Rights, which was developed in the course of a broad consultative process involving Government and civil society, was adopted in December 2000.

Since independence in 1990, the Government has consistently allocated not less than 15 per cent of its operational budget to health care. A substantial part of this budget is spent on HIV/AIDS prevention and treatment programmes. HIV/AIDS is adequately covered in our second national development plan, in which a whole chapter is devoted to this pandemic. At the regional level, Southern African Development

Community (SADC) member States have taken joint initiatives, among which are the SADC Multisectoral HIV/AIDS Strategic Framework and Programme of Action 2000-2004.

My delegation calls for research in the development of vaccines against the HIV strains prevalent in the regions most affected by the pandemic. We also strongly believe that life-saving drugs must be made available to and affordable for those most in need.

Finally, Namibia believes that national Governments need to take ownership of programmes on HIV/AIDS. Furthermore, in order for developing countries to contain the spread of the HIV/AIDS epidemic, they need additional or new resources. In this context, we commend the Secretary-General for the initiative to establish a global AIDS and health fund to combat HIV/AIDS and other communicable diseases. We welcome the pledges made so far and encourage the donor community to make more contributions. We call for the efficient management of this fund so that it will be transparent and flexible enough to respond adequately to the needs of Member States. The criteria for the allocation of funds should be based on, among other things, the magnitude of the disease burden on a country, and not on the perceived level of country income.

We also support those who have called for debt relief for countries so that they can concentrate on and fight this epidemic effectively.

The Acting President (*spoke in French*): I give the floor to Her Excellency Ms. Ana Stavljenić-Rukavina, Minister of Health of Croatia.

Ms. Stavljenić-Rukavina (Croatia): My delegation is deeply grateful to the Secretary-General for convening this much-needed and timely special session. The last 20 years have taught the world that the HIV/AIDS epidemic is nothing less than a global emergency. Tragically, for several million people worldwide, this message has been understood too late. The consequences are all too visible, with families and communities destroyed and millions of children rendered parentless.

Yet there is no reason why we should accept the realities of the world in which we live today. The harrowing character of the current situation warrants nothing less than our immediate attention and action.

We can, if we really want to, use this special session to spark a process of change, by drawing on the growing political commitment to this struggle, towards a world that is just and fair.

It is my delegation's hope that this special session is not merely an exercise in rhetoric, but that it will be pivotal in mobilizing and coordinating global efforts towards tackling the HIV/AIDS epidemic. Embarking on this crusade should be the highest priority for each and every one of us at the international, regional and national level.

There is a clear consensus in this Hall that, parallel to international efforts, national Governments have an equal obligation to advocate an expanded response, as well as to protect and fulfil the rights and well-being of those affected by AIDS. With a total of 171 AIDS cases registered between 1986-2000, coupled with an annual incidence of 5.3 to 7.6 HIV/AIDS cases per million in recent years, it could be argued that Croatia is a country with a low prevalence of HIV/AIDS. Nonetheless, Croatia appears to be in the initial phase of the HIV/AIDS epidemic.

With the rate of HIV/AIDS infection increasing ominously in the region, building a committed and supportive government is a priority for many of our countries, including Croatia. In the case of Croatia, I would like to underscore that its national policy of fighting HIV/AIDS has been in place since 1985. Perhaps this could be seen as a positive legacy of Croatia's strong tradition in public health service, organized by Dr. Andrija Štampar — a man who was a key player in establishing the World Health Organization.

In implementing its national policy, Croatia has devised a number of essential programmes, which include the institutionalization of treatment and awareness through the creation of a centre for HIV/AIDS in 1986 and a reference centre for AIDS in 1992. Furthermore, during the 1980s, by way of response to the threat of the spread of the epidemic, public policy strategies were put in place, such as HIV testing on an individual voluntary basis, harm-reduction practices for injecting drug users and mandatory testing of blood donors and blood products. In its efforts to advocate an expanded response on the part of the population, a national educational campaign was launched in 1987. Under the auspices of the Ministry of Health, the National HIV/AIDS Prevention

Committee was subsequently established, which led to the development of a national AIDS prevention programme in 1993.

Numerous educational activities have also been undertaken in the media and through publications designed for elementary school children, adolescents, HIV/AIDS sufferers and the medical profession. Furthermore, Croatia has been committed to providing the best possible care for those infected with HIV/AIDS, including the provision of highly active antiretroviral treatment fully covered by the national health insurance scheme.

Despite relatively good results in HIV/AIDS prevention and treatment in Croatia, there remains no room for complacency. Many factors exist in Croatia that favour the spread of HIV/AIDS, including an increasing number of injecting drug users, a high unemployment rate, migration and an economy in transition.

While many Croatian non-governmental organizations have played an important role in driving the HIV/AIDS agenda in parallel to governmental policies, the overriding task for Croatia for the immediate future is to develop a more multisectoral approach to tackling HIV/AIDS in Croatia. In attempts to further strengthen our response and to mitigate the impact of the HIV/AIDS epidemic, we agree that partnerships should be further developed in a non-hierarchical way and we recognize the valuable role of the private sector.

HIV/AIDS poses a real threat to each and every one of us, and ultimate responsibility lies with all of us. However, our responses to date to the epidemic have shown humanity at both its worst and its best. The AIDS epidemic demands a global vision and understanding, supported by real political will and a strategic plan of action for its control. Only then will we have what it takes to turn the epidemic around.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Abourahmane Sangaré, Minister of State for Foreign Affairs of Côte d'Ivoire.

Mr. Sangaré (Côte d'Ivoire) (*spoke in French*): I wish from this rostrum, at this special session of the General Assembly, to perform the important duty of addressing the friendly salutations of the people of Côte d'Ivoire and its President, Mr. Laurent Gbagbo, to

Mr. Harri Holkeri, President of the special session, and to Mr. Kofi Annan for their initiatives taken in the struggle against HIV/AIDS. Our greetings go also to all representatives here.

The twenty-sixth special session must bear in mind this thought of Dr. Peter Piot, Executive Director of UNAIDS: Time is not on our side. A more urgent and rigorous response is imperative.

Turning now to Côte d'Ivoire's experience in the struggle against HIV/AIDS, I would like to bring to the Assembly's attention the fact that the first case of HIV infection in Côte d'Ivoire was recorded in 1985. At that time, a working group was established in the National Institute of Public Health to collect data on the new disease. In 1987 a decision was taken to establish a central coordinating bureau. A short-term action plan was also put in place for the period 1987-1988. The coordinating bureau thereafter became a national programme, and a medium-term plan was experimented with.

The first "days of struggle" against the disease were held in the National Assembly in 1992. Through the testimony of persons living with HIV in Côte d'Ivoire, a face was put on the disease for the first time.

In 1995 the goals of the programme were expanded to encompass the fight against sexually transmitted diseases and tuberculosis. In the same year, the national programme became an executive secretariat.

In 1997, an international conference on AIDS and sexually transmitted diseases in Africa was held in Abidjan. An international solidarity fund for treatment was established, with an initial donation of approximately \$670,000. However, the prohibitive cost of antiretroviral drugs has not made it possible to treat many people with the disease.

Côte d'Ivoire is today a country with a high incidence of HIV. Over 10 per cent of the population is infected — more than 1 million persons out of a total population of 15 million. Forty-five per cent of persons with tuberculosis are HIV positive. The ratio of infection for men and women, which had been 4:1, is now 1:1. Approximately 600,000 children have been orphaned by AIDS, among whom some are also HIV positive. One teacher dies of AIDS every day.

The situation I have just described is dark and alarming. However, important progress has been made in the struggle against HIV/AIDS in Côte d'Ivoire. That progress includes the establishment of a national policy on sexually transmitted diseases, a reduction in mother-to-child infection, the establishment of an initiative to facilitate access to drugs, an improvement in people's knowledge and attitudes, the involvement of non-governmental organizations and civil society, the growing involvement of other ministries and the private sector and the establishment of decentralized structures to fight HIV/AIDS.

Moreover, on 24 January 2001 a ministry attached to the office of the Prime Minister was created to deal with the fight against AIDS and other epidemics, which illustrates the political will to place the struggle against HIV/AIDS high among our major priorities. The ministry, which is headed by a woman, has two main functions. The first is to plan, guide, coordinate, monitor and evaluate HIV/AIDS programmes while taking the gender perspective into account. Its second function is to mobilize human, financial and technical resources in all areas of activity throughout the country.

Among the social and cultural hurdles inhibiting the struggle against HIV/AIDS are levirate and sororate marriages, early sexual activity and marriage and sexual mutilation. External factors also constrain our efforts to eradicate the pandemic. The drop in our principal exports and the debt burden exacerbate the poverty of the population and impede the State from being able to devote greater resources to the fight against HIV/AIDS.

The fight against AIDS today is not just a medical struggle. It is a problem of society that is both behavioural and developmental in nature, and it threatens the survival of the human species. In the face of this scourge, which could make the death rate in Africa and Côte d'Ivoire higher than the birth rate, and given the urgency of the situation, I would like to appeal urgently to pharmaceutical companies and laboratories to make their drugs accessible to all sick persons; to the global scientific community and to financial consortiums and conglomerates to lend their technical and financial support to reduce the negative impact of HIV/AIDS on the development of our countries; to the political decision makers to have greater awareness of the pandemic, to deal with it more transparently and to make a renewed commitment to

the fight against HIV/AIDS; and to the entire international community to respond appropriately and exceptionally to the fight against HIV/AIDS.

The Acting President (*spoke in French*): The Assembly will now hear a statement by His Excellency Mr. Osmo Soininvaara, Minister of Health and Social Services of Finland.

Mr. Soininvaara (Finland): Finland fully aligns itself with the statement made by Sweden on behalf of the European Union.

We highly appreciate the central role of UNAIDS in combating the HIV/AIDS pandemic. Having chaired last year the UNAIDS Programme Coordinating Board, I am very familiar with the hard work UNAIDS has done, especially in developing the Global Strategy Framework on HIV/AIDS. That Strategy should form the basis for the future activities of the United Nations in combating HIV/AIDS.

Preventing the further spread of the pandemic should be the major focus of our response. The quality of primary health-care structures is the key issue here. A sound, universally accessible health-care system that includes sexual and reproductive health as well as social and psychological support and care is a cornerstone of prevention and the basis for treatment. We know of the success stories from countries where a functioning health-care system has been put in place with aggressive national intervention programmes. Ultimately, it will be the accumulation of these successes that will put an end to the spread of HIV/AIDS.

New antiretroviral medicines give hope to millions of people living with HIV/AIDS. Finland welcomes the decline in the prices of antiretroviral medicines. We should explore ways in which the latest inventions of the pharmaceutical industry — and not only those connected with HIV/AIDS — could also benefit people in developing countries. We should not, however, forget that a drug is not useful until it reaches a patient. To deliver medicines we need primary health-care services. This is especially the case with antiretroviral drugs, which require long, systematic and supervised treatment.

Inadequately implemented antiretroviral treatment can turn out to be a disappointment to patients and cause severe side effects. Unsupervised treatment can also facilitate the spread of resistant viral

strains. In the worst case, if a patient does not change her/his sexual behaviour or give up the practice of injecting drugs, that treatment may even speed up the spread of the epidemic. Even in difficult circumstances, good results have been gained by using antiretroviral drugs to prevent mother-to-child transmission. This approach should be intensified.

If we want to increase resources for antiretroviral treatment, we should ensure that doing so does not take away from the prevention.

We have lost many important years of prevention because we were ashamed to call things by their correct names. I sincerely hope that the same mistake will not be repeated in other regions. We all have these kinds of cultural and religious taboos. We do not have any alternative than to overcome our taboos as people in Africa have done in recent years with good results. The improved results are clearly seen now in Africa.

How can prevention be successful if we do not identify the vulnerable groups and call them by their correct names? All these groups need different kinds of interventions. Men who have sex with men need different types of interventions than intravenous drug users; and commercial sex workers and their clients need other types of interventions than young girls who lack social protection; and so forth.

One specific vulnerable group is young girls with low social status and education. Gender equality and the empowerment of women are the key elements in reducing the vulnerability of women and girls to HIV/AIDS.

We have learned that no single approach will contain the epidemic. To meet all the demands we need billions of dollars and other resources. To show our commitment to this task, my Government has decided to contribute 40 million Finnish markkaa to UNAIDS this year. Also in the future the Finnish Government intends to maintain its support for HIV/AIDS programmes at a considerably higher level than in the past.

Along with the European Union, Finland welcomes the establishment of a new global fund for HIV/AIDS, tuberculosis and malaria. We feel strongly that there should be only one global fund for this purpose. The fund must be able to support capacity-building and integrated health-care systems in developing countries. It is essential that the fund add

value to existing resources and support the implementation of ongoing development processes.

The Acting President (*spoke in French*): I now give the floor to His Excellency Ms. Anita Bay Bundegaard, Minister for Development Cooperation of Denmark.

Ms. Bundegaard (Denmark): This special session of the General Assembly has rightly placed HIV/AIDS at the very top of the international agenda. Finally, we political leaders are beginning to give the fight against HIV/AIDS the priority that the magnitude of the pandemic calls for. The AIDS tragedy in sub-Saharan Africa is a cruel reminder of the urgent need for action, and so are rapidly rising levels of infection elsewhere — not least in parts of South-East Asia.

We are facing a huge development challenge. The draft declaration of commitment of this special session underlines that prevention must be the mainstay of our response to this challenge. The Danish Government strongly believes that this point cannot be overemphasized; preventive action must be given clear priority. Only prevention can halt the spread of the pandemic. Evidence from African countries such as Uganda and Senegal, and lately also South Africa and Tanzania, is encouraging in this respect. Political leadership at all levels of society, breaking the silence and confronting stigma and denial will eventually pay off in millions of lives saved.

I see an important role also for the private sector in providing an effective response to the HIV/AIDS challenge, and I welcome its increasing readiness to shoulder its social and moral responsibility in making essential drugs affordable for developing countries. The private sector should continue to move in this direction and complement its efforts with relevant assistance in the workplace and also at the community level.

But unless we are ready to work for — and, not least, pay for — much stronger health systems in developing countries, more affordable drugs will be of little use for all those who need them. The magnitude of this challenge is daunting, and Denmark is ready to make its contribution. We will approach the whole issue of HIV/AIDS prevention, care, support and treatment on a country-by-country basis. We will work with national Governments through sector-wide approaches and with a keen eye on the poverty

dimensions of the issue, as it is the poor who suffer the most from this disaster.

Denmark welcomes the draft declaration of commitment as a comprehensive normative framework, both in scope and in substance, for the fight against the HIV/AIDS epidemic. But we are disappointed by the continuing controversy surrounding human rights, and in particular the issue of gender equality and the sexual and reproductive rights of girls and women. Inequitable gender relations and opportunities lie at the very heart of the HIV/AIDS pandemic. Only by improving the status of women — by empowering them to control their own sexuality and to say no to unsafe sex — can we hope to curb the pandemic. Governments must show leadership and live up to their responsibility in this field.

My Government has set out a programme of action for Denmark's international contribution to the fight against HIV/AIDS. It is fully in line with the draft declaration of commitment. A core element in this programme of action is the concept of long-term partnerships with developing countries. The commitment and ownership of national Governments are the key to success. We focus on prevention in the poorest countries, especially in Africa, and we will give high priority to youth and involve people living with HIV/AIDS in the struggle. A strong emphasis will be on health systems and building capacity in health-care delivery systems at the national and local levels.

Now is the time to move from words to deeds. There is a clear lack of new and additional resources. Furthermore, we are in it for the long haul, and we had better recognize this. Denmark allocates 1 per cent of its gross national product to official development assistance. A large part of this money is channelled to the countries most affected by the epidemic. We will strengthen efforts to combat HIV/AIDS, not only in health-sector programmes, but also in education, agriculture and other sector programmes. In 2001 Denmark is actually allocating additional funds — 80 million Danish kroner, which is approximately \$9.5 million — to direct support to specific HIV/AIDS prevention interventions in sub-Saharan Africa, in cooperation with the United Nations system. This amount will rise substantially over the next two to three years.

But we are depressingly far from the financial development targets. I hope the proposed new global

AIDS and health fund will attract new and additional resources from both — and I stress, both — Government and private-sector donors. Private-sector involvement is necessary because of the immense task ahead of us. But it does not relieve Governments of responsibility to contribute to and achieve agreed aid targets. The Danish Government supports the fund and also expects it to give priority to preventive interventions and building the capacity of health systems. My Government is also prepared to make available a substantial contribution to the fund, as an equal partner in its establishment and governance.

At the Millennium Summit world leaders pledged by 2015 to have halted and begun to reverse the spread of HIV/AIDS. This special session has taken us one step further in the combat. Now we must show that our courage and political leadership go beyond words. We have to establish partnerships for action. Governments have to shoulder their responsibility and show leadership at all levels of society, working with the private sector and civil society. Each of us has an important role to play. We are all affected directly or indirectly, whether as individuals, families, members of society or, indeed, world citizens.

Poverty and HIV/AIDS are linked in a vicious circle. The draft declaration we expect to adopt at this session could serve us well in the battle against both. We must not miss the opportunity to take the lead and exercise determined action.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Philippe Deslandes, Government Councillor for Interior of Monaco.

Mr. Deslandes (Monaco) (*spoke in French*): It was just 10 months ago that the General Assembly decided to convene a special session. We have therefore gathered to deal in solidarity with the world crisis of the HIV/AIDS pandemic, which, unfortunately, has already taken the lives of some 22 million persons in 20 years. AIDS continues to kill and HIV continues to spread. The gravity of the situation requires political leaders to mobilize in order to provide a global framework for the struggle against this scourge and to define together the objectives that each State should achieve in order to put an end to the global spread of the virus. The discovery of a vaccine remains, nevertheless, the only true hope of overcoming the epidemic.

No State has been spared, even if, as the Secretary-General's report stresses, sub-Saharan Africa is the region that has been most affected. The epidemic is a question of development and international security, as the heads of State and Government of the countries of the Organization of African Unity stated in the Abuja Declaration. We would underscore in this regard that it is essential to provide special assistance to AIDS orphans, who are more easily exposed to further suffering as a result of their psychological and physical vulnerability.

The objectives and resources that could be established at the international level will be effective only if all the sick can be identified and cared for while education and prevention continue to protect the rest of the populations. Civil society, community organizations and non-governmental organizations therefore provide, in this connection, indispensable support for government policies.

The difficulty in the struggle against the HIV/AIDS pandemic stems not only from the gap in levels of treatment, which has never ceased to widen between developed and developing countries, but also from cultural differences, which cannot be ignored and must be taken into account to provide an appropriate response to different situations.

The identification of vulnerable persons, as indicated by the Secretary-General in his excellent report, is a precondition for any concrete implementation of a national or local plan. This approach must ensure respect for the rights and the dignity of each person. The principle of non-discrimination must be the foundation of all action in the field.

Acting means informing, educating and taking charge. These responsibilities are incumbent as much on political leaders as on citizens. In the area of education, the basic unit, which is the family, must be assigned a priority position. Young girls, in particular, must be informed of the risks that they run when they engage in early sexual activity. The use of condoms, masculine and feminine, and microbicides must be encouraged. Access to these preventive means must be facilitated.

The systematic organization of detection campaigns is not conceivable if the concerned authorities cannot guarantee access to care in the

framework of adequate social services. The training of health personnel is thus essential.

The example, which should certainly be followed, of Brazil, where access to triple-agent therapies is guaranteed by the Government, shows that the fight against the disease can be effectively waged and that the people who are treated can be reintegrated into active life, thereby reducing the negative social and economic impact of the epidemic on society.

Also, the big pharmaceutical companies must be involved in world action. Their capability for research with a view to obtaining a vaccine as soon as possible must be preserved. The conference that will take place in Dakar next November on access to medicines will provide, we hope, adequate solutions to the question of production and distribution of generic products.

The financial resources to be mobilized are considerable. Official development assistance will therefore not be enough. The fund that will be created as a result of this session, as announced by the Secretary-General at the World Health Assembly last month, should make it possible to attract public and private contributions. The Principality of Monaco will contribute as much as it can to this new fund, and will continue to provide financial support for UNAIDS.

The objectives to be achieved by 2003 and 2005 are ambitious. UNAIDS must continue coordinating the activities of the various participating funds, programmes and agencies in order to concentrate all their efforts and enhance effectiveness in the struggle against the pandemic.

The Principality has established a number of measures that are regularly evaluated. People suffering from HIV/AIDS have access to the triple-agent therapy, and the treatment costs are covered completely by social security agencies. Syringes are sold without restrictions, and condoms are available in vending machines.

The Government has made prevention its priority, and the surveys carried out among young people give us hope that they will adopt a responsible attitude and will protect themselves from the ravages of this scourge.

I cannot conclude without thanking the Permanent Representatives of Australia and Senegal, Ambassadors Penny Wensley and Ibra Ka for their personal involvement and dedication in the long

negotiations that should lead to decisive progress along the road that will finally lead to putting an end to the intolerable slaughter brought about by AIDS.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Ahmed Bilal Osman, Federal Minister of Health of the Sudan.

Mr. Osman (Sudan) (*spoke in Arabic*): At the outset, let me extend to the President our warm congratulations on leading this special session and on his able efforts during the various phases of informal consultations on the draft declaration of commitment, which we hope will be bolstered by political will and universal consensus, resulting in its adoption as a landmark document at the end of this session.

We also wish to extend our thanks to Secretary-General Kofi Annan, who has persistently deployed many personal efforts to highlight the problem of AIDS and its negative repercussions on different groups and societies, especially in the African continent, and to unify the required international response to address this epidemic. We welcome his initiative to establish a global fund to combat AIDS, and hope that the procedures for benefiting from this fund will be easily accessible, on an equal and fair basis, to the affected countries.

Twenty years have passed since the diagnosis of the first AIDS case in 1981. After that, the number of reported cases in different parts of the world has steadily increased. However, the African continent has had the greatest part of this universal suffering. It now hosts 70 per cent of adults and 80 per cent of children who are living with AIDS; most of them lack adequate opportunities for obtaining primary health care. Africa has buried three quarters of those in the world who have fallen to AIDS since the epidemic began. As long as children are losing their parents and teachers, and hospitals, farms and factories are losing their workforces, this epidemic will continue to present persistent and severe obstacles to development.

In the Sudan, the number of cases reported has been on the rise since we diagnosed our first case in 1986. The total number of reported cases, as of the end of March 2001, was 3,683. The number of those affected by HIV is 400,000, and the prevalence rate stands at 1 per cent. The population of the Sudan is 30 million.

This increase can be attributed to many factors, most important of which are our far-flung borders with neighbouring countries; this facilitates large-scale population movements resulting from turmoil and war afflicting sub-Saharan Africa. Furthermore, natural disasters that have afflicted the area play an important role in stimulating population movement and displacement. Unilateral coercive measures, from which my country suffers today, have had a negative impact on the country's economic infrastructure and have increased poverty. This is one of the main factors contributing to the spread of HIV. These measures also deprive our people of the necessary financial support and of relevant medical technology that could provide the best service in diagnostics, medical care and research.

Despite these challenges, my country has declared its full commitment to combating AIDS and its negative impact. This commitment was renewed when the Sudan signed the Abuja Declaration last April at the African Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases. This commitment has led to the establishment of the National Council to Combat Epidemics, headed by the President of the Republic. The Council involves specialized sub-councils, including the National Sudanese Council to Combat AIDS, headed by the Federal Minister of Health. It embraces the public and private sectors and civil society organizations. We have also formulated a comprehensive national plan that ensures the participation of all sectors in the struggle against AIDS.

Moreover, within the framework of a national initiative that coincides with this special session, the President of the Republic has decided to increase taxes on tobacco and cigarettes in the amount of 10 per cent, the revenue from which would be allocated to programmes to prevent AIDS, as well as to malaria and tuberculosis.

We have now gone beyond the phase of denial and silence on the question of AIDS. We have moved on to a phase of confrontation and are battling this lethal epidemic. This phase requires the international community's assistance and support to consolidate our national efforts to put an end to the war in the southern Sudan and to arrive at a just settlement of this question. We also call for the lifting of the economic blockade imposed on our country so that development and economic stability can prevail; this itself is a weapon in

the fight against AIDS. We call on neighbouring countries to establish regional cooperation with us in order to enhance coordination and the exchange of experience in the field of combating AIDS so as to arrive at the desired goals and objectives.

My Government has taken all the aforementioned measures to combat AIDS, because we are fully convinced that national success stories in containing this epidemic depend essentially on sound programme planning and enlightened leadership that is aware of the danger of this epidemic and its social, economic, health and psychological repercussions. We translate our political commitment into reality by providing the necessary financial support to AIDS prevention programmes from our national budget, the private sector, non-governmental organizations and civil society.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Lee Kyeong-ho, Vice Minister of Health and Welfare of the Republic of Korea.

Mr. Lee Kyeong-ho (Republic of Korea): I am deeply honoured to be here today, with leaders from around the world, to review and address the problem of HIV/AIDS as a matter of urgency and to confirm our commitment to make all necessary efforts to fight this disease comprehensively.

It has already been 20 years since the first case of HIV/AIDS was found. Since then, nearly 58 million people have been infected by the epidemic, and 22 million people worldwide have died of AIDS. At present, 15,000 people a day are newly infected, and 8,000 people a day are dying. The disease has divided and impoverished families, turned 13 million children into orphans, weakened workforces and threatened the social and economic fabric of communities and the social stability of nations. In recognition of the severity of the HIV/AIDS epidemic and its larger consequences, this special session should be an occasion to demonstrate our strong determination to overcome these obstacles and to assert our commitment to enhanced coordination and intensified national, regional and international efforts to combat this disease.

Since there is no cure for HIV/AIDS and as yet no vaccine, prevention must be central to our response. Intensive information and education programmes, as well as awareness-raising campaigns, can remarkably

reduce the risk of transmission. Certainly, the strong participation of, and coordination with, non-governmental organizations (NGOs) and civil society are crucial in developing and implementing such prevention strategies.

Bearing in mind that young people from 15 to 24 years of age are the most vulnerable to HIV/AIDS, special programmes targeting this population should be developed. In order to protect young people effectively, we need to establish user-friendly prevention programmes. In this respect, the Republic of Korea has developed and implemented various education, information and counselling programmes. All middle schools and high schools have specially trained teachers in charge of sex education and counselling for students. We have also implemented a special peer programme that trains students to educate their classmates and other youths on HIV/AIDS.

Effective care, support and treatment programmes for people living with HIV/AIDS are also important not only because they promote the human rights of those living with the disease, but also because they contribute to prevention and reduce vulnerability in society.

Recognizing the mutually inclusive relationship between prevention and care, and the necessity of a multifaceted response, the Republic of Korea enacted a special law on HIV/AIDS in 1987. According to this law, all people in Korea, including migrant workers, have the right to a free, confidential blood test. Anyone who has been infected with the virus can receive, with confidentiality, special care and medical treatment with the Government's support. We have also encouraged and facilitated various care and treatment programmes led by NGOs, including organizations for people living with HIV/AIDS. As a result, many infected people have volunteered to work as counsellors or assistants to other infected people.

Information and communication technologies are effectively being used as a comprehensive response to the HIV/AIDS epidemic. There are many web sites on HIV/AIDS that were constructed by NGOs, including those organizations for people living with the disease. These web sites serve to raise public awareness on the issue of HIV/AIDS, do away with the stigma attached to the epidemic, disseminate effective prevention-and-care information and provide counselling and help. With full confidentiality and privacy, people can get

useful information and counselling through the Internet.

In conclusion, the draft declaration of commitment which will be adopted at this special session must be translated into meaningful action. For this purpose, strong cooperation at the regional and international levels in the future is essential. We are ready to share our experiences and lessons learned with other countries in similar situations. Furthermore, we Koreans support the establishment of a global HIV/AIDS and health fund and will contribute to it.

Let us make this special session a historic turning point which gives hope and courage to all people who are infected or affected by HIV/AIDS.

The Acting President (*spoke in French*): I give the floor to His Excellency, Mr. Edward Bartkevičius, Vice-Minister of Health of Lithuania.

Mr. Bartkevičius (Lithuania): Allow me, on behalf of the Lithuanian delegation to thank the Assembly and the United Nations Secretariat for organizing this special session on HIV/AIDS. Sharing experience and best practices with other countries gives us a new impetus for trying to find possible solutions to this disastrous epidemic. Lithuania would also like to thank the Secretary-General for his excellent and comprehensive report.

While aligning ourselves fully with the statement made by the European Union, I would still like to share with the Assembly our national experiences on this issue.

Lithuania, with its population of 3.5 million, has a relatively low incidence of HIV/AIDS in comparison with some other countries in our region. To date 39 cases of AIDS and 308 cases of HIV have been reported. But we perfectly understand that we do not live in an isolated world and that HIV/AIDS is a menace to human security worldwide. It does not require visas to cross borders, and it does not make any distinction between rich and poor. Clearly, the global pandemic needs urgent action at all levels — community, national, regional and global.

The low incidence of HIV in Lithuania might be attributed to the success of the joint efforts of the Lithuanian AIDS Centre and other authorities which made a timely response to changes in the situation and took lessons from other nations' experience, both negative and positive. In Lithuania the epidemic is

mainly confined to injecting drug users and their partners. The present situation is complicated by the parallel relationship between sexually transmitted infections and drug use. While very large numbers of intravenous drug users are uninfected, they still constitute the largest threat of an immediate and explosive spread of HIV infection in Lithuania. As was mentioned before, in total 308 HIV infections — compared with 40 cases in 1995 — have been reported to date, approximately half of them among injecting drug users.

As evidenced by the high rates of increase in sexually transmitted infections in the region since 1990 and the emergence of a population of sex workers who inject drugs, there is the possibility that a slower, albeit more generalized, HIV heterosexual epidemic is developing. The risk of this third wave of infection is increasing with the growth of prostitution in the region. Young people are at particularly high risk of infection. The vast majority of those infected with HIV are in their twenties.

In our opinion, prevention is the most important element and the best possible tool with which to fight HIV/AIDS. Special educational programmes for different age groups have been launched in Lithuania. Still, the most intensive national response is to target the most vulnerable group — young people — while seeking to achieve wider coverage of targeted populations.

International partners are supporting numerous projects and programmes across the region. External support must be carefully coordinated in order to maximize the impact of valuable resources.

The first national AIDS programme was carried out between 1990 and 1994, providing testimony that the Lithuanian authorities attached great importance to the problem from the very beginning, when the first case of HIV in Lithuania was diagnosed. The national programme for the period 1999-2001 is based on the assumption that the epidemic is impossible to stop without the common efforts of the whole society.

The democratic structure of Lithuanian society provides a framework for cooperation between the legislative, governmental and municipal authorities. Non-governmental organizations must also play an important role in this process. The national AIDS programme is designed to fight all forms of discrimination and stigma related to people who are

HIV-positive. This programme encourages respect for everyone's right to protection against HIV infection and seeks to ensure comprehensive social and medical services for people infected and affected by HIV/AIDS. In order to ensure the realization of the aims foreseen in the national AIDS programme, cooperation between various structures of State authority and non-governmental organizations is necessary.

The health-care objective cannot be achieved without appropriate financing. Therefore, we have to proceed with strong advocacy strategies to raise awareness among Governments, policy makers, ministries, opinion leaders and the general public about the impact of HIV/AIDS. Government and parliamentarians, in collaboration with the international community and non-governmental organizations, should make the necessary plans, in accordance with national concerns and priorities, and take the actions required to measure, assess, monitor and evaluate progress towards meeting the goals of the present national programme.

Today we are proud to state that the Lithuanian example shows how a small independent State is able to take coordinated preventive actions in order to tackle this infection and not let it spread further. Lithuania is prepared to share its experience and is open to cooperation with other countries in this field.

The Acting President (*spoke in French*): I give the floor to Mr. Gennady Onischenko, First Deputy Minister of Health of the Russian Federation.

Mr. Onischenko (Russian Federation) (*spoke in Russian*): HIV/AIDS is among the most serious challenges of the twenty-first century. The scale of this epidemic has acquired a global character. It poses a real threat to sustainable social and economic development of all countries of the world. In Africa, the AIDS epidemic has acquired such catastrophic proportions that it has become the major cause of mortality.

There is a need to consolidate the efforts of all the countries of the world and all sectors of society to confront the emergency situation caused by the global spread of HIV infection.

We support the comprehensive approach to this problem proposed by the Secretary-General in his report to this special session, which takes into account the various aspects of the issue, including social, economic, demographic, gender and others. On this

basis, it points out possible ways to address this problem.

We believe it is crucially important to set forth scientifically based and realistic strategic goals and benchmarks to fight HIV infection. Measures to confront HIV/AIDS and other dangerous infectious diseases must be taken, along with national and international efforts to address such global challenges as conflicts, hunger and poverty.

We support the activities of the United Nations and its specialized agencies, first of all such recognized and respected ones as the World Health Organization and UNAIDS, aimed at mobilizing broad international participation to stop the spread of the HIV/AIDS epidemic.

The timely and important initiative of the Secretary-General to establish the global fund for HIV/AIDS and health is of special importance. We believe that such a fund should be open and universal, to the maximum extent possible, both in terms of resource mobilization and allocation to all countries that might need it, without exception. This means that in its practical work, the fund should adequately take into account the specific needs of countries facing the risk of rapidly increasing rates of the spread of HIV/AIDS. We are ready for active cooperation with all partners on issues related to establishing the fund and to defining the forms of our intellectual and material input.

In recent years, rising HIV infection rates have been registered in Russia. That is why combating the spread of HIV/AIDS is among the priority activities of the Russian Federation at both the national and international levels.

Among the basic legal documents regulating these activities are the federal law, adopted in 1995, on the prevention of the spread of disease caused by HIV in the Russian Federation, the 1996 federal programme on the prevention of the spread of disease caused by HIV in the Russian Federation and the international programme of cooperation among the member States of the Commonwealth of Independent States (CIS) in the area of HIV prevention. At present, we are actively engaged in involving the business community, non-governmental organizations and religious organizations in seeking solutions to HIV/AIDS-related problems in our country.

The serious deterioration of the situation in the region of Central and Eastern Europe and the CIS countries. Special attention was given to that problem at the meeting of the Health Cooperation Council of the CIS member States, held on 19 June in Baku, Azerbaijan. At that meeting the Council adopted an appeal for health cooperation addressed to the participants in the twenty-sixth special session of the General Assembly. It expressed the confidence that the recommendations of the special session will promote international cooperation on HIV/AIDS problems, inter alia, in the interests of the people of the CIS member States. This appeal was circulated as an official document of the twenty-sixth special session of the General Assembly.

The most important outcome of our work here will be the declaration of commitment on HIV/AIDS. Supporting the goals and tasks enshrined in the document, we consider the fight against AIDS a long-term programme of cooperation. The implementation of this declaration will be an outstanding example of international partnership for the sake of improving the health of the people of the world and ensuring sustainable socio-economic development.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Kyaw Myint, Vice-Minister of Health of Myanmar.

Mr. Myint (Myanmar): The holding of the special session on HIV/AIDS is most timely and appropriate. The scourge of this disease is assuming ever greater proportions. Therefore, it is most fitting that the Governments of the world should come together to find the best ways of halting and reversing its spread.

Allow me to assure the Assembly that the Government of the Union of Myanmar is most willing to join hands with other nations in the fight against the threat of this disease. In this regard, I would like to take the opportunity to briefly present the HIV/AIDS situation in Myanmar. Despite the gloomy picture painted by some reports, including some United Nations reports, I wish to state categorically that HIV/AIDS is not rampant in our country. The misconception arose by taking the statistics from high-risk areas and trying to portray them as though they represented the entire nation. We are therefore deeply gratified by recent attempts by international

organizations to correct this distortion and arrive at a more realistic assessment.

HIV/AIDS has been designated as a disease of national concern, and Myanmar is committed to fighting this disease by using all its available resources. A high-level multisectoral National AIDS Committee chaired by the Minister for Health was formed in 1989 to oversee the national AIDS programme in Myanmar. The National Health Committee, the highest policy-making body in Myanmar, chaired by the Secretary of the State Peace and Development Council, and whose members are ministers from various Government ministries, is providing policy guidelines to enhance HIV/AIDS prevention and control activities in the country.

Although international assistance has been limited, the Minister of Health has implemented a comprehensive HIV/AIDS prevention and control programme. Priorities in the national AIDS programme include health education geared to behavioural change, care and compassion for persons with HIV/AIDS, condom promotion in a culturally appropriate way, the reduction of the harmful consequences of injecting drug use, blood safety covering remote and rural areas, sentinel surveillance systems including behavioural surveillance, an enhanced multisectoral approach and the enhancement of the capacity of national non-governmental organizations (NGOs).

Prevention of mother-to-child transmission was implemented in 1998. School-based healthy living and an AIDS-prevention education, as part of the curriculum for schoolchildren from the fourth to ninth grade, have also been introduced in Myanmar, covering 1.5 million students and over 7,000 schoolteachers in 50 townships. A pilot programme for 100 per cent condom use among targeted populations has been launched in some focal townships. Late last year, in accordance with the guidelines of the National Health Committee, the eighth National AIDS Committee meeting established the multisectoral Special Strategic Committee to enhance and upgrade country-wide HIV/AIDS prevention and control activities. This includes increasing awareness and the provision of information about behavioural changes, which is conducive to the adoption of sound and healthy lifestyles, with special emphasis on reaching rural areas, the expansion of voluntary testing and counselling services in both the formal and private sectors, and the strengthening of AIDS/STD teams,

especially in early diagnosis, effective treatment of sexually transmitted infections and the adoption of syndrome management strategies.

In conclusion, I would like to reiterate that Myanmar will do its utmost to fight HIV/AIDS with all available resources. We will also continue to collaborate and cooperate with national, regional and international partners to further strengthen our activities. I am confident that our efforts will be successful in combating this public health problem, and in contributing towards the alleviation of the suffering of untold millions in this world.

The Acting President (*spoke in French*): I now give the floor to Mrs. Roslyn Harris, Chairperson of the delegation of Nauru.

Mrs. Harris (Nauru): Nauru welcomes the convening of this special session of the General Assembly to forge an international, multisectoral campaign against the HIV/AIDS pandemic. We are witnessing an unprecedented loss of human lives, lives that are in their prime. Their loss leaves behind orphans and drains the manpower of the worst-affected countries. The international community must stand together in solidarity with those who are being overwhelmed by the disease, to let them know that we are there to help them carry their burden and fight the fight. This is what the United Nations is all about.

In this regard, my delegation fully supports the call for our political leaders, in partnership with other community leaders and civil society, not only to talk about the scourge of the epidemic, but also to lead in the implementation of the targets and undertakings at all levels. This is crucial if we are to move beyond words and promises and win this campaign.

My country knows what it is like to have a population decimated by disease and armed conflict because twice in our history we were at the verge of extinction as a race. The first time was during the influenza outbreak of the early 1900s, when 40 per cent of our population perished. The second time was during the Japanese occupation of our island, when over 25 per cent of the population perished. Therefore, our heartfelt sympathy goes out to the countries that are now facing similar despair brought by the HIV/AIDS epidemic.

Today, a disease that requires no passport or visa to enter our country, and whose presence can be

detected only when it is too late, is in our midst, again posing a threat to our existence as a race. This is the reason why prevention is the mainstay of Nauru's national strategy, coordinated by the Ministry of Health and involving the Ministry of Education, the various religious denominations and civil society. We believe that preventive measures are a crucial and cost-effective means of impeding the spread of HIV/AIDS to our shores. Our efforts are complemented by prevention-based activities in the Pacific by regional intergovernmental organizations, non-governmental organizations and international agencies, such as UNAIDS and the World Health Organization.

The overall population at risk far exceeds that which is already living with HIV/AIDS; resources are limited and being depleted due to the imbalance in the rate at which the epidemic and costs of health care are rapidly outpacing the rate at which resources are being maintained and replenished. There is no cure for HIV/AIDS, and there is no vaccine as yet. These factors underscore the point that prevention must be the mainstay of the campaign against the HIV/AIDS pandemic.

Respect for and protection of all human rights, in particular the rights of women, including their reproductive and sexual rights, and the rights of children, especially girls, must be an integral part of any programme against HIV/AIDS. In that regard, we support the call to Governments that have not done so to ensure that their national laws, policies and practices are inclusive and that they enhance equality and participation for all, particularly persons living with HIV/AIDS.

Nauru recognizes that treatment, care and support are vital in reducing the negative impact of the epidemic on the social and economic development of the most affected countries, especially the least developed and the heavily indebted poor countries. Priority should be accorded to treating pregnant women with HIV/AIDS to prevent mother-to-child transmission, and to the care and support of infants and children living with HIV/AIDS. Special attention should be given also to children orphaned and made vulnerable by HIV/AIDS.

Nauru agrees that special attention should be focused on sub-Saharan Africa, where 75 per cent of people living with HIV/AIDS are located, and where the number of infected individuals is growing at the

rate of more than 3 million per year. However, that focus should not cast a shadow over the other regions of the world, as they too require attention. That is true especially of the South American and Caribbean countries, as well as of the Asia-Pacific region, where over 60 per cent of the world's population live and where the potential for rapid expansion of the epidemic exists. In that regard, my delegation is pleased to see that consensus has been reached that the other regions of the developing world should be given their due recognition, particularly in terms of resource allocation.

The Nauru delegation cannot conclude without paying tribute to the Secretary-General, Mr. Kofi Annan, for his leadership and perseverance in this campaign, and especially for his efforts to create a global HIV/AIDS and health fund. His untiring efforts to secure commitments from developed countries, multinational corporations and the wealthy are to be applauded. We also applaud those countries, wealthy individuals and corporations who have already pledged to contribute to the fund. In that connection, I have instructions from my Government to submit to the Assembly a proposal that calls for each State Member of the United Nations to contribute to the fund, in United States dollars, an amount equal to one dollar per head of its population. My Government is ready to pledge its share.

The President, the two facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal, and the Secretariat have all done their work for mankind with distinction; the future now depends on what our respective leaders do with this unique opportunity.

My delegation has come from afar with the commission to declare my Government's readiness to join in adopting the draft declaration of commitment. I want to return home with that commission discharged.

The Acting President (*spoke in French*): I call next on His Excellency Mr. Felipe Paolillo, Chairman of the delegation of Uruguay.

Mr. Paolillo (Uruguay) (*spoke in Spanish*): Mankind is at war, and the enemy is such that the traditional weapons used by the international community to fight its enemies seem no longer to be effective. The scale of the tragedy unleashed by the HIV/AIDS epidemic is of global proportions; its consequences are devastating; its impact in the social,

cultural and economic fields leads to the disintegration of families and of entire communities. The epidemic continues to spread uncontrollably. It is not with solemn declarations, however carefully drafted, or with symbolic gestures of solidarity that we will overcome this calamity.

If we wish to save human lives and to bring the pandemic under control and ultimately eliminate it from the face of the Earth, we must act urgently and immediately. We must seek new approaches to cooperation and solidarity that will be open to all without exception; we must adopt flexible and comprehensive approaches; and we must pursue more effective programmes.

That means, first of all, that we must adopt an integrated and all-encompassing approach to the various and complex aspects of the epidemic. Such a holistic approach, however, should not make us overlook the specific characteristics of the epidemic in each country or region. Instead, it should enable us to take action that is appropriate to the characteristics of each case.

Secondly, a holistic approach to the problem means that we must act from a human-rights perspective, with respect for the universality, indivisibility, interdependence and interrelationship of those rights. That is an essential precondition for combating the stigma, silence and prejudices associated with AIDS.

It is in the context of the fight against AIDS that we put to the test our declared commitment to respect and implement human rights. Uruguay, which has mainstreamed human rights in its strategy to combat AIDS — which, let me note in passing, affects mainly vulnerable groups — has achieved results that confirm the correctness of that approach. Since 1984, we have been working tirelessly in all areas related to prevention, education, diagnosis, treatment and epidemiological monitoring. A national AIDS programme was established in 1987. From the outset, the programme has worked in cooperation with the World Health Organization, with the Pan American Health Organization and, since 1995, with UNAIDS.

In 1996, the first standards for antiretroviral treatment for adults and children were laid down, and since 1997 all AIDS patients in Uruguay have been receiving 100 per cent medical coverage, including the provision of all antiretroviral drugs.

That requires the country to make a major effort in terms of both human and financial resources, but that effort has been rewarded by a reduction in the rate of growth of the epidemic, a drop in the incidence of vertical mother-to-child transmission from 26 per cent to 6 per cent, a decline in hospitalization rates, and an improvement in the quality of life of patients.

Thirdly, the war against AIDS cannot be won within a reasonable time if we do not involve in our efforts non-governmental organizations and civil society institutions, whatever their orientation. Their activities must complement those of Government. International cooperation against AIDS cannot succeed if it does not involve the integrated efforts of all concerned actors.

Finally, there is only one road to winning the war against AIDS: the road paved with financial resources. The problem of AIDS is a very complex one, but its solution holds no mysteries and can be summarized in one word: resources. The overwhelming wave of death and human misery that HIV/AIDS has unleashed can be countered only if the necessary resources are made available to undertake intensive and broad-based preventive programmes; to provide the necessary care, assistance and treatment to AIDS victims and to those affected by the virus; to reduce the price of medicines; to educate and provide information about the epidemic; and to care for the millions of orphans that it has left behind in its wake.

Despite the fact that it is currently experiencing one of the worst economic crises in its history, Uruguay has just established a national fund to combat AIDS. The goal is to pay for the medications and clinics that are needed to treat the infection.

In this regard, the circumstances of history have placed an enormous responsibility on the countries of the first world. They are the only countries that have the capacity to provide the resources to fund the actions that are essential if we are to liberate the world from this scourge. This is a responsibility that the Governments of the most powerful countries must share with the major economic actors in the world. The beneficiaries of the globalized economy must finance the fight against globalized disease.

If it was possible to allocate \$200 billion to guard against the millennium computer bug — which, when all was said and done, took no victims — it should be possible to collect the \$10 billion needed to establish

the fund to fight HIV/AIDS. This is an investment in self-defence, even for the least-affected countries, because the fight against AIDS in the remotest part of Africa or of Latin America is a fight for security, well-being and peace in the rest of the world.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Fayssal Mekdad, Chairman of the delegation of the Syrian Arab Republic.

Mr. Mekdad (Syrian Arab Republic) (*spoke in Arabic*): It is a great honour for me to address the countries of the world that are present at this special session of the General Assembly. I convey to all greetings from the Syrian Arab Republic and best wishes that in these three days we may achieve the desired international consensus so that a comprehensive plan to control and prevent the frightful spread of AIDS can be developed.

The special session is extremely important because everyone's eyes are focused on it. It is a great opportunity for us to reaffirm our commitment to combat this unprecedented epidemic through a comprehensive plan of action and response. We hope that we can live up to our responsibilities and that we can focus on the importance of combating and preventing AIDS throughout the world, without any discrimination or selectivity whatsoever.

The Government of the Syrian Arab Republic understood at a very early stage the danger of this disease and considered it cause for alarm. Since 1987 we have had a national programme to combat this disease. Syria provides medical care to its citizens free of charge, no matter the cost of the treatment. It has included free AIDS treatment in its medical policies. We also have a national committee to combat AIDS that includes representatives from Government ministries, unions and grass-roots organizations and societies. We work in cooperation with the Syrian authorities and the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to fight this disease. We have also taken the following steps.

We train people in every ministry and in all the grass-roots organizations to raise the awareness of the population; we educate doctors, nurses and medical workers about this disease and the means to combat it; we also educate the most vulnerable groups among our people and reassure citizens about the state of their

health. We have ongoing field studies. We publish brochures and produce posters to try to prevent the spread of this disease.

We also conduct surveys to see what the epidemiological situation in the country is. We give AIDS patients both physical and psychological treatment, free of charge. We also coordinate activities with blood banks to make sure that donated blood is indeed clean and healthy.

As a result of these health efforts and of the efforts of the grass-roots, social and religious organizations, the spread of the epidemic in Syria has been limited. As of the end of the first quarter of 2001, 139 Syrian citizens had AIDS, and 86 resident aliens had the disease. So the total number of AIDS patients is 225.

Thus, it is an epidemic, and we think that each State has to draw up appropriate national strategies to prevent the spread of the disease and to combat it. International efforts should focus on mobilizing all resources. We need to share the results of scientific research and technological progress. Proper drugs and treatment must be provided.

Further, we need to recognize the fact that humans are entitled to development. We believe that abject poverty and homelessness help to spread this epidemic.

At the same time, we believe that in our joint efforts we should not ignore or provide feeble excuses for this human tragedy caused by AIDS. We all have an obligation to fight this epidemic. We need to set aside our differences. We must all embark on the long path that will lead to the elimination of this epidemic. In so doing, we also need to respect other peoples' cultures, religious values and norms.

Yesterday and today we have heard our colleagues say that Africa is the continent hardest hit by this epidemic. It is clear that this epidemic has had a negative impact on Africa's economic and social development. We support the final document adopted in Abuja at the African Summit, and we appeal to the international community to provide generous financial assistance to the global fund so that it can resolve the problems posed by this epidemic. We think that the foreign debt of African countries should be cancelled so that they can use their resources to combat AIDS.

I wish the special session every success so that we may be able to save humanity from this disaster threatening the future of man everywhere. We are convinced that with genuine political will, global solidarity and the provision of necessary resources we will have a hope of combating this epidemic, for a better future for all of mankind.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Enrique Manalo, Chairman of the delegation of the Philippines.

Mr. Manalo (Philippines): Let me commence by stating that the Philippine Government welcomes this special session, which addresses calls for comprehensive and effective action to halt and reverse a global health catastrophe that has threatened to decimate populations, retard economic growth and development and leave millions of children bereft of care, guidance and a secure future. I speak of the HIV/AIDS disease, which last year alone claimed the lives of millions of people, many of them children. This disease has robbed schools of teachers and families of breadwinners and parents, leaving orphans and the elderly destitute. It has diminished the number of productive citizens, thereby threatening the very survival of certain nations.

The Philippines' HIV/AIDS situation can be described as a low infection/slow progression disease. The level of prevalence among those presumed to be most vulnerable is low, and the incidence of HIV/AIDS cases is also low. Though the Philippine response to the disease has preceded any rapid increase in its prevalence, this does not alter the urgent need to reduce significantly the prevalence and incidence of this epidemic.

In that regard, the country's leadership responded quickly. The Philippines enacted the AIDS Prevention and Control Act, which mandated the prevention and control of HIV/AIDS in the country and reaffirmed the human rights of infected and affected persons by protecting their confidentiality and prohibiting discriminatory acts and policies. Moreover, the Philippine National AIDS Council, the country's highest policy-making body on this matter, was created to coordinate and direct activities pertaining to HIV/AIDS. Our efforts have also included the active participation and substantial contribution of civil society and many excellent individuals and

organizations. We have also mobilized local responses to the epidemic on a national scale.

An effective response to the HIV/AIDS pandemic begins with the recognition of HIV/AIDS as a serious challenge to a people's health and a nation's development. In meeting this challenge, we must encourage the participation of people living with HIV/AIDS as well as vulnerable populations. Governments must enact legislation and adopt measures that ensure non-discrimination and protection of the rights and dignity of those living with AIDS. Alternative livelihood opportunities must also be provided to reintegrate people living with AIDS with their families and communities.

For a country with a low HIV/AIDS prevalence such as the Philippines, attention to the more visible sexually transmitted infections problem is necessary. The reality in resource-poor developing countries is that the cost of prompt and effective treatment of sexually transmitted infections remains prohibitive. It needs to be made affordable. Moreover, in allocating international donor resources for HIV/AIDS, it would be wise to maintain a constant portfolio for sexually transmitted infections, including HIV/AIDS interventions, so as to have a forward defence strategy against a future HIV/AIDS epidemic. We join Governments that have advocated that, on the matter of drugs essential to the survival of human beings, the right to life should take precedence over any commercial, or other, interest.

An effective response to the pandemic must include attention to the plight of migrant workers and their families and their vulnerability to HIV/AIDS. Governments should consider providing a basic minimum package of information on the prevention of HIV and sexually transmitted infections, and the corresponding essential diagnostic, early treatment and counselling services to those people moving across their borders at the fringes of their respective laws. We hope to see these requirements as part of this session's declaration of commitment.

Regional action is also imperative to counter the spread of HIV/AIDS. In our part of the world, the Association of South-East Asian Nations has included HIV/AIDS in the agenda of its forthcoming summit, in November, in order to place HIV/AIDS at the top of our respective national agendas, collaborate on inter-

country, cross-border issues and exchange technical expertise and experience.

Finally, this special session represents the international community's commitment to constructive action against HIV/AIDS. Collectively, and with the necessary political will, we stand more than a chance of success. We must, however, act now.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Husein Zivalj, head of the delegation of Bosnia and Herzegovina.

Mr. Zivalj (Bosnia and Herzegovina): It is indeed my honour and privilege to address this historic gathering on behalf of Bosnia and Herzegovina. At the outset, I would like to underline that this may perhaps be the very last moment for such a session, because it is so obvious that we are facing one of the most horrible threats to humanity ever.

Many countries are badly affected; some of them may even be erased from the earth. Over 36 million people are HIV-positive. It is the obligation of the entire world community to finally orchestrate the efforts to stop the spread of the disease and to eradicate it.

Bosnia and Herzegovina belongs to the group of countries with a low prevalence of HIV/AIDS, but that does not mean that we should not be concerned. When the very first patient with HIV/AIDS was diagnosed, 20 years ago, nobody could have predicted such a human calamity. Unfortunately, in the meantime millions of people have died. In fact, they are dying even now, while we discuss this issue. The whole world today expects us not only to express full commitment to combat the disease, but also to determine a wide spectrum of measures that we should be ready to undertake at the national, regional and global levels. Every segment of society must have its own task streamed into joint efforts to fight the world's number-one enemy today.

It is high time for a strong and united world action plan. Everyone can contribute. We are very encouraged by the initiative to establish the global AIDS fund. We would like to appeal to rich countries, companies and individuals to contribute to it. As Secretary-General Kofi Annan already mentioned in his speech, we now need more than ever to see solidarity among the rich and the poor, the healthy and the ill. The poorest countries in Africa are the most

affected, and we should request the rich and developed countries to significantly increase their funds for medical treatment and research.

At the same time, the poorest and the least developed countries have to be assisted in building their own capacities for establishing accurate databases for easier follow-up. Without adequate follow-up, it will be impossible to estimate achievements and to plan future action, at all levels. Educating the people and explaining in detail about all the hazardous forms of behaviour that lead to the fatal disease, especially sexual behaviour, could contribute to prevention. One of the significant roles in the field of prevention of HIV/AIDS is reserved for religious and spiritual leaders.

Furthermore, countries should exchange positive experiences and cooperate at the regional level via special committees for fighting HIV/AIDS, which have already been established in many countries.

We strongly support the adoption of the decision requesting the Secretary-General to address the General Assembly every year with a special report containing all relevant data at the national and regional levels to assess how successful we are in fulfilling our tasks deriving from the final document to be adopted at the end of this General Assembly special session. The countries with the highest rates of HIV/AIDS among their populations should submit national reports even more often. It is of paramount importance that we be capable of responding to the challenges in every part of the world.

Finally, let this special session of the General Assembly on HIV/AIDS be not only a forum for combating this disastrous disease; let it boost better cooperation among peoples and civilizations in other fields, to the benefit of us all.

The Acting President (*spoke in French*): I now call on His Excellency Mr. Jaksylyk Doskaliev, Chairman of the Agency on Health Care of Kazakhstan.

Mr. Doskaliev (Kazakhstan) (*spoke in Russian*): Kazakhstan has been no exception and has also been drawn into the HIV/AIDS pandemic. The cost of ignoring or denying the problem is too high. A correct understanding of the threat of HIV has led the highest authorities of our State to define a future strategy for combating the spread of HIV/AIDS.

In 1994 the country adopted a law on preventing AIDS. In 1995 the Government set up a Coordination Council to optimize interaction among ministries, departments and services in carrying out preventive measures for HIV/AIDS. In 1996 our Government adopted a national programme to prevent and combat AIDS. In 1997 we signed a law on protecting the health of the citizens of Kazakhstan, which lays down the legal, economic and social bases for protecting the health of our citizens. In our efforts to combat HIV, we have drawn on the experience of other countries and have secured the participation of public and private organizations and international donor organizations.

The spread of the epidemic in Kazakhstan is alarming. Our country encountered HIV infection for the first time in 1987. As of 1 June 2001, 1,799 HIV patients had been registered, of which 39 have AIDS. It should be noted that 89.5 per cent of HIV-infected people are young, socially active and of working age — between 15 and 39 years old. The number of women with HIV is growing. They now account for 22.5 per cent of the total number, and they are all young and of child-bearing age. It is tragic when a woman is HIV-infected, but it is doubly tragic when the children are infected by their mothers. Kazakhstan now has 22 children whose mothers were HIV infected and two of those children have been diagnosed as HIV infected.

More than 85 per cent of all HIV-infected people in Kazakhstan are injecting drug users. With the cooperation of UNAIDS, we are actively introducing and carrying out damage-control programmes among injecting drug users. It is clear that without the active assistance of international and United Nations programmes on HIV/AIDS and on crime prevention and drug abuse, it would be impossible to combat the problem of drug addiction and the drug trade. About 40 per cent of prison inmates were found to be HIV-infected. The overwhelming majority of them were infected through injecting drug use. With the technical assistance of UNAIDS and the Soros Fund in Kazakhstan, a programme is now under way to limit the spread of HIV in penitentiaries.

The vulnerability of men who have sexual contacts with other men has largely been determined by society's negative attitude to homosexuality. Kazakhstan has introduced into its criminal code changes to liberalize the legal approach to homosexual contacts that do not involve coercion or children.

Kazakhstan's geographical position, which makes it a country through which heroin is transported illegally, and its complicated social and economic situation have drawn the citizens of the country into using intravenous drugs and involved them in the sex trade — activities which promote the spread of HIV.

Nevertheless, after an objective evaluation of the HIV/AIDS situation and its possible consequences, in December 2000 the Republic adopted a draft State policy to combat HIV/AIDS in the country. This includes preventive action in the following main areas: increasing measures to support the constitutionally guaranteed rights of our citizens and social protection for priority groups of the population; reducing the vulnerability of groups that indulge in HIV-prone activity; improving the State's policy of involving civic organizations in solving the problem; improving the provision of information and education programmes that promote a healthy way of life; and improving the quality of medical and social services.

Kazakhstan has drafted a multisectoral national programme to combat the AIDS epidemic in the country. The Government of the Republic of Kazakhstan is grateful to the United Nations for the support given to it, and we look forward to further cooperation.

The Acting President (*spoke in French*): The Assembly will now hear a statement by His Excellency Mr. Serbini Ali, Chairman of the delegation of Brunei Darussalam.

Mr. Ali (Brunei Darussalam) (*spoke in English*): Like others who spoke before me, I take this opportunity to congratulate the President on his election. We look forward to very successful sessions under his wise and skilful guidance. I also extend our deepest appreciation to members of your Bureau, to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to the facilitators for their countless efforts in preparing this significant and timely event.

We have all come to terms with the fact that HIV/AIDS is now more than just a public health issue. The HIV/AIDS pandemic constitutes a global crisis with devastating consequences, threatening peace and stability and undermining economic development efforts and social cohesion.

This special session is therefore a turning point in the history of the epidemic. To this end, both the

General Assembly and the Economic and Social Council have been instrumental in their efforts to address this very important issue. We are pleased to see that the bodies of the United Nations system, such as the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund, the United Nations International Drug Control Programme, and others, such as the World Health Organization and the World Bank, are actively incorporating this issue in their development, technical and funding programmes. This has been made possible through the active leading role of our Secretary-General, Mr. Kofi Annan, to whom we would like to pay a heartfelt tribute.

Despite the fact that the prevalence rate continues to be very low in Brunei Darussalam, the magnitude of the problem, with its harmful social and economic impact, has made us view the HIV/AIDS problem with great trepidation. His Majesty's Government has taken appropriate steps to ensure that the low level of infection in the country does not worsen. Our experience to date with HIV/AIDS cases, albeit small in number, has also provided us with insight into the management needs of the disease. Our primary response has been geared to addressing the needs of the infected individuals, and this includes clinical care, support and counselling services. At the same time, our efforts have been concentrated on prevention and control strategies. The Government has been working to ensure the protection of the national blood supply, and is intensifying the surveillance of high-risk groups, carrying out case management and encouraging the involvement of other, non-health sectors in the management of HIV/AIDS.

An awareness campaign for increased understanding, with the objective of promoting appropriate responses and an attitude of acceptance to HIV/AIDS cases in the country, was initiated at the onset of the epidemic and continues to be carried out. Emphasis on education about HIV/AIDS within the context of cultural and traditional values is another approach taken by the Government.

At the regional level, Brunei Darussalam has joined hands with its neighbours in the common effort to address the problem. The Association of South-East Asian Nations (ASEAN) Task Force on AIDS was set up to intensify collaborative efforts to curb the spread of the disease, to exchange information, to strengthen collective responses to the problems and challenges

posed by HIV/AIDS and to mobilize resources to support the implementation of priority activities. The ASEAN leaders' summit that will take place in Bandar Seri Begawan this November has rightly placed the issue on its agenda. This will be a timely opportunity for member countries to reiterate and strengthen their original commitment to combat the disease.

It is clear that HIV/AIDS will remain one of the most serious social and economic problems to confront us in coming decades. We must resolve to prevent the further spread of the disease and to continue our fervent search for a cure. In that context, Brunei Darussalam appreciates the support and collaboration of many stakeholders for their valuable efforts in tackling the epidemic.

The declaration of commitment to be adopted by this special session has laid down important targets and goals to address the issue effectively and comprehensively. Of the utmost importance is, of course, the political will and commitment to act on our promises. My country hopes that we, the international community, will make a difference.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Dejan Šahović, Chairman of the delegation of Yugoslavia.

Mr. Šahović (Yugoslavia): This special session of the General Assembly takes on special political significance as an effort to formulate a global response to the devastating HIV/AIDS crisis. We also see it as a sign that the international community has come to consider the fight against HIV/AIDS one of its top priority tasks. My country is ready to render its contribution to actions that we hope will follow as a result of agreements to be reached at this session.

In years past, the HIV/AIDS epidemic followed a slow but steady pace in Yugoslavia. At present, there are 908 patients, with just over 1,000 registered HIV-infected persons. However, according to some estimates, up to 10,000 people may be HIV-positive. These figures place Yugoslavia among the countries with low prevalence. Nevertheless, this data has to be understood in relative terms, since the prevalence rate is still higher than in most countries in our immediate vicinity.

Moreover, Yugoslavia has the agglomeration of all factors known to favour the outbreak and the fast progress of the epidemic. These factors include a long-

lasting economic crisis affecting all segments of society and affecting the functioning of the most important systems, such as health and social protection or education; stratification of society and the emergence of new social tendencies that threaten traditional values; increasing crime, violence and prostitution; easy access to narcotic drugs and inappropriate anti-drug legislation; large migrations of a great number of refugees and displaced persons; and, of course, prolonged armed conflicts in and around the country.

These factors have existed over a number of years, bringing the serious risk that the epidemic could change its nature and transform itself from a silent and slow affair to an eruptive one, as we have already witnessed in some countries of the broader region of Eastern Europe. They account, in particular, for the vulnerability of young people, for whom risk-taking behaviour becomes a basic lifestyle and a matter of choice.

Faced with these problems, my Government is ready to respond systematically to the existing challenges, even though there are many obstacles to doing this quickly and effectively. Yugoslavia is prepared to make considerable efforts in mobilizing resources to combat HIV/AIDS. The measures envisaged include the establishment of a national committee for HIV/AIDS, assistance to non-governmental organizations and civil society at large, special focus on young people and preventive programmes for them and measures aimed at protecting the rights of people living with HIV/AIDS.

We are also ready to join forces and address the problem at the regional level, since the epidemic, as we are all aware, recognizes no borders.

Unfortunately, there are serious limitations in the involvement of the Government, as resources are scarce and cannot be relocated from other sectors. They are simply unavailable elsewhere. For example, the almost empty coffers of health insurance companies hardly provide any comfort and relief, as they enable only 20 per cent of AIDS patients to get medical treatment. This prohibits the use of resources for preventive activities, since they would have to be diverted from other equally urgent needs.

Like many other countries, including those in South-East Europe, Yugoslavia is not in a position to fight all these difficulties alone. We know that the

scope of the HIV/AIDS epidemic is enormous in Africa, as in some other regions, and that its consequences are particularly harsh there. We therefore support the concept envisaged in the draft declaration of commitment on HIV/AIDS that provides for special attention by the international community to those areas. However, we are of the opinion that our region needs appropriate international assistance as well. Prevention now will save many lives later.

In that context, Yugoslavia welcomes the proposal made by the Secretary-General to set up a fund as a mechanism to mobilize additional financing in order to help national programmes and strategies and to ensure the use of resources in the most effective way by those who need them the most.

For our part, we will do our best to play a constructive role in fighting HIV/AIDS, both globally and regionally.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Jassim Mohammed Buallay, Chairman of the delegation of Bahrain.

Mr. Buallay (Bahrain) (*spoke in Arabic*): Bahrain sincerely congratulates the President of this special session of the General Assembly on HIV/AIDS. We are convinced that his guidance will lead us to success.

The problem of HIV/AIDS has become a global one affecting millions of people, and it continues to threaten all of mankind. Unless there is real international cooperation to deal with it, we will not be successful. No region is immune to this pandemic.

For various reasons, HIV/AIDS is not a serious problem in Bahrain. Incidence is very limited. However, we have taken preventive steps to stop its spread. We have a national programme that was set up in 1982 to combat this infection. We have also taken the necessary health steps to use advanced technology to analyse blood, to detect cases of infection and to deal with them.

This does not mean that we in Bahrain are indifferent to areas of the world that suffer from this epidemic or that we do not have sympathy for its victims. Particularly because of the new means of communication among various areas in the world, we are willing to cooperate with concerned leaders to help stem this problem, the number of whose victims has exceeded that of all wars.

The spread of HIV in my country is mainly among intravenous drug users and people having sexual relations with sero-positive partners. This is why we have made concerted efforts towards greater cooperation and coordination in preventing the spread of this virus among our people, particularly among young people, who constitute the most vulnerable group.

We wish to pay tribute to national and regional programmes to combat HIV/AIDS in the Middle East region, particularly the sensitization programme, the treatment guides programme, and the health services' voluntary check-ups and early detection programme to prevent the spread of the virus in Middle East States.

This special session must renew its international, national and regional commitments to combat HIV/AIDS by taking specific practical action, inter alia, to look at this epidemic and the conditions that surround it from a new standpoint. We need to adopt an international strategy based on changes in human behaviour in order to protect society, to provide the best treatment to those infected and to prevent the spread of the disease.

If we persevere and pool our efforts, we will conquer this disease, particularly through integrated international cooperation. A lot remains to be done to stem this disease and ultimately eliminate it. The first task is to make people aware of the disease, its dangers and its causes. This has to be done through a well-designed plan free from any propaganda or commercialization. An example of this is what the pharmaceutical companies have done with regard to prices of AIDS drugs in Africa. This sensitization has to be started at an early stage, before the infection gains ground. This means that young people must be educated at a very early age to protect them from exposure to this disease or other diseases that are caused by wrong practices, diseases that in themselves are social rather than physical ills.

In view of this situation, this session has a special responsibility to shoulder. We need to adopt concrete, reasonable action to eliminate this pandemic. Treatment is long and costly, so the cost of drugs has to be borne in mind. They have to be made affordable to the most disadvantaged people who are affected by this disease.

We are all aware of the situation in Africa. I do not need to go into detail here. We need to move

towards finding a solution and better treatment. We should not disregard this pandemic. International cooperation through the United Nations is essential in coordinating efforts among the rich States in the North and the countries in the South that need drugs and financing. This is not the place to enter into any controversy, to say who caused the pandemic and who should pay the bill for it. The disease has spread among all countries, rich and poor; therefore, we need to actively find the best way to confront and eliminate it.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Elias Gounaris, Chairman of the delegation of Greece.

Mr. Gounaris (Greece): I am honoured to address the Assembly on behalf of the Government of Greece at this special session of the General Assembly on HIV/AIDS. Yesterday, the Minister of Health and Social Affairs of Sweden, in his capacity as Presidency of the European Union, delivered a statement to which my Government fully subscribes. In that statement it was stressed that we will be making history by adopting the first United Nations declaration of commitment on HIV/AIDS. It was also stated that making history does not lie in the adoption of the declaration but in its implementation by all members of the international community.

AIDS is a problem of the entire world; it knows no boundaries. It is a clear challenge to the entire international community. Indeed, this global crisis deserves global action.

Greece welcomes the emphasis given to the role of leadership as an essential response to the epidemic, as well as to prevention, care, support and treatment, which are mutually reinforcing and constitute the fundamental elements of an effective response to the disease. We are also gratified to see the importance given to respect for human rights, especially women's rights, which reduces vulnerability; to the priority that must be given to the vulnerable; to the need to address the social and economic impact of AIDS; and to the need for new, additional and sustained resources and further research and development.

Greece would also like to stress the importance of certain other elements in the fight against HIV/AIDS.

There is a need to face human suffering in the spirit of unconditional care and support, according to the well-known Hippocratic oath.

There is a need to dissociate our personal beliefs and prejudices from the harsh reality of a world pandemic.

We need openness, information and the breaking of some taboos — for example, those regarding sexual orientation.

There is a need to combine affordable access to care services, and especially to medicine, with appropriate quality control, management and structures, thus avoiding superficial and ineffective approaches.

There is a need to give priority to removing political and legislative obstacles and to give people living with HIV/AIDS decent care, with particular emphasis on vulnerable groups, including undocumented migrants.

There is a need to ensure access to information and education about HIV and interpersonal relations.

There is a need to strengthen gender equality and the empowerment of women in order to avoid behaviours that endanger the health of women and girls.

There is a need to reduce the impact of natural disasters and armed conflicts on the spread of AIDS.

There is a need to reduce poverty, since the poor are the most vulnerable and least equipped to cope with the epidemic.

There is a need to fight the discrimination, stigmatization and alienation associated with HIV/AIDS, as well as the need to build an international society based on solidarity.

Strong partnerships involving Governments, the United Nations system and intergovernmental organizations, people living with HIV/AIDS, medical and scientific societies, community and non-governmental organizations, the business sector, trade unions, the media, parliamentarians, opinion-makers, celebrities, foundations and faith-based organizations are vital to the struggle against AIDS. We would like in particular to praise the leading role of UNAIDS in the fight against the epidemic.

Greece would like to welcome the major contribution of civil society actors, both to the preparatory process and the special session itself. Civil society participated actively in the identification of

major issues and problems regarding AIDS and in the fight against the epidemic. We wish to commend and praise the dedication and solidarity of civil society organizations. Citizens of Greece, as well as other people living in the country, turn to the Hellenic Centre for Infectious Disease Control, which deals with surveillance by collecting epidemiological data. AIDS patients in Greece are entitled to diagnosis, medical, social and psychological support, medical observation, clinical tests, retroviral therapy and hospital admittance free of charge in special units. A basic monthly allowance is granted to the less fortunate, as well as support by community organizations.

The worldwide effort is now being given new impetus. This world Assembly addresses a very strong message to all human beings: we care.

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Erwin Ortiz, Chairman of the delegation of Bolivia.

Mr. Ortiz (Bolivia) (*spoke in Spanish*): This special session of the General Assembly is real evidence of the battle that the international community has begun to wage against the very serious scourge of acquired immunodeficiency syndrome (AIDS).

When it was in its early stages hardly anyone paid attention to this disease, except those who were suffering from it, but it has now become a real threat to the survival and viability of peoples and nations. This has been dramatically described by the heads of States who have spoken from this very rostrum.

There was a serious error of perception. What would have happened if the problem had been faced more seriously and with greater sensitivity, and if the wise proverb “An ounce of prevention is worth a pound of cure” had been applied? Clearly, we would not be in this situation, with millions of people — men, women and children — from all continents and of all races paying with their lives for an error that we must now correct.

This is a great opportunity, and we must not waste it. We must form a new alliance; not a rhetorical alliance of promises that are not kept, but rather an alliance for action, determination and responsibility on the part of the leaders of the international community, heads of State and Government, international organizations, actors and leaders of civil society in their various manifestations and each and every one of

us present here. This struggle must be undertaken at global, regional and national levels, but particularly at the level of every individual, at the level of every person.

We must not lose perspective in this struggle. It is not enough to say that HIV/AIDS is a global problem that requires global solutions. This problem was and is the sum of one, of two, of three, of a hundred and of millions of infected people, and because of the threat it represents, it has become global in dimension. But the solution depends on the treatment and attention given at the level of each individual, of each person. Therefore, if we wish to win this fight, it is imperative to create and establish the necessary means and instruments so that every family, local community, State and region and the international community can, according to their capabilities and responsibilities, ensure that every person enjoys healthy and safe surroundings and that others have the required treatment.

The international community today, unlike in the past, has the scientific and technological knowledge, as well as sufficient financial resources, to serve our common objectives. We know very well that HIV/AIDS is increasingly concentrated in the developing countries, particularly in the least developed countries, where poverty, lack of education and lack of appropriate medicine have created fertile conditions for the virus to proliferate. We must struggle against the causes and not just against the symptoms.

Because of its socio-economic and cultural implications, my delegation — which includes representatives of civil society and people affected by AIDS — believes that beginning now we must undertake certain imperative tasks. We must increase awareness campaigns to prevent the threat of HIV/AIDS at global, regional, national, community and individual levels. We must ensure access to drugs, technology transfer and available scientific knowledge for the benefit of affected persons. We must intensify our fight against poverty, cancel the external debt and strengthen and accelerate the growth and economic development of developing countries.

At the regional and subregional levels, my country, together with the countries of the Rio Group and the Andean Community, has been participating actively in the deliberations on and the elaboration of the draft declaration of commitment, which we hope will give fresh impetus to our fight against this scourge.

We also reiterate our support for the document submitted by the Horizontal Technical Cooperation Group of Latin America and the Caribbean, community networks and persons living with AIDS, adopted on 16 February in São Paulo, Brazil, in which the importance of prevention before cure, free access to antiretroviral drugs and support for families and AIDS orphans is highlighted.

I must point out that the epidemiological situation of Bolivia with regard to AIDS, according to specialized international agencies, is in the initial stage. However, services for prevention and control provide insufficient coverage, from the point of view of both the general population and the vulnerable groups. The Bolivian health system covers only 70 per cent of the population. The remaining 30 per cent in the rural and depressed areas, unfortunately, lacks care. Bolivia has high rates of infectious diseases. The maternal and infant mortality rates are among the highest in the region. I refer to these aspects because a large part of the resources available for health are consumed by these problems. Therefore, international cooperation in this fight against HIV/AIDS continues to be vital to my country. Furthermore, my Government is working on the formulation of a law on AIDS in order to stimulate and carry out policies in this area.

In conclusion, allow me to congratulate Secretary-General Kofi Annan on his initiative of creating a global fund for the fight against AIDS, for which we offer him our most fervent support.

The meeting rose at 1.25 p.m.