



STATEMENT BY

**THE PRESIDENT OF THE UNITED NATIONS
GENERAL ASSEMBLY
H.E. MR. JAN ELIASSON**

AT

**THE 85TH PLENARY MEETING SUMMARIZING
THE DISCUSSIONS OF THE FIRST TWO DAYS OF
THE HIGH-LEVEL MEETING AND
COMPREHENSIVE REVIEW OF THE PROGRESS
ACHIEVED IN REALISING THE TARGETS SET
OUT IN THE DECLARATION OF COMMITMENTS
ON HIV/AIDS**

**UNITED NATIONS HEADQUARTERS
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Excellencies, Distinguished Delegates,

Yesterday I had the privilege to chair the Interactive Civil Society Hearing. It was well attended, vibrant and at times passionate. The very real experiences of people from a great diversity of backgrounds were brought into the room. All of us who were there learned much, both about the reality of HIV and AIDS, and the actions we now need to take.

I shall attempt to summarise the views we heard around a number of themes which emerged.

On the matter of commitments and accountability, there was a clear call for an acknowledgement that many of the targets in the 2001 Declaration of Commitment have not been met.

We also heard clearly that people living with HIV and AIDS and vulnerable groups must be recognized as partners, and as a central component of a more urgent and more comprehensive response to the pandemic. They must hold their Governments to account for their performance against their time-bound commitments. Their involvement is essential to success; it cannot be seen as an optional extra.

The hearing also dealt with the needs of marginalized and vulnerable groups. We were reminded that the world has examples of strategies that are feasible and work. We were asked to ensure access to sterile injection equipment, condoms, and methadone. We were asked to ensure that drug users and marginalized populations have equitable access to prevention, medical care and antiretroviral treatment, by establishing country and global targets. We were asked to support the meaningful involvement of drug users at all levels

of planning and policy. And we were asked to end random imprisonment, criminalization, and human rights violations of drug users and sex workers.

On the impact of AIDS on children, there was a strong view expressed by civil society that there had been a lack of commitment, and that we had failed our children and by that jeopardized our future. To address this, there was a clear call for accessible and sustainable health care services that are both youth-friendly and HIV positive friendly. The need for social protection systems to support orphans and vulnerable children, their families and care givers was emphasized, as was the need to provide legal frameworks for children to access services and to protect their inheritance rights in cases where their parents have been killed by the pandemic. We were reminded of the need to end violence against children. The point was powerfully made that the best way of helping children whose parents are infected is to keep their parents alive.

Excellencies, Distinguished Delegates,

When I opened these three days of meetings yesterday and introduced Khensani Mavasa, I drew attention to the need to respond to the feminization of the epidemic. This was a recurring theme in the hearing. We heard that while the spread of HIV is affected by poverty, caste, class, race and sexual orientation, gender inequality places the burden of the epidemic on women. It was made clear that HIV and AIDS targets those who cannot negotiate safer sex: women who have been trafficked, women in situations of conflict, women and girls in custody, sexually abused women and girls, transgendered people and all those who live a marginal existence on the fringes of society.

Civil society therefore called for comprehensive sexual and reproductive health services, universal access to subsidized condoms and female-controlled prevention technologies such as microbicides, and comprehensive sexuality education. And there was a clear call for all women to have access to treatment without discrimination.

On sexual and reproductive health and rights, there was a strong emphasis on the outcomes of the ICPD, and a reminder that HIV and AIDS and sexual and reproductive health are inextricably linked and must go hand in hand.

On the role of religion, we heard an acknowledgement from an HIV positive religious leader of the difficulties the faith community had had in accepting people living with HIV. There was an openness to acknowledge past mistakes, and to play a leading role in moving toward inclusive communities in which stigma and discrimination could be truly overcome.

On human rights, there was a call for states to enact laws and policies which protect the human rights of all people, and to invest in the human rights of people living with HIV.

On resources for health services, speakers drew our attention to the consultations which had taken place on universal access. There was strong endorsement of the call for governments to commit the 20 to 23 billion dollars that is needed annually by 2010 to support rapidly scaled-up AIDS responses, and to do so through flexible and sustainable mechanisms.

We were reminded that universal access could not be achieved without: ensuring the recruitment of health workers, ensuring adequate training,

adopting alternative ways of staffing health services, and tackling the ‘brain drain’.

From the private sector, we heard evidence that it is in companies’ economic interest to provide antiretrovirals to their staff. We also heard the importance of placing human rights at the centre of the workplace AIDS response. And we heard a call to take successes in treatment in the workplace into the communities around them.

On the question of trade, there was a call to member states to institute a moratorium on any new bilateral or regional trade agreements which include provisions involving intellectual property rights and medicines. We were asked to refrain from implementing any provisions in such agreements which are contrary to the 2001 Doha Declaration on TRIPS and Public Health. Civil society also called on governments to make maximum use of the flexibilities in the TRIPS agreement and to issue compulsory licenses where there are problems of access due to patent restriction.

Lastly, on research and development, we heard an assessment that the current global system for supporting innovation in new medicines and other health technologies is inadequate. Civil society called for increased and sustained funding for AIDS vaccine and microbicide research and development, and welcomed the World Health assembly resolution passed on 27 May which called on governments to act to boost innovative research and development of medicines.

By this I believe I have fairly summarized the rich interactive discussions between Member States and civil society.

Now the main task for us is to finalize the work on the Political Declaration. I call on you all to ensure that we have a strong outcome which is commensurate to the size of the human tragedy and political challenge we all now face.